CONTRACT BETWEEN

COUNTY OF ORANGE

AND

CALIFORNIA PHYSICIANS' SERVICE DBA BLUE SHIELD OF CALIFORNIA

FOR

Claims Administration for the Self-Insured Preferred Provider Organization (PPO) Health Plans

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CONTRACT

This Agreement to provide Claims Administration for the Self-Insured Preferred Provider Organization (PPO) Health Plans, hereinafter referred to as "Contract" is effective January 1, 2025, by and between the County of Orange, a political subdivision of the State of California; hereinafter referred to as "County," and California Physicians' Service, dba Blue Shield of California, with a place of business at 601 12th Street, Oakland, CA 94607, hereinafter referred to as "Contractor," with County and Contractor sometimes referred to as "Party", or collectively as "Parties."

RECITALS

WHEREAS, Contractor responded to a Request for Proposal ("RFP") to provide Claims Administration for the Self-Insured Preferred Provider Organization (PPO) Health Plans as defined herein; and

WHEREAS, the Contractor responded and represented that its proposed services shall meet or exceed the requirements and specifications of the RFP; and

WHEREAS, the County Board of Supervisors has authorized the Purchasing Agent or his designee to enter into a Contract for Claims Administration for the Self-Insured Preferred Provider Organization (PPO) Health Plans with the Contractor;

NOW, THEREFORE, the Parties mutually agree as follows:

ARTICLES

1. **Scope of Contract:** This Contract, including any Attachments and Exhibits, specifies the contractual terms and conditions by which the County will procure services for Claims Administration for the Self-Insured Preferred Provider Organization (PPO) Health Plans from Contractor as further detailed in the Scope of Services, identified and incorporated herein by this reference as "Attachment A".

2. **Compensation:** The Contractor agrees to accept the specified compensation as set forth in Attachment B, Payment/Compensation, identified and incorporated herein by this reference, as full payment for (a) performing all services and furnishing all staffing and materials required, (b) any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, (c) risks connected with the services, and (d) performance by the Contractor of all its duties and obligations hereunder.

3. **Term of Contract:** The initial term of this Contract is for three (3) years, effective on the date execution is completed by the Parties or January 1, 2025, whichever date is later in time, and continuing for three (3) years from that date, unless earlier terminated by the County. The Contract Term may be renewed for up to two (2) additional consecutive one (1) year terms, upon the mutual written agreement of the Parties. The County does not have to give reason if it elects not to renew. Renewal of the Contract may require approval by the County Board of Supervisors. Permitted renewals of the Contract provided in this paragraph 3 shall not result in any change in any other term, condition or provision of this Contract.

4. **Entire Agreement:** This Contract, including its Attachments A through J and Exhibits 1 through 9 as they now exist or may hereafter be changed, modified, or amended, and which are attached hereto and incorporated herein by this reference, constitutes the entire Contract between the Parties with respect to the matters herein. There are no restrictions, promises, warranties or undertakings other than those set forth or referred to herein. No exceptions, alternatives, substitutes, understandings, agreements or revisions, whether oral or written, are valid or binding on the County unless authorized by the County in writing. Electronic acceptance of any additional terms, conditions or supplemental contracts by any County employee or agent, including but not limited to installers of software, shall not be valid or binding on the County unless accepted in writing by the

County's Purchasing Agent or designee. In the event of a conflict between or among the Contract documents, the order of precedence shall be the provisions of the main body of this Contract (i.e., those provisions set forth in the recitals and articles), and then the attachments and then the exhibits.

5. **Amendments:** No alteration or variation of the terms of this Contract shall be valid unless made in writing and signed by the Parties; no oral understanding or agreement not incorporated herein shall be binding on either of the Parties; and no exceptions, alternatives, substitutes or revisions are valid or binding on the County unless authorized by the County in writing.

6. **Governing Law and Venue:** This Contract has been negotiated and executed in the state of California and shall be governed by and construed under the laws of the state of California. In the event of any legal action to enforce or interpret this Contract, the sole and exclusive venue shall be a court of competent jurisdiction located in Orange County, California, and the parties hereto agree to and do hereby submit to the jurisdiction of such court, notwithstanding Code of Civil Procedure Section 394. Furthermore, the parties specifically agree to waive any and all rights to request that an action be transferred for adjudication to another county.

7. **Contingency of Funds:** Contractor acknowledges that funding or portions of funding for this Contract may be contingent upon state budget approval; receipt of funds from, and/or obligation of funds by, the state of California to County; and inclusion of sufficient funding for the services hereunder in the budget approved by County's Board of Supervisors for each fiscal year covered by this Contract. If such approval, funding or appropriations are not forthcoming, or are otherwise limited, County may immediately terminate or modify this Contract without penalty.

8. **Taxes:** The Contract provided does not contemplate any taxes, fees, other charges or offsets by any state or federal government which may, in the future, be assessed against Contractor on the basis of the benefit payments made on County's behalf under this Contract. In the event Contractor becomes liable for paying any such taxes, fees, other charges or offsets, on the County's behalf, including amounts assessed against Contractor under federal regulation, 42 CFR 411.24 (Medicare Secondary Payer), the County agrees to reimburse Contractor for the amount of tax, fee, charge or offset attributable to the benefits paid on the County's behalf. This obligation will survive termination of this Contract. Unless otherwise provided herein or by law, price quoted does not include California state sales or use tax.

9. **Delivery:** Time of delivery of services is of the essence in this Contract. County reserves the right to refuse any services and to cancel all or any part of the services not conforming to applicable specifications or the prescribed Scope of Services (Attachment A).

10. **Independent Contractor:** Contractor shall be considered an independent contractor and neither Contractor, its employees, nor anyone working under Contractor shall be considered an agent or an employee of County. Neither Contractor, its employees nor anyone working under the Contractor, shall qualify for workers' compensation or other fringe benefits of any kind through County.

11. **Assignment or Sub-contracting:** The terms, covenants, and conditions contained herein shall apply to and bind the heirs, successors, executors, administrators and assigns of the Parties. Furthermore, neither the performance of this Contract nor any portion thereof may be assigned or sub-contracted by Contractor without the express written consent of the County's Program Manager, as identified below. Any attempt by Contractor to assign or sub-contract the performance or any portion thereof of this Contract without the express written consent of County's Program Manager shall be invalid and shall constitute a breach of this Contract. Irrespective of any assignment of subcontracting with respect to any portion of this Contract, Contractor shall remain fully responsible and liable for the performance of all services required herein. Notwithstanding the preceding provisions of this paragraph, (i) services to be performed for County under this Contract may be performed by personnel of Contractor or of any other entity that is controlling, controlled by, or under common control with, Contractor and (ii) Contractor may assign this Contract and all rights, duties and obligations hereunder to any other entity that is controlling, controlled by, or under common control with the Contractor

that succeeds to the business of Contractor providing the services under this Contract. Notwithstanding this paragraph or any other terms or provisions set forth in this Contract or its attachments, none of the work done for the County, its employees, agents, directors, elected officials or their dependents as relates participant interaction may be performed outside the United States of America, with the exception of core Account Team Members as named in Staffing Plan, Attachment C, or otherwise approved by County, on an as needed basis. In no case may participant specific data be sent to locations outside the United States of America. To the extent that non-core account team members, special project teams and the like are required to do work for the County outside the United States of America, data will not include participant data that will allow for personal identification either as a standalone data element or in combination, for example, social security number, date of birth, personal health information, and home addresses. In instances where previously identified core Account Team Members are required to access participant specific data, as approved by the County, on an as needed basis while outside the United States of America, data will be accessed and viewed only, and will not be stored, changed, or updated in any fashion.

12. **Non-Discrimination:** In the performance of this Contract, Contractor agrees that it will comply with the requirements of Section 1735 of the California Labor Code and not engage nor permit any subcontractors to engage in discrimination in employment of persons because of the race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, or sex of such persons. Contractor acknowledges that a violation of this provision shall subject Contractor to all the penalties imposed for a violation of anti-discrimination laws or regulations including but not limited to Section 1741 of the California Labor Code.

13. **Performance:** Contractor shall warrant all work under this Contract, taking necessary steps and precautions to perform the work to County's satisfaction. Contractor shall be responsible for the professional quality, technical assurance, timely completion and coordination of all documentation and other services performed by the Contractor under this Contract. Contractor shall perform all work diligently, carefully, and in a good and workman-like manner; shall furnish all labor, supervision, machinery, equipment, materials, and supplies necessary therefore; shall at its sole expense obtain and maintain all permits and licenses required by public authorities, including those of County required in its governmental capacity, in connection with performance of the services; and, if permitted to sub-contract, shall be fully responsible for all work performed by subcontractors.

14. **Errors and Omissions:** All reports, files and other documents prepared and submitted by Contractor shall be complete and shall be carefully checked by the professional(s) identified by Contractor as Account Manager and Key Personnel attached hereto, prior to submission to the County. Contractor agrees that County review is discretionary, and Contractor shall not assume that the County will discover errors and/or omissions. If the County discovers any errors or omissions prior to approving Contractor's reports, files and other written documents, the reports, files or documents will be returned to Contractor for correction. Should the County or others discover errors or omissions in the reports, files or other written documents submitted by Contractor after County approval thereof, County approval of Contractor's reports, files or documents shall not be used as a defense by Contractor in any action between the County and Contractor, and the reports, files or documents will be returned to Contractor for correction at no charge to County.

15. **Warranty:** Contractor expressly warrants that the services covered by this Contract: 1) will be performed in a timely, competent and professional manner, in accordance with highest industry standards, by duly qualified and experienced Contractor personnel possessing all relevant certifications, licenses and permits; 2) will conform to the specifications set forth herein and 3) are fit for the particular purpose intended. Acceptance of this Contract shall constitute an agreement upon Contractor's part to indemnify, defend and hold County and its indemnities, as identified in paragraph 18 below and as more fully described in paragraph 18, harmless from liability, loss, damage and expense, including reasonable counsel fees, incurred or sustained by County by reason of the failure of the services to conform to such warranties, faulty work performance, negligent or unlawful acts, and non-compliance with any applicable state or federal codes, regulations, ordinances, orders,

or statutes, including the Occupational Safety and Health Act (OSHA) and the California Industrial Safety Act. Such remedies shall be in addition to any other remedies provided by law.

16. **Patent/Copyright Materials/Proprietary Infringement:** Unless otherwise expressly provided in this Contract, Contractor shall be solely responsible for clearing the right to use any patented or copyrighted materials in the performance of this Contract. Contractor warrants that any software as modified through services provided hereunder will not infringe upon or violate any patent, proprietary right or trade secret right of any third party. Contractor agrees that, in accordance with the more specific requirement contained in paragraph 18 below, it shall indemnify, defend and hold County and County Indemnitees harmless from any and all such claims and be responsible for payment of all costs, damages, penalties and expenses related to or arising from such claim(s), including, but not limited to, attorney's fees, costs and expenses.

17. **Compliance with Laws**: Contractor represents and warrants that services to be provided under this Contract shall fully comply, at Contractor's expense, with all standards, laws, statutes, restrictions, ordinances, requirements, and regulations (collectively "laws"), including, but not limited to those issued by County in its governmental capacity and all other laws applicable to the services at the time services are provided to and accepted by County. Contractor acknowledges that County is relying on Contractor to ensure such compliance, and pursuant to the requirements of paragraph 18 below, Contractor agrees that it shall defend, indemnify and hold County and County Indemnitees harmless from all liability, damages, costs and expenses arising from or related to a violation of such laws.

18. **Indemnification:** Contractor agrees to indemnify, defend with counsel approved in writing by County, and hold County, its elected and appointed officials, officers, employees, agents and those special districts and agencies which County's Board of Supervisors acts as the governing Board ("County Indemnitees") harmless from any claims, demands or liability of any kind or nature, including but not limited to personal injury or property damage, arising from or related to the services, products or other performance provided by Contractor pursuant to this Contract. If judgment is entered against Contractor and County by a court of competent jurisdiction because of the concurrent active negligence of County or County Indemnitees, Contractor and County agree that liability will be apportioned as determined by the court. Neither Party shall request a jury apportionment.

19. **Insurance Provisions:** Prior to the provision of services under this Contract, the Contractor agrees to carry all required insurance at Contractor's expense, including all endorsements required herein, necessary to satisfy the County that the insurance provisions of this Contract have been complied with. Contractor agrees to keep such insurance coverage current, provide Certificates of Insurance, and endorsements to the County during the entire term of this Contract.

    Contractor shall ensure that all subcontractors performing work on behalf of Contractor pursuant to this Contract shall carry appropriate lines of insurance and limits for their work. Contractor shall not allow subcontractors to work if subcontractors have an inappropriate level of coverage required by the Contractor. Contractor shall not allow subcontractors to work if subcontractors have less than the level of coverage required by County from Contractor under this Contract. It is the obligation of Contractor to provide notice of the insurance requirements to every subcontractor and to receive proof of insurance prior to allowing any subcontractor to begin work. Such proof of insurance must be maintained by Contractor through the entirety of this Contract for inspection by County representative(s) at any reasonable time.

    All self-insured retentions (SIR)'s shall be clearly stated on the Certificate of Insurance. Any SIR in excess of Fifty Thousand Dollars $50,000 shall specifically be approved by the County's Risk Manager, or designee. The County reserves the right to require current audited financial reports from Contractor. If Contractor is self-insured, Contractor will indemnify the County for any and all claims resulting or arising from Contractor's services in accordance with the indemnity provision stated in this contract.

    If the Contractor fails to maintain insurance acceptable to the County for the full term of this Contract, the

County may terminate this Contract.

Qualified Insurer
The policy or policies of insurance must be issued by an insurer with a minimum rating of A- (Secure A.M. Best's Rating) and VIII (Financial Size Category as determined by the most current edition of the **Best's Key Rating Guide/Property-Casualty/United States or ambest.com**).

If the insurance carrier does not have an A.M. Best Rating of A-/VIII, the CEO/Office of Risk Management retains the right to approve or reject a carrier after a review of the company's performance and financial ratings.

The policy or policies of insurance maintained by the Contractor shall provide the minimum limits and coverage as set forth below:

Coverage	Minimum Limits
Commercial General Liability	$1,000,000 per occurrence $2,000,000 aggregate
Automobile Liability including coverage for owned or scheduled, non-owned and hired vehicles	$1,000,000 combined single limit each accident
Workers' Compensation	Statutory
Employers' Liability Insurance	$1,000,000 per accident, occurrence, or disease
Professional Liability	$1,000,000 per claims-made $1,000,000 aggregate
Network Security & Privacy Liability	$5,000,000 per claims-made
Employee Dishonesty (Client Coverage)	$3,000,000 per occurrence

Increased insurance limits may be satisfied with Excess/Umbrella policies. Excess/Umbrella policies when required must provide Follow Form coverage.

The Employee Dishonesty insurance must provide coverage for the following: employee dishonesty; forgery or alternation; computer and credit/debit/charge card fraud; funds transfer fraud; money order and counterfeit currency; and client or third-party coverage in the amount of at least $3,000,000 each coverage part. Coverage to include expenses incurred to establish the amount of the covered loss and all employees are to be considered insureds.

Required Coverage Forms
The Commercial General Liability coverage shall be written on Insurance Services Office (ISO) form CG 00 01, or a substitute form providing liability coverage at least as broad.

The Business Auto Liability coverage shall be written on ISO form CA 00 01, CA 00 05, CA 0012, CA 00 20, or a substitute form providing coverage at least as broad.

Required Endorsements

The Commercial General Liability policy shall contain the following endorsements, which shall accompany the Certificate of insurance:

1) An Additional Insured endorsement using ISO form CG 20 26 04 13 or a form at least as broad naming the ***County of Orange, its elected and appointed officials, officers, employees, and agents*** as Additional Insureds, or provide blanket coverage, which will state ***AS REQUIRED BY WRITTEN CONTRACT***.

2) A primary non-contributing endorsement using ISO CG 20 01 04 13, or a form at least as broad evidencing that the Contractor's insurance is primary, and any insurance or self-insurance maintained by the County of Orange shall be excess and non-contributing.

The Workers' Compensation policy shall contain a waiver of subrogation endorsement waiving all rights of subrogation against the ***County of Orange, its elected and appointed officials, officers, employees and agents*** or provide blanket coverage, which will state ***AS REQUIRED BY WRITTEN CONTRACT***.

The Network Security and Privacy Liability policy shall contain the following endorsements which shall accompany the Certificate of Insurance:

1) An Additional Insured endorsement naming the ***County of Orange, its elected and appointed officials, officers, employees, and agents*** as Additional Insureds for its vicarious liability.

2) A primary and non-contributing endorsement evidencing that the Contractor's insurance is primary, and any insurance or self-insurance maintained by the County of Orange shall be excess and non-contributing.

All insurance policies required by this Contract shall waive all rights of subrogation against the ***County of Orange, its elected and appointed officials, officers, employees, and agents*** when acting within the scope of their appointment or employment.

The County of Orange shall be the loss payee on the Employee Dishonesty coverage. A Loss Payee endorsement evidencing that the County of Orange is a Loss Payee shall accompany the Certificate of Insurance.

Contractor shall provide thirty (30) days prior written notice to the County of any policy cancellation or non-renewal and ten (10) days prior written notice where cancellation is due to non-payment of premium and provide a copy of the cancellation notice to County. Failure to provide written notice of cancellation may constitute a material breach of the Contract, upon which the County may suspend or terminate this Contract.

If Contractor's Professional Liability and/or Network Security & Privacy Liability are "Claims-Made" policy(ies), Contractor shall agree to the following:

1) The retroactive date must be shown and must be before the date of the Contract or the beginning of the Contract services.

2) Insurance must be maintained, and evidence of insurance must be provided for at least three (3) years after expiration or earlier termination of Contract services.

3) If coverage is canceled or non-renewed, and not replaced with another claims-made policy form with a retroactive date prior to the effective date of the contract services, Contractor must purchase an extended reporting period for a minimum of three (3) years after expiration of earlier termination of the Contract.

The Commercial General Liability policy shall contain a severability of interests clause also known as a "separation of insureds" clause (standard in the ISO CG 0001 policy).

Insurance certificates should be forwarded to the agency/department address listed on the solicitation.

If the contractor fails to provide the insurance certificates and endorsements within seven (7) days of notification by CEO/Purchasing or the agency/department purchasing division, award may be made to the next qualified vendor.

County expressly retains the right to require Contractor to increase or decrease insurance of any of the above insurance types throughout the Term of this Contract. Any increase or decrease in insurance will be as deemed by County of Orange Risk Manager as appropriate to adequately protect County.

County shall notify Contractor in writing of changes in the insurance requirements. If Contractor does not deposit copies of acceptable Certificates of Insurance and endorsements with County incorporating such changes within thirty (30) days of receipt of such notice, this Contract may be in breach without further notice to Contractor, and County shall be entitled to all legal remedies.

The procuring of such required policy or policies of insurance shall not be construed to limit Contractor's liability hereunder nor to fulfill the indemnification provisions and requirements of this Contract, nor act in any way to reduce the policy coverage and limits available from the insurer.

20. **Emergency/Declared Disaster Requirements:** In the event of an emergency or if Orange County is declared a disaster area by the County, state or federal government, this Contract may be subjected to unusual usage. The Contractor shall service the County during such an emergency or declared disaster under the same terms and conditions that apply during non-emergency/disaster conditions. The pricing quoted by the Contractor shall apply to serving the County's needs regardless of the circumstances. If the Contractor is unable to supply the goods/services under the terms of the Contract, then the Contractor shall provide proof of such disruption and a copy of the invoice for the goods/services from the Contractor's supplier(s). Additional profit margin as a result of supplying goods/services during an emergency or a declared disaster shall not be permitted. In the event of an emergency or declared disaster, emergency purchase order numbers will be assigned. All applicable invoices from the Contractor shall show both the emergency purchase order number and the Contract number. Article 20 does not invalidate Contractor's rights under the Force Majeure provision of this Contract (Article 36), or any force majeure terms included in Contractor's performance guarantees (Attachment E).

21. **Confidentiality:** Contractor agrees to maintain the confidentiality of all County and County-related records and information pursuant to all statutory laws relating to privacy and confidentiality that currently exist or exist at any time during the Term of this Contract. All such records and information shall be considered confidential and kept confidential by Contractor and Contractor's staff, agents and employees.

22. **Contractor Personnel:** Contractor warrants that all Contractor personnel engaged in the performance of work under this Contract shall possess sufficient experience and/or education and the required licenses set forth herein in good standing to perform the services requested by the County. County expressly retains the right to have any of the Contractor personnel removed from performing services under this Contract to the County. Contractor shall effectuate the removal of the specified Contractor personnel from providing any services to the County under this Contract within one business day of notification by County. County shall submit the request in writing to the Contractor's Account Manager. The County is not required to provide any reason, rationale or additional factual information if it elects to request any specific Contractor personnel be removed from performing services under this Contract.

23. **Contractor's Account Manager and Key Personnel:** Contractor shall appoint an Account Manager to direct the Contractor's efforts in fulfilling Contractor's obligations under this Contract. This Account Manager shall

be subject to approval by the County and shall not be changed without the written consent of the County's Program Manager, which consent shall not be unreasonably withheld.

The Contractor's Account Manager shall be assigned to this project for the duration of the Contract and shall diligently pursue all work and services to meet the project timelines. The County's Program Manager shall have the right to require the removal and replacement of the Contractor's Account Manager from providing services to the County under this Contract. The County's Program manager shall notify the Contractor in writing of such action. The Contractor shall accomplish the removal within five (5) business days after written notice by the County's Program Manager. The County's Program Manager shall review and approve the appointment of the replacement for the Contractor's Account Manager. The County is not required to provide any additional information, reason or rationale in the event it requires the removal of Contractor's Account Manager from providing further services under the Contract.

24. **County's Program Manager:** The County shall appoint a Program Manager to act as liaison between the County and the Contractor during the Term of this Contract. The County's Program Manager shall coordinate the activities of the County staff assigned to work with the Contractor.

25. **Reports/Meetings:** The Contractor shall develop reports and any other relevant documents necessary to complete the services and requirements as set forth in this Contract. The County's Program Manager and the Contractor's Account Manager will meet on reasonable notice to discuss the Contractor's performance and progress under this Contract. If requested, the Contractor's Account Manager and other project personnel shall attend all meetings. The Contractor shall provide such information that is requested by the County for the purpose of monitoring progress under this Contract. Contractor shall provide reasonable travel arrangements, i.e., transportation and lodging, at Contractor's expense for up to two (2) County staff to travel annually to Contractor's locations for business purposes, as agreed upon by the Parties.

26. **Ownership of Documents:** The County has permanent ownership of all directly connected and derivative materials produced under this Contract by the Contractor. All documents, reports and other incidental or derivative work or materials furnished hereunder shall become and remain the sole properties of the County and may be used by the County as it may require without additional cost to the County. None of the documents, reports and other incidental or derivative work or furnished materials shall be used by the Contractor without the express written consent of the County. Contractor's agreement to Article 26 is contingent upon any limitations imposed on Contractor under its licensing agreement with the Blue Cross Blue Shield Association. Furthermore, Article 26 does not create ownership rights for the County nor any obligations for Contractor that would violate this licensing agreement between Contractor and the Association.

27. **Title to Data:** All materials, documents, data or information obtained from the County data files or any County medium furnished to the Contractor in the performance of this Contract will at all times remain the property of the County. Such data or information may not be used or copied for direct or indirect use by the Contractor after completion or termination of this Contract without the express written consent of the County. All materials, documents, data or information, including copies, must be returned to the County at the end of this Contract.

28. **Records:** The Contractor shall keep true and accurate accounts, records, books and data which shall correctly reflect the business transacted by the Contractor in accordance with generally accepted accounting principles. These records shall be stored by Contractor in a reasonably accessible manner for a period of ten (10) years after final payment is received from the County.

29. **Audits/Inspections:** Contractor agrees to permit the County's Auditor-Controller or the Auditor-Controller's authorized representative (including auditors from a private auditing firm hired by the County) access during normal working hours to all books, accounts, records, reports, files, financial records, supporting documentation, including payroll and accounts payable/receivable records, and other papers or property of Contractor for the purpose of auditing or inspecting any aspect of performance under this Contract. The

inspection and/or audit will be confined to those matters connected with the performance of the Contract including, but not limited to, the costs of administering the Contract. The County will provide reasonable notice of such an audit or inspection.

The County reserves the right to audit and verify the Contractor's records before final payment is made.

Contractor agrees to maintain such records for possible audit for a minimum of three (3) years after final payment, unless a longer period of records retention is stipulated under this Contract or by law. Contractor agrees to allow interviews of any employees or others who might reasonably have information related to such records. Furthermore, Contractor agrees to audit records and interview staff of any sub-contractor related to the performance of this Contract and provide the County with audit findings and remediation results on an as needed basis. If the information provided by Contractor in regards to any audit of a sub-contractor is noted as insufficient by the County, Contractor agrees to confer with the County and work with the sub-contractor to provider the further information requested by the County.

Should the Contractor cease to exist as a legal entity, the Contractor's records pertaining to this Contract shall be forwarded to the County's Program Manager.

30. **Publication:** No copies of schedules, written documents, and computer based data, photographs, maps or graphs, resulting from performance or prepared in connection with this Contract, are to be released by Contractor and/or anyone acting under the supervision of Contractor to any person, partnership, company, corporation, or agency, without prior written approval by the County, except as necessary for the performance of the services of this Contract. All press releases, including graphic display information to be published in newspapers, magazines, etc., are to be administered only by the County unless otherwise agreed to by both Parties.

31. **Conflict of Interest:** The Contractor shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with the best interests of the County. This obligation shall apply to the Contractor; the Contractor's employees, agents and subcontractors associated with accomplishing work and services hereunder. The Contractor's efforts shall include, but not be limited to establishing precautions to prevent its employees, agents and subcontractors from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence County staff or elected officers from acting in the best interests of the County.

32. **Termination:** In addition to any other remedies or rights it may have by law, County has the right to terminate this Contract without penalty immediately with cause or after 30 days' written notice without cause, unless otherwise specified. Cause shall be defined as any breach of this Contract or any misrepresentation or fraud on the part of the Contractor. Exercise by County of its right to terminate the Contract shall relieve County of all further obligations.

33. **Breach of Contract:** The failure of the Contractor to comply with any of the terms, provisions, covenants or conditions of this Contract shall constitute a material breach of this Contract. In such event the County may, and in addition to any other remedies available at law, in equity, or otherwise specified in this Contract:

    a. Terminate this Contract immediately, without penalty to the County;

    b. Afford the Contractor written notice of the breach and ten (10) calendar days or such shorter time that may be specified in this Contract within which to cure the breach;

    c. Discontinue payment to the Contractor for and during the period in which the Contractor is in breach; and

    d. Offset against any monies billed by the Contractor but yet unpaid by the County those monies disallowed pursuant to the above.

For the avoidance of doubt, in no case shall the County be relieved of its obligation to fund benefit claims in accordance with the terms of Attachment I.

34. **Disputes:** The Parties shall deal in good faith and attempt to resolve potential disputes informally. If a dispute concerning a question of fact arising under the terms of this Contract is not disposed of in a reasonable period of time by the Contractor's Account Manager and the County's Program Manager, such matter shall be brought to the attention of the Purchasing Agent by way of the following process:

    a. The Contractor shall submit to the Deputy Purchasing Agent a written demand for a final decision regarding the disposition of any dispute between the Parties arising under, related to, or involving this Contract, unless the County, on its own initiative, has already rendered such a final decision.

    b. The Contractor's written demand shall be fully supported by factual information, and, if such demand involves a cost adjustment to this Contract, the Contractor shall include with the demand a written statement signed by a senior official indicating that the demand is made in good faith, that the supporting data are accurate and complete, and that the amount requested accurately reflects the amount for which the Contractor believes the County is liable.

    c. Pending the final resolution of any dispute arising under, related to, or involving this Contract, the Contractor agrees to diligently proceed with the performance of his Contract, including the provision of services. The Contractor's failure to diligently proceed shall be considered a material breach of this Contract.

    Any final decision of the County shall be expressly identified as such, shall be in writing, and shall be signed by the County's Purchasing Agent or his designee. If the County fails to render a decision within 90 days after receipt of the Contractor's demand, it shall be deemed a final decision adverse to the Contractor's contentions. Nothing in this section shall be construed as affecting the County's right to terminate the Contract for cause or termination for convenience as stated in Section 32, Termination, herein.

35. **Orderly Termination:** After receipt of a termination notice from the County of Orange, the Contractor may submit to the County a termination claim, if applicable. Such claim shall be submitted promptly, but in no event later than 60 days from the effective date of the termination, unless one or more extensions in writing are granted by the County upon written request of the Contractor. Upon termination County agrees to pay the Contractor for all services performed prior to termination which meet the requirements of the Contract, provided, however, that such compensation combined with previously paid compensation shall not exceed the total compensation set forth in the Contract. Upon termination or other expiration of this Contract, each party shall promptly return to the other party all papers, materials, and other properties of the other held by each for purposes of performance of the Contract. In addition, each Party will assist the other Party in orderly termination of this Contract and the transfer of all aspects, tangible and intangible, as may be necessary for the orderly, non-disruptive business continuation of each Party.

36. **Force Majeure:** Contractor shall not be assessed with liquidated damages or unsatisfactory performance penalties during any delay beyond the time named for the performance of this Contract caused by any act of God, war, civil disorder, employment strike or other cause beyond its reasonable control, provided Contractor gives written notice of the cause of the delay to County within thirty-six (36) hours of the start of the delay and Contractor avails himself of any available remedies.

37. **Consent to Breach Not Waiver:** No term or provision of this Contract shall be deemed waived and no breach excused, unless such waiver or consent shall be in writing and signed by the Party claimed to have waived or consented. Any consent by any Party to, or waiver of, a breach by the other, whether express or implied, shall not constitute consent to, waiver of, or excuse for any other different or subsequent breach.

38. **Remedies Not Exclusive:** The remedies for breach set forth in this Contract are cumulative as to one another and as to any other provided by law, rather than exclusive; and the expression of certain remedies in this Contract does not preclude resort by either Party to any other remedies provided by law.

39. **Notices:** Any and all notices, requests demands and other communications contemplated, called for, permitted, or required to be given herein shall be in writing with a copy provided to the assigned Deputy Purchasing Agent (DPA), except through the course of the County's Program Manager and Contractor's Account Manager routine exchange of information and cooperation during the terms of the work and services. Any written communications shall be deemed to have been duly given upon actual in-person delivery, if delivery is by direct hand, or upon delivery on the actual day of receipt or no greater than four (4) calendar days after being mailed by US certified or registered mail, return receipt requested, postage prepaid, whichever occurs first. The date of mailing shall count as the first day. All communications shall be addressed to the appropriate Party at the address stated herein or such other address as the Parties hereto may designate by written notice from time to time in the manner aforesaid.

County:	Program Manager, Janine Boiarsky Human Resource Services/Employee Benefits 400 W. Civic Center Drive, Suite 111 Santa Ana, CA 92701
cc:	Human Resource Services/Employee Benefits Attn: Melvin Chua, Deputy Purchasing Agent 400 W. Civic Center Drive, Suite 111 Santa Ana, CA 92701
Contractor:	California Physicians' Service dba Blue Shield of California 601 12th Street Oakland, CA 94607

40. **EDD Independent Contractor Reporting Requirements:** Effective January 1, 2001, the County of Orange is required to file in accordance with subdivision (a) of Section 6041A of the Internal Revenue Code for services received from a "service provider" to whom the County pays $600 or more or with whom the County enters into a contract for $600 or more within a single calendar year. The purpose of this reporting requirement is to increase child support collection by helping to locate parents who are delinquent in their child support obligations.

    The term "service provider" is defined in California Unemployment Insurance Code Section 1088.8, subparagraph B.2 as "an individual who is not an employee of the service recipient for California purposes and who received compensation or executes a contract for services performed for that service recipient within or without the state." The term is further defined by the California Employment Development Department to refer specifically to independent Contractors. An independent Contractor is defined as "an individual who is not an employee of the ... government entity for California purposes and who receives compensation or executes a contract for services performed for that ... government entity either in or outside of California."

    The reporting requirement does not apply to corporations, general partnerships, limited liability partnerships, and limited liability companies.

    Additional information on this reporting requirement can be found at the California Employment Development Department website located at http://www.edd.ca.gov/Employer_Services.htm.

41. **Change Of Ownership/Name, Litigation Status, Conflicts with County Interest:** Contractor agrees that if there is a change or transfer in ownership of Contractor's business prior to completion of this Contract, and the County agrees to an assignment of the Contract, the new owners shall be required under the terms of sale or other instruments of transfer to assume Contractor's duties and obligations contained in this Contract and complete them to the satisfaction of the County

    County reserves the right to immediately terminate the Contract in the event the County determines that the assignee is not qualified or is otherwise unacceptable to the County for the provision of services under the Contract.

    In addition, Contractor has the duty to notify the County in writing of any change in the Contractor's status with respect to name changes that do not require an assignment of the Contract. The Contractor is also obligated to notify the County in writing if the Contractor becomes a party to any litigation against the County, or a party to litigation that may reasonably affect the Contractor's performance under the Contract, as well as any potential conflicts of interest between Contractor and County that may arise prior to or during the period of Contract performance. While Contractor will be required to provide this information without prompting from the County any time there is a change in Contractor's name, conflict of interest or litigation status, Contractor must also provide an update to the County of its status in these areas whenever requested by the County.

    The Contractor shall exercise reasonable care and diligence to prevent any actions or conditions that could result in a conflict with County interests. In addition to the Contractor, this obligation shall apply to the Contractor's employees, agents, and subcontractors associated with the provision of goods and services provided under this Contract. The Contractor's efforts shall include, but not be limited to establishing rules and procedures preventing its employees, agents, and subcontractors from providing or offering gifts, entertainment, payments, loans or other considerations which could be deemed to influence or appear to influence County staff or elected officers in the performance of their duties.

42. **Precedence:** The Contract documents herein consist of this Contract and its attachments. In the event of a conflict between or among the Contract documents, the order of precedence shall be the provisions of the main body of this Contract, i.e., those provisions set forth in the articles of this Contract, and then the attachments and exhibits.

43. **Headings:** The various headings and numbers herein, the grouping of provisions of this Contract into separate clauses and paragraphs, and the organization hereof are for the purpose of convenience only and shall not limit or otherwise affect the meaning hereof.

44. **Severability:** If any term, covenant, condition or provision of this Contract is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remainder of the provisions hereof shall remain in full force and effect and shall in no way be affected, impaired or invalidated thereby.

45. **Calendar Days:** Any reference to the word "day" or "days" herein shall mean calendar day or calendar days, respectively, unless otherwise expressly provided.

46. **Attorney Fees:** In any action or proceeding to enforce or interpret any provision of this Contract, or where any provision hereof is validly asserted as a defense, each Party shall bear its own attorney's fees, costs and expenses.

47. **Interpretation:** This Contract has been negotiated at arm's length and between persons sophisticated and knowledgeable in the matters dealt with in this Contract. In addition, each Party has been represented by experienced and knowledgeable independent legal counsel of their own choosing or has knowingly declined to seek such counsel despite being encouraged and given the opportunity to do so. Each Party further acknowledges that they have not been influenced to any extent whatsoever in executing this Contract by any

other Party hereto or by any person representing them, or both. Accordingly, any rule of law (including California Civil Code Section 1654) or legal decision that would require interpretation of any ambiguities in this Contract against the Party that has drafted it is not applicable and is waived. The provisions of this Contract shall be interpreted in a reasonable manner to affect the purpose of the Parties and this Contract.

48. **Authority:** The Parties to this Contract represent and warrant that this Contract has been duly authorized and executed and constitutes the legally binding obligation of their respective organization or entity, enforceable in accordance with its terms.

49. **Survival:** Notwithstanding any provision to the contrary herein, the provisions of paragraphs 15, 16, 17, 18 and 19 shall survive the termination of this Contract.

50. **Employee Eligibility Verification:** The Contractor warrants that it fully complies with all Federal and State statutes and regulations regarding the employment of aliens and others and that all its employees performing work under this Contract meet the citizenship or alien status requirement set forth in Federal statutes and regulations. The Contractor shall obtain from all employees performing work hereunder, all verification and other documentation of employment eligibility status required by Federal or State statutes and regulations including, but not limited to, the Immigration Reform and Control Act of 1986, 8 U.S.C. §1324 et seq., as they currently exist and as they may be hereafter amended. The Contractor shall retain all such documentation for all covered employees for the period prescribed by the law. The Contractor shall indemnify, defend with counsel approved in writing by County, and hold harmless, the County, its agents, officers, and employees from employer sanctions and any other liability which may be assessed against the Contractor or the County or both in connection with any alleged violation of any Federal or State statutes or regulations pertaining to the eligibility for employment of any persons performing work under this Contract.

51. **Bills and Liens:** Contractor shall pay promptly all indebtedness for labor, materials, and equipment used in performance of the work. Contractor shall not permit any lien or charge to attach to the work or the premises, but if any does so attach, Contractor shall promptly procure its release and, in accordance with the requirements of paragraph 18 above, indemnify, defend, and hold County harmless and be responsible for payment of all costs, damages, penalties and expenses related to or arising from or related thereto.

52. **Changes:** Contractor shall make no changes in the work or perform any additional work without County's specific written approval.

53. **Terms and Conditions**: Contractor acknowledges that it has read and agrees to all terms and conditions included in this Contract.

54. **Incorporation:** This Contract and its Attachments A through J and Exhibits 1 through 9 are attached hereto and incorporated by reference and made a part of this Contract.

55. **Health Insurance Portability and Accountability Act (HIPAA):** Contractor understands and agrees that the disclosure of PHI by a health care component of a covered entity is subject to the HIPAA Privacy Rule, Contractor understands and agrees that it is a Business Associate of County for the purposes of the HIPAA Privacy Rule. Therefore, the provisions set forth in Attachment H hereto shall be operative and control the Business Associate relationship of the parties. Nothing in Attachment H shall be considered a waiver of the limitation on subcontracting as set forth in this Contract.

56. **PPO Network Changes**: (1) Contractor may provide the County with periodic updates regarding the hospitals and medical for which contract renewals are being negotiated subject to a notice of termination from the provider and, (2) Contractor will notify County within 60-days prior to the termination of either (a) any network hospital in Southern California or (b) any medical group or medical provider utilized by more than 100 County participants in a 12-month period; or (c) any lab or diagnostic provider utilized by more than 100 County participants in a 12-month period. For all other network provider terminations Contractor will provide

County with as much advance notice of the termination as reasonably possible and no less notice than within (1) one business day of the date any such provider contract is actually terminated. For provider ranking in the top 20 in claims volume or participant utilization, Contractor will provide written notice at no cost to the County to those participants that utilized these providers within the last six months.

(SIGNATURE PAGE FOLLOWS)

CONTRACT SIGNATURE PAGE

IN WITNESS WHEREOF, the Parties hereto have executed this Contract on the dates shown opposite their respective signatures below.

California Physicians' Service dba Blue Shield of California

Sandra Clarke	EVP, Chief Operating Officer
Print Name	Title
DocuSigned by: Sandra Clarke DB587334B4CD4D9...	5/23/2024
Signature	Date
Ken Lautsch	VP and GM of Premier Accounts
Print Name	Title
DocuSigned by: Ken Lautsch 56A37B9F92844F0...	5/23/2024
Signature	Date

* *If the contracting party is a corporation, two (2) signatures are required: one (1) signature by the Chairman of the Board, the President or any Vice President; and one (1) signature by the Secretary, any Assistant Secretary, the Chief Financial Officer or any Assistant Treasurer. The signature of one person alone is sufficient to bind a corporation, as long as he or she holds corporate offices in each of the two categories described above. For County purposes, proof of such dual office holding will be satisfied by having the individual sign the instrument twice, each time indicating his or her office that qualifies under the above-described provision.*

In the alternative, a single corporate signature is acceptable when accompanied by a corporate resolution demonstrating the legal authority of the signature to bind the company.

****

COUNTY OF ORANGE
A political subdivision of the State of California

	Deputy Purchasing Agent
Print Name	Title
Signature	Date

Approved by Board of Supervisors on: Date_____

APPROVED AS TO FORM:

DocuSigned by: Nikhil Daftary AACC0DDE8C0747...

Deputy, Office of County Counsel
Orange County, California

ATTACHMENT A
Scope of Services

I. Definitions: For purposes of this Contract, including all Attachments and Exhibits, the parties agree to the following definitions:

1. *"The Board"* The Board of Supervisors for the County of Orange is the legislative and policy making body of the County and is responsible for the review and approval of all service agreements and/or contracts with the County.

2. *"Employee Benefits Division"* A Division of Human Resource Services of the County responsible for the design, implementation and on-going administration of the County's various employee benefit plans and programs.

3. *"Human Resource Services (HRS)"* The County's HRS is comprised of various divisions and sections that provide a wide array of personnel and employee services to County departments and agencies. The HRS Director reports directly to the County Executive Officer (CEO).

4. *"TPA"* Third Party Administrator(s) for the County's self-insured PPO health plans.

5. *"Benefits Center"* shall be defined as the County's Benefits Service Center for employees and retirees, which provides full Benefits administration such as benefits eligibility and enrollment, currently provided through Alight Solutions LLC.

6. *"Claim"* shall be defined as one or more documents related to accident, illness or treatment that are submitted for reimbursement under the Plan and received together in batch plus any additional documents received at a later time in support of the original submission.

7. *"Claimant"* are certain County employees, retirees, and their dependents who are participants under the Plan.

8. *"Claim Form"* includes, but is not limited to a County Claim form, HCFA 1500 (Physician Bill) or a UB 82 (Hospital Bill) or information in writing from Claimant or Provider that is sufficient to accurately process a Claim, including diagnosis, the services rendered, the date the services were rendered, the charge for each service, billing address, phone number, Provider's name and signature of licensed medical Provider who provided the services.

9. "*Coinsurance*" or "*Copayment*" shall mean a percentage of cost or dollar amount that a Participant is responsible for paying for a service, supply or medication based on the County's Plan Design Document, and includes, but is not limited to coinsurance, copayment and deductible.

10. *"County Bank"* means the bank selected by County.

11. *"Covered Person" or "Participant"* shall mean any eligible covered person under the Plan, including dependents of the covered employee or retiree.

12. "*Explanation of Benefit*" (EOB) is a periodic summary Statement of Plan and Participant paid amounts sent to Participants.

13. *"Health Savings Account"* (HSA) is a tax-deductible savings account that's used in conjunction with an HSA-qualified high-deductible health insurance plan (HDHP); fund distribution is only for IRS approved health related expenses.

14. *"High Performance Network"* (HPN) is a network of providers who consistently deliver patient centered and high-quality care at a lower cost.

15. *"IVR"* is Interactive Voice Response and shall mean any automated voice response system utilized by Contractor for incoming calls from plan Participants.

16. *"Net Proceeds of Subrogation"* is the amount recovered on account of the enforcement by Contractor or its subcontractors of the Subrogation provision of the medical plans less the costs of such recovery retained by the Contractor and/or paid by the Contractor to third persons.

17. *Pharmacy Benefits Manager or "PBM"* shall be defined as the County's pharmacy benefit manager for the prescription drug coverage provided by the Wellwise and Sharewell programs and if/when implemented, the new employee and retiree HPN health plans. The County's PBM services are currently provided by OptumRx, Inc.

18. *"Plan"* means the self-insured PPO Health Plans established by County for certain employees, retirees, and dependents, consisting of the Wellwise Choice Health Plan, Sharewell Choice Health Plan, Wellwise Retiree Health Plan, Wellwise Retiree Medicare Health Plan, and Sharewell Retiree Health Plan, and if/when implemented, the new employee and retiree HPN health plans.

19. *"Plan Administrator"* is the County Human Resource Services Director or his or her designee.

20. *"Plan Benefit Account*" means the Contractor Bank account establish for payment of County Plan(s) for health care benefits and from which Provider payment checks are issued by the Contractor.

21. *"Plan Document" is the written description of the plan design as approved by the County Board of Supervisors.*

22. *"Preferred Provider Organization" or "PPO"* means the Network of preferred providers offered by Contractor.

23. *"Provider"* means a hospital, physician, or other medical care provider, who, through contract with Contractor or with a physician hospital organization, individual physician association, or other provider network or organization with whom Contractor has contracted, has agreed to be a member of Contractor's PPO network.

24. *"Provider Agreement"* means Contractor's agreement with a hospital, physician, or other medical care provider or with a physician hospital organization, individual physician association, or other provider network or organization, whereby Providers have agreed to be members of Contractor's PPO network.

25. *"Subrogation"* means the right to recover payments made to person covered under the Plan or a health care provider because of an injury to that person caused by a third party's wrongful act or negligence and which person or health care provider later recovers or is entitled to recover from the third party or the third party's insurer.

26. *"Utilization and Case Management"* means the services provided by Contractor as described in this Attachment A.

27. *"Working Days"* are all calendar days except Saturday, Sunday, and legal holidays, as recognized by the Plan Administrator and Contractor.

28. *"Attributed Member"* means a participant that is delegated to a locally tailored value-based program in a method used to connect a patient to a physician for establishing responsibility for care.

II. Scope of Services for the County of Orange Self-Insured PPO Health Plans

Objectives

The Contractor shall perform the required services of this Attachment A – Scope of Services to accomplish the following objectives:

1. Ensure that claims are processed in compliance with Plan provisions in an expeditious manner.
2. Ensure that claims are processed in compliance with Preferred Provider negotiated rates (where applicable) and utilization review decisions in accordance with program requirements to maximize the cost management savings of these programs.
3. Ensure that Plan Participants receive high quality customer service and access to information relative to understanding and utilizing their Plan benefits.

Required Responsibilities and Services

The required services for claims administration for the County of Orange self-insured PPO health plans are contained in the Model Contract and Attachments A through J and Exhibits 1 through 9.

County Responsibilities

County shall:

1. Promptly pay the County's self-insured claim liability under this Contract as approved claims are presented by Contractor.

2. In addition to Plan Documents, which Contractor acknowledges that it has received and reviewed, furnish the Contractor with a detailed written description of Plan coverage.

3. Furnish the Contractor with information from which the Contractor can determine Claimant eligibility under the Plan.

4. Authorize Contractor to enter into Provider Agreements and amendments thereto, on behalf of the County, which Provider Agreements may, among other provisions, specify fee amounts which shall be accepted by Providers as payment in full for health care services provided to Covered Persons under the Plan.

5. Be bound by all terms and conditions of Provider Agreements, which apply to Contractor and its network only if required under State or Federal Law. (For example, California Health and Safety Code Section 1375.7(d)(1), California Business and Professions Code Section 511.3 and California Insurance Code Section 10178.4). The County must receive advance written notice from Contractor

of Provider Agreements containing terms and conditions that materially deviate from Contractor's standard Provider Agreement.

6. Sufficiently fund the Plan Benefit Account to meet the County's obligation to pay Providers based on the payment amount specified in the applicable Provider Agreement and to allow Contractor to process Claim payments in accordance with the terms of the Contract.

III. Contractor Responsibilities

A. Facilities and Staffing

Contractor shall:

1. Maintain adequate staff in Claim offices for the effective administration of the Plan Claims processing and payments. The staffing shall include a Designated Team to be dedicated to the County account. The Designated Team will be supplemented as needed to meet the performance requirements of the Contract. For purposes of the Contract, "Designated Team" means staff in the claims and customer service area, trained on the unique provisions of the County Plans and whose primary and priority job function is the servicing of the County claims and Participants in order to meet the performance requirements of the Contract. The Designated Team will be maintained so that 75% of the staff has 2 or more years of relevant experience and have been specifically trained on the unique provisions of the County Plan.

   Contractor agrees to staff the Designated Team at a level sufficient to routinely have:
   a. 95% of Plan claims processed through a combination of auto-adjudication and/or the Designated Team; and,
   b. 85% of customer service calls handled through the Designated Team.

2. Notify the County project manager within 30 calendar days prior, when possible, of any Designated Team long term staffing level changes, but no later than 14 calendar days after the change(s).

3. Provide a dedicated toll free number routed to the County's Designated (dedicated) customer service team for County Participants; a voice response system with a user-friendly menu and alternative language options (or access to language translation services); system availability 24 hours a day/7 days a week/365 days a year (excluding scheduled downtime); and a dedicated Post Office Box for submission of County claims, as part of the base administrative fees with no additional cost to the County.

4. Maintain Customer Service hours for the Plans from at least 7:00 a.m. to 7:00 p.m. (Pacific Time) Monday through Friday except for the following holidays: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve, and Christmas Day.

5. Ensure that Participants with limited English proficiency and those who are deaf or hearing impaired have access to communication services that enable Participants to utilize the phone lines.

6. Provide access to a 24-Hour Telephone Advice Nurse. Telephone Advice Nurse shall encourage utilization of PPO providers whenever possible.

7. Conduct prepayment audits of new claim team members ensuring that 100% of new claim team member's work is audited for 30 days after training.

8. Withhold the addition of other new accounts serviced by the County's account team until September 1, 2025, to facilitate successful implementation of the County account.

9. Should Contractor be merged with, acquired by or acquire another entity during the Contract Term; Contractor shall pay for all of the County's transition costs if there is a need to migrate the County plans, including but not limited to reimbursement of County programming and communications costs and pre and post implementation audit costs if a change in claims processing and/or eligibility systems occurs.

B. Claims Processing

Contractor shall:

1. Supervise and administer the payment of Claims in accordance with the Plan Documents and act as the representative of the County with regard to Claims administration and review. Services provided by Contractor shall cover Claimants' benefits provided in the State of California as well as outside the State of California.

2. Coordinate and administer Claims in cooperation with any third-party contractor(s) selected by County for services impacting the administration of Wellwise, Sharewell, and if/when implemented HPN Plans (e.g., Rx).

3. In accordance with the requirements set forth in Attachment G – Contractor Named Claim Fiduciary, adjudicate Plan Claims in an expeditious and courteous manner, responding to each Claim with a benefit determination within 30 calendar days of receipt of the Claim. Provide Plan Participants with an explanation of benefits for each and every adjudicated claim, including Claims which are ineligible. The explanation of benefits shall include the reason for ineligibility and shall include all of the content required to be included in such notices pursuant to the applicable requirements set forth in the Patient Protection and Affordable Care Act, and the regulations issued thereunder, with regards to denied claims and appeals for denied claims.

   The explanation of benefits shall include at a minimum, a listing of billed charges, the charges as adjusted under a Preferred Provider Agreement, charges not eligible, charges paid, deductible applied, calculation of rate paid, listing of payees and amounts, the amount to be paid by the Participant including the amount of any balance billing liability, and the reason for ineligibility or denial if applicable. At County's request, Contractor will customize EOBs for County's specific requirements and will include the County's logo and County specific website.

4. Out of Network Claims: Except when the allowance derived from an existing negotiated letter of agreement, as noted in Paragraph 25 below, is less than URC, (i) process out of network claims from providers using allowances as follows: (A) for professional claims (i.e., non-facility claims), utilize a URC amount equal to the 90th percentile of recorded charges for each procedure or service in a specific geographic area and, (B) for facility claims, except for ambulatory surgery center and dialysis center claims, utilize a URC amount equal to the 90th percentile of recorded charges for each procedure or service in a specific geographic area; (ii) process facility claims for out of network ambulatory surgery centers and dialysis centers located in California in accordance with the County Plan Documents; and (iii) process all out of network claims provided by radiologists, anesthesiologists, pathologists, and emergency room Physicians at network facility at the in-network benefit level.

5. Provide Claims information services to Plan Participants including a dedicated Benefits Specialist to research and resolve, to the satisfaction of the County, benefits and/or Claims inquiries and

complaints submitted by the Participants. Claims Service Representative should have the ability to gather and analyze data, create a historical picture, including a timeline of Claim activity for individual Participants, and develop appropriate correspondence for complicated Claim issues in accordance with the requirements set forth in Attachment G.

6. Take reasonable and effective precautions to prevent payment of invalid, duplicate and fraudulent Claims with respect to the Plans.

7. Coordinate benefit payments with other group insurance plans and Medicare in which employees, retirees or dependents may be enrolled to protect against duplication of benefits or excessive payment of Claims. Coordination of payment with Medicare shall be done via Contractor's direct crossover with Medicare claims information and shall not require the submission of a Medicare EOB from Plan Participants.

8. Maintain accepted professional practices for the control and efficient payment of Claims.

9. Verify the eligibility of all Claimants for benefits under the County's group Plans from eligibility information provided by the Benefits Center.

10. Calculate and provide pre-determination of benefits upon request.

11. Compute and pay Claims for group hospital and medical benefits from funds provided by the County in accordance with the Plan Documents established and/or amended by the County.

12. Provide bank reconciliation services and produce checks and/or electronic fund transfers for Claims and indicate that Contractor administers the Plan. Any interest earned on County funds remains with the County.

13. Notify the Benefits Center and the County in writing through the Claims Service Representative when during the course of claims payment or benefits verification Contractor is notified, or should have known, a retiree or dependent eligible for Medicare is not enrolled in Medicare or has assigned their Medicare benefits to another health plan.

14. Notify the Benefits Center of deceased Covered Persons when Contractor receives notification of such death via telephone call with Customer Service or Utilization Management or via claim submission.

15. Pursue and enforce Subrogation under the Plans when, in Contractor's judgment, there is recovery potential. The Contractor or its subcontractors will make final settlement decisions, which, in Contractor's judgment, are reasonable based on the circumstances of the accident or injury and the available recovery sources. Contractor shall have the authority to reduce the amount of a lien and Order to Pay against a third party for paid claims paid under the following conditions:

    a. The attorney for the claimant shall request in writing a reduction for the lien indicating the potential settlement and percentage of attorney's fees;

    b. The percentage of reduction of the lien shall not exceed the percentage of settlement represented by the attorney's direct fees;

    c. The reduction shall not exceed $20,000; and

d. The Claims paid by the Contractor and the amount represented by the lien are verified and a record of the reduction is available for audit.

16. Report status of subrogation cases quarterly to County.

17. Comply with the County's rules and procedures in the processing of large Claim payments (currently required for Claim payments of $100,000 or more), withholding such check or electronic fund transfer until approved by the County.

18. Maintain proper controls to avoid overpayments with respect to the Plans. If Coordination of Benefits (COB) is noted on a claim, Contractor shall mail a COB questionnaire to Participants for whom there is no COB information on file. Such claim will not be processed until such time as the COB questionnaire is properly completed and returned to Contractor. Contractor will update COB systems upon receipt.

19. Provide to each Participant an Explanation of Benefits (EOB) for Claims processed for the member or eligible enrolled dependent(s). The explanation shall include at a minimum, a listing of billed charges, the charges as adjusted under a Preferred Provider Agreement, charges not eligible, an explanation of why charges were not eligible, charges paid, deductible applied, calculation of rate paid, listing of payees and amounts and the amount to be paid by the Participant, including the amount of any balance billing liability. At County's request, Contractor will customize EOBs for County's specific requirements and will include the County's logo and County specific website.

20. Provide, upon request, information on Claims to assist the County in resolving problems of Participants with Claims, providing information for retirement actions and to assist in preparing litigation.

21. Perform internal audit of Claims for accurate and correct application of medical benefits, for all checks or electronic fund transfers in excess of $10,000.

22. Provide an effective, on-going quality review of 200 randomly selected claims processed under the Plans.

23. Provide for adjustment in the event a Claimant has been paid less than the amount provided by the Plan, and for collection of overpayments in the event the Claimant has been paid more than the amount provided by the Plan. The method of collection for overpayments must be approved by the County.

24. At the County's request, assist in managing the prescription drug payments to include:

    a. Assist the Pharmacy Benefits Manager (PBM) to prevent Claims paid under the Pharmacy Network from also being paid by Contractor through the Plans

    b. Support near real time (NRT) interface for prescription claims data for out-of-pocket cost accumulators (deductibles and out-of-pocket maximums) for plans that are carved out to a PBM. For example, accumulators should not reset if a retiree moves from Pre 65 to Post 65 and stays on the same plan (e.g., Wellwise or Sharewell) or if the family becomes split between Pre 65 and Post 65.

    c. Perform at least annually, full database audits with the County's Pharmacy Benefits Manager to ensure that membership remains consistent between Contractor and County's Pharmacy Benefits Manager.

25. Conduct, at the written request of the County, hospital audits to ensure accurate billing of charges to be covered under the Plans.

26. For medical claims, actively seek provider discounts for claims from non-network providers as follows: (1) utilize previously negotiated letters of agreement from non-network facilities for claims of $5,000 or more in billed charges, and, (2) seek ad hoc discounts from other non-network facilities for claims of $5,000 or more in billed charges. Report status of negotiations and savings quarterly to County.

27. Distribute, upon request, informational material furnished by the County with the Explanation of Benefits.

28. Administer annual Wellwise Retiree Non-Smoker Incentive during the 2nd quarter of 2025, and the 2nd quarter of each subsequent contract year, if requested by the County as follows

Retiree Non-Smoker Incentive per the Wellwise Retiree Plan Documents

a) Determine all subscribers who were enrolled in the Wellwise Retiree plan at any time during the plan year (no pro-rating required).
b) Create a file of subscribers who are eligible for the Wellwise Retiree Non-Smoker Incentive.
c) Utilize file of eligible Wellwise Retiree Non-Smoker Incentive subscribers to create notifications to claim Incentive payment.
d) Mail notifications to eligible subscribers.
e) Review and process claims for Incentive payments as they are returned by subscribers.
f) Wellwise Retiree Non-Smoker Incentive payments shall be made via check issued by Contractor directly to retirees. The Contractor will be responsible for providing a detail file and report itemizing the Wellwise Retiree Non-Smoker Incentive payments and invoicing the County for reimbursement.

29. Provide individual Usual, Customary and Reasonable calculation and estimated amounts, on request, to the County or its designee when needed to process internal County appeals to reimburse out of pocket expenses for Superior Court Judges not covered by the County's Plans.

30. Print and pay the cost of all necessary Plan Claim forms, including Plan benefit account checks.

31. Process and flag claims potentially involving third party liability and send appropriate claims to the third party to pursue recovery. Review all claims data to identify and to pursue potential third-party liability claims.

32. In accordance with the requirements set forth in Attachment G – Contractor Named Claim Fiduciary, comply with the federal Patient Protection and Affordable Care Act appeal requirements for non-grandfathered Plan participants, as specified in the applicable Plan Document. For Participants in retiree Plans, review and process all Participant and provider appeals, grievances and complaints in the same manner as the non-grandfathered Plans, as specified in the Plan Documents. For all Plans, in accordance with the requirements set forth in Attachment G, provide external reviews of denied claims performed by Contractor's rotating Independent Review Organizations. Maintain a log of all County appeals that includes, at a minimum, the Participant's name and ID number, the nature of the appeal, grievance or complaint, the date the appeal, grievance or complaint was received, and the date Contractor's review of the appeal, grievance or complaint was completed and communicated to the Participant.

33. Review claims for medical necessity when appropriate, utilizing Contractor's internal written guidelines to identify candidates for review, and to conduct such a review in a consistent manner for similar claims. Such reviews should be conducted by a clinician with the appropriate background, training and expertise to evaluate questions of medical necessity.

34. Continue the administration of claims incurred prior to the effective ending date of this Contract for a period of twelve months after the termination date (Run-Out Claims) including but not limited to claims processing, claims reporting, bank reconciliation reports, claim appeals, subrogation, etc.

35. Coordinate by participating in calls and discussing necessary data requirements, including provider disruption reports and timing with previous administrator to process final run-in claims from 2024 and prior not processed by December 31, 2024.

36. Conduct plan testing of all non-standard benefit provisions, as defined by the County and Contractor, for the County's Plans in conjunction with any significant claims processing software upgrade or system/plan maintenance to identify the impact, if any, the upgrade or maintenance had on the accuracy of claims processing, and report results to the County. Plan testing must occur prior to claims processing resuming under the new or modified system. Significant is defined as any upgrade or maintenance item that would be anticipated to impact County non-standard provisions. Non-standard provisions will be mutually identified during the implementation process. All other upgrades or maintenance would be reviewed by Contractor during regular monthly performance audits.

37. Contractor will provide Telehealth visit services for primary care and mental health services. Telehealth visits will provide confidential consultation using a network of U.S. board certified Physicians who are available 24 hours a day by telephone and from 7 a.m. to 9 p.m. by secure online video, 7 days a week (subject to change). Telehealth Physicians can provide diagnosis and treatment for urgent and routine non-emergency medical conditions and can also issue prescriptions for certain medications. Telehealth consultation services are optional to the Covered Persons and can provide quick and easy access to care for members as needed. Telehealth consultation services are not available for specialist services and Substance Use Disorder Services. Before Telehealth services can be accessed, the Covered Person must complete and submit a Medical History Disclosure form to the Telehealth service organization. The Telehealth consultation fee is considered a network benefit subject to network deductibles and coinsurance. If medications are prescribed, applicable co-insurance and other requirements of the Prescription Drug Card Program contained in the Plan Document apply. The County at its sole discretion may add or delete Telehealth services based on an analysis of service results, cost effectiveness, and risk as needed.

C. Customer Service

Contractor shall:

1. Provide a dedicated Customer Service team to quote benefits, provide Claim status information, assist in the filing of appeals, and related Claims processing issues. Ensure Customer Service representatives are available 7:00 am to 7:00 pm PT, Monday through Friday, excluding the following holidays: New Year's Day, Martin Luther King Day, President's Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day and the day after, Christmas Eve, and Christmas Day. Customer Service representatives shall be located in the United States.

2. Provide, upon request by Plan Participants, Claim forms for those without Internet Access.

3. Provide on Contractor's website access to custom County web page containing links to PPO provider directories, eligibility and Plan benefit information, claim status, the ability to request replacement ID cards and email a Customer Service Representative.

4. Attend County Open Enrollment meetings and annual Health Fair to provide health education information and to assist Participants with Plan inquiries or customer service issues.

5. Sponsor four (4) employee lunch-time wellness seminars each year and work with designated County staff to determine scheduling and topics.

6. Provide on-line verification of eligibility to health care providers on Contractors' website.

7. Provide a microsite specific to the County where Participants can access the following information: Claim history and Out-of-pocket accumulators, Provider Search Tool, Provider Quality, Health Information/Education, Benefits Forms, Temporary ID cards, Order replacement ID cards, contact customer service, Plan Benefit Information/Plan Provisions, Talk to providers or "Ask a Physician?", identify any available mobile applications.

8. Provide a mobile application with the following services: ID cards, ability to check claim status, file a claim, find a provider, contact customer service via email or chat, and access Plan Documents and summaries.

D. Utilization Review / Case Management

The Utilization Review program described herein is designed to help determine if certain health care services may be recommended for certification as medically necessary under the terms of the Plans. Contractor will use the results of the Utilization Review program to assist in making Claims decisions under the Plans. The Utilization Review program is not intended to be a substitute for actual Claims decisions. The decision or determination to obtain or deliver any health care service is always made only by the patient (and his or her parent or guardian, if appropriate) and/or his or her health care provider. Final Claim decisions will continue to be governed by the terms and conditions of this Contract and the Plan.

Contractor shall:

1. Be responsible for the provision of medical Utilization Review (UR) services. Medical Utilization Review services shall include at a minimum Hospital Pre-admission Review, Concurrent Review, Retrospective Review, maternity management, Mental Health and Chemical Dependency Review, and Case Management.

    a. Pre-admission Review involves review of medical necessity and/or appropriateness of proposed hospitalizations and Outpatient Surgery Review.

    b. Concurrent Review involves the monitoring of the medical necessity and/or appropriateness of an ongoing hospital stay and discharge planning.

    c. Retrospective Review involves review of medical necessity and/or appropriateness of a hospital stay after the stay has been completed.

    d. Case Management is a comprehensive service that provides assistance in the design of medically necessary treatment plans, including, without limitation, discharge planning and referrals to home health care and hospice care, with the consent of the patient and the patient's treating physician, for persons facing catastrophic illness or injury.

e. Maternity management is a service designed to promote healthy pregnancies through early prenatal care, education, early identification of high-risk factors and, if necessary, early Case Management.

f. Mental Health and Chemical Dependency Review involves Pre-admission Review and Concurrent Review of the medical necessity and/or appropriateness of all proposed hospitalizations for mental health or chemical dependency treatment.

2. Identify Case Management cases promptly upon notification of a hospital admission, or based upon other catastrophic condition indicators identified by claims data, pharmacy data, customer service referrals, referrals from practitioners, etc.

3. Send a review letter to the Participant to verify the Utilization Review decision on the proposed treatment plan, need for hospital admission or both. This letter is to be sent within one Working Day of the Utilization Review decision.

4. Coordinate efforts with the County's Employee Assistance Program (EAP) to refer Participants to PPO Providers when seeking treatment.

5. Provide minimum UR/Case Management/Discharge Planning office hours from 8:00 a.m. to 5:00 p.m., Monday-Friday (PT).

6. Provide a toll-free telephone number and live telephone Nurse line, 24 hours a day, and 7 days a week.

7. Provide the County with Utilization Review reports similar to those listed below. Reports shall be issued once each calendar quarter. The final quarterly report shall include information applicable to the full calendar year.

   a. Executive Summary

   b. Quarterly UR Report

   c. Major Diagnostic Category (MDC) at Policy Level

   d. MDC by Relationship

   e. Claims by Age Group

8. Prepare and provide Utilization Review communication material and/or presentations for County Participants.

9. Refer to the County for consideration and final decision, certain Utilization Review recommendations or decisions based upon procedures mutually agreed upon in writing by the Parties.

10. Identify outlier hospitals and physician organizations through Contractor's Care Coordination Model to reduce preventable admissions.

11. Refer Participants considering treatment from non-network providers to PPO providers as appropriate.

E. Disease Management

Contractor shall:

1. Interface with the County's Pharmacy Benefit Manager to obtain prescription Claims data in order to conduct pharmacy utilization analysis.

2. Accept referrals into the disease management program from physicians and Participants, as appropriate.

3. Identify Participants with chronic illnesses and offer available programs and services to assist in the management of these conditions. At a minimum, include programs for heart failure, chronic obstructive pulmonary disease, coronary artery disease, diabetes, asthma, and musculoskeletal conditions.

4. Provide detailed procedures denoting how potential program Participants are identified and the data utilized, how outreach is conducted, how enrollment is tracked against goals and benchmarks, how return on investment is calculated as well as how Participants can disenroll in programs.

5. Provide quarterly reports of disease management utilization and outcomes.

6. Accept data from prior Contractor for purposes of identification of potential program Participants.

F. Preferred Provider Network

Contractor shall:

1. Make its PPO, and if/when implemented the HPN, networks of Providers, available to Participants in the Plans. Contractor shall require Providers to accept the Contractor's reimbursement amount as payment in full less any patient responsibility (e.g., deductibles and coinsurance) for covered services rendered by Providers to Participants under County's Plans. Contractor's negotiated rate will result in health Plan discounts.

2. Notify the County within 60 days prior to the termination of the following: (1) any network hospital in Southern California, (2) any medical group or medical provider utilized by more than 100 County Participants in a 12-month period and (3) any lab or diagnostic provider utilized by more than 100 County Participants in a 12-month period.

3. Provide and maintain its PPO, and if/when implemented the HPN, network information on Contractor's website.

4. Provide appropriate referrals to the website, or provide assistance in locating a PPO, and if/when implemented the HPN, provider upon request by a Participant.

5. Provide the County with management reports similar to those listed below on utilization of the PPO, and if/when implemented, the HPN programs: (Such reports shall be based on data available to the Contractor). Reports shall be presented quarterly.

    a. Health Experience Report / Executive Summary

    b. Hospital Utilization by Diagnostic Category

c. Provider Report by PPO Indicator and Type

d. Quality metrics and outcomes under value-based arrangements for attributed members

e. The reports described shall be provided electronically and hard copy

6. Assist the County in interpreting the reports and shall make recommendations for improving cost-effective utilization of health care for Participants.

7. Provide Contractor's Accountable Care Organization (ACO) Value Based Program to improve care-coordination and facilitate better health care outcomes. Contractor will pay ACO providers a care coordination fee for its members attributed to a Value Based Program as an incentive for providing better and more efficient care. In addition, Contractor will also pay providers a shared savings amount if total ACO cost of healthcare emerges below a preset target. Payable shared savings are subject to quality improvement targets. Contractor will pass these provider payments directly through to County on a Per Attributed Member Per Attributed Month (PaMPaM) basis. The calculations of this fee will be provided upon County request.

G. Eligibility Administration

The Benefits Center, on behalf of the County, will determine participant eligibility and provide Contractor with eligibility records. Contractor will be entitled to rely on the eligibility information the County provides and will not maintain or independently verify any portion of the Plan eligibility records. The Benefits Center, on behalf of the County, will provide Contractor with changes in enrollment as soon as practical in the month in which a change in eligibility occurs, but generally no later than sixty (60) calendar days after the effective date of change. Changes in eligibility will be effective on the first of the month, whenever possible. Eligibility information will include new Plan Participants and effective dates of coverage, changes in types or levels of coverage for existing Plan Participants and effective dates of termination of coverage.

As Plan Administrator, the County will be responsible for billing and compliance with other administrative requirements of the Consolidated Omnibus Budget Reconciliation Act of 1985, P.L. 99-272 ("COBRA"), as amended, and will include qualified beneficiaries eligible to participate under the Plan pursuant to COBRA in the eligibility information provided to Contractor.

Contractor shall:

1. Accept and load eligibility information weekly, within 48 hours of receipt from the Benefits Center. Contractor shall accept eligibility electronically in the County's current ANSI 834 formatted file and future formats as required by Federal laws and regulations. Provide industry standard file discrepancy reports within 48 hours of receipt of the weekly eligibility file and work with the Benefit Center to research and resolve file discrepancies in a timely manner. Provide eligibility file discrepancy reports to the Benefits Center within three (3) business days of receiving the file. Work with Benefits Center to resolve discrepancies in a timely manner.

2. Contractor shall perform full eligibility reconciliations with the Benefits Center at least monthly. Contractor shall perform at least annually, full database audits with the Benefits Center.

3. Contractor shall notify County or its designee, if the eligibility file is not received by the due date identified on the file schedule provided by the County' Benefit Center.

4. Contractor shall notify County or its designee prior to the eligibility update application, of any material errors or coding problems on the eligibility file that exceeds agreed upon thresholds.

5. Provide weekly electronic eligibility information to the County's Prescription Benefits Manager for Participants and dependents in the Sharewell and Wellwise PPO Plans, and if/when implemented the new HPN. Contractor shall reconcile Participant counts and review file discrepancy reports from the PBM within 48 hours and resolve discrepancies in a timely manner.

6. Provide urgent verification of coverage and/or eligibility updates within one (1) business day as directed by the Benefits Center when needed to provide access to care in between eligibility file transmissions. Provide necessary information to the PBM within one (1) business day to allow eligibility update of their system, if applicable.

7. Only authorized members of the County Benefits Team should be the primary source of enrollment data in the event that changes or intervention are needed outside of the file feeds with the Administrator.

8. Reconcile enrollment and administrative fee of Plan Participants with the Benefits Center records weekly. Correct information to match the County enrollment information and maintain appropriate Claims payment history. Perform a monthly ASO fee reconciliation that identifies discrepancies and provides resolutions.

9. County self-bills its current ASO fees. Contractor shall receive rosters of enrollees for billing purposes and address any billing discrepancies with the Benefits Center.

10. Develop, print, and mail Plan identification cards within seven (7) working days of eligibility updates.

H. Banking

Contractor shall:

1. Establish and maintain Account with or agreed to between Contractor and County to fund all claim costs in accordance with the Funding and Banking Arrangement attached hereto as Attachment I - Claim Funding Arrangements.

2. Contractor's Bank must be members of the state or local ACH for debits to process the ACH debits according to National Automated Clearing House Association (NACHA) rules and regulations.

3. Furnish bank account activity and check and EFT registers, including reconciliation of account on at least a monthly basis, with no unidentified amounts remaining, in a format acceptable to the County.

4. Issue forms and payment of assessments for New York Health Care Reform Act of 1996 and Massachusetts Uncompensated Care Trust Fund.

5. Issue annual 1099 forms to providers using Contractor's Tax ID and reconcile any discrepancies with the 1099s directly with the Internal Revenue Services, if necessary.

6. Provide a report of all uncleared checks and the amounts as of June 30th of each year, within five business days after June 30th.

7. California state law usually does not require escheatment of unclaimed participant monies for local government plans. Contractor agrees to only escheat unclaimed monies to the State if legally required and approved by the County.

I. Management Information Reports

Contractor shall:

1. Prepare and submit to the County not later than the 20th day of each month a Medical Paid Claims analysis based on the account structure by the enrollment categories including, but not limited to:

   a. Employees (Actives) and Dependents by Plan by tier

   b. Pre 65 (non-Medicare) Retirees and Dependents by Plan by tier

   c. Post 65 (Medicare) Retirees and Dependents by Plan by tier

   d. Retirees with no Medicare, Spouse with Medicare by Plan

   e. Retirees with Medicare, Spouse with Medicare by Plan

   f. Retirees with Medicare, Spouse with no Medicare by Plan

   g. Total Retirees and Dependents, all Plans

   h. Total Employees and Dependents, all Plans

   i. Total all categories, all Plans combined

   County will provide designation of enrollment in the reporting groups for the Claims reporting. Account structure may be modified during the 2025 implementation process or during the term of this Contract, as needed.

2. Prepare and submit a variety of Management Reports to be agreed upon by the Contractor and the County, which may include, but are not limited to the types of reports listed below and may include breakdown between active and retiree:

   a. Executive Summary

   b. Monthly Claims Lag Analysis by Plan

   c. Monthly Pended Claims by Plan

   d. Standardized Large Claim Report, Claims Exceeding $100,000

   e. PPO Savings Report

   f. Large Case Management Report

   g. Third Party Lien Report

   h. Accounts Receivable Reports (monthly aging and analysis)

i. Utilization Reports by Provider, Diagnosis, Categories of illnesses or injuries, Major services

j. Year-end Employee/Retiree and Dependent Claims Report (Required)

k. Turn Around Time

l. Customer Service Performance Reports

m. Quality Review Reports

n. Subrogation Activity and Recovery Reports

3. If/when the new employee and retiree HPN plans are implemented, prepare and submit additional HPN specific reports to be agreed upon by the Contractor and County, which may include but not be limited to the types of reports listed below and may include breakdown between active and retiree:

   a. Quality results/outcomes for HPN providers

   b. Annual report on quality results and outcomes compared to Contractor's standards

   c. Member satisfaction data

4. County will provide designation of enrollment in the reporting groups for the Claims reporting.

5. Contractor shall provide all reports, either through on-line access and/or electronic format, within 20 days following the close of the applicable reporting period.

6. Contractor shall work with the County to customize a monthly reporting package that meets the needs of the County. Final Standard Reporting Package shall be mutually finalized in writing no later than June 30, 2025.

7. For purposes of Ad-Hoc/Custom reporting, including obtaining information or custom formatting or analysis requiring specific programming, Contractor shall provide 75 hours of report programming annually at no additional cost. Ad-Hoc/Custom reporting costs beyond the 75 hours of report programming shall be billed as noted in Attachment B – Payment/Compensation.

8. Contractor shall provide the on-line reporting capabilities of a data warehouse system, which provides a comprehensive set of reports profiling the County's membership, incorporating comparative data, including network averages and external benchmarks and utilization statistics for medical plans.

9. Contractor shall provide a reporting download feature.

10. At County's request, interface with the County's PBM to obtain prescription Claims data for analysis and reporting purposes. County will hold PBM responsible to provide Contractor with prescription claims data. At County's request, Contractor shall provide monthly medical claims data to the County's PBM.

11. Provide monthly the number of members enrolled in the plans with benefits provided by the PBM. Reconcile any difference in enrollment counts with the PBM.

J. Contract Administration and Account Management

Contractor shall:

1. Meet with the County on a biweekly basis from January 1, 2025, through June 30, 2025, and on a monthly basis thereafter, to discuss current issues, new procedures, etc. Contractor attendees shall include: Claims Manager, Claims Supervisor, Customer Service Manager, Customer Service Supervisor, Ombudsman/Claims Service Representative, and Account Manager.

2. Provide the County with a custom Administrative Manual consisting of policies and procedures used by Contractor to administer the Plans within thirty (30) days of the effective date of the Contract. Update the Administrative Manual and provide updates to County within thirty (30) days of any changes in policies and/or procedures.

3. Act as the Plan's Fiduciary in all matters related to Claims Administration (including First and Second level appeals) under the scope of this Contract, as specified in Attachment G – Contractor Named Claim Fiduciary. After a Plan Participant has completed the First level appeal process offered by Contractor, the Participant may submit additional Second level appeals as specified in the applicable Plan Documents.

   Contractor will handle, in full compliance with all applicable Federal and California state laws and regulations, all aspects of Claims Administration and Appeals (both First and Second level) regarding claims and appeals of disputed benefits under the Plan. First Level appeals will be responded to within 30 days of receipt of the appeal. Contractor will also provide a process for external Independent Review Organization (IRO) appeals. In addition to reviewing and responding to First and Second level appeals regarding claims and appeals of, the Contractor will coordinate and provide external review services, through its contracted rotating independent review organizations, on behalf of the County.

4. Contractor shall:

   a. Provide an account management team that is experienced in services similar to County's, trained in the County's plan issues, accessible to the County geographically and with sufficient capacity and authority to respond to the County's issues in a timely manner.

   b. Provide an Account Manager as primary point-of-contact for day-to-day communications with the County and have an Account Assistant Manager and back-up plan when the primary person is unavailable.

   c. Provide an escalation process to assist in matters that are unable to be resolved at the account team level.

   d. Provide County administration 30 days advance notice of any planned change in the primary account manager.

   e. Provide the County administration the right to interview and agree to the intended replacement of the primary account manager. The County shall provide written approval of all proposed replacements.

   f. Provide access to an electronic tracking and resolution log of the County issues.

g. Provide documentation of a process for prompt issue resolution in the event of a failure to perform a required service.

h. Attend monthly teleconferences and in person quarterly and annual program reviews on site as requested by the County to review Plan benefit performance, clinical issues, new therapeutic options, programs, financial results and servicing of County's account.

i. Members of the Account Management Team shall respond to all account inquiries from the County staff within one (1) business day.

j. The assigned Account Management team shall review the County's Plan Documents for accuracy and document any changes that occur each year as part of the base administrative fees and at no additional charge to the County.

K. Records Retention and Audit

Notwithstanding any provision to the contrary in this Contract, Contractor shall:

1. Store and maintain Claims records safely for a minimum of five (5) years beyond the end of the calendar year in which Claim is made, or a longer period of time, as required by law, and necessary in the case of litigated Claims.

2. Assist County with information necessary to perform periodic audits of fiscal procedures and Claims processing and respond to all audit recommendations as requested by the County.

3. Be subject to periodic audits of the Claims administration activity performed by Contractor, conducted by the County or its designee. The scope and timing of the audits will be determined prior to the commencement of the audits. Following the filing of the report of findings and after a reasonable period has elapsed to test the implementation of corrections and/or recommended actions; County may elect to conduct follow-up audits.

4. County shall notify Contractor of intent to audit and the time periods in which audit staff will conduct the audit. Notice will be given of intent to audit at a minimum of fifteen (15) days prior to the beginning of the audit. With the notice of intent to audit, County will inform Contractor of the purpose and scope of the audit.

5. Make workspace available and produce all records and materials necessary for the work of the audit staff.

6. Provide, upon the identification of the audit sample by County or its designee, all Claims records and related documentation requested for the audit. If, in the process of the audit, County or its designee needs additional documentation, the same standards for furnishing such documentation shall apply.

7. Provide reasonable travel arrangements, i.e., transportation and lodging at Contractor's expense, for County Auditor-Controller staff or designee for purposes of conducting the audits. Amount not to exceed $5,000 throughout the Term of this Contract.

8. County shall be responsible for the cost of audit fees for post-implementation audits, excluding travel, as noted above. The first post-implementation audit shall commence no later than 120 days following the end of the first contract year. Audits will be conducted annually thereafter at the discretion of the County.

9. Provide Recovery Status reports monthly for recovery of all audit errors that resulted in claim overpayments. Contractor shall reimburse the County the full value of all audit error claims overpayment recovery regardless of subrogation fees paid by contractor to subcontractor for recovery services.

10. Initiate correction of all underpayments within five (5) calendar days of identification by either Contractor during normal course of business or by the County through an independent audit.

11. Initiate recovery of all provider overpayments within 14 calendar days of identification of overpayment by either Contractor, during normal course of business, or by the County through an independent audit. For those overpayments that cannot be recovered from providers via deduction from next payment to the provider, Contractor will send follow-up requests at 30-day intervals until overpayment is recovered. Should Contractor elect to utilize the services of an external vendor for overpayment recoveries, any costs (contingency fees) associated with overpayment recovery efforts by the external vendor will be absorbed by Contractor as a cost of doing business. Contractor shall reimburse the County the value of overpayments not recovered due to Contractor's failure to initiate recovery as outlined above.

12. Consult with the County prior to initiating overpayment recovery efforts against a plan member, within 14 calendar days of identification of overpayment by either Contractor during normal course of business or by the County through an independent audit.

13. Annually provide County with detailed back-up documentation on a County-selected sampling of Contractor's self-reported Performance Guarantee results for the purposes of County's validation.

14. Annually, provide the County with Contractor's audited SOC 1 – Type 2 report (Service Organization Controls).

L. Implementation and Transition

Contractor shall:

1. Develop, in collaboration with the County, customized medical identification cards for distribution to all Plan Participants.

2. Develop, in collaboration with the County, a dedicated webpage on Contractor's website to contain County specific plan and claims information and services such as contacting customer service and requesting identification cards.

3. Develop electronic eligibility interfaces necessary to 1) receive eligibility information in the format currently provided by the County's Benefits Center and 2) subsequently send eligibility information to the County's Pharmacy Benefits Manager in the format currently being provided.

4. Update eligibility and mail new Medical identification cards to all Plan Participants by December 13, 2024.

5. Coordinate and provide necessary data to the County's selected Stop Loss Vendor at no additional cost / fees.

M. Wellness and Health Management Activities

1. The County has implemented certain wellness and health management activities through its wellness program, Your Pathway to Wellness. Contractor shall provide to the County Annual Wellness Credit Dollars specified in Attachment B. These Annual Wellness Credit Dollars may be utilized and/or applied to the following. This includes but is not limited to:

    a. Biometric Screening

    b. Support of onsite wellness center and wellness challenges

    c. Specified wellness related activities, not provided by Contractor. The County would have full discretion to determine programs which are eligible for reimbursement and would not require approval from the contractor in order to receive reimbursement.

    d. Contractor will maintain an ongoing tally of Wellness Program Credit and provide to County designee at determined intervals.

2. Contractor shall provide wellness and lifestyle programs included at no additional cost, which the County may elect to implement.

    a. Contractor shall provide its digital healthcare platform, Wellvolution®, to provide a structured yet personalized approach to healthcare that leverages digital therapeutics, evidence-based therapies, and member-centric design to prevent and even reverse disease. Wellvolution's collection of scientifically backed programs and apps focus on nutrition, weight loss, physical activity, meditation for anxiety, mild depression, sleep, stress management, tobacco cessation, and disease prevention/reversal.

N. Data and Systems

1. Contractor will not modify any operational or clinical program or process that substantially impacts the services Contractor provides to County during the Term of this Contract without the prior notification and approval of the County.

2. Contractor shall accept electronic data transfer and administer membership information in compliance with HIPAA standards for privacy, security and electronic data interchange.

3. Contractor will adopt and implement written confidentiality policies and procedures in accordance with applicable law to ensure the confidentiality of member information used for any purpose.

4. Contractor will agree to not use or further disclose protected health information (PHI) other than as permitted or required by Attachment H - Business Associate Contract or as required by law.

5. The Contractor agrees to:

    a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI that it creates, receives, maintains, or transmits;

    b. Report to the plan sponsor any security incident (within the meaning of 45 CFR 164.304) of which Contractor becomes aware; and,

c. Ensure that any Contractor employee or agent, including any subcontractor to whom it provides PHI received from, or created or received by the Contractor agrees to implement reasonable and appropriate safeguards to protect such PHI.

6. Contractor shall notify the County immediately upon identification of system-related problems, programming problems or data transfer problems. The Contractor shall make every effort necessary to correct such problems within 48 hours in order to minimize any disruption to Participants.

7. Contractor shall maintain a disaster recovery plan that contemplates a natural or unnatural disaster, cybersecurity incidence response, or national emergency, enabling Contractor to continue to provide core medical services and fill all prescription requests using alternative sites and locations as reasonably necessary and appropriate.

8. Contractor will maintain and update sufficient documentation (such as excel spreadsheets) to support the correct set-up of Contractor's claims processing systems in conformance with the County's Plan design and subsequent Plan changes. System changes resulting from Plan design changes shall be based upon receipt of signed documentation from the client.

9. Contractor will adhere to all best practices related to Cybersecurity as required by the National Institute of Standards and Technology (NIST) CSF Framework, including by not limited to documentation, annual risk assessments, relative annual audits, data access controls, timely security reviews and training, and development of a Secure System Development Life Cycle Program.

10. Contractor will encrypt all data, stored and in transition.

11. Contractor will respond to any past cybersecurity incidents with timeline notification to the County and a clear action plan for communication to impacted members.

12. Perform at least monthly, full eligibility reconciliations with the Benefits Center and PBM.

O. Run-out processing

1. Upon termination of this Contract, the Contractor will cooperate with the County in an orderly transfer of administrative responsibilities and records to the new contractor and continue to provide all ongoing services through the termination date of the Contract. If County chooses a mid-year transition, County and Contractor shall mutually agree upon a date to transfer all ongoing and historical County Participant data.

2. As part of the ongoing fees, Contractor shall provide the following at no additional cost:

   a. Claims run-out services for the 12-month period following the date of termination. During the claims run-out period, Contractor shall complete the processing of (i) all claims in Contractor's possession on the date of termination, (ii) any claims incurred prior to the date of termination and received during the claims run-out period, and (iii) any claims incurred within 90 days after the date of termination and received during the claims run-out period if the plan participant qualifies as a "continuing care patient" and elects "continued transitional care" in accordance with 29 U.S.C. § 1185g. County will fund all claims paid during the 12-month run-out period according to the run-out fees in Attachment B.
   b. At a minimum two full files of all Participant, dependent, beneficiary claims including historical, ACA and COBRA data, including any data dictionaries, data mapping information, data previously provided by County. These two files will be provided for test conversion and

production load. Contractor shall provide these files to both County as well as the new Claims Administrator.

c. At a minimum two full files of enrollment and claims information and other administrative records as needed, to both the County and the new vendor. The first file will be provided at a date agreed upon by Contractor and the new vendor. The second file of supplementary information will be provided at the end of Contractor's provision of services under this Contract, with any changes to the enrollment and claims information and other administrative records as needed provided previously.
d. A Web Splash Page or redirect to County's website for 30 calendar days after the end of administrative services.
e. Prepare for and participate in a four-hour transition meeting.
f. Participate in conference calls with the new vendor to ensure coordination and fulfillment of transition responsibilities. Provide a single point of contact for such planning meetings. Point of contact to prepare for and participate on a weekly basis throughout transition process. Contractor shall provide staff, as well as preparation and weekly meetings over the course of the transition to the new vendor.
g. Agree to provide all necessary reporting and electronic media to ensure the smooth transition to a new Claims Administrator. This includes historical data, CMS reporting, and ANSI 834 compliant files. Contractor agrees to transfer data in a timely manner so the new Claims Administrator can upload and test data prior to the start of new contract implementation, including correcting any errors discovered during testing.
h. Finalize all appeals on hand. Should some appeals result at a later date, Contractor agrees to provide historical documentation.
i. Provide to the County upon request, individual recorded telephone calls and/or Participant history and other information as needed by new Claims Administrator to respond to specific Participant, County, or vendor inquiries or appeals.
j. Provide to the County current case tracking information in standard format via electronic media in Contractor format on a case-by-case basis. Customization of format shall be mutually negotiated by the Parties including fees at change order rates.
k. At County's request, return all existing pre-printed stock and other communications materials. Return agreed-upon materials within 30 calendar days following transition date. No charge for providing inventories, except of direct pass-through expenses related to return of materials (postage and shipping).
l. At termination of Contract, County shall own the County-specific Administrative Guide that Contractor provides. County shall maintain the confidentiality of Contractor proprietary information per the terms and conditions of Section 20. Confidentiality. County shall provide new Claims Administrator with the County Administrative Guide, which includes rules and processing guidelines on hand. Any Blue Cross Blue Shield Association materials are excluded from the County's ownership rights under this provision.
m. Contractor shall provide post Contract data audit support over a sixty (60) day period beginning as of the end of the Contract. If additional work beyond what is listed above in this Section 2. is required to transition to the new Claims Administrator, the additional work will be billed using the Reporting Fees rates included in Attachment B, Payment/Compensation. The Contractor and County will mutually agree upon the scope of work and the cost of the data audit support prior to initiating work. The Contractor will bill the County upon completion of the work. This will result in an invoice after the end date of the Contract.

P. Other

Contractor shall:

1. Notify the County within ten (10) days of the account management team being made aware of official court filings and relevant class action suits in regard to pharmacy pricing and utilization. Data required to participate in the class action suit will be provided to the County for up to three (3) years following Contract termination. Such data will be provided to County at no charge for up to one (1) year following Contract Termination. Any data provided thereafter will be provided to the County at Contractor's then current rates. Contractor's involvement will be limited to providing data.

2. Assist County's legal counsel in the preparation and conduct of any litigated cases or claims and pursuit of actions of fraud or misrepresentation by Participants or Providers of service during the contract term and for a period of two years following termination of the contract.

3. Assist the County in the review, modification or amendment of the Plan Documents to incorporate revisions, additions, or amendments to the Plans as directed by the County.

4. Assist the County in updating Summaries of Benefits and Coverage for active employees and One Page Summaries for retirees and in appropriately communicating any revisions, additions or amendments to the Plan Documents.

5. Implement, at the request of the County, any changes to benefit plan design made during the course of the contract.

6. Provide consultation on benefit design and market trends.

7. Calculate benefit change worth, i.e., impact on claims and administration costs, for proposed Plan design changes. Contractor shall provide this requested modeling analysis within two weeks of the County's request date.

8. Determine expected Claims costs for existing and proposed benefits, including accrual rates.

9. Provide annual calendar year end accounting consisting of the amount of paid Claims at the coverage level and a summary of fees paid.

10. Perform such other services, at the written request of the County, such as special communications, peer review fees, audit of provider records, reprogramming of computer information to accommodate Plan changes or amendments, and other such costs consistent with providing administration of the Plan. The additional costs will be paid by the County in addition to the monthly administration fees, following written approval of the work and cost estimate, as noted in Attachment B.

11. At the written request of the County, provide, at no additional cost, access to Contractor's health programs.

12. At the written request of the County, and at no additional cost to the County, produce and distribute standard communication material to Participants that shall include, but not be limited to: program announcement letters and brochures, periodic Plan design change and other updates, and mutually agreed upon communications targeted to specific Participants and/or groups of Participants. Standard communications material will include announcements and participant specific impact

letters for network changes, formulary changes, etc. This will also include communications for the new employee and retiree HPN plans if/when implemented, and the Sharewell prescription drug coverage if pharmacy is carved into the Contractor, such as initial participant specific impact letters.

13. Assist the County in implementing any actions or data/reporting required by the Federal Patient Protection and Affordable Care Act.

14. Contractor shall provide basic transparency tools at no additional cost. Transparency tools shall include the following:

    a. Applies member-specific plan design information and accumulators in real time.

    b. Discloses estimate cost sharing liability, accumulated amounts, negotiated rates, out of network allowed amounts, a list of items and services subject to bundled payment arrangement, a notice of pre-requisites (if applicable), and a disclosure notice. Pharmacy services are not included.

    c. Participants can search through treatments, procedures, and services (including medical, behavioral, and alternate medicine) covered by the Plan and navigate to a cost estimate for a specific service or provider and view their specific participant out-of-pocket cost estimates.

    d. Blue Shield's TCE tool leverages the National Consumer Cost Tool (NCCT), which is the external database for cost information for a treatment with a provider. Data refresh through the NCCT is done twice a year, in the spring and fall.

    e. In 2023, as a result of the Transparency in Coverage Rule (TICR), Blue Shield implemented flat Machine-Readable Files (MRF), which include:

        i. A file containing information of negotiated rates for all covered items and services between the plan or issuer and in-network providers.

        ii. A file containing information of historical payments to, and billed charges from, out-of-network providers.

    f. Data refresh through MRF sent by Blue Shield is done monthly.

    g. Updates to transparency tools shall be made in compliance with applicable laws.

15. In performing its services under this Contract, Contractor agrees to act in compliance with health care reform regulations. Each Party shall, in good faith, notify the other Party of any changes required by law that impact services provided under this Contract. Contractor shall provide written notice to County in the event that any such change in law requires additional services for which additional costs will be assessed to County. The Parties agree to enter into a mutually acceptable amendment for such additional services and associated costs. Each Party acknowledges that it shall remain solely responsible for its own compliance with health care reform.

16. Contractor shall make all changes and fully comply with the Mental Health Parity and Addiction Equity Act (MHPAEA) and all applicable guidance issued thereunder at no additional cost to County. Contractor shall perform and document a comprehensive comparative analysis of the design and application of all nonquantitative treatment limits (NQTLs) in the County's self-funded programs, as required under the MHPAEA, and make any changes necessary to remain in compliance. Contractor shall also perform and document quantitative/financial treatment

limitation testing as required under the MHPAEA and make any modifications necessary to remain in compliance.

17. Contractors will provide compliance support to the County by filing the following reports on behalf of the County at no additional cost:

    a. CAA Rx Reporting

    b. Gag Clause Attestation

18. In the event of termination, vendor should provide reports to new incoming vendor at no cost.

19. Contractor may provide HSA administration at County's request at agreed upon administrative fee if/when County elects to add these services.

    a. Contractor will administer the HSA based on voluntary participant participation.

    b. Three (3) HSA Visa debit care would be provided to participants at no cost. Additional cards would be at a cost of $5.00 per card charged to the participant.

    c. All one-time account set-up charges would be included in the base fee.

    d. The minimum cash account balance required to open an investment account is $2,000.00 and any available HSA balance above that amount can be invested. There is no minimum dollar amount that must be invested. If a participant's HSA balance falls below the required threshold, their investments are not liquidated. The only limitation is that they cannot move any more money from their HSA to their investment funds until their HSA balance again exceeds the default threshold of $2,000.00. A participant can continue to make trades, move money between funds, or back into their HSA to cover medical expenses.

    e. There are no transaction-related charges for investing, Contractor charges an investment administration fee of 0.40% (includes a 0.36% maintenance fee and a 0.4% underlying fund fee). The fee is assessed quarterly and is paid by participants out of their HSA cash balance. In addition, each mutual fund charges fees, often referred to as the operating expense ratio (OER). This fee is not collected by Contractor but is charged by the fund itself.

    f. Business daily eligibility and claim feeds are included at no additional cost.

    g. If/when the Count chooses to implement this, an implementation team will be assigned to County and is responsible for overseeing and managing the transition process. Implementation begins with a kick-off meeting between sales, the County, and all involved in the implementation process. This team will coordinate with the County's benefits staff to provide the necessary implementation requirements, schedule and participate in a kick-off meeting, complete and maintain a project plan, establish timelines, identify requirements, coordinate with internal resources, and provide ongoing communication.

    h. Upon completion of the implementation process, the client will be transitioned to a designated service delivery manager who will oversee the group's HealthEquity services and serve as the day-to-day contact for issues and inquiries.

ATTACHMENT B
Payment/Compensation

1. **Compensation**: This is a fixed fee price Contract between the County and Contractor for services as provided in this Contract. The Contractor agrees to accept the specified compensation as set forth in this Contract as full remuneration for performing all services and furnishing all staffing and materials required, for any reasonably unforeseen difficulties which may arise or be encountered in the execution of the services until acceptance, for risks connected with the services, and for performance by the Contractor of all its duties and obligations hereunder. The County shall have no obligation to pay any sum in excess of total Contract amount specified below unless authorized by amendment. This contract should be net of commissions.

2. **Firm Discount and Pricing Structure:** Contractor agrees that no price increases shall be passed along to the County during the Term of this Contract not otherwise specified and provided for within this Contract.

3. **Contractor's Expense:** The Contractor will be responsible for all costs related to photo copying, telephone and fax communications, and parking while on County sites during the performance of work and services under this Contract. The County will not provide free parking for any service in the County Civic Center.

4. **Payment Term:** Invoices for Miscellaneous Fees and Other Charges are to be submitted within 30 days from the date Contractor completes deliverables as defined in the Attachment A, Scope of Services. Contractor shall reference the Contract number on all invoices. Payment will be net 30 days after receipt, and approval, by County of an invoice in a format acceptable to the County and verified and approved by the agency/department and subject to routine processing requirements.

   Invoices shall cover services not previously invoiced. The Contractor shall reimburse the County for any monies paid to the Contractor for services not provided or when services do not meet the Contract requirements.

   Payment for per employee per month costs for fixed ASO fees identified herein will not be based upon Contractor invoice, but will be issued by the County based on the number of active and retired subscribers as provided by the County to the Contractor on the monthly Claims Administration Fee Report.

   Payment will be made by the last day of each month, representing payment for services provided in the current month, i.e., payment for the month of January will be paid by January 31st.

   Payments for Value-Based Care Per Attributed Member Fee(s) and Share Savings payments identified herein will be passed to the County on a Per Attributed Member Per Attributed Month basis.

   Payments made by the County shall not preclude the right of the County from thereafter disputing any items or services involved or billed under this Contract and shall not be construed as acceptance of any part of the services.

5. **Payment – Invoicing Instructions for Miscellaneous Fees, Wellwise Retiree Non-Smoker Incentive, Value-Based Care Per Attributed Member Fees, and Other Charges:** The Contractor will provide an invoice on the Contractor's letterhead for services rendered. Each invoice will have a unique invoice number and will include the following information:

1. Contractor's name and address
2. Contractor's remittance address, if different from 1 above
3. Name of County agency/department
4. Delivery/service address
5. Contract Number
6. Date of order
7. Type of fees/service
8. Sales tax, if applicable
9. Dates of fees/service
10. Brief description of fees/service
11. Contractor's Federal I.D. Number

The County's Project Manager, or designee, is responsible for approval of invoices and subsequent submittal of invoices to the County Auditor-Controller for processing of payment. The responsibility for providing an acceptable invoice to the County for payment rests with the Contractor. Incomplete or incorrect invoices are not acceptable and will be returned to the Contractor for correction.

6. **Invoicing/Payment Instructions**

Invoices and support documentation should be sent to:

Attention: Janine Boiarsky, Program Manager
Human Resource Services/Employee Benefits
County Administration North
400 W Civic Center Drive, 1st Floor
Santa Ana, CA 92701

7. **Payment (Electronic Funds Transfer (EFT)):**

The County of Orange offers contractors the option of receiving payment directly to their bank account via an Electronic Fund Transfer (EFT) process in lieu of a check payment. Payment made via EFT will also receive an Electronic Remittance Advice with the payment details via e-mail. An e-mail address will need to be provided to the County of Orange via an EFT Authorization Form. The County of Orange, Auditor-Controller Agency will control and initiate payment. To request a form, please contact the agency/department representative listed in the Contract.

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Self-Funded Fixed Fees - Current and High Performance Network Fixed Fees	Enrollment	Year 1	Year 2	Year 3	Year 4	Year 5	Comments
Base Fees							
ASO Fee - Wellwise	5,363	$32.00	$32.00	$32.00	$32.80	$33.62	Core/base fee
ASO Fee - Sharewell		$32.00	$32.00	$32.00	$32.80	$33.62	Core/base fee
Transfer of Fiduciary Liability		Included	Included	Included	Included	Included	Included in Shield Advocate Suite (which includes Claims Fiduciary w/ External Review)
Network Access Fee (NAF)		$0.41	$0.41	$0.41	$0.41	$0.41	NAF is estimated; actual cost will be vary based on utilization.
Claims and Litigation Support Services for two years following termination of contract		Included	Included	Included	Included	Included	
Annual Cost		**$2,059,392**	**$2,059,392**	**$2,059,392**	**$2,110,877**	**$2,163,649**	Annual cost does not include estimated NAF cost.
Program Fees							
Banking		Included	Included	Included	Included	Included	
Management Reports		Included	Included	Included	Included	Included	
HSA administration		$2.95	$2.95	$2.95	$2.95	$2.95	Per account per month basis.
Behavioral Health / ABA (ABA for actives only)		Included	Included	Included	Included	Included	
Utilization Review		Included	Included	Included	Included	Included	
Disease Management		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Healthy Maternity		Included	Included	Included	Included	Included	Including Prenatal Program.
Case Management		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Telehealth		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Value-Based Care Fee #1		$5.35	$5.35	$5.35	$5.35	$5.35	PaMPaM basis. Blue Distinction Total Care Fee is estimated; estimated savings $7.75 PaMPaM. Actual savings and costs will vary based on utilization.
Value-Based Care Fee #2		N/A	N/A	N/A	N/A	N/A	
Annual Cost		**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	
Integration / File Transfer Fees							
Rx Integration Fee		Included	Included	Included	Included	Included	
HSA / FSA		Included	Included	Included	Included	Included	Included in H.S.A. admin charge of $2.95.
Reporting Fees**		$150/Hr	$150/Hr	$150/Hr	$150/Hr	$150/Hr	
Programming Fees		Included	Included	Included	Included	Included	
ID Cards / Medical		Included	Included	Included	Included	Included	
Subrogation		Included	Included	Included	Included	Included	
Annual Cost							

Other Fees							
24 Hour Nurse Line		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Non-Smoker Incentive Program Administration Fee		Included	Included	Included	Included	Included	
Shield Advocate Suite		$8.16	$8.16	$8.16	$8.36	$8.57	Shield Advocate Suite combines the following value-added services: - Shield Advocate + Shield Support (including Disease Management, Behavioral Health Condition Management, and Musculoskeletal) - NurseHelp 24/7 - Teladoc - Advanced Imaging - Spine & Pain Management - Claims Fiduciary w/ External Review
Wellvolution Next		Included	Included	Included	Included	Included	
Wellvolution Next Basic plan including Disease Prevention Program		Included	Included	Included	Included	Included	
Wellvolution Next High Acuity Program		Included	Included	Included	Included	Included	Available on a per claim amount based on a participant completing a program. We pay our vendors on a pay for performance basis based on individual's engagement outcomes. These charges would appear on the County invoicing.
Annual Cost		**$525,145**	**$525,145**	**$525,145**	**$538,016**	**$551,531**	
Grand Total		**$2,584,537**	**$2,584,537**	**$2,584,537**	**$2,648,893**	**$2,715,180**	

One Time Implementation Costs							
One Time Set Up Fee (if applicable)		$0.00					
Potential Additional Costs (describe if applicable)		$0.00					
		$0.00					
Total Cost			-	-	-	-	

Run-Out Claims Administration***			
Medical Run-Out Claims Administration		Core fee	Core fees times three months of enrollment. Ex. Current fee $32.00 X 3 X 5,363 = $514,848
Total Cost			

***75 AD-HOC hours included annually at no charge. In excess of 75 AD-HOC hours requires written approval to the County prior to the start of work. For additional work requested by County during the term of this Contract, consistent with administration of the Plans, the County will be charged at the programming and reporting rates above. Examples of such work would be a request to implement plan design changes, eligibility changes, etc. Contractor shall provide written estimate of the work and the related charges for written County approval prior to the start of work.*
****Contractor will process run-out medical claims for a period of twelve months following the termination date. Any and all additional services needed by the County to administer and track Claims run-out, including but not limited to claims reporting, bank reconciliation reports, claim appeals, subrogation, etc., shall be included in the above fees.*

Credits -							
Implementation Credit		$0	$0	$0	$0	$0	
Pre-Implementation Audit Credit		$0	$0	$0	$0	$0	
Wellness Credit (at least $250k)		$250,000	$250,000	$250,000	$250,000	$250,000	
Communication Credit		$0	$0	$0	$0	$0	
Other – Wellwise Non-Smoker Incentive Credit		$75,000	$0	$0	$0	$0	

1. PPO Network Savings Guarantees

Contractor guarantees to County of Orange PPO Network Savings during the contract period as set forth in this Attachment B. Retroactive adjustment to the administrative fee shall be as follows and subject to the Definitions and Calculations as stated below:

PPO In-Network Discount Guarantee	
Difference in In-Network Savings	Retro % Adjustment to Core Administrative Fees
> - 1.0% (between 63.1% and 64.0%)	No Adjustment
< - 1.0% to – 2.0% (between 62.1% and 63.0%)	-10.00%
< - 2.0% to – 3.0% (between 61.1% and 62.0%)	-20.00%
< - 3.0% to – 4.0% (between 60.1% and 61.0%)	-30.00%
< - 4.0% to – 5.0% (between 59.1% and 60.0%)	-40.00%
< - 5.0% (less than 59.1%)	-50.00%

Distribution Category			
Inpatient Hospital	Outpatient Hospital	Physician	Other Services
14.00%	43.00%	43.00%	0.00%

% of ASO Fees at Risk	Total Guaranteed In-Network Discount	If actual discount is between 63.1% and 64.0% then no payout. Contractor's current methodology is outlined below and follows a 10%, 20%, 30% 40%, max 50% structure.
15% of ASO Fee	62.50%	If actual discount is between 62.1% and 63.0% then 10% of core fees payout, if actual discount is between 61.1% and 62.0% then 20% of core fees payout
25% of ASO Fee	61.00%	If actual discount is between 60.1% and 61.0% then 30% of core fees payout
35% of ASO Fee	60.00%	If actual discount is between 59.1% and 60.0% then 40% of core fees payout
50% of ASO Fee	59.00%	If actual discount is 59.0% or less, then 50% of core fees payout

Definitions and Calculations:

Target In-Network discount percentage (Illustrative)			**64.0%**
Risk Free Corridor			-1.0%
Period Covered	January 1, 2025	to	December 31, 2025
Assumed number of active members in Blue Shield PPO plan			8,865
Assumed number of active employees in Blue Shield PPO plan			5,370

- Network Savings are defined as the difference between the covered billed charges (excluding non-covered benefits) submitted by the network provider and the amount based on the negotiated rate with that provider. The calculation is performed before the application of co-payments, deductibles, or other coinsurance, and includes reductions in allowance for clinical code edits.
- The risk free corridor means the range of 1% below the Target In-Network Discount Percentage in which no adjustment to the fees will be made.
- Network Savings are calculated excluding the following claims:
    - Claims for non-covered benefits
    - Out-of-network claims
    - Retain/Pharmacy claims
    - Mental health and chemical dependency claims
    - Coordination of Benefit claims
    - Medicare claims
    - Client-specific network claims
    - Claims where the effective discount is less than 1%
- Entire facility claims where billed charges exceed $150,000 are excluded from the Network Savings calculation.
- The 64% Network Savings Guarantee is blended based on discounts of 63% Inpatient Facility, 64% Outpatient Facility, and 64% Professional with an assumed distribution of 14%, 43%, and 43%, respectively. The applicable Retrospective Percent Adjustment to the Core Administrative Fee will be calculated on the actual billed charge distribution of Inpatient Facility, Outpatient Facility, and Professional allowed claims for County of Orange during the reporting period.
- This guarantee is effective for claims incurred during the period of 1/1/2025 through 12/31/2025. Network Savings shall be calculated on incurred claims for the reporting period with four months runout. The guarantee will not apply if termination of the policy occurs prior to the end of the guarantee period.
- Contractor reserves the right to revise the savings guarantee under the following circumstances:
    - There is a change of more than 10% in employee enrollment in Metropolitan Statistical Areas with more than 200 eligible employees.
    - There is a change of more than 10% in employee enrollment in states with more than 200 eligible employees.
    - There is a change of more than 10% in employee enrollment in the aggregate eligible employees.
    - The benefits requested and/or quoted change prior to or after the effective date of this guarantee.
    - Changes in federal, state, or other applicable legislation or regulation require changes to Network Savings Guarantees.
- This guarantee is eligible for renewal in ongoing annual Agreement periods and is subject to Contractor's determination that the minimum Employee enrollment requirements are met. Contractor reserves the right to revise the discount targets for subsequent Agreement periods based on the market distribution percentages and provider discounts then in effect.

ATTACHMENT C
Staffing Plan

1. Primary Staff/Key Personnel to perform Contract duties

Name	Classification	Roles and Responsibilities
Ken Lautsch	Vice President & General Manager of Premier Accounts	The County of Orange has Ken's full and ongoing executive support, and he will continue to help ensure that our commitment to the County of Orange remains strong throughout all levels of our organization.
Marilyn DeKeyzer	Senior Director of Account Management, Premier Accounts	Marilyn will continue to provide senior-level oversight and guidance for the services and programs provided to the County of Orange.
Jesseca Nixon	Senior Account Executive, Premier Accounts	Jesseca will continue to lead our cross-functional account team for the County of Orange. This team currently supports Blue Shield's ASO PPO medical and dental plans for the County of Orange.
Allison Jamieson	Senior Account Services Representative, Premier Accounts	Allison will continue to serve as the day-to-day liaison to the County of Orange in areas such as eligibility, participant satisfaction, legislative changes, and participant communications, service, and benefits questions.
Frederick Kuo, MD, MBA	Premier & ASO Accounts Medical Director	As the Medical Director for the County of Orange, Dr. Kuo is looking forward to partnering with the County to ensure the health and well-being of all of its participants. He will provide the clinical guidance and oversight of the outcomes, drive population health management, and engage with participants. Dr. Kuo will also participate in utilization meetings and any other supporting meetings.
Derrick Hart	Operations Manager, ASO Connect and Dedicated Customer Service	Derrick will continue to lead our designated Customer Service team for the County of Orange.
Ann DeRose	Lifestyle Medicine Program Manager, Principal	As ombudsman for the County of Orange, Charlene will continue to work directly with our account team and the County of Orange to help resolve participant issues.
Charlene Grijalva	Ombudsman and Premier Priority Representative – Customer Service	As ombudsman for the County of Orange, Charlene will continue to work directly with our account team and the County of Orange to help resolve participant issues.
Frank Perry	EDI Business Analyst, Installation and Billing	Frank will continue to be the primary EDI contact for the County of Orange.
Christina Padilla	Senior Business Analyst, Self-Funded Client Operations	Christina will continue to support the County of Orange by facilitating monthly operational review meetings, addressing any global issues, and working

		on special projects such as the Wellwise Retiree Non-Smoker Incentive.
Jennifer Gannon	Senior Manager, Commercial Appeals & Grievances	Jennifer will continue to serve as the main appeals and grievances contact for the County of Orange.
Amy Hodnett	Medical Informatics Analyst, Principal, Medical Informatics	Amy will continue to provide medical utilization consultation, presentations, and reporting for the County of Orange.
Suzanne Kudirka	Member Communications Manager, Commercial Marketing	Suzanne has provided marketing support for the County of Orange for over eight years and looks forward to leading her team in serving the County of Orange for many more years.
Deirdre Denmon	Member Communications Senior Specialist	Deirdre will continue to provide the County of Orange with marketing and communications support.
Stephanie Detmering	AP/Collections Billing Support, Group Billing	Stephanie will continue to partner with the County of Orange and Alight to reconcile premium payments.
Genevieve Ayala	Sales Implementation Senior Specialist, Implementation Management	Genevieve will oversee the implementation of any changes to Blue Shield's current benefits, programs, or services for the County of Orange, working closely with Senior Account Executive Jesseca Nixon and our cross-functional account team for the County of Orange.

2. Alternate Staff/Key Personnel (for use only if primary is not available)

Name	**Classification**		**Roles and Responsibilities**
Marilyn DeKeyzer	Senior Director of Account Management, Premier Accounts		Marilyn will be the alternate staff liaison.

Substitution or addition of Contractor's key personnel in any given category or classification shall be allowed only with prior written approval of the County's Project Manager.

The Contractor may reserve the right to involve other personnel, as their services are required. The specific individuals will be assigned based on the need and timing of the services required. Assignment of additional key personnel shall be subject to County approval in writing. In addition to the rights set forth in paragraph 23. Contractor's Account Manager and Key Personnel regarding Contractor's Project Manager removal, County expressly retain the right to have any of the Contractor personnel prohibited from performing services to County under this Contract. Contractor shall effectuate the removal of the specified Contractor personnel from performing services to County under this Contract within five (5) business days of

notification by Project Manager. County shall notify the Contractor in writing of the specific personnel to be prohibited from providing services to County under this Contract. County is not required to provide any reason, rational or factual information if it elects to request any specific Contractor personnel to be prohibited from performing services under this Contract. Contractor's failure to comply with the County Project Manager's decision and remove the specified personnel shall be deemed a material breach of this Contract and County my immediately terminate the Contract without penalty.

3. **Subcontractors**

In accordance with Paragraph 11, "Assignment or Sub-Contracting", listed below are primary subcontractors anticipated by Contractor to perform member-facing services specified in Attachment A, Scope of Services. Contractor shall provide all subcontractors anticipated to provide services under the Contract upon County request.

Company Name	**Description of Services**
Arvato Digital Services, LLC	Arvato produces member ID cards from Valencia, California, and also provides print/mail fulfillment services, pre-sale kit production services, and client- and broker-facing portal services.
Carenet Health	Carenet Health administers our NurseHelp 24/7℠ program.
CredibleMind	The CredibleMind platform offers evidence-based mental health and resilience information, tools, and resources via our blueshieldca.com member website.
HealthEquity	HealthEquity provides integrated consumer-directed healthcare services for our account-based health plans.
HealthMine	HealthMine provides preventive care outreach support for our commercial and Medicare populations.
HealthSparq	HealthSparq administers our online treatment cost and quality tools to help members shop, compare, and save on their health care.
Healthwise	Healthwise, a nonprofit consumer health content provider, supplies a robust health and wellness knowledgebase product for use on our member website.
LanguageLine Solutions	LanguageLine Solutions provides language services to assist non-English speaking members.
Magellan Healthcare	Magellan Healthcare (Magellan) serves as the mental health services administrator, providing utilization-management-only services.
Maven	Maven administers the Prenatal Program, as well as a suite of optional family-building and reproductive services.
MediKeeper, Inc.	MediKeeper, Inc. administers the health risk assessment available at blueshieldca.com.
National Imaging Associates, Inc.	National Imaging Associates, Inc. provides prior-authorization services for interventional pain and spine surgery, and prior authorization and medical management services for outpatient advanced imaging services.
Optum	Optum administers our Smart Data Engine and some elements of our care management programs.

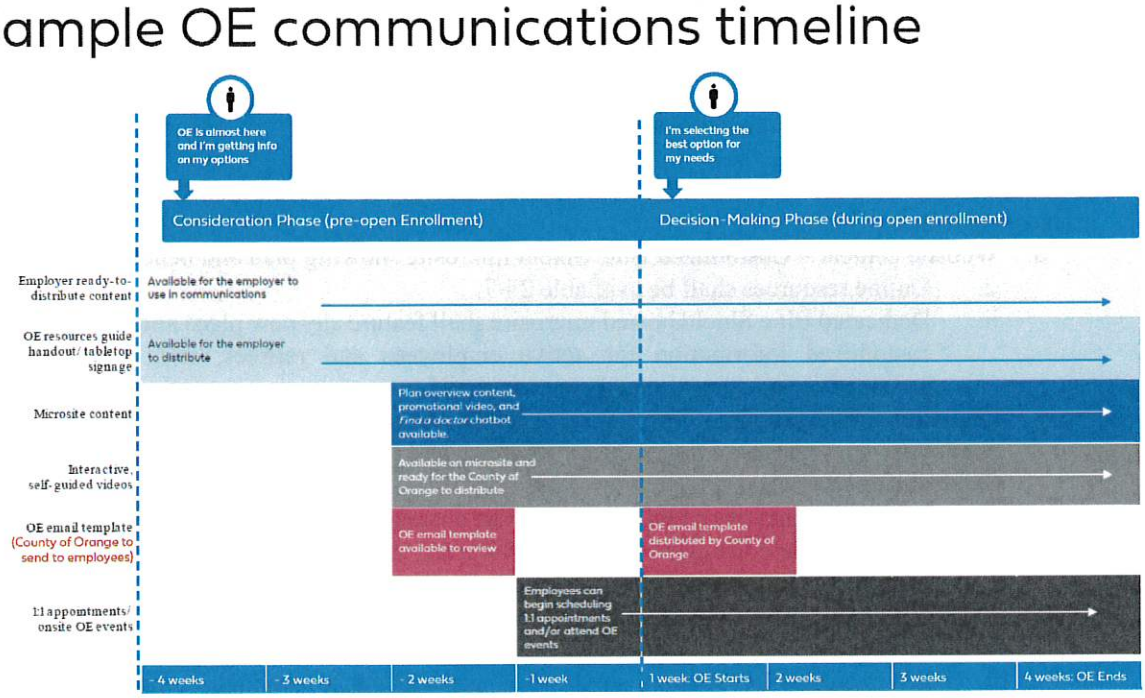
Sagility	Sagility handles a percentage of our Core and Premier Accounts member calls via a U.S.-based call center.
Solera Health, Inc.	Solera Health administers our diabetes-prevention program and a curated network of lifestyle-medicine providers for our Wellvolution® offering.
Teladoc Health, Inc.	Teladoc Health provides telehealth services and handles inbound calls and written correspondence for telehealth providers participating in our commercial network.
The Rawlings Group	The Rawlings Group provides investigation and recovery functions.

ATTACHMENT D
Communications Plan

1. Open Enrollment Communications Plan

Contractor shall provide the following communications options during Open Enrollment and year-round as listed:

a. Website content – Customized Blue Shield microsite showing plan and benefits information.
   i. Online resources shall be available 24/7.
   ii. Dedicated Blue Shield hosted microsite shall feature any new plans and benefits, provide customized information for active employees and retirees, and allow access by prospective and current members year-round.
b. Digital communications – Two (2) self-guided, interactive plan overview videos (for active employees and retiree), *Find a doctor* chatbot, and Schedule 1:1 consultations with a Blue Shield representative.
   i. Interactive plan overview videos shall be customized with County of Orange health plan details, guide consumers to topics of interest through interactive questions, and allow participants to compare plans and view details on specific plans.
   ii. Find a doctor chatbot shall utilize a conversational interface to simplify determining if participant's doctor is in network.
   iii. Personalized 1:1 support shall allow participants to schedule a private one-on-one meeting with a Blue Shield representative and reserve a phone or video appointment online. This support shall be available year-round for prospective members, current members and new hires.
c. Email campaigns – Open Enrollment email template that the County of Orange can share with employees.
d. Event support – Open Enrollment resources handout, Automated Open Enrollment chatbot to request a scheduled 1:1 appointment, Tabletop signage, Blue Shield of California account team available to answer questions.
   i. Contractor shall provide account team support to onsite events which includes dedicated representatives to answer employee questions, custom Open Enrollment resource handouts, custom tabletop signage, and an Open Enrollment chatbot digital tool.
e. Employer toolkit – Includes a variety of communications that the County can share with employees (flyers, videos, table signs, slides, etc.)



2. Wellwise Retiree Non-Smoker Incentive Program Communications

Contractor shall provide the following communications options for the annual Wellwise Retiree Non-Smoker Incentive Program as listed:

a. Website content – Customized Blue Shield landing page featuring incentive program information.
b. Digital communications – Feature box added to the Blue Shield microsite, online affidavit forms capture respondents' information.
    i. Interactive plan overview videos shall be customized with County of Orange health plan details, guide consumers to topics of interest through interactive questions, and allow participants to compare plans and view details on specific plans.
    ii. Find a doctor chatbot shall utilize a conversational interface to simplify determining if participant's doctor is in network.
    iii. Personalized 1:1 support shall allow participants to schedule a private one-on-one meeting with a Blue Shield representative and reserve a phone or video appointment online. This support shall be available year-round for prospective members, current members and new hires.
c. Email campaigns – Contractor shall send two (2) email communications to eligible County of Orange retirees.
d. Customer support – Dedicated Blue shield customer service team can assist to fill out online affidavit form (via phone) on behalf of retirees.
    i. Contractor shall provide account team support to onsite events which includes dedicated representatives to answer employee questions, custom Open Enrollment resource handouts, custom tabletop signage, and an Open Enrollment chatbot digital tool.
e. PDF/print materials – Contractor shall mail two (2) letters to eligible County of Orange retirees annually.

ATTACHMENT E
Performance Standards

Self-reported medical claims processing quality results will be based on a monthly minimum sample size of two hundred (200) County of Orange medical claims selected at random, using a financial stratified sampling approach. Self-reported customer service call quality results will be based on a minimum monthly sample size of one hundred (100) County of Orange calls selected at random from all calls handled by the customer service unit servicing the County. If the applicable minimum monthly sample size for any metric is not met, results will be measured on the Book of Business (BOB) level and noted when providing performance results to County.

If the contractor is unable to provide performance guarantees based on the County employees, any performance standards based on BOB shall be measured by the Contractor for all Contractor customers utilizing the same process platform. These performance guarantees which will be based on BOB must be noted in the Performance Standards listed below.

Reporting Frequency and Annual Calculation

Contractor will provide County with reports setting forth the performance of the Contractor against each of the metrics in accordance with the reporting schedule set forth for each metric described below. Unless otherwise noted, reports will be generated within sixty (60) days after the close of each reporting period.

At the close of the calendar year, Contractor will prepare a single annual report which sets forth Contractor's performance against each of the metrics. Annually, County will select a sampling of performance guarantees and request detailed back-up documentation to validate results. In the event Contractor has failed to meet any metric, payment by Contractor of the applicable performance penalty will be sent to County within sixty (60) days after the issuance of the annual report.

When performance issues are identified, Contractor will agree to provide a corrective action plan within seventy-two (72) hours of identification of the issue. Once agreed to by the County, the actions and timelines will be adhered to.

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Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
Medical Claims Processing				
1. Overall Claims Processing Accuracy	≥ 97%	The percentage of audited County claims processed accurately. Calculated as the total number of audited claims processed without error, divided by the total number of audited claims. Definition of "error" includes any type of error (e.g., coding, procedural, system, payment, etc.) whether a payment or non-payment error. Each type of error is counted as one full error and no more than one error can be assigned to one claim. County specific results.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter standard is not met.
2. Financial Payment (Dollar) Accuracy	≥ 99.3%	The percentage of audited County claims dollars paid accurately. Calculated as total audited paid dollars minus the absolute value of over and underpayments, divided by total audited paid dollars. County specific results.	Quarterly, with monthly client specific reporting to County.	3% of annual base administrative fees. Penalty will be 0.75% for each quarter the standard is not met.
3. Claims Payment Accuracy	≥ 99%	The percentage of audited County claims processed without payment error. Calculated as the total number of audited claims minus the number of claims processed with "payment" error, divided by the total number of audited claims. Definition of error includes any type of error (e.g., coding procedural, system payment (etc.) that results in a payment error. County specific results.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
4. Turnaround Time - Target 1 (TAT)	≥ 94% of all claims processed within fourteen (14) calendar days.	The percentage of claims processed within a specified number of calendar days. TAT is measured from the date the claim is received by Contractor to the date it is processed (i.e., paid, denied, or pended for external information). County specific results.	Quarterly, with monthly client specific reporting to County.	2% of annual base administrative fees. Penalty will be 0.5% for each quarter the standard is not met.
5. Turnaround Time - Target 2 (TAT)	≥ 99% of all claims processed within thirty (30) calendar days.	The percentage of claims processed within a specified number of calendar days. TAT is measured from the date the claim is received by Contractor to the date it is processed (i.e., paid, denied, or pended for external information). County specific results.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.
Customer/Member Service				
6. Telephone Response Time	≥ 90% of calls answered in thirty (30) seconds or less.	The amount of time that elapses between the time a call is received to the time answered by a representative (live voice answer). County specific results. *Call volume does not include calls that are handled by an IVR system.*	Quarterly, with monthly client specific reporting to County.	2% of annual base administrative fees. Penalty will be 0.5% for each quarter the standard is not met.
7. Call Quality	≥ 95%	The average of all calls quality results for the reporting period. County specific results.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
8. First Call Resolution Rate	≥ 90% of calls to customer service will be resolved within two (2) business days	The percentage of incoming calls that did not require a second call from the plan member or provider. Resolution definition is the time taken in days (excluding weekend and holidays) by Member Service Representatives to close call inquiries placed by plan participants to the service facility. Reporting will be based on a 45-day look forward and backward from the date of the call for another call on the same topic or issue. If another call is found within this window, the call would not be counted as a first call resolution. County specific results.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.
9. Member Appeal Response Time	Review and respond to 99% of all formal written first and second level appeals within thirty (30) calendar days each.	Measured from date of appeal receipt to date response mailed to member. Response to appeal is defined as a thorough review of all information related to the appeal followed by a detailed explanation of the final determination in writing, citing specific reasons for denials.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
Administrative Issues				
10. Plan Administration Accuracy	≥ 98%	Contractor guarantees that ninety-eight percent (98%) of standard plan design and benefit set-up changes, including pricing contract terms, will be made accurately after reviewing the requested plan designs for deviation against Blue Shield standard benefit design, or pricing contract. If needed, Blue Shield will request a review with the group to align on benefit intent for non-Blue Shield standard benefit requests. Blue Shield will need sixty (60) days to release plans for testing, and up to one hundred (100) days if non-Blue Shield standard designs are requested. This performance guarantee is based upon Contractor's ability to set up new or revised plan design changes based upon receipt of signed documentation from the client. Measure quarterly and reconcile annually upon County specific data.	Quarterly	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.
11. Overpayment Recoveries	Agree to initiate ≥85% of overpayment recoveries within 120 calendar days of overpayment identificatio n.	County specific results, based on Contractor's internal reporting.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
Account Management & Implementation				
12. Account Team Performance Appraisal	Overall Account Team performance is a composite score of 3 or better.	County will evaluate each member of Contractor's designated Account Management Team on an agreed upon scorecard. Scale is as follows: **Score / Description** 5 - Exceptional 4 - Exceeds Expectations 3 - Meets Expectations 2 - Minimally Meets Expectations 1 – Does Not Meet Expectations	Quarterly, with client specific reporting to County.	2% of annual base administrative fees. Penalty will be 0.5% for each quarter the standard is not met. Establish weekly conference calls until issue is resolved and County is satisfied.
13. Report Delivery	Reports delivered within twenty (20) calendar days following end of reporting period.	Delivery shall be complete upon receipt of reports by the County. Reports are monthly, quarter-to-date, year-to-date, paid claims, and lag reports.	Quarterly, with client specific reporting to County.	$250 for each day report delivery is delayed.
14. Medical ID Card Mailing	≥95% of ID cards will be issued and mailed within seven (7) working days of receipt of request for enrollment data.	The amount of time elapsed from the date of receipt of eligibility information or request from Covered Person to the date ID cards are mailed to members. County specific results.	Quarterly, with monthly client specific reporting to County.	1% of annual base administrative fees. Penalty will be 0.25% for each quarter the standard is not met.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
Clinical Program Performance				
15. Member Engagement: Shield Advocate Care Management	1%	1% of the total eligible population are engaged in Shield Advocate Care Management. Denominator: Average monthly client eligibility for the measurement period. Numerator: Number of engaged members enrolled in Shield Advocate Care Management during the measurement period. Minimum group size is 1,000. County specific results.	Annual	1% of annual base administrative fees.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
16. High-Cost Outreach: Shield Advocate Care Management	≥90%	The percentage of members identified for Shield Advocate within the first three quarters of the measurement period, who were reached, assessed, and agreed to participate in high acuity case management will complete at least 2+ calls with a case manager. Members who become unreachable after engagement will be excluded from this metric. Denominator: Members who were identified for Shield Advocate, reached, assessed, and agreed to participate in high acuity case management within the first three quarters of the measurement period who could not be reached after two attempts once engaged. Numerator: Subset of denominator who completed 2+ calls with a case manager during the measurement period. Minimum denominator of thirty (30) members. If the minimum denominator is not met, this metric shall be null and void. County specific results.	Annual	1% of annual base administrative fees.
17. Post-Discharge Rate	≥90%	Members with an acute hospitalization not currently engaged in a Care Management Program are attempted to be outreached for follow-up and post-discharge support based upon notification of discharge to home from the facility. County specific results.	Annual	1% of annual base administrative fees.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
Satisfaction				
18. Member Satisfaction	≥ 83% overall satisfaction.	Semi-annual surveys of all member contracts with a claim processed during the reporting period. County specific results.	Semi-annually.	1% of annual base administrative fees.
19. Net Promoter Score	≥ 2-point improvement (increase) from previous 12-month reporting period.	Members will be asked: "On a scale from 0 to 10, where 0 is Not at all Likely and 10 is Extremely Likely, how likely are you to RECOMMEND Blue Shield of California to a friend or family member?" • Promoters (score 9-10) are loyal enthusiasts who will refer others • Passives (score 7-8) are satisfied but unenthusiastic customers • Detractors (score 0-6) are unhappy customers who can damage a firm's brand and impede growth through negative word-of-mouth The NPS score is calculated by subtracting the percentage of customers who are Detractors from the percentage of customers who are Promoters. For example, if 40% of responders are Promoters and 10% are Detractors, the NPS score would be 30. *The percentage of Passives is not factored into the results equation.* County specific results. If less than one hundred (100) responses are received within the year, this metric will be null and void.	Annual.	2% of annual base administrative fees.

Performance Area	Standard	Definition	Measurement / Frequency	Penalty/ Amount at Risk
Prescription Drug Accumulator				
20. Sharewell Prescription Drug Accumulator - Accuracy	98%	Daily file load of 98% with less than 2% fallout for County's PBM. Accuracy – At least 98% of accumulator extract data will be populated accurately based on plan set up and eligibility feeds. Not applicable to files that cannot be loaded due to errors, format issues, etc. Files received after 12:00 PM PT (noon) will be considered received the following business day.	Annual	1% of annual base administrative fees.
21. Sharewell Prescription Drug Accumulator - Timeliness	98%	Daily file load of 98% with less than 2% fallout for County's PBM. Timeliness – Daily files will load within one (1) business day of receipt of file. Business days only include Monday through Friday. Not applicable to files that cannot be loaded due to errors, format issues, etc. Files received after 12:00 PM PT (noon) will be considered received the following business day.	Annual	1% of annual base administrative fees.

ATTACHMENT F
Data Interfaces

Contractor agrees to develop, transmit and or receive, and reconcile the following interface files and other interfaces files as required to administer the Plan.

	From	Purpose/Data to be Provided	Frequency
To Contractor	County's Benefits Center, currently Alight, or other Administrator selected by the County	Eligibility records for subscribers and dependents in Medical Plans	Weekly, within 3 business days of receiving eligibility files from Benefits Center or other health and welfare vendor selected by the County
	OptumRx or other Pharmacy Benefit Manager selected by County	Prescription data for disease management programs	Monthly
	OptumRx or other Pharmacy Benefit Manager selected by County	Prescription claims data for out-of-pocket cost accumulators (deductibles and out-of-pocket maximums) for Wellwise and Sharewell plans	Near real time (NRT)
	Blue Shield of California	Medical claims history for run-out claims	Monthly in 2025
	To	**Purpose/Data to be Provided**	**Frequency**
From Contractor	OptumRx or other Pharmacy Benefit Manager selected by County	Eligibility records for subscribers and dependents enrolled in the Wellwise and Sharewell plans (and if/when implemented, the new employee and retiree HPN plans)	Weekly, within 3 business days of loading eligibility files from County's Benefits Administrator, currently Alight, or other health and welfare vendor selected by the County

ATTACHMENT G
Contractor Named Claim Fiduciary

County hereby delegates to Contractor fiduciary responsibility and discretion to determine all matters relating to the interpretation and operation of the health plan(s) as it relates to the administration and payment of disputed benefit claims in accordance with the terms of the health plan(s), the Agreement and to the extent provided in this Attachment G.

Notwithstanding any provision in this Agreement to the contrary, the parties agree that Contractor shall provide claim appeal fiduciary services subject to the terms and conditions set forth below and in accordance with the requirements set forth in the Patient Protection and Affordable Care Act, and the regulations issued thereunder, or any other applicable federal and state law or regulation, with regards to denied claims and appeals of denied claims under group health plans. The parties acknowledge that Contractor has received and accepted additional fees/compensation from the County, under this Agreement, for the specific purpose of acting as claims fiduciary for the Plan(s).

Fiduciary Claims Appeal Services

Contractor shall act as the claims fiduciary under the health plan(s) for the appeal of disputed claims under the applicable health plan(s). For purposes of this Agreement, a disputed claim is a claimant's written request for review and reconsideration of a claim for benefits initially denied in whole or in part by Contractor. Except to the extent Plan Participants file additional appeals as specified in the Participant's applicable Plan Document, any action taken by Contractor in that capacity shall be fully binding upon the health plan and County. As claims fiduciary, Contractor shall take all actions and retain all experts and outside resources, at its own cost and expense that it deems necessary and appropriate to act in the capacity of claims fiduciary.

Contractor shall ensure that the content of each written claim denial and/or appeal denial notice shall include all information required to be included in such notice to be compliant with the applicable requirements set forth in the Patient Protection and Affordable Care Act, and the regulations issued thereunder, or any other applicable federal and state law or regulation, with regards to denied claims and appeals for denied claims. The content of such written notices shall specifically include information regarding how the participant can seek an external review of the denied claim or appeal and Contractor shall ensure that each notice is provided in a culturally and linguistically appropriate manner.

Contractor shall, on behalf of the County's health plan(s), enter into contracts with at least three different Independent Review Organizations (IROs) who shall not be eligible for any financial incentives based on the likelihood that the IRO would support the denial of benefits. These contracts entered into between the Contractor and IRO shall comply with all applicable requirements set forth in the Patient Protection and Affordable Care Act, and the regulations issued thereunder, or any other applicable federal and state law or regulation, with regards to denied claims and appeals of denied claims under group health plans.

In the event a claimant files any court action seeking payment on any claim, whether appealed to Contractor or otherwise, Contractor shall take immediately notify County and await instructions and/or direction from County with respect to any further actions to be taken by Contractor.

Contractor shall, at reasonable intervals, provide County with information on the status of such litigation.

In no event may Contractor settle any claim based upon an expense not covered, or in an amount excess of that permitted, under the applicable health plan(s).

Nothing in this Agreement shall be construed as making Contractor a fiduciary for any other activity, function or responsibility in connection with the health plan and in no event will Contractor be liable for any breach of duty by any other fiduciary of the County.

In carrying out its services under this Attachment, Contractor shall have discretionary authority to interpret the health plan and to determine all issues or questions relating to whether, or to what extent, a claim is payable under the terms of the health plan. Contractor may consult with the County, when appropriate, to determine the intent and best practice of the Plan.

Fiduciary Cybersecurity

Contractor commits to adhering to all best practices pertaining to cybersecurity as recommended by the Department of Labor and/or CMS. That includes, but is not limited to:

- Having a formal, well documented cybersecurity program
- Conducting prudent annual risk assessments
- Having a reliable annual third-party audit of security controls
- Clearly defining and assigning security roles and responsibilities
- Having strong access control procedures
- Ensuring that any assets or data stored in a cloud are subject to appropriate security reviews and independent security assessments
- Conducting periodic cybersecurity awareness training
- Implementing and managing a secure system development life cycle program
- Having an effective business resiliency program addressing business continuity, disaster recovery, and incident response
- Encrypting sensitive data, stored and in transit
- Implementing strong technical controls in accordance with best security practices
- Appropriately responding to any past cybersecurity incidents

ATTACHMENT H
Business Associate Contract

A. GENERAL PROVISIONS AND RECITALS

1. The Parties agree that the terms used, but not otherwise defined below in Paragraph B, shall have the same meaning given to such terms under the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and their implementing regulations at 45 CFR Parts 160 and 164 ("the HIPAA regulations") as they may exist now or be hereafter amended.

2. The Parties agree that a business associate relationship under HIPAA, the HITECH Act, and the HIPAA regulations between the Contractor and County arises to the extent that Contractor performs, or delegates to subcontractors to perform, functions or activities on behalf of County pursuant to, and as set forth in, the Contract MA-017-202403-MC that are described in the definition of "Business Associate" in 45 CFR § 160.103.

3. The County wishes to disclose to Contractor certain information pursuant to the terms of the Contract MA-017-202403-MC, some of which may constitute Protected Health Information ("PHI"), as defined below in Subparagraph B.10, to be used or disclosed in the course of providing services and activities pursuant to, and as set forth, in the Contract MA-017-202403-MC.

4. The Parties intend to protect the privacy and provide for the security of PHI that may be created, received, maintained, transmitted, used, or disclosed pursuant to the Contract MA-017-202403-MC in compliance with the applicable standards, implementation specifications, and requirements of HIPAA, the HITECH Act, and the HIPAA regulations as they may exist now or be hereafter amended.

5. The Parties understand and acknowledge that HIPAA, the HITECH Act, and the HIPAA regulations do not pre-empt any state statutes, rules, or regulations that are not otherwise pre-empted by other Federal law(s) and impose more stringent requirements with respect to privacy of PHI.

6. The Parties understand that the HIPAA Privacy and Security rules, as defined below in Subparagraphs B.9 and B.14, apply to the Contractor in the same manner as they apply to a covered entity (County). Contractor agrees therefore to be in compliance at all times with the terms of this Business Associate Contract and the applicable standards, implementation specifications, and requirements of the Privacy and the Security rules, as they may exist now or be hereafter amended, with respect to PHI and electronic PHI created, received, maintained, transmitted, used, or disclosed pursuant to the Contract MA-017-202403-MC.

B. DEFINITIONS

1. "Administrative Safeguards" are administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic PHI and to manage the conduct of Contractor's workforce in relation to the protection of that information.

2. "Breach" means the acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule which compromises the security or privacy of the PHI.

a. Breach excludes:

i. Any unintentional acquisition, access, or use of PHI by a workforce member or person acting under the authority of Contractor or County, if such acquisition, access, or use was made in good faith and within the scope of authority and does not result in further use or disclosure in a manner not permitted under the Privacy Rule.

ii. Any inadvertent disclosure by a person who is authorized to access PHI at Contractor to another person authorized to access PHI at the Contractor, or organized health care arrangement in which County participates, and the information received as a result of such disclosure is not further used or disclosed in a manner not permitted under the HIPAA Privacy Rule.

iii. A disclosure of PHI where Contractor or County has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

b. Except as provided in paragraph (a) of this definition, an acquisition, access, use, or disclosure of PHI in a manner not permitted under the HIPAA Privacy Rule is presumed to be a breach unless Contractor demonstrates that there is a low probability that the PHI has been compromised based on a risk assessment of at least the following factors:

i. The nature and extent of the PHI involved, including the types of identifiers and the likelihood of re-identification;

ii. The unauthorized person who used the PHI or to whom the disclosure was made;

iii. Whether the PHI was actually acquired or viewed; and

iv. The extent to which the risk to the PHI has been mitigated.

3. "Data Aggregation" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR § 164.501.

4. "Designated Record Set" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR § 164.501.

5. "Disclosure" shall have the meaning given to such term under the HIPAA regulations in 45 CFR §160.103.

6. "Health Care Operations" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR § 164.501.

7. "Individual" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR §164.502(g).

8. "Physical Safeguards" are physical measures, policies, and procedures to protect Contractor's electronic information systems and related buildings and equipment, from natural and environmental hazards, and unauthorized intrusion.

9. "The HIPAA Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR Part 160 and Part 164, Subparts A and E.

10. "Protected Health Information" or "PHI" shall have the meaning given to such term under the HIPAA regulations in 45 CFR § 160.103.

11. "Required by Law" shall have the meaning given to such term under the HIPAA Privacy Rule in 45 CFR § 164.103.

12. "Secretary" shall mean the Secretary of the Department of Health and Human Services or his or her designee.

13. "Security Incident" means attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system. "Security incident" does not include trivial incidents that occur on a daily basis, such as scans, "pings", or unsuccessful attempts to penetrate computer networks or servers maintained by Contractor.

14. "The HIPAA Security Rule" shall mean the Security Standards for the Protection of electronic PHI at 45 CFR Part 160, Part 162, and Part 164, Subparts A and C.

15. "Subcontractor" shall have the meaning given to such term under the HIPAA regulations in 45 CFR § 160.103.

16. "Technical safeguards" means the technology and the policy and procedures for its use that protect electronic PHI and control access to it.

17. "Unsecured PHI" or "PHI that is unsecured" means PHI that is not rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of Health and Human Services in the guidance issued on the HHS website.

18. "Use" shall have the meaning given to such term under the HIPAA regulations in 45 CFR § 160.103.

C. OBLIGATIONS AND ACTIVITIES OF CONTRACTOR AS BUSINESS ASSOCIATE:

1. Contractor agrees not to use or further disclose PHI County discloses to Contractor other than as permitted or required by this Business Associate Contract or as required by law.

2. Contractor agrees to use appropriate safeguards, as provided for in this Business Associate Contract and the Contract MA-017-202403-MC to prevent use or disclosure of PHI County discloses to Contractor or Contractor creates, receives, maintains, or transmits on behalf of County other than as provided for by this Business Associate Contract.

3. Contractor agrees to comply with the HIPAA Security Rule at Subpart C of 45 CFR Part 164 with respect to electronic PHI County discloses to Contractor or Contractor creates, receives, maintains, or transmits on behalf of County.

4. Contractor agrees to mitigate, to the extent practicable, any harmful effect that is known to Contractor of a Use or Disclosure of PHI by Contractor in violation of the requirements of this Business Associate Contract.

5. Contractor agrees to report to County promptly, and without any unreasonable delay, but in any event within ten (10) business days of discovery of any Use or Disclosure of PHI not provided for by this Business

Associate Contract of which Contractor becomes aware. Contractor must report Breaches of Unsecured PHI in accordance with Paragraph E below and as required by 45 CFR § 164.410.

6. Contractor agrees to ensure that any Subcontractors that create, receive, maintain, or transmit PHI on behalf of Contractor agree to substantially similar requirements at least as stringent as those restrictions and conditions that apply through this Business Associate Contract to Contractor with respect to such information.

7. Contractor agrees to provide access, within fifteen (15) calendar days of receipt of a written request by County, to PHI in a Designated Record Set, to County or, as directed by County, to an Individual in order to meet the requirements under 45 CFR § 164.524.

8. Contractor agrees to make any amendment(s) to PHI in a Designated Record Set that County directs or agrees to pursuant to 45 CFR § 164.526 at the request of County or an Individual, within thirty (30) calendar days of receipt of said request by County. Contractor agrees to notify County in writing no later than ten (10) calendar days after said amendment is completed.

9. Contractor agrees to make internal practices, books, and records, including policies and procedures, relating to the use and disclosure of PHI received from, or created or received by Contractor on behalf of, County available to the Secretary in a time and manner as determined by the Secretary for purposes of the Secretary determining County's compliance with the HIPAA Privacy Rule.

10. Contractor agrees to document any Disclosures of PHI County discloses to Contractor or Contractor creates, receives, maintains, or transmits on behalf of County, and to make information related to such Disclosures available as would be required for County to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 CFR § 164.528.

11. Contractor agrees to provide County or an Individual, as directed by County, in a time and manner to be determined by County, that information collected in accordance with the Contract MA-017-202403-MC in order to permit County to respond to a request by an Individual for an accounting of Disclosures of PHI in accordance with 45 CFR § 164.528.

12. Contractor agrees that to the extent Contractor carries out County's obligation under the HIPAA Privacy and/or Security rules Contractor will comply with the requirements of 45 CFR Part 164 that apply to County in the performance of such obligation.

13. Contractor shall work with County upon notification by Contractor to County of a Breach to properly determine if any Breach exclusions exist as defined in Subparagraph B.2.a above.

D. SECURITY RULE

1. Contractor shall comply with the requirements of 45 CFR § 164.306 and establish and maintain appropriate Administrative, Physical and Technical Safeguards in accordance with 45 CFR § 164.308, § 164.310, § 164.312, and § 164.316 with respect to electronic PHI County discloses to Contractor or Contractor creates, receives, maintains, or transmits on behalf of County. Contractor shall follow generally accepted system security principles and the requirements of the HIPAA Security Rule pertaining to the security of electronic PHI.

2. Contractor agrees to ensure that access to electronic PHI related to County is limited to those workforce members who require such access because of their role or function.

3. Contractor agrees to implement safeguards to prevent its workforce members who are not authorized to access such electronic PHI from obtaining access and to otherwise ensure compliance by its workforce with the HIPAA Security Rule.

4. Contractor shall ensure that any subcontractors that create, receive, maintain, or transmit electronic PHI on behalf of Contractor agree through a contract with Contractor to the same restrictions and requirements contained in this Paragraph D of this Business Associate Contract.

5. Contractor shall report to County promptly, and without any unreasonable delay, but in any event within ten (10) business days after discovery of any Security Incident of which it becomes aware. Contractor shall report Breaches of Unsecured PHI in accordance with Paragraph E below and as required by 45 CFR § 164.410.

E. BREACH DISCOVERY AND NOTIFICATION

1. Following the discovery of a Breach of Unsecured PHI, Contractor shall notify County of such Breach, promptly, and without any unreasonable delay, but in any event within ten (10) business days after discovery, however both Parties agree to a delay in the notification if so advised by a law enforcement official pursuant to 45 CFR § 164.412.

a. A Breach shall be treated as discovered by Contractor as of the first day on which such Breach is known to Contractor or, by exercising reasonable diligence, would have been known to Contractor.

b. Contractor shall be deemed to have knowledge of a Breach, if the Breach is known, or by exercising reasonable diligence would have known, to any person who is an employee, officer, or other agent of Contractor, as determined by federal common law of agency.

2. Contractor shall provide the notification of the Breach immediately to the County Privacy Officer at:

CEO | OCIT | ENTERPRISE PRIVACY & CYBERSECURITY	**CEO | OCIT | ENTERPRISE PRIVACY & CYBERSECURITY**
Linda Le, CHPC, CHC, CHP County Privacy Officer 721 S. Parker St., Suite 200 Orange, CA 92868 Office: (714) 834-4082 Email: linda.le@ocit.ocgov.com privacyofficer@ocgov.com	**Andrew Alipanah, MBA, CISSP, Chief Information Security Officer** 721 S. Parker St., Suite 200 Orange, CA 92868Office: (714) 567-7611 Email: Andrew.Alipanah@ocit.ocgov.com

a. Contractor's notification may be oral but shall be followed by written notification without unreasonable delay and in no event later than three (3) business days of the oral notification.

3. Contractor's notification shall include, to the extent possible:

a. The identification of each Individual whose Unsecured PHI has been, or is reasonably believed by Contractor to have been, accessed, acquired, used, or disclosed during the Breach;

b. Any other information that County is required to include in the notification to Individual under 45 CFR § 164.404 (c) at the time Contractor is required to notify County or promptly thereafter as this

information becomes available, even after the regulatory sixty (60) day period set forth in 45 CFR § 164.410 (b) has elapsed, including:

(1) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;

(2) A description of the types of Unsecured PHI that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);

(3) Any steps Individuals should take to protect themselves from potential harm resulting from the Breach;

(4) A brief description of what Contractor is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any future Breaches; and

(5) Contact procedures for Individuals to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, website, or postal address.

4. County may require Contractor to provide notice to the Individual as required in 45 CFR § 164.404, if it is reasonable to do so under the circumstances, at the sole discretion of the County.

5. In the event that Contractor is responsible for a Breach of Unsecured PHI in violation of the HIPAA Privacy Rule, Contractor shall have the burden of demonstrating that Contractor made all notifications to County consistent with this Paragraph E and as required by the Breach notification regulations, or, in the alternative, that the acquisition, access, use, or disclosure of PHI did not constitute a Breach.

6. Contractor shall maintain documentation of all required notifications of a Breach or its risk assessment under 45 CFR § 164.402 to demonstrate that a Breach did not occur.

7. Contractor shall provide to County all specific and pertinent information about the Breach, including the information listed in Section E.3.b.(1)-(5) above, if not yet provided, to permit County to meet its notification obligations under Subpart D of 45 CFR Part 164 as soon as practicable, but in no event later than fifteen (15) calendar days after Contractor's initial report of the Breach to County pursuant to Subparagraph E.2 above.

8. Contractor shall continue to provide all additional pertinent information about the Breach to County as it may become available, in reporting increments of five (5) business days after the last report to County. Contractor shall also respond in good faith to any reasonable requests for further information, or follow up information after report to County, when such request is made by County.

9. Contractor shall bear all expense or other costs associated with the Breach and shall reimburse County for all direct expenses County incurs in addressing the Breach and consequences thereof, including costs of investigation, notification, remediation, documentation, or other costs associated with addressing the Breach.

F. PERMITTED USES AND DISCLOSURES BY CONTRACTOR

1. Contractor may use or further disclose PHI County discloses to Contractor as necessary to perform functions, activities, or services for, or on behalf of, County as specified in the Contract MA-017-202403-

MC, provided that such use or Disclosure would not violate the HIPAA Privacy Rule if done by County except for the specific Uses and Disclosures set forth below.

a. Contractor may use PHI County discloses to Contractor, if necessary, for the proper management and administration of Contractor.

b. Contractor may disclose PHI County discloses to Contractor for the proper management and administration of Contractor or to carry out the legal responsibilities of Contractor, if:

i. The Disclosure is required by law; or

ii. Contractor obtains reasonable assurances from the person to whom the PHI is disclosed that it will be held confidentially and used or further disclosed only as required by law or for the purposes for which it was disclosed to the person and the person immediately notifies Contractor of any instance of which it is aware in which the confidentiality of the information has been breached.

c. Contractor may use or further disclose PHI County discloses to Contractor to provide Data Aggregation services relating to the Health Care Operations of Contractor.

2. Contractor may use PHI County discloses to Contractor, if necessary, to carry out legal responsibilities of Contractor.

3. Contractor may use and disclose PHI County discloses to Contractor consistent with the minimum necessary policies and procedures of County.

4. Contractor may use or disclose PHI County discloses to Contractor as required by law.

G. OBLIGATIONS OF COUNTY

1. County shall notify Contractor of any limitation(s) in County's notice of privacy practices in accordance with 45 CFR § 164.520, to the extent that such limitation may affect Contractor's Use or Disclosure of PHI.

2. County shall notify Contractor of any changes in, or revocation of, the permission by an Individual to use or disclose his or her PHI, to the extent that such changes may affect Contractor's Use or Disclosure of PHI.

3. County shall notify Contractor of any restriction to the Use or Disclosure of PHI that County has agreed to in accordance with 45 CFR § 164.522, to the extent that such restriction may affect Contractor's Use or Disclosure of PHI.

4. County shall not request Contractor to use or disclose PHI in any manner that would not be permissible under the HIPAA Privacy Rule if done by County.

H. BUSINESS ASSOCIATE TERMINATION

1. Upon County's knowledge of a material breach or violation by Contractor of the requirements of this Business Associate Contract, County shall:

a. Provide an opportunity for Contractor to cure the material breach or end the violation within thirty (30) business days; or

b. Immediately terminate the Contract MA-017-202403-MC, if Contractor is unwilling or unable to cure the material breach or end the violation within thirty (30) days, provided termination of the Contract MA-017-202403-MC is feasible.

2. Upon termination of the Contract MA-017-202403-MC, Contractor shall either destroy or return to County all PHI Contractor received from County or Contractor created, maintained, or received on behalf of County in conformity with the HIPAA Privacy Rule.

a. This provision shall apply to all PHI that is in the possession of Subcontractors or agents of Contractor.

b. Contractor shall retain no copies of the PHI.

c. In the event that Contractor determines that returning or destroying the PHI is not feasible, Contractor shall provide to County notification of the conditions that make return or destruction infeasible. Upon determination by County that return or destruction of PHI is infeasible, Contractor shall extend the protections of this Business Associate Contract to such PHI and limit further Uses and Disclosures of such PHI to those purposes that make the return or destruction infeasible, for as long as Contractor maintains such PHI.

3. The obligations of this Business Associate Contract shall survive the termination of the Contract MA-017-202403-MC.

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ATTACHMENT I
Claim Funding Arrangements

ARTICLE 1
BANKING ARRANGEMENTS

A. Contractor will establish and maintain a Plan Benefit Account with a Bank agreed to between the Contractor and County to fund all claims cost. County will make proper arrangements with County Bank to accept daily, excluding County holidays, or weekly Automated Clearing House (ACH) debit transaction from the Contractor to facilitate funding of the Plan Benefit Account.

B. Contractor's Bank must be members of the state or local ACH for debits to be processed. Contractor will process the ACH debits according to National Automated Clearing House Association (NACHA) rules and regulations.

ARTICLE 2
AUTHORIZATION TO TRANSFER FUNDS

A. County authorizes Contractor to transfer funds from an account designated by the County at the County Bank to the Contractor Bank in accordance with this Agreement between County and Contractor. These transfers will be through the ACH process and shall be governed by this Agreement and such arrangement as agreed upon between Contractor and County Treasurer-Tax Collector.

B. Contractor operations will process the claim payment cycles and send checks or non-draft payments to providers or make other payments as applicable. Contractor will request funds from the County when the checks are presented for payment and the non-drafts adjustments are passed to the banking system. Contractor will initiate daily or weekly ACH debit to County Bank as denoted in B above.

C. Contractor shall provide to the County a bank cleared register which reconciles to the daily or weekly funding advice and a summary report that reconciles to the bank register must also be provided that includes the amount by plan, eligibility, and enrollment Structure as requested by the County. The bank cleared register shall include name of payee, amount, check date, check number, and claim number. Contractor will provide with the check register a summary report in a format acceptable to the County to support the amount of claim payments issued from County claim accounts.

D. Contractor will email the daily or weekly funding advice to the multiple designated contacts of the County. This advice will be available to the County prior to 10:00 am Pacific Time prior to the day the funds are to be made available. Standard monthly banking reports will confirm and reconcile deposits and charges for each bank day of the month.

E. County authorizes Contractor to transfer funds with the daily, excluding County holidays, or weekly funding advice upon providing backup to multiple designated contacts within County describing the amount of the funds being transferred.

F. County will pay any fees charged by County Bank to service the designated account. Contactor will not charge the County any fees for maintaining the Plan Benefit Account at Contractor Bank.

G. Upon receipt of the notification, County shall fund the account at County Bank within twenty-four (24) hours, excluding weekends and County holidays. Sufficient Funds will be available in the County Bank account to fund ACH debits.

H. County grants Contractor a limited right to transfer funds to satisfy plan claim costs described herein. Contractor has no right to transfer any funds other than expressly outline in this Agreement unless authorized by the County to collect through Account.

ARTICLE 3
TERMINATION

This terms and conditions set forth in this Attachment I will continue throughout the term of the Contract, the Run-out Period (as defined herein), and for an additional twelve (12) months following the end of the Run-out Period, at which time this Attachment will automatically terminate. The Contractor will place stop payments on remaining uncashed check and provide the County a detailed listing of the stop payments. The County will recover any monies remaining in the Account and receive all final reports.

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ATTACHMENT J
County of Orange Information Technology Security Provisions

All Contractors with access to County employee data shall establish and maintain policies, procedures, and technical, physical, and administrative safeguards designed to (i) ensure the confidentiality, integrity, and availability of all County employee data and any other confidential information that the Contractor receives, stores, maintains, processes, transmits, or otherwise accesses in connection with the provision of the contracted services, (ii) protect against any threats or hazards to the security or integrity of County employee data, systems, or other confidential information, (iii) protect against unauthorized access, use, or disclosure of County employee data (iv) maintain reasonable procedures to prevent, detect, respond, and provide notification to the County regarding any internal or external security breaches, (v) ensure the return or appropriate disposal of personal information or other confidential information upon contract conclusion (or per retention standards set forth in the contract), and (vi) ensure that any subcontractor(s)/agent(s) that receives, stores, maintains, processes, transmits, or otherwise accesses County employee data and/or system(s) is in compliance with statements and the provisions of statements and services herein.

1. Contractor, Contractor personnel, Contractor's subcontractors, any person performing work on behalf of Contractor, and all other agents and representatives of Contractor will, at all times, comply with and abide by latest National Institute of Standards and Technology (NIST) 800-53 framework, that pertain to Contractor in connection with the Services performed by Contractor as set forth in the scope of work of this Contract.

   Contractor shall use industry best practices and methods with regard to confidentiality, integrity, availability, and the prevention, detection, response, and elimination of threat, by all appropriate means, of fraud, abuse, and other inappropriate or unauthorized access to County employee data in the performance of Services under this Contract.

2. The Contractor shall implement and maintain a written information security program that contains reasonable and appropriate security measures designed to safeguard the confidentiality, integrity, availability, and resiliency of County employee data and/or system(s). The Contractor shall review and update its information security program in accordance with contractual, legal, and regulatory requirements. Upon County request, Contractor shall provide a live review of its latest security assessment performed by a third party, such as a SOC2 Type 2 report.

3. Information Access: Contractor shall use appropriate safeguards and security measures to ensure the confidentiality and security of all County employee data.

4. Data Security Requirements: Without limiting Contractor's obligation of confidentiality as further described in this Contract, Contractor must establish, maintain, and enforce a data privacy program and an information and cyber security program, including safety, physical, and technical security and resiliency policies and procedures, that comply with the requirements set forth in this Contract and, to the extent such programs are consistent with and not less protective than the requirements set forth in this Contract and are at least equal to applicable best industry practices and standards (NIST 800-53).

   Contractor also shall provide technical and organizational safeguards against accidental, unlawful, or unauthorized access or use, destruction, loss, alteration, disclosure, transfer, commingling, or processing of such information that ensure a level of security appropriate to the risks presented by the processing of County employee Data.

Contractor personnel and/or subcontractor personnel and affiliates approved by County to perform work under this Contract may use or disclose County personal and confidential information only as permitted in this Contract. Any other use or disclosure requires express approval in writing by the County of Orange. No Contractor personnel and/or subcontractor personnel or affiliate shall duplicate, disseminate, market, sell, or disclose County personal and confidential information except as allowed in this Contract. Contractor personnel and/or subcontractor personnel or affiliate who access, disclose, market, sell, or use County personal and confidential information in a manner or for a purpose not authorized by this Contract may be subject to civil and criminal sanctions contained in applicable federal and state statutes.

Contractor shall take all reasonable measures to secure and defend all locations, equipment, systems, and other materials and facilities employed in connection with the Services against hackers and others who may seek, without authorization, to disrupt, damage, modify, access, or otherwise use Contractor systems or the information found therein.

Contractor shall also continuously monitor its systems for potential areas where security could be breached. Without limiting any other audit rights of County, County shall have the right to review Contractor's data privacy and information and cyber security program that are not otherwise proprietary, subject to nondisclosure agreements, and are not subject to legal privileges prior to commencement of Services and no less than annually during the term of this Contract.

All data collected on behalf of this contract shall be destroyed or returned at the end of the contract via digital wiping, degaussing, or physical shredding as directed by County.

5. General Security Standards: Contractor will be solely responsible for the information technology infrastructure, including all computers, software, databases, electronic systems (including database management systems, email systems, auditing, and monitoring systems) and networks used by or for Contractor ("Contractor Systems") to access County employee data or otherwise in connection with the Services and shall prevent unauthorized access to employee data through the Contractor Systems.

   a) **Contractor System(s) and Security:** At all times during the contract term, Contractor shall maintain a level of security with regard to the Contractor Systems, that in all events is at least as secure as the levels of security that are common and prevalent in the industry and in accordance with industry best practices (NIST 800-53). Contractor shall maintain all appropriate administrative, physical, technical, and procedural safeguards to secure County employee data from data breach, protect County employee data and the Services from loss, corruption, unauthorized disclosure, and from hacks, and the introduction of viruses, disabling devices, malware, and other forms of malicious and inadvertent acts that can disrupt County's access and use of County employee data and the Services.

   Contractors who are not provided with a County email address, but need to transmit County employee data will be required to maintain and transmit County employee data in accordance with this Agreement.

6. Security Failures: Any failure by the Contractor to meet the requirements of this Contract with respect to the security of County employee data, including any related backup, disaster recovery, or other policies, practices or procedures, and any breach or violation by Contractor or its subcontractors or affiliates, or their employees or agents, of any of the foregoing, shall be deemed a material breach of this Contract and may result in termination and reimbursement to County of any fees prepaid by County prorated to the date of such termination. The remedy provided in this paragraph shall not be exclusive and is in addition to any other rights and remedies provided by law or under the Contract.

7. Security Breach Notification: In the event Contractor becomes aware of any act, error or omission, negligence, misconduct, or security incident including unsecure or improper data disposal, theft, loss, unauthorized use and disclosure or access, that compromises or is suspected to compromise the security, availability, confidentiality, and/or integrity of County employee data or the physical, technical, administrative, or organizational safeguards required under this Contract that relate to the security, availability, confidentiality, and/or integrity of County employee data, Contractor shall, at its own expense, (1) promptly, but in any event within 10 business days , notify the County's Chief Information Security Officer and County Privacy Officer of such occurrence; (2) perform a root cause analysis of the actual, potential, or suspected breach; (3) provide a remediation plan that is acceptable to County within 30 days of verified breach, to address the occurrence of the breach and prevent any further incidents; (4) conduct a forensic investigation to determine what systems, data, and information have been affected by such event; and (5) cooperate with County and any law enforcement or regulatory officials investigating such occurrence, including but not limited to making available all relevant records, forensics, investigative evidence, logs, files, data reporting, and other materials required to comply with applicable law or as otherwise required by County and/or any law enforcement or regulatory officials, and (6) perform or take any other actions required to comply with applicable law as a result of the occurrence (at the direction of County).

   County shall make the final decision on notifying County officials, entities, employees, service providers, and/or the general public of such occurrence, and the implementation of the remediation plan. If notification to particular persons is required under any law or pursuant to any of County's privacy or security policies, then notifications to all persons and entities who are affected by the same event shall be considered legally required. Contractor shall reimburse County for all notification and related direct costs incurred by County arising out of or in connection with any such occurrence due to Contractor's acts, errors or omissions, negligence, and/or misconduct resulting in a requirement for legally required notifications.

   In the case of a breach, Contractor shall provide third-party credit and identity monitoring services to each of the affected individuals for the period required to comply with applicable law, or, in the absence of any legally required monitoring services, for no less than twelve (12) months following the date of notification to such individuals.

   Notification shall be sent to:

   Andrew Alipanah, MBA, CISSP
   Chief Information Security Officer
   721 S. Parker St., Suite 200
   Orange, CA 92868
   Phone: (714) 567-7611
   Andrew.Alipanah@ocit.ocgov.com

   Linda Le, CHPC, CHC, CHP
   County Privacy Officer
   721 S. Parker St., Suite 200
   Orange, CA 92868
   Phone: (714) 834-4082
   Linda.Le@ocit.ocgov.com

8. Security Audits: Contractor shall maintain complete and accurate records relating to its system and Organization Controls (SOC) Type II audits or equivalent's data protection practices, internal and external audits, and the security of any of County-hosted content, including any confidentiality, integrity, and availability operations (data hosting, backup, disaster recovery, external dependencies management, vulnerability testing, penetration testing, patching, or other related policies, practices, standards, or procedures).

   County has the right to review live in a call any Plans of Actions and Milestones (POA&M) for any outstanding items identified by the SOC 2 Type II report requiring remediation as it pertains to the

confidentiality, integrity, and availability of County employee data. County reserves the right, at its sole discretion, to immediately terminate this Contract or a part thereof without limitation and without liability to County if County reasonably determines Contractor fails or has failed to meet its obligations under this section.

9. Business Continuity and Disaster Recovery (BCDR):

Relevant data and/or systems and technology provided by the Contractor internally and through third-party vendors through the provision of services to County employees shall have resiliency and redundancy capabilities to achieve high availability and data recoverability. Contractor Systems shall be designed, where practical and possible, to ensure continuity of service(s) in the event of a disruption or outage.

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EXHIBIT 1

EDD INDEPENDENT CONTRACTOR REPORTING REQUIREMENTS

Effective January 1, 2001, the County of Orange is required to file in accordance with subdivision (a) of Section 6041A of the Internal Revenue Code for services received from a "service provider" to whom the County pays $600 or more or with whom the County enters into a contract for $600 or more within a single calendar year. The purpose of this reporting requirement is to increase child support collection by helping to locate parents who are delinquent in their child support obligations.

The term "service provider" is defined in California Unemployment Insurance Code Section 1088.8, subparagraph B.2 as "an individual who is not an employee of the service recipient for California purposes and who received compensation or executes a contract for services performed for that service recipient within or without the state." The term is further defined by the California Employment Development Department to refer specifically to independent Contractors. An independent Contractor is defined as "an individual who is not an employee of the ... government entity for California purposes and who receives compensation or executes a contract for services performed for that ... government entity either in or outside of California."

The reporting requirement does not apply to corporations, general partnerships, limited liability partnerships, and limited liability companies.

Additional information on this reporting requirement can be found at the California Employment Development Department website located at http://www.edd.ca.gov/Employer_Services.htm.

To comply with the reporting requirements, County procedures for contracting with independent Offerors mandate that the following information be completed and forwarded to the contracting agency/department immediately upon request:

First name, middle initial and last name
Social Security Number
Address
Contract Number and amount of Contract
Start and Expiration Dates of Contract

_____

First Name Middle Initial Last Name

SSN_____

Address_____

Contract Number_____Dollar value of contract_____

Start Date_____Expiration Date_____

EXHIBIT 2

COUNTY OF ORANGE LOCAL SMALL BUSINESS (OCLSB) AND/OR DISABLED VETERAN BUSINESS ENTERPRISE (DVBE) PREFERENCE CERTIFICATION REQUIREMENTS

i. To participate as an OCLSB the following requirements must be met:

a. A local small business must be certified with State of California the Department of General Services (DGS) as a Small Business - https://caleprocure.ca.gov/pages/sbdvbeindex.aspx

b. Upon certification as Small Business with DGS, the local small business shall access the OCLSB Preference portal at OCLSBverify.com, search their legal company/business name in the County's database and print the OCLSB Certification.

i. Business name shall match the Company Legal Name specified on the Company Profile.

c. Complete and sign the OCLSB Affirmation form attached herein. The signed Affirmation form and the OCLSB Certification are required and must be returned with the solicitation response in order to compete as an OCLSB.

ii. To participate as a DVBE the following requirements must be met:

a. A business must be certified with State of California the Department of General Services (DGS) as a Disabled Veteran Business Enterprise - https://www.caleprocure.ca.gov/pages/sbdvbe-index.aspx

b. Complete and sign the Affirmation form attached herein. The signed Affirmation form and the DVBE Certification are required and must be returned with the solicitation response in order to compete as an DVBE.

iii. OCLSB or DVBE Preference provides for the following:

a. Invitation for Bid – IFB
When the lowest bidder is not an OCLSB or DVBE, the sole lowest certified OCLSB or DVBE within five percent (5%) of the lowest bid shall be given the opportunity to price match. To participate in either preference policy, the sole lowest qualified OCLSB or DVBE must accept the County's offer to price match within three (3) business days from the County's offer, unless otherwise specified by the County. If two or more OCLSBs or DVBEs have tied bids within the 5% the Count shall request best and final bids from each OCLSB or DVBE, which shall price match the lowest bid or better. If the best and final bids are tied, the County shall determine the contract award based on the County's best interest.

b. Request for Proposal - RFP

An extra five percent (5%) shall be applied to the tallied score of each certified OCLSB to obtain the final score. If the final score of any OCLSB matches the final score of a non-OCLSB, preference shall be given to the certified OCLSB. If two or more OCLSBs have the same final score, the County shall determine the contract award based on the County's best interest.

iv. Dual OCLSB and DVBE Preference provides for the following:

a. Business Certified as OCLSB and DVBE
If a State-certified OCLSB is also a State-certified DVBE, the preference is given to that business shall be 8% instead of 5%. The separate OCLSB/DVBE preferences shall not be applied.

v. OCLSB and/or DVBE Certification must be valid at the date/time solicitation is closed, and it shall remain in effect at the time of contract award. County reserves the right to verify and/or reject incomplete documents.

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County of Orange Local Small Business (OCLSB) and/or Disabled Veteran Business Enterprise (DVBE) Affirmation

OCLSB Certification Requirements: To be certified as a Local Small Business by the County of Orange, a business shall meet (1) and (2) below:

(1) Local Business requirements:
- a) maintains their principal center of operations (i.e. headquarters) within Orange County, and;
- b) has:
  - i. a business address located in the County of Orange that is not a post office box, or
  - ii. a valid business license or certificate of occupancy issued by the County of Orange or by an Orange County city, or other documentation acceptable to the County of Orange.

(2) Small Business requirements:
- a) must be certified as a Small Business by the State of California Department of General Services (DGS); and,
- b) DGS Small Business requirements must be valid at the time of bid/proposal submittal.

DVBE Certification Requirements: To be certified as a Disabled Veteran Business Enterprise, a business must meet the following requirements:

(1) Must be certified as a DVBE by the State of California Department of General Services (DGS); and,

(2) DGS DVBE requirements must be valid at the time of bid/proposal submittal.

Please specify one or both preferences that apply to your business by checking below:
☐ OCLSB ☐ DVBE

I, certify that _____, (legal company/business name) is certified as an OCLSB and/or DVBE and currently meets the respective Certification Requirements set forth above.

_____ _____
Print Name Title

_____ _____
Authorized Signature Date

Please check one or both below:
☐ OCLSB Certificate attached ☐ State of California DVBE Certification attached

County Use Only

Solicitation Number:

Solicitation Description:

File Folder Number:

EXHIBIT 3

COUNTY OF ORANGE
CAMPAIGN CONTRIBUTION DISCLOSURE FORM

Application or Solicitation Number: RFP #017-202403-MC
Application or Solicitation Title: Claims Administration for the Self-Insured Preferred Provider Organization Health Plans

Was a campaign contribution, regardless of the dollar amount, made to any member of the Orange County Board of Supervisors or to any County Agency Officer within the last 12 months, by the applicant, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist?

Yes ____ No__X__

If no, please sign and date below.

If yes, please provide the following information:

Applicant's Name: _____
Contributor or Contributor Firm's Name: _____

Contributor or Contributor Firm's Address: _____

Is the Contributor:

- o The Applicant Yes___ No ___
- o Subcontractor Yes___ No ___
- o The Applicant's agent/ or lobbyist Yes___ No ___

Note: Under California law as implemented by the Fair Political Practices Commission, campaign contributions made by the Applicant and the Applicant's agent/lobbyist who is representing the Applicant in this application or solicitation must be aggregated together to determine the total campaign contribution made by the Applicant.

_____

Identify the Board of Supervisors Member(s) and County Agency Officer(s) to whom you, your subcontractors, and/or agent/lobbyist made campaign contributions on or after within the last 12 months, the name of the contributor, the dates of contribution(s) and dollar amount of the contribution. Each date must include the exact month, day, and year of the contribution.

Name of Board of Supervisors Member or County Agency Officer: _____

Name of Contributor: _____

Date(s) of Contribution(s): _____

Amount(s): _____

(Please add an additional sheet(s) to identify additional Board Members or County Agency Officer to whom you, your subconsultants, and/or agent/lobbyist made campaign contributions)

By signing below, I certify that the statements made herein are true and correct. I also agree to disclose to the County any future contributions made to Board Members or County Agency Officers by the applicant, or, if applicable, any of the applicant's proposed subcontractors or the applicant's agent or lobbyist after the date of signing this disclosure form, and within 12 months following the approval, renewal, or extension of the requested license, permit, or entitlement to use.

March 5, 2024
Date

Signature of Applicant

Blue Shield of California
Print Firm Name, if applicable

Kenneth Lautsch
Print Name of Applicant

ORANGE COUNTY BOARD OF SUPERVISORS
AND COUNTY AGENCY OFFICERS

Board of Supervisors

Andrew Do, First District
Vicente Sarmiento, Second District
Donald P. Wagner, Third District
Doug Chaffee, Fourth District
Katrina Foley, Fifth District

County Agency Officers

Claude Parrish, Assessor
Andrew Hamilton, Auditor-Controller
Hugh Nguyen, Clerk-Recorder
Todd Spitzer, District Attorney-Public Administrator
Don Barnes, Sheriff-Coroner
Shari L. Freidenrich, Treasurer-Tax Collector

EXHIBIT 4

RFP OFFEROR QUESTIONNAIRE

See Separate Attachment

EXHIBIT 5

SHAREWELL CHOICE HEALTH PLAN, PLAN DOCUMENT

See Separate Attachment

EXHIBIT 6

WELLWISE CHOICE HEALTH PLAN, PLAN DOCUMENT

See Separate Attachment

EXHIBIT 7

SHAREWELL RETIREE HEALTH PLAN, PLAN DOCUMENT

See Separate Attachment

EXHIBIT 8

WELLWISE NON-MEDICARE RETIREE HEALTH PLAN, PLAN DOCUMENT

See Separate Attachment

EXHIBIT 9

WELLWISE MEDICARE RETIREE HEALTH PLAN, PLAN DOCUMENT

See Separate Attachment

RFP OFFEROR QUESTIONNAIRE

CLAIMS ADMINISTRATION FOR THE SELF-INSURED PREFERRED PROVIDER ORGANIZATION (PPO) HEALTH PLANS

COUNTY OF ORANGE

February 2024

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C. Company Profile

Question		Response	Comments
1	Company Legal Name	California	
2	Company Legal Status (corporation, partnership, etc.)	Nonprofit mutual benefit corporation	
3	Business Address	[redacted]	
4	Website Address		
5	Telephone Number		
6	Facsimile Number		
7	Email Address	Not applicable. Blue Shield of California does not use a generic email address.	
8	Description of services provided	Blue Shield of California and its affiliates provide health, dental, vision, Medicaid, and Medicare healthcare service plans.	
9	Years of Experience	85 years	
10	Length of Time the firm has been in business	85 years	
11	Length of time at current location	Five years	
12	Company size (number of employees in US and number worldwide including in US)	More than 7,100 employees	
13	In your firm a sole proprietorship? (Yes or No)	No	
13.1	If yes, Sole Proprietor's social security number	Not applicable	
14	Is your firm a sole proprietorship doing business under a different name? (Yes or No)	No	
14.1	If yes, please indicate sole proprietor's name and the name you are doing business under	Not applicable	
15	Is your firm incorporated (Yes or No)	Yes	
15.1	If yes, State of Incorporation	California	
16	Federal Taxpayer ID Number	[redacted]	
17	D-U-N-S # (The County requires a valid D-U-N-S number prior to Contract Award. If needed, your company may obtain one at no cost at www.dnb.com. If you are unable to provide/obtain a D U-N-S number, please indicate so in your proposal/bid submission response.)		
18	Regular business hours	Blue Shield's general office hours are 8 a.m. to 5 p.m. (PT), Monday through Friday (except holidays). Our standard Customer Service department hours are 7 a.m. to 7 p.m. (PT), Monday through Friday (except holidays).	

19	Regular holidays and hours when business is closed	Blue Shield of California's operations are closed in observance of the following holidays: New Year's Day; Martin Luther King, Jr. Day; President's Day; Memorial Day; Juneteenth; Independence Day; Labor Day; Thanksgiving Day and the day after; Christmas Eve; and Christmas Day. In addition, our general offices are closed nightly from 5 p.m. to 8 a.m. (PT), Monday through Friday, and on Saturday and Sunday.	
20	Contact person in reference to this RFP	[redacted]	
20.a	Telephone Number		
20.b	Facsimile Number		
20.c	Email Address		
21	Contact Person For Accounts Payable		
21.a	Telephone Number		
21.b	Facsimile Number		
21.c	Email Address		
22	Name of Service Manager		
22.a	Telephone Number		
22.b	Facsimile Number		
22.c	Email Address		
23	NOTICES (Legal/Contract) attention to:		
23.a	Telephone Number		
23.b	Facsimile Number		
23.c	Email Address		
24	In the event of an emergency or declared disaster, the following information is required		
24.a	Name of contact during non-business hours		
24.b	Telephone Number		
24.c	Facsimile Number		
24.d	Email Address		
24.e	Cell or Page Number		

D. General Info

Instructions:
- Please provide answers in the blue box to the questions below. Select from the dropdown menu, if provided.
- If applicable, please follow additional instructions in the Comments section.

Company Information			
	Question	Response	Comments
1	Name and address of person to receive notices and who is authorized to make decisions, represent and legally bind the Offeror. Also provide the name, title, address, e-mail address and telephone and fax numbers of the person(s) who the County should contact with questions regarding your response.	[redacted]	
2	Are you the Offeror, a subsidiary or affiliate of another company?	Yes	Blue Shield is the offeror.
2.1	Give full disclosure of all direct or indirect ownership and type of relationship with affiliate companies. If Offeror is a foreign corporation, submit a copy of Certificate of Good Standing for State of California.	California Physicians' Service, dba Blue Shield of California (Blue Shield), is a California nonprofit mutual benefit corporation and is a licensee of the Blue Cross Blue Shield Association. Blue Shield was founded in 1939 as California Physicians' Service, one of the first health plans in the United States. It is the principal operating company in the holding company system and is the ultimate controlling corporation for the following wholly owned subsidiaries: - Blue Shield of California Life & Health Insurance Company (Blue Shield Life), a California for-profit corporation - CareAmerica Life Insurance Company, a California for-profit corporation - Blue Shield of California Promise Health Plan (Blue Shield Promise), a managed care organization formerly known as Care1st Health Plan - Altais, a healthcare services company that has two divisions: Altais Clinical Services (ACS) and Altais Health	

3	Indicate whether any services will be subcontracted to another company, in accordance with Paragraph 11, "Assignment or Sub-Contracting," and list the company name and services for anticipated sub-contractors.	Blue Shield uses subcontractors across our entire book of business. The information to respond to this question is considered confidential, proprietary, or trade secret information and as the County has stated that all information and documents submitted to the County by Offeror shall become public, non-confidential, non-proprietary, public records that may be provided by the County to the public at any time without prior notice to the Offeror, we are not including the response at this time. We would be willing to discuss disclosure of confidential, proprietary, or trade secret information under mutually-agreeable terms that would maintain the appropriate confidentiality.	
4	Describe any pending discussions, negotiations or agreements to merge, spin off, or sell Offeror.	Blue Shield is always evaluating organic and inorganic growth options (including mergers/acquisitions, joint ventures, and strategic investments) to ensure that all Californians have access to high-quality health care at an affordable price. While at any given point we may be evaluating multiple opportunities, due to the confidential nature of mergers and acquisitions we are unable to disclose transactions that would "close" in the next 18 months.	
5	Has Offeror been cited or threatened with citation within the last five (5) years by any federal or state regulators for violations of any state or federal law or regulations? If yes, describe in the Comments section.	Yes	From time to time, and in the ordinary course of business operating as a full-service healthcare service plan in California, Blue Shield is involved in legal and regulatory actions. The County can rest assured that none of our current or pending regulatory matters will affect our ability to deliver the services requested. Should the County have specific questions about legal actions in which Blue Shield may be involved, information regarding regulatory enforcements against Knox-Keene regulated plans in California can be accessed via the Department of Managed Health Care's database located here: https://wpso.dmhc.ca.gov/enfactions/actionSearch.aspx. Lawsuits against Blue Shield also may be reviewed using publicly available data from state and federal courts.
6	In the last five (5) years, has Offeror had a contract terminated by a client for cause? If so, describe by whom and under what circumstances in the Comments section? Provide the name and telephone number of each client that has terminated Offeror's services for cause.	No	
7	In the last five (5) years has Offeror failed or refused to complete a contract? If so, provide a detailed explanation in the Comments section.	No	
8	Provide complete information and proof of existing and/or proposed legal organization structure within the County of Orange and where applicable, outside the County of Orange. Specifically, that Offeror is licensed to conduct business in the State of California. If not, attach an opinion of counsel giving his or her opinion as to whether he or she anticipates any difficulties in obtaining all necessary licenses prior to the effective date of the Contract.	California Physicians' Service, Inc., dba Blue Shield of California, is a California nonprofit mutual benefit corporation and is a licensee of the Blue Shield Association. Blue Shield is licensed by the California Department of Managed Health Care as a healthcare service plan and authorized to conduct business in California and in the County of Orange	We have provided a copy of our Knox-Keene License as Part 6 Exhibit 1 Knox-Keene License_BSC 031524.pdf

9	In the past five (5) years, has Offeror been denied a license to do business or reprimanded by a licensing agency? If so, state the date of the denial, the license denied, the state in which the license was denied, the reason given for denial of the license, whether Offeror has had a bona fide change of ownership or management since Offeror license was denied and whether Offeror has eliminated the cause for which the license was denied.	Yes.	From time to time, and in the ordinary course of business operating as a full-service healthcare service plan in California, Blue Shield is involved in legal and regulatory actions. The County can rest assured that none of our current or pending regulatory matters will affect our ability to deliver the services requested. Should the County have specific questions about legal actions in which Blue Shield may be involved, information regarding regulatory enforcements against Knox-Keene regulated plans in California can be accessed via the Department of Managed Health Care's database located here: https://wpso.dmhc.ca.gov/enfactions/actionSearch.aspx. Lawsuits against Blue Shield also may be reviewed using publicly available data from state and federal courts.
10	Do you have appropriate physical and electronic safeguards in place to prevent inappropriate use or disclosure of Protected Health Information? Please describe key safeguards that are in place.	Yes	Blue Shield maintains and enforces a variety of physical, technical, and administrative controls, including policies, procedures, and workforce training that are designed to safeguard the confidentiality and integrity of our participants' and employees' personal information, including protected health information (PHI). These controls have been established to comply with the requirements of applicable state and federal data protection laws.
11	Do you have the capability to comply with all HIPAA Electronic Transactions and Security Standards?	Yes	Blue Shield complies with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), and the HIPAA Privacy and Security Rules.
12	Confirm if your organization has experienced any data breaches that impacted HIPAA compliance in the last five (5) years.	Yes	Blue Shield does not disclose information about privacy or security breaches except as required by applicable federal and state law. All reported privacy breaches are investigated by the Blue Shield Privacy Office, which is responsible for ensuring that necessary and appropriate steps are taken to mitigate actual or potential harm or risk to individuals whose data may have been breached, remediating the root cause of the breach, and complying with applicable laws and regulations requiring breach notification. Actual or suspected/attempted security breaches, including those not involving protected health information (PHI) or personally identifiable information (PII), are investigated and resolved by Blue Shield's IT Security team. Blue Shield's privacy investigations and the actions taken in response to investigation findings are confidential and are disclosed only to impacted administrative services only (ASO) clients (whereby Blue Shield acts as the business associate of the ASO client's group health plan) and as otherwise required by applicable law (e.g., reports to the Department of Health and Human Services required by the Health Insurance Portability and Accountability Act and the Health Information Technology for Economic and Clinical Health Act). Details about Blue Shield's security controls, including changes made in response to actual or attempted security breaches, are not made publicly available in order to safeguard the integrity and security of Blue Shield's technical/IT infrastructure.

13	How many PPO members are in your current book-of-business commercial plan membership in California and Nationally for 2021, 2022, and 2023?	California PPO commercial membership The following represents Blue Shield's PPO commercial plan membership for members who reside in California for our commercial clients with 50+ lives: - 2023: 715,129 members - 2022: 711,046 members - 2021: 696,625 members National PPO commercial membership The following represents Blue Shield's PPO commercial plan membership for our commercial clients with 50+ lives that have membership in and outside of California: - 2023: 860,546 members - 2022: 828,031 members - 2021: 757,485 members	

Organizational and Financial Stability			
	Question	Response	Comments
1	Provide your most recent financial ratings from the following rating bureaus:		
	Standard & Poor's	Not rated	
	Moody's	Not rated	
	Fitch	A	
2	During the last five (5) years, has your firm had any lawsuits brought against it covering the administration or claims processing of any plan? If so, explain in the Comments section. Provide court and case numbers for litigation.	Yes	From time to time and in the ordinary course of business operating as a full-service healthcare service plan in California, Blue Shield is involved in legal and regulatory actions. The County can rest assured that none of our current or pending litigation will affect our ability to deliver the services requested.
3	Confirm that upon termination of the Offeror's business relationship with the County, the Offeror agrees to provide reasonable assistance and data to enable smooth transition at no additional expense to the County, assuming responsibility for the services that Offeror had provided. Please provide a summary of your transition process, how you will coordinate with the new vendor and if there are any costs associated with the transition.	Confirm	Under a self-insured arrangement, if a group decides to terminate its contract with Blue Shield, we are responsible for service up to the cancellation date of coverage. In the event of termination, Blue Shield will transfer enrollment and claims information and other administrative records as needed to any replacement carrier or third-party administrator at no charge. Blue Shield can also provide transition reports for terminating members to another carrier. We do not have standard de-implementation plan or transition process summary; however, we will work with our clients and their new carrier to ensure a seamless transition.
4	Confirm that Offeror agrees not to take action that would result in discharge of plan participants or beneficiaries confined to one of the Offeror's network facilities prior to the completion of their course of treatment.	Confirm	
5	Confirm the Offeror will indemnify the County and its plan for all damages, fines, penalties, costs and fees related to any act or omission of Offeror or any of its employees or agents as to the services described in the Contract between the parties.	Confirm	Blue Shield, as an administrative services only administrator for the County of Orange, will agree to generally indemnify the County for claims arising out of Blue Shield's errors or omissions. However, providers are independent contractors and not the agents or employees of Blue Shield; thus, Blue Shield cannot indemnify for claims arising out of the acts, errors, or omissions of providers.

6	Provide history of acquisition, buyouts or mergers with other entities for the past ten years.	Confirm	On October 1, 2018, Blue Shield acquired Care1st, a provider of Medi-Cal, MediConnect, Medicare Advantage HMO, and Dual Eligible Special Needs plans. Effective January 1, 2019, the Care1st Health Plan operates as Blue Shield of California Promise Health Plan In August 2019, Blue Shield launched Altais, a new company focused on strengthening physician practices by helping doctors focus on patient care that is sustainable, affordable, and professionally gratifying. In the last three years, Blue Shield has been actively involved in evaluating certain transactions but we have not closed a transaction for Blue Shield. Altais, a subsidiary of Blue Shield, closed on two transactions: Brown & Toland, a Bay Area medical group and manages services organization and Family Care Specialists, a California professional medical corporation.

Statement of Qualifications and Vendor Experience

	Question	Response	Comments
1	Provide your Annual Report for the last two (2) years. Offeror must also include independently audited financial statements for the last two (2) fiscal years. Audited financial statements are required; un-audited financial statements will not be accepted.	Attached.	File Name: Part 5 Attachment G Audited Financial Statements 2021 & 2022 BSC 030724.pdf

Eligibility Connections Standards

	Question	Response	Comments
1	Confirm you will perform at least quarterly, full eligibility reconciliations with the County 's Benefits Center.	Confirm	
2	Confirm the County 's Benefits Center or Authorized County Benefits team employees can request urgent eligibility updates and that the updates will be made within 24 hours and transmitted to the pharmacy benefits administrator.	Confirm	
2.1	Please confirm that eligibility reports can be accessed in an electronic format or via the Internet.	Confirm	
3	Indicate whether you can accept eligibility information by electronic media (i.e., internet), tape or hard copy. Confirm you can accept HIPAA-compliant ANSI 834 format, currently used by the County's Benefits Center to provide files to vendors.	Confirm	All electronic eligibility and enrollment information must be submitted in Health Insurance Portability and Accountability Act (HIPAA)-compliant 834 format. While we strongly prefer electronic eligibility, we can accept manual or hardcopy eligibility. There is no additional charge for accepting manual or hardcopy eligibility but processing can take up to five business days. Blue Shield does not accept eligibility information on magnetic tape.
4	Confirm you will perform at least annually, full database audits with the County's Pharmacy Benefits Manager.	Confirm	

Company Experience/Background

	Question	Response	Comments

1	For any business structure, provide history of acquisition, buyouts or mergers with other entities for the past ten years.	Confirm	On October 1, 2018, Blue Shield acquired Care1st, a provider of Medi-Cal, MediConnect, Medicare Advantage HMO, and Dual Eligible Special Needs plans. Effective January 1, 2019, the Care1st Health Plan operates as Blue Shield of California Promise Health Plan In August 2019, Blue Shield launched Altais, a new company focused on strengthening physician practices by helping doctors focus on patient care that is sustainable, affordable, and professionally gratifying. In the last three years, Blue Shield has been actively involved in evaluating certain transactions but we have not closed a transaction for Blue Shield. Altais, a subsidiary of Blue Shield, closed on two transactions: Brown & Toland, a Bay Area medical group and manages services organization and Family Care Specialists, a California professional medical corporation.
2	Provide a list of all hub/locations and include the following information for each location: business hours, organizational chart for each location.	Confirm	Part 6 Exhibit 4 Blue Shield Senior Management Chart BSC 031524.pdf.
3	How many years of experience does your firm have in providing Claims Administration for Self-Insured Preferred Provider Organization (PPO) plans in Orange County? (Provide name and address if prior business name is not the same as Offeror)	Confirm	Blue Shield began offering our PPO product on January 1, 1983. We have served as one of the County's medical plan vendors for over 17 years.

Past Experience / Services with the County			
	Question	Response	Comments
1	Please list any previous or current contracts with the County of Orange within the last 5 years. Include:		
1.1	Agency/Department name, address and contact person	Confirm	[redacted]
1.2	Contract Number	Confirm	Dental - MA 017-20011228 Medical - MA 017-20011124
1.3	Amount of Contract	$ 13,117,683	This cost is for the five years of the contract. Please see Tab I. ASO Fees & Credits for breakout by year.

E. Minimum Qualifications

Instructions:
- The following is the criteria for an Offeror to be considered an eligible candidate to bid on the requested services described in this RFP. Please provide a concise description in the Response section of how Offeror meets the qualification listed in each question. Offeror must meet all of the following requirements:

- If applicable, please follow additional instructions in the Comments section.

Company Information

	Question	Response	Comments
1	Three (3) years previous experience with at least three public sector clients of similar size and complexity, providing administration for self-insured PPO health plans.	Yes	
2	Have a broad network of independent hospitals, physicians and ancillary providers in California, specifically in Orange County, as well as neighboring communities.	Yes	
3	Have a National Network of independent hospitals, physicians and ancillary providers.	Yes	
4	Have three (3) years experience working with third party PBMs (e.g. Optum Rx)	Yes	
5	Ability to assume claims administration services beginning January 1, 2025.	Yes	
6	Submit proposal in the manner as requested in Section II of this RFP.	Yes	
7	Agree to comply with terms and conditions of the County's Model Contract as stated in Section III of the RFP, unless Offeror's Proposal identifies specific exceptions and exclusions to such terms and conditions as required by this RFP by mandatory submission of a redline of the County's Model Contract and complete Part 1: Offeror's Concurrence/Compliance, section 10.B. Failure to submit required documentation, including a redlined County Model Contract, may result in your bid being considered non-responsive. If there are no exceptions proposed, complete Part 1: Offeror's Concurrence/Compliance section 10.A.	Yes	Blue Shield has included both a redlined Model Contract and the detailed explanations for the exceptions with the detail as noted in Part 1: Offeror's Concurrence/Compliance, section 10.b, in our response to Part 2: Offeror's Proposal Questionnaire.

F. Required Attachments

Instructions:
- Please provide confirmation that you have provided each item in the blue boxes below.
- Please follow additional instructions in the Comments section to track attachments.

Company Information			
	Question	Response	Comments
1	**Model Contract:** If taking exception to any language in the Model Contract, identify specific exceptions and exclusions to such terms and conditions as required by this RFP by mandatory submission of a redline of the County's Model Contract.	Attached	File Name: Part 3 Redlined Model Contract and Attachments BSC 031524
1.1	**Staffing Plan**: Please fill out Attachment C - Staffing Plan as part of your redline of the Model Contract.	Included in Model Contract	
1.2	**Performance Standards:** Please review the guarantees suggested in Attachment F - Performance Standards and redline any changes as part of your review of the Model Contract.	Included in Model Contract	
2	**Implementation Plan:** Provide an implementation plan outlining the necessary tasks needed to install the County's plans and begin providing medical benefits to eligible employees. Include a timetable and name the parties responsible. Indicate all procedures and time frames.	As the incumbent medical carrier for the County, an implementation of our medical plans will not be necessary since they are already in place. If there are any changes to Blue Shield's current medical benefits, programs, or services for the County, we have included a sample of our standard implementation plan.	File Name: Part 5 Attachment A Sample Implementation Plan_ASO_BSC_01012025 Effective Date 031524.pdf
3	**Communications Plan:** Provide a detailed Communications Plan and project timetable beginning with the Contract award and continuing through the complete assumption of all services within this Contract. Indicate the level of involvement you will need from Blue Shield of California and the County. Provide the location where each process step takes place.	Attached	File Name: Part 5 Attachment B Communications Plan BSC 031524.pdf
4	**Team Biographies and Organization Chart:** submit a biography/resume for each person proposed on the implementation and account team as well as an organization chart	Attached	File Name: Part 5 Attachment C Staffing Information - Team Biographies and Organizational Chart BSC 031524.pdf
5	**Plan Summaries:** If you propose any alternate plan provisions, please provide plan summaries	Blue Shield is not proposing any alternate Plan Provisions.	
6	**Network Discount:** Provide the proposed methodology for confirming and reporting network discounts to the County.	Attached	File Name: Part 5 Attachment E County of Orange_Discount Guarantee_BSC 031524
7	**Explanation of Benefits:** Provide several samples of EOBs showing a variety of claims processing results, including claim denials for non-covered items, claims paid, claims partially paid, in-and-out of network benefits paid, member liability, etc.	Yes	File Name: Part 5 Attachment F Sample EOB_BSC 031524
8	**Annual Report:** Provide your Annual Report for the last two (2) years. Offeror must also include independently audited financial statements for the last two (2) fiscal years. Audited financial statements are required; un-audited financial statements will not be accepted.	Attached	File Name: Part 5 Attachment G Audited Financial Statements 2021 & 2022 BSC 030724.pdf

9	**Service Organization Controls (SOC) Report:** Provide your audited SOC (Service Organization Controls) 2 - Type 2 report for the last two (2) years.	The information to respond to this question is considered confidential, proprietary, or trade secret information and as the County has stated that all information and documents submitted to the County by Offeror shall become public, non-confidential, non-proprietary, public records that may be provided by the County to the public at any time without prior notice to the Offeror, we are not including the response at this time. We would be willing to discuss disclosure of confidential, proprietary, or trade secret information under mutually-agreeable terms that would maintain the appropriate confidentiality.	
10	**Cybersecurity Policies:** Provide the policies requested on Tab X - Cybersecurity.	Not applicable, Tab X has been removed.	

G. Plan Designs

Instructions:
- Below is a summary of the current plan designs (Wellwise PPO and Sharewell PPO)
- Note that if there are any discrepancies between this plan design summary and the plan documents, the plan documents overrule the plan design summary
- Indicate in the blue boxes if any of the plan design elements cannot be accommodated and how the plan design would be changed so it could be administered
- Indicate in the blue boxes if any of the plan design elements could only be accommodated with a manual process, as well as your recommended plan design change to avoid manual intervention
- If the plan design element is standard and there would be no issues with adjudication, leave the blue box blank
- Note that pharmacy benefits for Wellwise and Sharewell are carved out to OptumRx; pharmacy is not part of this RFP

CURRENT PLANS TO MATCH

Carrier	Blue Shield				WELLWISE PPO DEVIATIONS / COMMENTS		SHAREWELL PPO DEVIATIONS / COMMENTS	
Option/Proposal	Current Plans				Proposed Plans			
Plan	Wellwise PPO		Sharewell PPO		Wellwise PPO		Sharewell PPO	
Effective Date	January 1, 2024		January 1, 2024		January 1, 2025		January 1, 2025	
Eligibility	Active Employees and Retirees		Active Employees and Retirees		Active Employees and Retirees		Active Employees and Retirees	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
General Plan Information								
Annual Deductible - Individual	$500	$750	$5,000 combined for In-Network and Out-of-Network					
Annual Deductible - Family	$1,000	$1,500						
Embedded Deductible	Yes	Yes	No	No				
Coinsurance	90%	70%	90%	70%				
PCP Office Visit	90%	70%	90%	70%				
Telehealth	90%	N/A	90%	N/A				
Specialist Office Visit	90%	70%	90%	70%				
Annual Out-of-Pocket Maximum - Individual	$2,500	$5,000	$6,000	$12,000				
Annual Out-of-Pocket Maximum - Family	$5,000	$10,000	$6,000	$12,000				
Deductible Included in OOP Maximums	Yes	Yes	Yes	Yes				
Cross Accumulation IN/OON	Yes	Yes	Yes	Yes				
Inpatient Hospital Services								
Inpatient Hospitalization	90%	70%	90%	70%				
Pre-Authorization (PA) of Services Required	No	Yes, otherwise 50%	No	Yes, otherwise 50%				
Emergency / Urgent Services								
Emergency Room	90%	90%	90%	90%				
Medical Transportation	90%	90%	90%	90%				
Urgent Care Facility	90%	70%	90%	70%				
Outpatient Services								
Diagnostic X-Ray and Lab Tests	90%	70%	90%	70%				
Ambulatory Surgery Centers	90%	70%, up to a maximum of $1,500/ day	90%	70%, up to a maximum of $1,500/ day				
Substance Abuse								
Inpatient	90%	70%	90%	70%				
Pre-Authorization (PA) of Inpatient Services Required	No	Yes, otherwise 50%	No	Yes, otherwise 50%				
Outpatient	90%	70%	90%	70%				
Mental Health								
Inpatient	90%	70%	90%	70%				
Pre-Authorization (PA) of Inpatient Services Required	No	Yes, otherwise 50%	No	Yes, otherwise 50%				
Outpatient	90%	70%	90%	70%				
Outpatient Rehab Therapy Services								
Physical Therapy	90%	70%	90%	70%				
Occupational Therapy	90%	70%	90%	70%				
Speech Therapy (covered for illness and accidenta injury)	90%	70%	90%	70%				
Chiropractic Services (25 visits maximum per year)	90%	70%	90%	70%				
Acupuncture Services (25 visits maximum per year)	90%	70%	90%	70%				
Home Health Care (prior authorization required)	90%	70%	90%	70%				
Skilled Nursing Facility (100 days maximum per year)	90%	70%	90%	70%				
Durable Medical Equipment (prior authorization for claims over $5,000)	90%	70%	90%	70%				
Hospice Service (prior authorization required)	90%	70%	90%	70%				
Pharmacy Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network				
Note: Pharmacy benefits are carved out to Optum Rx								
Prescription Drug Deductible	$0	Not covered	Included in medical deductible					
Prescription Drug Out-of-Pocket Max (Individual / Family)	$4,100 / $8,200	Not covered	Included in medical OOPM	Included in medical OOPM				
Retail								
Tier 1 / Tier 2 / Tier 3	80% / 75% / 70%	Not covered	80%	Not covered				
Specialty	Members pay applicable tier coinsurance, up to a maximum $150	Not covered	80% (all specialty drugs must be filled by OptumRx Specialty Pharmacy for Sharewell only)	Not covered				
Mail-Order								
Tier 1 / Tier 2 / Tier 3	80% / 75% / 70%	Not covered	80%	Not covered				
Specialty	Members pay applicable tier coinsurance, up to a maximum $150 per 30 day supply	Not covered	80% (all specialty drugs must be filled by OptumRx Specialty Pharmacy for Sharewell only)	Not covered				
Non-Standard Plan Provisions								
Medicare Coordination of Benefits (COB)	See Tab S		See Tab S					
Complex Radiology	Prior authorization required		Prior authorization required					
Non-Emergency Spine Surgery & Pain Management Procedures (such as lumbar spine surgery, cervical spine surgery, injections, epidurals, and joint blocks).	Prior authorization required		Prior authorization required					
Out-of-Network Providers at In-Network Facilities	If emergency, covered as in-network; subject to balance billing. If non-emergency, radiologist, anesthesiologist, pathologist, and ER physician covered as in-network; subject to balance billing.		If emergency, covered as in-network; subject to balance billing. If non-emergency, radiologist, anesthesiologist, pathologist, and ER physician covered as in-network; subject to balance billing.					
HPN								
Network Coverage - please confirm your plan can administer a High Performance Network and indicate if there are any impacts to plan design or network (e.g. in-network only)	NA		NA					
Mid-year changes to Accumulators								
	NA		NA					

H. Plan Design Alternatives

Instructions:
- Below is a summary of changes the County is considering for 2025
- Indicate in the blue boxes any plan design deviations, as well as your recommended plan design changes
- If the plan design element is standard and there would be no issues with adjudication, leave the blue box blank

Blue Shield is offering Tandem in CA, with the same plan design. When using

Carrier	Proposed Plan Changes				WELLWISE PPO DEVIATIONS / COMMENTS			SHAREWELL PPO DEVIATIONS / COMMENTS		
Option/Proposal					Proposed Plans					
Plan	Wellwise PPO		Sharewell PPO		Wellwise PPO			Sharewell PPO		
Effective Date	January 1, 2025		January 1, 2025		January 1, 2025			January 1, 2025		
Eligibility	Active Employees and Retirees		Active Employees and Retirees		Active Employees and Retirees			Active Employees and Retirees		
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	Estimated Claim Impact (%)	In-Network	Out-of-Network	Estimated Claim Impact (%)
Deductible (These changes apply to Sharewell only)										
Annual Deductible - Individual	NA	NA	$3,000 single/ $5,000 family combined for In-Network and Out-of-Network		NA	NA	NA			
Annual Deductible - Family	NA	NA			NA	NA	NA			
Embedded Deductible	NA	NA	Yes	Yes	NA	NA	NA			
Out of Pocket Maximum (These changes apply to Sharewell only)										
Annual Out-of-Pocket Maximum - Individual	NA	NA	$6,000	$12,000	NA	NA	NA			
Annual Out-of-Pocket Maximum - Family	NA	NA	$9,000	$18,000	NA	NA	NA			
Deductible Included in OOP Maximums	Yes	Yes	Yes	Yes	NA	NA	NA			
Cross Accumulation IN/OON	Yes	Yes	Yes	Yes	NA	NA	NA			
Hearing Aids										
Device Coverage	$2,500 per year, every three years		$2,500 per year, every three years							
Fertility Coverage										
Diagnose and Treat Infertility	90%	70%	90%	70%						
Artificial Insemination	90%	70%	90%	70%						
IVF, GIFT, ZIFT, Embryo Transfer, Genetic Testing and Egg Freezing	Not Covered		Not Covered		NA	NA	NA	NA	NA	NA
Elective Abortion										
Coverage for elective abortion	90%	70%	90%	70%						
Foot Orthotics										
Coverage for foot orthotics, must be medically necessary	100%		100%							

I. ASO Fees & Credits - SQ

Instructions:
- This is 1 of 2 ASO Fees & Credits worksheets; this worksheet is for **Status Quo** plans
- Fill in PEPM fees for each item outlined below for years 1 - 5 of the contract (if fee is not on a PEPM basis, indicate this in the comment section)
- Enter the total estimated annual cost for each category of fees, as well as a grand total
- Indicate the number of participants each item below would apply to (if applicable)
- If you are unable to provide a 5 year fee guarantee, provide the formula upon which the fees for years 4 and 5 will be calculated
- Instructions for specific items are in the comment section
- Provide credits in the Credits section beginning in row 70
- Indicate any caveats or comments in the comments section

Self-Funded Fixed Fee Detail - Status Quo							
Fixed Fees	**Enrollment**	**Year 1**	**Year 2**	**Year 3**	**Year 4**	**Year 5**	**Comments**
Base Fees							
ASO Fee - Wellwise	5,363	$32.00	$32.00	$32.00	$32.80	$33.62	Core/base fee
ASO Fee - Sharewell		$32.00	$32.00	$32.00	$32.80	$33.62	Core/base fee
Transfer of Fiduciary Liability		Included	Included	Included	Included	Included	Included in Shield Advocate Suite (which includes Claims Fiduciary w/ External F
Network Access Fee (NAF)		$0.41	$0.41	$0.41	$0.41	$0.41	NAF is estimated; actual cost will be vary based on utilization.
Claims and Litigation Support Services for two years following termination of contract		Included	Included	Included	Included	Included	
Annual Cost		**$2,059,392**	**$2,059,392**	**$2,059,392**	**$2,110,877**	**$2,163,649**	Annual cost does not include estimated NAF cost.
Program Fees							
Banking		Included	Included	Included	Included	Included	
Management Reports		Included	Included	Included	Included	Included	
HSA administration		$2.95	$2.95	$2.95	$2.95	$2.95	Per account per month basis.
Behavioral Health / ABA (ABA for actives only)		Included	Included	Included	Included	Included	
Utilization Review		Included	Included	Included	Included	Included	
Disease Management		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Healthy Maternity		Included	Included	Included	Included	Included	Including Prenatal Program.
Case Management		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Telehealth		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Value-Based Care Fee #1		$5.35	$5.35	$5.35	$5.35	$5.35	PMPM basis. Blue Distinction Total Care Fee is estimated; estimated savings $7.75 PMPM. Actual savngs and costs will vary based on utilization.
Value-Based Care Fee #2		N/A	N/A	N/A	N/A	N/A	<Indicate name and basis of fee (i.e., per attributed member per month)>
Annual Cost		**N/A**	**N/A**	**N/A**	**N/A**	**N/A**	
Integration / File Transfer Fees							
Rx Integration Fee		Included	Included	Included	Included	Included	
HSA / FSA		Included	Included	Included	Included	Included	Included in H.S.A. admin charge of $2.95.
Reporting Fees**		$150/Hr	$150/Hr	$150/Hr	$150/Hr	$150/Hr	
Programming Fees		Included	Included	Included	Included	Included	
ID Cards / Medical		Included	Included	Included	Included	Included	
Subrogation		Included	Included	Included	Included	Included	
Annual Cost							
Other Fees							
24 Hour Nurse Line		Included	Included	Included	Included	Included	Included in Shield Advocate Suite.
Non-Smoker Incentive Program Administration Fee		Included	Included	Included	Included	Included	
Shield Advocate Suite		$8.16	$8.16	$8.16	$8.36	$8.57	Shield Advocate Suite combines the following value-added services: - Shield Advocate + Shield Support (including Disease Management, Behavioral Health Condition Management, and Musculoskelatal) - NurseHelp 24/7 - Teladoc - Advanced Imaging - Spine & Pain Management - Claims Fiduciary w/ External Review
Wellvolution Next		Included	Included	Included	Included	Included	
Wellvolution Next Basic plan including Disease Prevention Program		Included	Included	Included	Included	Included	
Wellvolution Next High Acuity Program		Included	Included	Included	Included	Included	Available on a per claim amount based on a participant completing a program. We pay our vendors on a pay for performance basis based on individual's engagement outcomes. These charges would appear on the County invoicing.
Annual Cost		**$525,145**	**$525,145**	**$525,145**	**$538,016**	**$551,531**	
Grand Total		**$2,584,537**	**$2,584,537**	**$2,584,537**	**$2,648,893**	**$2,715,180**	

One Time Implementation Costs		
One Time Set Up Fee (if applicable)		$0.00
Potential Additional Costs (describe if applicable)		$0.00
<Additional cost not yet outlined>		$0.00
Total Cost		

Run-Out Claims Administration***			
Medical Run-Out Claims Administration		Core fee	Core fees times three months of enrollment. Ex. Current fee $32.00 X 3 X 5,363 = $514,848
Total Cost			

***75 AD-HOC hours included annually at no charge. In excess of 75 AD-HOC hours requires written approval to the County prior to the start of work. For additional work requested by County during the term of this Contract, consistent with administration of the Plans, the County will be charged at the programming and reporting rates above. Examples of such work would be a request to implement plan design changes, eligibility changes, etc. Contractor shall provide written estimate of the work and the related charges for written County approval prior to the start of work.*

****Contractor will process run-out medical claims for a period of twelve months following the termination date. Any and all additional services needed by the County to administer and track Claims run-out, including but not limited to claims reporting, bank reconciliation reports, claim appeals, subrogation, etc., shall be included in the above fees.*

Credits - *these should already be built into the costs outlined above*							
Implementation Credit		$0	$0	$0	$0	$0	
Pre-Implementation Audit Credit		$0	$0	$0	$0	$0	
Wellness Credit (at least $250k)		$250,000	$250,000	$250,000	$250,000	$250,000	
Communication Credit		$0	$0	$0	$0	$0	
Other		$0	$0	$0	$0	$0	

For additional compensation and payment terms, refer to Attachment C in the Model Contract.

J. ASO Fees & Credits - HPN (if implemented)

Instructions:

- This is 2 of 2 ASO Fees & Credits worksheets; this worksheet is for adding the **HPN plan options** alongside the current plan offerings, for both active and retiree populations
- **Note that this scenario includes the plan design changes outlined on H. Plan Designs Alt, as well as adding HPN options alongside the County's current self-funded plans**
- Fill in PEPM fees for each item outlined below for years 1 - 5 of the contract (if fee is not on a PEPM basis, indicate this in the comment section)
- Enter the total estimated annual cost for each category of fees, as well as a grand total
- Indicate the number of participants each item below would apply to (if applicable)
- If you are unable to provide a 5 year fee guarantee, provide the formula upon which the fees for years 4 and 5 will be calculated
- Instructions for specific items are in the comment section
- Provide credits in the Credits section beginning in row 70
- Indicate any caveats or comments in the comments section

If all fees, credits and terms are the same as ASO Fees & Credits - SQ, enter No Changes:

No Changes

Self-Funded Fixed Fee Detail - HPN

Fixed Fees	Enrollment	Year 1	Year 2	Year 3	Year 4	Year 5	Comments
Base Fees							
ASO Fee - Wellwise		$0.00	$0.00	$0.00	$0.00	$0.00	
ASO Fee - Sharewell		$0.00	$0.00	$0.00	$0.00	$0.00	
ASO Fee - HPN		$0.00	$0.00	$0.00	$0.00	$0.00	
Transfer of Fiduciary Liability		$0.00	$0.00	$0.00	$0.00	$0.00	
Network Access Fee (NAF)		$0.00	$0.00	$0.00	$0.00	$0.00	
Claims and Litigation Support Services for two years following termination of contract		$0.00	$0.00	$0.00	$0.00	$0.00	
Annual Cost							
Program Fees							
Banking		$0.00	$0.00	$0.00	$0.00	$0.00	
Management Reports		$0.00	$0.00	$0.00	$0.00	$0.00	
HSA administration		$0.00	$0.00	$0.00	$0.00	$0.00	
Behavioral Health / ABA (ABA for actives only)		$0.00	$0.00	$0.00	$0.00	$0.00	
Utilization Review		$0.00	$0.00	$0.00	$0.00	$0.00	
Disease Management		$0.00	$0.00	$0.00	$0.00	$0.00	
Healthy Maternity		$0.00	$0.00	$0.00	$0.00	$0.00	
Case Management		$0.00	$0.00	$0.00	$0.00	$0.00	
Telehealth		$0.00	$0.00	$0.00	$0.00	$0.00	
Value-Based Care Fee #1		$0.00	$0.00	$0.00	$0.00	$0.00	<Indicate name and basis of fee (i.e., per attributed member per month)>
Value-Based Care Fee #2		$0.00	$0.00	$0.00	$0.00	$0.00	<Indicate name and basis of fee (i.e., per attributed member per month)>
Annual Cost							
Integration / File Transfer Fees							
Rx Integration Fee		$0.00	$0.00	$0.00	$0.00	$0.00	
HSA / FSA		$0.00	$0.00	$0.00	$0.00	$0.00	
Reporting Fees**		$0.00	$0.00	$0.00	$0.00	$0.00	
Programming Fees		$0.00	$0.00	$0.00	$0.00	$0.00	
ID Cards / Medical		$0.00	$0.00	$0.00	$0.00	$0.00	
Subrogation		$0.00	$0.00	$0.00	$0.00	$0.00	
Annual Cost							
Other Fees							
24 Hour Nurse Line		$0.00	$0.00	$0.00	$0.00	$0.00	
Non-Smoker Incentive Program Administration Fee		$0.00	$0.00	$0.00	$0.00	$0.00	<See Model Contract for description of this program>
<Additional fees not yet outlined>		$0.00	$0.00	$0.00	$0.00	$0.00	
<Additional fees not yet outlined>		$0.00	$0.00	$0.00	$0.00	$0.00	
<Additional fees not yet outlined>		$0.00	$0.00	$0.00	$0.00	$0.00	
<Additional fees not yet outlined>		$0.00	$0.00	$0.00	$0.00	$0.00	
Annual Cost							
Grand Total		**$0**	**$0**	**$0**	**$0**	**$0**	

One Time Implementation Costs		
One Time Set Up Fee (if applicable)		$0.00
Potential Additional Costs (describe if applicable)		$0.00
<Additional cost not yet outlined>		$0.00
Total Cost		

Run-Out Claims Administration* **			
Medical Run-Out Claims Administration		$0.00	<Specify basis of fee (i.e., PEPM) and # of months the fee is due>
Total Cost			

***75 AD-HOC hours included annually at no charge. In excess of 75 AD-HOC hours requires written approval to the County prior to the start of work. For additional work requested by County during the term of this Contract, consistent with administration of the Plans, the County will be charged at the programming and reporting rates above. Examples of such work would be a request to implement plan design changes, eligibility changes, etc. Contractor shall provide written estimate of the work and the related charges for written County approval prior to the start of work.*

****Contractor will process run-out medical claims for a period of twelve months following the termination date. Any and all additional services needed by the County to administer and track Claims run-out, including but not limited to claims reporting, bank reconciliation reports, claim appeals, subrogation, etc., shall be included in the above fees.*

Credits - *these should already be built into the costs outlined above*							
Implementation Credit		$0	$0	$0	$0	$0	
Pre-Implementation Audit Credit		$0	$0	$0	$0	$0	
Wellness Credit (at least $250k)		$0	$0	$0	$0	$0	
Communication Credit		$0	$0	$0	$0	$0	
Other		$0	$0	$0	$0	$0	

For additional compensation and payment terms, refer to Attachment C in the Model Contract.

K. Financial

Instructions:
- Please provide succinct responses to the questions below in the respective blue box

Financial

	Question	Response	Comments
1	Please confirm that you agree to defend, indemnify, and hold County of Orange harmless against any claim, demand, damages, or legal action which arise, or is alleged to arise, as a result of acts or omissions of Contractor in providing services under the terms and conditions of the contract?	Confirm	Blue Shield, as an administrative services only administrator for the County, will agree to generally indemnify the County for claims arising out of Blue Shield's errors or omissions. However, providers are independent contractors and not the agents or employees of Blue Shield; thus, Blue Shield cannot indemnify for claims arising out of the acts, errors, or omissions of providers.
2	Please confirm County of Orange can administer a self-bill method for premium payment.	Confirm	County of Orange can administer a self-bill method for ASO fees; premium is not applicable.
3	How are runout claims handled?	Following termination, Blue Shield will provide claims run-out services for the 12-month period following the date of termination. During the claims run-out period, Blue Shield will complete the processing of (i) all claims in Blue Shield's possession on the date of termination, (ii) any claims incurred prior to the date of termination and received during the claims run-out period, and (iii) any claims incurred within 90 days after the date of termination and received during the claims run-out period if the plan participant qualifies as a "continuing care patient" and elects "continued transitional care" in accordance with 29 U.S.C. § 1185g. The County would be responsible for funding all claims paid during the 12-month run-out period. Please reference the run-out fees noted in the ASO Fees & Credits tabs.	
4	Are there any other banking fees or claims processing fees that County of Orange will be responsible for that is not already listed on the ASO Fees & Credits worksheets? If so, explain in the Comments section.	No	
5	What is your standard method of determining usual, customary, and reasonable (UCR) charges?	Our reasonable and customary (R&C) fee schedule is based on the 50th percentile of billed charges at the current procedural terminology/regional level for professional claims. Services without reasonable and customary fees are reimbursed at 100% of billed charges. Please note that our R&C fee schedule is applied to non-network emergent professional services only; we use our proprietary fee schedule for network professional services and non-network, non-emergent professional services.	
6	What is your standard out-of-network reimbursement URC percentile? In what circumstances would you deviate from this?	The following reimbursement strategies are used for out-of-network claims. In California: - Non-emergent professional claims: Our proprietary standard fee schedule. - Emergent professional and emergent facility claims: Priced at the QPA per the CAA No Surprises Act. - Non-emergent facility services: Three different options are available. - Non-emergent care provided by an out-of-network provider at an in-network facility without the patient's informed consent: Allowed at a QPA. - We may also attempt to negotiate letters of agreement with non-participating providers to reduce costs. For the national BlueCard Program, we use the allowed amount provided by the Host BlueCard plan for professional and facility services.	
6.1	The County plans are currently set up so that OON claims are reimbursed at the 90th percentile of URC. Can you accommodate this?	Yes	
7	How often/frequently is the bank account to be funded (daily/weekly/monthly/other)?	Daily	
8	For self-funded accounts, do you require an initial or ongoing minimum balance in the bank account from which claims are paid? If yes, what is the minimum?	No.	
9	The County will reimburse you for claims only after checks are cleared. Confirm that you can accommodate this.	Confirm	

10	Please describe your standard banking arrangement, including any options available and clarify if these options entail any additional charge, specifically for multiple bank arrangements.	Blue Shield has a banking arrangement with Wells Fargo Bank, N.A. (Wells Fargo) for ASO claims payments. Under this arrangement, Blue Shield will request that Wells Fargo create a sub-account in the County's name, which will be owned by Blue Shield on behalf of the County. When a claim is processed, Blue Shield will provide an issuance file requesting Wells Fargo to pull funds for the claim payment from the County's bank account to the Wells Fargo sub-account. Simultaneously, Blue Shield will send the claim payment to the provider. The County will be given an option to fund the ASO account on a weekly or daily basis. Weekly funding will require a prefund deposit. The Wells Fargo account can also be funded by check or Automated Clearing House (ACH) debit. The County will receive a weekly statement that reflects the funds transferred as well as provider payments issued on the County's behalf. Blue Shield sends a separate invoice for the monthly ASO administrative fees. Bills for ASO fees are usually generated for the current month by the 17th of the month, and payment is due upon receipt. The standard grace period for payment of administrative fees is 31 days. If payment is not received by the due date, a delinquency letter will be sent. Typically, the administrative fee is paid by statement, rather than paid through the client's bank account.	
11	How often are claims processed and reimbursement requests sent to County of Orange?	Daily	
12	How often are benefit payments and EOBs produced and released to members and providers?	Our Explanation of Benefits (EOB) is generated for every claim received and processed whether for a single claim or many claims at the same time.	
13	Please confirm that administrative fees cannot be changed except on the policy anniversary.	Confirm	
14	Will you allow for 60 days grace for payment of fees?	Yes	
15	When overpayments are made to providers and members, how are the overpayments recovered?	Our Corporate Recoveries department uses a pay-and-pursue approach to recover medical overpayment claims . Overpayments are identified by data-mining vendors, credit-balance vendors (who perform onsite audits for providers), and internal Blue Shield teams. Internally, our Corporate Recoveries department validates the overpayments and sends a recovery letter to the liable party – either the provider or the participant (with permission from the client). The liable party has 30 working days to respond to the letter, or as otherwise noted within the contract. Participants who do not respond are sent to an outside collection agency. Providers who do not respond may be offset to deduct the recovery from future claims payments if there is language in the contract to allow offsetting; otherwise, the provider sends a reimbursement check to Blue Shield. Providers who do not send Blue Shield reimbursement checks when there is no language in the contract to allow offsetting are sent to an outside collections agency. Externally, our data mining vendors use their systems to identify and initiate recoveries for Blue Shield, following the same process as our internal recovery process. Our credit-balance vendors perform onsite audits at hospitals to identify and pursue overpayments on behalf of Blue Shield.	
15.1	Provide the names of collection agencies used to collect overpayments made to providers and members?	Blue Shield subcontracts with The Rawlings Group (Rawlings) for the handling of third-party liability/subrogation recoveries. Rawlings performs post-payment reviews and handles the collection process.	
15.2	What are the collection agency processes and do the processes differ for providers and members?	Subrogation refunds are identified by our third-party liability vendor, The Rawlings Group (Rawlings), generally from the attorney settlement for the subscriber. The refunds are collected in one of three ways: - The liable party sends money directly to Rawlings, who then forwards Blue Shield's Cash Operations department a check, including the participant's ID number and the claim number involved in the collection. - The liable party sends money directly to Blue Shield, who then pays Rawlings a percentage of the recoveries - The provider is offset on a future paid claim The funds are applied back to the claims history and documented. The money is then deposited into the appropriate general ledger fund.	
16	What is the process for refunding claims paid in error?	A recovery letter is sent out and the provider is given 43 business days to respond to the letter. Blue Shield deducts future payments from providers when there is language in the contract that allows us to offset and when the overpayment is less than 362 days old; otherwise, the provider sends a reimbursement check to Blue Shield.	

17	What is the process for returned checks and uncleared checks?	Escheat services are included as part of our proposed financial quote. There is no charge, as this is a standard process we handle. In general, Blue Shield processes unclaimed property that is three years outstanding. We generate a notice letter to the payee for checks outstanding within one year of escheatment. If new information is received by these inquiries, a new check is issued.	
18	Please confirm that you agree to provide monthly stop loss reporting files to the County's 3rd party vendor at no additional cost.	Confirm	
19	Please confirm your agreement to "pass through" 100% of medical specialty rebates earned by the County's utilization	Confirm	
20	The County currently retains 100% of shared savings fees associated with Fraud, Waste & Abuse as well as OON negotiations. Please confirm your quote continues to provide these services with the County retaining the full savings.	Confirm	
20.1	Please confirm there are no other variable fees subject to shared savings within your quote.	Confirm	
21	Financial Statements: Confirm offeror shall submit financial statements for the three (3) most recent fiscal years. Financial statements shall be prepared in conformity with generally accepted accounting principles.	Confirmed	
22	Bankruptcy Information: Confirm offeror shall indicate whether Offeror, its principals, directors, or majority shareholder(s), or any company Offeror has held a controlling interest in, or which has held a controlling interest in Offeror, has ever filed for or has been involuntarily put into bankruptcy or has been declared bankrupt. If yes, attach a statement indicating the bankruptcy date, court jurisdiction, trustee's name and telephone number, amount of liabilities, amount of assets and current status of bankruptcy.	No.	
23	Current/Past Litigation: Offeror shall provide detailed information regarding litigation (court and case number), liens, or claims involving Offeror, or any company Offeror holds a controlling interest in, or any company that holds an interest in Offeror, or any of the principal officers of the Offeror's firm in the past 5 years. Please clearly indicate in the comments if you have: - No action pending - No prior action - Action pending - Information pending	Do not confirm	From time to time and in the ordinary course of business operating as a full-service healthcare service plan in California, Blue Shield is involved in legal and regulatory actions. The County can rest assured that none of our current or pending litigation will affect our ability to deliver the services requested. Should the County have specific questions about legal actions in which Blue Shield may be involved, please contact Senior Account Executive Jesseca Nixon.

L. Staffing & Communications Plans

Instructions:
- Please provide succinct responses to the questions below in the respective blue box
- If applicable, please follow the instructions in blue text

Staffing Plan

	Question	Response	Comments
1	List all personnel who will be assigned to the County's account and their responsibilities in an organizational chart. Include implementation personnel, ongoing account management personnel and the ongoing customer service manager. a. For each person in the organization chart, indicate their job title, role on the County's account, total years of experience in fields related to these services, years at your company and years in their current position. b. For the implementation manager and the account manager, indicate the number of small (<1,000 employees), medium (1,000 to 4,999) and large (>5,000) clients to which they are currently assigned.	We have provided a list of personnel who are currently assigned to the County's account and a related organization chart. This document also includes biographies for each of the personnel listed. Senior Account Executive Jesseca Nixon currently manages **two medium groups** (1,000 to 4,999 employees) and **five large groups** (>5,000 employees). She does not currently manage any small groups (<1,000 employees). Sales Implementation **Senior Specialist Genevieve Ayala** currently manages **nine small groups** (<1,000 employees), **three medium groups** (1,000 to 4,999 employees), and **one large group** (>5,000 employees). Operations Manager Derrick Hart will continue to lead our designated Customer Service team for the County of Orange.	File Name: Part 5 Attachment C Staffing Information - Team Biographies and Organizational Chart BSC 031524.pdf
2	Who will be the primary liaison with the County for day to day and member related issues?	Senior Account Executive Jesseca Nixon will continue to be the primary liaison with the County for day-to-day issues and Senior Account Services Representative Allison Jamieson will continue to be the primary liaison with the County for participant-related issues. Jesseca and Allison both currently serve in these roles for the County for Blue Shield's medical ASO PPO and dental ASO PPO plans.	
3	Who will be the primary liaison with the County for contract / service issues?	Senior Account Executive Jesseca Nixon will continue to be the primary liaison with the County for contract / service issues, which is a role Jesseca currently serves in for the County for Blue Shield's medical ASO PPO and dental ASO PPO plans. Jesseca has been working with the County plan for 17 years.	
4	Alternate staff (for use only if primary staff are not available) *Substitution or addition of Contractor's key personnel in any given category or classification shall be allowed only with prior written approval of the County Project Manager.* *The Contractor may reserve the right to involve other personnel, as their services are required. The specific individuals will be assigned based on the need and timing of the service/class required. Assignment of additional key personnel shall be subject to County Project Manager approval. County reserves the right to have any of Contractor personnel removed from providing services to County under this Contract. County is not required to provide any reason for the request for removal of any Contractor personnel.*	Marilyn DeKeyzer, Senior Director of Account Management will be the alternate staff liaison.	
5	Confirm your account team and onsite staff's willingness to meet with the County on a quarterly basis (at a minimum).	Confirm	Blue Shield currently has weekly service meetings, monthly operationsl meetings and quarterly uilization reviews with the County.

Communications Plan

	Question	Response	Comments
1	Provide a detailed Communications Plan and project timetable beginning with the Contract award and continuing through the complete assumption of all services within this Contract. Indicate the level of involvement you will need from Blue Shield of California, OptumRx, and the County. Provide the location where each process step takes place.	Attached.	File Name: Part 5 Attachment B Communications Plan BSC 031524.pdf
2	Provide a list of reports you will require from the incumbent medical claims administrator.	Not applicable - Blue Shield is the incumbent medical claims administrator.	

M. Implementation, Ongoing Administration, Customer Service, Pharmacy

Instructions:
- Please provide succinct responses to the questions below in the respective blue box

Implementation

	Question	Response	Comments
1	Provide a detailed implementation plan and project timetable beginning with the Contract award and continuing through the complete assumption of all services within this Contract, and also including a final section for termination of services at the completion of the Contract, following the claims run-out period. Indicate the level of involvement you will need from Blue Shield of California, OptumRx, and County of Orange. Provide the location where each process step takes place.	As the incumbent medical carrier for the County, an implementation of our medical plans will not be necessary since they are already in place. If there are any changes to Blue Shield's current medical benefits, programs, or services for the County, we have included a sample of our standard implementation plan.	File Name: Part 5 Attachment A Sample Implementation Plan_ASO_BSC_01012025 Effective Date 031524.pdf
2	Will your key implementation resources be allocated full time to County of Orange for the duration of the implementation, or will they be shared across groups?	Shared across groups	
3	How long after the go-live date will the implementation resources be available to ensure continuity and a smooth transition?	Implementation manager resources are typically available for 30 days after the effective date. During this time, your implementation manager will work closely with Senior Account Executive Jesseca Nixon and the rest of our designated Account Management team for the County. Jesseca will utilize implementation resources for as long as needed to ensure a smooth and effective implementation.	
4	What specific data do you need from the incumbent vendor and County of Orange for an effective implementation and what is the minimum amount of time you recommend for efficient, effective implementation?	Not applicable; Blue is the incumbent medical vendor.	
5	During the implementation process, how many days are typically required to produce enrollment materials, ID cards, SBCs and one-page benefit summaries? Is the timeframe the same for Active and Retiree plans?	We typically require at least 90 days of lead time in order to test files to ensure timely setup and processing of electronic enrollment. Ideally, we would prefer a notification date 150 days prior to the effective date to allow for time to produce open enrollment and other pertinent materials. The timeframes are the same for the Active and Retiree plans. Please note the following: - Blue Shield ID cards are issued within five days of the receipt of complete and accurate eligibility information. - We will provide the County with a final electronic version of plan documents within 30 to 60 days after the effective date. - The actual time required for the production of materials will depend on the complexity and timeliness of draft approvals. There is no additional cost for any of the above items.	
5.1	Is there any additional cost? If so, outline these in the Comments section.	No additional cost	
5.2	Please confirm that there is no additional cost for the following:		
	- Enrollment kits	No additional cost	
	- Policy / contract amendments	No additional cost	
	- Actuarial services (for benefit changes, cost estimates)	No additional cost	
	- Travel expenses	No additional cost	
6	Please confirm if any of the following are subcontracted: - ID card production - ID card distribution - Communication materials	ID cards are produced and mailed by our vendor out of Southern California. Participants who have opted into electronic delivery of communications will receive digital ID cards for their Blue Shield medical plan. We are honoring participants' preferences to go paperless. If a participant has selected an electronic delivery preference, they will receive an email notification when their new or updated ID card is available that will include a link to access it via the Blue Shield website or mobile app. Development of communications materials is not subcontracted; however, production and mailing are.	

7	How will you handle transition of care for those hospitalized, those with scheduled surgeries, pregnancy, etc.?	As the County's current medical vendor, any County participants current enrolled in a Blue Shield Active or Retiree or plan will not need to transition their care. For County participants who decide to switch to Blue Shield, we recognize the importance of a strong doctor-patient relationship, especially if the patient has a serious medical condition. New federal law (CAA Section 113) mandates continuity of care coverage during a group's transition between carriers. We are operating this program as a run-out provision of coverage. We can provide transitional assistance to ensure participants who are under the medical care of a non-preferred provider on the effective date continue to receive uninterrupted care during the transition to Blue Shield. Participants who are in the third trimester of pregnancy, undergoing chemotherapy, or are being treated for an acute condition will be evaluated for transitional assistance prior to enrollment. Decisions on eligibility are made on a timely basis by our clinical team, who consider potential clinical outcomes that a change in providers might have on the participant's health. . Please note that we do not process Continuity of Care if a group terms with Blue Shield and does not transition to a new carrier. If continuity of care is approved, both the provider and participant are notified of the specific services to be covered, the time period, and the contractual arrangements under which the claim will be paid. Requests to extend the time period are made on an individual basis. If the participant does not qualify for continuity of care, we will work with the County to review available options, such as allowing a claims payment exception or having the participant use their non-network benefit. Customer service representatives are available prior to enrollment to assist participants with finding an appropriate preferred network provider to ensure a safe transition.	
8	Confirm you will provide County of Orange with SBCs and one page retiree plan summaries for 2025 and subsequent plan years. SBCs should be available in both English and Spanish and compliant with all CMS requirements.	Yes	

Ongoing Administration			
	Question	Response	Comments
1	The selected Offeror will be required to work with Alight on the 2024 open enrollment processing and files for plan year 2025. Confirm if you have experience working with Alight.	Confirm	
2	Confirm Offeror will not place a time limit on retroactive adjustments and retroactive recalculation of administration fees for eligibility changes for new hires, terminations, status changes and dependent changes.	Confirm	The County of Orange can make retroactive adjustments for any time period; however, anything over 180 days requires the County to complete an ASO exception form.
3	Confirm Offeror will allow up to 60 days after a qualifying event for a dependent change.	Confirm	
4	Confirm Offeror will only make eligibility changes based on information received from the County's Benefits Center or Authorized County Benefits team employees for urgent situations?	Confirm	
5	Confirm Offeror agrees to allow the County's Benefits Center to be the official and primary source of all enrollment data.	Confirm	
6	Confirm Offeror agrees to work with the County's Benefits Center to ensure eligibility is updated on a weekly basis and within 48 hours of receipt of data.	Confirm	
7	Confirm that you will provide file discrepancy reports to the County's Benefits Administrator within 3 business days of receiving the file and will work with the County's Benefits Administrator to resolve the discrepancies in a timely manner.	Confirm	
8	Confirm that you will perform a monthly ASO fee reconciliation that identifies discrepancies and provides resolutions.	Confirm	
9	Provide an overview of your data security/PHI protocols, including process for notification to members and plan sponsors in the event of a data breach.		Blue Shield complies with the applicable provisions of the Health Insurance Portability and Accountability Act (HIPAA), Health Information Technology for Economic and Clinical Health Act (HITECH), and the HIPAA Privacy and Security Rules. Blue Shield maintains and enforces a variety of physical, technical, and administrative controls, including policies, procedures, and workforce training that are designed to safeguard the confidentiality and integrity of our participants' and employees' personal information, including protected health information (PHI). These controls have been established to comply with the requirements of applicable state and federal data protection laws. Details of our policies, procedures, and workforce training are considered proprietary. The Blue Shield Privacy Office also maintains and initiates privacy breach response procedures, which are aligned with federal and state breach notification laws and regulations, as well as with requirements of the Blue Cross Blue Shield Association (BCBSA) for breaches impacting participants of other BCBSA plans. Privacy breach response protocols include working with Blue Shield's IT Security Incident Response team and engaging appropriate third-party support (e.g., forensic consultants, outside counsel) when needed and as appropriate.
10	Confirm that all eligibility information will be loaded onto the Offeror's system within three (3) business days of data receipt.	Confirm	

11	The County self-bills its current programs. Confirm that Offeror will be able to receive rosters of enrollees for billing purposes and addresses any billing discrepancies with the client.	Confirm	
12	Describe your file feed process as it relates to errors. If there are errors in the file, how will the County and Alight be notified? If there are errors on the file, will the non-errors load or will the entire file fail?	Confirm	Any errors will not load while non-errors will continue to process so that the whole file does not fail. The County will be notified of fatal exceptions that will need to be corrected before they are removed from the discrepancy file.
13	Please confirm your organization's ability to perform and document a comprehensive comparative analysis of the design and application of all nonquantitative treatment limits (NQTLs) in the County's self-funded programs, as required under the Mental Health Parity Addiction and Equity Act (MHPAEA) and all applicable guidance issued thereunder.	Confirm	

Customer Service

	Question	Response	Comments
1	Indicate if the following online customer service capabilities are available for employees for medical and pharmacy (add capabilities not listed to Other):		
	Claim History and Out-of-Pocket Accumulators	Yes	
	Provider Search Tool	Yes	
	Provider Quality	Yes	
	Health Information/Education	Yes	
	Member Chat Rooms/Forums	Yes	We are currently piloting live chat functionality with a subset of our participant population and look to expand the service by the end of 2024.
	Benefit Forms	Yes	
	Temporary ID Cards	Yes	
	Order Replacement ID Cards	Yes	
	Email Customer Service	Yes	
	Plan Benefit Information/Plan Provisions	Yes	
	Talk to providers or "Ask A Physician"	Yes	Available with NurseHelp 24/7.
	Identify any available mobile applications	Yes	Blue Shield's digital healthcare platform, Wellvolution, provides a structured yet personalized approach to healthcare that leverages digital therapeutics, evidence-based therapies, and participant-centric design to prevent and even reverse disease. Wellvolution's collection of scientifically backed programs and apps focus on nutrition, weight loss, physical activity, meditation for anxiety, mild depression, sleep, stress management, tobacco cessation, and disease prevention/reversal. Examples include: - On-demand mental health support day or night is available through Headspace Care™ (formerly known as Ginger) via Wellvolution, including behavioral health coaching 24/7/365 via text-based chat, informational content, self-guided activities, and support from licensed therapists and psychiatrists via video. - Wellvolution offers all participant access to the full premium version of the Headspace® app, the world's most science-backed meditation app. Headspace is helping people around the world reduce stress, increase resilience, and get a better night's rest by making meditation easy.
	Other	Participants can access the Wellvolution® platform at www.wellvolution.com and view the clinical programs available under the categories of weight loss, chronic condition risk reversal, chronic condition reversal, and healthy living. Participants choose their health goal and program, register, and create an account. Participants answer a few questions in our algorithm-based survey designed to identify health risks and are then guided into a clinical or general well-being program based on the member's unique health goals and risks. Participants can access Teladoc services through our member website, blueshieldca.com (blueshieldca.com/teladoc).	
2	What mobile technology applications do you currently offer to engage members? Which ones are currently in development?	Blue Shield Mobile delivers anytime, anywhere access to key health plan and healthcare services information through our mobile website and mobile app, which is available through the Apple App Store® and Google Play™. Our mobile app has a rating of 4.8, the highest in the industry. Blue Shield Mobile allows participants to access their health plan with any iPhone or Android smartphone by simply entering blueshieldca.com in their mobile browser or by downloading the mobile app. Participants can access our most popular and useful tools and accomplish the following tasks while they are on the go. We are currently piloting live chat functionality with a subset of our participant population and look to expand the service by the end of 2024.	
3	Indicate whether the following services are available via the mobile app for medical and pharmacy:		
	ID cards	Yes	
	Check claim status	Yes	
	File a claim	Yes	
	Find a provider	Yes	
	Contact customer service via email or chat	Yes	We are currently piloting live chat functionality with a subset of our participant population and look to expand the service by the end of 2024.
	Access plan documents and summaries	Yes	
	Other?		

4	Can you develop and maintain a County-specific microsite? If yes, indicate if there would be an additional cost for this in the Comments section.	Yes	We currently provide the County with a microsite for our ASO PPO plans, which includes Active and Retiree plan documents, a Find a provider tool, a programs and resources spotlight, a bimonthly Wellvolution® newsletter, and contact information for the Benefits Center and Blue Shield Customer Service. There is no additional cost for the microsite.
5	What is the location of the Customer Service Center that would be assigned to County of Orange?	Blue Shield's Customer Service centers are located in Rancho Cordova and Lodi, CA. Please note that customer service representatives work remotely based on our hybrid worker model and occasionally report to their office location to collaborate and engage with colleagues.	
6	What are the days/times that a live customer service representative is available?	Customer service representatives are available from 7 a.m. to 7 p.m. (PT), Monday–Friday. After regular business hours, our automated telephone service, known as the voice response unit (VRU), is accessible 24/7 for access to eligibility and claims information.	While the County's current access to a live customer service representative is 7 a.m. to 7 p.m. (PT), Monday–Friday, Blue Shield is willing to discuss any adjustment of these hours the County may request.
6.1	What holidays are live customer service representatives not available?	Our operations are closed in observance of the following holidays: New Year's Day; Martin Luther King, Jr. Day; President's Day; Memorial Day; Juneteenth; Independence Day; Labor Day; Thanksgiving Day and the day after; Christmas Eve; and Christmas Day.	
7	Will there be a dedicated team of member service representatives responsible for the County member calls?	No	Our Customer Service team was created to serve our Premier Account clients and is staffed with representatives who will be trained on the specifics regarding County of Orange's benefits. Our customer service representatives receive training before handling member calls for an account of the size and complexity of County of Orange. The flexibility of designated, as opposed to dedicated, teams allows our Customer Service team to respond to ever-changing workloads quickly and efficiently, enabling us to meet County of Orange's service needs, regardless of sick days or vacation time taken by team members.
7.1	How many representatives will handle calls?	39	We currently have 39 representatives that are trained on the specifics of County of Orange benefits and provide a personalized, employer-specific experience acting as a single point of contact for all the member's needs.
7.2	What are their average years of service?	Six years.	
8	For the proposed customer service center that will be answering calls for County of Orange, provide the following statistics for the 2022 calendar year:		
	Average speed to answer	16 seconds	
	Call abandonment rate		
	First call resolution	97%	
	% of calls not taken	not measured	
	% of claims received electronically	95%	
	% of claims auto-adjudicated	84%	
	Financial accuracy %	100%	
	Processing accuracy %	99%	
9	For the proposed customer service center that will be answering calls for County of Orange, provide the following statistics for the 2023 calendar year:		
	Average speed to answer	5 seconds	
	Call abandonment rate	0%	
	First call resolution	97%	
	% of calls not taken	not measured	
	% of claims received electronically	95%	
	% of claims auto-adjudicated	89%	
	Financial accuracy %	100%	
	Processing accuracy %	100%	
10	What customer service model are you proposing for the County? Are enhanced customer service options available? If so, what is the fee?	We are not proposing a new customer service model for the County; they have a customized customer service model at no additional charge.	
11	Are all calls recorded?	Yes	All incoming and outbound calls are recorded.
11.1	If yes, will you allow the County's Manager of Customer Service functions to listen to calls when researching a complaint?	Yes	The County can request that calls be reviewed by management. To ensure alignment with protected health information (PHI) restrictions and Health Insurance Portability and Accountability Act guidelines, a Blue Shield customer service manager can listen to calls when researching a complaint and provide a complete summary of the call and mitigation plan, if needed, to the County. Please note that care management case notes cannot be shared externally due to PHI restrictions. However, a summary of the call can be provided upon request once the appropriate time is allowed to remove sensitive PHI. There is no additional charge for this service.
12	How long are recorded calls archived?	Recorded voice calls and screens are kept for four to six months. After that, only the voice recording is saved. Voice call recordings are saved for 10 years.	
13	Will you provide a dedicated Ombudsman to handle escalated and/or complex issues?	Yes	Premier Priority Representative Charlene Grijalva currently serves as our ombudsman for the County.
14	Confirm your method for measuring member satisfaction for the required Member Satisfaction Performance Guarantee.	Blue Shield will conduct a Customer Service Satisfaction Survey based on at least 80% of Premier members responding "9" or "10" on an 11-point response scale regarding their service. Premier Accounts-specific, not Client-specific.	

15	Can you support "train the trainer" initiatives? How?	Yes. Our Technical Learning department can work with the County to coordinate a training format and content and may recommend alternative methods of effective training, such as an online course. The development of the training materials would be the responsibility of the County. To accommodate training, we can arrange for the County to conduct a train-the-trainer session with designated Blue Shield trainers, who will then arrange for training to be delivered to customer service representatives in shifts to ensure minimal impact on participant calls.	
15.1	If there is an additional cost for these initiatives, indicate that here.	While we do not charge for additional training, the County would be responsible for travel and lodging expenses if visiting Blue Shield facilities.	
16	Describe your member appeals procedures and timelines.	The ASO appeals process when Blue Shield is fiduciary is as follows: - Blue Shield processes internal initial appeals and acknowledges receipt within five calendar days. Medical necessity appeals are reviewed by clinicians of the same/similar specialty as the treating physician. Responses are provided within 30 calendar days from receipt and within three days for expedited appeals. Upheld appeals include internal final appeal instructions. - Blue Shield processes internal final appeals in the same manner and timing as above but they are processed by individuals not involved in the initial appeal. Upheld appeals include external review filing instructions.\ - Participant submits an application for external review and Blue Shield submits the request to one of three randomly selected contracted independent reviewing organizations (IROs) and notifies the participant. The IRO reviews the appeal, renders a determination, and notifies Blue Shield and the participant. Blue Shield pays the IRO and bills the client for reimbursement.	
17	How are member complaints handled? How are they documented? Describe quality control processes in place for customer service.	Complaints are tracked with a unique identifier and therefore can be reported as any percentage of calls/inquiries. Customer service representatives receive extensive training regarding our appeals and grievances procedures. They also have online access to supporting documentation, including how to identify an inquiry as a complaint, types of complaints and their definitions, and policies and processes regarding how to address complaints.	
18	What is the coaching/review protocol when there is a complaint regarding customer service?	If a customer service representative does not meet performance standards, they are coached and an action plan is created to improve their performance. If the employee does not meet performance standards for three consecutive months, they are placed on a Performance Improvement Plan (PIP). The PIP comes with a 30- or 60-day timeframe to improve performance. The employee receives coaching every week once a PIP is in place. If performance does not improve in the 30- or 60-day timeframe, then the employee is terminated.	
19	Do you have a disaster recovery program for keeping your member services or other key functions running in the event of a disaster?	Yes	
19.1	What would be the alternate member services center for the County of Orange?	Blue Shield's Customer Service centers are located in Rancho Cordova and Lodi, CA. Please note that customer service representatives work remotely based on our hybrid worker model and occasionally report to their office location to collaborate and engage with colleagues.	

Pharmacy Vendor Coordination			
	Question	Response	Comments
1	Is your organization able to transmit Near Real Time accumulator files between your organization and the County's carve out pharmacy vendor, Optum Rx. Please confirm this will be provided at no extra charge to the County.	Blue Shield is already set up for a two-way transition with Optum, sending medical and RX accumulations nightly.	
2	Is your organization willing to allow OptumRx access to your system to view eligibility and accumulators? Please confirm this will be provided at no extra charge to the County.	No, Blue Shield currently has access to Optum's systems for eligibility and enrollment only. However, the relationship Blue Shield has with Optum allows for Optum to request any eligibility, enrollment, claims or accumulation information they need.	
3	Does your organization to agree to review the County's plan document annually to ensure the Rx MOOP aligns with CMS Guidelines?	Yes.	
4	Confirm that accumulators will be based on the member paid amount, not Medicare allowed amount.	Currently there is special claims processing in place for Medicare COB; please refer to the current Blue Shield Medicare COB process outlined in Tab S. Medicare.	

N. Provider Network

Instructions:
- Please provide succinct responses to the questions below in the respective blue box

Provider Network			
	Question	Response	Comments
1	Will you agree to undergo targeted recruiting of providers currently treating County of Orange employees but not in your network?	Yes	
2	Please describe how network providers are credentialed and monitored for compliance with credentialing requirements ongoing.	Blue Shield uses an internal hybrid and Credentialing Verification Organization process to credential providers prior to contracting. Our credentialing policy ensures our providers meet the highest quality standards and comply with Blue Shield procedures as well as with state and federal professional practice licensing laws. We are also in compliance with all provider credentialing requirements for the National Committee for Quality Assurance (NCQA), Centers for Medicare and Medicaid Services (CMS), and the Department of Managed Health Care (DMHC) requirements. **Physician credentialing** Physician credentialing is viewed as an integral part of Blue Shield's quality assessment and risk management function. There is one set of credentialing standards for all physicians regardless of the network or line of business. Blue Shield verifies credentialing information with the National Practitioners Data Bank, American Medical Association (AMA) Physician Master File, AMA Directory of Fellowship and Residency Training Programs, American Osteopathic Association profiles, U.S. Investigation Services criminal background checks, CMS, and the Medical Board of California. Physicians are recredentialed every three years in accordance with NCQA, CMS, and DMHC standards. **Facility credentialing** At initial credentialing, Blue Shield confirms that facilities have been reviewed and approved by a recognized accrediting body and are in good standing with California state and federal regulatory bodies, including the Department of Health Services and a regulatory approved accrediting body. All facilities must provide evidence of professional liability insurance and a performance review plan that provides a planned procedure to monitor provision of patient care, staff performance, and delivery. Network facilities are recredentialed every three years. **Sources of verification** During credentialing and recredentialing, Blue Shield uses	
3	Please provide your network turnover rates on a national basis; please use the most recent data available for 1) voluntary and 2) involuntary turnover.	Across (Blue Cross Blue Shield) BCBS Plans' nationwide network, provider turnover remains low, averaging less than 4% physician turnover and 1% hospital turnover. BCBS Plans' PPO networks are mature networks with low turnover rates. BCBS Plan PPO networks are typically the largest networks in the service area. Turnover information is not available for voluntary vs. involuntary.	
4	Will County of Orange's staff or employees receive notification when a provider leaves the network?	Yes	
4.1	What is the process/timing?	We notify our PPO participants of individual physician changes through our website, blueshieldca.com, which is updated daily. Since PPO participants are not required to select an assigned provider, we are unable to send out notifications when a physician is no longer in the network; however, we will notify participants who have scheduled services at a hospital that is terminating. Senior Account Executive Jesseca Nixon will keep the County apprised of any notable network changes that could impact participant. We will provide regular reports and status updates on provider contract negotiations and notify the County in advance of any potential provider issues or disruption. Generally, we experience very little network disruption. We are committed to ensuring access and coverage to all County participants and will address any questions or concerns regarding possible changes.	
5	Do you have a relationship with a national provider for laboratory and radiology services?	Yes	
5.1	If so, which provider?	Blue Shield contracts with Quest Diagnostics (Quest) and LabCorp for laboratory services, and we have worked with Quest for over 18 years and LabCorp for over 23 years.	
5.2	If so, what are your protocols with providers to ensure usage of network labs?	Providers are contractually obligated to refer to contracted labs; the labs are required to submit patient-specific lab results if requested by Blue Shield, although a request is not necessary with Quest. As the largest lab in the Blue Shield network and covering 50% of participant lab tests, Quest provides Blue Shield with all lab results. Participants also have access to the national BlueCard® Program network of providers, which includes both Quest and LabCorp.	

6	Describe your national transplant network. What percent of eligible patients are treated within the program?	Participants in California identified as potential transplant candidates are steered to Blue Shield's Transplant Centers of Excellence for heart, lung, heart/lung, kidney/pancreas, liver, bone marrow stem cell, and small bowel transplants. A transplant utilization manager and transplant care manager work together to assist the patient, physician, and facility to ensure timely, efficient, and coordinated access to the appropriate level of care and services within the patient's benefit structures. To date, approximately 99% of eligible patients in California have been treated within Blue Shield's network of transplant facilities. Blue Shield participant residing outside of California have access to more than 350 national Blue Distinction® Specialty Care centers for transplants. Blue Distinction is a designation awarded by the Blue Cross Blue Shield Association to providers who have demonstrated expertise in delivering better overall outcomes in specialty care. Using national evaluation criteria, developed with input from medical experts, providers are recognized at two levels: - Blue Distinction Center: Healthcare providers recognized for their expertise in delivering specialty care. - Blue Distinction Center+: Healthcare providers recognized for their expertise and cost-efficiency in delivering specialty care. Quality is paramount − only those providers who first meet nationally established, objective quality measures for Blue Distinction Centers will be considered for Blue Distinction Center+. The Blue Distinction Center+ designation is awarded to providers demonstrating more affordable care in addition to the Blue Distinction Center quality criteria. Blue Distinction Specialty Care centers for transplants provide a range of services, including heart, kidney, lung, liver, pancreas, and bone marrow/stem cell transplants. Overall, patients treated by Blue Distinction Specialty Care providers have better results, including fewer complications and lower readmission rates than those patients treated by non-designated providers. Compared to non-designated providers, Blue Distinction Specialty Care transplant providers	
7	Describe your national mental health network. Do you subcontract with any other provider networks? Please describe if any of your networks are virtual or text based only.	Blue Shield leverages different national behavioral health networks as follows: - The BlueCard provider network. ASO participants outside of California have access to more than 443,500 behavioral health providers and over 16,100 behavioral health facilities through the national Blue Cross Blue Shield Association's BlueCard network. The network is not subcontracted. Please note that the nature of provider contracting varies by Blue Plans. - Blue Shield PPO provider network. ASO participants in California have access to more than 16,200 contracted and credentialed behavioral health clinicians and over 390 behavioral health facilities through the Blue Shield network in California, including innovative provider partners such as Bright Hearth Health and Foresight. The network is not subcontracted. Our PPO network includes providers who offer telehealth services.	
8	Were there any significant changes in your network service area within the past 12 months? If Yes, describe in Comments section.	No	
9	Will there be any significant changes to your network service area for 2024 and beyond? If Yes, describe in Comments section.	No	Blue Shield negotiates provider agreements on a multi-year basis. We have no expected contract renewal issues that would affect our participants. Currently, we anticipate all major health systems will renew. We are confident in the strength of our provider relationships to ensure the delivery of a high-quality, affordable product.
10	What were your overall rates of increase in provider compensation for commercial group (non-Medicare) business for the last two (2) years, and what is expected for 2025?	The specific terms of our contracts, including actual provider rates, trends, averages, and reimbursement levels are considered confidential and shall not be disclosed without the prior written consent of the other party, except as specifically required and disclosed under federal transparency legislation requirements. Our network team drives an aggressive contracting strategy to ensure our participants have access to high-quality, affordable health care. Blue Shield also closely monitors its networks to make certain provider reimbursement is highly competitive and reflects market conditions. Generally, Blue Shield has multi-year contracts with providers, which extend without formal renewal until one party wishes to renegotiate or terminate the agreement. Should either Blue Shield or an individual provider wish to renegotiate a contract, there are notification provisions in the contract, at which time the parties will engage in renegotiation discussion. As part of the contract negotiation process, Blue Shield will review and analyze the current contract in relation to utilization, cost, and other market considerations to inform our negotiation approach and strategy.	

11	What are the national and California-specific average rate increases to your hospital contracts for the last two (2) years? How often are hospital contracts negotiated or fees increased? Are there automatic annual increase provisions included in your contracts?	The specific terms of our contracts, including actual provider rates, trends, averages, and reimbursement levels are considered confidential and shall not be disclosed without the prior written consent of the other party, except as specifically required and disclosed under federal transparency legislation requirements. Our network team drives an aggressive contracting strategy to ensure our participants have access to high-quality, affordable health care. Blue Shield also closely monitors its networks to make certain provider reimbursement is highly competitive and reflects market conditions. Multi-year hospital agreements will typically contain an escalator for each year of the agreement and an evergreen provision at the end of the initial term indicating that the terms will automatically continue at one-year intervals at the conclusion of the initial term until renegotiated or terminated by either party. Should either Blue Shield or an individual provider wish to renegotiate a contract, there are notification provisions in the contract, at which time the parties will engage in renegotiation discussion. As part of the contract negotiation process, Blue Shield will review and analyze the current contract in relation to utilization, cost, and other market considerations to inform our negotiation approach and strategy. Please note that outside of California, provider reimbursement arrangements vary by local market.	
12	Confirm you will notify the County within 60-days prior to the termination of either (1) any network hospital in Southern California or (2) any medical group or medical provider utilized by more than 100 County participants in a 12-month period; and (3) any lab or diagnostic provider utilized by more than 100 County participants in a 12-month period.	Confirm	
13	Balance billing for out-of-network providers at in-network facilities is a concern for the County. Please describe any initiatives being taken to lessen the frequency of these instances and minimize member abrasion.	Blue Shield's network providers are contractually prohibited from balance billing participants, requiring payment in full from the participant, or charging participants extra fees. When participants are exposed to non-network charges from network physicians or hospital-based physicians at network hospitals, Blue Shield is committed to holding participants harmless from balance billing. For example, we process non-network claims from anesthesiologists, assistant surgeons, radiologists, pathologists, and emergency-room (ER) physicians at the network level when services are rendered at a network facility, regardless of their network affiliation. If a participant is billed inappropriately for services, a customer service representative can assist by working to remove the participant from the issue by contacting the provider's office to clarify the correct participant liability, based on the participant's benefit and the Blue Shield network physician and provider agreement. When necessary, the representative will partner with our Provider Services team to provide additional education to the provider in question regarding their contractual obligations.	
14	**Network Analysis Notification:** Mercer will be using the book of business data that you provided Mercer to evaluate provider contracts for this RFP. This will be used in coordination with the information you have provided to County of Orange and Mercer. *Note that no response is required for this question. This is included for informational purposes.*	Noted by Blue Shield.	

Centers of Excellence (COEs)			
	Question	Response	Comments
1	For which procedures/conditions do you offer COEs?	We provide participants access to the national Blue Distinction® Specialty Care centers, which provide treatments related to: cardiac care, knee and hip replacement, spine surgery, bariatric surgery, transplants, maternity care, cancer care, fertility, cellular immunotherapy, gene therapy, and substance-use treatment and recovery. We also steer all participants in California to our Transplant Centers of Excellence for heart, lung, heart/lung, kidney/pancreas, liver, bone marrow stem cell, and small bowel transplants.	

2	What are the criteria used to identify providers? How often are providers re-evaluated?	National Blue Distinction® Specialty Center programs refresh every two to three years. Providers are recognized at two levels: Blue Distinction Center designation is awarded to providers for demonstrating quality care, treatment expertise, and better overall results. Blue Distinction Center+ designation is awarded to providers demonstrating more affordable care in addition to the Blue Distinction Center quality criteria. All Blue Distinction designated facilities must reapply to be reconsidered for continued designation when the refresh recycle opens. Blue Shield Transplant Centers of Excellence in California are evaluated periodically based on hospital experience, outcomes, transplant team experience, quality improvement initiatives, national certifications, and cost.	
3	What are the benefit differentials and steerage options you can/cannot administer?	Plan design differentials or incentives/penalties are not currently available. We identify Blue Distinction® Centers in our online provider search tool and include information regarding the programs in participant benefit packages. Customer service representatives are also available to help with soft steerage. While the use of the Blue Distinction® Specialty Care program is voluntary, care management clinicians are fluent in these programs and can guide participants to the highest-quality provider using evidence-based measures.	
4	How are COE providers annotated in your provider look-up and transparency tools?	If a Blue Shield provider is designated as a Blue Distinction® Specialty Care provider, we note that by condition in the provider's performance profile on our online Find a Doctor tool. However, participants must use the Blue Distinction Center Facility Finder at bcbs.com/blue-distinction-center/facility to locate Blue Distinction Specialty Care centers.	
5	What kind of care coordination, decision support, and online educational resources do you provide to help members make the best decision regarding preference sensitive procedures and steer them to COEs?	For participants who have not yet selected a provider, we can help steer them to quality providers and our centers of excellence, including Blue Shield's Transplant Centers of Excellence and the national Blue Distinction® Centers for Specialty Care, via our care management model. Care managers use innovative engagement tools such as Healthwise® online decision aids and motivational interviewing to guide preference-sensitive and informed decision-making. We also encourage all our providers to use shared-decision methodologies and tools that support evidenced-based, personalized treatment protocols. We steer all participants in California to our Transplant Centers of Excellence. All transplant requests are reviewed and authorized based on medical necessity and nationally recognized standards of care. Once a request is approved, a team of skilled and specialized transplant nurse care managers, led by a medical director, work to advocate, coordinate, facilitate, assess, and communicate with the participant, family caregivers, and the entire treatment team.	
6	Do you support the member with surgery scheduling, pre-certification, and discharge coordination?	Yes	
7	In instances where the member must travel to the COE, who is responsible for follow-up care? If local providers are responsible, how do you ensure their accountability since they were not involved with the initial procedure?	Follow-up care for a participant who must travel to a Blue Shield Transplant Center of Excellence or a national Blue Distinction® Specialty Care center for transplants is coordinated by a Blue Shield transplant utilization management nurse who works closely with the treating physician and local providers to ensure accountability and continuity of care. The nurse involves other colleagues on the multidisciplinary care management team to help support the participant with any unique needs as appropriate and helps to coordinate specialized care from the participant's local provider, pharmacist, and other medical providers to help prevent duplicate or unnecessary treatments and tests.	

8	Describe any unique processes you have to ensure patients are quickly identified and triaged to a COE.	Participants are typically identified for transplant care management by Blue Shield's utilization management team via requests from physicians and transplant facilities, including Blue Shield Transplant Centers of Excellence and national Blue Distinction® Specialty Care centers. If a referral is received from a non-approved facility, a Blue Shield transplant utilization management nurse will assist the participant and providers in transitioning the participant to a Blue Shield Transplant Center of Excellence or a Blue Distinction facility to ensure the participant is receiving high-quality, cost-effective care. Occasionally, hospitalized participants are referred to the program by utilization management nurses when it appears that a transplant may be on the horizon. Blue Shield reviews and authorizes all transplant requests based on medical necessity and standards of care. For expedited requests, we respond within 72 hours of the request. When a new or anecdotal procedure is requested, an extensive medical review is performed, including oversight and evaluation with recommendations from practicing transplant specialists, to evaluate the appropriateness of the request.	

Network Discount Guarantees			
		Response	Comments
1	Confirm your ability to provide network discount guarantees.	Confirm	
2	Are you willing to provide a total cost guarantee?	No	
3	Indicate network discount guarantees below:		
3.1	**Distribution Category**		
	Inpatient Hospital	14.00%	
	Outpatient Hospital	43.00%	
	Physician	43.00%	
	Other Services	0.00%	
	For the above, what is included in Other Services?	N/A	
3.2	The performance standard for network discounts for the 2025 plan year will be based on the percentage of ASO fees at risk. Indicate below the total in-network discount percentage Offeror will guarantee to the County for the 2025 plan year based on the various level of fees at risk:		If actual discount is between 63.1% and 64.0% then no payout. Please note that Blue Shield's current methodology is outlined below and follows a 10%, 20%, 30% 40%, max 50% structure.
	% of ASO Fees at Risk	**Total Guaranteed In-Network Discount**	
	15% of ASO Fee	62.50%	If actual discount is between 62.1% and 63.0% then 10% of core fees payout, If actual discount is between 61.1% and 62.0% then 20% of core fees payout
	25% of ASO Fee	61.00%	If actual discount is between 60.1% and 61.0% then 30% of core fees payout
	35% of ASO Fee	60.00%	If actual discount is between 59.1% and 60.0% then 40% of core fees payout
	50% of ASO Fee	59.00%	If actual discount is 59.0% or less then 50% of core fees payout
	Offerors must also provide the proposed methodology for confirming and reporting network discounts to the County.		File Name: Part 5 Attachment E County of Orange_Discount Guarantee_BSC 031524.pdf

O. Claims and Reporting

Instructions:
- Please provide succinct responses to the questions below in the respective blue box

Claims Processing			
	Question	Response	Comments
1	Confirm that members have the option to receive paper EOBs.	Confirm	
2	Provide several sample Explanation of Benefits (EOB's) for medical. Provide samples showing a variety of claims processing results such as claim denials for non-covered items, claims paid, claims partially paid, in-network and out of network benefits paid, remaining member liability for balance billing, etc.	Provided.	File Name: Part 5 Attachment F Sample EOB_BSC 031524
3	Indicate if the County has the ability to customize EOB language. If so, are there any costs associated with customization?	Blue Shield currently customizes EOBs for the County at no additional cost.	
4	If the County is not able to customize EOBs, please describe the level of detail included when claims are denied. Please illustrate what information is provided to members, including reasons for the denial and next steps for the members.	Not applicable, we provide customized EOBs.	
5	Can you customize EOBs, letters and forms related to claims and appeals to the extent necessary to bring them into conformance with the County's specific claims and appeals procedures as defined in the current Plan Documents (Appendices A through D)? For example, the County requires the County logo on all forms, ID cards and County-specific website.	Yes	
6	Based on the County's plan designs, to what degree will the claims payments be automated?	In 2023, the commercial claims auto-adjudication rate was 89%. However, County of Orange does have complexity to their incumbent benefits that results in more of their claims being stopped and/or manually processed.	
7	Has your claim processing system undergone any major changes in the past three (3) years?	No	
7.1	If so, describe all major changes.	Not applicable.	
8	Are there any significant claims processing system changes that are scheduled for implementation during the next 12-24 months?	No	
8.1	If so, provide a high-level description, as well as the purpose of these changes.	Not applicable.	
9	Are the claims and customer service systems integrated?	Yes	
10	How long is claims history maintained online for immediate access for customer service inquiries?	Online claims history is available as long as the participant remains active in the Blue Shield system.	
11	Confirm you are able to load claims history information from the preceding administrator.	Confirm	Since Blue Shield is the incumbent medical vendor, this is not applicable.
12	Confirm that upon termination of a contract with your organization, claims history information will be provided to the subsequent administrator.	Confirm	In the event of termination of a contract, Blue Shield will transfer enrollment and claims information and other administrative records as needed to any replacement carrier or third-party administrator at no charge.
13	Confirm that upon termination any files will be provided to the new vendor at no additional cost.	Confirm	In the event of termination of a contract, Blue Shield will transfer enrollment and claims information and other administrative records as needed to any replacement carrier or third-party administrator at no charge.
14	Can you customize your standard procedures to meet any specific County requirements?	Yes	Over the years, Blue Shield has customized processes to meet the County's needs and will continue to do so.
15	Are you willing to provide a dedicated team to process manual claims for the County of Orange?	No	Blue Shield currently provides a designated team to County of Orange.
16	How do plan members file a claim when using a non-network provider?	Although a non-network provider may require the participant to submit a claim, this is not standard. If the provider of service does not submit a claim to Blue Shield, the participant may submit a claim by logging into the participant section of our website, blueshieldca.com.	
17	Are out-of-network claim payments paid to providers or plan members?	Out of network claims can be paid to either providers or plan participants.	

17.1	Explain circumstances that claims would be paid to 1) providers and 2) plan participants.	Most out of network claims are paid to participants; however, There are some scenarios where OON claims are paid to the provider. Examples include: - Members with Medicare as primary, when the provider is Medicare Assigned, but OON for BSC. - Claims related to No Surprise Billing (ER Hospital, ER professional, non ER professional where services rendered in INN Hospital) - Ambulance claims.	
18	Are there any procedures in place when dealing with large out-of-network claim payments? If so, please describe in the Comments section.	Yes	Blue Shield conducts a high-dollar pre-pay audit for all claims paying $10,000 or more. If the claim is $25,000 or above, an additional audit is performed by an internal quality control team. The following reimbursement strategies are used for out-of-network claims. - In California: - Non-emergent professional claims: Our proprietary standard fee schedule. - Emergent professional and emergent facility claims: Priced at the QPA per the CAA No Surprises Act. - Non-emergent facility services: Three different options are available. - Non-emergent care provided by an out-of-network provider at an in-network facility without the patient's informed consent: Allowed at a QPA. - We may also attempt to negotiate letters of agreement with non-participating providers to reduce costs. For the national BlueCard Program, we use the allowed amount provided by the Host BlueCard plan for professional and facility services.
19	How are claims for out-of-network providers at in-network facilities processed, and in particular, for emergencies?	Out-of-network providers for emergency services are not allowed to balance bill patients beyond the applicable in-network cost sharing amount for surprise bills. This same requirement applies to out-of-network providers who provide non-emergency services at an in-network hospital or other facility. A patient is only required to pay the in-network benefit cost-sharing amount (copayment/coinsurance) and deductible for out-of-network benefits for emergency care services, for certain ancillary services provided by out-of-network providers at in-network facilities, and for out-of-network care provided at in-network facilities without a patients informed consent. Any out-of-network expenses for the services covered must accumulate towards a patients in-network deductible and out-of-pocket maximum.	
19.1	What is your organization doing to manage these costs?	Blue Shield contracts with more than 25,000 anesthesiologists, pathologists, radiologists, and emergency-room (ER) physicians and has one of the largest networks of hospital-based physicians in California, resulting in reduced non-network exposure. Standard claims processing applies to these providers with the exception of ER physicians. Non-contracted ER physicians are processed in accordance with the regulations of California assembly bill (AB) 1455. When participants are exposed to non-network charges from hospital-based physicians at network hospitals, Blue Shield is committed to holding participants harmless from balance billing. We process non-network claims from anesthesiologists, assistant surgeons, radiologists, pathologists, and ER physicians at the network level when services are rendered at a network facility, regardless of their network affiliation. Participants located outside of California or traveling out of state have access to anesthesiologists, assistant surgeons, radiologists, pathologists, and ER physicians through the national BlueCard® Program network. In addition,	

20	How are foreign claims handled?	Participants traveling outside of the BlueCard® service area may be able to take advantage of Blue Shield Global® Core when accessing out-of-area urgent and/or emergency services. It should be noted that Blue Shield Global Core is not served by a host Blue plan and, as such, participants will typically have to pay the providers and submit their claims themselves to obtain reimbursement for these services. Participants should complete a Blue Shield Global Core claim form and send the claim form with the provider's itemized bill to the service center at the address provided on the form to initiate claims processing or online at www.bcbsglobalcore.com. Participants can also get assistance by calling the service center at (800) 810-BLUE or call collect at (804) 673-1177 24 hours a day, seven days a week.	
20.1	Do you provide translation for non-English claims submitted?	Yes	The medical assistance vendor translates the claim documentation into English and converts the charges to U.S. currency.
20.2	Are foreign claims allowed for non-emergencies?	Yes	Participants can use Blue Shield Global® Core when accessing out-of-area urgent and/or emergency services.
21	What are your policies and procedures for identifying potentially fraudulent claims as well as those which are significantly higher than norm?	Blue Shield relies on a number of tools to detect abusive billing patterns and potential claims for medically unnecessary care. Specifically, our claims system applies correct coding edits based on proprietary logic and industry-standard tools. We also review claims for potential abusive billing patterns through both pre-payment and post-payment audits. In addition, we devote considerable resources to detecting, investigating, and preventing fraud, waste, and abuse for all lines of business. These efforts are organized, managed, and governed by a centralized governance body and our Senior Vice President of Health Care Quality and Affordability. Today, the primary method for combating professional claim waste and abuse is the use of prepayment claim editing software, which identifies providers with aberrant billing practices, including: - Duplicate or split billing to maximize reimbursement - Excessive/frequent billings (overutilization) - Disguising infertility services under non-infertility diagnoses - Billing for non-covered services (e.g., infertility, cosmetic procedures) - Unbundling/upcoding	

22	Please confirm that External Medical Reviews (for appeals) are included with your proposal at no additional cost.	Confirm	Claims Fiduciary is an included program in the Shield Advocate Suite.
23	For *bariatric surgery*, the County has a slightly different plan design in California for out-of-network services. Can you administer this as per the plan SPDs?	Yes	
23.1	Are you able to administer the CA-specific plan design nationally?	Yes	
24	For dialysis, the County has a slightly different plan design in California for out-of-network services. Can you administer this as per the plan SPDs?	Yes	
24.1	Are you able to administer the CA-specific plan design nationally?	Yes	
25	Please confirm that your organization does NOT practice cross-plan offsetting (or bulk recovery), which is defined as the practice of recouping or correcting overpayments to providers by withholding subsequent payments owed for healthcare expense incurred by participants under a different plan. If your organization's claim processing system does cross-plan offsetting provider payments, please confirm if this can be removed for the County. In the event that your organization cannot change this process, confirm your organization will indemnify the County against losses o damages that employer may incur if cross-plan offsetting is determined to be in violation of ERISA.	No	Blue Shield does practice cross-plan/bulk recovery within the terms of our contracts with in-network providers. The process cannot be removed for the County; however, the current contract includes indemnification language that would cover any losses or damages to the County resulting from this process.

Reporting

	Question	Response	Comments
1	Confirm you will conduct quarterly utilization meetings with the County of Orange using a format mutually agreed upon.	Confirm	
2	Confirm ad hoc reporting is available.	Confirm	
3	Are you able to provide the following results on a<u>monthly</u> basis, and can they be accessed online by County of Orange and the consultant?		
	- Paid Claims	Yes	
	- Incurred Claims	Yes	
	- Triangle Lag Report	Yes	
	- Enrollment by plan by tier	Yes	
	- Utilization by Service Type (Inpatient, Outpatient, Professional)	Yes	
	- Utilization by Member Type (Employee, Spouse, Child)	Yes	
	- Large Claims	Yes	
	- Monthly log of first level member appeals opened/closed	Yes	
	- Other (list what is included in Other in the Comments section)	Yes	
4	Confirm your organization will complete required CAA Rx reporting on behalf of the County at no additional cost.	Confirm	
5	Confirm your organization will file the annual Gag Clause attestation on the County at no additional cost.	Confirm	

P. Claim System Matrix

Instructions:
- Please provide answers in the blue boxes for the claim system matrix below

	Claims Processing Requirement	Does Your System Have The Capability To:	Manual Process or Manual Intervention Required	Automated Claims System Process	Comments
		(Yes/No)	(Yes, if Manual)	(Yes, if Automated)	Enter response for multi-part questions
1	Coordinate Benefits with:				
1.1	Medicare: Traditional COB	Yes	Yes	Yes	This process is primarily automated, however, it will stop for processor invention in situations where the other carrier values appear to be incorrect or need validation. Examples include values not balancing, payments in excess of billed charges, etc.
1.2	Medicare: Direct automated crossover of claims data with CMS	Yes		Yes	
1.3	Other health plans	Yes	Yes	Yes	This process is primarily automated, however, it will stop for processor invention in situations where the other carrier values appear to be incorrect or need validation. Examples include values not balancing, payments in excess of billed charges, etc.
2	Quarterly data sharing arrangements with Medicare	Yes	Yes	Yes	Data sharing is done at a minimum of monthly. It is automated, however, if there are data elements CMS identifies as an error, the data elements in question will fall to processor validation to ensure accuracy.
3	Apply annual visit limits on Chiropractic and Acupuncture treatments	Yes		Yes	Automated via configuration.
4	Deny a claim directly on an EOB with denial message	Yes	Yes	Yes	This is dependent on the reason the claim is being denied. As an example, there are several levels of validation done on duplicate claims. If the system has a high confidence level, it is configured to apply a denial directly with no processor invention. However, if the confidence is moderate and requires human intervention to validate if the claim is a duplicate, that message would be applied by the processor.
5	Generate requests for additional information necessary to process a claim such as:				
5.1	Medical necessity	Yes	Yes	Yes	
5.2	Accident (Third Party Liability) detail	No	Yes		TPL investigation is done post payment using data from our Facets system platform. The claim is corrected once the settlement is completed.
5.3	Coordination of Benefits (COB)	Yes		Yes	
6	Is there a screening threshold? If so, what is the dollar threshold?	Yes		Yes	Blue Shield conducts a high-dollar pre-pay audit for all claims paying $10,000 or more. If the claim is $25,000 or above, an additional audit is performed by an internal quality control team.
7	Generate second requests on medical claims that are pended for additional information	No			We do not generate second requests for information on pended claims. If information is not received, the claim is considered in a denied status.
8	Can the frequency of 2nd requests be modified by the group?	No			We do not generate second requests for information on pended claims. If information is not received, the claim is considered in a denied status.

9	Cross-accumulate amounts applied to the network and out-of-network accumulators for deductibles and out-of-pocket maximums	Yes		Yes	
10	Confirm that your organization will not reset out of pocket maximums and deductibles mid-year in the event that an employee transitions from Active to Retiree or from NonMedicare to Medicare eligible retiree.	Yes			
11	Update benefit accumulators, such as out-of-pocket maximum, when a claim adjustment is made	Yes		Yes	
12	Suspend processing of claim if more than 12 months has elapsed since receipt of last claim form or other coverage update	Yes		Yes	When posting other coverage information, processors indicate the amount of time that information is effective for. Based on plan rules, we can post comments as only being valid for one year from last update to ensure updated information is queried from the participant.
13	Load special messages into a subscribers "memo or notes" screen on an individual and mass load basis	Yes	Yes		This is dependent on the note and the intent of adding the note. Notes requesting special actions may not be loaded as a note, however, Facets may have other functionality to ensure the action is taken (i.e., participant stops).
14	Program special EOB messages to meet a particular client need	Yes	Yes	Yes	We would need to understand the necessity for the update. Where possible, Blue Shield strives to keep messaging consistent unless a particular situation warrants custom verbiage.
15	Automatically adjudicate claims following data entry without examiner intervention; if so, what is auto-adjudication rate for your book of business?	Yes		Yes	In 2023, the commercial claims auto-adjudication rate was 89%. However, County of Orange does have complexity to their incumbent benefits that results in more of their claims being stopped and/or manually processed.
16	Review and recover claims costs when plan eligibility is retroactively cancelled by the County	Yes	Yes		It is important to note that we are obligated by our contracted agreements with our providers. As an example, we typically cannot recover payment from our network providers over a year since payment.
17	Report claims data by Plan and various options listed under Attachment A - Scope of Work, Section I. Management Information Reports, first item (1.). *Please note that final account and reporting structure may be revised during the 2025 implementation process depending on County specific needs at that time.*	Yes	Yes		Custom reporting is manual and develops on the requirements and whether Blue Shield has the information being requested in our data marts.
18	Confirm that accumulators will be based on the member paid amount, not Medicare allowed amount.	No			County of Orange Medicare Primary accumulators will accumulate based on BSC allowed amount

Q. Proposed Data Interfaces

Instructions:
- Offeror agrees to develop, transmit and or receive, and reconcile the below interface files and other interfaces files as required to administer to the Plans: Yes
- Offeror confirms that all fees for the below data transfers are accounted for on the ASO Fees & Credits worksheets: Yes
- Include comments as needed in column F for the data interfaces outlined below

Proposed Data Interfaces

	From	Purpose/Data to be Provided	Frequency	Comments	Comments
To Contractor	County's Benefits Center, currently Alight, or other Administrator selected by the County	Eligibility records for subscribers and dependents in Medical Plans	Weekly, within 3 business days of receiving eligibility files from Benefits Center or other health and welfare vendor selected by the County	Full file with reconciliation	Blue Shield is currently providing at no additional cost.
	OptumRx or other Pharmacy Benefit Manager selected by County	Prescription data for disease management programs	Monthly		Blue Shield is currently providing at no additional cost.
	OptumRx or other Pharmacy Benefit Manager selected by County	Prescription claims data for out-of-pocket cost accumulators (deductibles and out-of-pocket maximums) for Wellwise and Sharewell plans	Near real time (NRT)		Blue Shield is currently providing at no additional cost.
	Blue Shield of California	Medical claims history for run-out claims	Monthly in 2025	Format to be determined between Blue Shield of California and Contractor	Blue Shield is currently providing at no additional cost.
	To	**Purpose/Data to be Provided**	**Frequency**	**Comments**	**Comments**
From Contractor	OptumRx or other Pharmacy Benefit Manager selected by County	Eligibility records for subscribers and dependents enrolled in the Wellwise and Sharewell plans (and if implemented, the new employee and retiree HPN plans)	Weekly, within 3 business days of loading eligibility files from County's Benefits Administrator, currently Alight, or other health and welfare vendor selected by the County		Blue Shield currently has direct access to Optum's eligibility system which allows for real- time access to care enrollments.

R. High Performance Networks

Instructions:
- Please provide succinct responses to the questions below in the respective blue box

Performance			
	Question	Response	Comments
1	What methods are used to measure cost and quality to ensure metrics are met?	In support of and in coordination with our provider partners, Blue Shield leverages informatics and data analytics to provide enhanced and integrated reporting to our health systems partners in support of the shared goals of lower costs and improved health outcomes and participant experience. Areas of reporting include access to care, quality care gaps, and utilization management (e.g., professional, facility, pharmacy services, daily authorization reports). In addition to internal tracking/monitoring, BSC submits cost and quality data to BCBSA multiple times per year to ensure alignment with metrics.	
1.1	What are the quality metrics?	Quality measures focus on aspects of care, such as managing chronic conditions and offering preventive care services. Providers must also include three of the following five practices in support of their activities: - Referral pattern management, which assesses provider referral patterns to enhance quality and affordability - Labs and imaging practice management, which assesses lab and imaging patterns to enhance quality and affordability - Readmissions practice management, which assesses patterns for quality and affordability that reduce avoidable readmissions - Medication practice management, which assesses patterns for quality and affordability that enhance medication management - Emergency-room practice management, which assesses patterns for quality and affordability that reduce ambulatory-sensitive emergency-room visits	
2	How is patient satisfaction measured?	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual and anonymous customer experience survey. CAHPS measures a participant's perception of the quality of care and services they receive. We use CAHPS results to understand how our participants are experiencing Blue Shield and the health care they receive from their providers. In addition, we use the results for internal improvement and our annual NCQA Accreditation, Medicare Stars, OPA Report Cards, and Covered California Quality Rating System scores.	
3	Are you able to provide quality guarantees?	No	Blue Shield is not currently offering HPN-quality specific performance guarantees. We would be happy to discuss this further with the County of Orange.
3.1	If so, what are they?	Not applicable.	

High Performance Network			
	Question	Response	Comments
1	Confirm your HPN network is narrowed from your broad network based on both cost and quality. If this network is only narrowed from your broad network based on cost, please skip the rest of the questions in the High Performance Networks section.	Confirmed. Tandem PPO is Blue Shield's network solution that provides a lower-priced PPO option designed to better manage healthcare costs while preserving access, quality, and affordability. Tandem is a PPO product and available statewide in CA (all 58 counties). Out of state benefits utilize our full BlueCard network.	Blue Shield is not quoting our BlueHPN; this product is only available nationally as an EPO, which would not allow participants out of network benefits. Blue Shield is open to discussing an EPO network if the County is interested in that direction.

2	What types of providers are included in your high performance network?	The same types of providers (PCPs, Specialists, etc.) and facilities (hospitals, urgent care/ER, SNF) In our PPO network are included in Tandem.	
3	Provide a list of the markets where you offer a high performance network. Note the estimated cost differential for each of the high performance networks compared to your broader offering.	In CA, Tandem is offered statewide. Outside of CA, participants utilize the full BlueCard network. The expected allowed savings percentage if all County of Orange members choose HPN where available is 7.8%.	
4	On average what portion of 'eligible' in-network providers are included in the high performance network?	The Tandem network includes many of our successful accountable care organization (ACO) partnerships and provides statewide coverage with approximately 67% of physicians and 91% of hospitals from our full PPO network Depending on geography, groups can save up to 12% over our full California PPO network.	
5	What are the criteria used to identify providers to be included? How often are providers re-evaluated?	Provider inclusion is primarily based on cost and quality metrics, with network access (i.e., distance to/from participants) being another key metric. Providers are re-evaluated each year as part of a network refresh in order to maintain cost savings relative to the full PPO offering.	
6	Is patient satisfaction measured and reflected in the criteria to identify providers?	Consumer Assessment of Healthcare Providers and Systems (CAHPS) is an annual and anonymous customer experience survey. CAHPS measures a participant's perception of the quality of care and services they receive. We use CAHPS results to understand how our participants are experiencing Blue Shield and the health care they receive from their providers. In addition, we use the results for internal improvement and our annual NCQA Accreditation, Medicare Stars, OPA Report Cards, and Covered California Quality Rating System scores.	
7	Do you use any standards for member access when developing the network? If so, what are they?	Blue Shield has rigorous standards and monitoring mechanisms to ensure our networks have providers sufficient in number and geographic distribution for our membership, including access to providers who meet ethnic/cultural and language needs. Cross-functional workgroups continuously assess our networks in regard to access, consumer choice, and financial stability. We monitor provider access and availability by specialty and geography at least annually and whenever needed through reporting from GeoAccess software. We also use other indicators such as PCP-to-participant ratios, access-related complaints, and marketplace needs based upon input from participants and employer groups. If gaps are identified, our contracting team will launch a targeted recruitment/contracting effort.	
8	What are the benefit differentials and steerage options you can/cannot administer?	Participants utilizing Tandem providers would receive the in-network level of benefits; participants utilizing a non-Tandem provider would be subject to higher deductibles and cost shares.	
9	How are high performance providers annotated in your provider look-up and transparency tools?	Participants can use their participant ID prefix to use Blue Shield's Find a Doctor tool to search for Tandem providers.	
10	In Orange County, are there any major health systems or hospitals that are excluded from the high performance network?	In the Santa Ana-Anaheim-Irvine area, the following medical groups are not included: UC Irvine Medical Group; Restoration Health Care; UCLA Medical Group; Magella Medical Group;Optum Care Medical Group; United Med Doctors; USC Care Medical Group; South Orange County Medical Group; Regenerative Medical Group.	
11	Do you have the ability to customize the network for the County if there's a highly utilized hospital or provider that needs to be included in the network?	No, the Tandem network cannot be customized.	
12	Are you planning to expand your high performance network in any specific areas in the next 12 months?	Expansion of the footprint will be evaluated over time based on employer demand and evolving market dynamics.	

13	If the County proceeds with implementing a HPN plan option, please confirm that you will support the County with communications, microsite, and onsite presence for open enrollment meetings and any roadshows that are scheduled.	Yes, Blue Shield will support participants as needed at no additional cost..	

S. Medicare

Instructions:
- Please provide succinct responses to the questions below in the respective blue box

Medicare			
	Question	Response	Comments
1	How do you process Medicare claims?	Blue Shield receives all claims in electronic or paper format, which are then processed through our automated claims processing system. During data entry, a series of data edits and audits are performed online, including those for member and provider eligibility, data validity, quality, utilization, upcoding, duplicate billings, coordination of benefits, and preexisting conditions. Our system is also capable of handling bundling and unbundling. We rely on a number of tools to detect abusive billing patterns and potential claims for medically unnecessary care. Specifically, our claims system applies correct coding edits based on proprietary logic and industry-standard tools. In addition to correct code editing, we review claims for potential abusive billing patterns through both prepayment and post-payment audits. In addition, claims are reviewed for appropriate authorization, medical review necessity, service limitations, and other conditions and may require suspension for manual review. Specially trained reviewers examine claims or encounters for additional medical information or other information as required. Once a claim has passed all screens, all necessary information has been obtained, and a review has been completed, the system prices and pays the claim. The records created throughout the process become a permanent part of the claim or encounter history.	
2	Please describe the standard, automated Medicare coordination of benefits (COB) options that you offer for both commercial plans and Medicare Part B covered drugs.	A routine aspect of our claims processing system is the coordination of benefits (COB) between plans. We gather and track primary and secondary insurance information continuously and coordinate accordingly. We have a number of system logic settings that allow us to accommodate a variety of COB scenarios for our groups. We pay and pursue claims in most instances, except with Medicare, for which we require an Explanation of Medicare Benefits before paying on Medicare-related claims. If the primary is another commercial carrier, Blue Shield uses our allowed amount, which is usual, customary, and reasonable (UCR). If the primary is Medicare, Blue Shield uses the lower of UCR and those of the primary carrier. We have a few exceptions with employer groups that have certain performance guarantees. There are times when contracted providers submit claims to Centers for Medicare & Medicaid Services (CMS) directly. For example, if the provider knows the participant is enrolled in Medicare, they will submit the claim to CMS as primary. In cases in which Medicare crossover is on file, Blue Shield receives the claim from CMS electronically, along with the Medicare payment amount, the Explanation of Benefits (EOB), and the amount determined as Blue Shield's responsibility.	
2.1	Which COB option do you recommend for the County of Orange? Provide examples of how claims would be administered under this option.	We recommend that County of Orange remains with the custom plan currently in place as noted below, since it is already coded into the system and working properly.	
3	The description and example calculations below outline the Medicare COB currently in place with the County of Orange. Please confirm that you can and will administer this COB if the County chooses, and indicate whether the process would be manual or automatic.	Confirmed	Blue Shield currently executes the custom COB plan described below.

Current Medicare COB for County of Orange

Overview of Plan Allowed Amount: The plan allowed amount is based on the following:

- For Medicare Part A claims and Medicare Part B claims from providers that **accept Medicare's assignment** of benefits, the plan allowed amount is the amount allowed by Blue Shield of California.
- For Medicare Part B claims from providers that **do not accept Medicare's assignment** of benefits, the plan allowed amount is the lesser of the billed amount or 115% of the amount allowed by Medicare. (Under Medicare regulations, for unassigned claims the provider can bill the patient up to 115% of Medicare's allowance. This is referred to as the "limiting charge.")
- For claims from providers that do not participate in Medicare (a rare occurrence), the plan allowed amount is the network provider contract amount if a network provider, or URC if an out-of-network provider.

The plan's deductible and coinsurance are applied to the plan allowed amount to arrive at the plan's normal benefit.

1. **Current - Deductible:**
   The plan allowed amount is applied to the deductible. Once the deductible is met, Medicare's paid amount is subtracted from the plan's potential payment to determine the amount to be paid.

2. **Current – Out of Pocket Maximum:**
   a) For Medicare Assigned Providers: In most cases, there is no coinsurance paid by the member as the plan allowed amount is more than the member's actual liability. However, an amount equal to what the member would have paid for coinsurance (10% IN or 30% OON of **Medicare allowed amount**) in absence of COB ***is applied to the OOP maximum.***

   b) For Non-Medicare Assigned Providers: In most cases, there is no coinsurance paid by the member as the plan allowed amount is more than the actual member's liability. However, an amount equal to what the member would have paid for coinsurance (10% IN or 30% OON of **plan allowed amount**) in absence of COB ***is applied to the OOP maximum.***

   c) For Opt-Out Providers: There is no COB with Medicare. The actual coinsurance (IN or OON) paid by the member is applied to the OOP max.

Current COB with Medicare: Wellwise Retiree and Sharewell Retiree plans

Examples

		Claim 1	Claim 2	Claim 3	Claim 4
A	Medicare	Part B	Part A	Part B	Part B
B	Medicare benefits assigned?[1]	Yes	n/a	Yes	No
C	Provider network status	Par	Par	Non-par	Par
D	Claim type	OV	IP HOSP	MRI	X-ray
1	Total charges	$100	$5,000	$1,500	$200
2	Total allowed by Medicare	$80	$3,800	$750	$175
3	Total allowed by Blue Shield	$80	$3,800	$750	$200
4	Less remaining medical plan deductible to be satisfied*	$80	$220	$200	$0
5	Sub-total	$0	$3,580	$550	$200
6	Less medical plan coinsurance	$0	$358	$165	$20
7	Normal benefit under the County's plan in absence of Medicare	$0	$3,222	$385	$180
8	Medicare's benefit	$0	$2,776	$600	$140
9	Claimant's liability (line 3 minus line 8)	$80	$1,024[2]	$150	$60
10	County of Orange plan pays lesser of line 7 or line 9	$0	$1,024[2]	$150	$60
11	Amount paid by member[3] (line 9 minus line 10)	$80	$0	$0	$0
12	Coinsurance applied to OOP	$0	$358	$165	$20

[1] If line A = Part B and line B = no, allow the lesser of 115% of Medicare's allowance (line 2) or the charge (line 1) as the Blue Shield allowed amount (line 3).
[2] Claimant's liability limited to Medicare inpatient deductible.
[3] All amounts paid by the member accumulate to the out-of-pocket maximum.
* The deductible status is a given for benefit application/examples only as either needing to be met, amount needed to satisfy, or already met.

T. Other

Instructions:
- Please provide succinct responses to the questions below in the respective blue box

Value Propositions

	Question	Response	Comments
1	Are there any innovations you have recently implemented, are in the process of developing, or are planning for the future? If so, describe in the Comments section.	Yes	Health Reimagined is our strategy to transform the healthcare system in support of our mission to create a healthcare system worthy of our family and friends and sustainably affordable for all. Key focus areas of Health Reimagined include: - Payment innovation. We are working to revolutionize how we pay for healthcare services in support of a health system that pays providers for outcomes while helping them spend more time with patients and less on administration. - Pharmacy Care Reimagined. We are building a first-of-its-kind pharmacy care model that unbundles the traditional services provided by a single pharmacy benefits manager to deliver a reimagined approach to pharmacy services that is more transparent, accessible, and sustainably affordable. With Blue Shield serving in the integrator role, we are collaborating with like-minded vendors to fulfill these services and create a new supply chain model. - Be digital first − make health care simple. We continue to focus on giving participants and providers the digital tools, capabilities, and services they deserve. At the core of our technology strategy is the imperative to make more data usable and available in real-time. Our cloud technology improvements (Experience Cube) will provide comprehensive, near real-time views of participant health to enable personalization and faster response to health issues. We are committed to building a health system that delivers real value, supports our cost of health care strategy, and provides a personalized participant experience.

2	Please provide any additional information specific to the County of Orange that you feel is important to be included in the analysis of your proposal, including your strategic cost containment approach. Only provide additional information if it's significant and not addressed elsewhere in the RFP.	Blue Shield delivers administrative value through a comprehensive Payment Integrity program that leverages both retrospective and prospective activities to drive lower medical costs, improve payment accuracy, and reduce provider abrasion. Our approach focuses on cost avoidance, by: - Considering the entire lifecycle of a claim by leveraging focused analytic approaches that integrate claim, member, and provider data - Collaborating with physicians and hospitals and providing education to ensure claims are submitted accurately the first time Blue Shield's core ASO fee includes the following payment integrity components: - Fraud and abuse detection using analytics to identify fraudulent activities - -Coordination of benefits via smart utility and system logic settings to identify secondary coverage - Claims editing software to prioritize and filter claims - Itemized bill review of high-dollar claims using analytics to identify unusual billing practices Collectively, these efforts yield 4–13% average annual savings for our commercial book business. We also devote considerable resources to detecting, investigating, and preventing fraud, waste, and abuse for all lines of business. These efforts are organized, managed, and governed by a centralized governance body and our Senior Vice President of Health Care Quality and Affordability. Today, the primary method for combating professional claim waste and abuse is the use of prepayment claim editing software, which identifies providers with aberrant billing practices.	

Transparency Tools			
	Question	Response	Comments
1	Confirm your basic transparency tool is included in the quoted fees.	Yes	
2	Confirm that your basic transparency tool includes the following:		
2.1	The tool applies member-specific plan design information and accumulators in real time	Yes	Our online Treatment Cost Estimator (TCE) tool provides participant-specific cost estimate information in advance of services by calculating a participant's out-of-pocket cost estimates for treatments and procedures using their plan's specific deductible amounts, copay contributions, and out-of-pocket maximums.
2.2	Medical and pharmacy claims are included in the real-time accumulators	No	For a covered item or service (including medical, behavioral, and alternate medicine), Blue Shield's TCE tool will disclose estimated cost sharing liability, accumulated amounts, negotiated rates, out of network allowed amounts, a list of items and services subject to bundled payment arrangement, a notice of pre-requisites (if applicable), and a disclosure notice. Pharmacy services are not included.
3	For which procedures/visits are cost and quality information provided?	Participants can search through approximately 17,000 treatments, procedures, and services (including medical, behavioral, and alternate medicine) and navigate to a cost estimate for a specific service or provider and view their specific participant out-of-pocket cost estimates.	

4	What is the pricing and quality data based upon, and how frequently are these sources updated?	Blue Shield's TCE tool leverages the National Consumer Cost Tool (NCCT), which is the external database for cost information for a treatment with a provider. Data refresh through the NCCT is done twice a year, in the spring and fall. In 2023, as a result of the Transparency in Coverage Rule (TICR), Blue Shield implemented flat Machine-Readable Files (MRF), which include: - A file containing information of negotiated rates for all covered items and services between the plan or issuer and in-network providers. - A file containing information of historical payments to, and billed charges from, out-of-network providers. Data refresh through MRF sent by Blue Shield is done monthly	
5	Describe any buy-up transparency tools available, including alerts on savings opportunities.	We currently do not offer any buy-up transparency tools. Our transparency tools are included as part of our products.	
6	Provide your 2021 and 2022 book of business utilization, including how many members used the service, results (did the member make a change due to the alerts or data they pulled up on the tool), services members are looking up, and member satisfaction.	The 2021 and 2022 utilization for the TCE was approximately 2%.	
7	Are there any future enhancements planned? If so, list in the Comments section.	Yes	Our digital strategy includes making ongoing enhancements to the Treatment Cost Estimator tool as needed to ensure an optimal user experience for our members.
8	Provide a link to a demo for County of Orange to review.	Blue Shield does not have a self-service demo website available at this time.	

Telehealth			
	Question	Response	Comments
1	Can your organization support claims for telehealth visits? If yes, indicate the firm you partner with in the Comments section.	Yes	Blue Shield offers participants support from licensed doctors and mental health professionals no matter where they are with Teladoc®, the nation's first and largest telemedicine company.
1.1	If not, do you have plans to implement or develop a partnership? If a partner is already chosen, indicate the partner name in the Comments section.	No	Not applicable.
2	Confirm that if there are any costs associated with telehealth, they are already listed on the ASO Fees & Credits worksheets.	Confirm	Teladoc is included in Shield Advocate Suite.
3	Can the telehealth program be linked to the member's medical plan?	Yes	Participants can use Teladoc or any network provider who offers telehealth - benefits are set up to allow for claims for virtual visits.
4	Can members be prescribed drugs through telehealth visits?	Yes	
5	Is there a mobile app?	Yes	
6	Can an employee look up the doctor's credentials on a portal/website?	Yes	
7	If a client has a high deductible health plan, does the consult fee apply to the deductible?	Yes	
8	Can telehealth be accessed 24/7?	Yes	
9	Is telehealth offered in more languages than English? If yes, list languages in the Comments section.	Yes	Teladoc has physicians and representatives who speak both English and Spanish. For all other languages, Teladoc uses a translation service line. The Teladoc agent receiving the call wil add a third party to the line who interprets between the participant and the call center agent. This service is available in over 240 languages. Teladoc also works with third-party services to provide teletypewriter (TTY) and American Sign Language (ASL) interpretation for hearing-impaired members.
10	Does an adult have to be present for minors?	Yes	For Teladoc General Medical visits, an adult needs to be present. For Teladoc Mental Health visits, an "authorized user" has to be present at the first visit, then the minor/adolescent can schedule future visits and the parent would be notified. An "authorized user" can be a babysitter, a grandparent, or any adult the parent chooses.
11	Confirm that telehealth appointments can be held via video.	Yes	

Health Savings Accounts			
	Question	Response	Comments
1	Who do you partner with for health savings account (HSA) administration? Please indicate if this service is subcontracted.	HealthEquity® is Blue Shield's non-bank custodian and strategic partner for administering healthcare spending accounts for Blue Shield's account-based health plans. HealthEquity was established in 2002 in Draper (Salt Lake City), Utah, and is the largest and longest-tenured administrator nationally.	
2	If the County decided to begin offering HSA administration for employees that would like to participate, can the administration be offered on a voluntary basis?	Yes	HSA administration is a voluntary service. Participants do not have to select an HSA.
3	Can the monthly fee be paid by participants? Explain how the fee is processed.	No	Monthly billing of HSA administration fees are direct billed by HealthEquity® to Blue Shield and passed through to the client via a Blue Shield invoice.
4	What is the monthly fee? Ensure it is listed on the ASO Fees & Credits worksheets.	$2.95 per employee per month	
5	Is there a debit card fee? If so, indicate the fee in the comments section.	No	A total of three HSA Visa® debit cards are provided at no cost.
6	Are there one-time account set-up charges? If so, indicate the fee both in the comments section and the ASO fee pages.	No	Included in the base fee.
7	What is the debit card replacement fee?	While the first three debit cards are included at no cost, participants can request additional cards for $5.00 each via the HealthEquity participant portal or by contacting HealthEquity Participant Services.	
8	How much money do members need to have in their HSAs in order to invest their HSA funds?	Similar to an individual retirement account, HealthEquity's HSAs let employees choose to invest their account balance in stocks/bonds, mutual funds, CDs, and/or annuities. The minimum cash account balance required to open an investment account is $2,000.00 and any available HSA balance above that amount can be invested. There is no minimum dollar amount that must be invested. If a participant's HSA balance falls below the required threshold, their investments are not liquidated. The only limitation is that they cannot move any more money from their HSA to their investment funds until their HSA balance again exceeds the default threshold of $2,000.00. A participant can continue to make trades, move money between funds, or back into their HSA to cover medical expenses.	
9	What are the investment fees?	While there are no transaction-related charges for investing, HealthEquity® charges an investment administration fee of 0.40% (includes a 0.36% maintenance fee and a 0.4% underlying fund fee). The fee is assessed quarterly and is paid by participants out of their HSA cash balance. In addition, each mutual fund charges fees, often referred to as the operating expense ratio (OER). This fee is not collected by HealthEquity but is charged by the fund itself.	
10	Are there any loads?	We have business daily eligibility and claims feeds.	
11	What is the charge for paper statements?	Participant account statements can be accessed monthly online through the HealthEquity® participant portal at no charge. Paper statements are automatically sent to members through standard U.S. mail unless the participant opts out. A $1.00 per paper statement fee is charged to the member.	
12	How do employees opt out of paper statements?	Participants can opt on the HealthEquity participant website.	

13	Describe the steps involved in your typical HSA implementation process.	We have successfully transitioned thousands of clients to HealthEquity's account-based health plan (ABHP) administrative services. Relying upon best practices derived from this experience, we have developed a smooth and efficient implementation process that has been time-tested. An implementation team is assigned to each client and is responsible for overseeing and managing the transition process. Implementation begins with a kick-off meeting between sales, the client, and all involved in the implementation process. This team will coordinate with the client's benefits staff to provide the necessary implementation requirements, schedule and participate in a kick-off meeting, complete and maintain a project plan, establish timelines, identify requirements, coordinate with internal resources, and provide ongoing communication. Upon completion of the implementation process, the client will be transitioned to a designated service delivery manager who will oversee the group's HealthEquity services and serve as the day-to-day contact for issues and inquiries.	
14	Describe the type of information required from the County for administration, and how it may differ for employees vs. Pre65 retirees.	HealthEquity® requires the following from clients to open or transfer HSAs: - Client information, including a unique employer number, business address, phone number, and email. - Plan information, including a plan identifier, effective date, deductibles, and out-of-pocket maximums. - Participant information, including name, birth date, physical address, phone number, coverage tier, and effective date. - Payroll information, including employer contributions, payroll withholding, and incentives. Ongoing, clients can use HealthEquity's system to make contributions on demand by uploading files that identify contribution amounts or transmitting contribution files via a secure file transfer protocol. HSA funding is accepted at any frequency; updates and changes are managed through file exchange with the employer or payroll vendor. In addition, daily eligibility files streamlined electronically through integration with Blue Shield are processed within two business days of receipt. The only difference for retires would be that 55 years and older participants can have a higher contribution limit annually on their HSA as a catch up amount.	
15	What the minimum fund level for investments? What are your investment fees?	The minimum cash account balance required to open an investment account is $2,000.00 and any available HSA balance above that amount can be invested. There is no minimum dollar amount that must be invested. While there are no transaction-related charges for investing, HealthEquity® charges an investment administration fee of 0.40% (includes a 0.36% maintenance fee and a 0.4% underlying fund fee). The fee is assessed quarterly and is paid by participants out of their HSA cash balance. In addition, each mutual fund charges fees, often referred to as the operating expense ratio (OER). This fee is not collected by HealthEquity but is charged by the fund itself.	

Non-Smoker Incentive Program			
	Question	Response	Comments
1	County of Orange offers an annual incentive to actives and retirees enrolled in the Wellwise retiree plan that do not smoke or participated in smoking cessation program. The offeror is required to manage and administer this program, **completing the process by sending the incentive to retirees via check.** Full requirements are outlined in the Model Contract under Attachment A - Scope of Work. Please confirm that you can administer this program as outlined in the Model Contract. If there is an additional cost for this, indicate this in the appropriate cells on the ASO Fees & Credits worksheets.	Yes	

Performance Guarantees			
	Question	Response	Comments
1	Performance guarantees for medical and pharmacy are included in the model contract (Attachment F - Performance Standards).	Agreed.	
1.1	Do you agree to all of the performance guarantees as written in the model contract? If not, please ensure any changes are redlined in the model contract.	We agree to ensure any changes to performance guarantees are redlined in the model contract.	Please see redlines in Attachment F – Performance Standards for the changes to applicable performance guarantees as written in the model contract.

Wellness			
	Question	Response	Comments
1	Please describe any wellness/lifestyle programs that are included in the base administration fee that members would have access to.	Blue Shield's digital healthcare platform, Wellvolution®, provides a structured yet personalized approach to healthcare that leverages digital therapeutics, evidence-based therapies, and member-centric design to prevent and even reverse disease. Wellvolution's collection of scientifically-backed programs and apps focus on nutrition, weight loss, physical activity, meditation for anxiety, mild depression, sleep, stress management, tobacco cessation, and disease prevention/reversal.	We also offer Wellvolution Plus, a flexible and dynamic value-added service for ASO customers. With Wellvolution Plus, ASO customers can choose which available Wellvolution programs will be accessible to their participant populations. This will allow ASO customers to create a customized suite of health conditions tailored to their needs. Wellvolution Plus includes a data dashboard for real-time engagement and outcomes reporting. ASO customers with more than 3,000 participants also can add their logo to the platform.
2	Identify other actions you can report, (and whether participation, not results, can be reported at a member level) which may include but are not limited to the following:		
	a. Completion of Online coaching	Yes	
	b. Telephonic coaching	Yes	
	c. Tobacco cessation programs	Yes	
	d. Online condition or healthy living courses, identify courses available	Yes	We offer reporting for online condition courses, such as obesity, hypertension, high cholesterol, and diabetes.
	e. Obtaining an annual exam	No	Annual exams are out of scope for wellness services.
	f. Participation in disease management programs	Yes	The value of the Wellvolution® program is communicated through client-specific, aggregate reporting that tracks participation, engagement, high-acuity outcomes, improvement in physical activity, and participant satisfaction.Wellvolution reporting is available quarterly or on a mutually agreeable cadence at no additional charge for groups with at least 50 participants enrolled in a clinical program.
3	Are you able to provide wellness services to the County for the entire workforce, not just those enrolled in your health plan (for example: brown bag lunch presentations on various topics, promotions geared towards weight loss, etc.)? Be specific regarding how many meetings or services would be available to the County per year. Please confirm your pricing includes these services at no additional cost to the County.	Yes	In the past Blue Shield has partnered with local providers to do lunch and learns on a quarterly basis for the County. We are open to continue partnering with the County to support these kinds of wellness services at no additional cost.

Case Management and Utilization Review			
	Question	Response	Comments
1	Do you have an enhanced care management/customer service model that provides a single point of contact and a lower ratio of members to care managers?	No	The customized, dedicated customer service team that specializes in care management engagement, with a lower staff to participant ratio, is all in place with the County now at no charge. We do offer other clients Connect,our premium service model that gives employees a powerful member engagement and advocacy experience, no matter where they are on their health journey. Connect brings together a designated team of clinicians and customer service representatives to support members at all points on their health journey. However, the Connect model is not as comprehensive as what we have in place for the County now - Connect was developed based on what we provided for the County over the years.
1.1	If so, provide specifics and the additional cost.	Not applicable.	

Diversity, Equity and Inclusion			
	Question	Response	Comments
1	How does your organization create and sustain a diverse and inclusive culture?	Blue Shield is deeply committed to having a workforce that is representative of the communities it serves and has a robust plan to accomplish this. We champion diversity, equity, and inclusion by accelerating career growth for our diverse employees; recruiting, hiring, developing, and retaining diverse talent at all levels; and maintaining a zero pay-ratio gap both by gender and ethnicity. To foster a diverse, equitable, and inclusive work environment, we continue to ensure all employees have a voice and feel heard, can thrive personally and professionally, while maintaining a learning posture and turning feedback into meaningful action. We provide inclusive leadership training and provide open and equitable access to learning opportunities. While there is still much work to do, we are proud of our accomplishments so far. We also have eight vibrant Employee Resource Groups (ERGs), representing women, veterans, Black, Hispanic, Asian, disabled, and LGBTQ+ employees and their allies, including an ERG that supports intergenerational collaboration and the needs of different age groups. Our ERG members help foster a diverse, equitable, and inclusive culture and great employee experience. We facilitate the building of relationships with diverse suppliers, partners, and participant, and volunteer with nonprofits in our communities. These efforts also extend to the external suppliers and partners with whom we collaborate.	

2	What has been done by your organization to reduce health disparities for your covered members? Please elaborate what is currently being done and what is on the roadmap for the future.	We have focused our health disparities efforts on members who are primarily in government-sponsored programs such as Covered California, California's health exchange. We understand that participants entering the healthcare system via health exchanges may be unfamiliar with how to access care or how to navigate new health plan benefits, particularly those participants who have existing chronic conditions. We are dedicated to improving participant access to non-traditional sources of care by identifying targeted California communities with a high prevalence of disparities and access-to-care challenges. We work closely with providers who can meet and deliver care in locations where participants live and work. We also conduct targeted participant engagement efforts via preferred communication channels to engage with participants early during enrollment and connect them with case and/or disease management programs. As part of the next iteration of Blue Shield's Maternal Child Health Equity Initiative, we launched The Doula Market Test Program to eight Blue Shield employer groups. The program will utilize Mahmee as the virtual hub for providing doula and allied health professional services to participants throughout the perinatal journey, including in-person care and unlimited access to virtual care from a team of certified doulas, nurse navigators, lactation consultants, mental health coaches, nutrition coaches, and care coordinators, at no additional cost to the member. The program began on 8/1/2023 and will take place for a duration of 18 months (end of 2024). Participants are now able to self-report demographic data that can be collected through our participant portal, which captures race/ethnicity, language, sexual orientation, and gender identity. This data allows Blue Shield to better identify participants with disparities.	
3	Do you currently foster diversity and inclusion practices among your network?	Yes.	
4	On your provider search tools, do you include information regarding the providers' gender, race, etc. so that members have an opportunity to find a provider that "fits".	Yes. Our Find a Doctor tool on blueshieldca.com currently enables participants to filter their search results by the following provider demographics: Additional languages spoken, doctor's gender, and doctor accepting genders. In addition, Find a Doctor includes provider demographic fields for race and ethnicity. Expanding demographic information on our provider search tool is included in our overall initiatives.	
5	Provide the breakdown of Southern California providers by the groups indicated below:		Both our Credentialing Application and Provider Application allow for practitioners to self-report their race/ethnicity. While providers may voluntarily share race/ethnicity information, providers are not required to disclose this information as part of the credentialing and onboarding processes (as shown in the "Other/Unknown" percentage). Therefore, the percentages provided in response to Question 5.1 are not a true representation of the demographics of our full PPO network in Southern California. In addition, the percentages are based on non-unique provider counts, as some providers may practice in multiple locations in Southern California.
5.1	**Medical - Primary Care Providers**		
	% women	44.13%	
	% hispanic	0.49%	
	% asian	1.40%	
	% black or african american	0.16%	
	% designated as culturally competent for LGBTQ+	N/A	
	% designated as multi-lingua	54.64%	
	Other breakdown	Pacific Islander: 0.25% Other/Unknown: 96.52%	

5.2	**Medical - All Other Network Providers**		Both our Credentialing Application and Provider Application allow for practitioners to self-report their race/ethnicity. While providers may voluntarily share race/ethnicity information, providers are not required to disclose this information as part of the credentialing and onboarding processes (as shown in the "Other/Unknown" percentage). Therefore, the percentages provided in response to Question 5.2 are not a true representation of the demographics of our full PPO network in Southern California. In addition, the percentages are based on non-unique provider counts, as some providers may practice in multiple locations in Southern California. The percentages provided in response to Question 5.2 are for specialist providers.
	% women	48.59%	
	% hispanic	0.79%	
	% asian	1.36%	
	% black or african american	0.45%	
	% designated as culturally competent for LGBTQ+	N/A	
	% designated as multi-lingua	33.10%	
	Other breakdown	Pacific Islander: 0.13% Other/Unknown: 94.54%	
5.3	**Behavioral health - In Network Providers**		Both our Credentialing Application and Provider Application allow for practitioners to self-report their race/ethnicity. While providers may voluntarily share race/ethnicity information, providers are not required to disclose this information as part of the credentialing and onboarding processes (as shown in the "Other/Unknown" percentage). Therefore, the percentages provided in response to Question 5.3 are not a true representation of the demographics of our full PPO network in Southern California. In addition, the percentages are based on non-unique provider counts, as some providers may practice in multiple locations in Southern California.
	% women	72.48%	
	% hispanic	2.76%	
	% asian	1.43%	
	% black or african american	1.59%	
	% designated as culturally competent for LGBTQ+	N/A	
	% designated as multi-lingua	22.33%	
	Other breakdown	Pacific Islander: 0.11% Other/Unknown: 87.88%	
5.4	**Care Management Team**		
	% women	88.70%	
	% hispanic	27.80%	
	% asian	12.40%	
	% black or african american	14.40%	
	% designated as culturally competent for LGBTQ+	N/A	
	% designated as multi-lingua	N/A	
	Other breakdown	American Indian or Native Alaskan: 1%	

Cybersecurity			
1	Confirm your organization has adopted written cybersecurity policies and procedures that can identify and assess internal and external cybersecurity risks that may threaten the confidentiality, integrity or availability of County's data.	Confirm	
2	Confirm that your organization's cybersecurity policies and procedures can protect the County's data from unauthorized access, use or other malicious acts	Confirm	
3	Confirm that your organization is capable of:		
	a) Identifying risks to client's data	Confirm	
	b) Protecting client's data and systems	Confirm	
	c) Detecting and responding to cybersecurity events	Confirm	
	d) Recovering from any unanticipated events	Confirm	
	e) Disclosing the event as appropriate	Confirm	
	f) Restoring normal operations and services	Confirm	
4	Confirm that your organization has protocols in place to:		
	a) Have senior leadership review and approve the cybersecurity policies and procedures at least annually and update as necessar	Confirm	
	b) Ensure all users that have access to Client data are familiar with the terms of the cybersecurity policy	Confirm	
	c) Have an independent third-party auditor review the policies and confirm compliance with its operations	Confirm	
	d) Document the framework used to assess the security of your organization's systems and practices	Confirm	
5	Confirm your organization's cybersecurity policies and procedures address the following:		
	a) Data governance and classification	Confirm	

	b) Access controls and identity management	Confirm	
	c) Business continuity and disaster recovery	Confirm	
	d) Configuration management	Confirm	
	e) Risk management	Confirm	
	f) Data disposal	Confirm	
	g) Incident response	Confirm	
	h) Systems operations	Confirm	
	i) Vulnerability and patch management	Confirm	
	j) System, application and network security and monitoring	Confirm	
	k) System and application development and performance	Confirm	
	l) Physical security and environmental controls	Confirm	
	m) Data privacy	Confirm	
	n) your organization and third-party service provider management	Confirm	
	o) Consistent use of the multi-factor authentication	Confirm	
	p) Cybersecurity awareness training, which is given to all personnel annually	Confirm	
	q) Encryption to protect all sensitive information transmitted and at rest	Confirm	
6	Confirm your organization conducts regular risk assessments to identify, estimate and prioritize information system risks as necessary but no less than annually.	Confirm	
7	Confirm such risk assessment can:		
	a) Identify, assess, and document how identified cybersecurity risks or threats are evaluated and categorized.	Confirm	
	b) Establish criteria to evaluate the confidentiality, integrity, and availability of the information systems and County's data, and document how existing controls address the identified risks.	Confirm	
	c) Describe how the cybersecurity policies and procedures will mitigate or accept the risks identified.	Confirm	
	d) Facilitate the revision of controls resulting from changes in technology and emerging threats.	Confirm	
	e) Be kept current to account for changes to information systems, nonpublic information, or business operations.	Confirm	
8	At least annually, confirm your organization will have an independent auditor assess your organization's security controls and that such auditor will provide a clear, unbiased report of existing risks, vulnerabilities, and weaknesses. Any weaknesses identified in the independent third-party analyses should be timely corrected and corrections should be documented.	Confirm	
9	Confirm that your organization's cybersecurity policies and procedures is managed at the senior executive level (i.e., Chief Information Security Officer) and by qualified personnel who meet the following criteria:		
	a) Sufficient experience and necessary certifications.	Confirm	
	b) Initial and periodic background checks.	Confirm	
	c) Regular updates and training to address current cybersecurity risks.	Confirm	
	d) Current knowledge of changing cybersecurity threats and countermeasures.	Confirm	
10	Confirm your organization has strong access controls to authenticate users who should have access to County's data and that access to data is limited to that which is authorized for such user. Confirm whether your organization has established the following security practices for access control:		
	a) Access to County's systems and data is limited to authorized users, processes, devices, activities and transactions.	Confirm	
	b) Access privileges are limited based on the role of the individual and adhere to the need-to-access principle.	Confirm	
	c) Access privileges are reviewed at least every three months and accounts are disabled/deleted in accordance with policy.	Confirm	
	d) All users have unique/complex passwords.	Confirm	
	e) Multi-factor authentication is used wherever possible unless a documented exception exists based on the use of a similarly effective access control methodology.	Confirm	
	f) Policies, procedures and controls are implemented to monitor the activity of authorized users and detect unauthorized access with non-public information.	Confirm	
	g) Procedures are implemented to ensure that sensitive information about a participant in the your organization's records matches the information that the plan maintains about the participant.	Confirm	
	h) Confirm the identity of the authorized recipient of any funds.	Confirm	

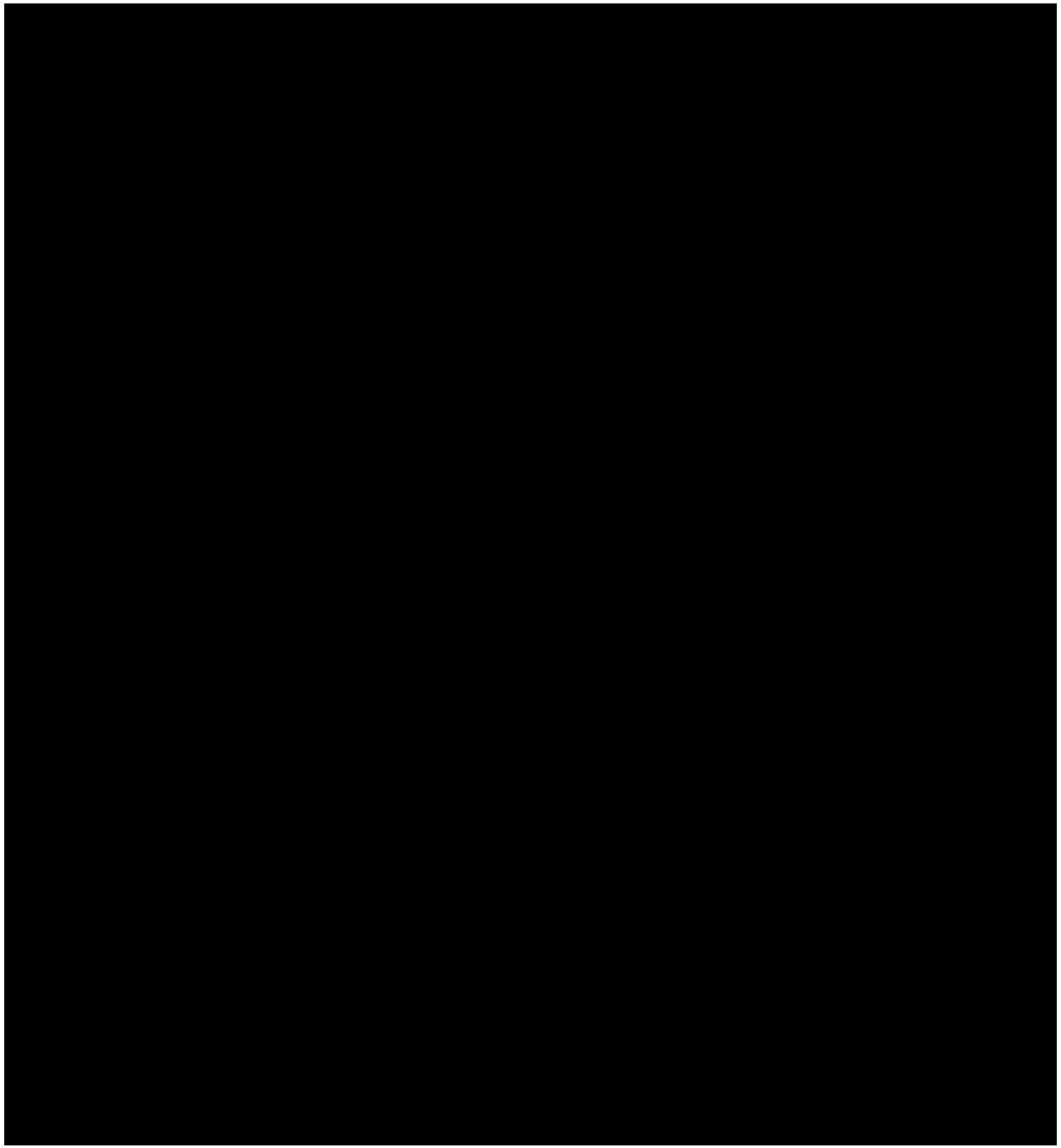
11	To the extent any Client data is stored in a Cloud with a third party, confirm your organization has implemented best practices such as:		
	a) Requiring a risk assessment of third-party service providers.	Confirm	
	b) Defining minimum cybersecurity practices for third party service providers	Confirm	
	c) Periodically assessing third party service providers based on potential risks.	Confirm	
	d) Ensuring that your organization's guidelines and contractual protections address items such as (i) access control policies and procedures, including the use of multi-factor authentication, (ii) encryption policies and procedures, (iii) notification protocol for a cybersecurity event which directly impact's County's systems or data.	Confirm	
12	Confirm that anyone that has access to County's data is required to undertake cybersecurity awareness training at least annually, and that such training will include topics relating to identity theft, and other current trends that are being used to exploit unauthorized access to systems.	Confirm	
13	Confirm that your organization has adopted a secure System Development Life Cycle Program (SDLC) process to ensure that security assurance activities (e.g., penetration testing, code review, etc.) are an integral part of its system development efforts.	Confirm	
14	Confirm whether the SDLC process includes:		
	a) Procedures, guidelines and standards to ensure that all in-house applications are developed securely.	Confirm	
	b) Procedures for evaluating the security of externally developed applications including periodic reviews and updates.	Confirm	
	c) A vulnerability management plan, including regular vulnerability scans.	Confirm	
	d) Annual penetration tests.	Confirm	
14	Confirm that your organization has a Business Resiliency Program that include the following:		
	a) A business continuity plan that addresses how your organization will recover, resume and maintain business functions and their underlying processes at acceptable pre-defined levels following a disruption.	Confirm	
	b) A disaster recovery plan that addresses how your organization will recover and resume its IT infrastructure, business applications and data services in the event of a major disruption.	Confirm	
	c) An incident response plan that addresses how IT staff will detect, respond to, and recover from security incidents.	Confirm	
15	Confirm that your organization's systems will always implement the most current, prudent standards for encryption keys, message authentication and hashing to protect the confidentiality and integrity of data at rest or in transit.	Confirm	
16	Confirm that your organization's information systems will implement the most current security practices for technical security, including:		
	a) Hardware, software and firmware models and versions that are up to date.	Confirm	
	b) Your organization supported firewalls, intrusion detection and prevention appliances/tools.	Confirm	
	c) Current and regularly updated antivirus software.	Confirm	
	d) Routine patch management.	Confirm	
	e) Network segregation.	Confirm	
	f) System hardening.	Confirm	
	g) Routine data backup.	Confirm	
17	Confirm that if a cybersecurity breach or incident occurs, your organization will take appropriate action to protect the County's plan participants and beneficiaries such as:		
	a) Informing law enforcement.	Confirm	
	b) Investigating the incident.	Confirm	
	c) Notifying affected participants and providing them information necessary to prevent/reduce injury.	Confirm	
	d) Honor all contractual and legal obligations with respect to the breach, including complying with agreed up notification requirements.	Confirm	
	e) Fixing the problem(s) that caused the breach to prevent recurrence.	Confirm	

U. Disruption Analysis

Instructions:
- Please indicate if each provider is in network in Columns L (Full Network) and M (High Performance Network)

Disruption Analysis

Tax ID	NPI	Provider Name	Address	City	State	Zip	Specialty (if applicable)	Type (OP, IP, Professional)	COO Plan/Employee	In-Network *Full Network* (Yes/No)	In Tandem Network (CA only; OOS reference Column L)
[redacted]							--	Outpatient	Sharewell Active	YES	YES



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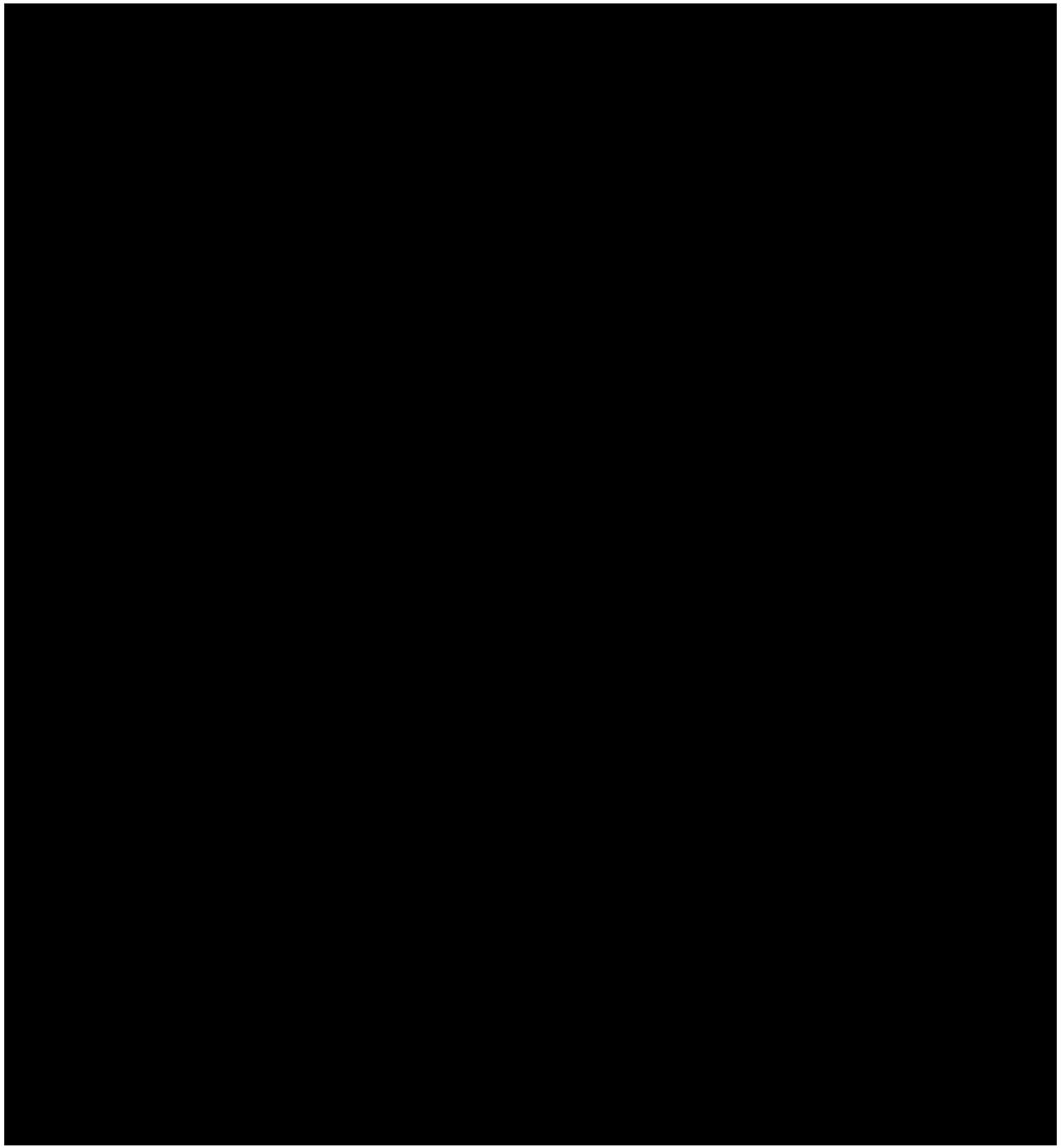

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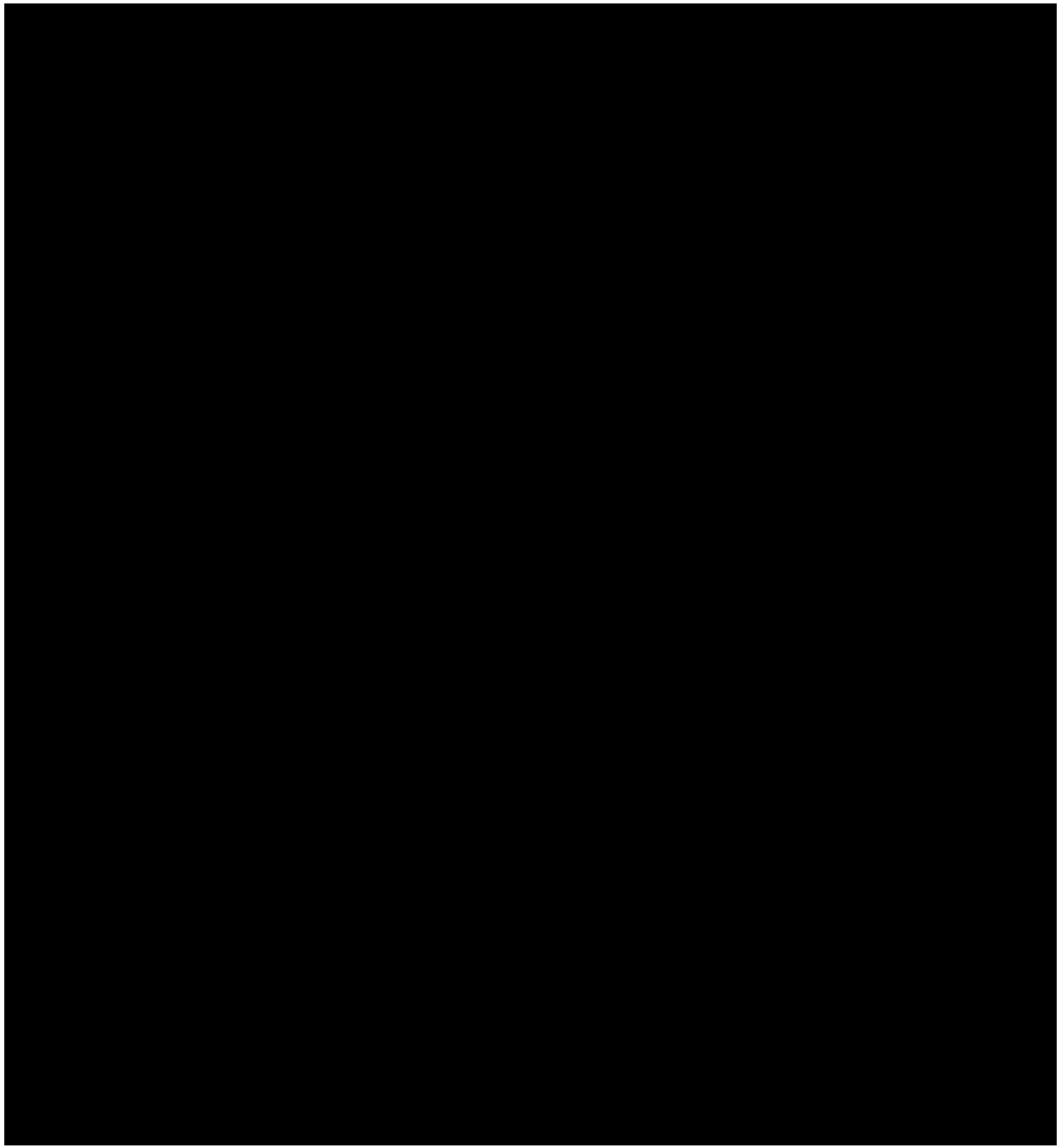

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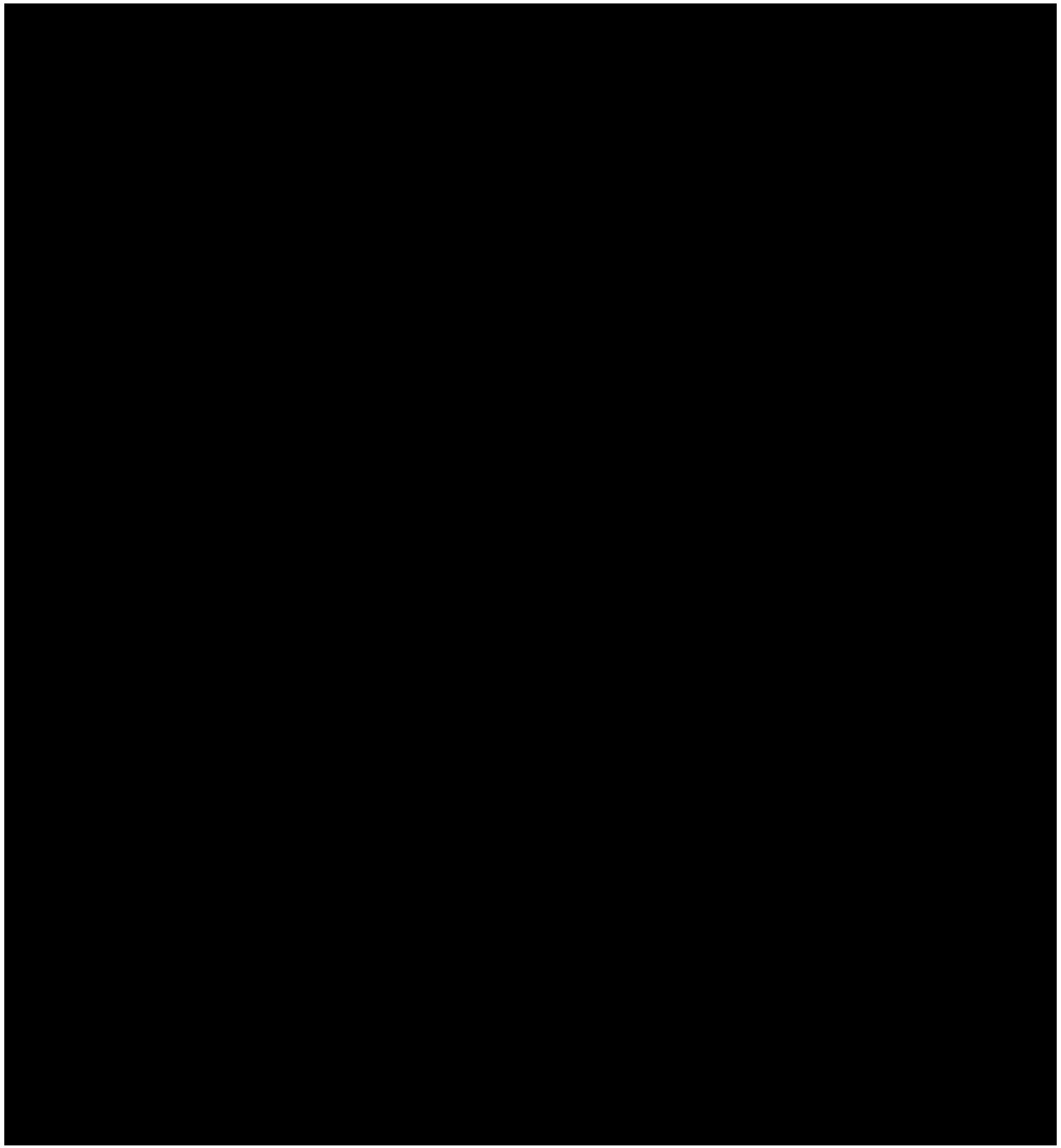

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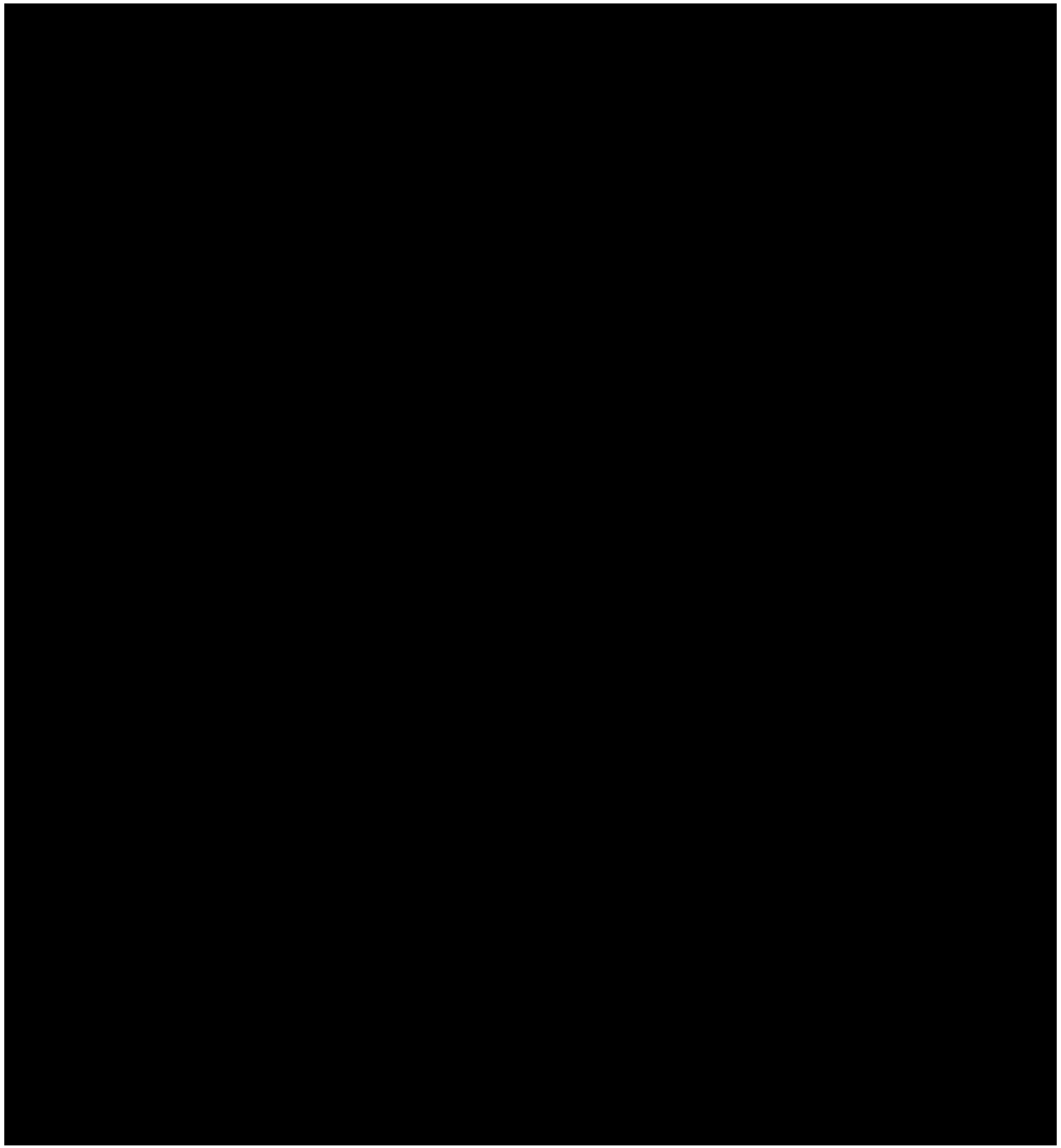

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--	Outpatient	Sharewell Retiree	YES	N/A
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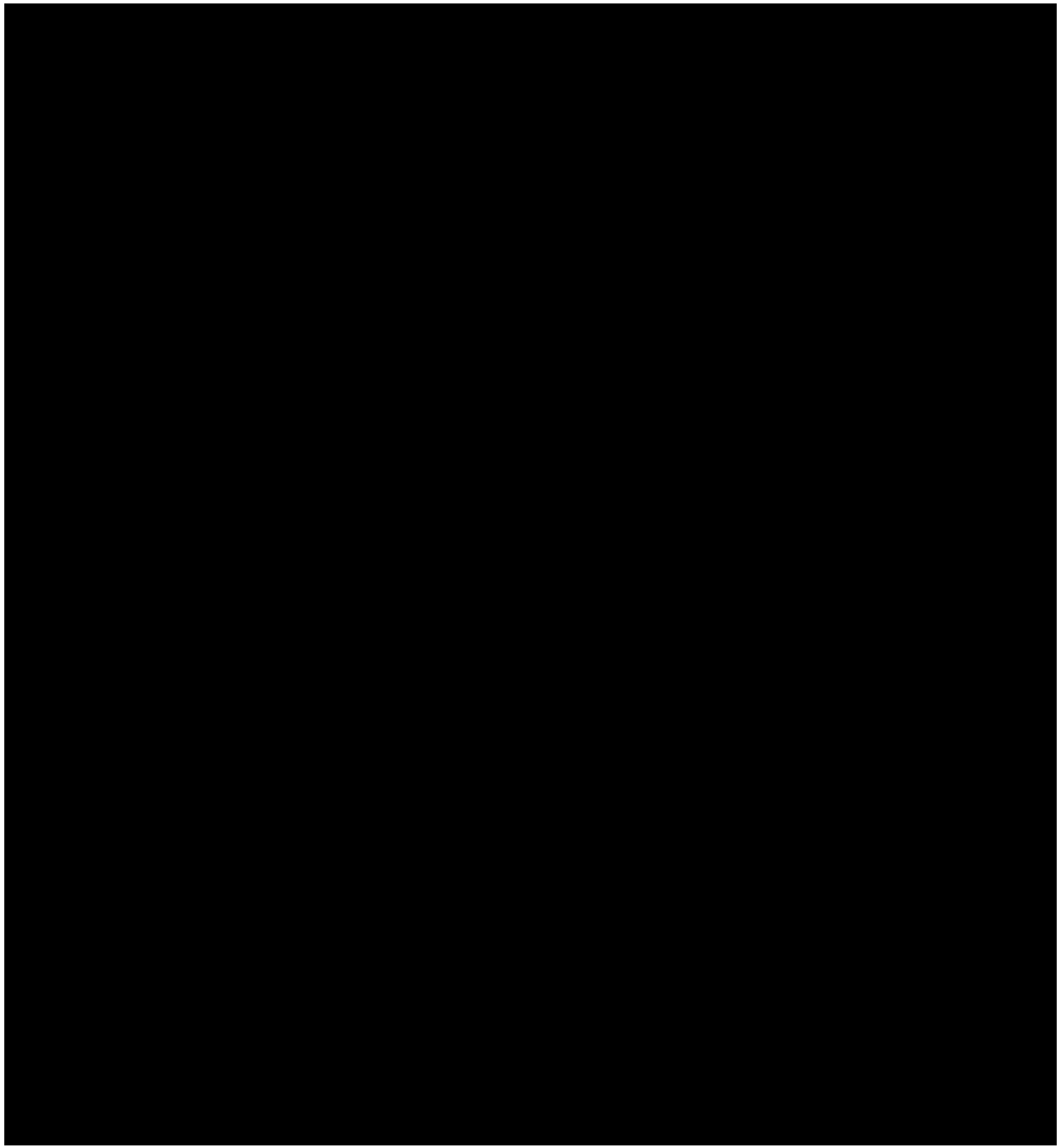

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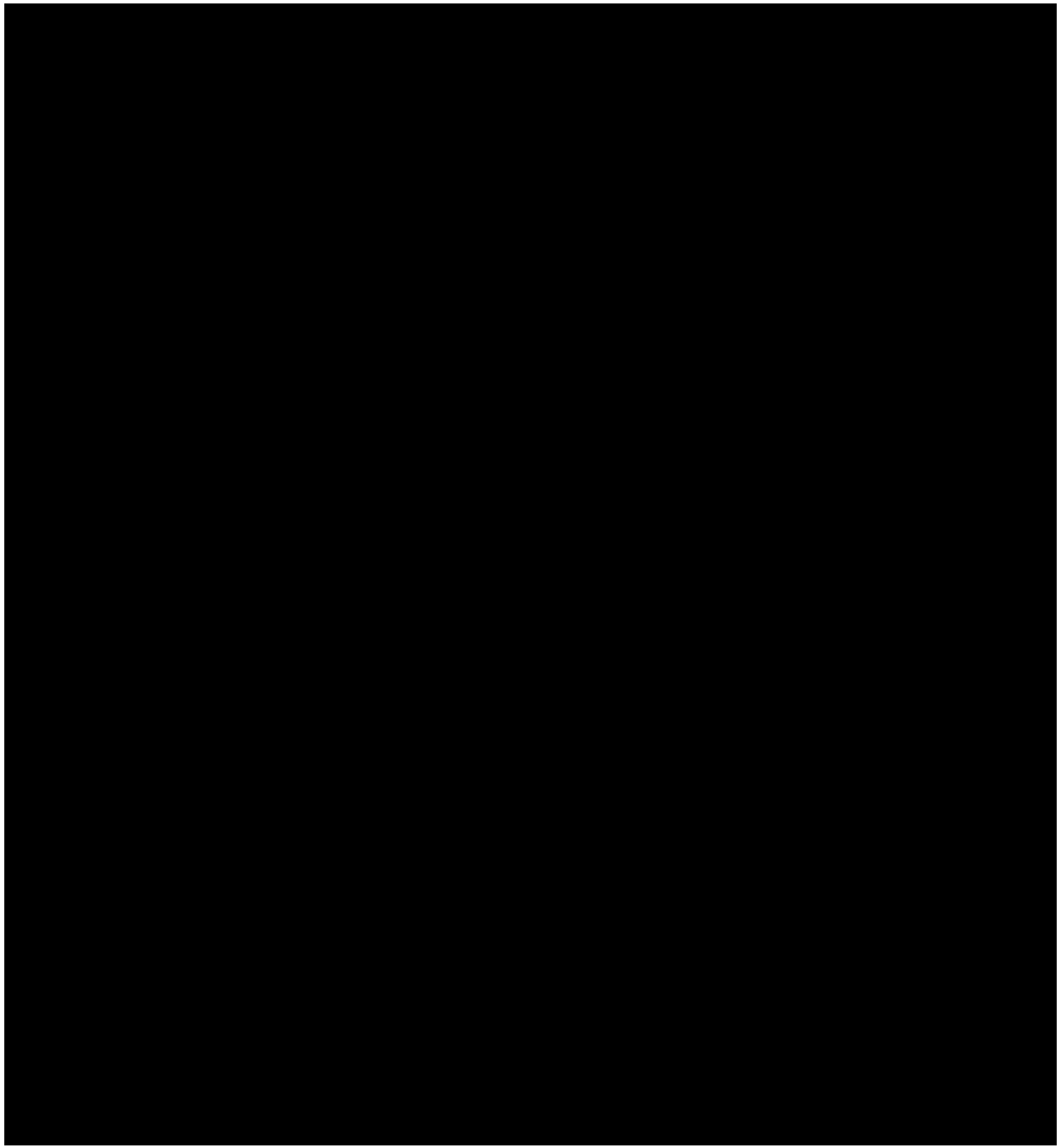

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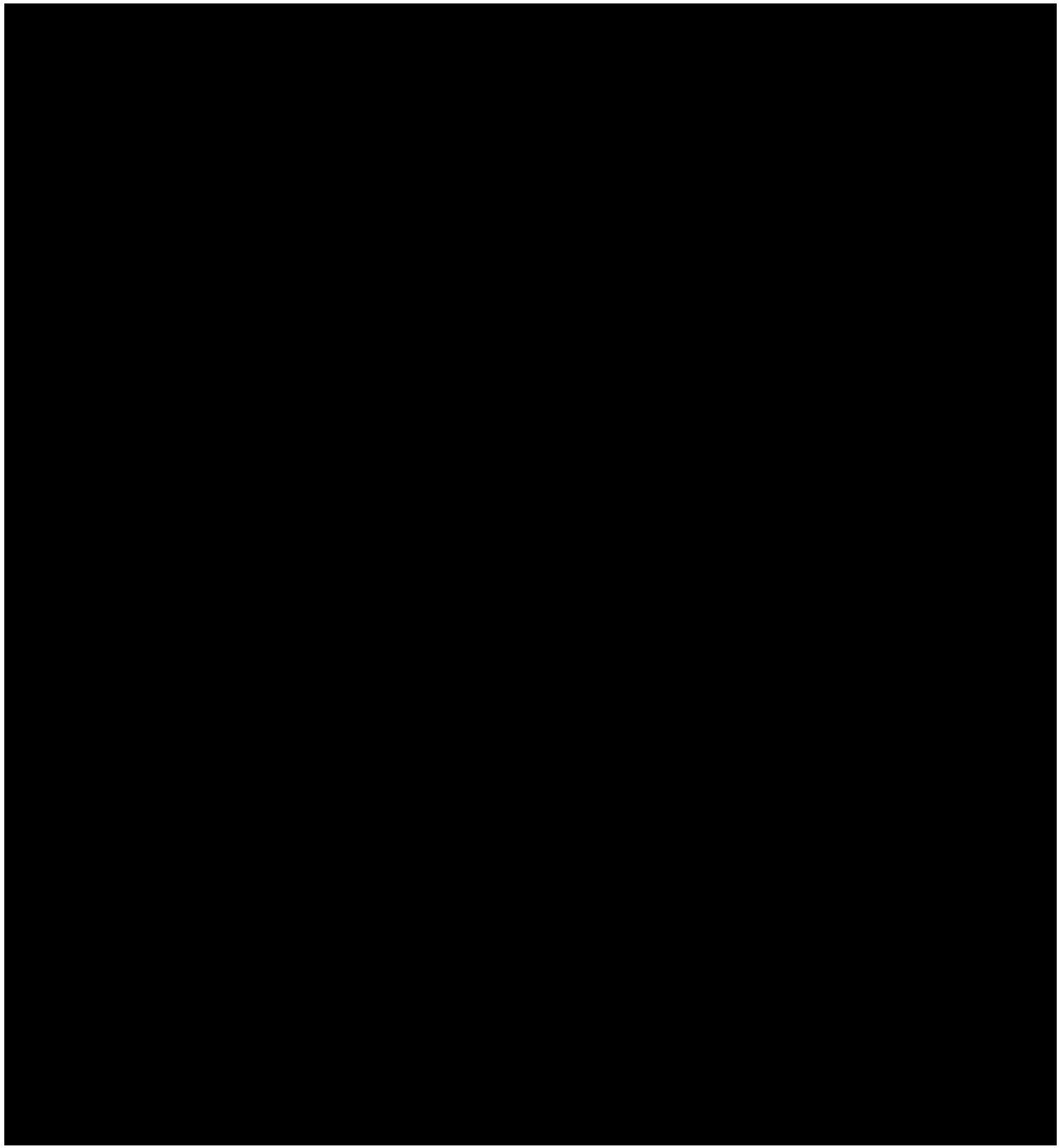

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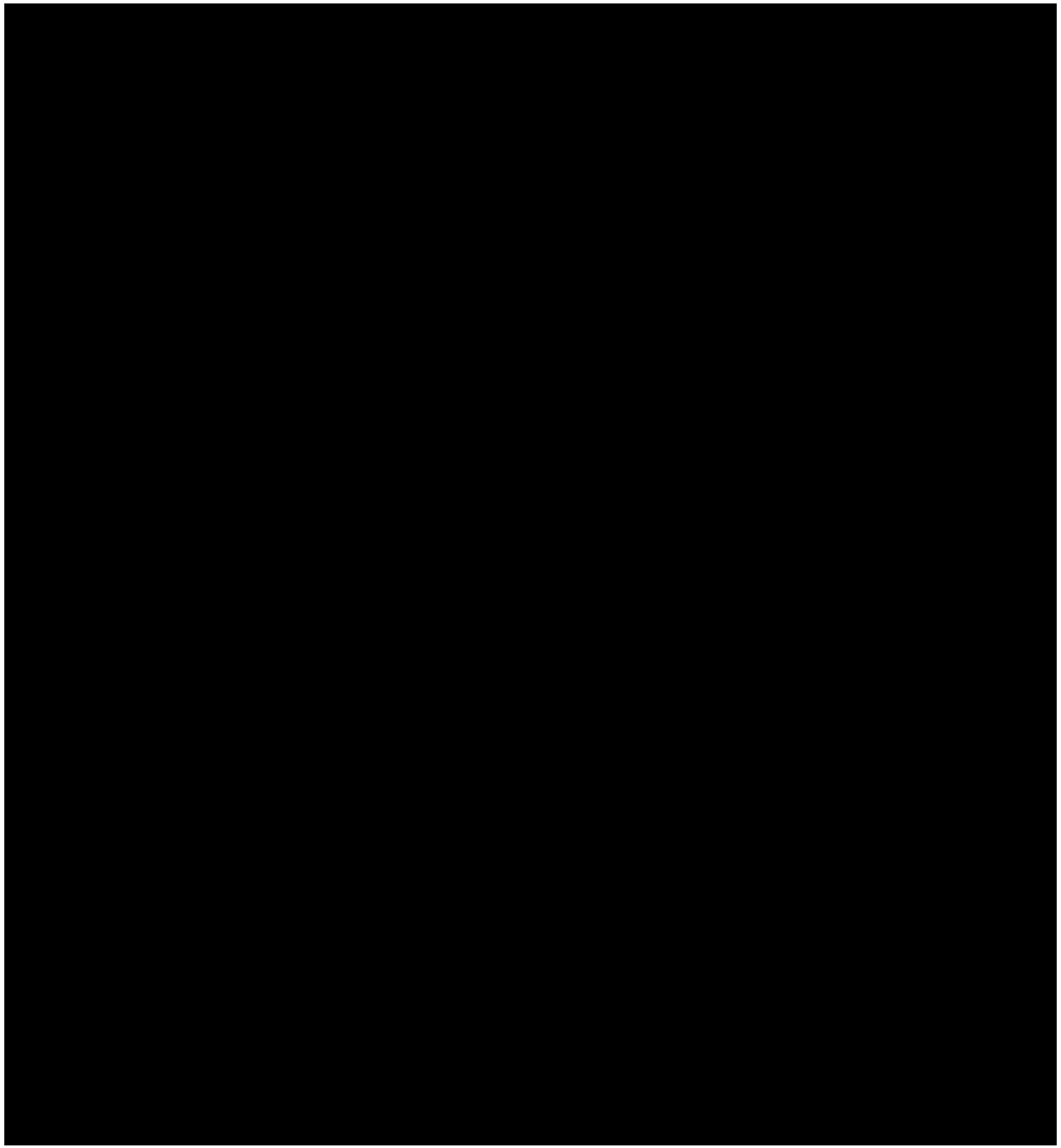

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--	Outpatient	Sharewell Retiree	YES	YES
--	Outpatient	Sharewell Retiree	YES	YES
--	Outpatient	Sharewell Retiree	YES	YES
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--	Outpatient	Wellwise Active	YES	YES
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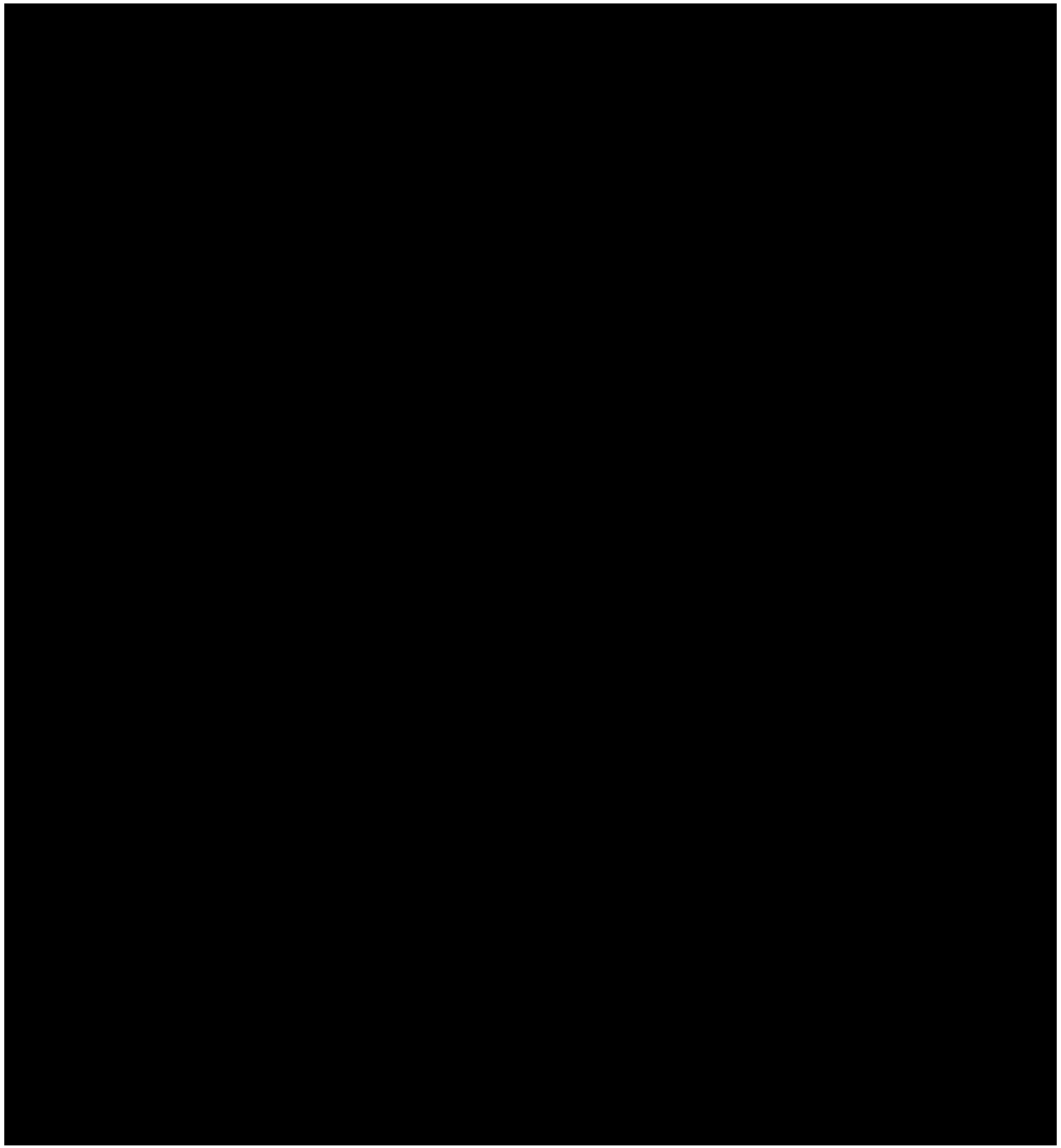

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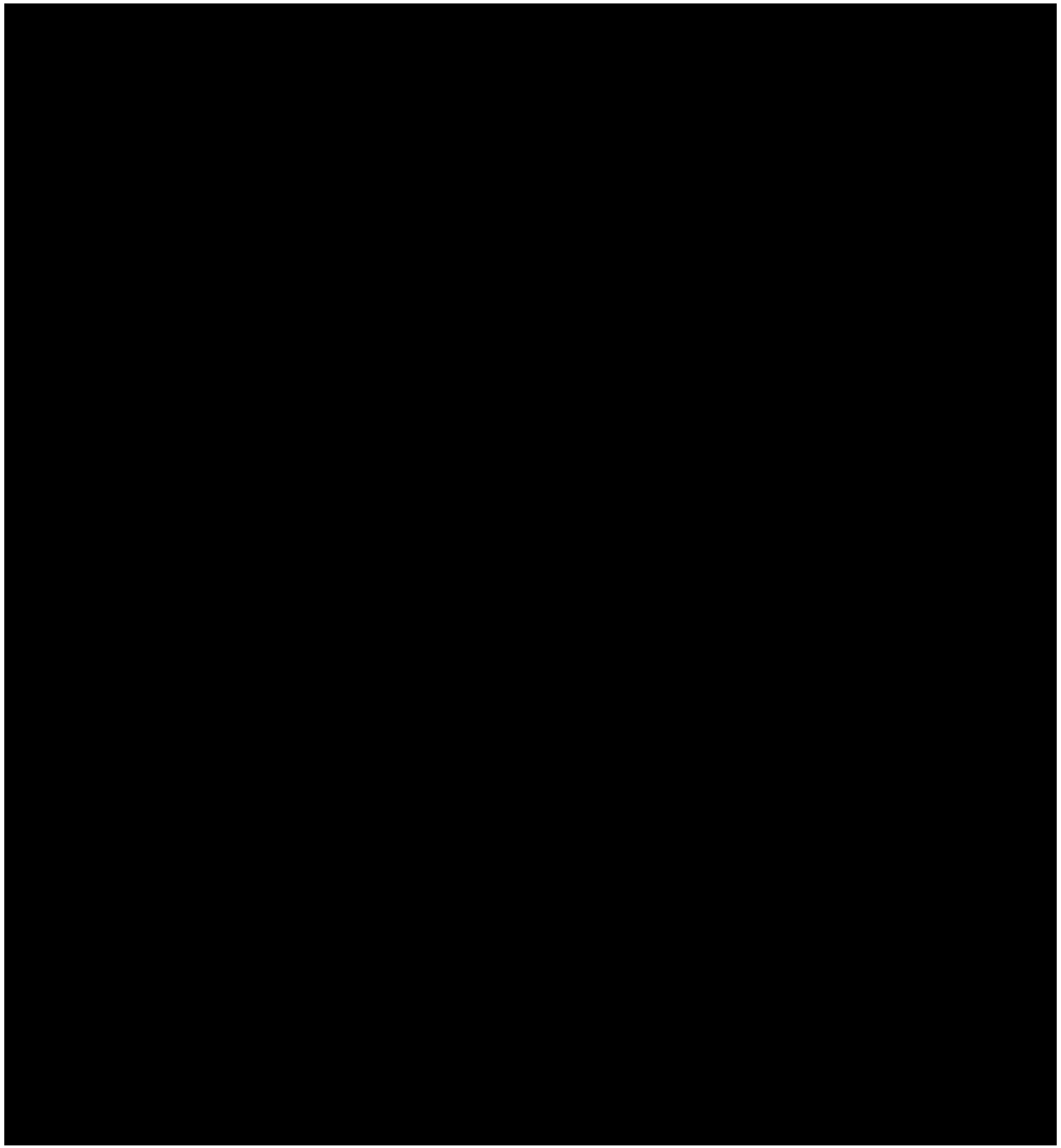

--	Outpatient	Wellwise Active	YES	YES
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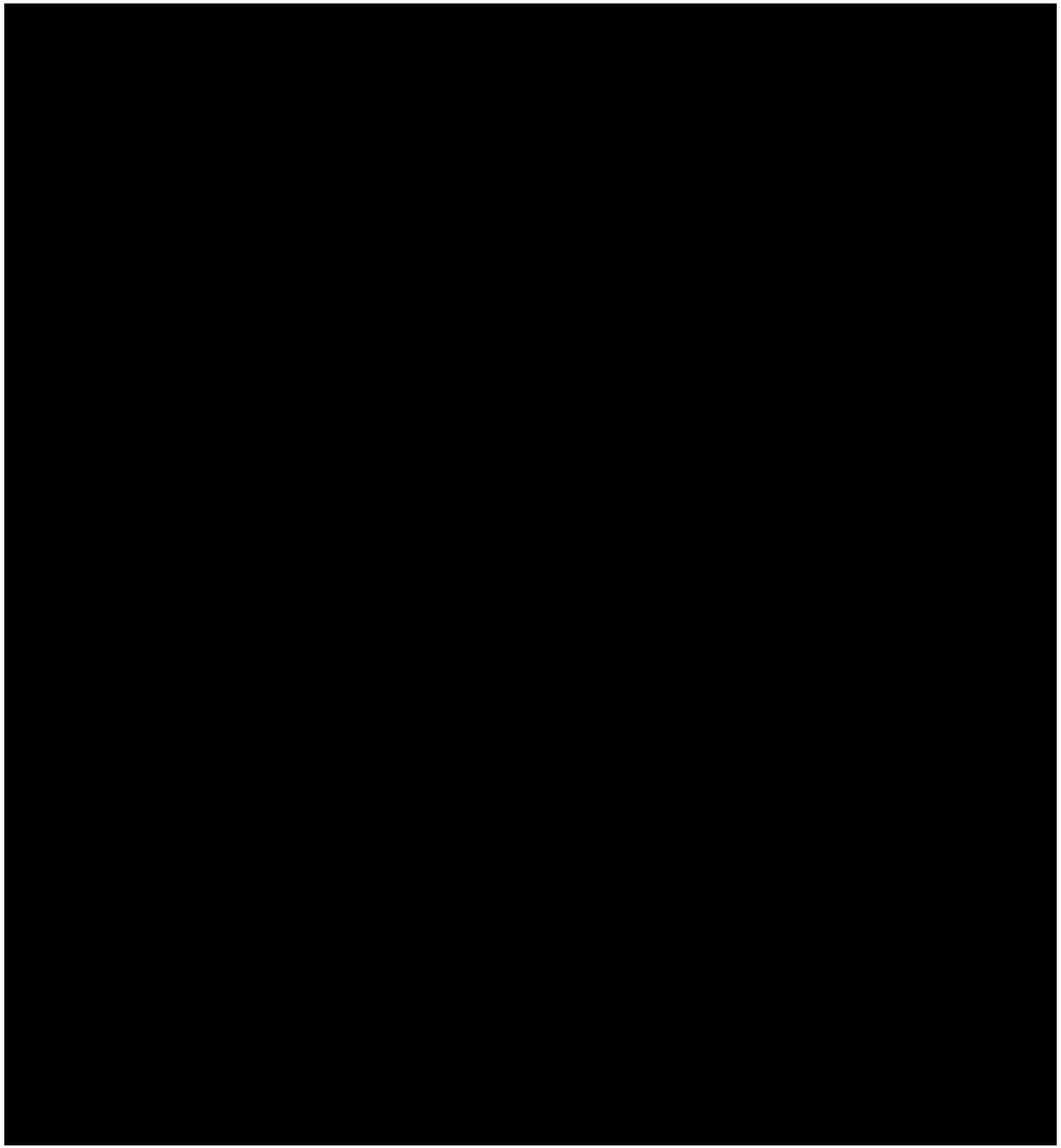

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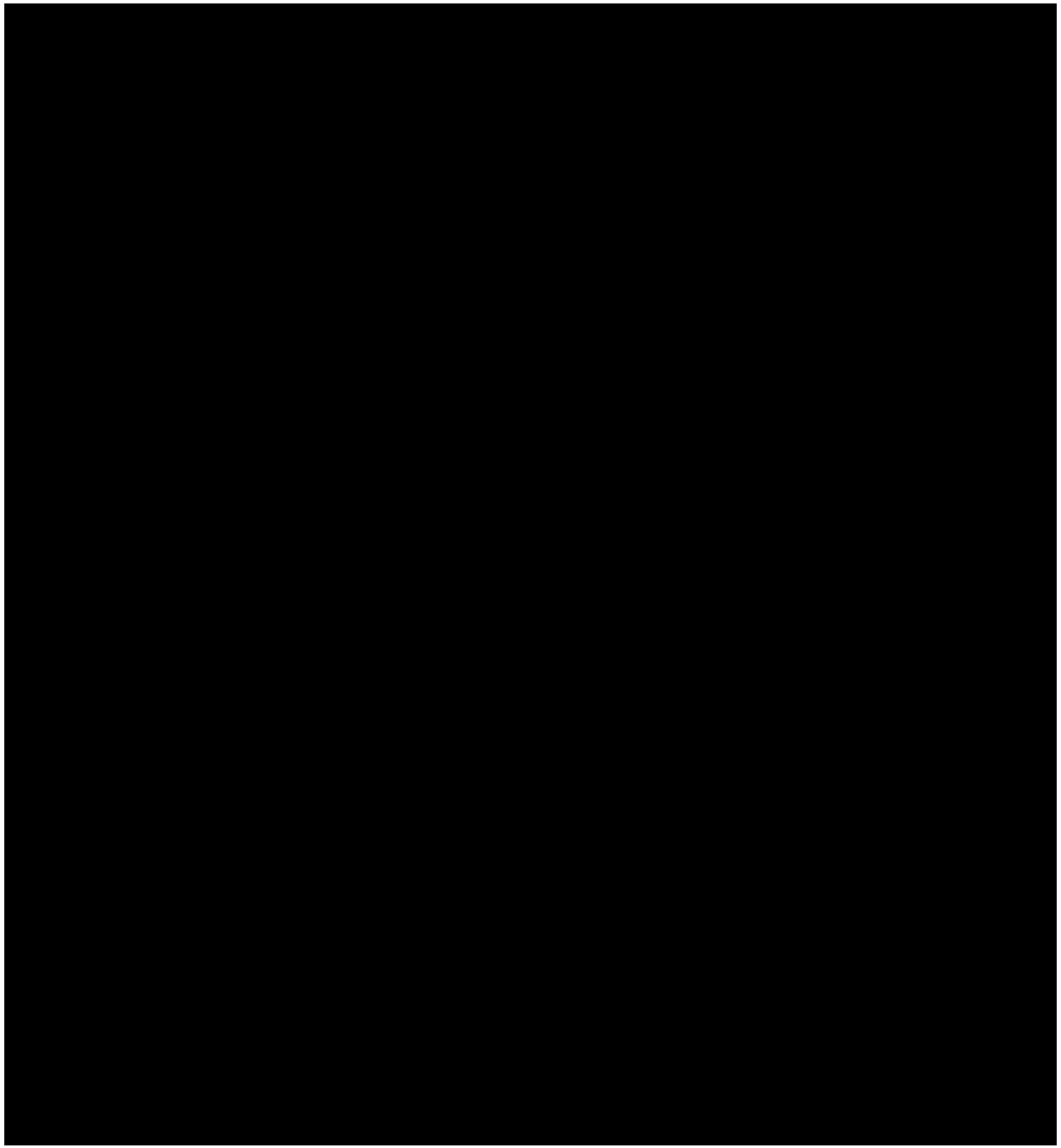

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--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
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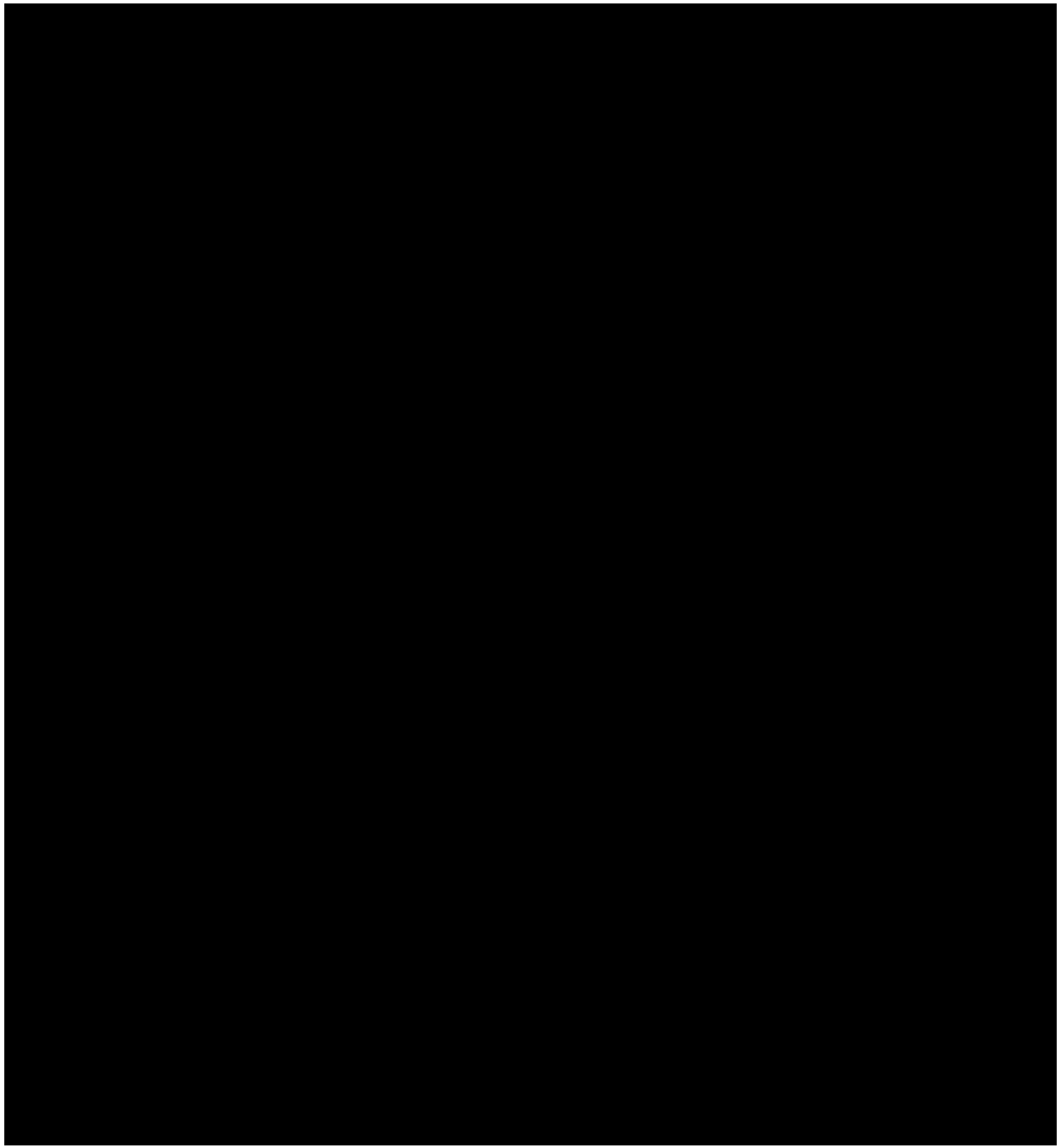

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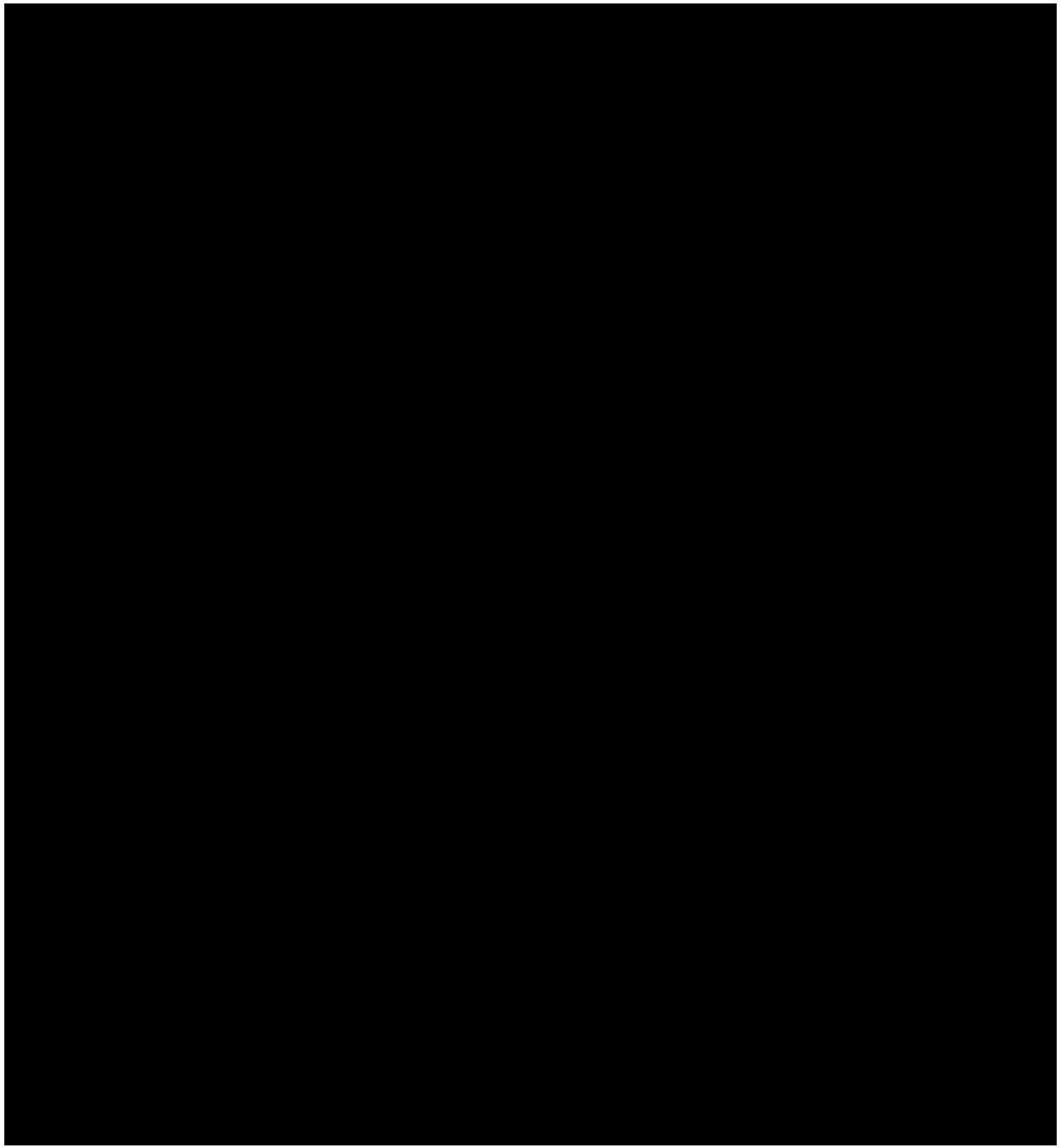

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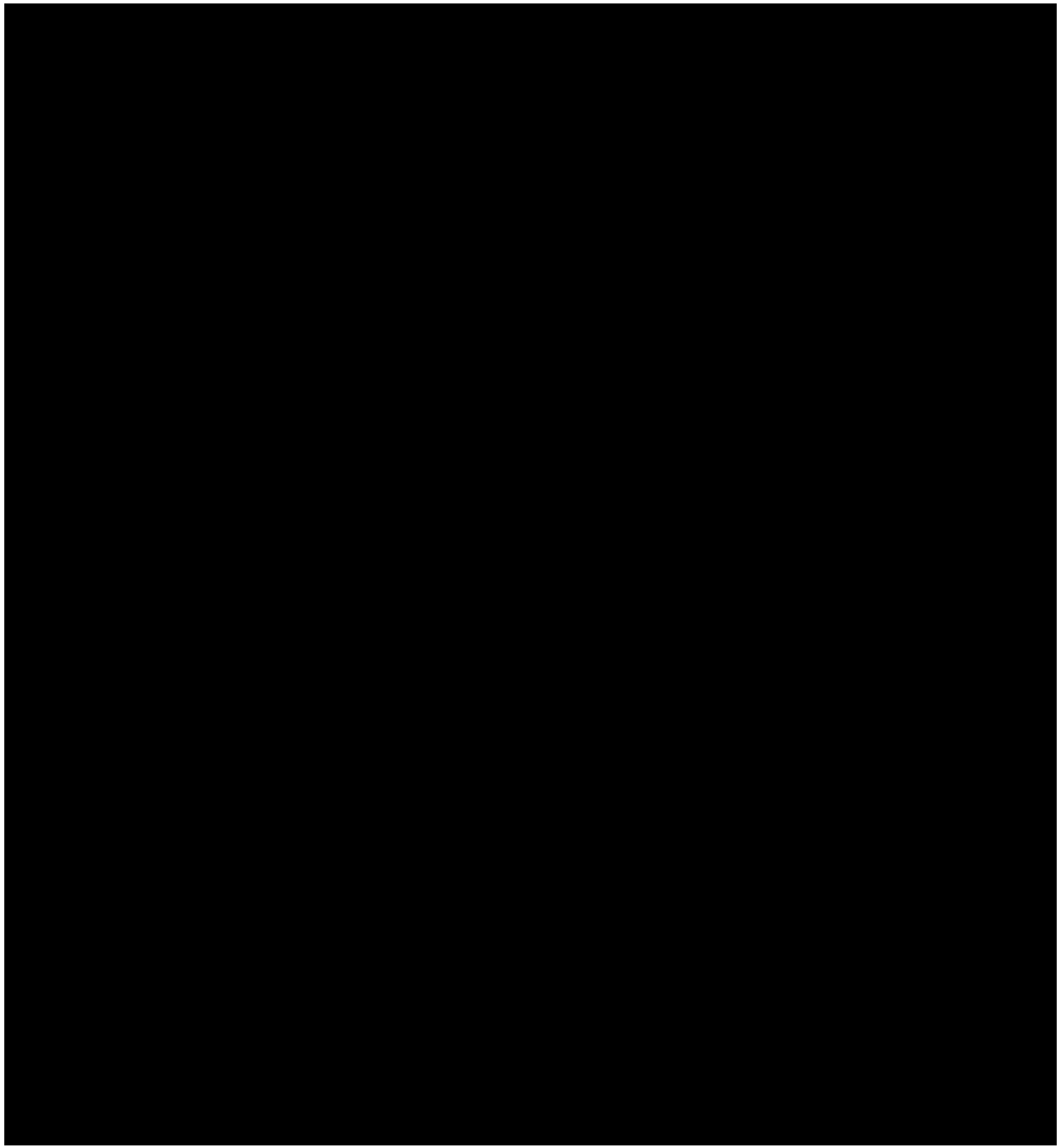

--	Outpatient	Wellwise Retiree	YES	YES
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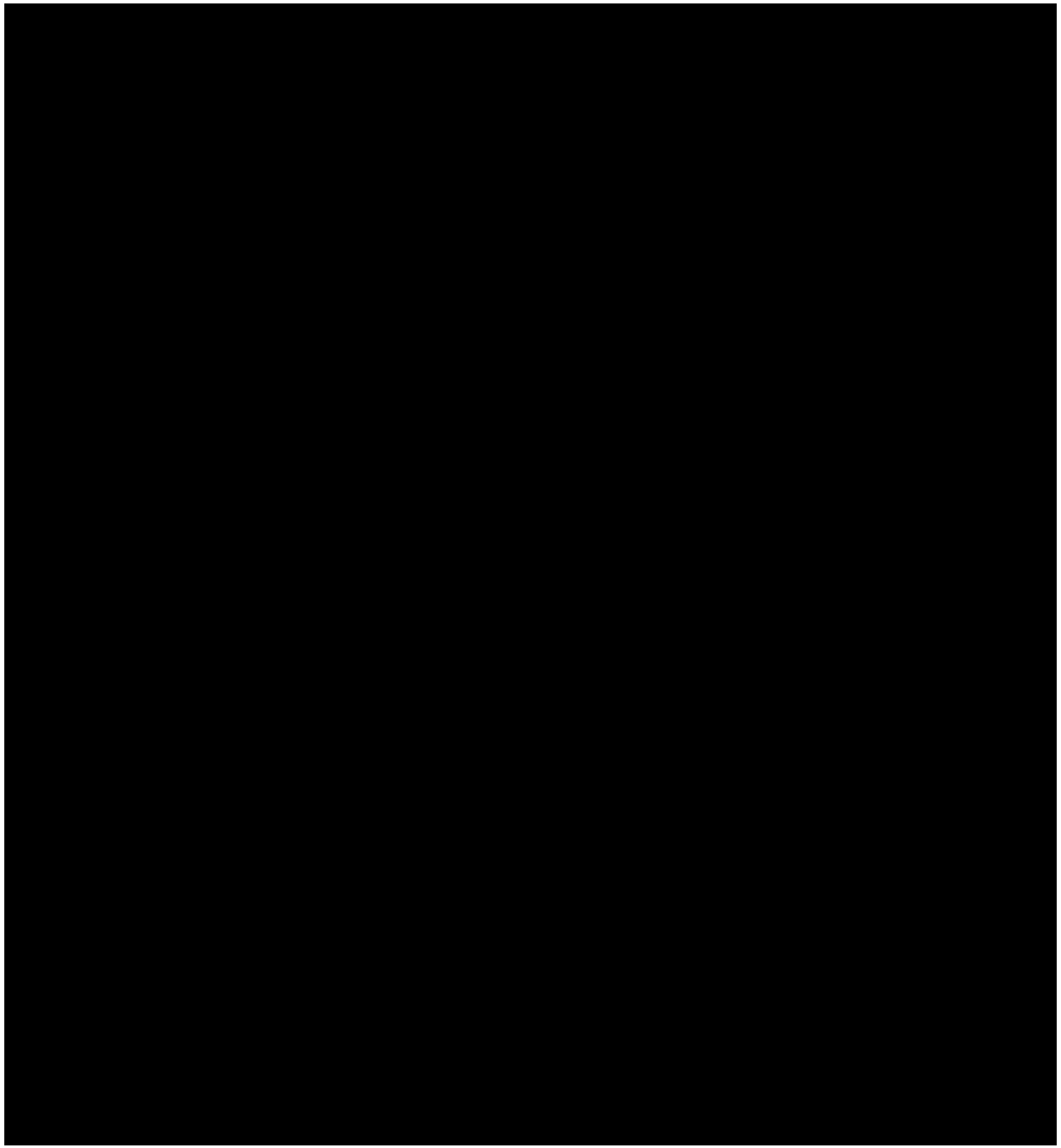

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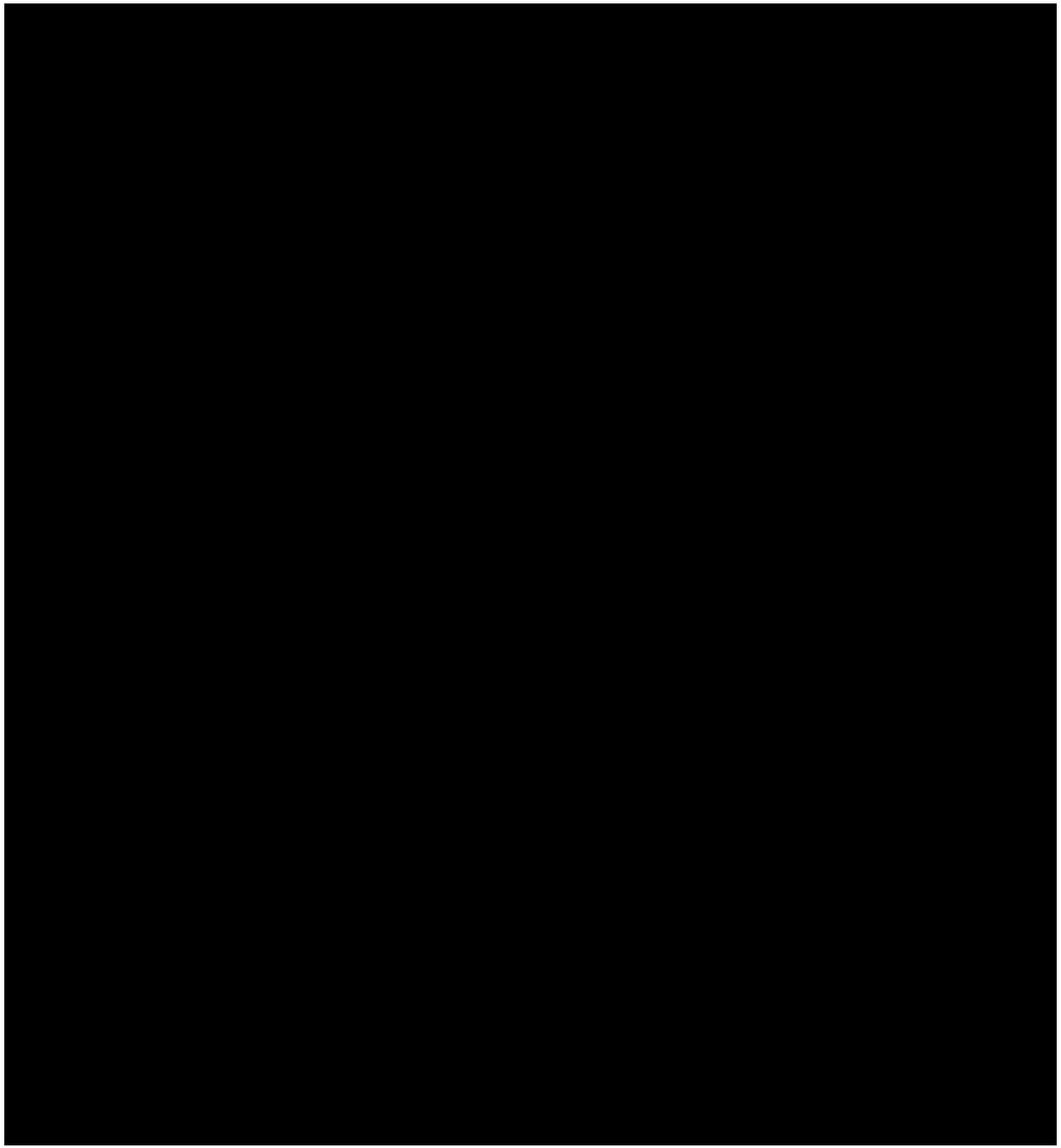

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--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
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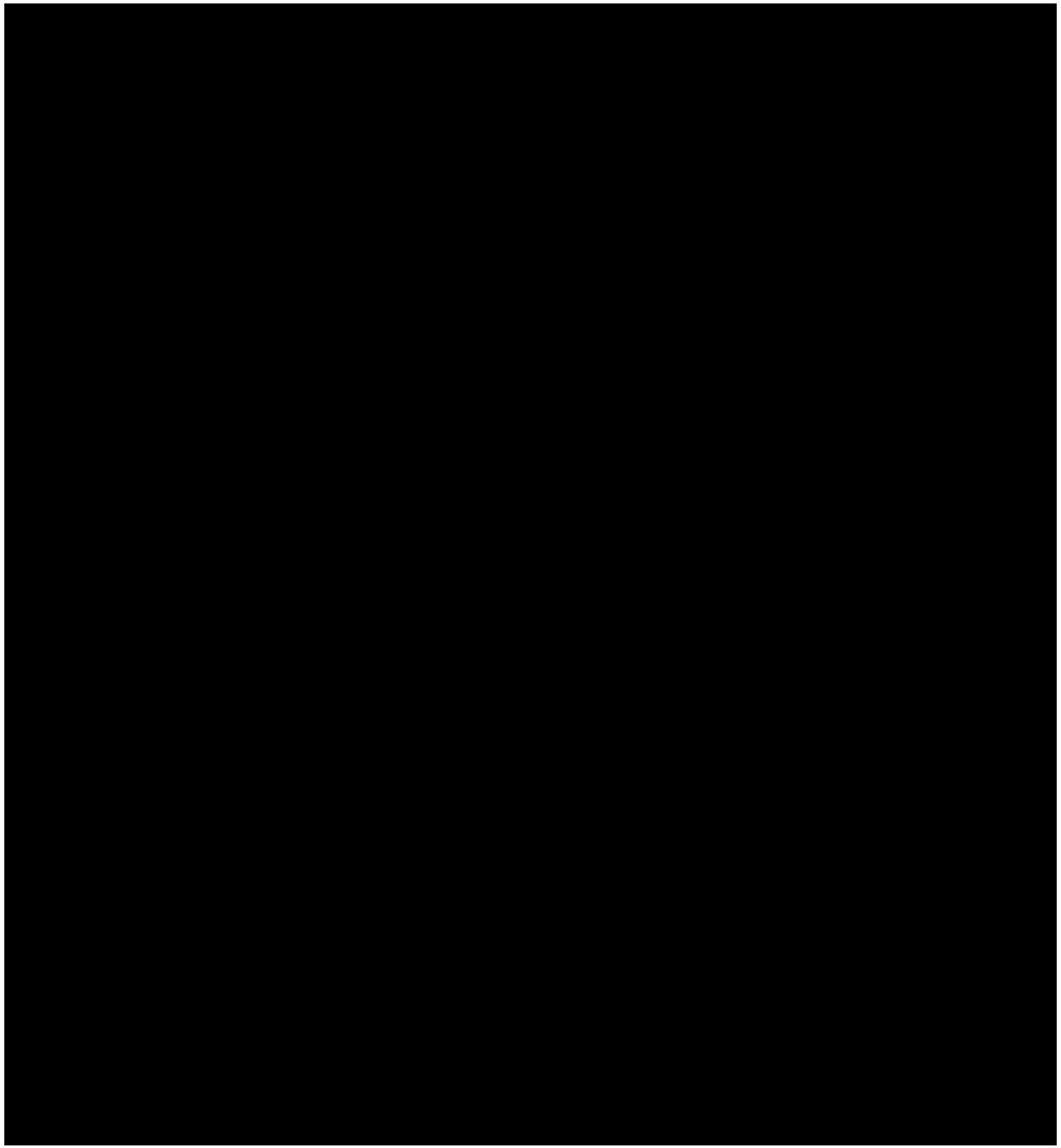

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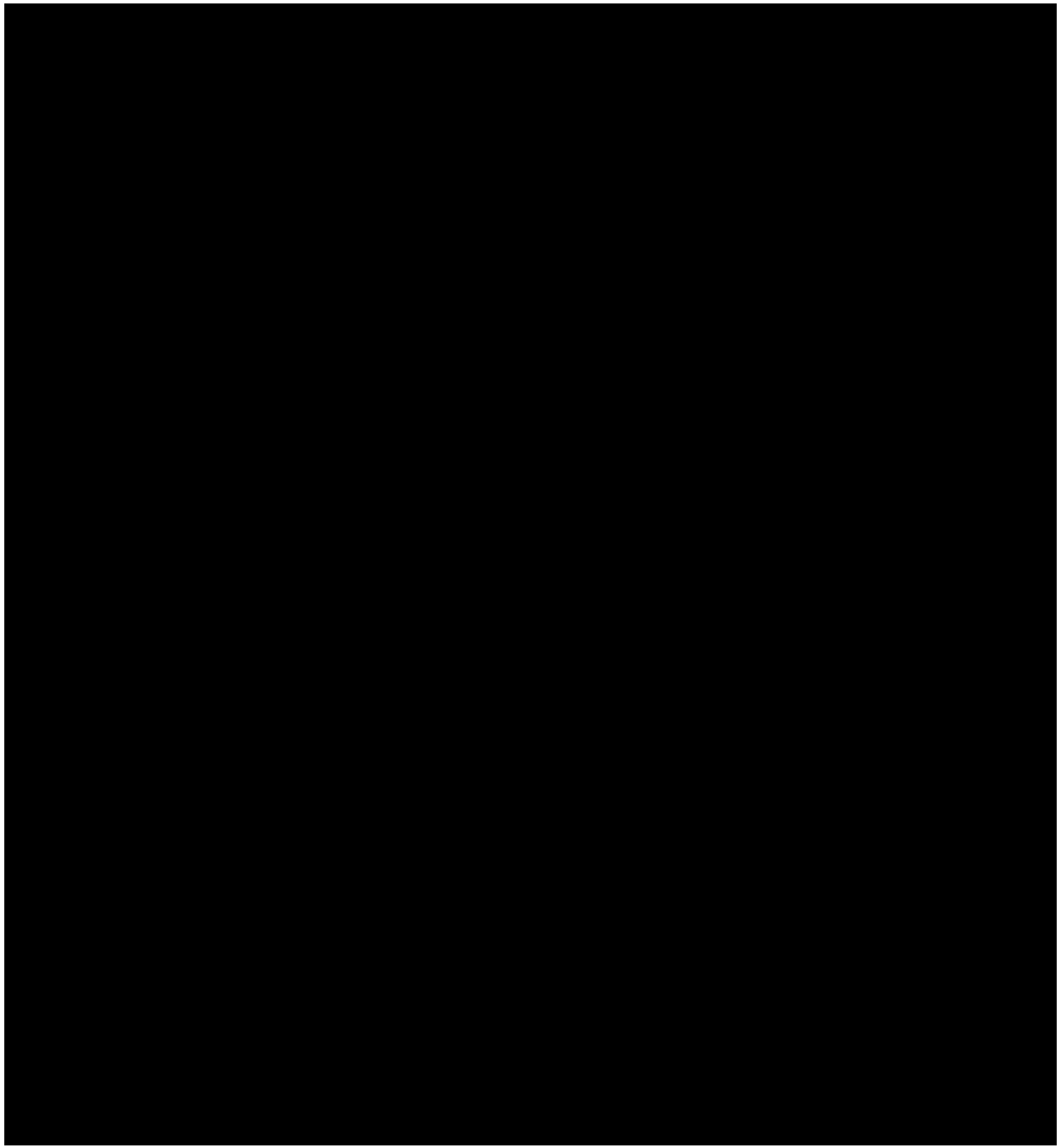

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--	Outpatient	Wellwise Retiree	YES	N/A
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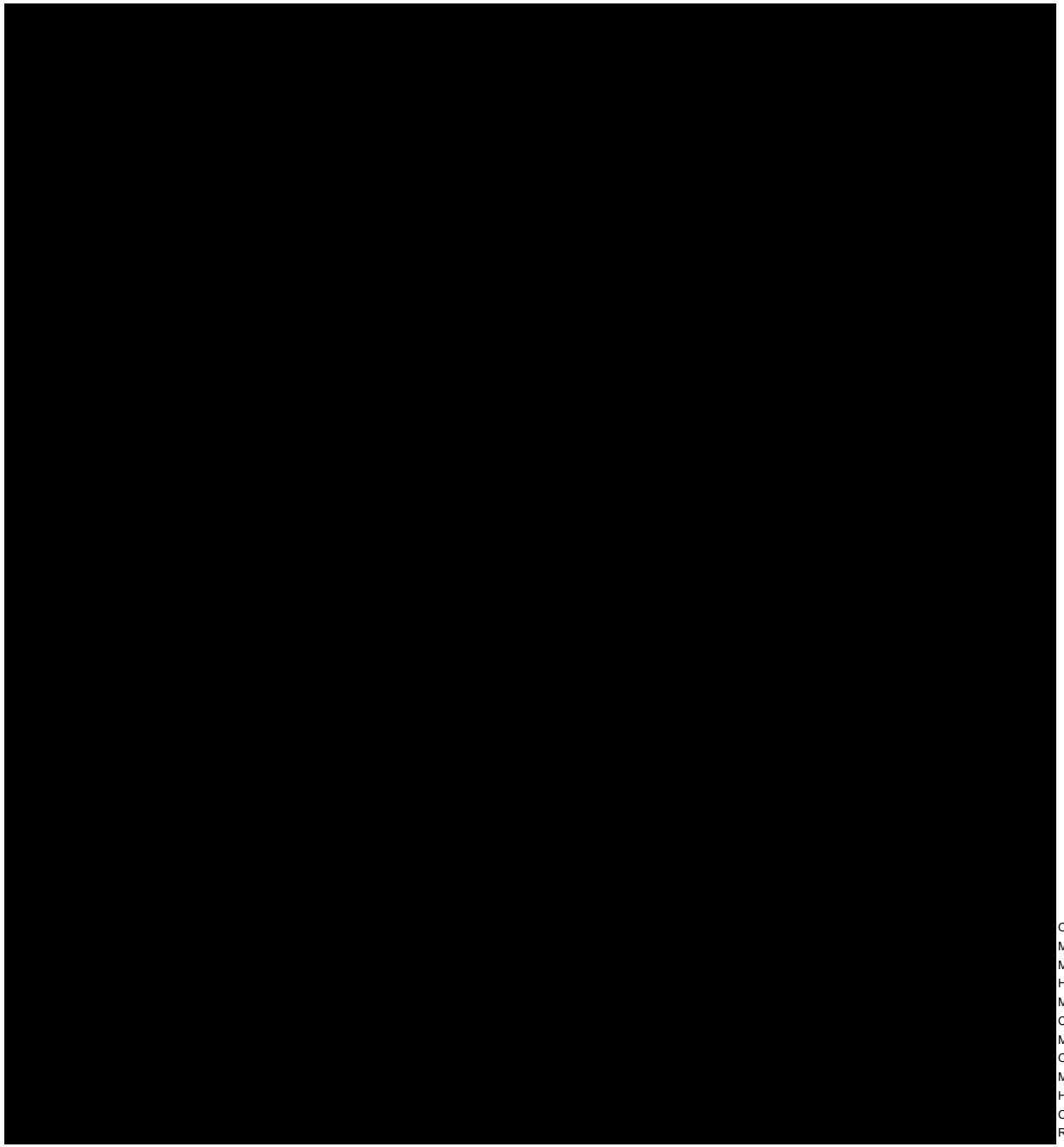
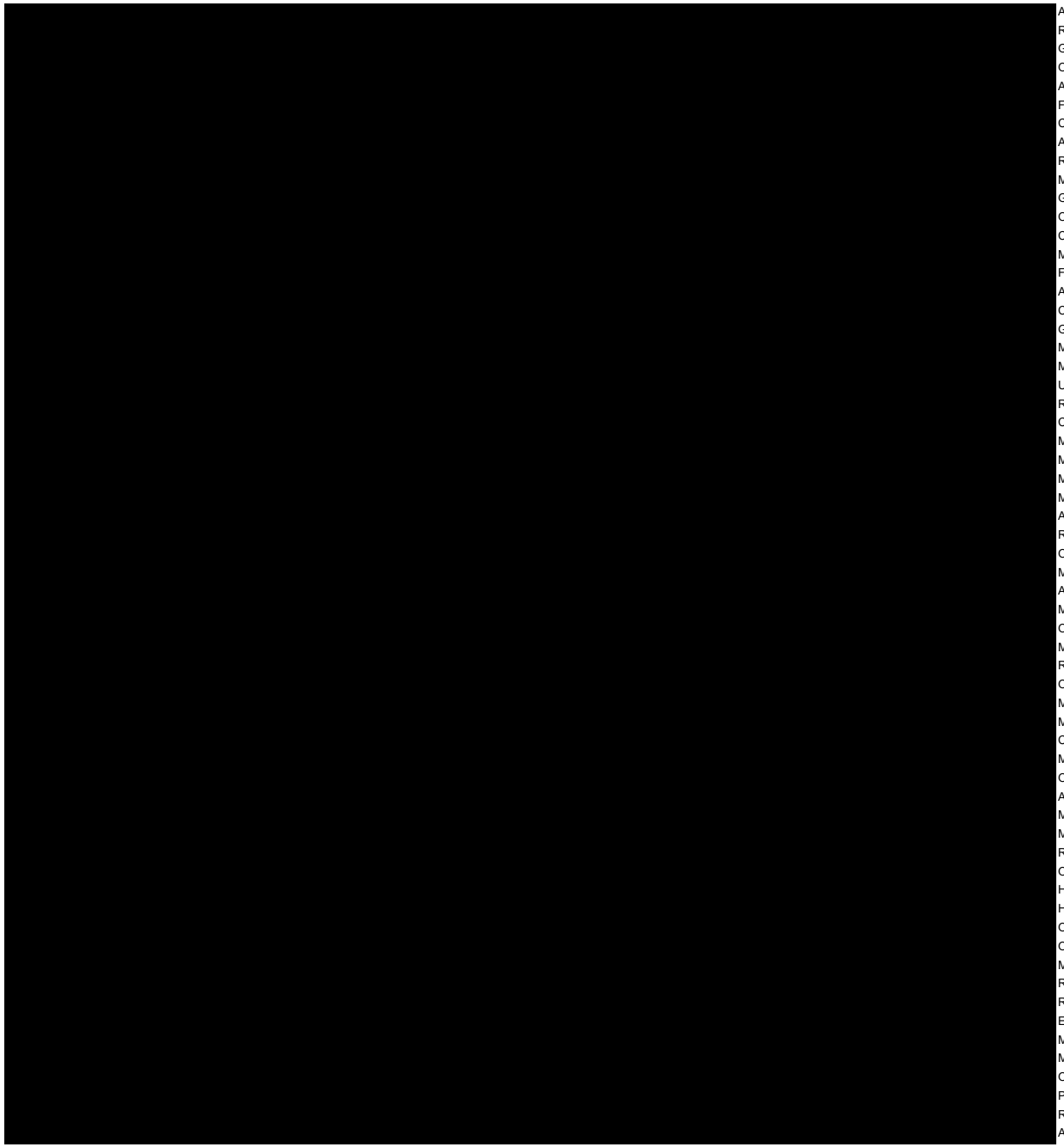
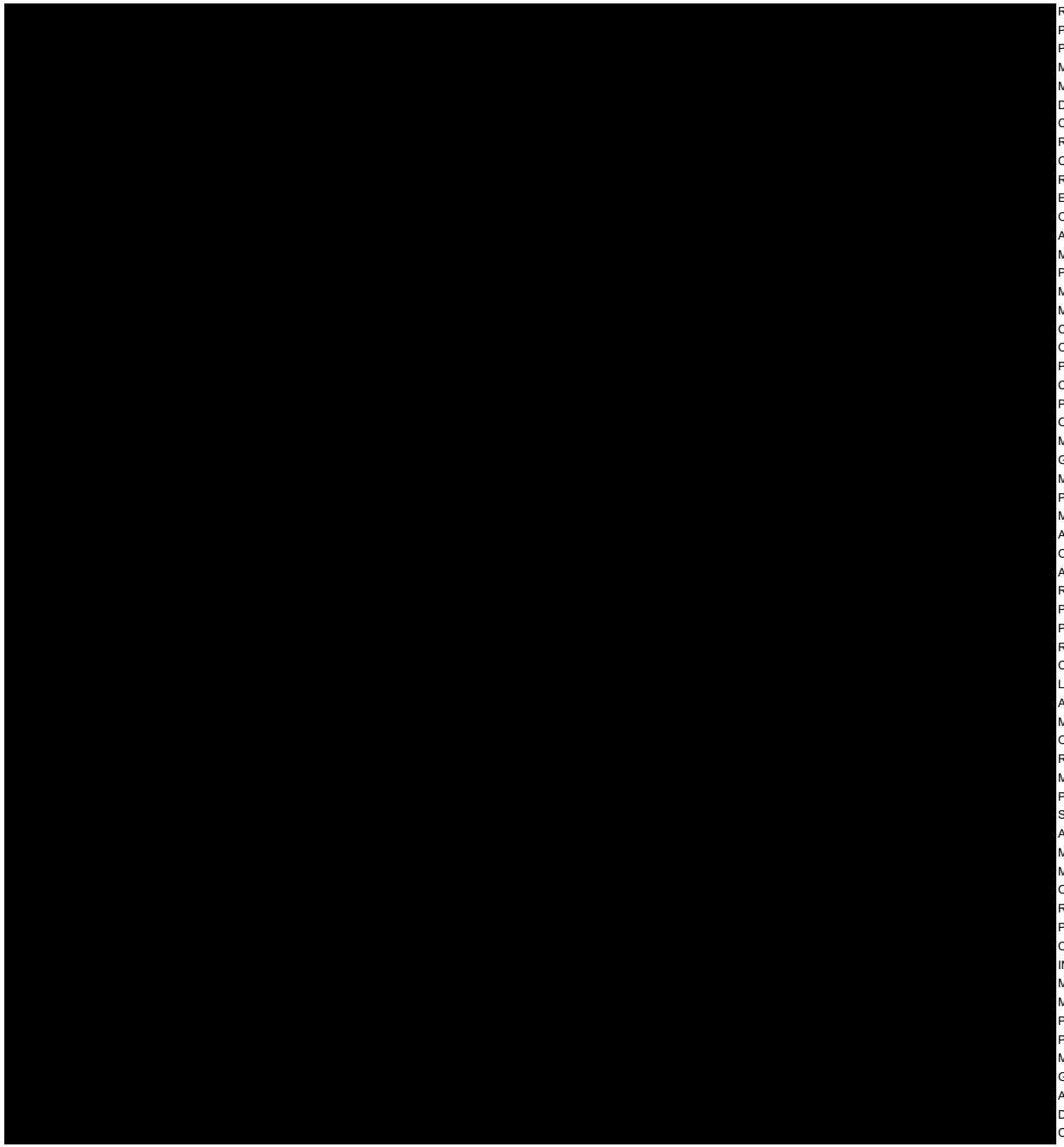
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A



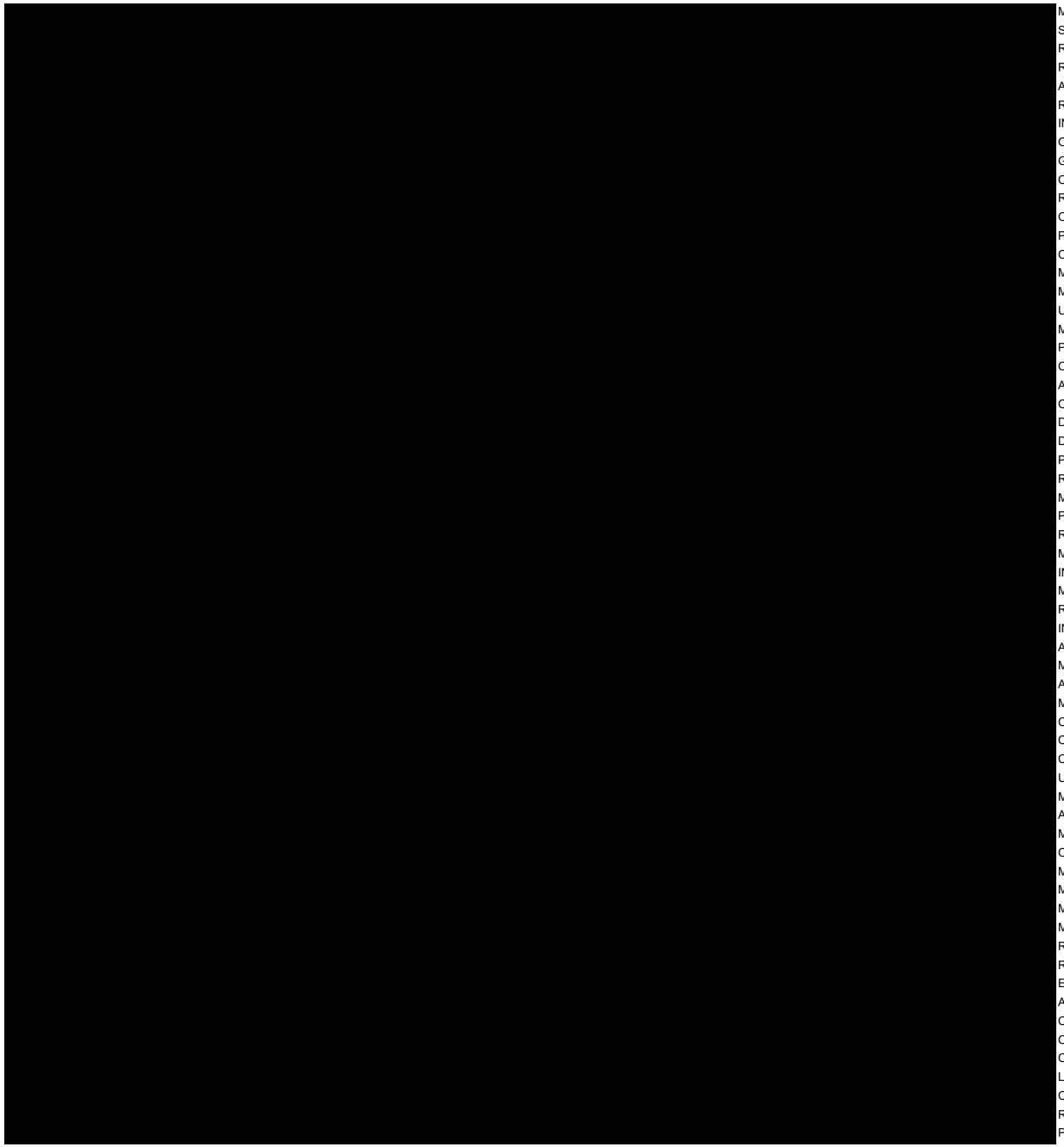
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	N/A	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	N/A
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
--	Outpatient	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
HOME INFUSION	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
HEMATOLOGY A	Professional	Sharewell Active	YES	YES
OUTPATIENT ME	Professional	Sharewell Active	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES



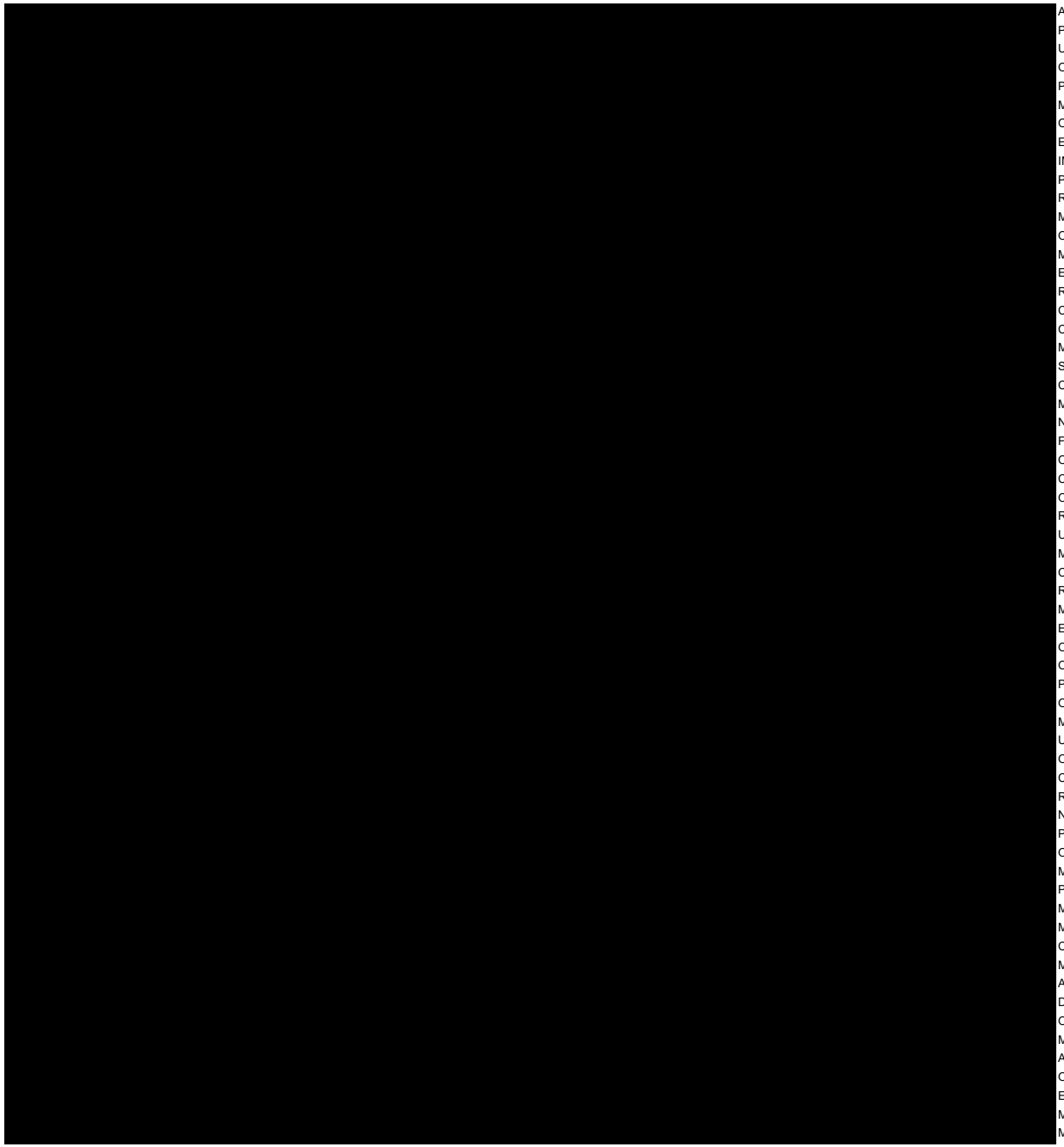
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
GENERAL PRAC	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
MISCELLANEOUS	Professional	Sharewell Active	N/A	N/A
GENERAL SURGI	Professional	Sharewell Active	YES	NO
OPHTHALMOLO(	Professional	Sharewell Active	YES	YES
CLINICAL LAB M(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
CLINICAL LAB M(	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB M(	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
AMBULANCE, BA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
HOME INFUSION	Professional	Sharewell Active	YES	YES
HOME HEALTH C	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
OTOLARYNGOL(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	NO	NO
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
OPHTHALMOLO(	Professional	Sharewell Active	YES	NO
PSYCHIATRY	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based



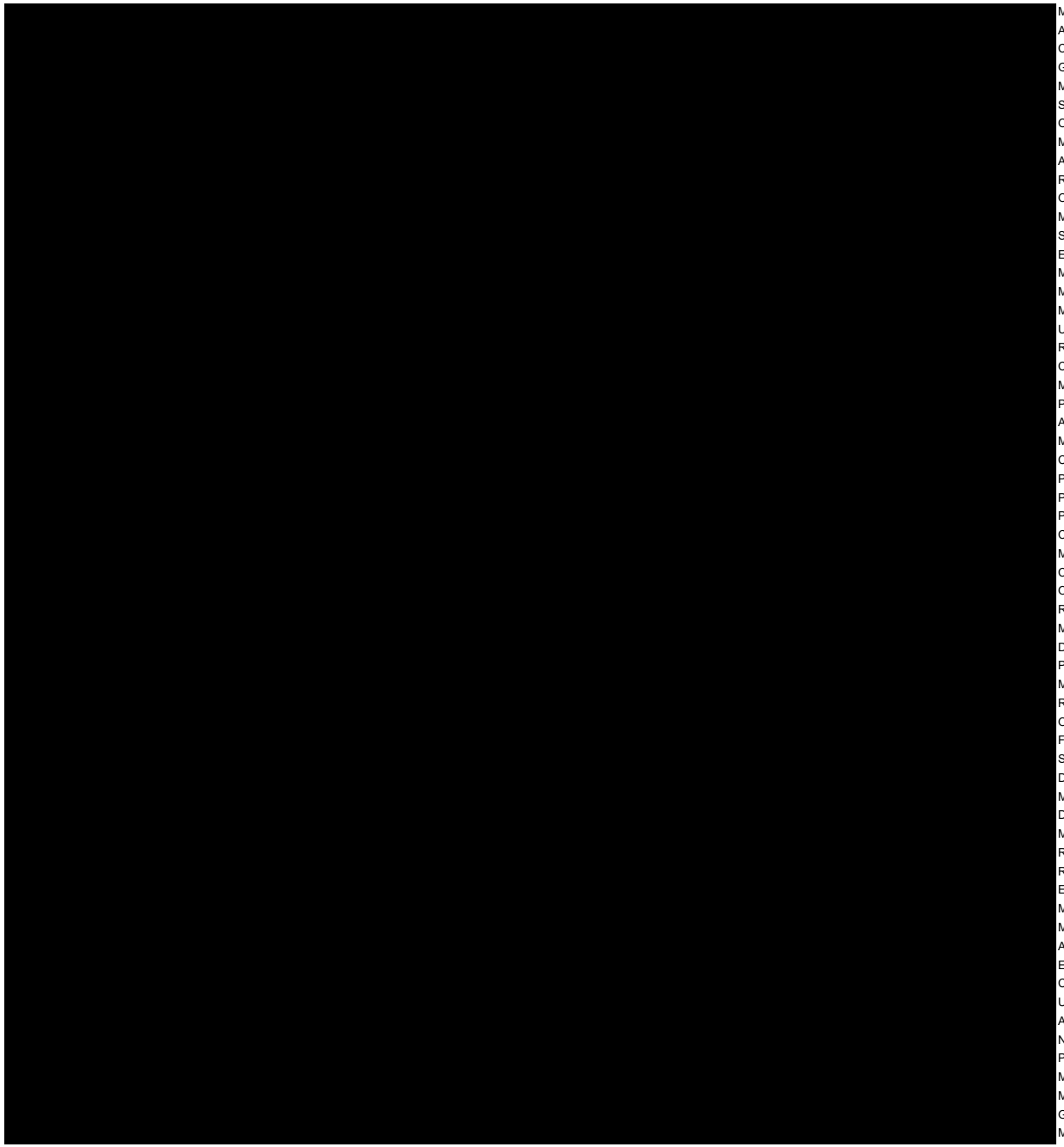
REGISTERED PH	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CARDIOVASCUL/	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
AMBULANCE, AD	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CARDIOLOGY	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
PEDIATRIC CARI	Professional	Sharewell Active	YES	NO
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
LICENSED CLIN S	Professional	Sharewell Active	NO	NO
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
PSYCHIATRY	Professional	Sharewell Active	YES	YES
SPEECH PATHOI	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
PEDIATRICS	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	NO
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
GENERAL SURG	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CARDIOVASCUL/	Professional	Sharewell Active	YES	YES



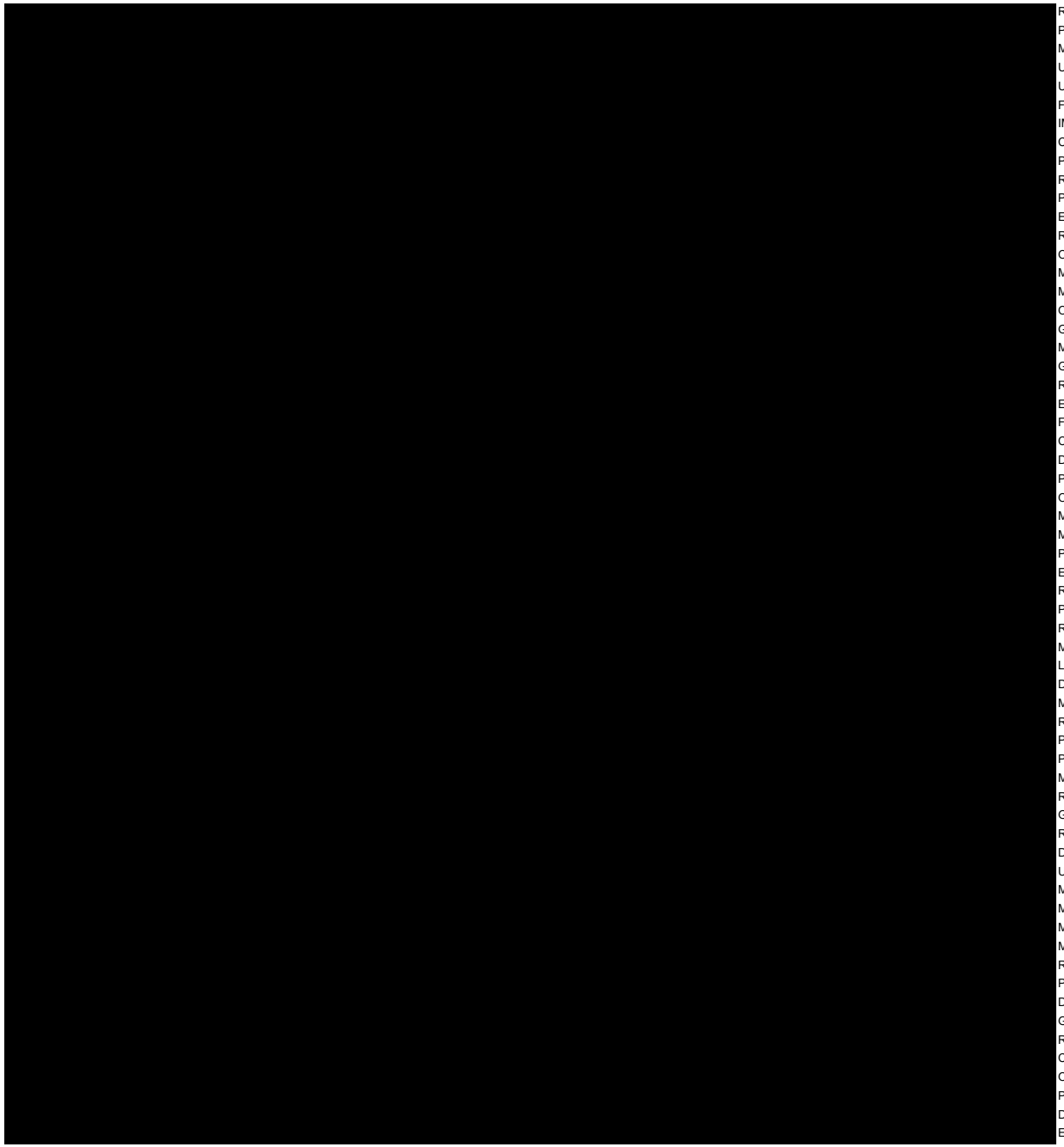
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
SPEECH PATHOL	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	N/A	N/A
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	NO
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INDEPENDENT L	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	NO
OPHTHALMOLO(	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
EMERGENCY ME	Professional	Sharewell Active	YES	YES
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
OTOLARYNGOL(	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
LICENSED CLIN S	Professional	Sharewell Active	NO	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES



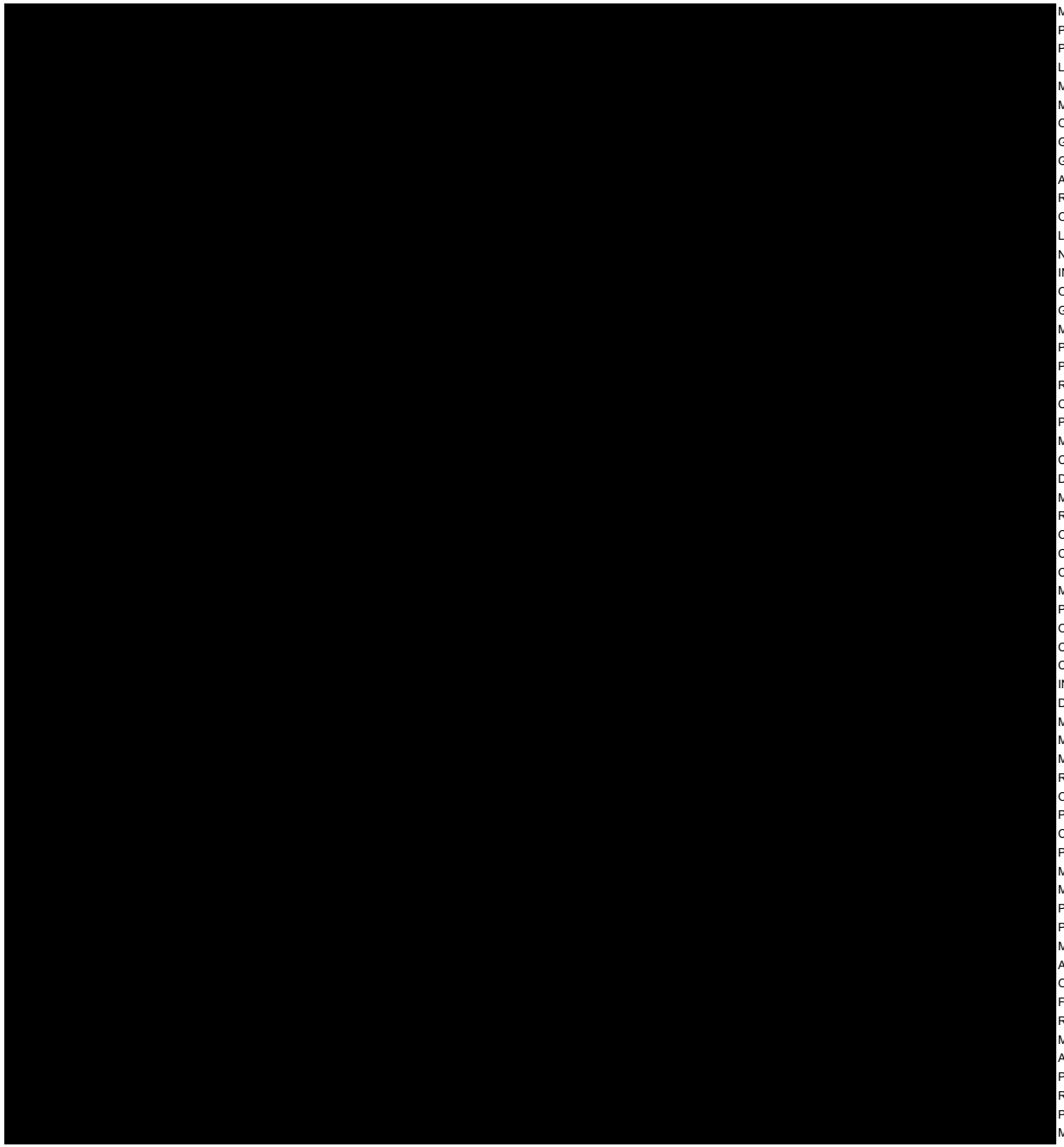
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
PEDIATRICS	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
IMAGING CENTE	Professional	Sharewell Active	NO	NO
PODIATRIST	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL`	Professional	Sharewell Active	YES	YES
OTOLARYNGOL(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
RETAIL HEALTH I	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
SPEECH PATHOI	Professional	Sharewell Active	YES	YES
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
NONCLASSIFIED	Professional	Sharewell Active	N/A	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
REGISTERED PH	Professional	Sharewell Active	NO	NO
MARRIAGE FAMI	Professional	Sharewell Active	YES	NO
EMERGENCY ME	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
OCCUPATIONAL	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
OPHTHALMOLOC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
NUCLEAR MEDIC	Professional	Sharewell Active	YES	NO
PSYCHIATRY	Professional	Sharewell Active	NO	NO
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CERTIFIED RN AI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ANESTHESIOLOC	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLOC	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES



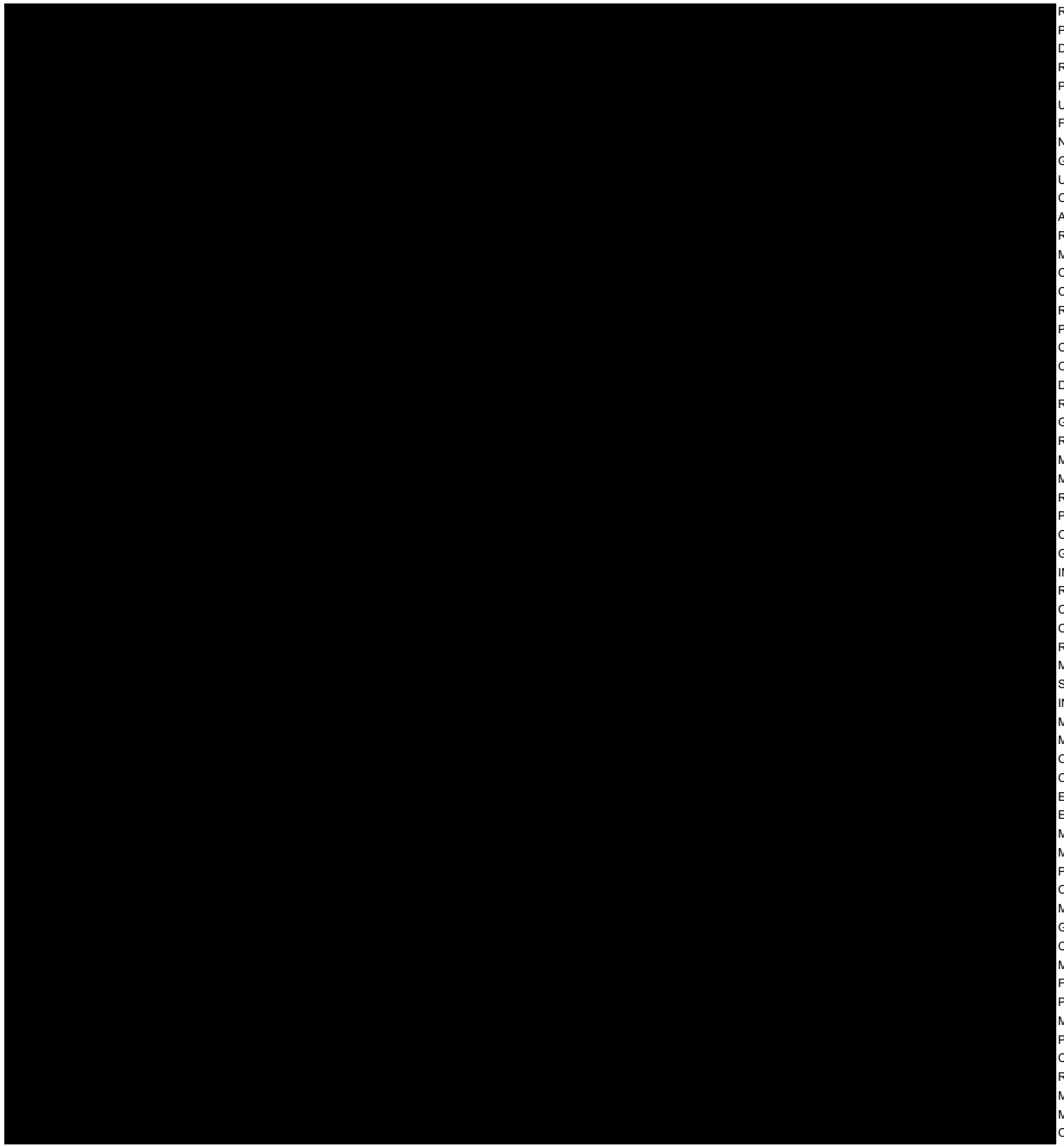
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ALLERGY & IMMU	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
SPEECH PATHOL	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
AMBULANCE, BA	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
SURGICAL ONCC	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
REGISTERED PH	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	NO	NO
PSYCHIATRY	Professional	Sharewell Active	YES	YES
CARDIOVASCULA	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	NO	NO
SPEECH PATHOL	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLOC	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
NEUROLOGY	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
GENERAL PRACT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES



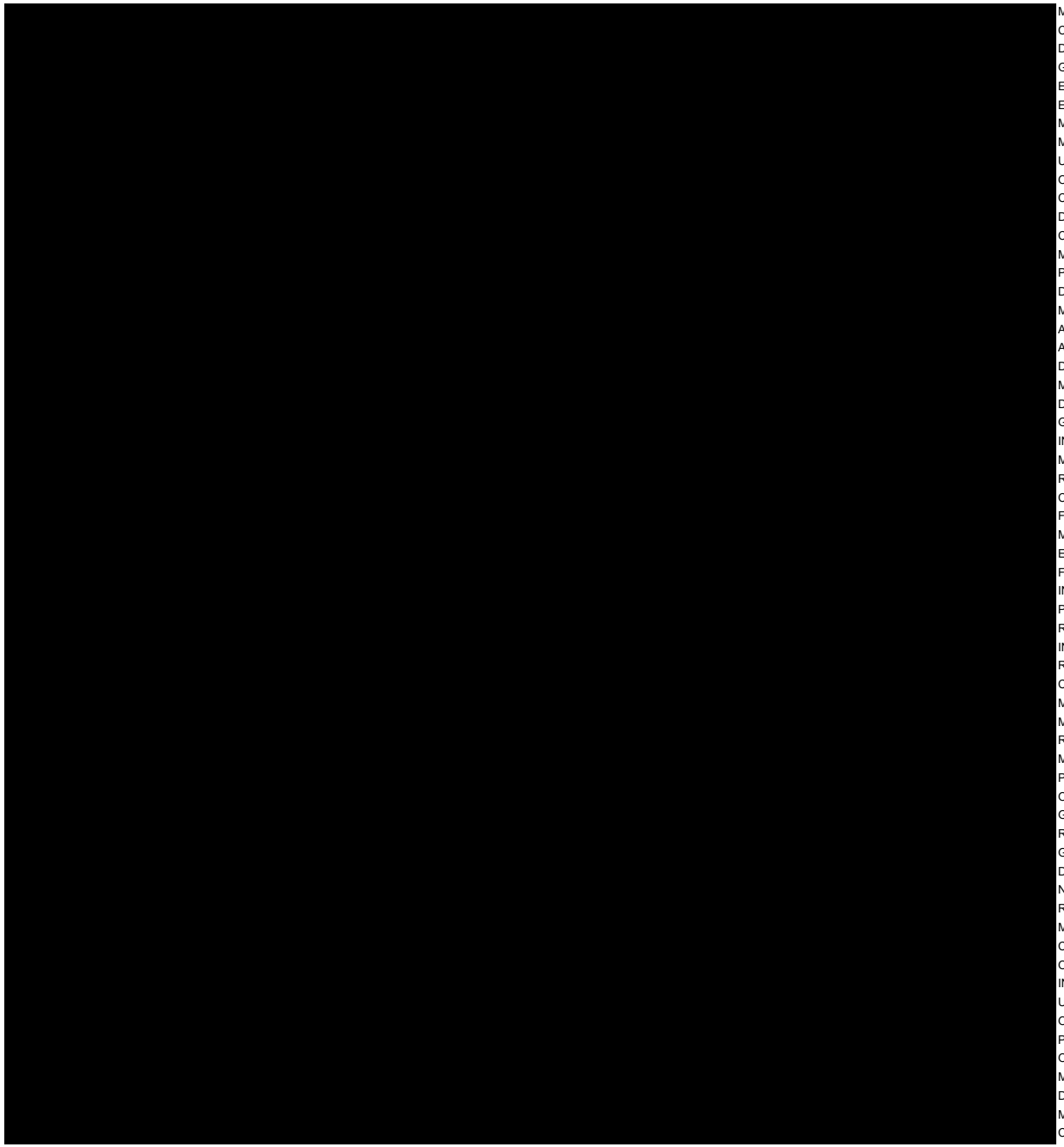
REGISTERED PH	Professional	Sharewell Active	YES	YES
PEDIATRIC CARI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
IMAGING CENTE	Professional	Sharewell Active	NO	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
PODIATRIST	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
RADIATION ONC(	Professional	Sharewell Active	YES	NO
OUTPATIENT CLI	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
PHYSICAL MEDIC	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	NO
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
LICENSED CLIN S	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
GENERAL SURGI	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	NO	NO
PEDIATRICS	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES



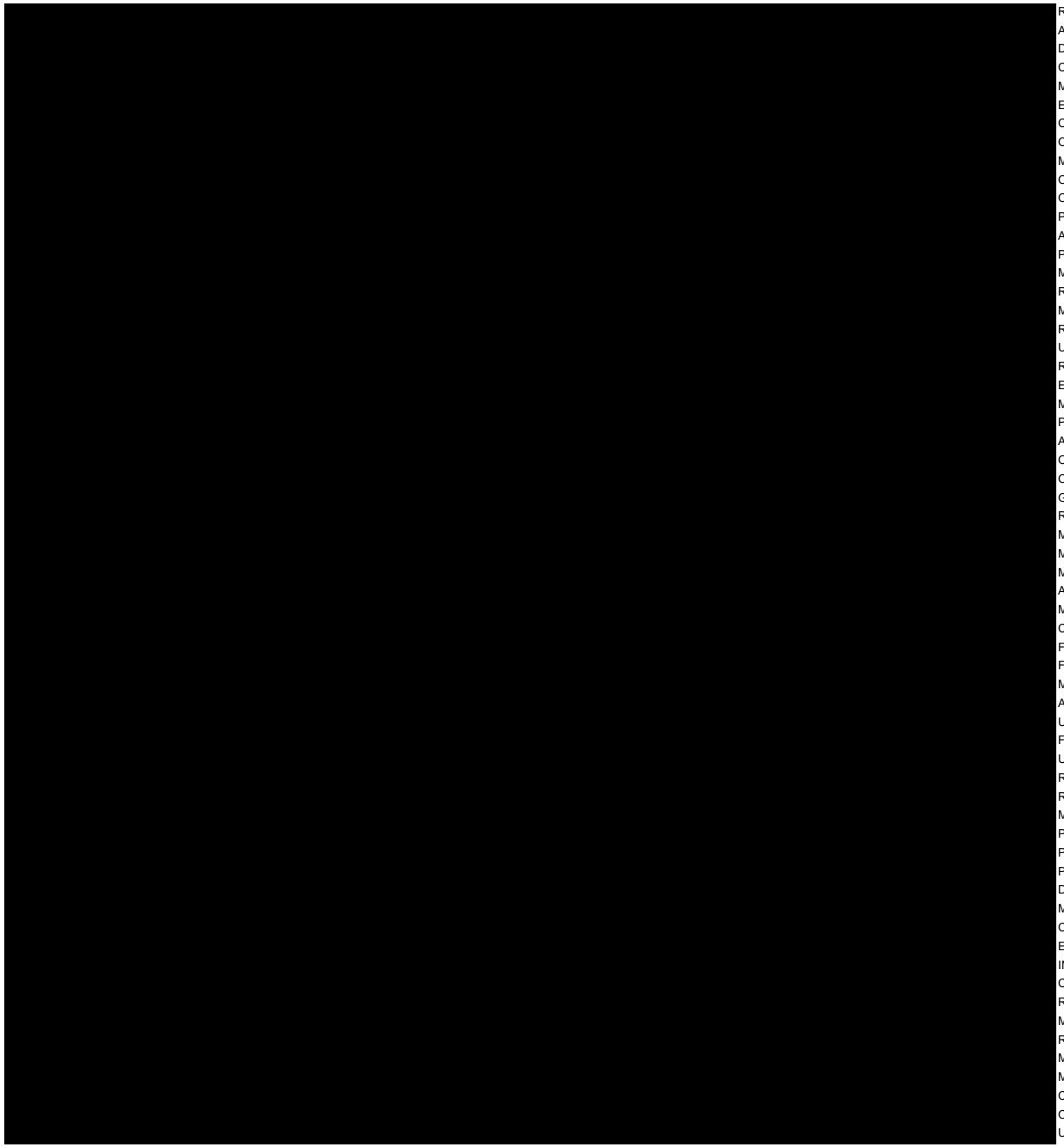
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	NO
LICENSED CLIN S	Professional	Sharewell Active	NO	NO
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
GENERAL PRAC1	Professional	Sharewell Active	NO	NO
GENERAL PRAC1	Professional	Sharewell Active	NO	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
LICENSED CLIN S	Professional	Sharewell Active	NO	NO
NEUROLOGY	Professional	Sharewell Active	YES	NO
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
PHYSICAL MEDI(	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	NO	NO
CARDIOLOGY	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
CLINICAL LAB M(	Professional	Sharewell Active	NO	NO
INDEPENDENT L	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RHEUMATOLOG\	Professional	Sharewell Active	YES	YES
OTOLARYNGOLO	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	NO	NO
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRIC PULM	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ALLERGY & IMM(	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
PSYCHIATRY	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO



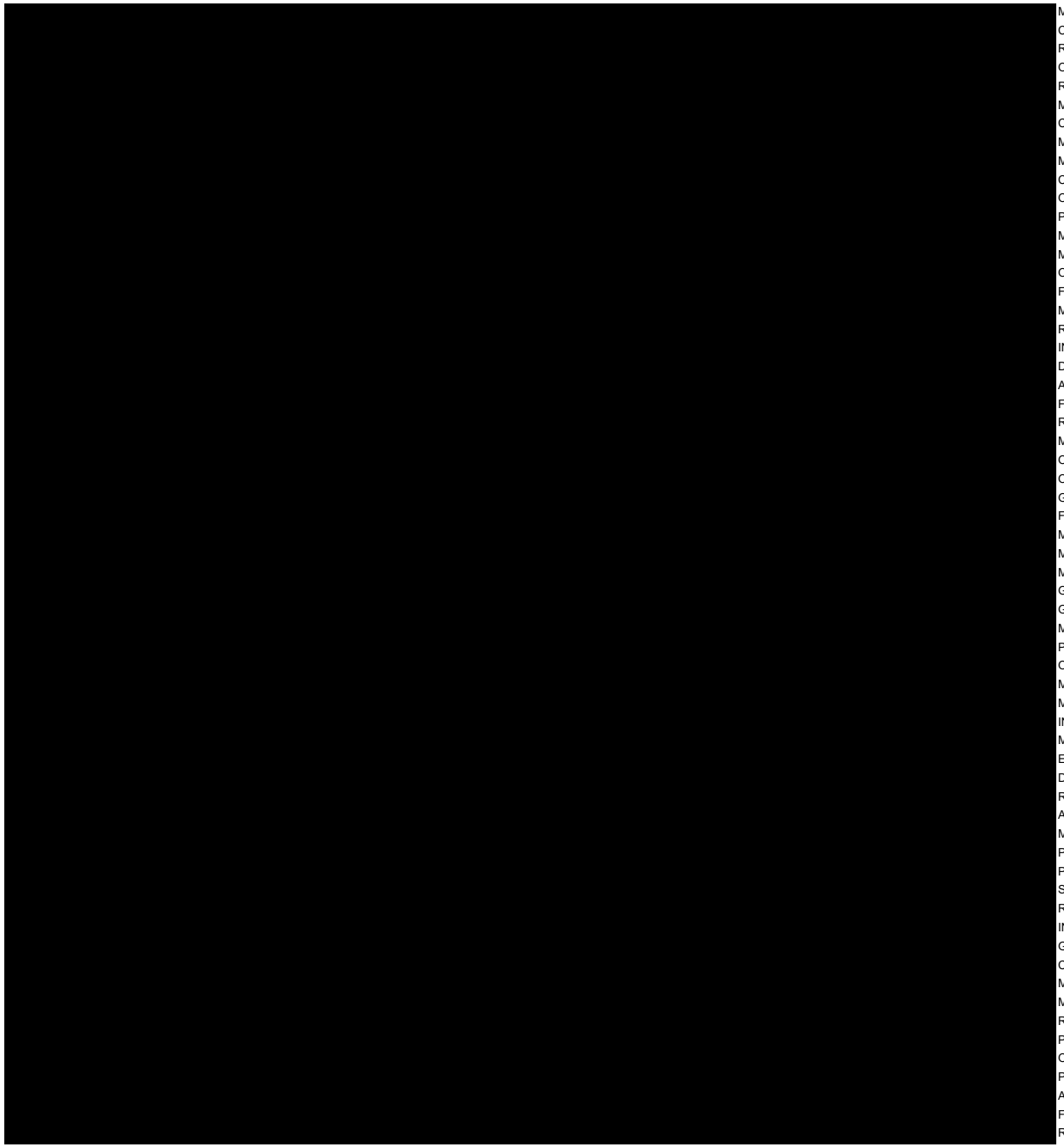
REGISTERED PH	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	NO	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
NEUROLOGY	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
ANESTHESIOLO	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
CERTIFIED ACUI	Professional	Sharewell Active	NO	NO
CARDIOLOGY	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
GASTROENTERO	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	NO	NO
SLEEP STUDY CI	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
OPHTHALMOLO	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
OTOLARYNGOLO	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GASTROENTERO	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PORTABLE X-RA	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES



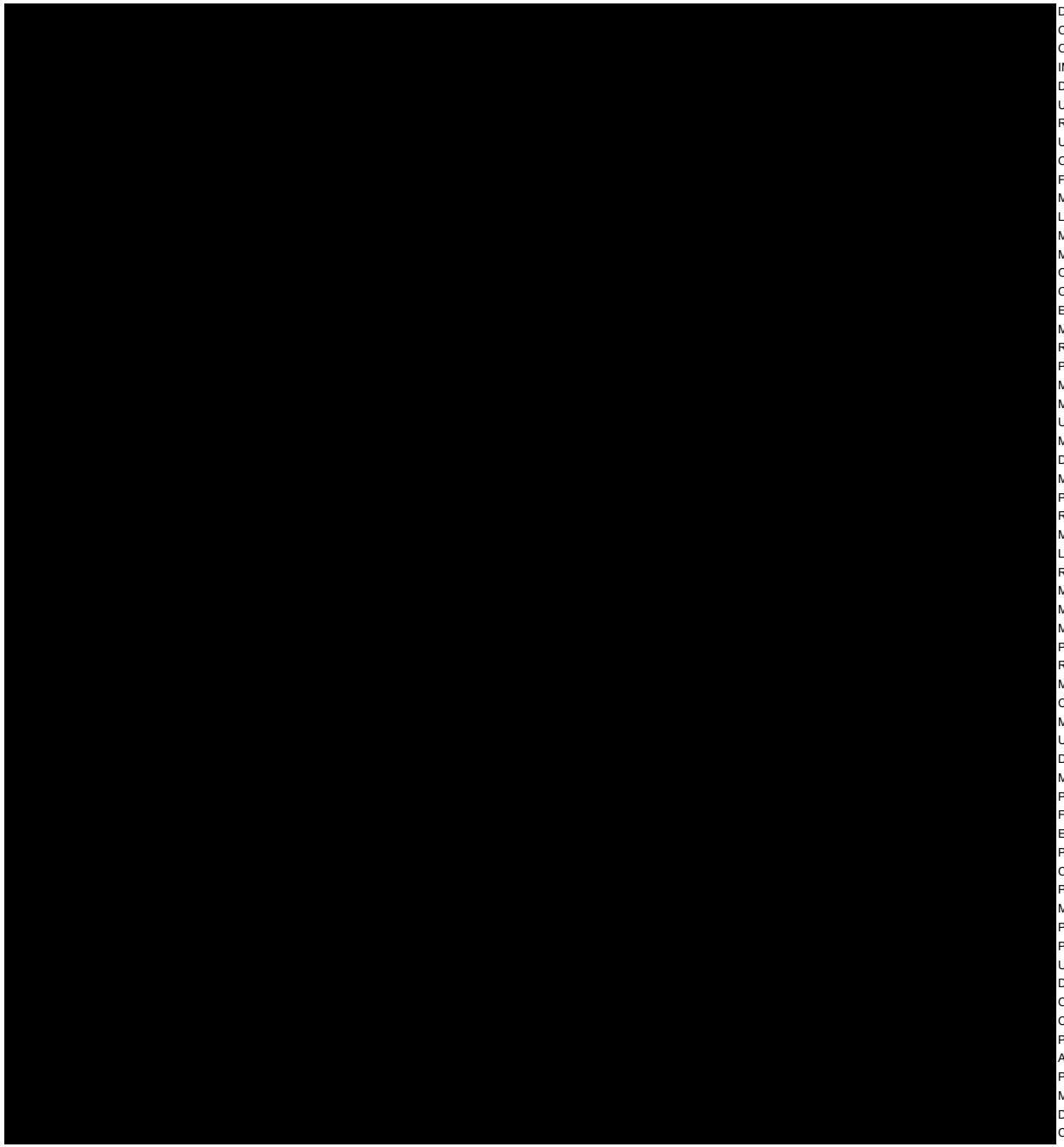
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
GASTROENTERC	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLO	Professional	Sharewell Active	YES	YES
ALLERGY & IMMU	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	YES	NO
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
PODIATRIST	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
PSYCHIATRY	Professional	Sharewell Active	YES	YES
OTOLARYNGOLO	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
NEUROLOGICAL	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
OCCUPATIONAL	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
OPHTHALMOLO	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	N/A



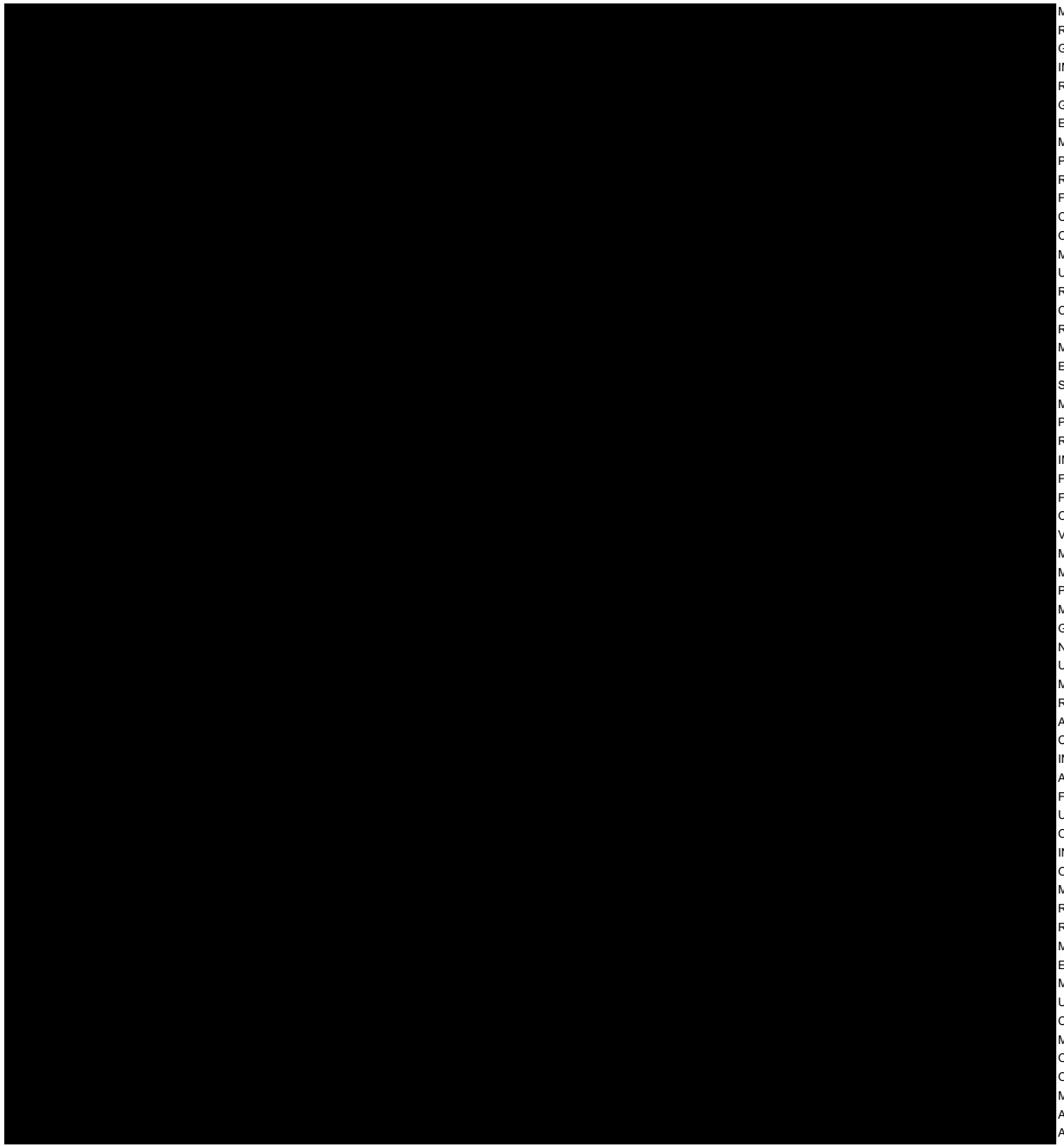
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Sharewell Active	YES	YES
CARDIOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	NO	NO
PSYCHIATRY	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
REGISTERED PH	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
PSYCHIATRY	Professional	Sharewell Active	NO	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	NO
GENERAL DENTI	Professional	Sharewell Active	N/A	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	N/A	N/A
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CARDIOLOGY	Professional	Sharewell Active	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A



MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
GENERAL PRAC1	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Sharewell Active	YES	YES
RETAIL HEALTH I	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
PODIATRIST	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
SURGERY HAND	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
GASTROENTERC	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MRI CENTER	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRIC CARI	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES



DERMATOLOGY	Professional	Sharewell Active	YES	YES
OPHTHALMOLOG	Professional	Sharewell Active	YES	YES
OCCUPATIONAL	Professional	Sharewell Active	YES	YES
IMAGING CENTE	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
LPCC-LIC PROF (	Professional	Sharewell Active	NO	NO
MEDICAL SUPPL'	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
LICENSED CLIN S	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	NO	NO
CERTIFIED ORTH	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
PEDIATRIC DERM	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
DERMATOLOGY	Professional	Sharewell Active	YES	NO
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
PEDIATRIC CARI	Professional	Sharewell Active	YES	YES
ANESTHESIOLOG	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	NO	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES



MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	NO
IMAGING CENTE	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	NO	NO
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	NO	NO
RHEUMATOLOG\	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
ORALMAXILLOFA	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
EMERGENCY ME	Professional	Sharewell Active	YES	YES
SPEECH PATHOI	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
VA CLINIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RHEUMATOLOG\	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
OPHTHALMOLO(	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RETAIL HEALTH I	Professional	Sharewell Active	YES	YES
RHEUMATOLOG\	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
CERTIFIED ORTH	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES

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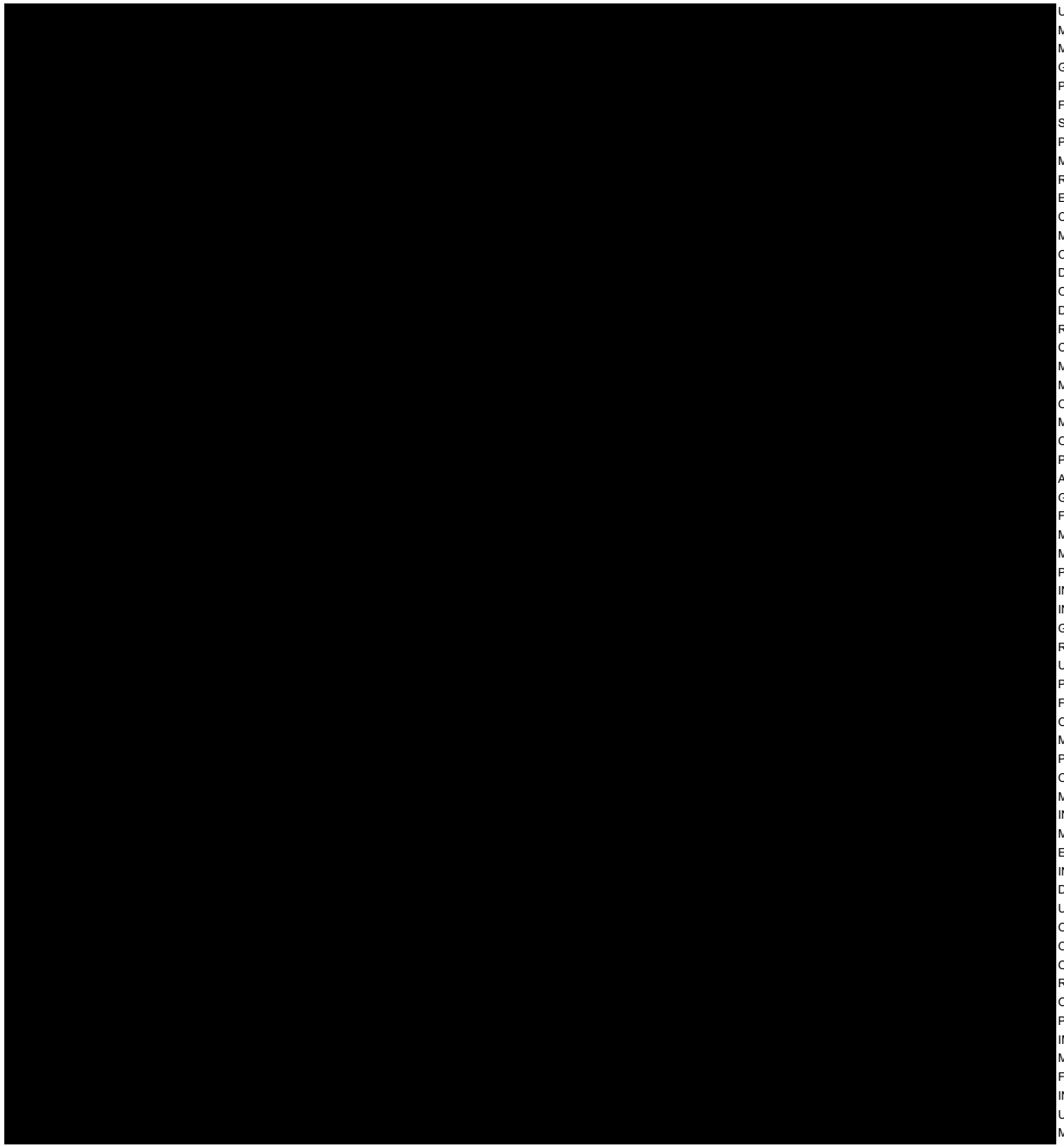
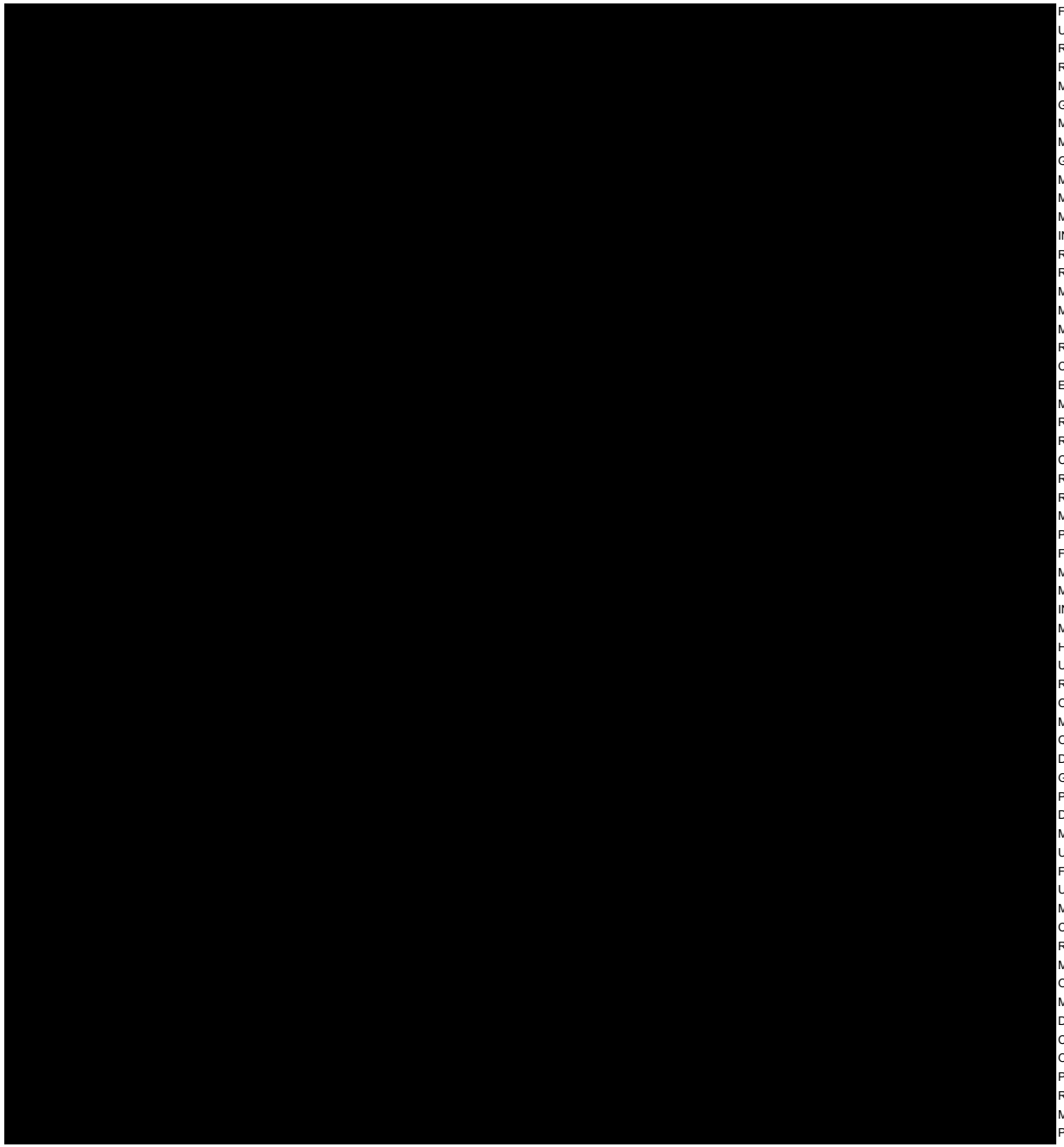
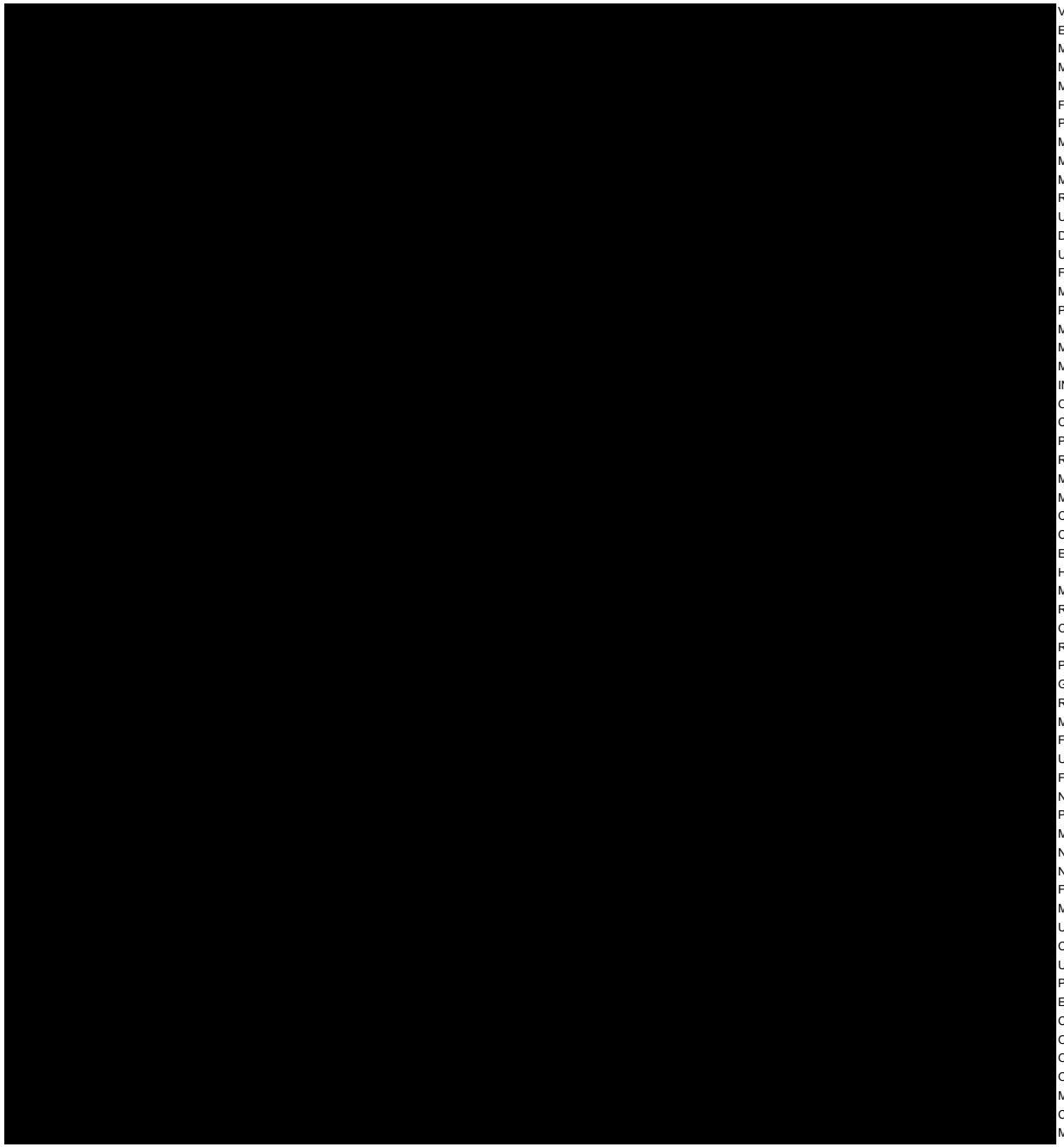
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	NO	NO
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
PHARMACY	Professional	Sharewell Active	YES	YES
ENDOCRINOLOG	Professional	Sharewell Active	YES	NO
GASTROENTERC	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
GYNECOLOGY	Professional	Sharewell Active	YES	NO
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	NO
OPHTHALMOLO(	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CARDIOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	NO	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Active	YES	N/A
REGISTERED PH	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES



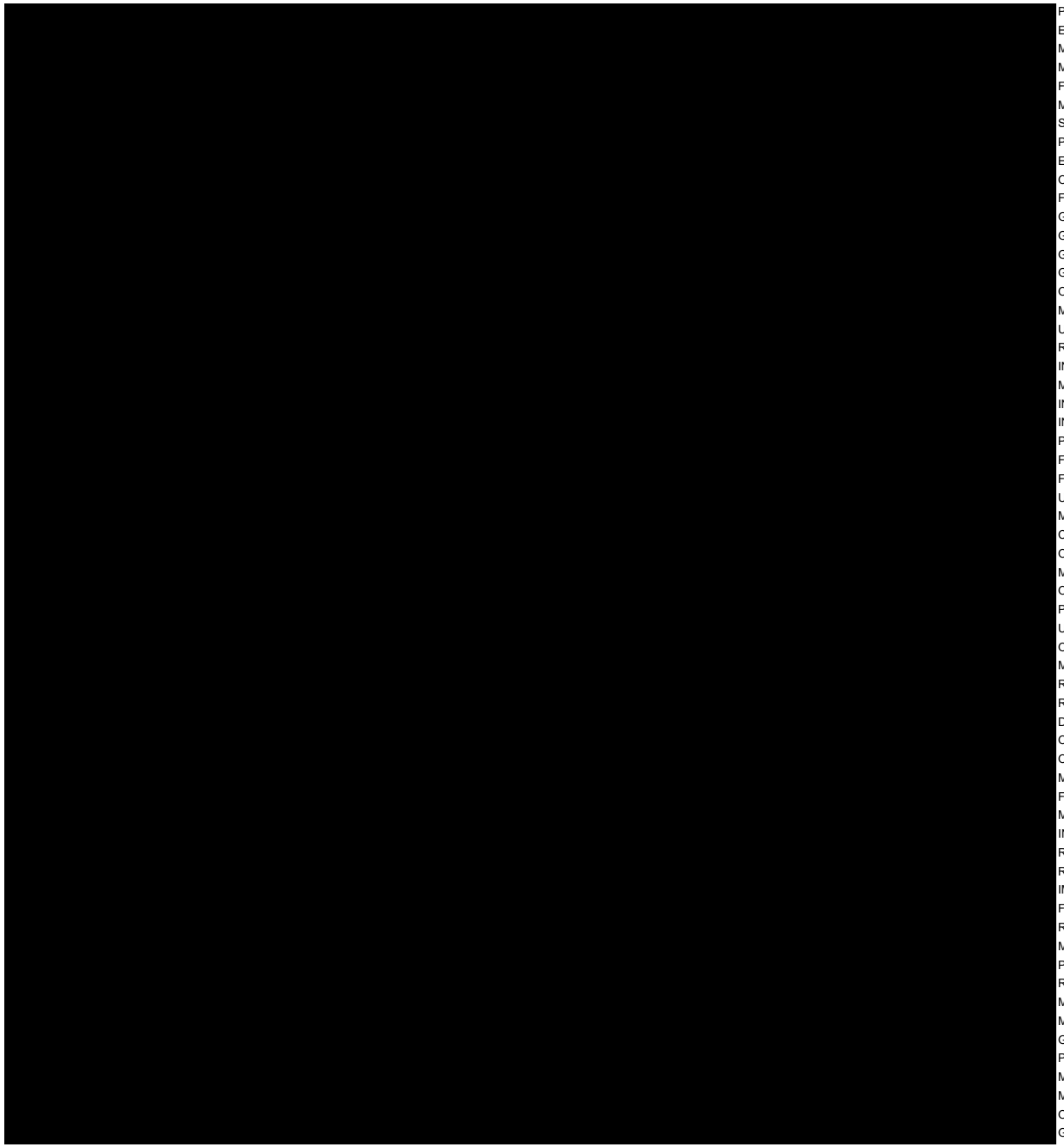
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	NO
PODIATRIST	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
SPEECH PATHOL	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
PEDIATRIC PULM	Professional	Sharewell Active	YES	YES
ANESTHESIOLOC	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
PEDIATRICS	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ENDOCRINOLOG	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
RHEUMATOLOG	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
IMAGING CENTE	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO



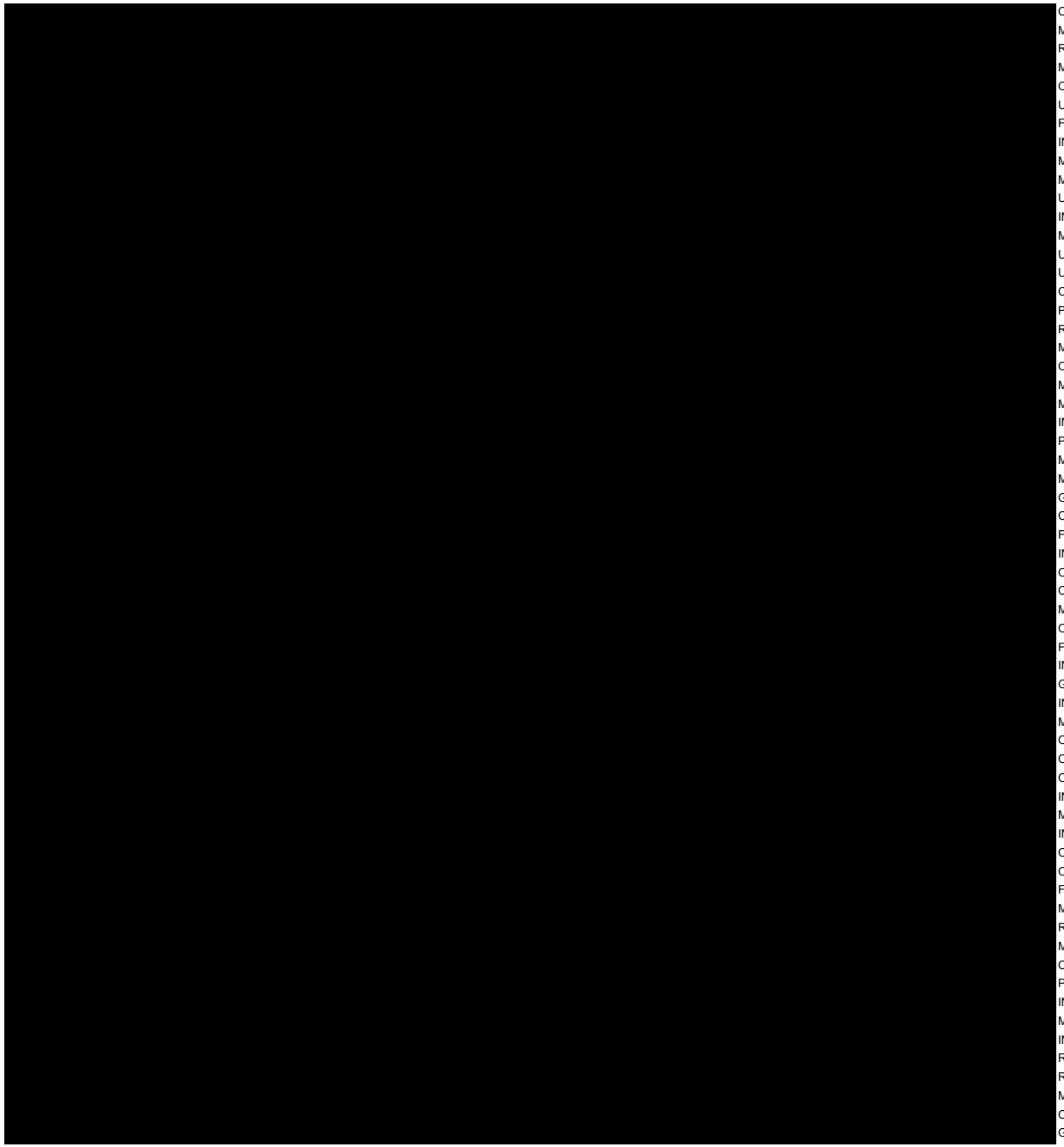
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
GASTROENTERC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CARDIOVASCUL/	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
CARDIOLOGY	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
HEMATOLOGY A	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
OPTOMETRIST	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES



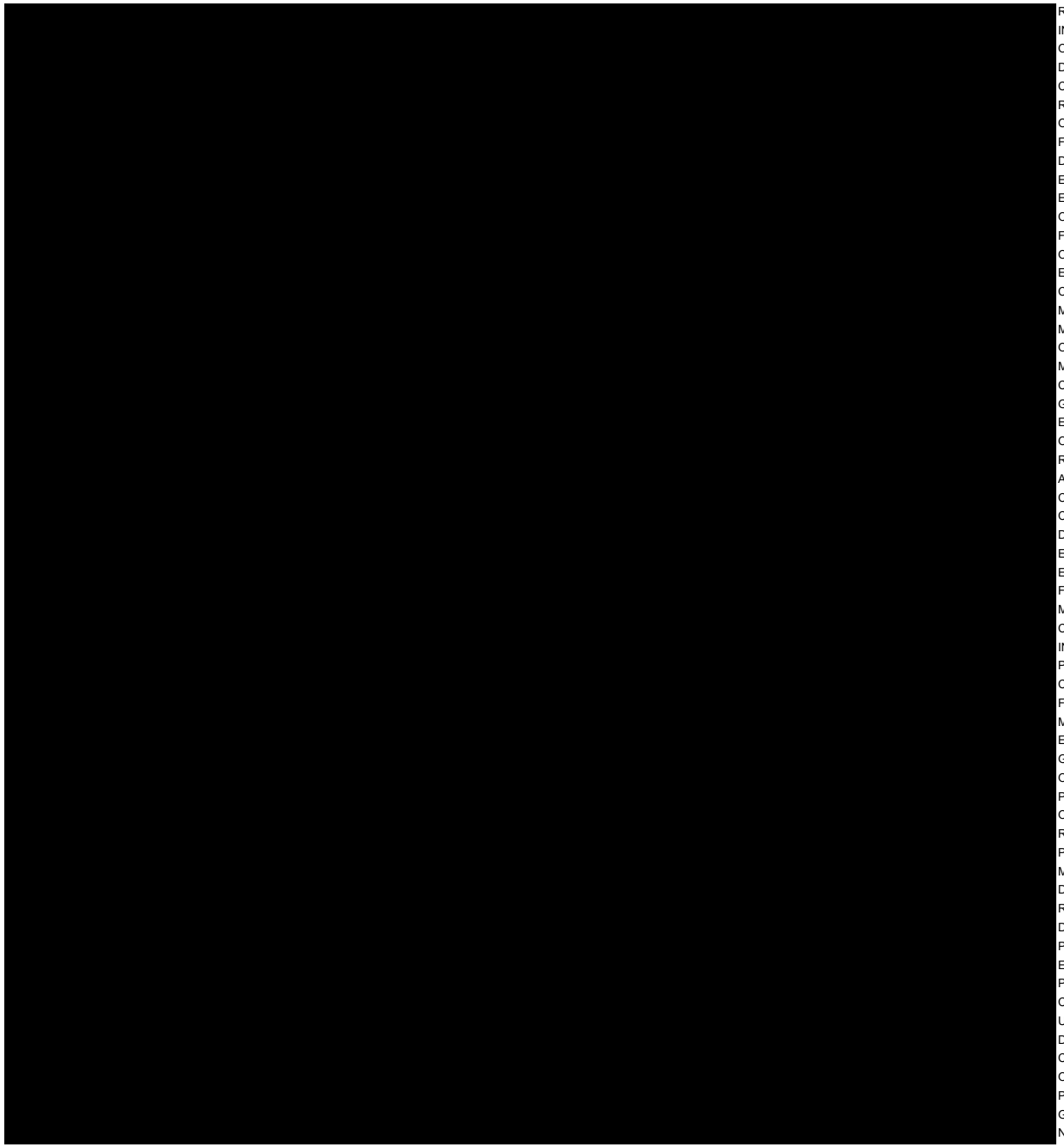
VA CLINIC	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
DERMATOLOGY	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
HEMATOLOGY A	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
RETAIL HEALTH	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
NEUROLOGICAL	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
PSYCHIATRY	Professional	Sharewell Active	NO	NO
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	NO
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES



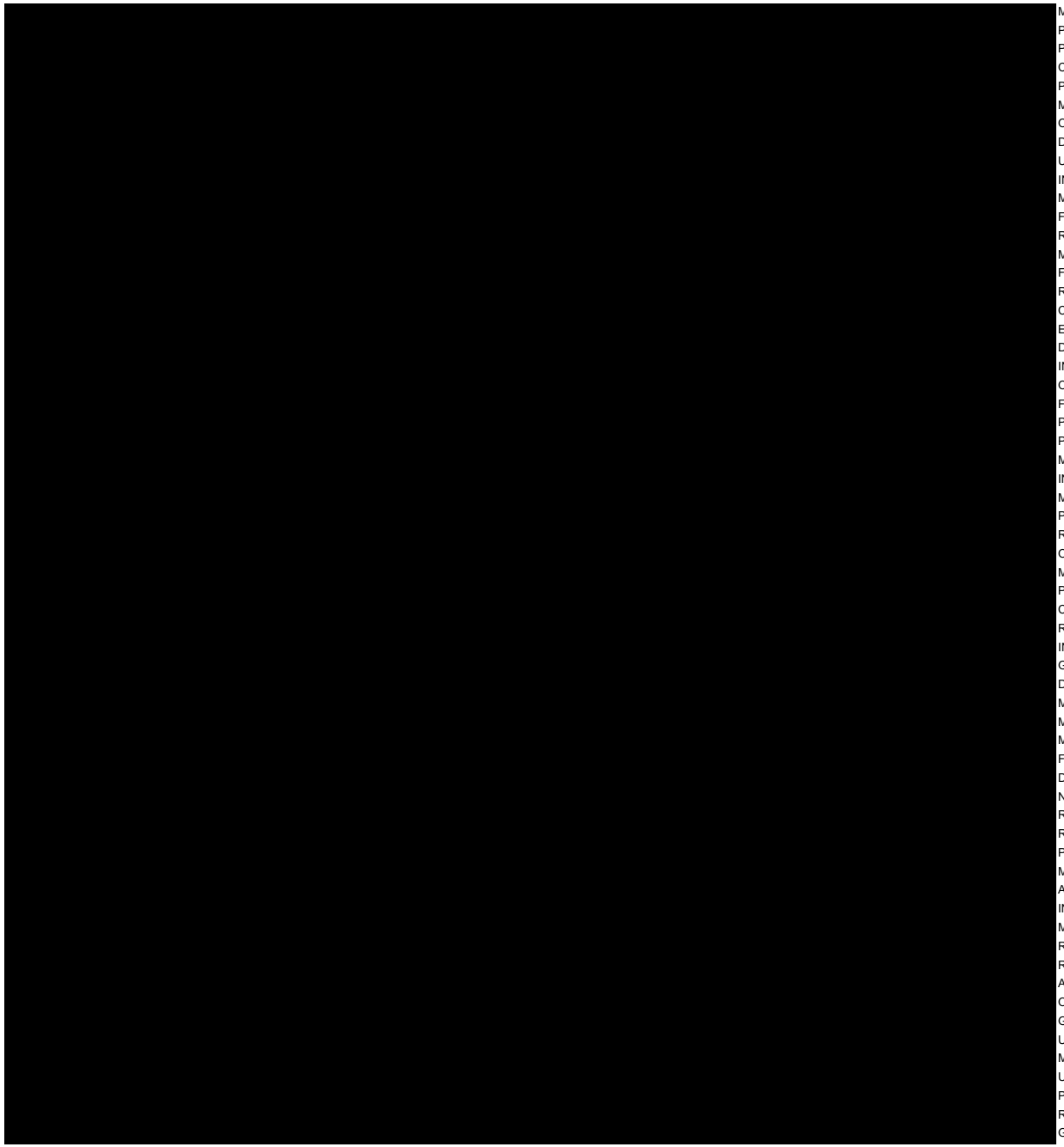
PULMONARY DIS	Professional	Sharewell Active	YES	YES
ENDOCRINOLOG	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
SLEEP STUDY CI	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
OPTOMETRIST	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
GENERAL PRAC	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	NO
GASTROENTERC	Professional	Sharewell Active	YES	NO
GYNECOLOGY	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RETAIL HEALTH	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
IMAGING CENTE	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
GASTROENTERC	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
GYNECOLOGY	Professional	Sharewell Active	YES	NO



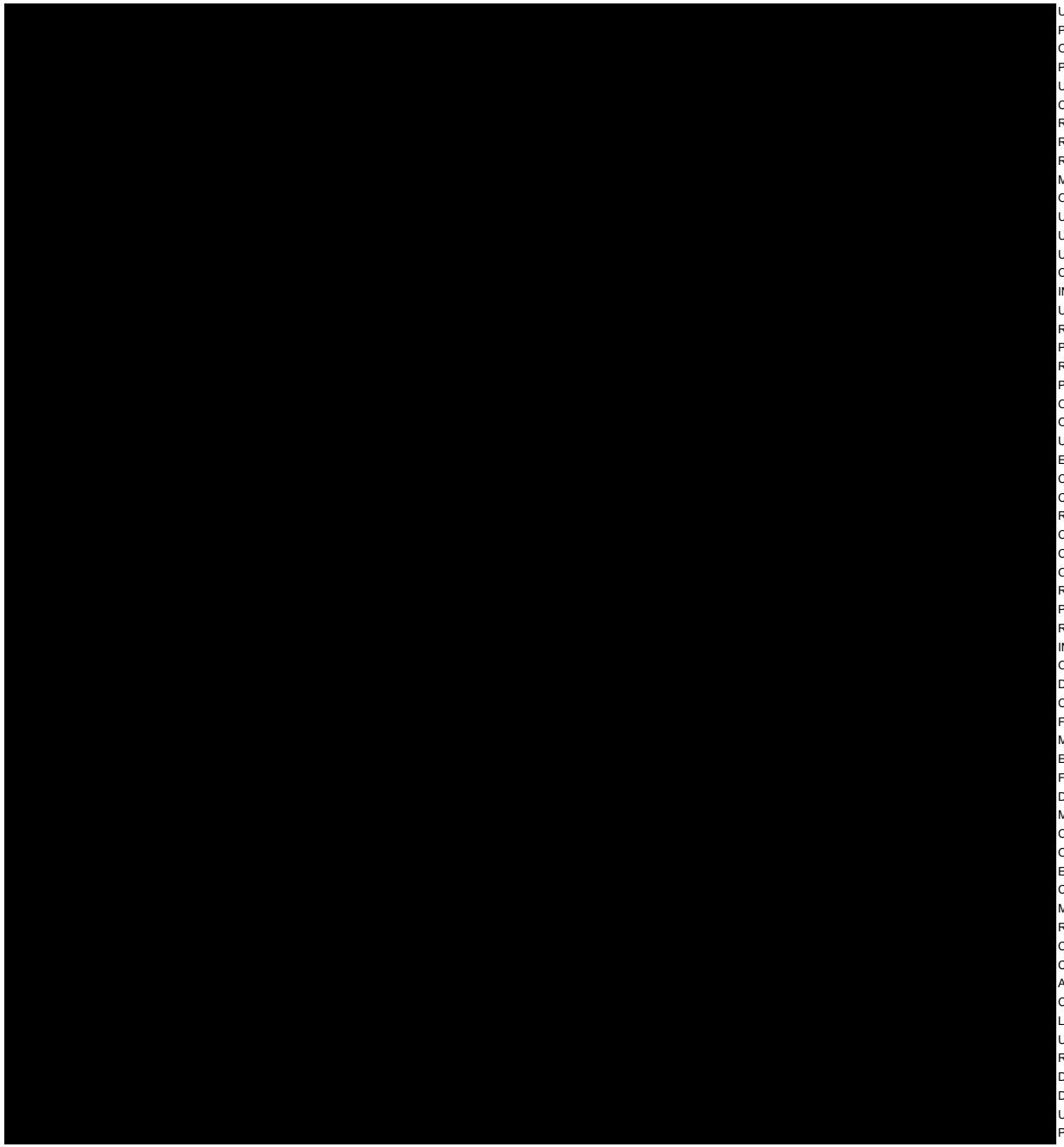
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	N/A	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
PSYCHIATRY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	NO	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	NO	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
PULMONARY DIS	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	NO	NO



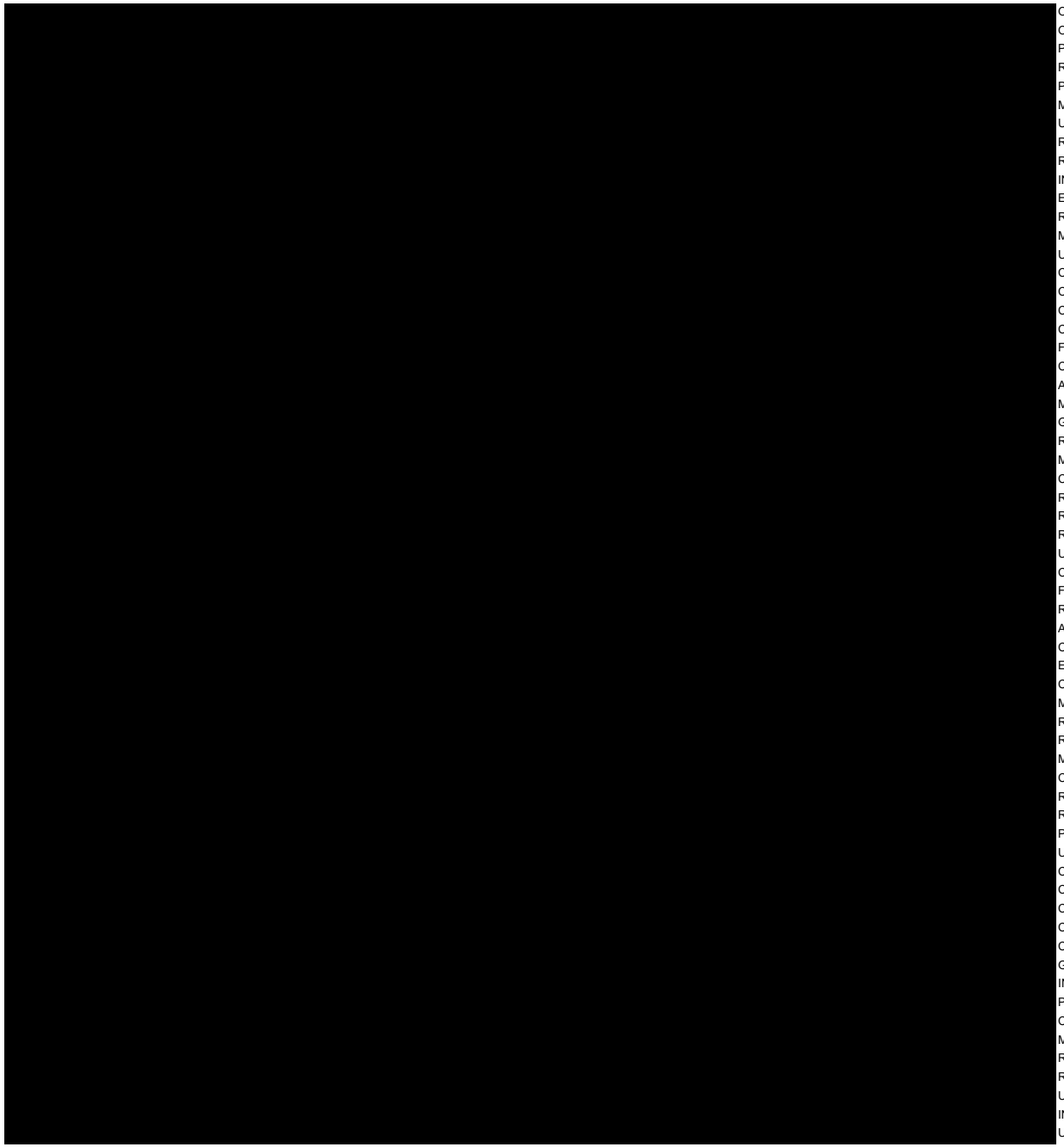
REGISTERED PH	Professional	Sharewell Active	NO	NO
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
EMERGENCY ME	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
CARDIOVASCUL/	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	NO
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
OUTPATIENT CLI	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
ANESTHESIOLO(	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
OTOLARYNGOL(	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	YES
ENDOCRINOLOG	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	YES
CERTIFIED ORTH	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
DERMATOLOGY	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	NO
PSYCHIATRY	Professional	Sharewell Active	YES	YES
GENERAL PRAC1	Professional	Sharewell Active	YES	NO
NEPHROLOGY	Professional	Sharewell Active	YES	YES



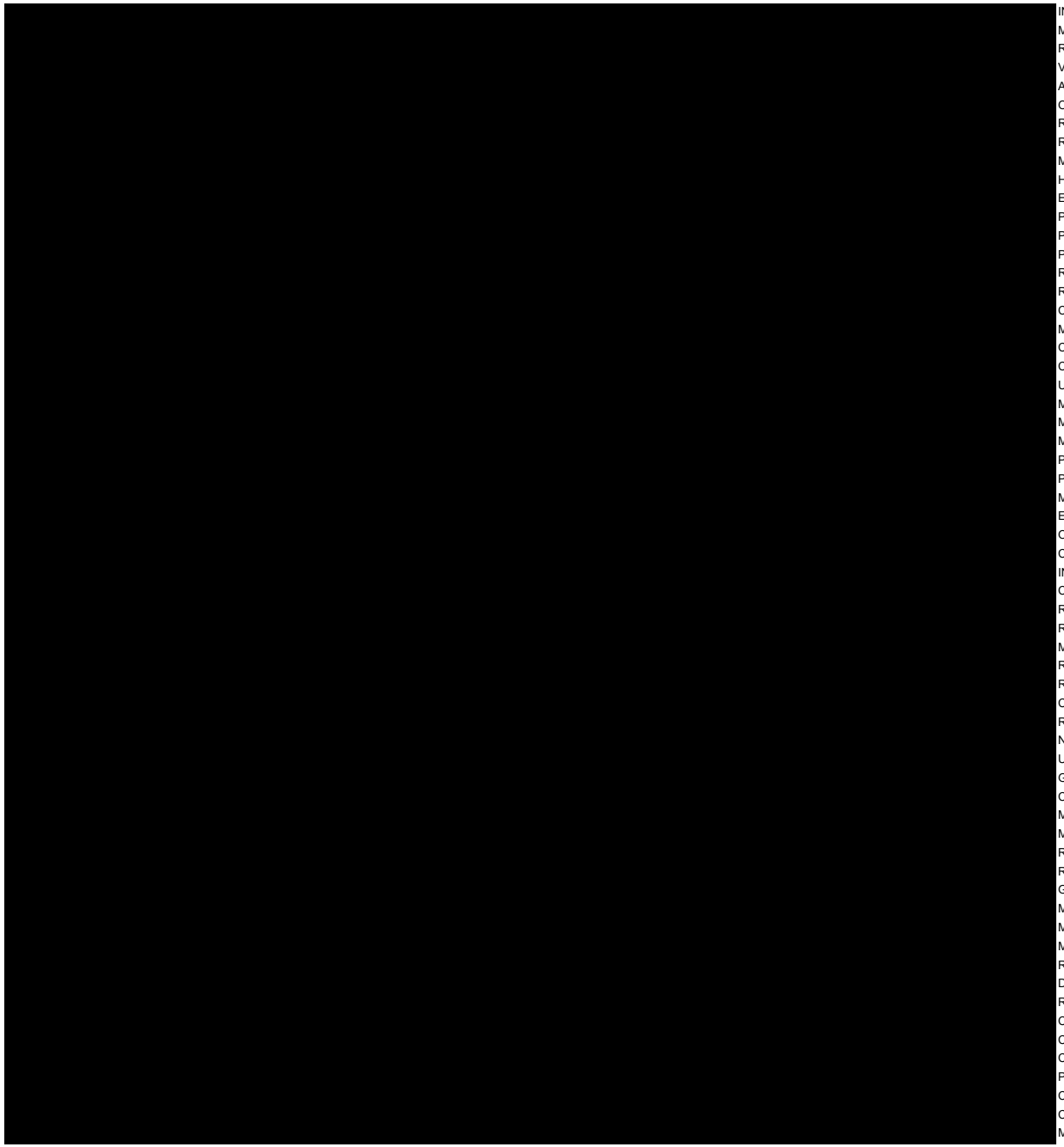
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PULMONARY DIS	Professional	Sharewell Active	YES	YES
PULMONARY DIS	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	NO	NO
PSYCHIATRY	Professional	Sharewell Active	NO	NO
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
PODIATRIST	Professional	Sharewell Active	NO	NO
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	NO	NO
INFECTIOUS DIS	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
PEDIATRICS	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ALLERGY & IMM	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLO	Professional	Sharewell Active	YES	YES
OPHTHALMOLO	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
PEDIATRICS	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	YES	YES



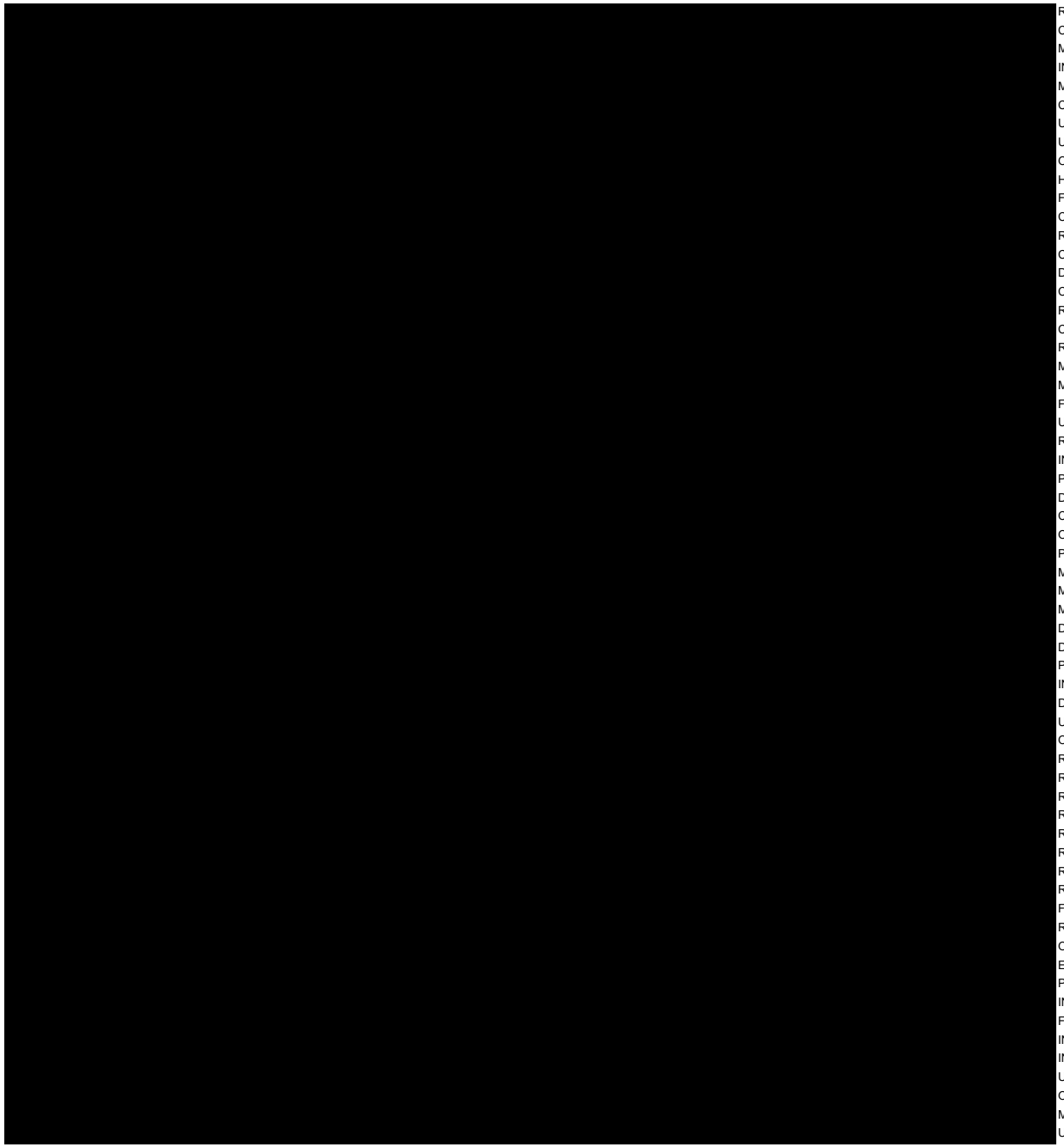
UNDEFINED	Professional	Sharewell Active	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
RETAIL HEALTH I	Professional	Sharewell Active	YES	YES
RETAIL HEALTH I	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
PHARMACY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
EMERGENCY ME	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
CERTIFIED ACUI	Professional	Sharewell Active	NO	NO
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
OCCUPATIONAL	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
PLASTIC SURGE	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CARDIOVASCUL/	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ENDOCRINOLOG	Professional	Sharewell Active	YES	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CERTIFIED ACUI	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
CERTIFIED ORTH	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
CARDIOVASCUL/	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
AUDIOLOGIST	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
LICENSED CLIN S	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	YES
RHEUMATOLOG\	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES



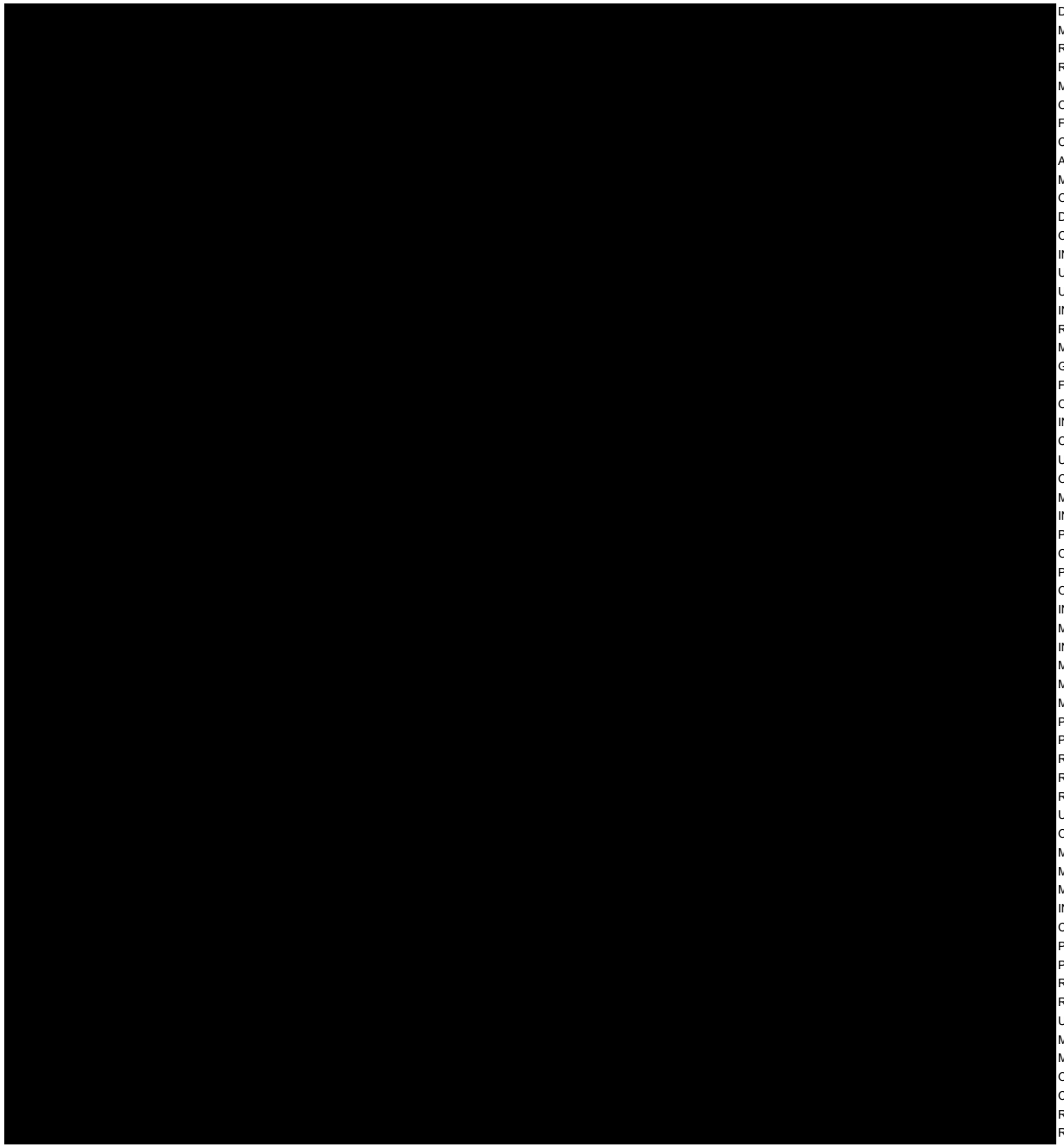
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
OTOLARYNGOLO	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
EMERGENCY ME	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
CARDIOLOGY	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
AUDIOLOGIST	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	NO
RESEARCH PSY	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Active	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
ALLERGY & IMM	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
CARDIOVASCUL	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RETAIL HEALTH	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
RETAIL HEALTH	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PAIN MGMT ANE	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
CERTIFIED RN AI	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
GENERAL SURGI	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
PHLEBOLOGY	Professional	Sharewell Active	N/A	N/A
CLINICAL LAB MI	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RETAIL HEALTH	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
INTERNAL MEDI	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A



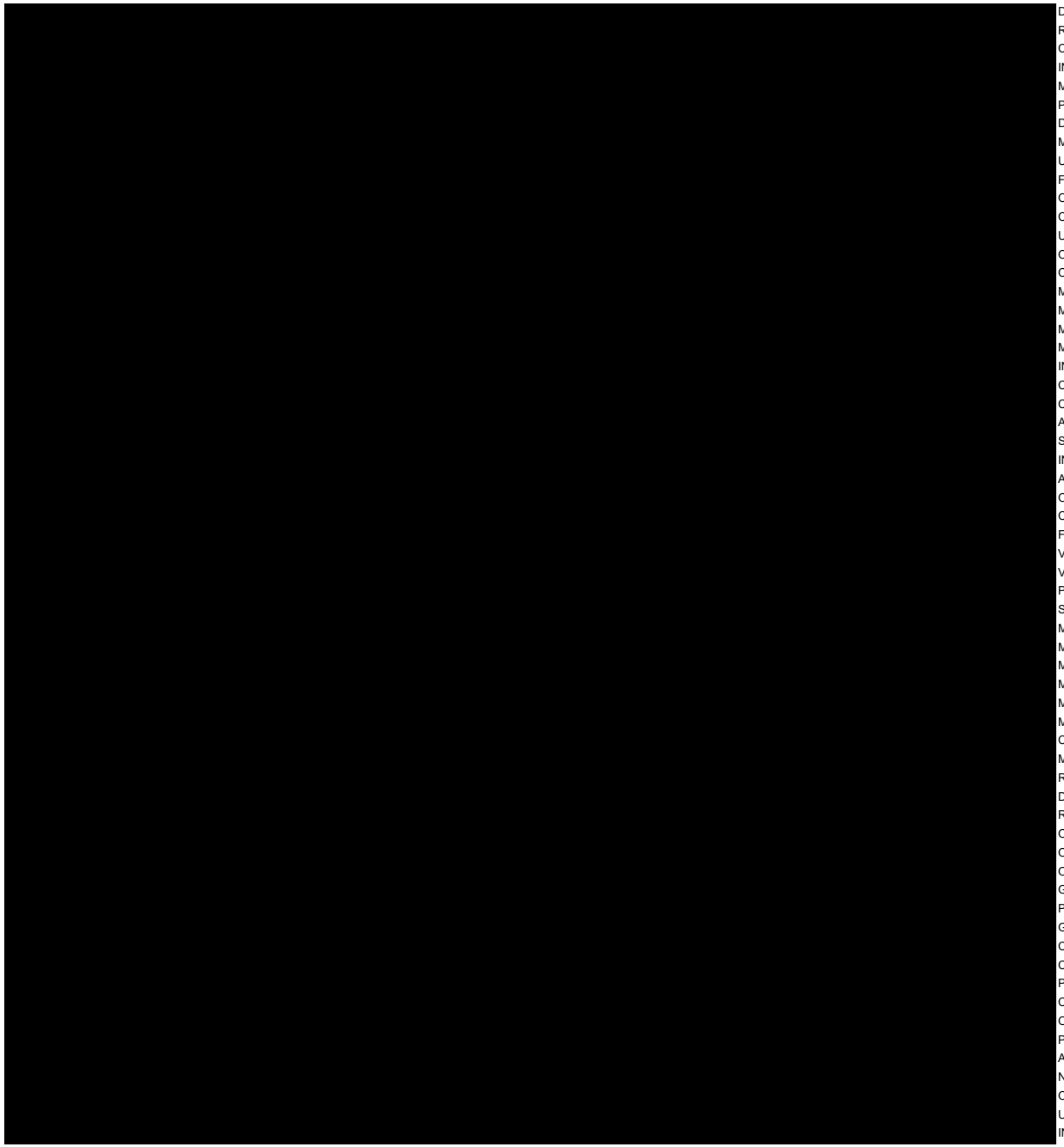
INDEPENDENT L	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
VA CLINIC	Professional	Sharewell Active	YES	YES
AMBULANCE, BA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
HEMATOLOGY A	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
PEDIATRIC CARI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	NO
CARDIOLOGY	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PHARMACY	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
OPHTHALMOLOG	Professional	Sharewell Active	YES	YES
CARDIOLOGY	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIATION ONC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
NEPHROLOGY	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
GENERAL PRAC	Professional	Sharewell Active	N/A	N/A
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RETAIL HEALTH	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	NO
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
CARDIOLOGY	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
CARDIOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES



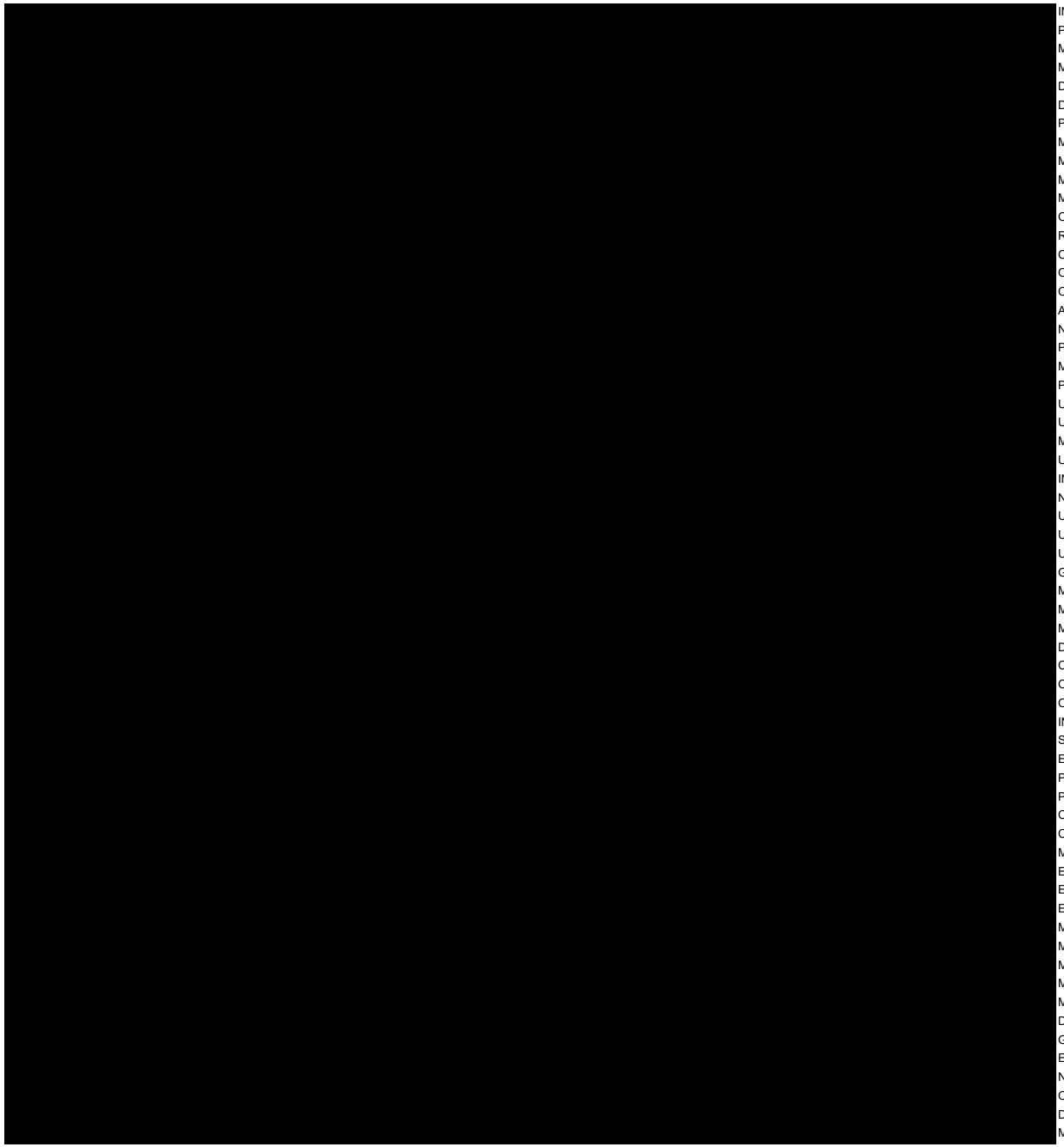
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
HOSPITALIST MI	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Sharewell Active	NO	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
RHEUMATOLOG\	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	N/A	N/A
REGISTERED PH	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
OPHTHALMOLO(	Professional	Sharewell Active	YES	YES
ENDOCRINOLOG	Professional	Sharewell Active	YES	YES
PULMONARY DIS	Professional	Sharewell Active	YES	YES
INDEPENDENT L	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	YES



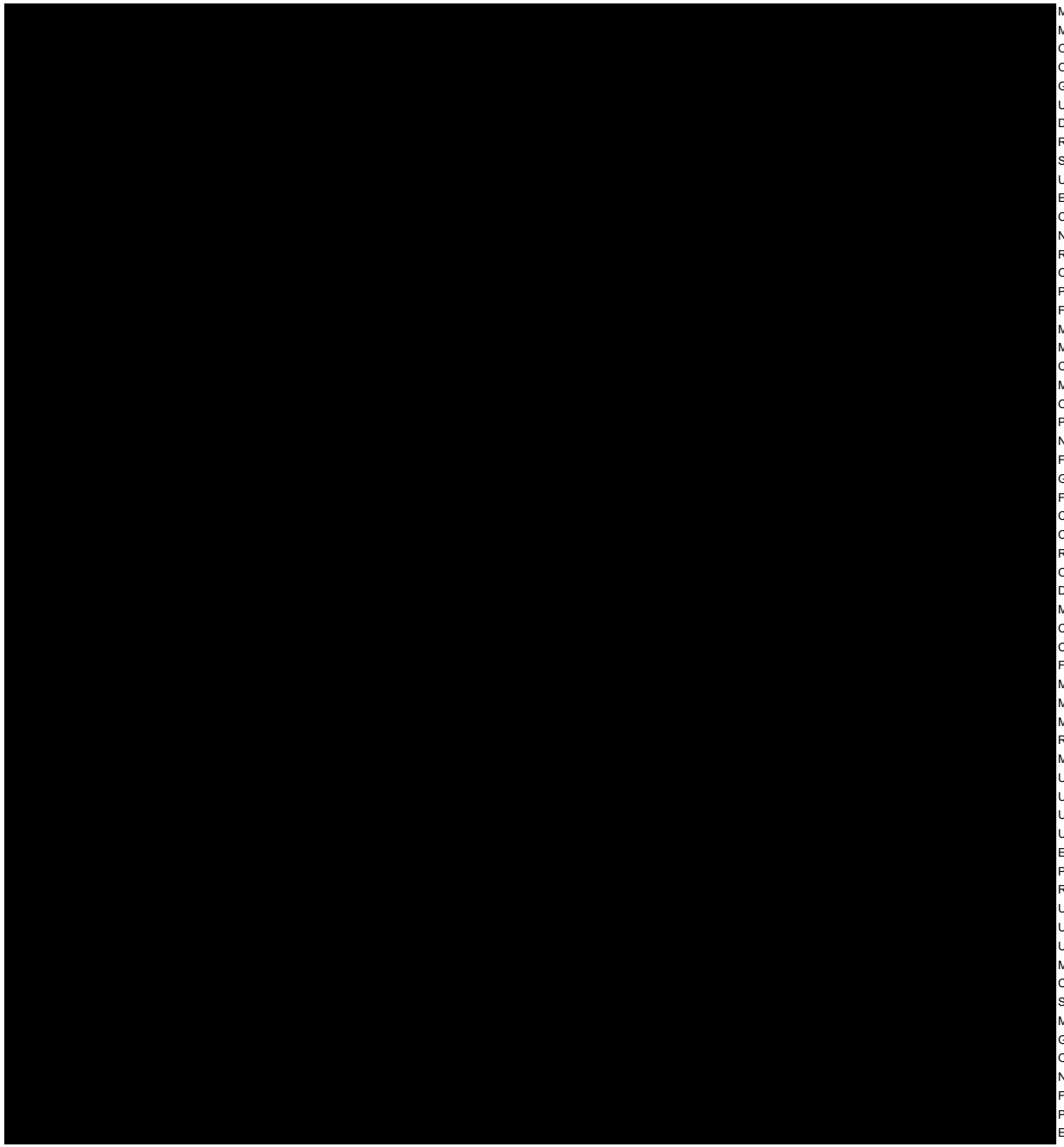
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RETAIL HEALTH I	Professional	Sharewell Active	YES	YES
RETAIL HEALTH I	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
OTOLARYNGOLO	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
ANESTHESIOLO	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OTOLARYNGOLO	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
OPHTHALMOLO	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
UROLOGY	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	NO	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES - Hospital Based	N/A
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
OPHTHALMOLO	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
OTOLARYNGOLO	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
INTERNAL MEDI	Professional	Sharewell Active	YES	YES
CARDIOVASCUL	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
RHEUMATOLOG	Professional	Sharewell Active	YES	NO
RHEUMATOLOG	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OPHTHALMOLO	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES



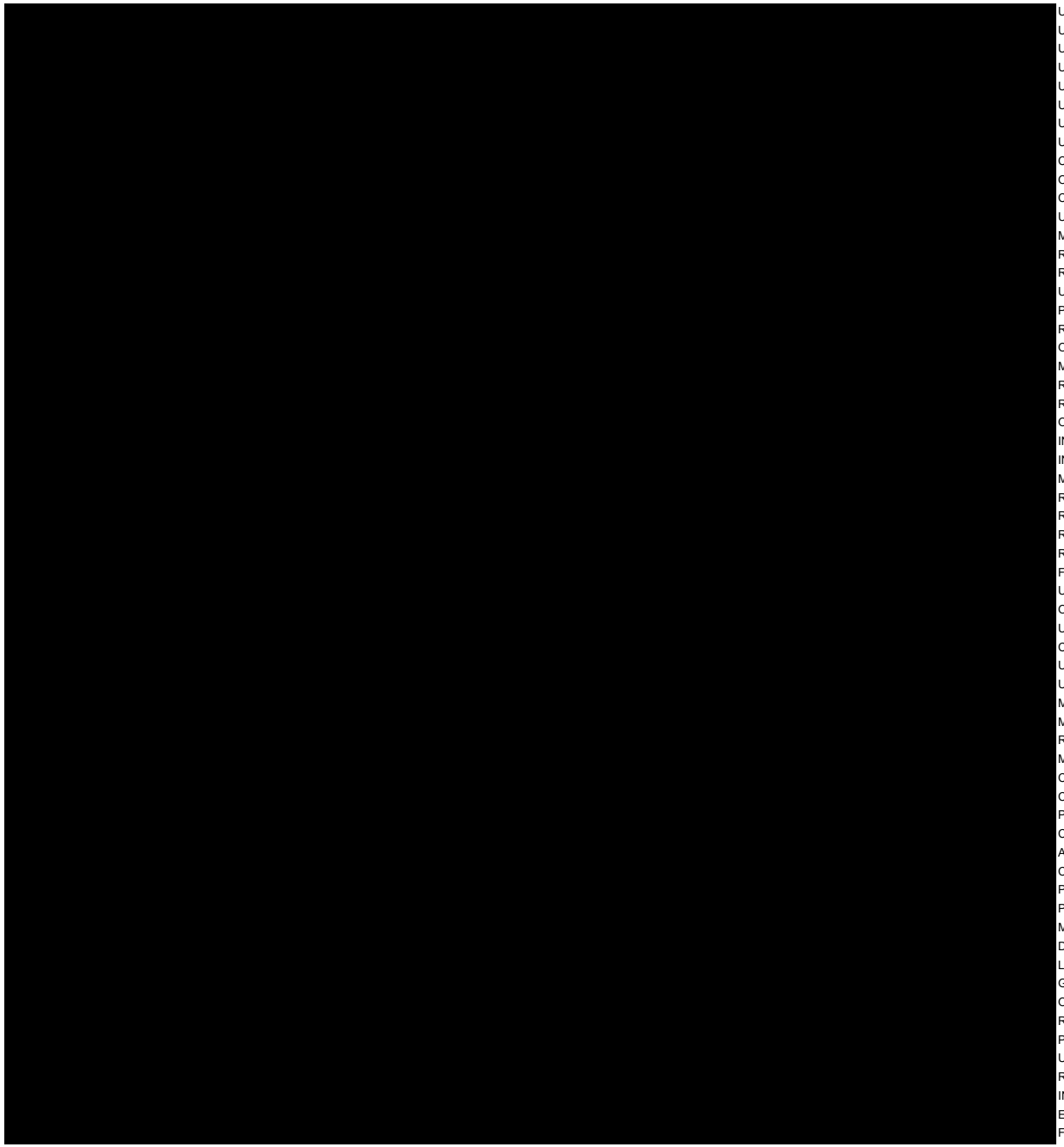
DERMATOLOGY	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
UROLOGY	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
O.B. - GYNECOLC	Professional	Sharewell Active	NO	NO
CARDIOVASCUL/	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
ANESTHESIOLOC	Professional	Sharewell Active	YES	YES
SURGICAL ONCC	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
ANESTHESIOLOC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
VA CLINIC	Professional	Sharewell Active	YES	YES
VA CLINIC	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	NO
SURGERY CRITI(	Professional	Sharewell Active	NO	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
GENERAL PRAC1	Professional	Sharewell Active	YES	YES
PHYSICIANS ASS	Professional	Sharewell Active	YES	YES
GENERAL PRAC1	Professional	Sharewell Active	NO	N/A
CARDIOVASCUL/	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	NO	NO
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
AUDIOLOGIST	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	YES
O.B. - GYNECOLC	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	NO
INTERVENTIONA	Professional	Sharewell Active	YES	YES



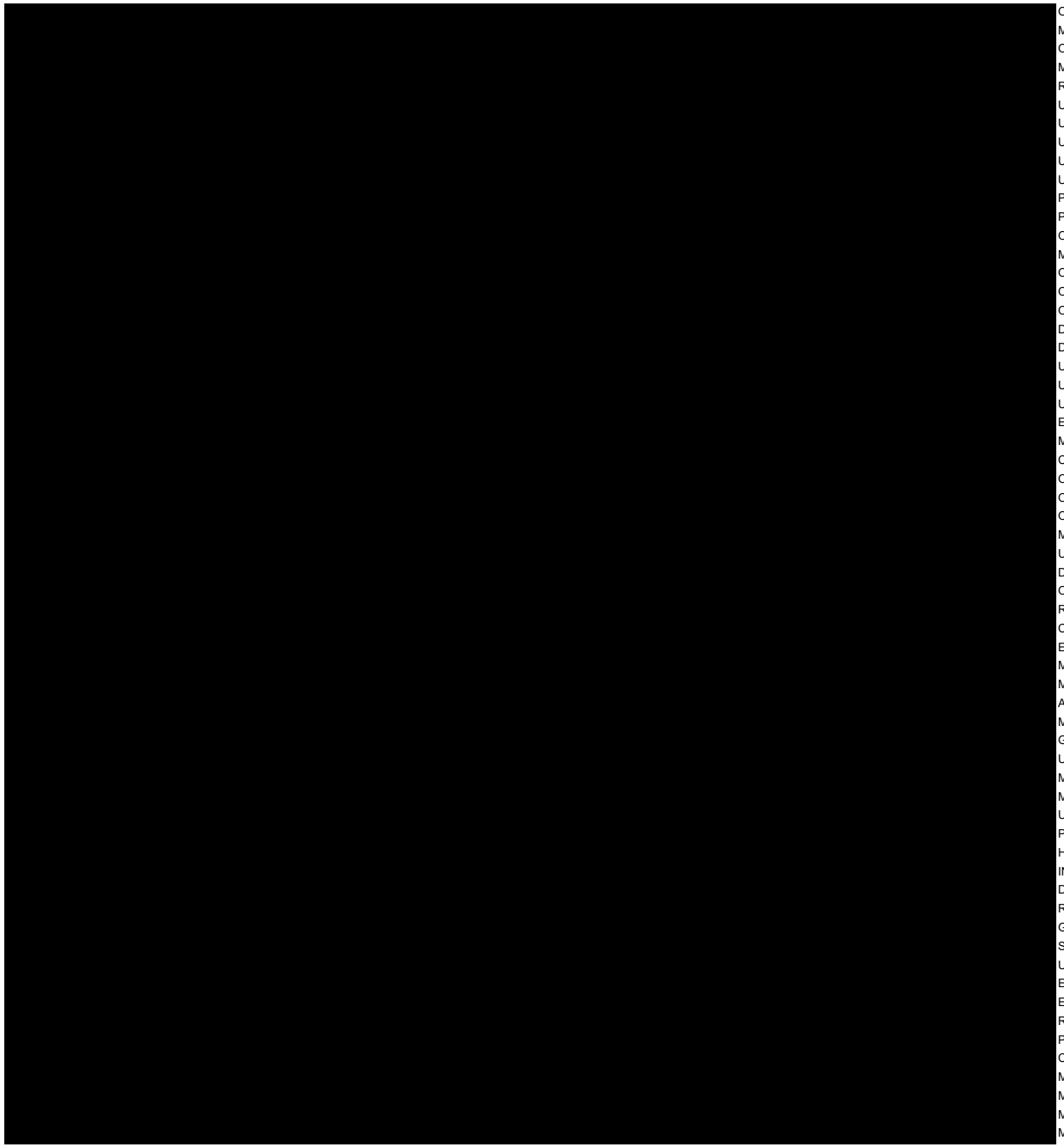
INTERVENTIONA	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
PODIATRIST	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
OPHTHALMOLOG	Professional	Sharewell Active	YES	NO
OTOLARYNGOLG	Professional	Sharewell Active	YES	YES
OPTOMETRIST	Professional	Sharewell Active	YES	YES
ALLERGY & IMM	Professional	Sharewell Active	YES	YES
NEPHROLOGY	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
NEUROLOGY	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
GENERAL PRAC	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
OTOLARYNGOLG	Professional	Sharewell Active	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Active	NO	NO
INTERNAL MEDI	Professional	Sharewell Active	YES	NO
SLEEP STUDY CI	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
PSYCHIATRIC RE	Professional	Sharewell Active	N/A	N/A
CARDIOVASCUL	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
NEUROLOGY	Professional	Sharewell Active	YES	NO
OPHTHALMOLOG	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO



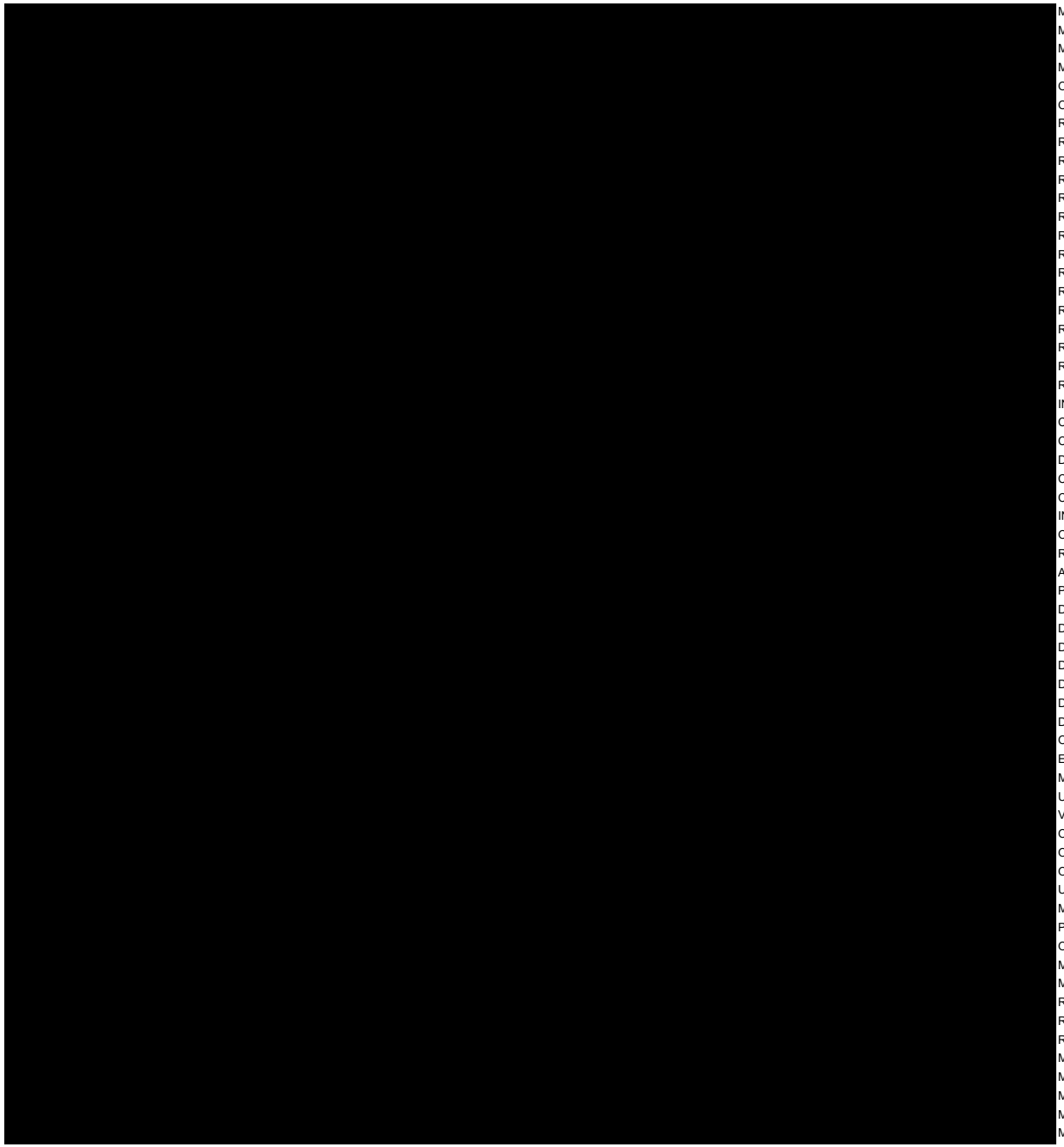
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
GASTROENTERC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
DERMATOLOGY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
SLEEP STUDY CI	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	NO	N/A
EMERGENCY ME	Professional	Sharewell Active	YES	YES
CARDIOVASCUL/	Professional	Sharewell Active	YES	NO
NEUROLOGY, CI	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	NO	NO
OPTOMETRIST	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	NO	NO
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
MRI CENTER	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	NO	NO
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
UROLOGY	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
PSYCHIATRY	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
SLEEP STUDY CI	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GENERAL PRAC1	Professional	Sharewell Active	N/A	N/A
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
NEUROLOGY	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES



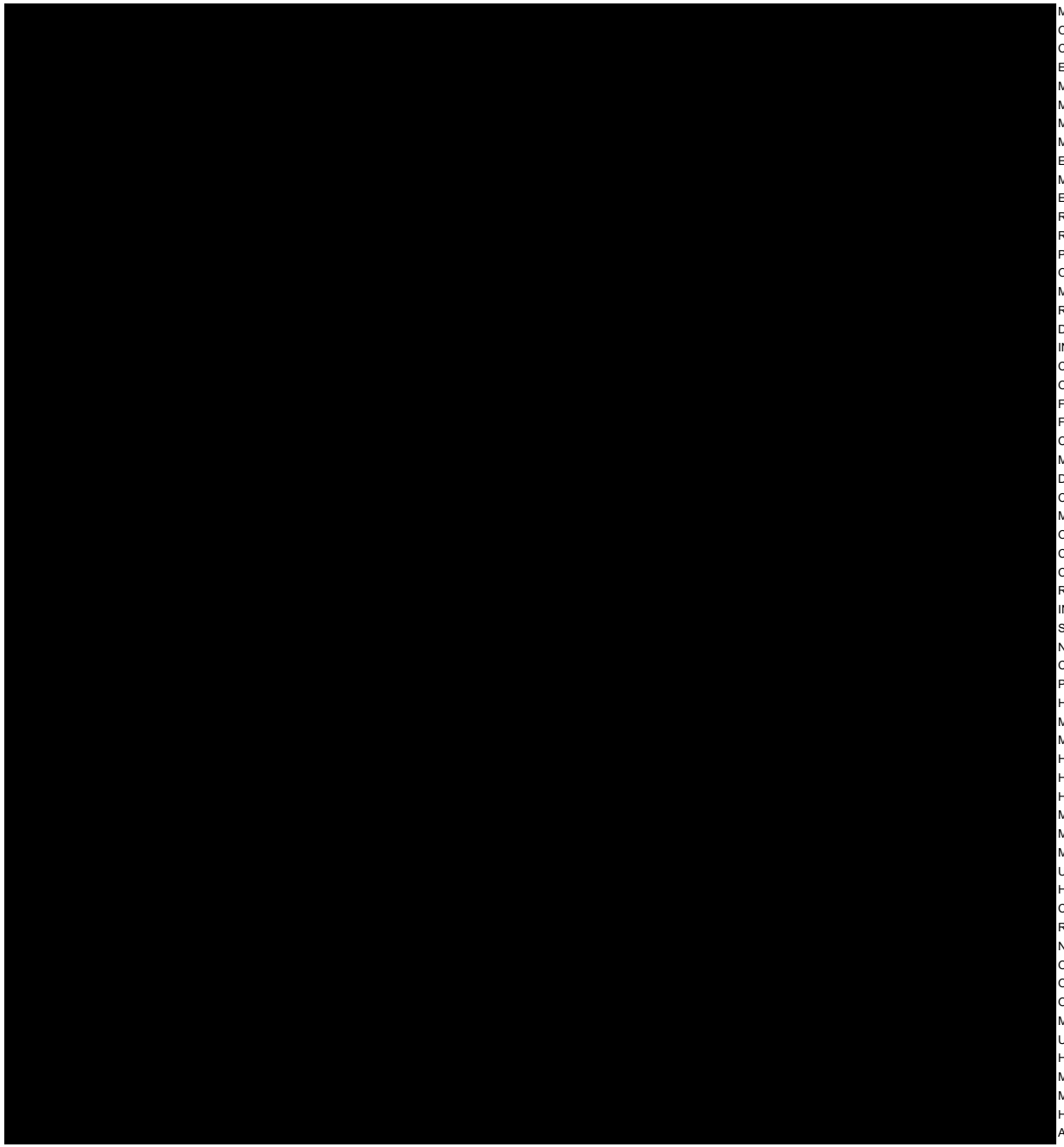
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
UROLOGY	Professional	Sharewell Active	YES	YES
PATHOLOGY, AN	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	NO
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RHEUMATOLOG\	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
PHYSICAL MEDI(	Professional	Sharewell Active	YES	YES
CLINICAL NEURC	Professional	Sharewell Active	YES	YES
ANESTHESIOLOC	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
CERTIFIED RN AI	Professional	Sharewell Active	N/A	N/A
PODIATRIST	Professional	Sharewell Active	YES	YES
PEDIATRIC CARE	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
LPCC-LIC PROF (	Professional	Sharewell Active	YES	YES
GENERAL PRAC1	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
PSYCH-MENTAL	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
REGISTERED PH	Professional	Sharewell Active	YES	YES
INTERNAL MEDI(	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES



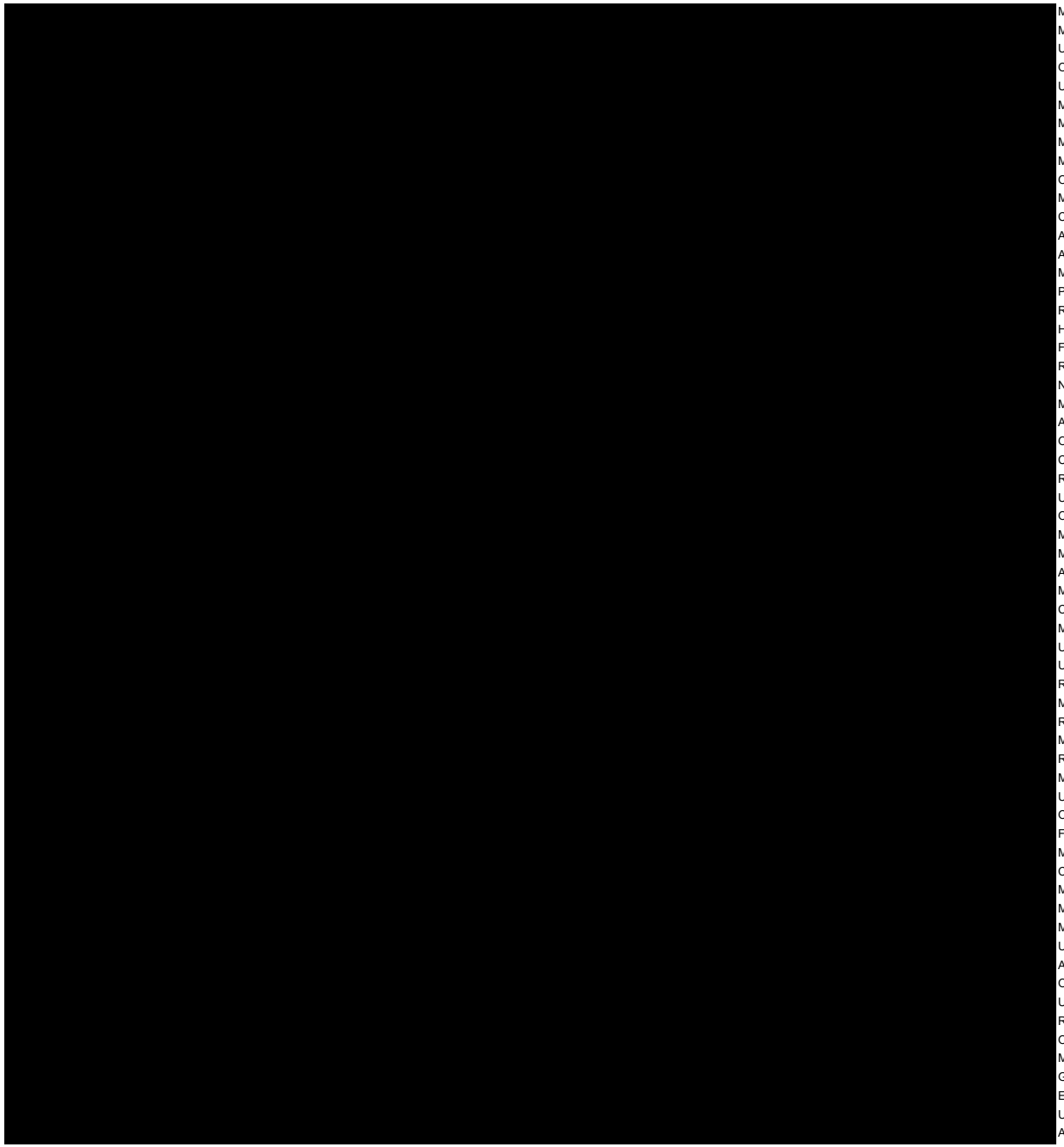
ORALMAXILLOFA	Professional	Sharewell Active	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
PODIATRIST	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
OPHTHALMOLOG	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
UNDEFINED	Professional	Sharewell Active	YES	N/A
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
OPHTHALMOLOG	Professional	Sharewell Active	YES	NO
O.B. - GYNECOL	Professional	Sharewell Active	NO	NO
OPHTHALMOLOG	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	NO	NO
UROLOGY	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
OPHTHALMOLOG	Professional	Sharewell Active	YES	NO
REGISTERED PH	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	N/A
EMERGENCY ME	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
AUDIOLOGIST	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
GASTROENTERC	Professional	Sharewell Active	YES	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	NO	NO
UNDEFINED	Professional	Sharewell Active	YES	N/A
PSYCHIATRY	Professional	Sharewell Active	YES	YES
HEPATOLOGY	Professional	Sharewell Active	NO	NO
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
GENERAL PRAC	Professional	Sharewell Active	YES	NO
SPEECH PATHOI	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	N/A
EMERGENCY ME	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRIC GAST	Professional	Sharewell Active	YES	YES
CARDIOVASCUL/	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES



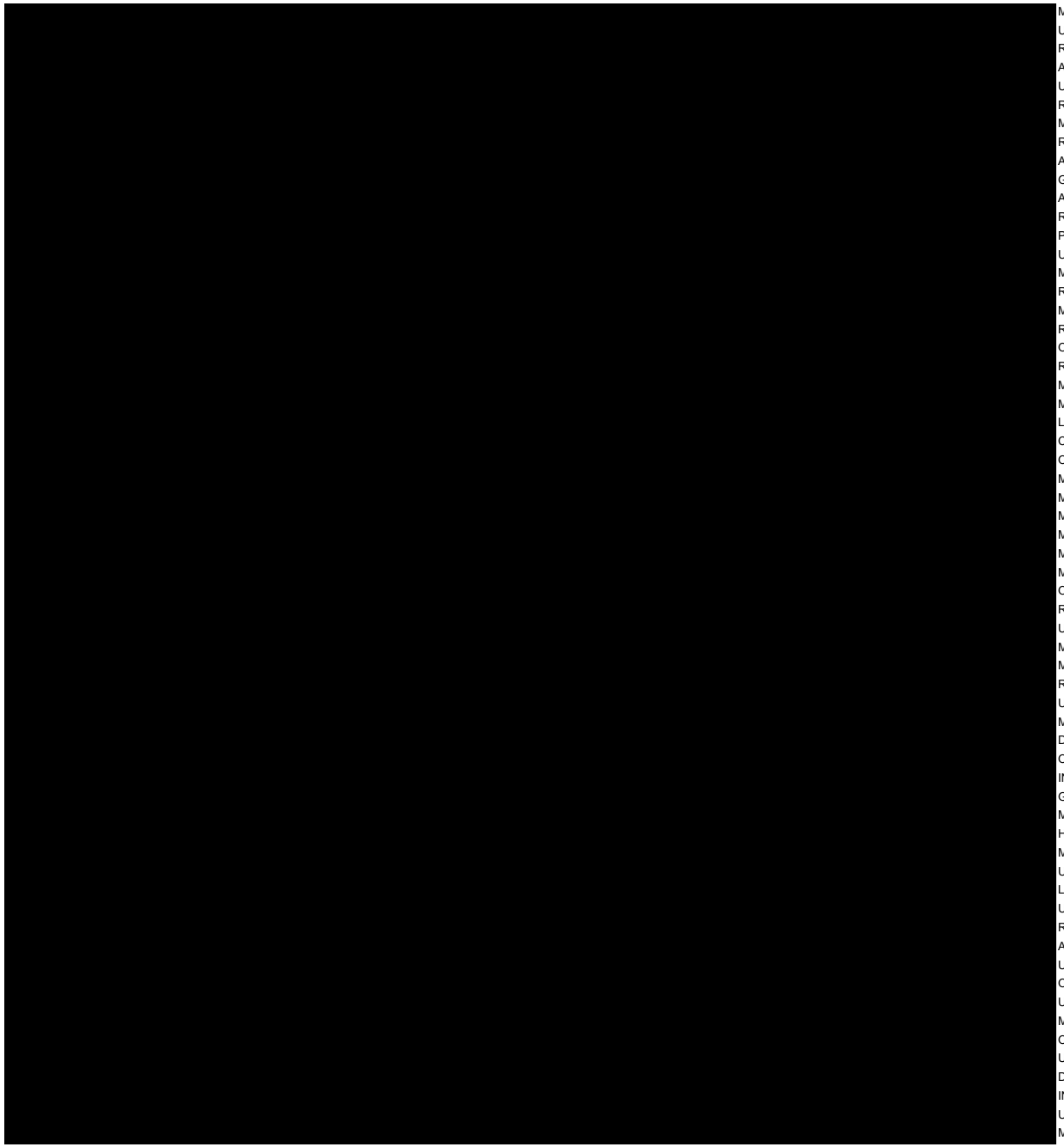
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
OUTPATIENT CLI	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	NO
CARDIOVASCUL/	Professional	Sharewell Active	YES	NO
CERTIFIED ORTH	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
ALLERGY & IMM	Professional	Sharewell Active	YES	NO
PEDIATRICS	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	NO
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MEDICAL SUPPL	Professional	Sharewell Active	YES	YES
UNDEFINED	Professional	Sharewell Active	YES	YES
VA CLINIC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	YES
OPTOMETRIST	Professional	Sharewell Active	NO	NO
UROLOGY	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
PSYCHIATRY	Professional	Sharewell Active	YES	YES
OPHTHALMOLOC	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
REGISTERED PH	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES



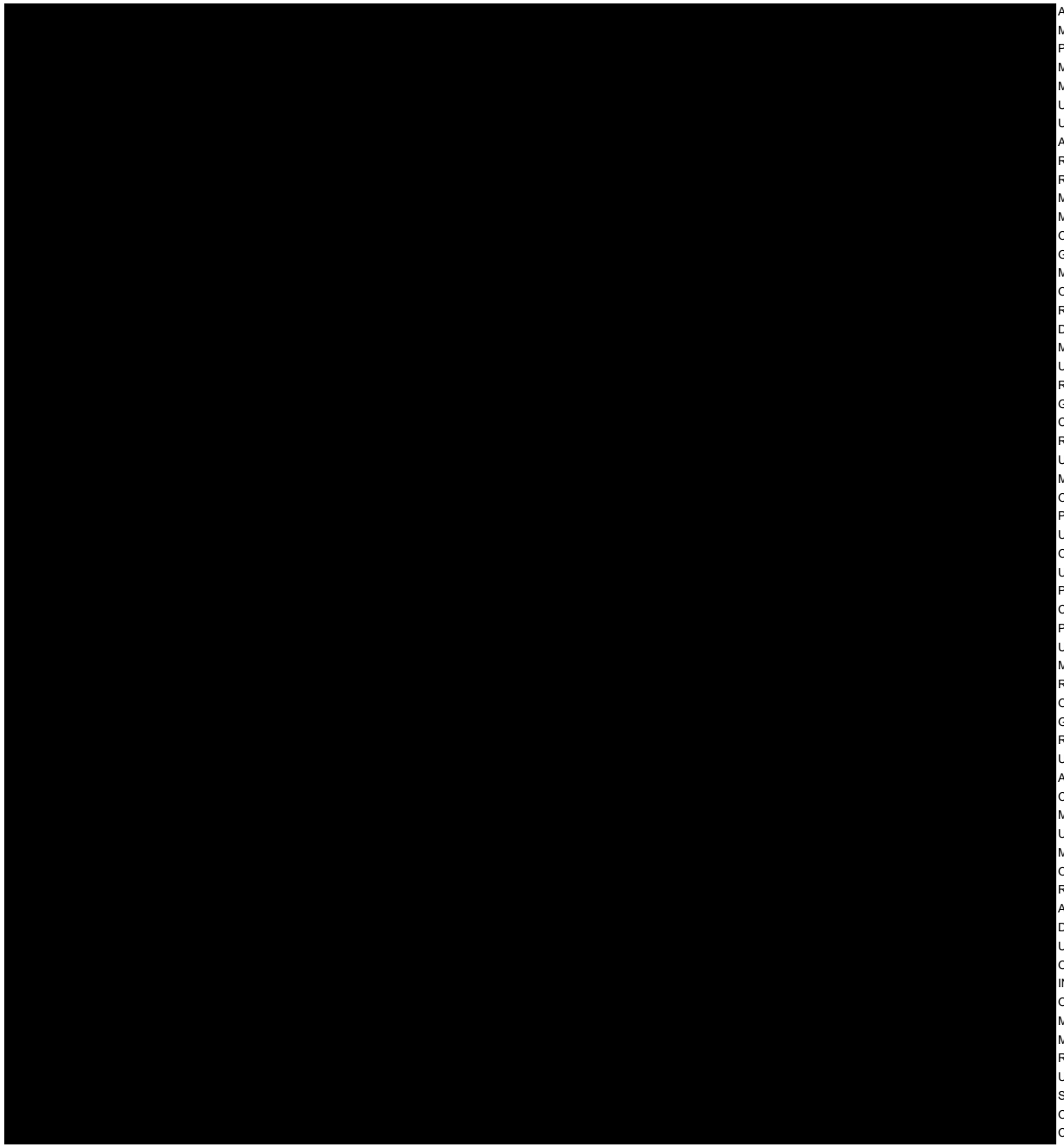
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
OPHTHALMOLOG	Professional	Sharewell Active	YES	NO
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
EMERGENCY ME	Professional	Sharewell Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
ENDOCRINOLOG	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
PEDIATRICS	Professional	Sharewell Active	YES	YES
OPTOMETRIST	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	NO	NO
OPTOMETRIST	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
FAMILY PRACTIC	Professional	Sharewell Active	YES	YES
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
DERMATOLOGY	Professional	Sharewell Active	YES	NO
CERTIFIED ACUF	Professional	Sharewell Active	YES	YES
MARRIAGE FAMI	Professional	Sharewell Active	YES	YES
OTOLARYNGOLC	Professional	Sharewell Active	YES	NO
CHIROPRACTOR	Professional	Sharewell Active	YES	YES
CLINICAL LAB MI	Professional	Sharewell Active	YES	YES
RESEARCH PSY(	Professional	Sharewell Active	YES	YES
INTERNAL MEDIC	Professional	Sharewell Active	YES	YES
SPEECH PATHOL	Professional	Sharewell Active	YES	NO
NEUROLOGICAL	Professional	Sharewell Active	YES	YES
CERTIFIED ORTH	Professional	Sharewell Active	YES	YES
PODIATRIST	Professional	Sharewell Active	YES	YES
HOME HEALTH C	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Active	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
HOME INFUSION	Professional	Sharewell Retiree	YES	YES
HOME INFUSION	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOG\	Professional	Sharewell Retiree	YES	NO
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
HOME INFUSION	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES



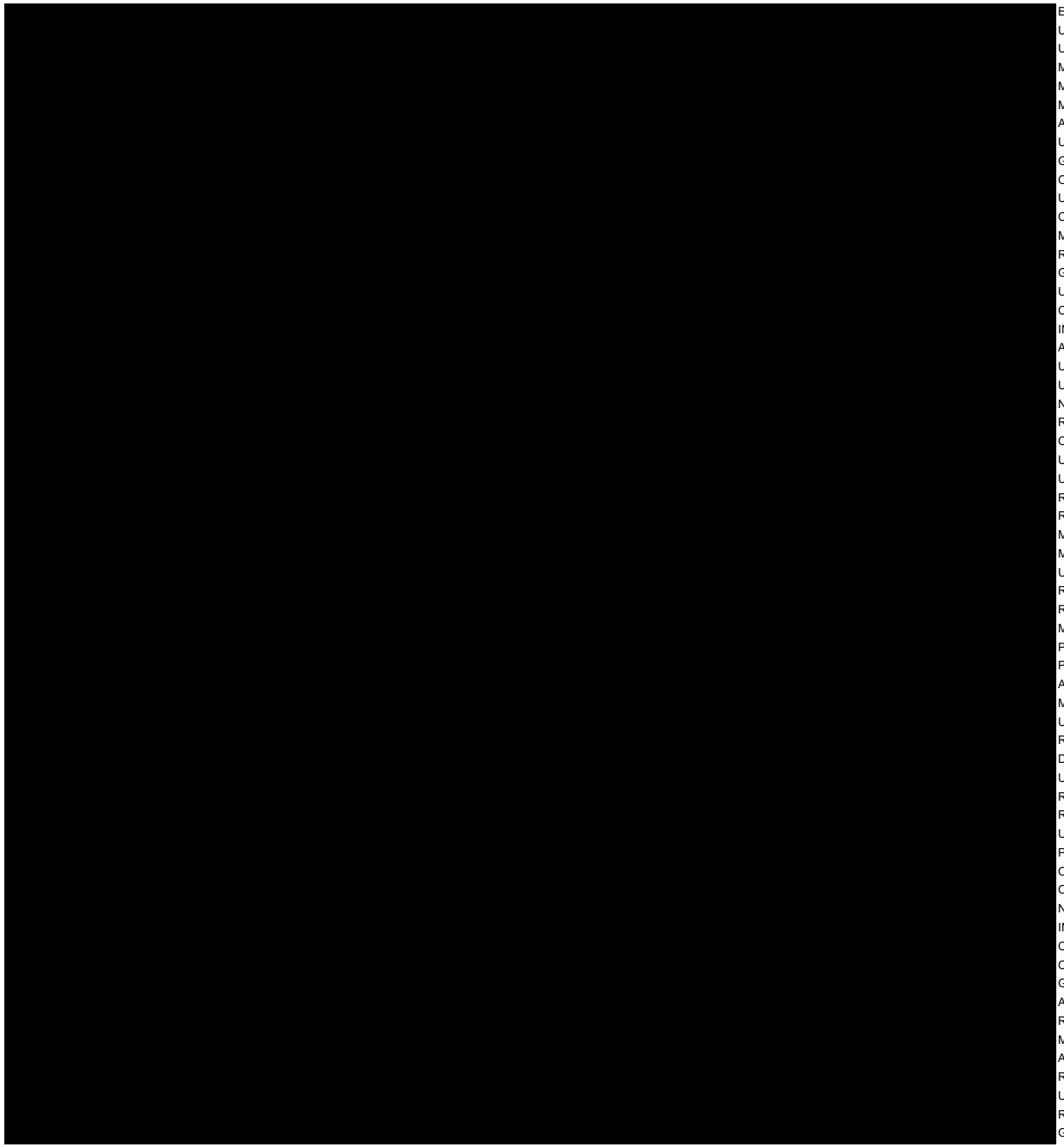
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	NO	NO
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
HOME HEALTH C	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
MISCELLANEOUS	Professional	Sharewell Retiree	N/A	N/A
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RESEARCH PSYC	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES



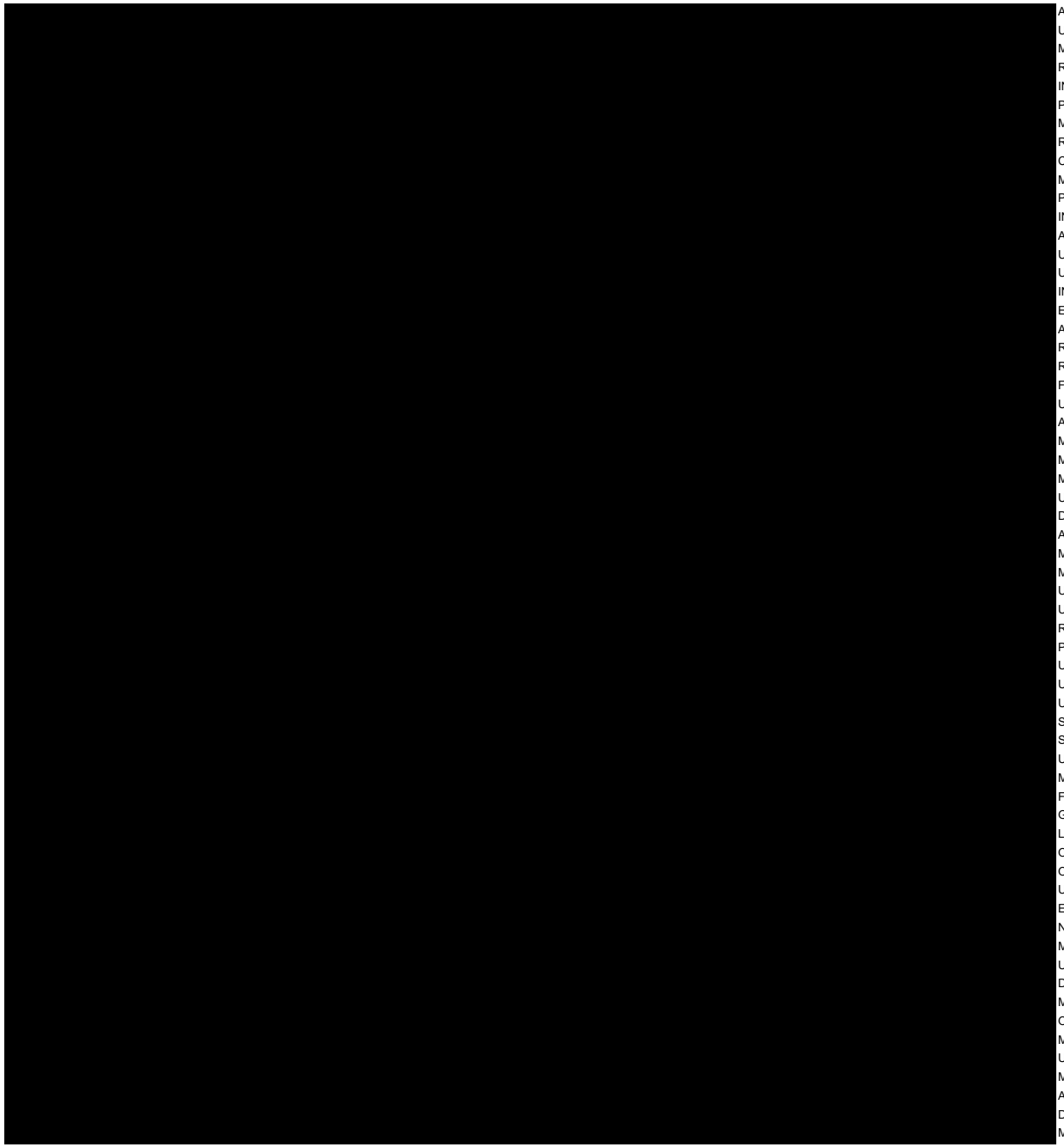
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
RESEARCH PSY(	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	YES	YES
LPCC-LIC PROF (	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
RESEARCH PSY(	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
LICENSED CLIN S	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	NO
OTOLARYNGOL(	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES



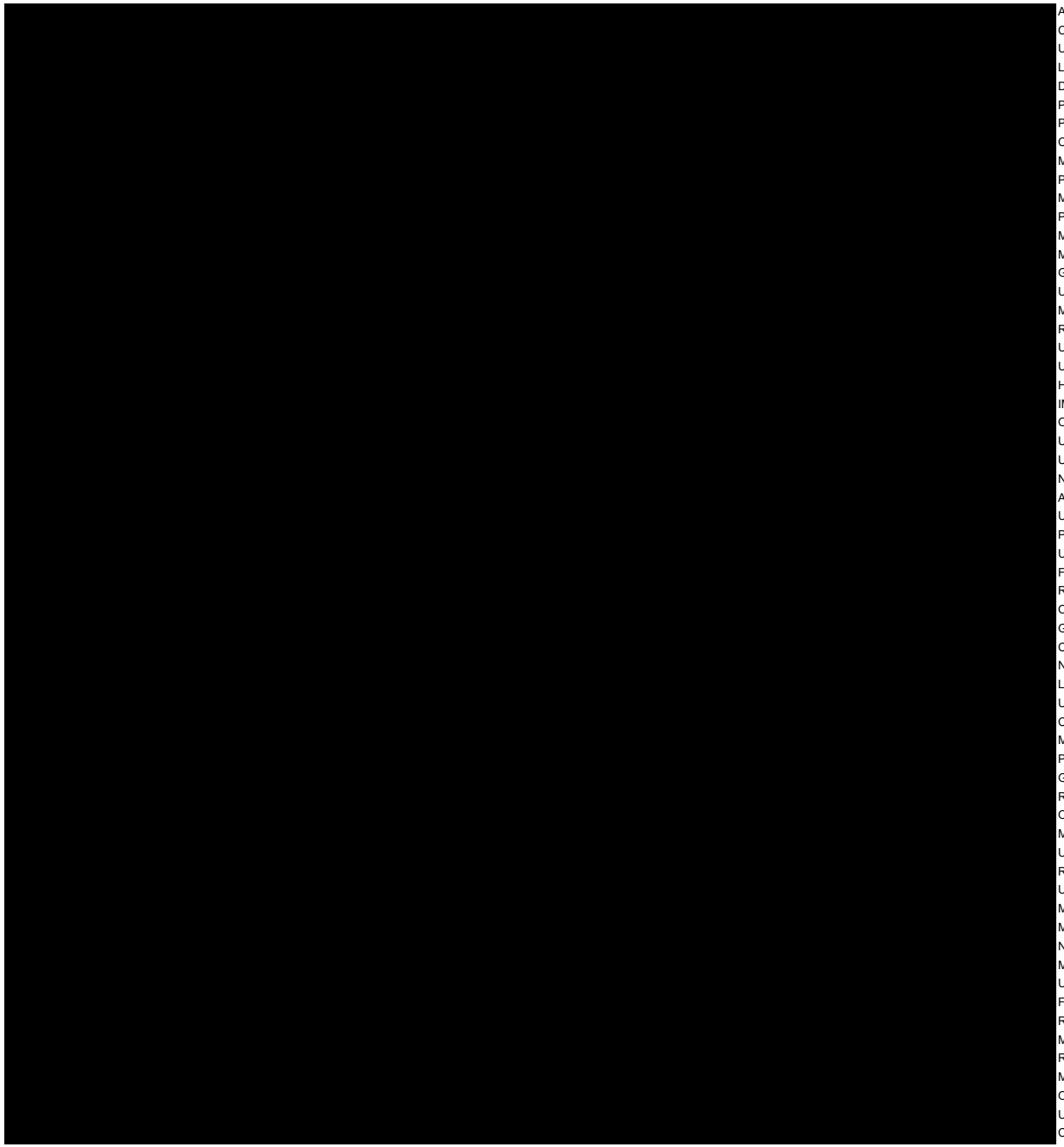
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIATION ONC(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MEDICAL SUPPL`	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC`	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
RESEARCH PSY(	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SPEECH PATHOI	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO



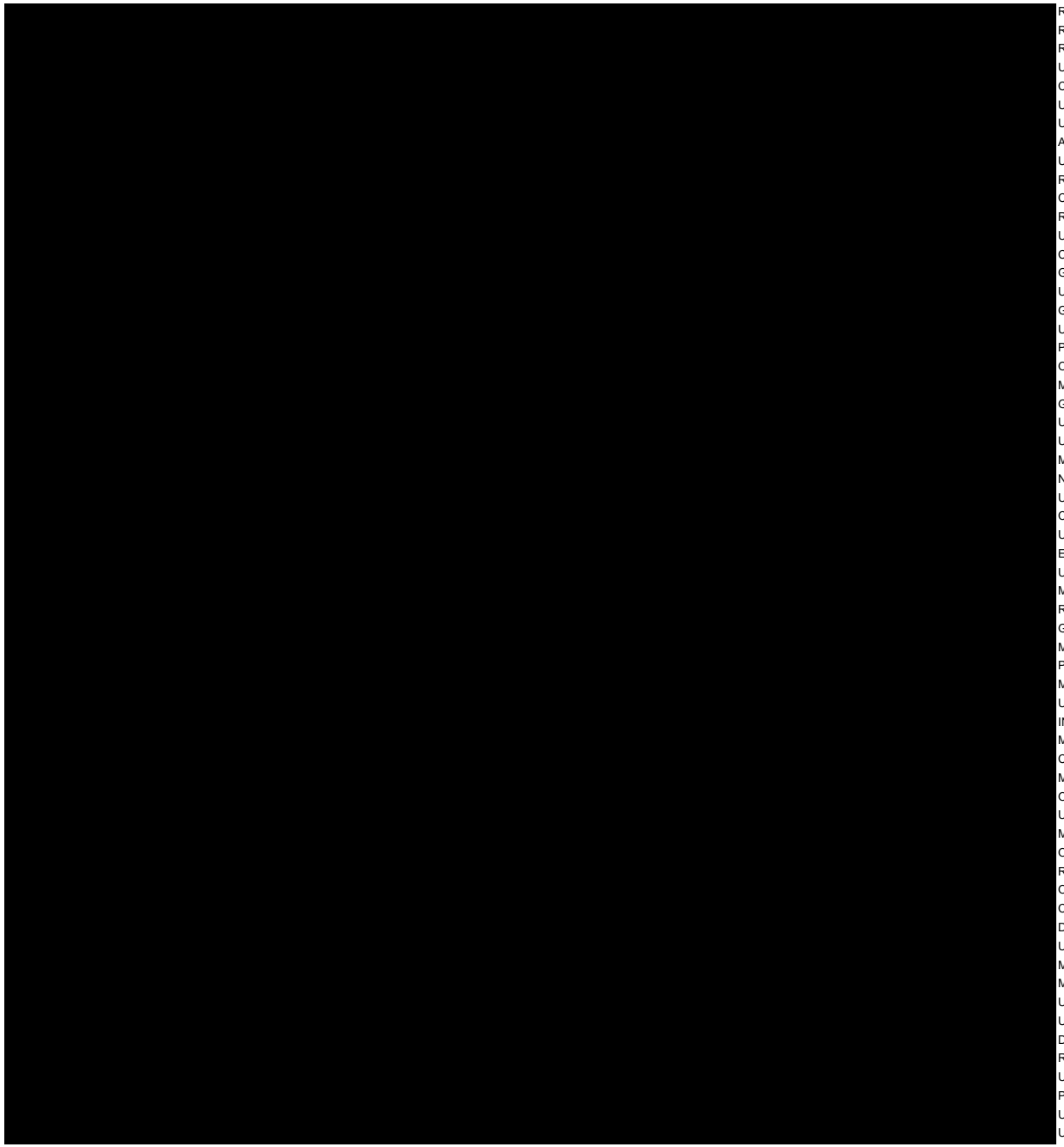
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GASTROENTERO	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEUROLOGICAL	Professional	Sharewell Retiree	YES	NO
RESEARCH PSY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
RESEARCH PSY	Professional	Sharewell Retiree	NO	NO
RADIATION ONC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PHYS MED/ REH	Professional	Sharewell Retiree	NO	NO
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RESEARCH PSY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PLASTIC SURGE	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES



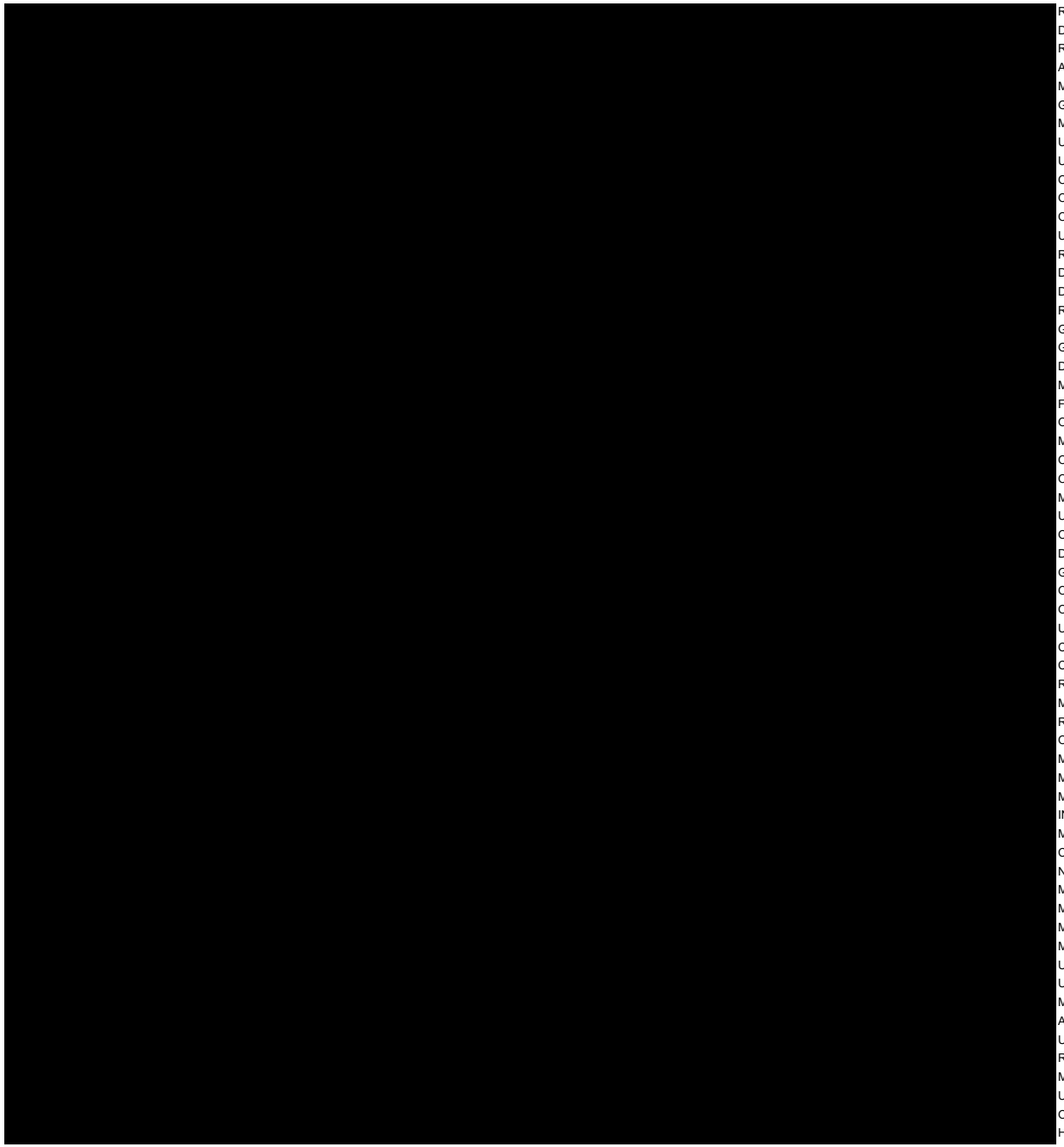
AMBULANCE, BA	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
RADIATION ONC	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
PLASTIC SURGE	Professional	Sharewell Retiree	YES	NO
INDEPENDENT L	Professional	Sharewell Retiree	YES	YES
ALLERGY & IMM	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INDEPENDENT L	Professional	Sharewell Retiree	NO	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
RESEARCH PSY	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
SURGICAL ONC	Professional	Sharewell Retiree	YES	YES
SPEECH PATHOL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
LPCC-LIC PROF (	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
O.B. - GYNECOL	Professional	Sharewell Retiree	NO	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO



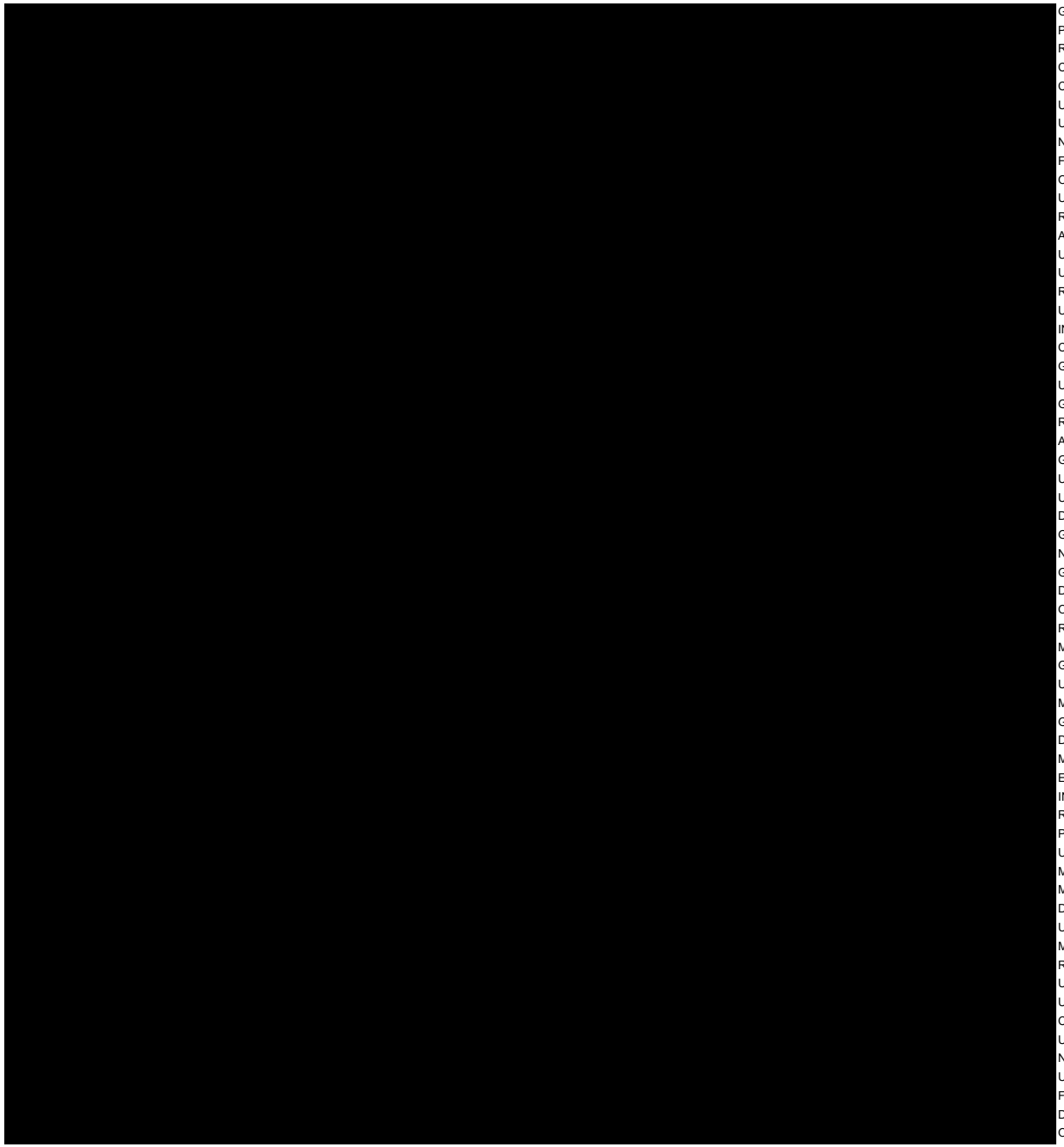
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
CARDIOVASCULA	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
LICENSED CLIN S	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RESEARCH PSY(	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
HOME INFUSION	Professional	Sharewell Retiree	YES	YES
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NUCLEAR MEDIC	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
LICENSED CLIN S	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED RN AI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
NEUROLOGICAL	Professional	Sharewell Retiree	YES	NO
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCULA	Professional	Sharewell Retiree	YES	YES



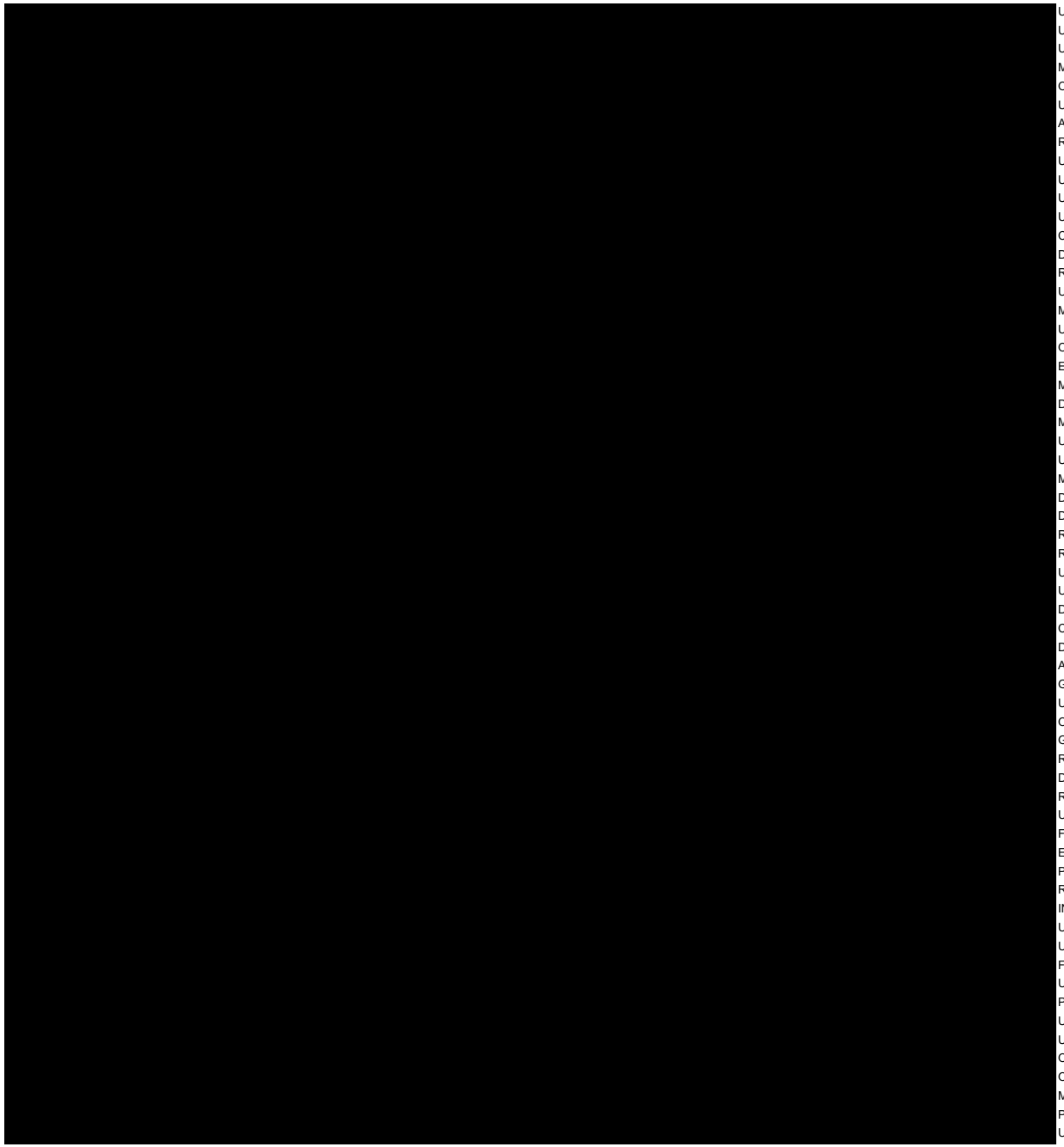
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
GENERAL DENTI	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NEUROLOGICAL	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	N/A	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



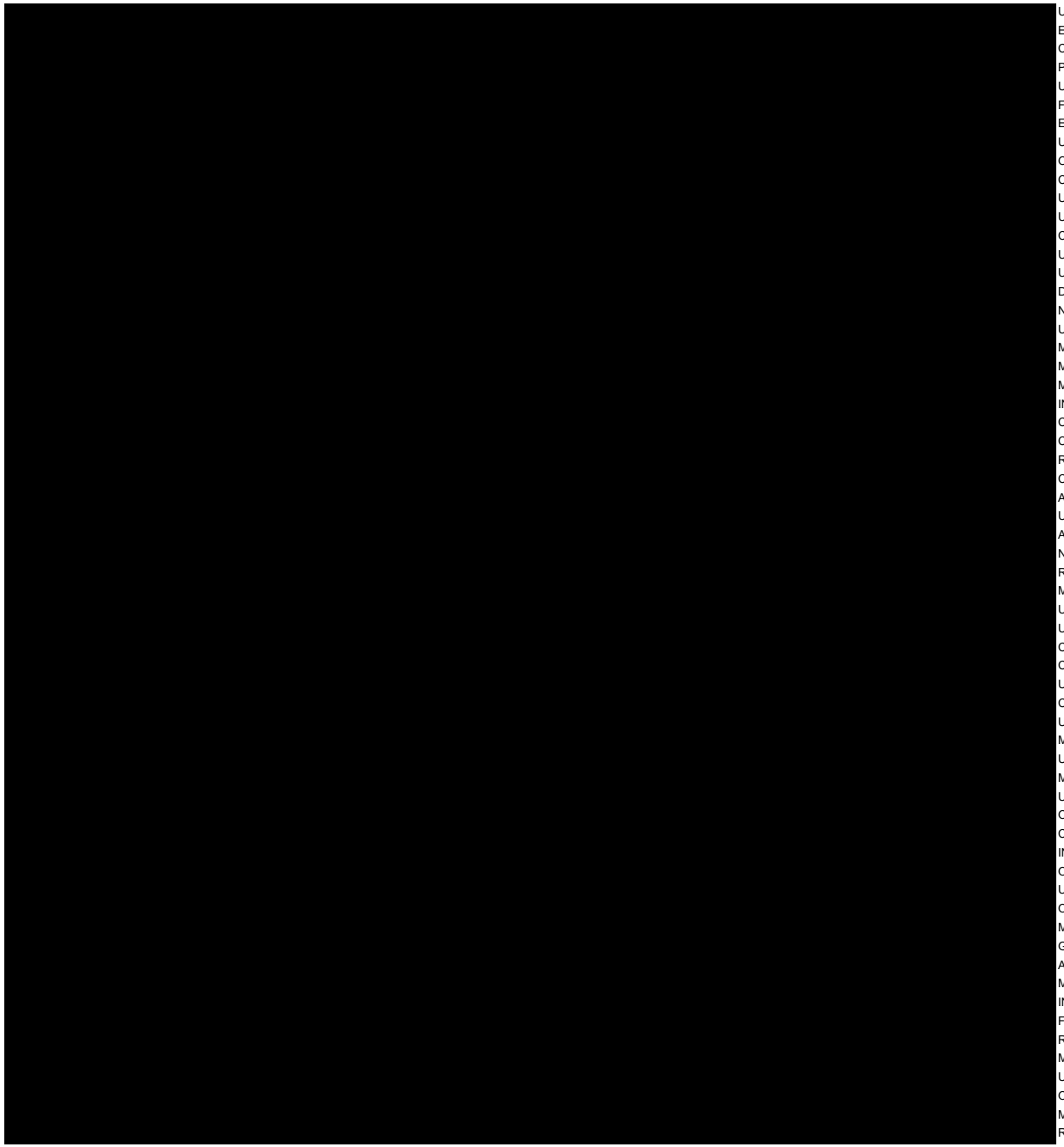
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
OCCUPATIONAL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI	Professional	Sharewell Retiree	NO	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
HOME INFUSION	Professional	Sharewell Retiree	YES	YES



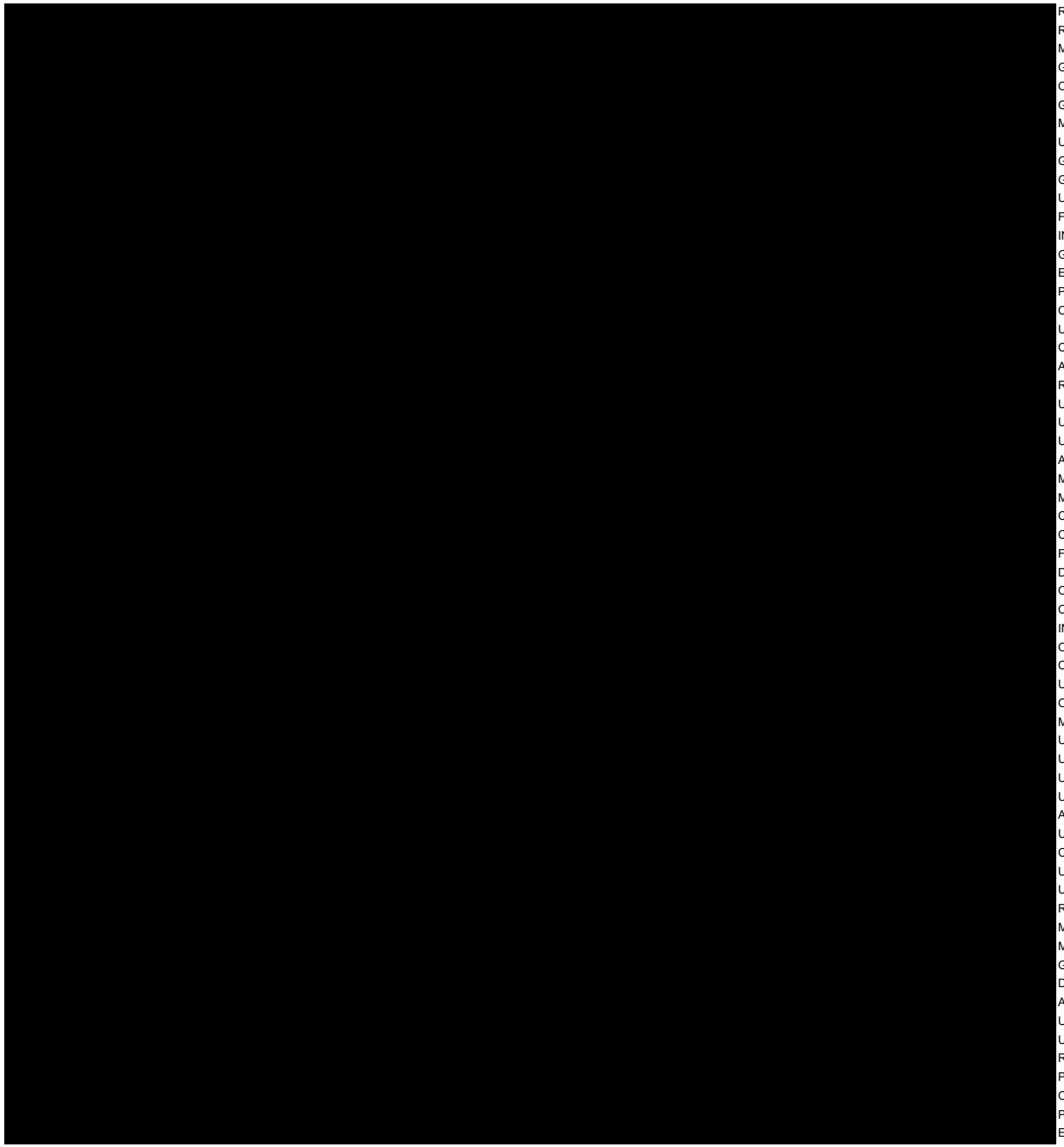
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	NO	NO
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RESEARCH PSY(	Professional	Sharewell Retiree	NO	NO
AMBULANCE, BA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
RHEUMATOLOG\	Professional	Sharewell Retiree	YES	NO
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	NO	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES



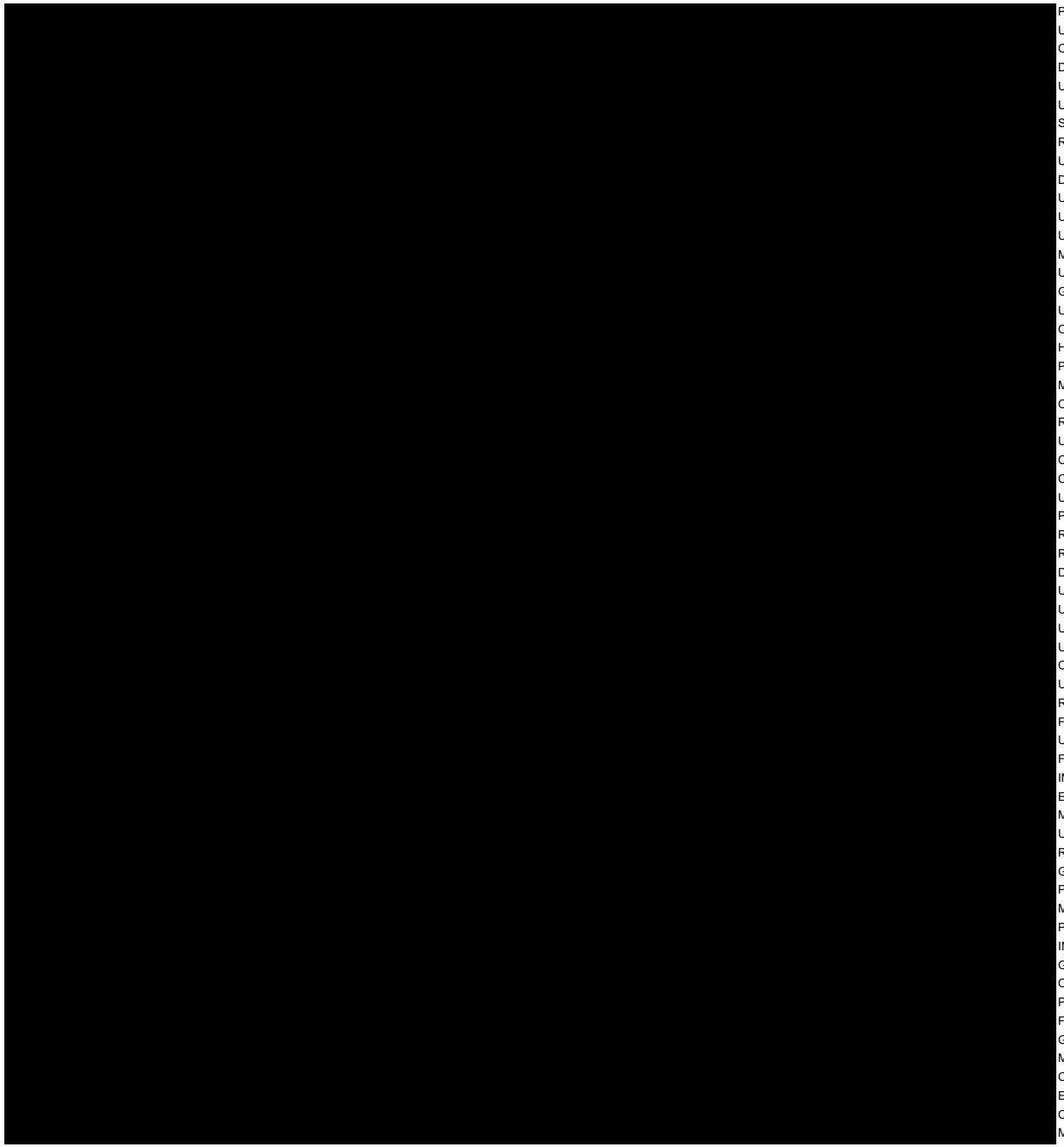
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
RADIATION ONC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
PODIATRIST	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



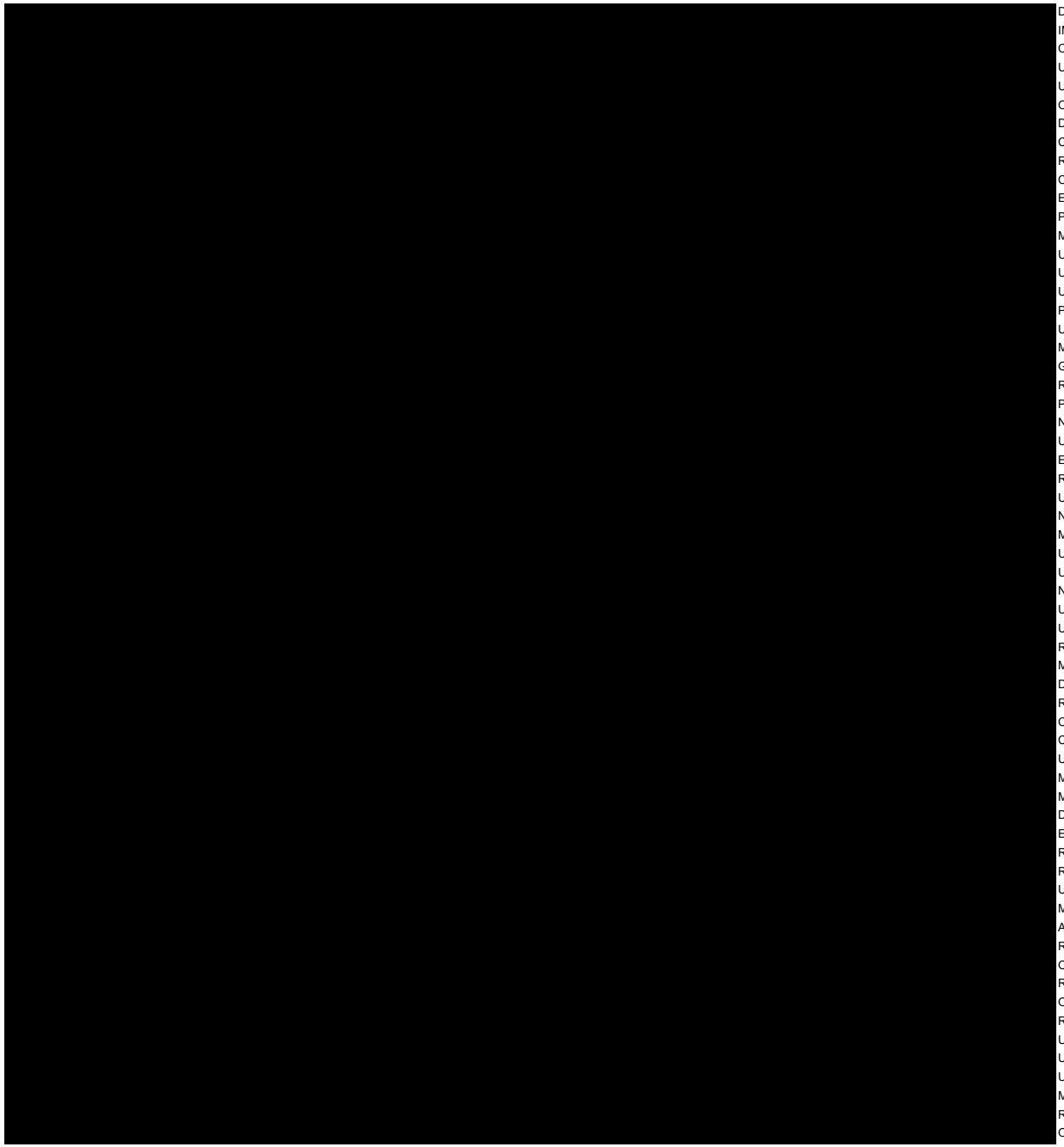
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
PEDIATRICS	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	YES
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
INTERNAL MEDI	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RESEARCH PSY	Professional	Sharewell Retiree	YES	YES



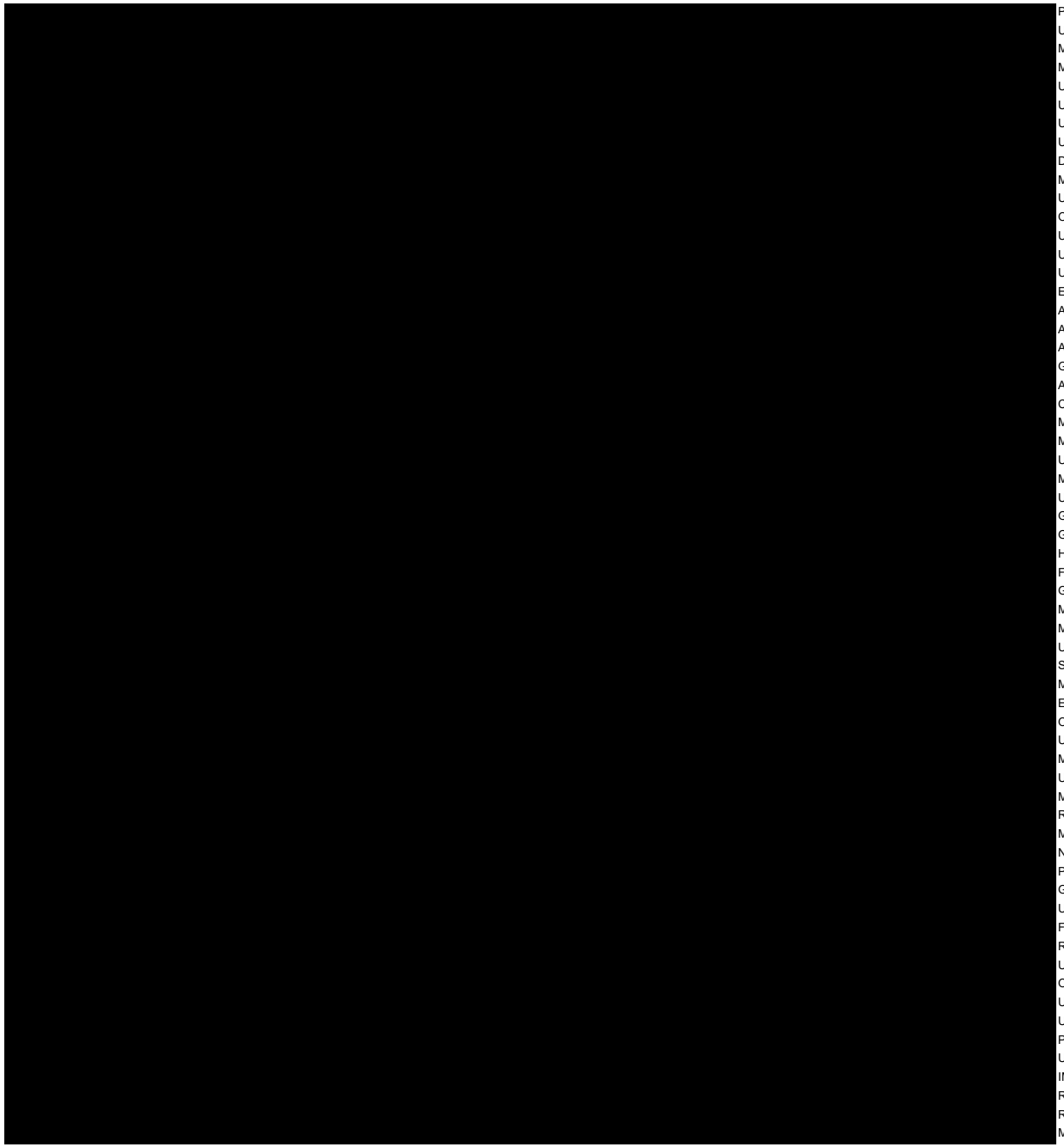
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
CARDIOVASCULA	Professional	Sharewell Retiree	YES	NO
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
OCCUPATIONAL	Professional	Sharewell Retiree	NO	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLOC	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES



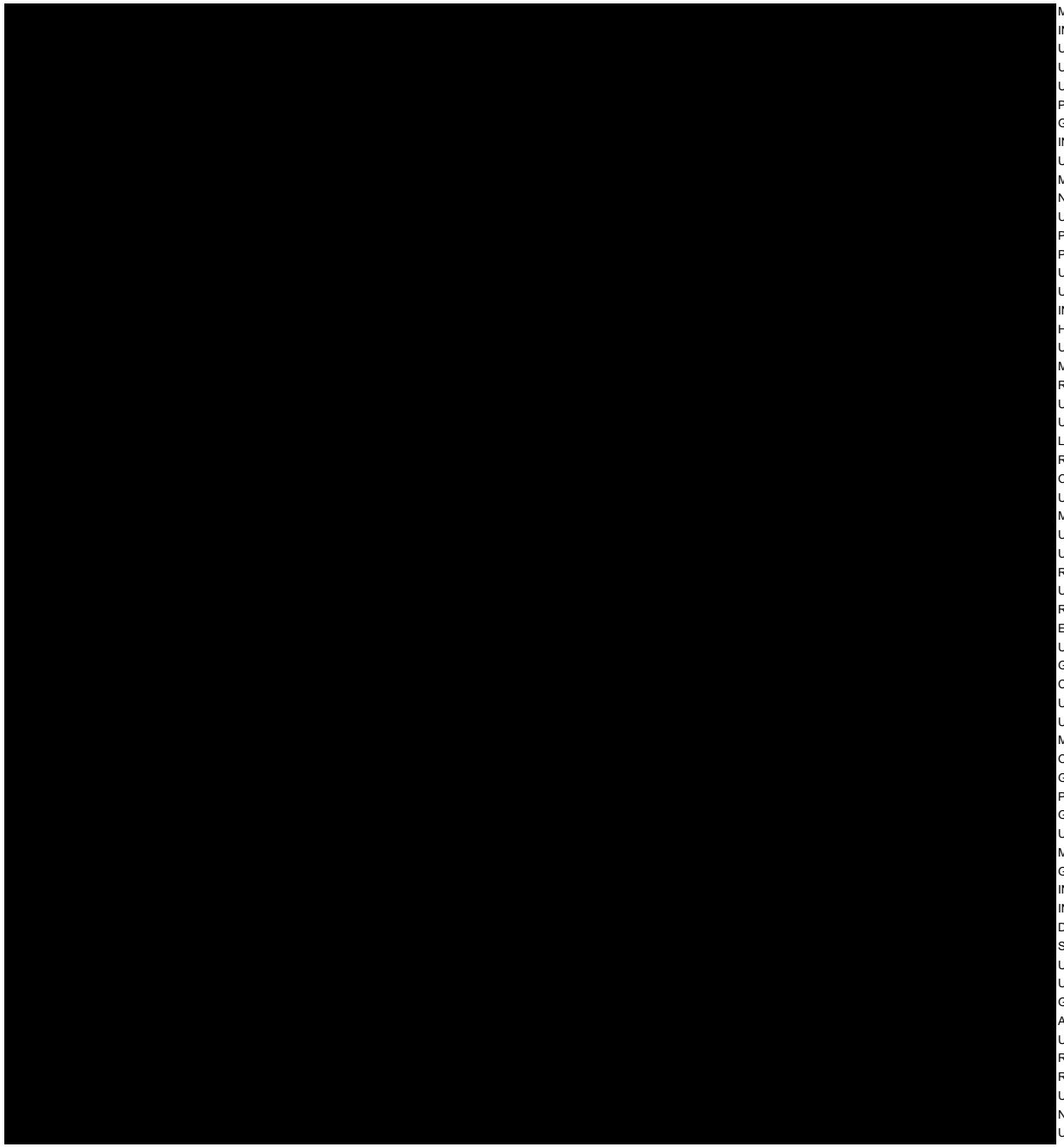
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CAPITATED GRO	Professional	Sharewell Retiree	N/A	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PLASTIC SURGE	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GYNECOLOGY	Professional	Sharewell Retiree	YES	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
CERTIFIED RN AI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO



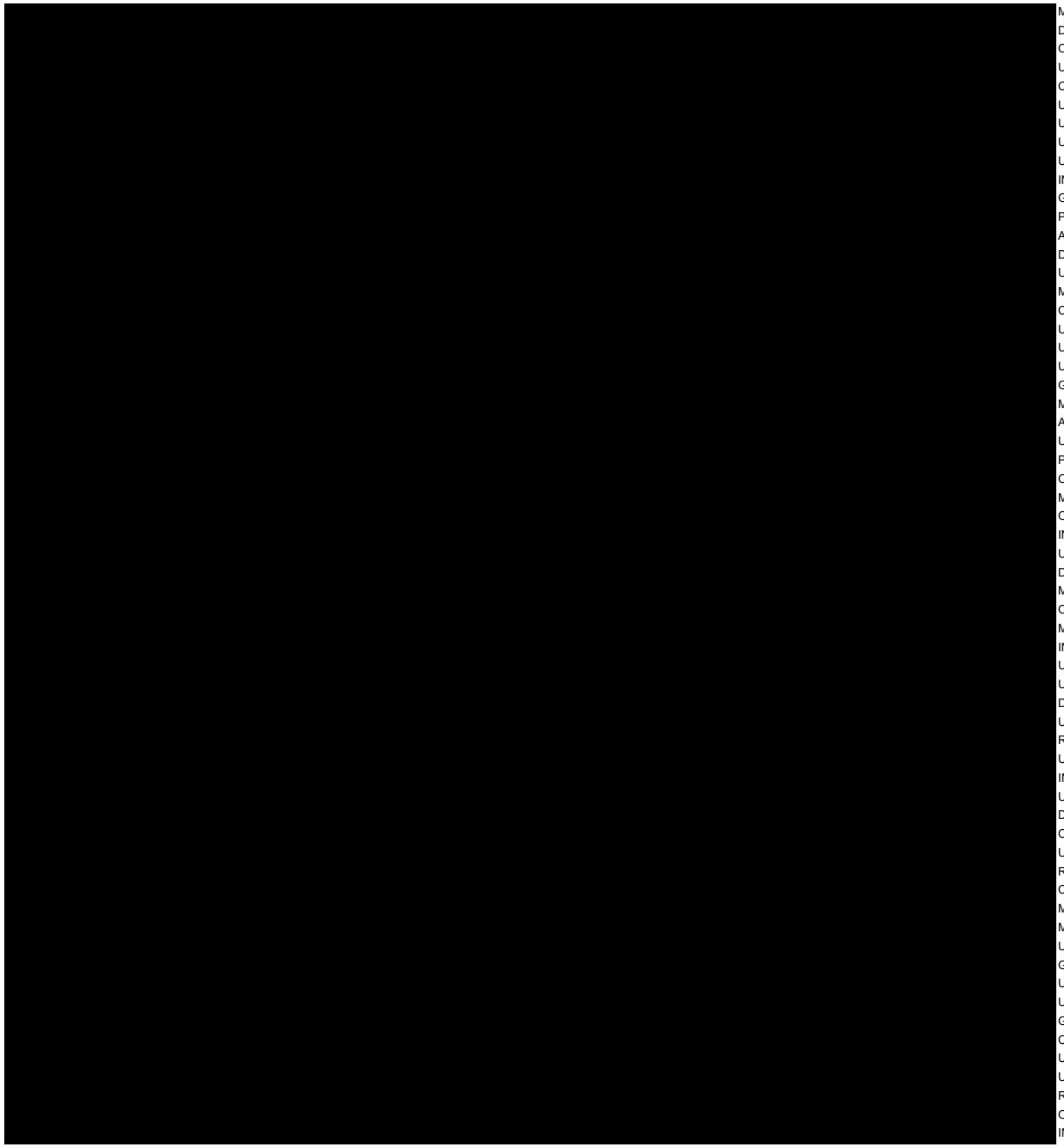
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OCCUPATIONAL	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	NO	NO
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
PLASTIC SURGE	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ENDOCRINOLOG	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEPHROLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLO(	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
RESEARCH PSY(	Professional	Sharewell Retiree	NO	NO
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO



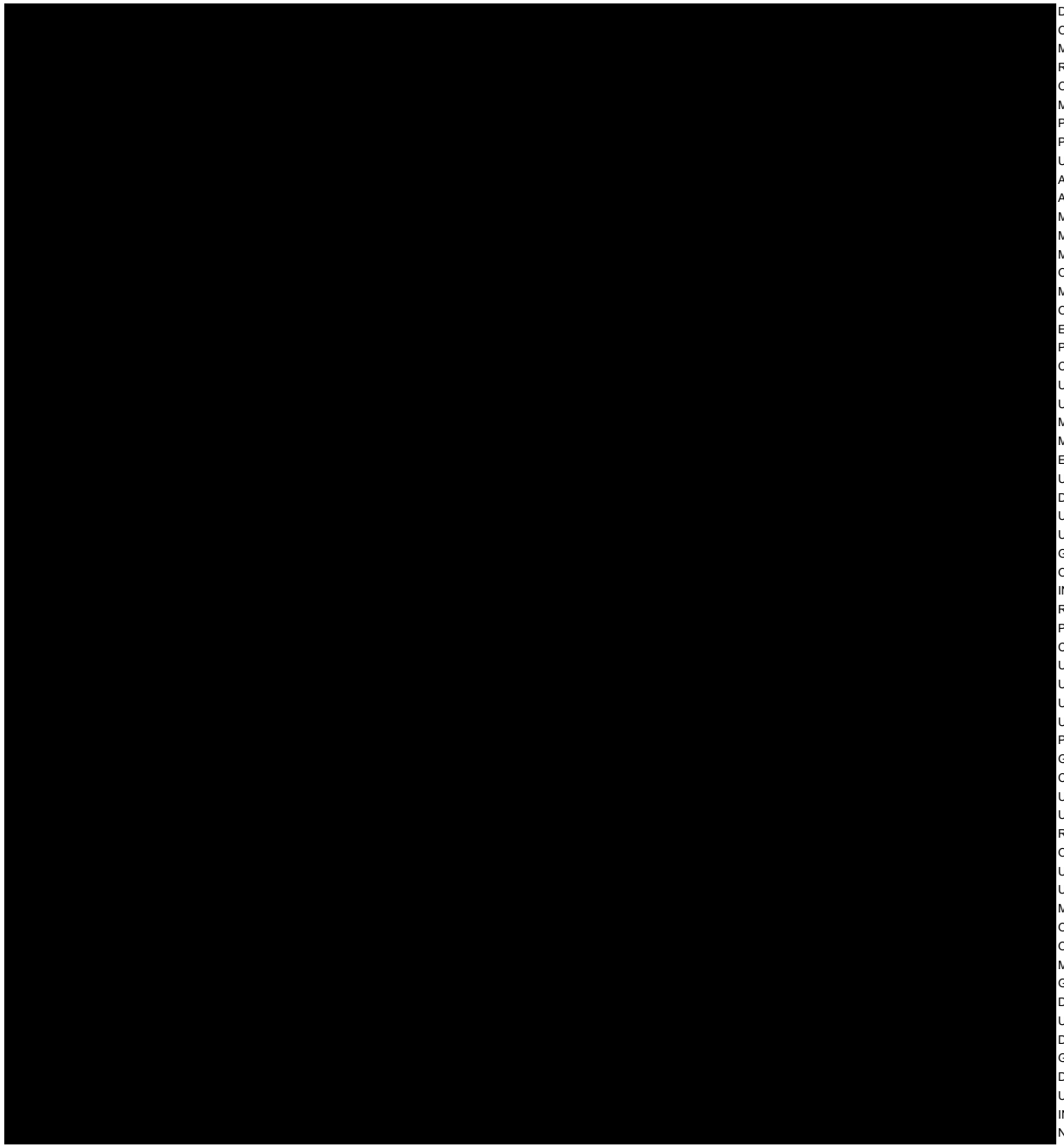
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES - Hospital Based
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES - Hospital Based
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
HOME HEALTH C	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SURGERY COLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIATION ONC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO



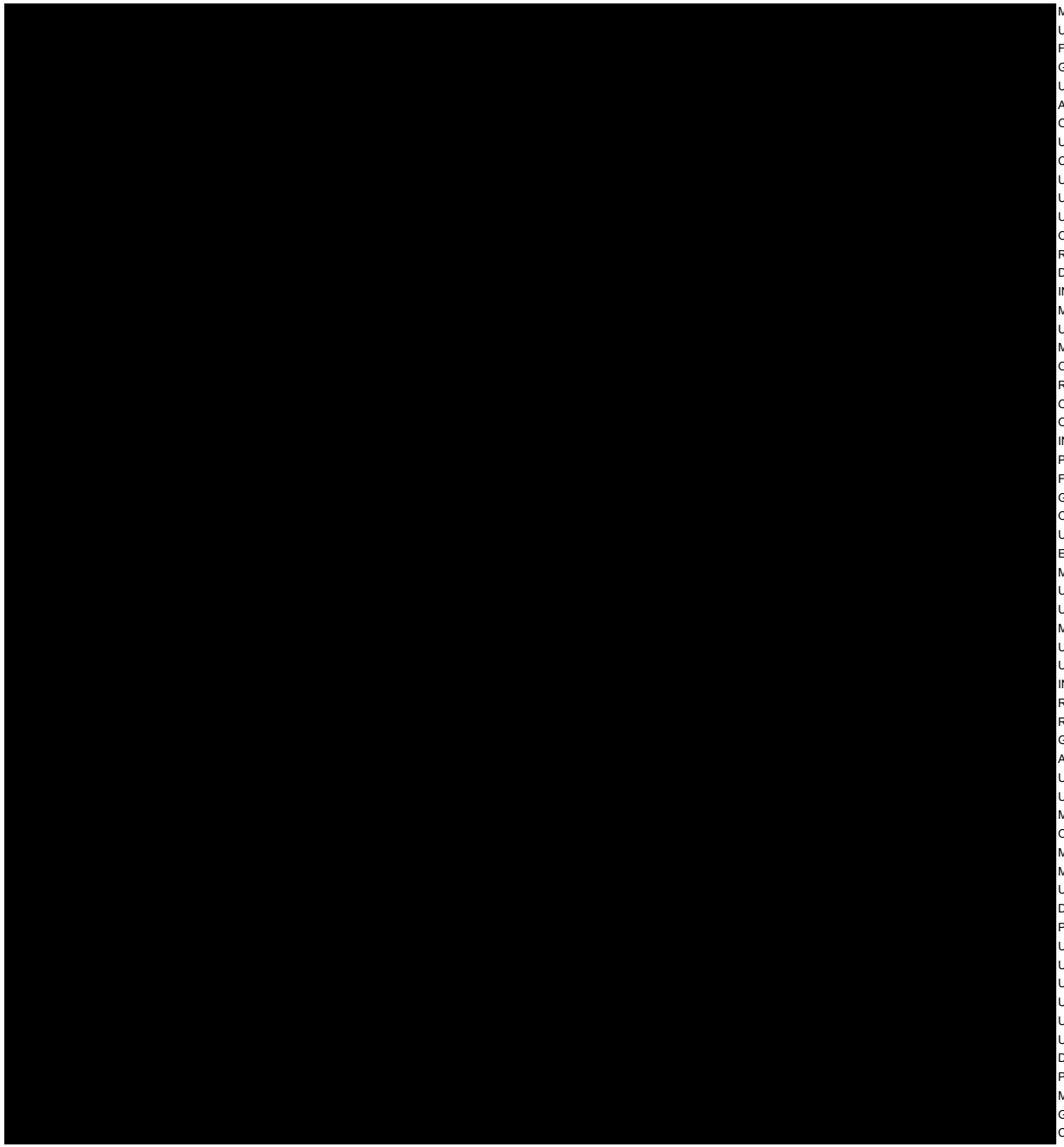
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
HOME INFUSION	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
LICENSED CLIN S	Professional	Sharewell Retiree	YES	NO
RESEARCH PSYC	Professional	Sharewell Retiree	NO	NO
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RHEUMATOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
GYNECOLOGY	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



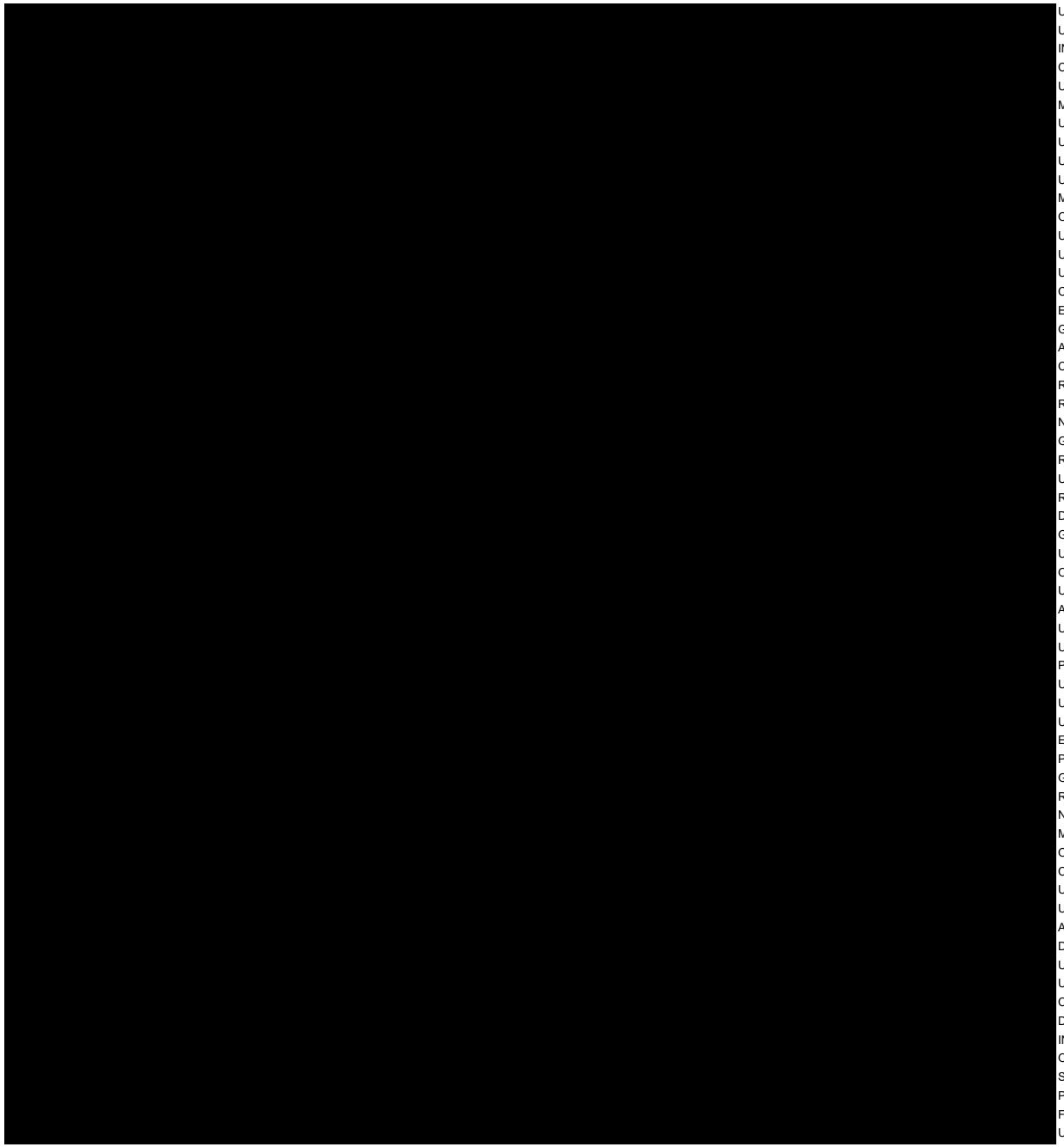
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	NO
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
PHYSIOLOGICAL	Professional	Sharewell Retiree	YES	N/A
ALLERGY & IMM	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PAIN MGMT ANE	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
CERTIFIED RN AI	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES



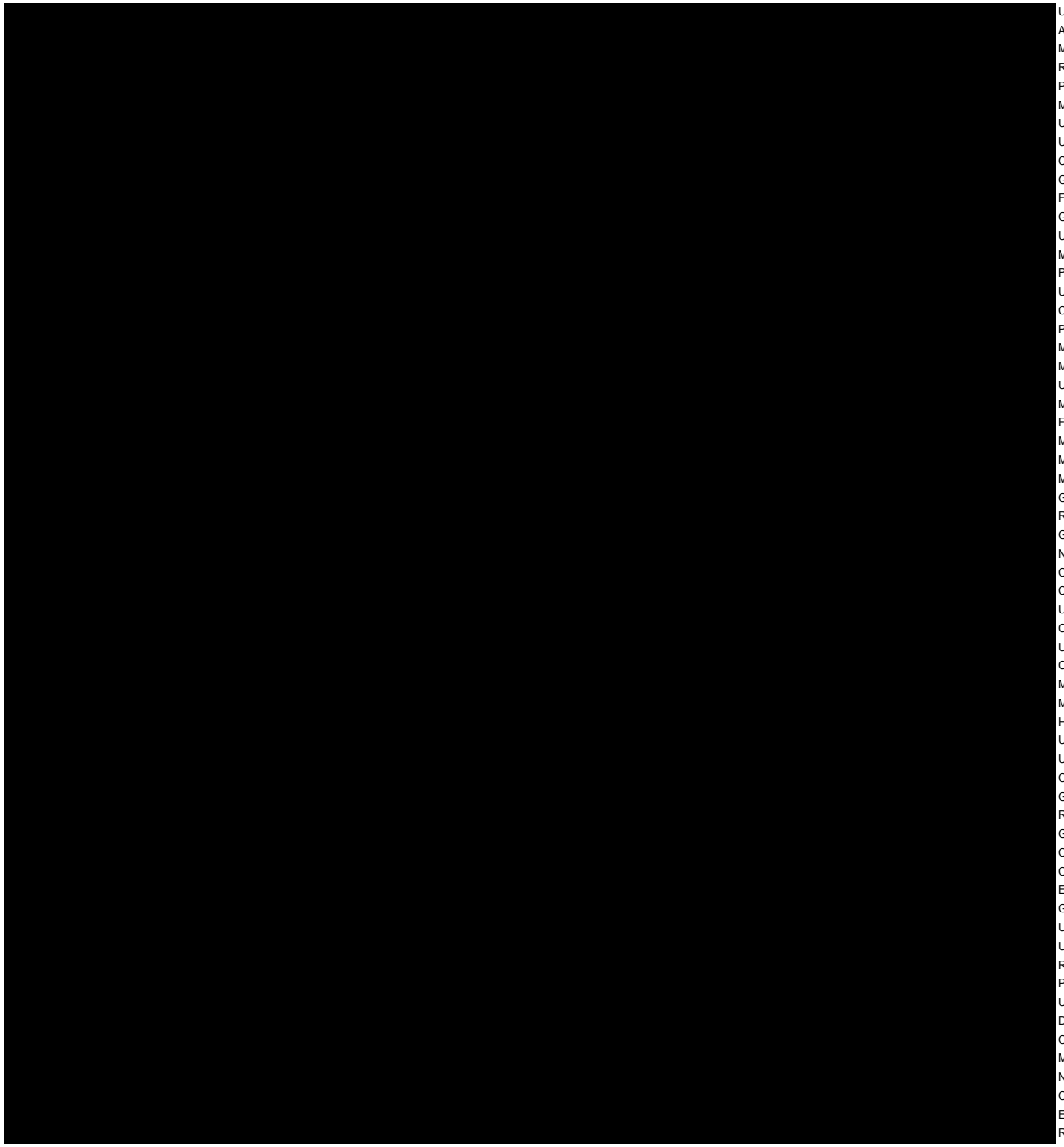
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
NEUROLOGY	Professional	Sharewell Retiree	YES	NO



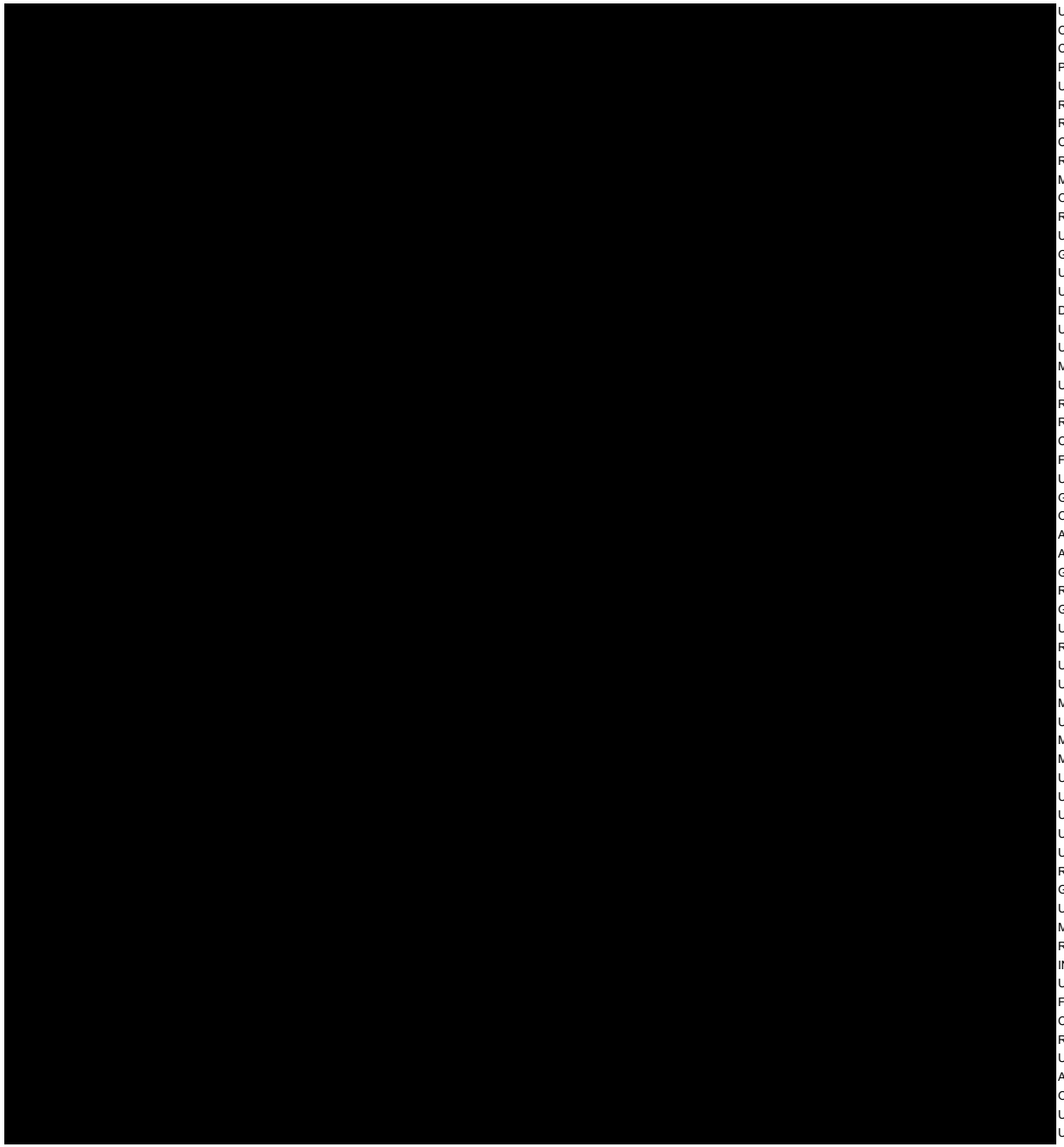
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOG	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
PHYSICAL MEDI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GASTROENTERO	Professional	Sharewell Retiree	YES	NO
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO



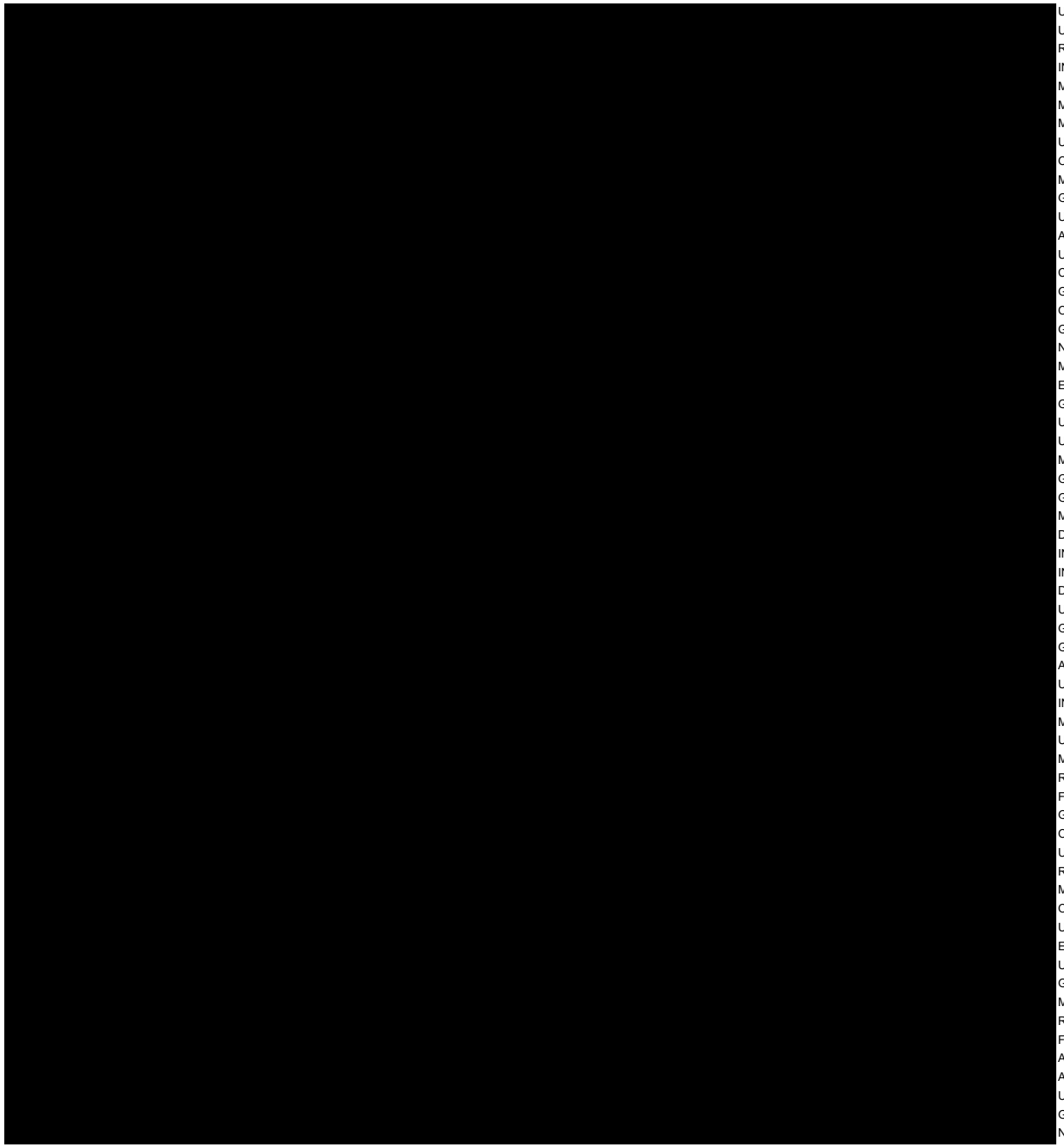
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	NO
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
CERTIFIED RN AI	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OCCUPATIONAL	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ALLERGY & IMM	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
SURGERY HAND	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES



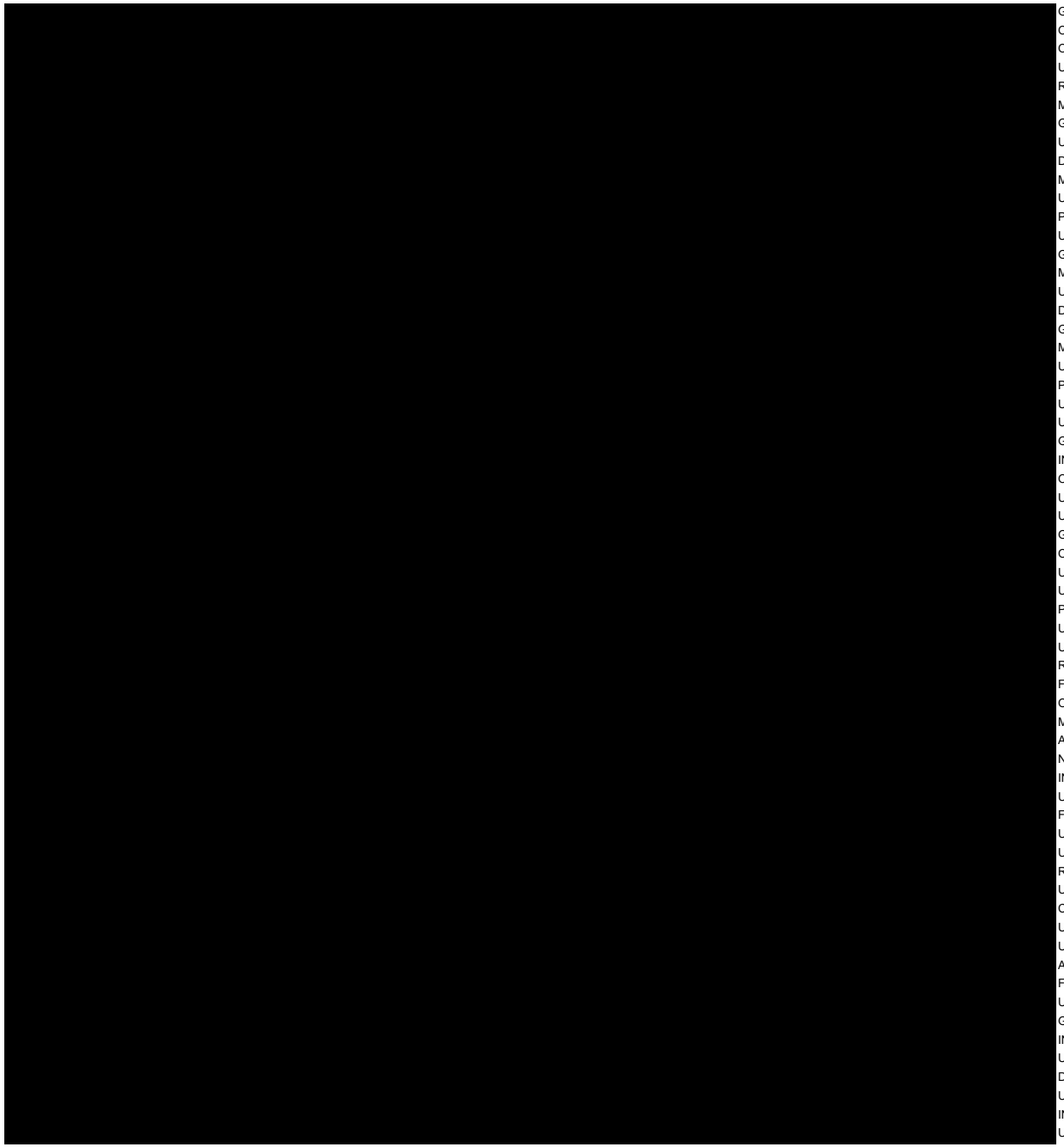
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
PAIN MGMT ANE	Professional	Sharewell Retiree	YES	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MEDICAL ONCOL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
NEUROLOGICAL	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
HOME HEALTH C	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RHEUMATOLOG	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES



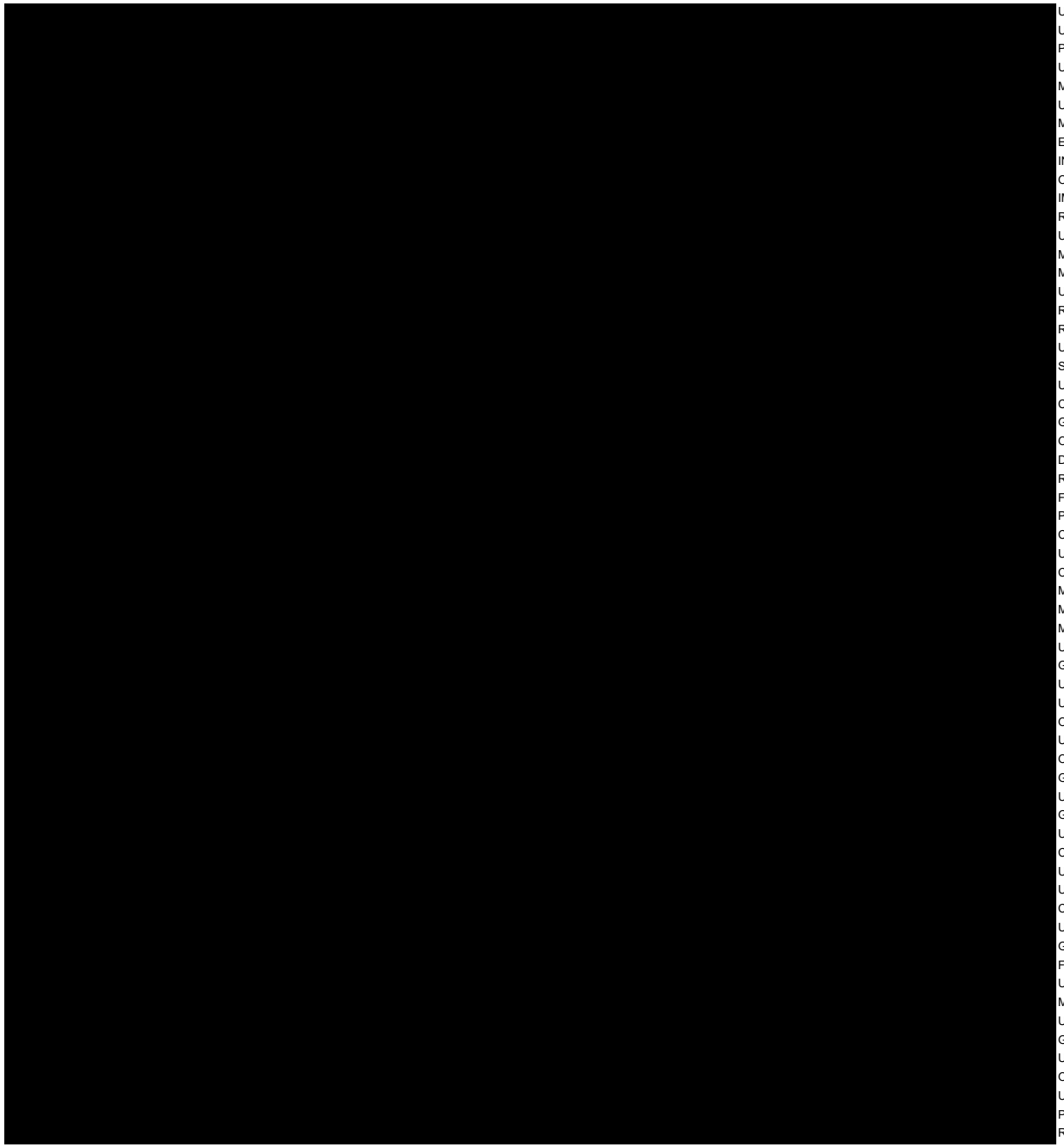
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
PORTABLE X-RA	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
INTERVENTIONA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



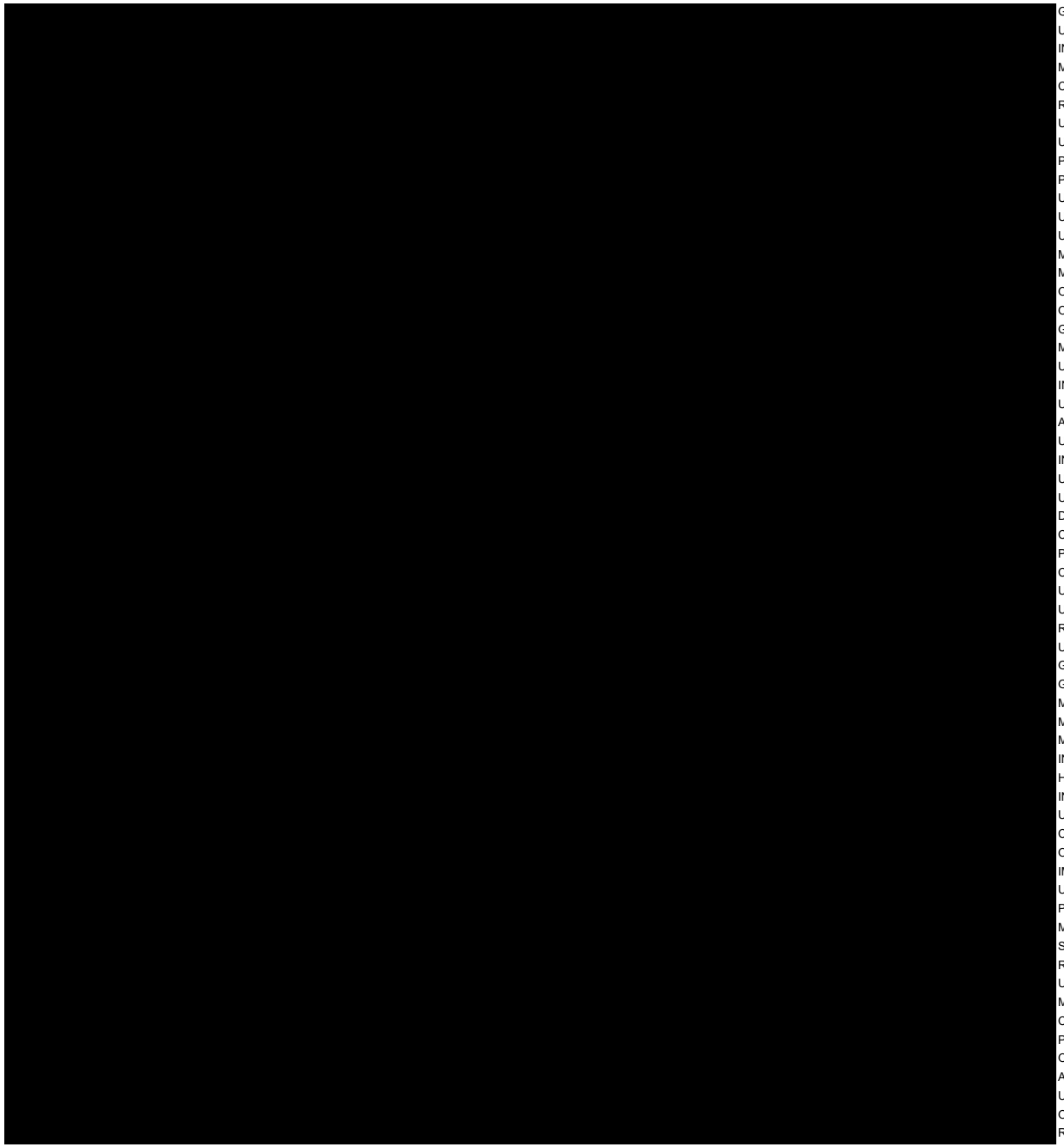
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RHEUMATOLOG\	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
NEUROLOGICAL	Professional	Sharewell Retiree	YES	NO



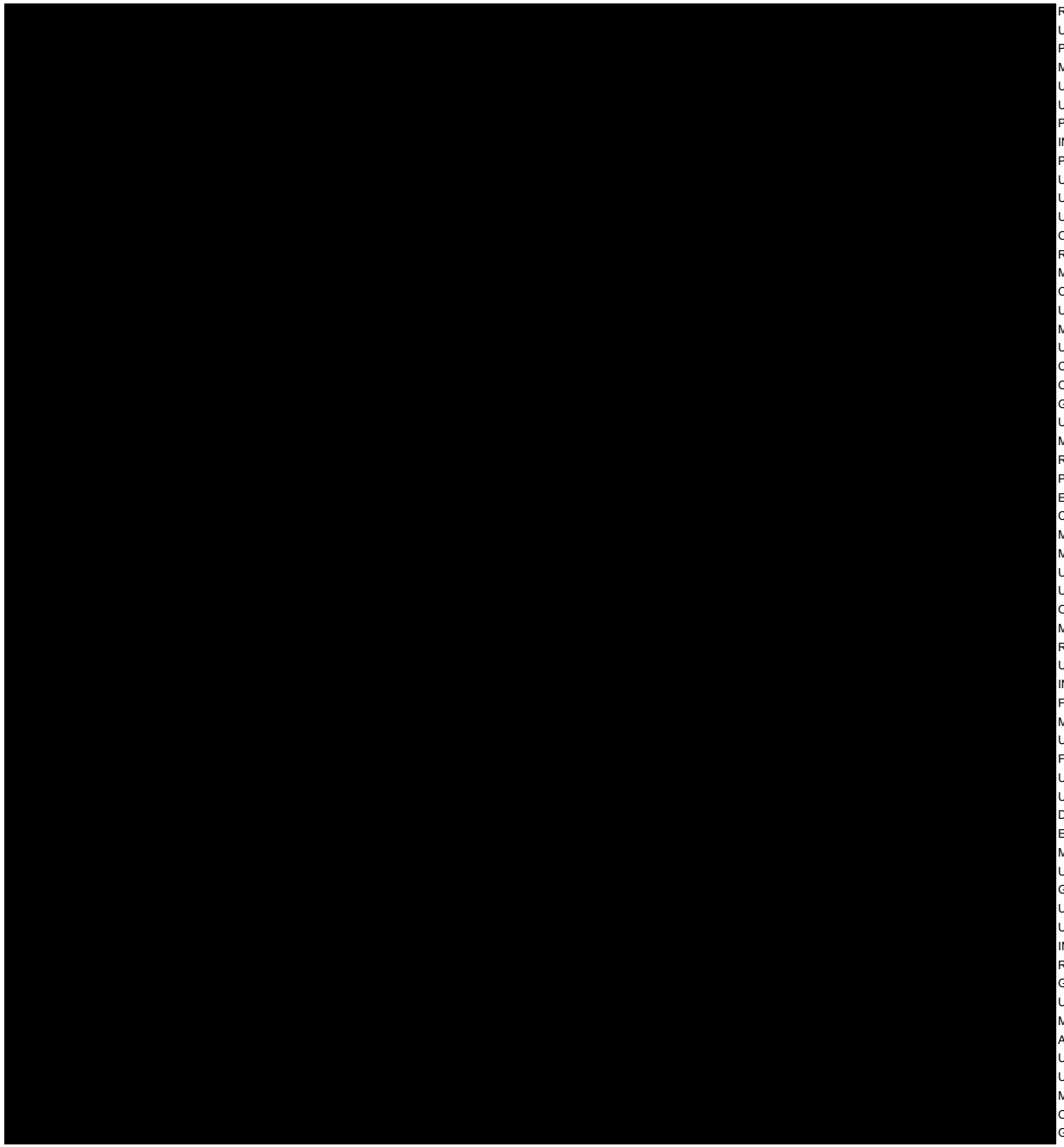
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MRI CENTER	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL DENTI	Professional	Sharewell Retiree	N/A	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INDEPENDENT LA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



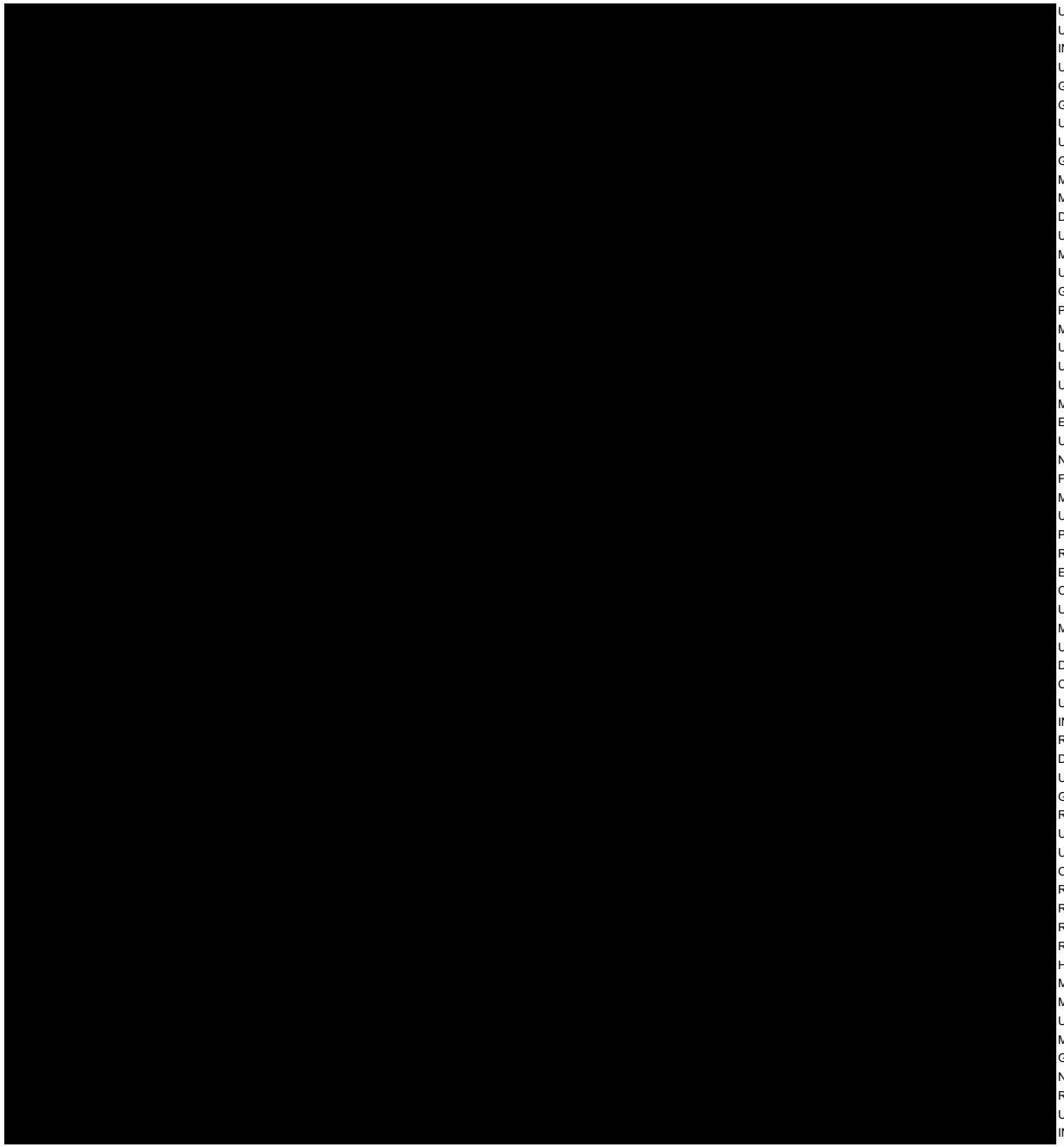
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RETAIL HEALTH	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOG\	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
SPEECH PATHOL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
PEDIATRICS	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES



GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
REGISTERED DIE	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PLASTIC SURGE	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	NO
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
SURGICAL ONCC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES



REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	YES
OCCUPATIONAL	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
RESEARCH PSY(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A



UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MRI CENTER	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYS MED/ REH/	Professional	Sharewell Retiree	NO	NO
RESEARCH PSY(	Professional	Sharewell Retiree	NO	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES

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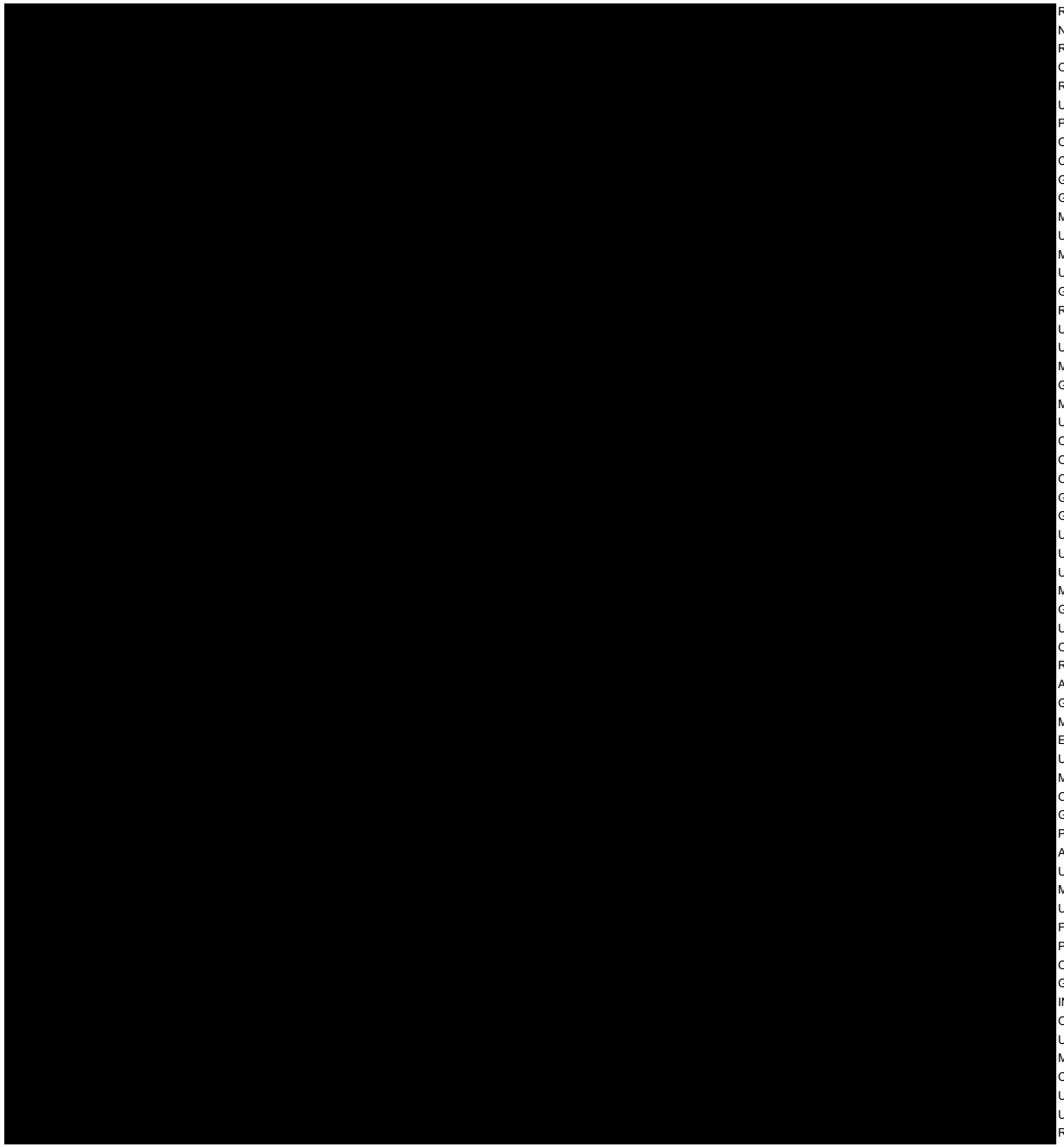
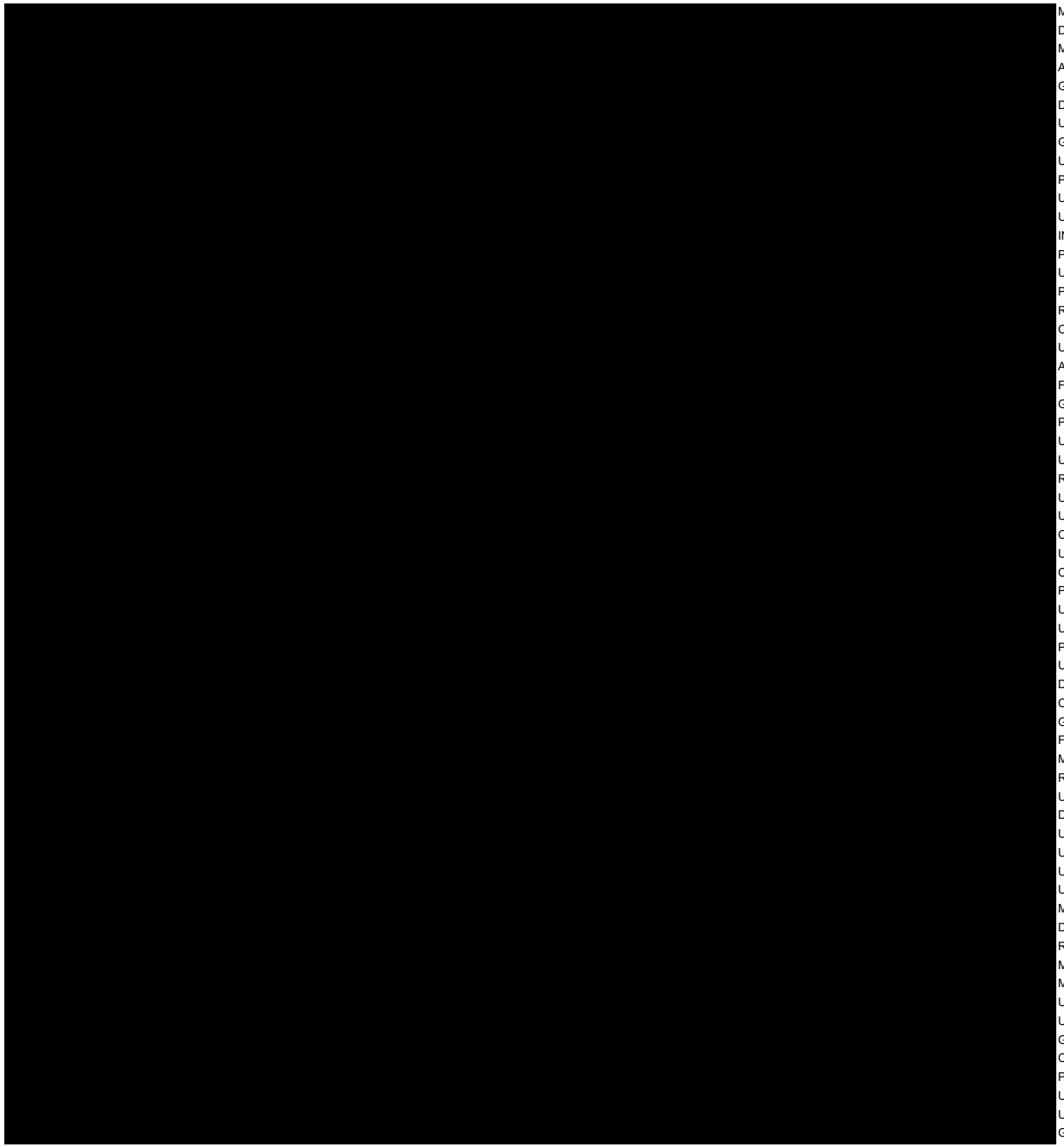
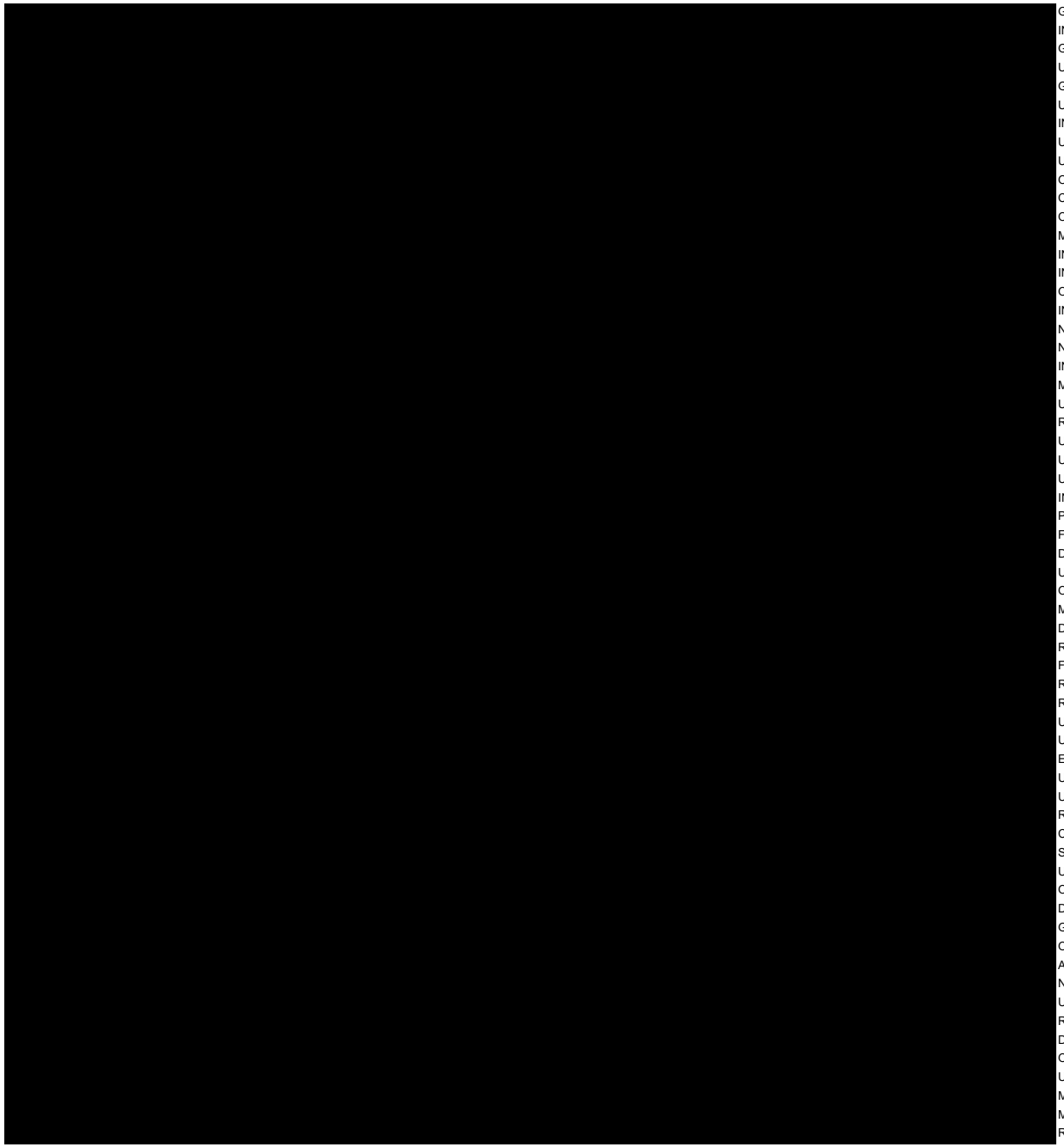
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOLO	Professional	Sharewell Retiree	YES	NO
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES



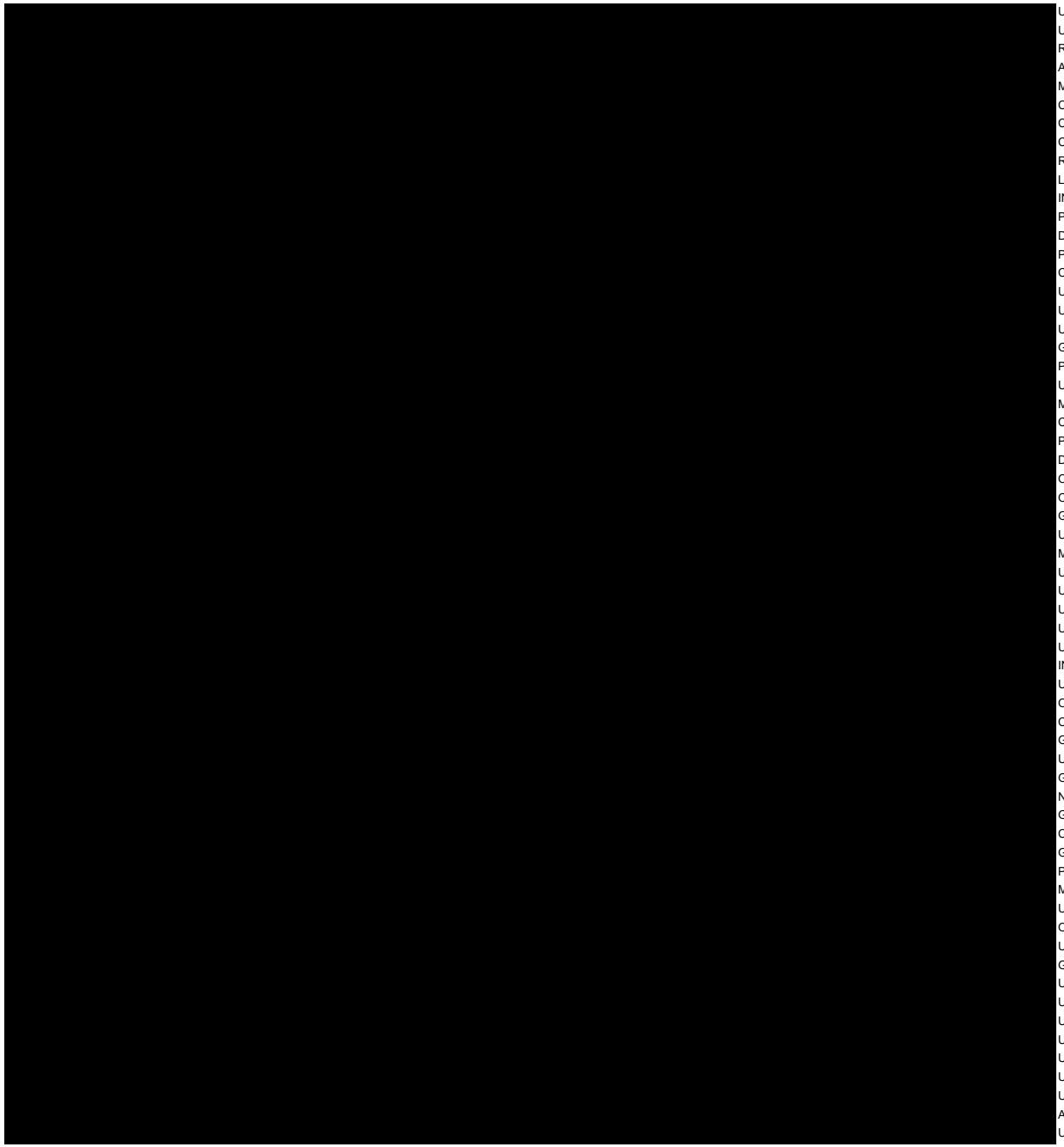
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
RESEARCH PSY(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENETICS, MEDI	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	N/A	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES



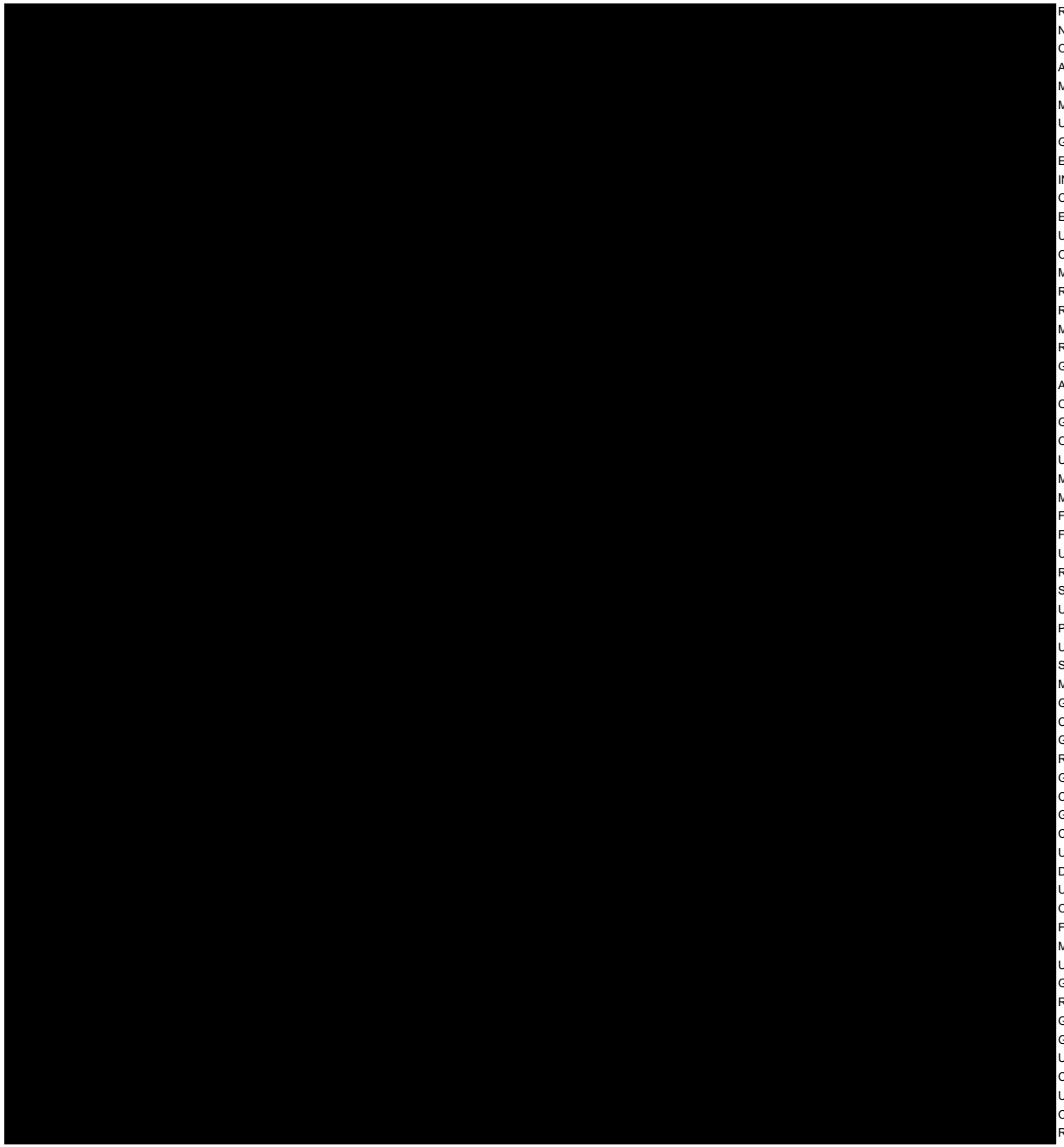
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDI	Professional	Sharewell Retiree	YES	NO
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PEDIATRICS	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB M	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDI	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
PLASTIC SURGE	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A



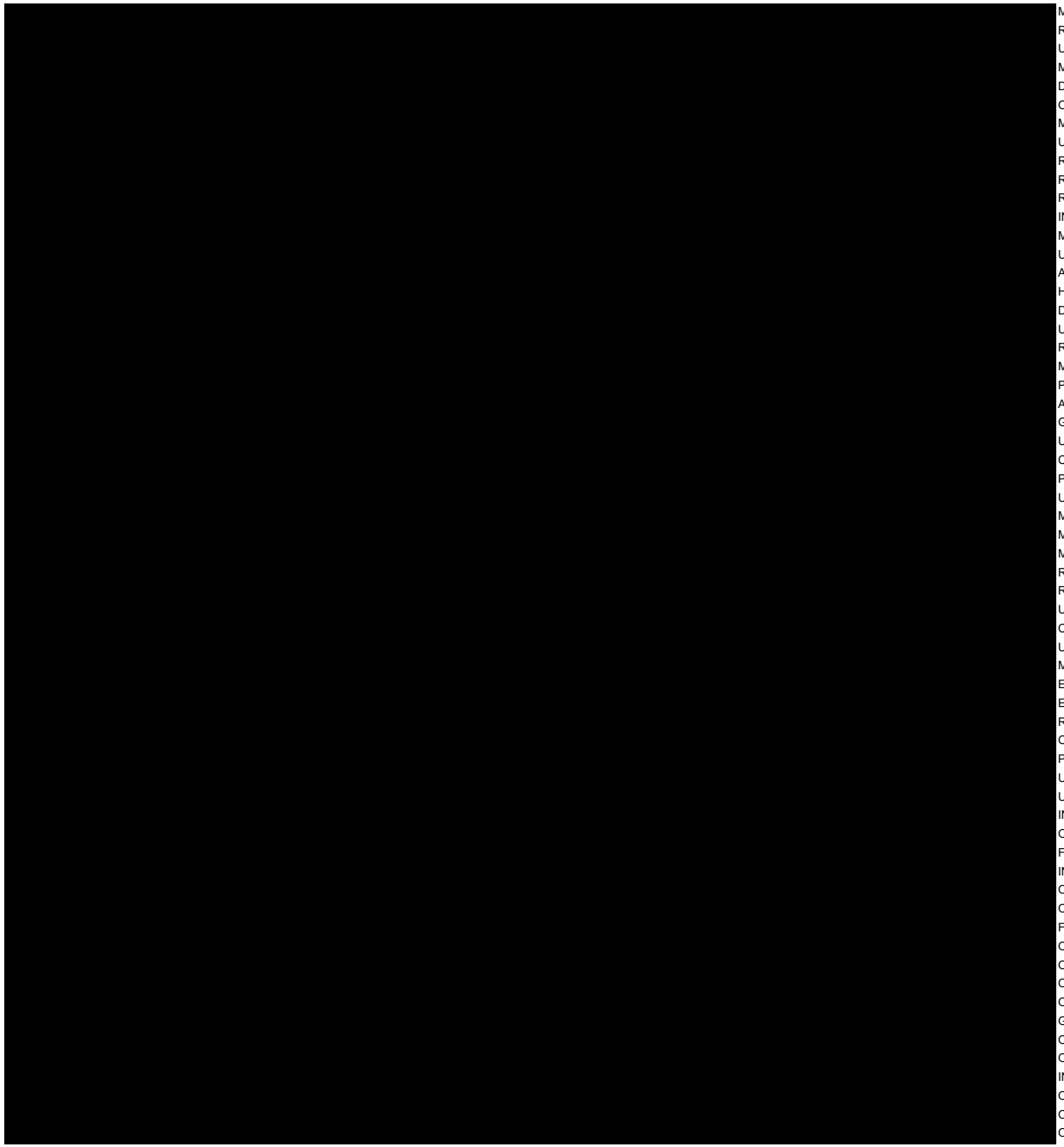
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
PLASTIC SURGE	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	NO
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOL(	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	NO	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES



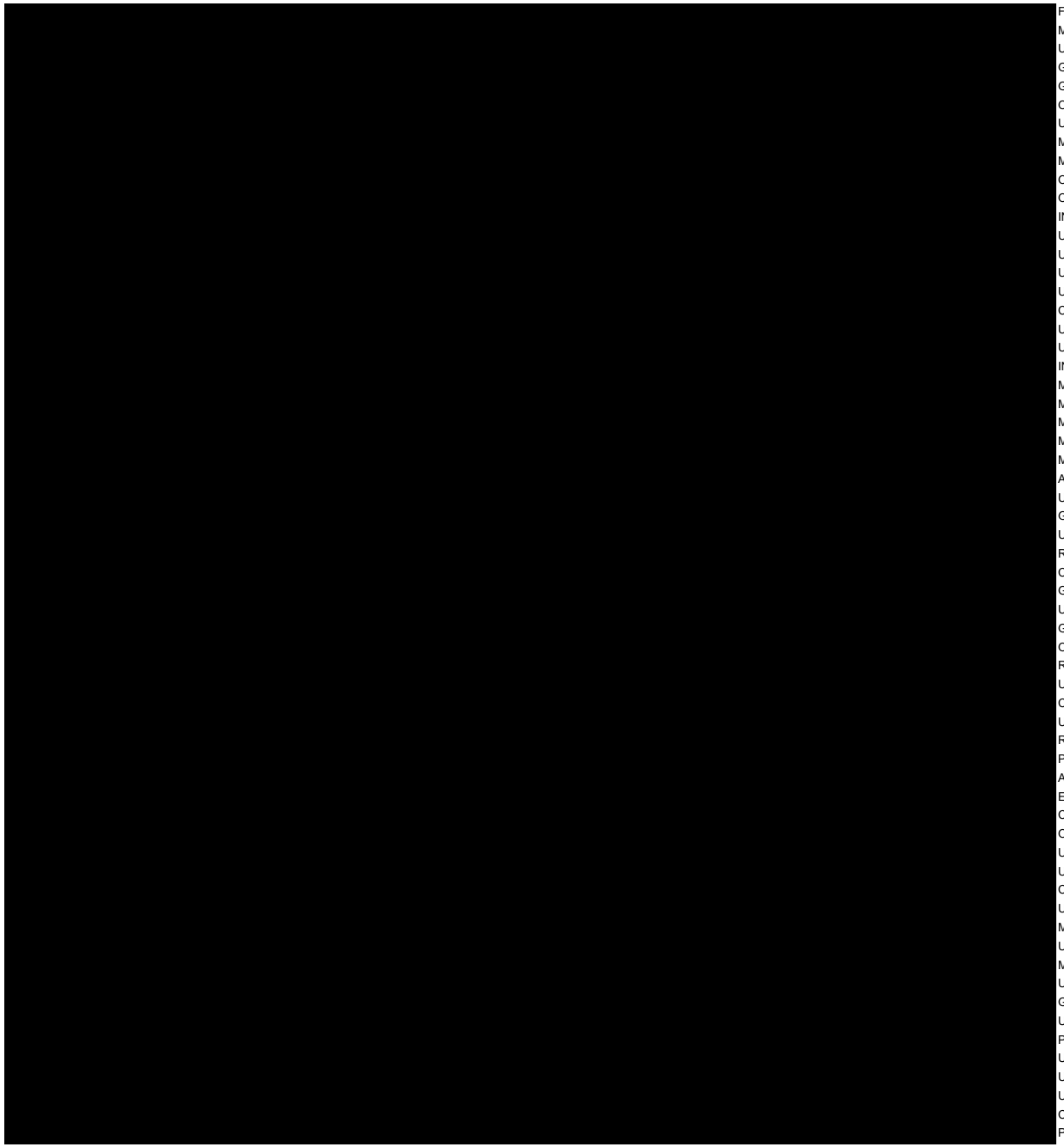
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
LICENSED CLIN S	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
PEDIATRICS	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
OUTPATIENT ME	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES



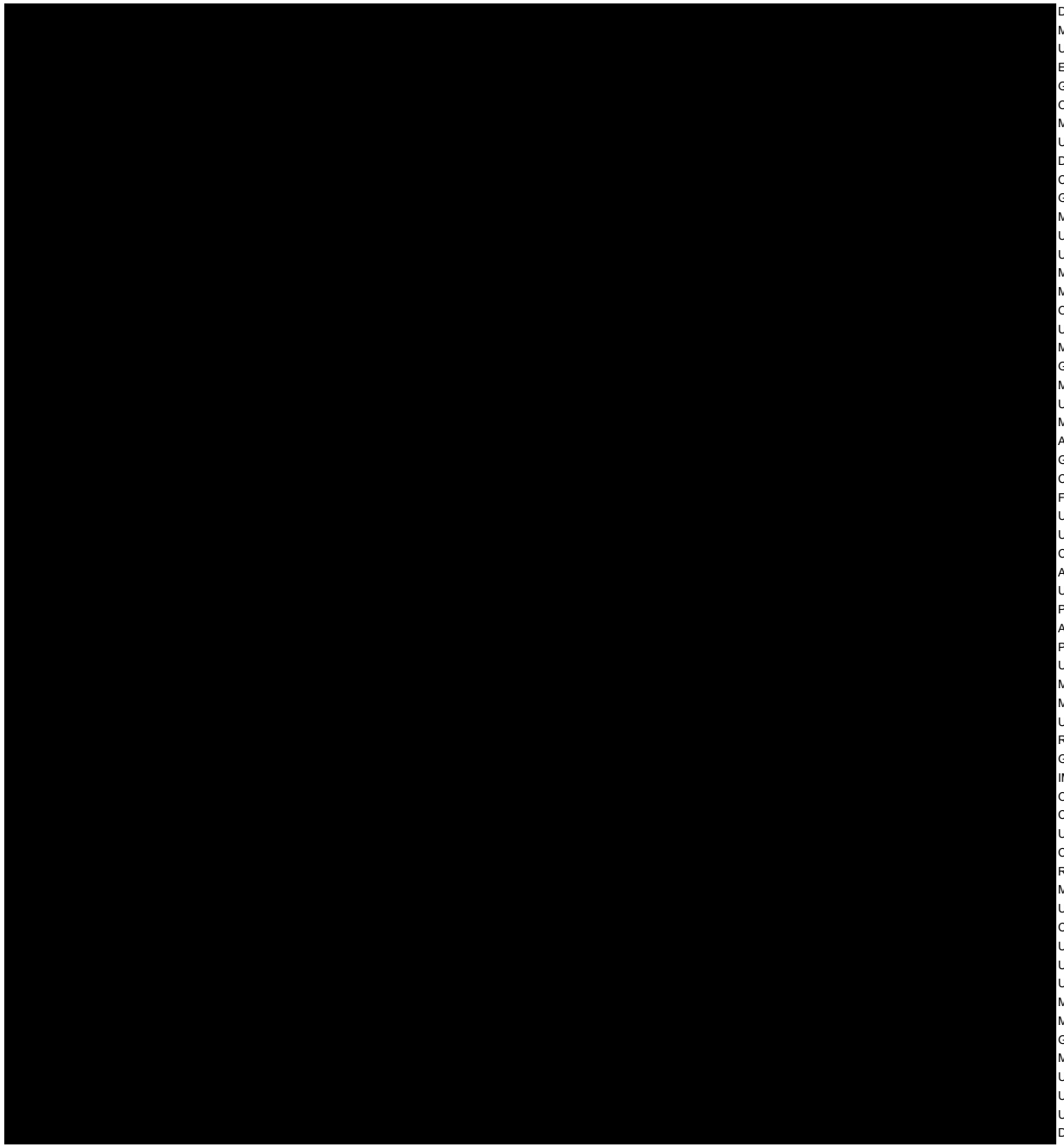
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
NEUROLOGICAL	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
ALLERGY & IMM(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL`	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC`	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC`	Professional	Sharewell Retiree	NO	NO
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC`	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC`	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC`	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLO(	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL DENTI	Professional	Sharewell Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC`	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC`	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES



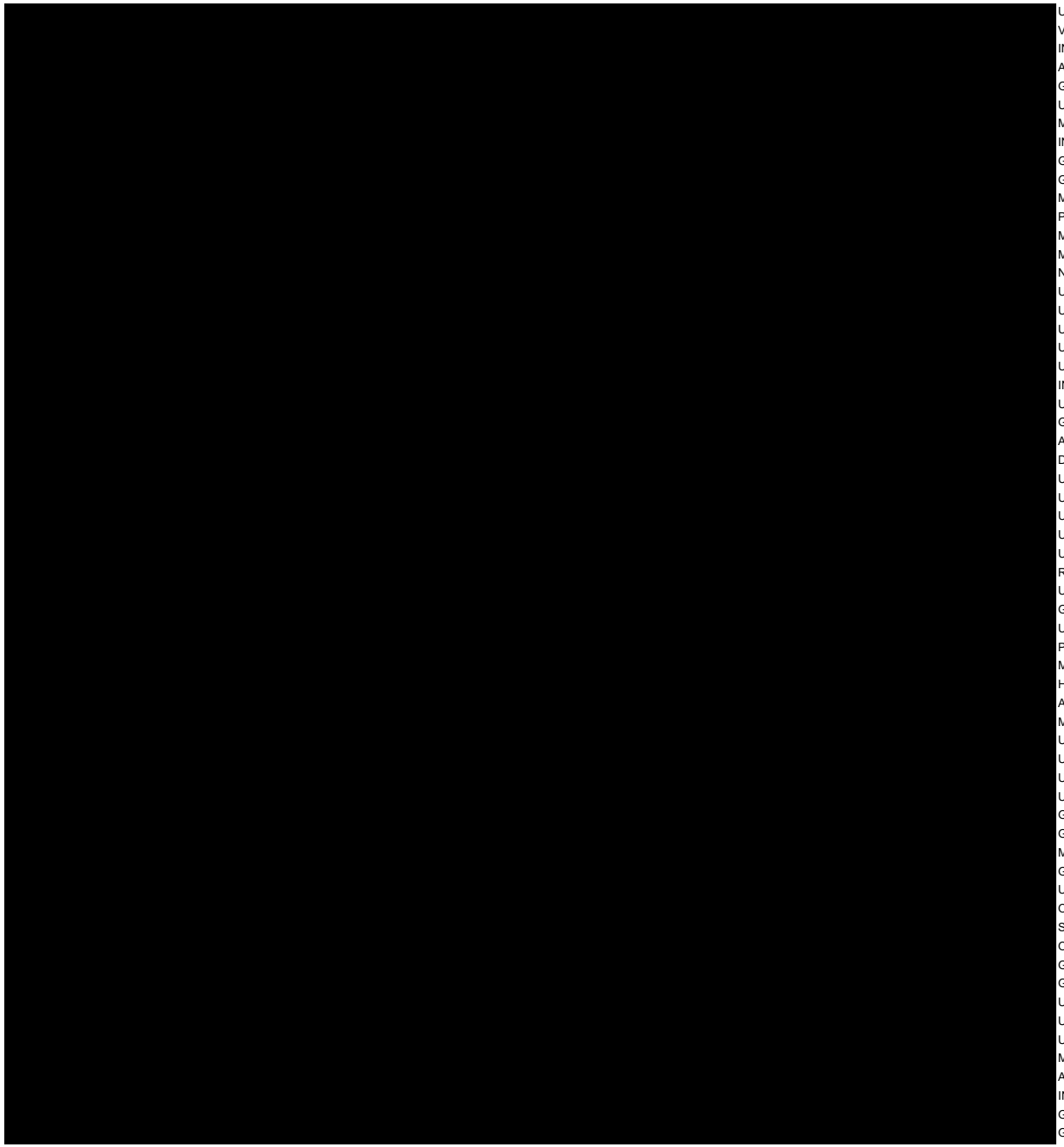
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	N/A
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
PLASTIC SURGE	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
GYNECOLOGY	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO



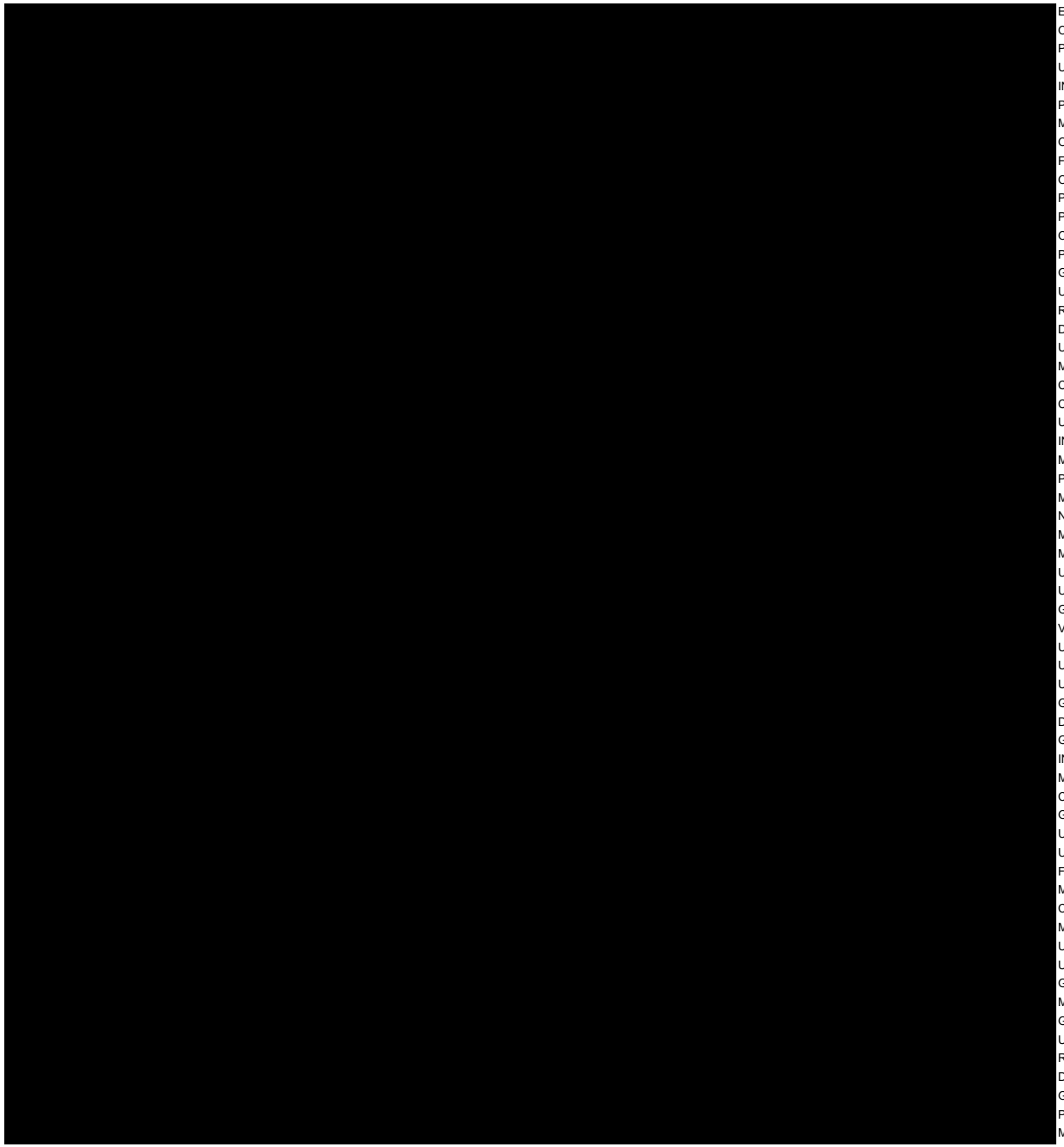
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOLO	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOLO	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
CARDIOVASCULA	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL DENTI	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES



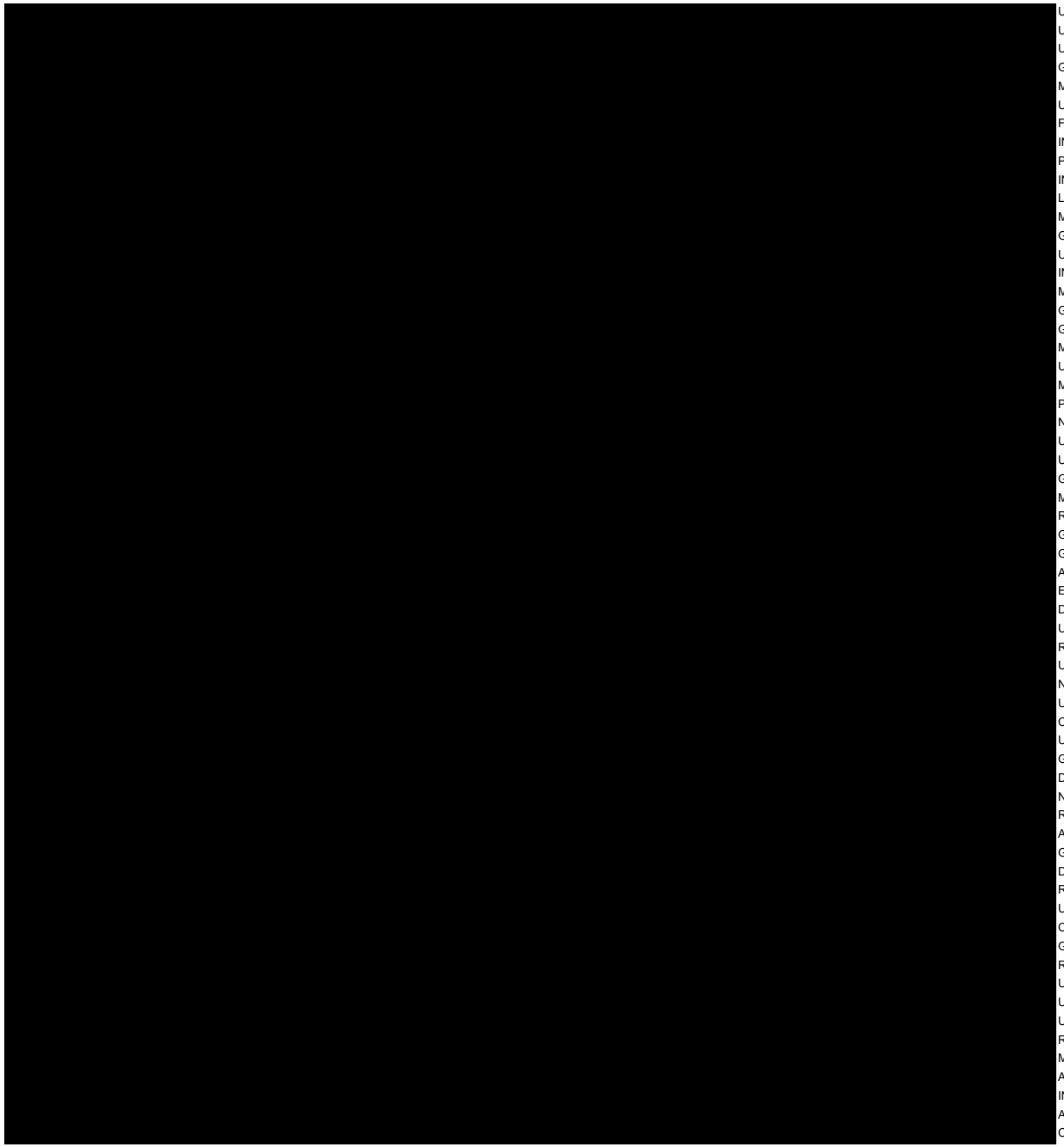
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ALLERGY & IMM	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
IMAGING CENTE	Professional	Sharewell Retiree	NO	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES



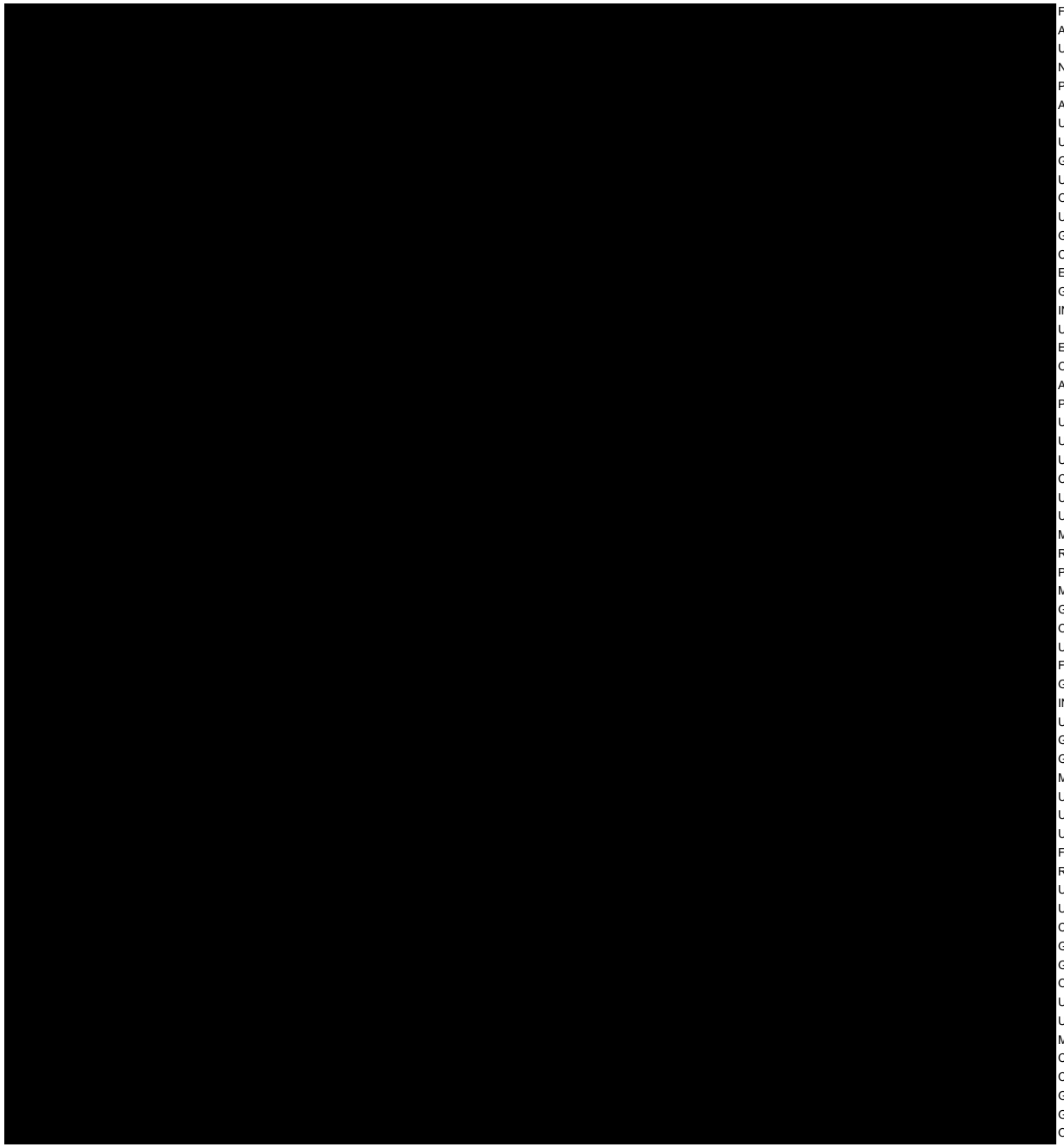
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
VA CLINIC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
SURGICAL ONCC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ADDICTIVE MEDI	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A



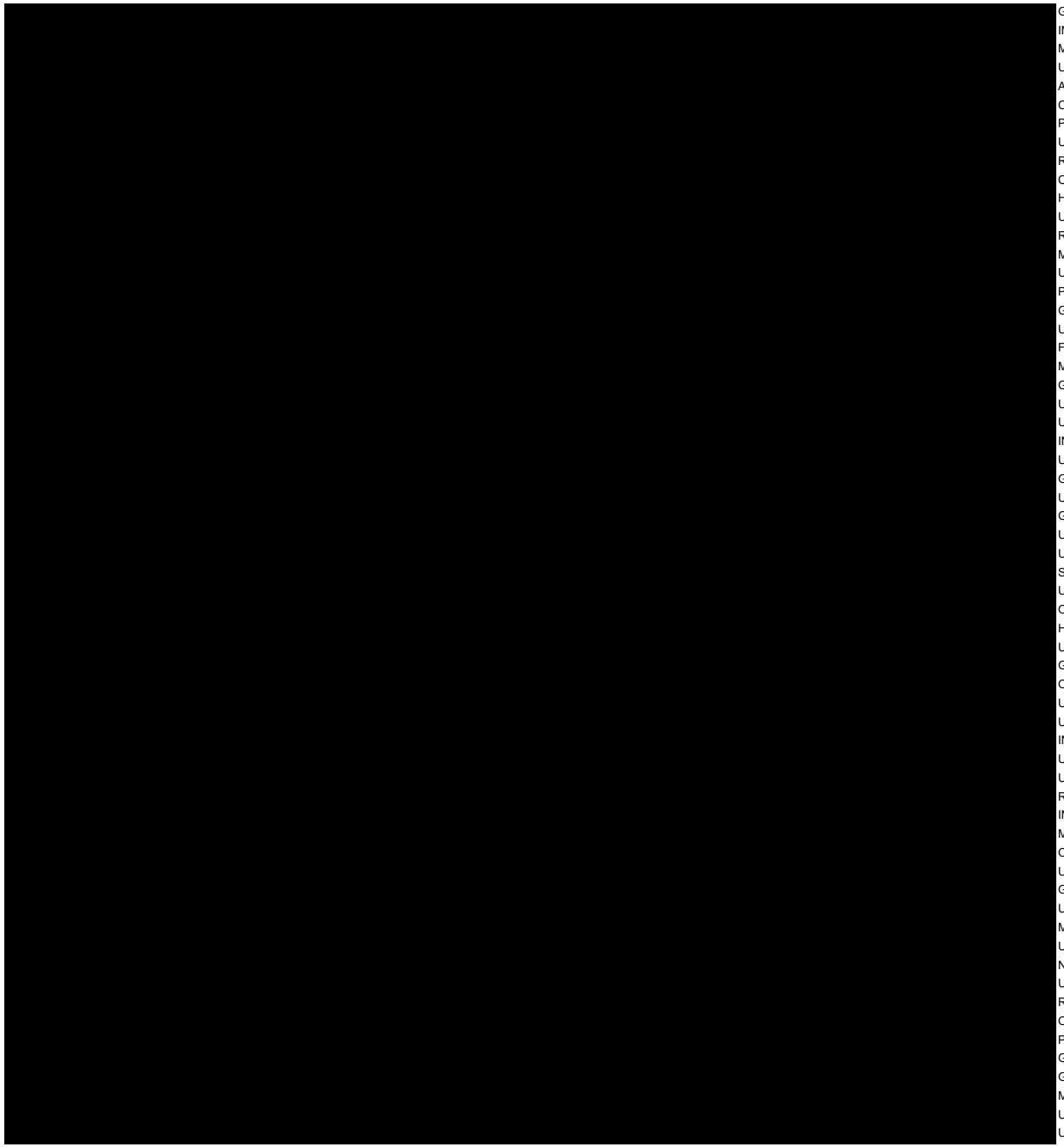
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
PEDIATRICS	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
VA CLINIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES



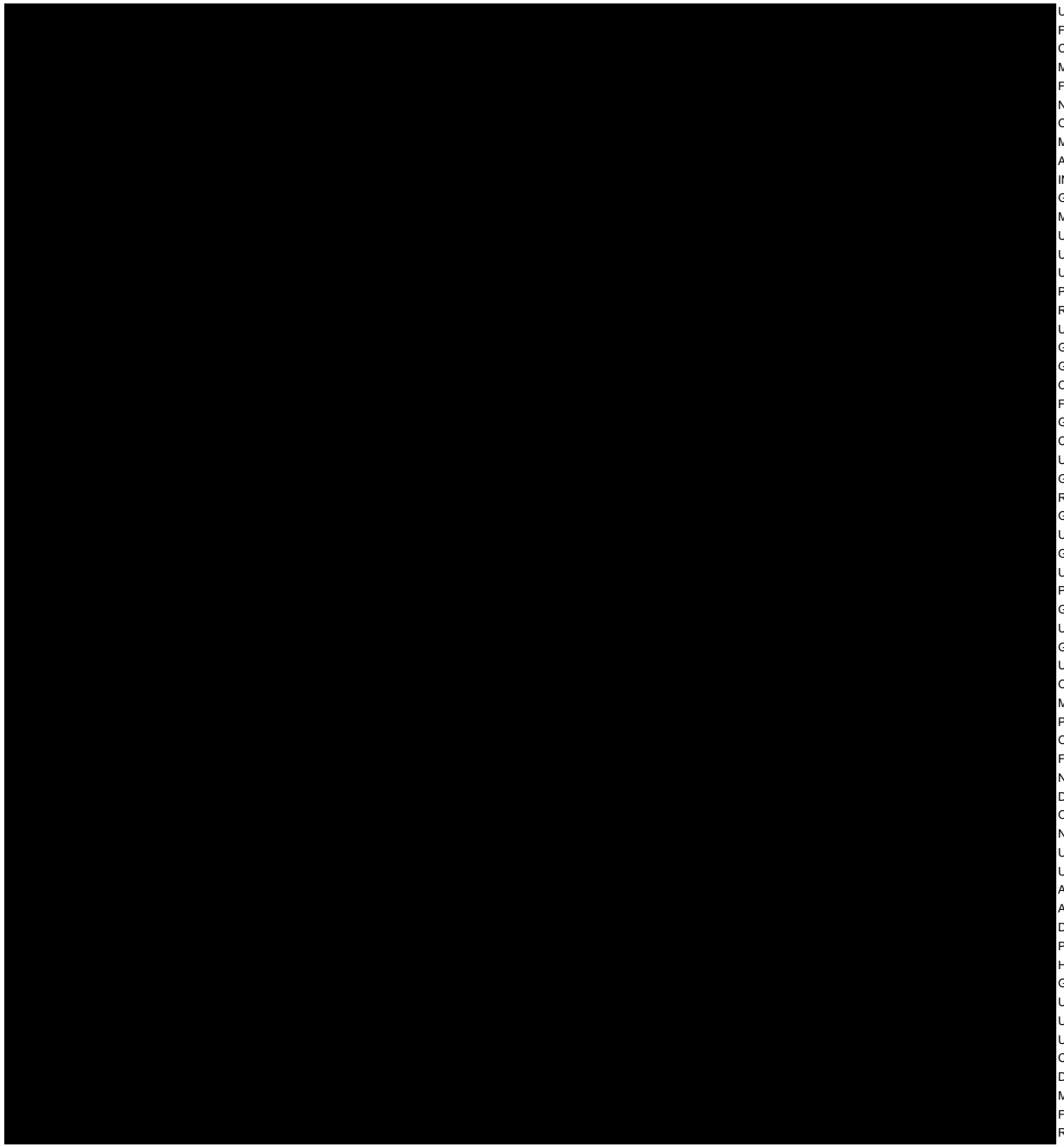
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FQHC PROVIDER	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
LICENSED CLIN S	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RETAIL HEALTH	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL DENTI	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	N/A
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEPHROLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	NO	NO
AMBULANCE, AD	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO



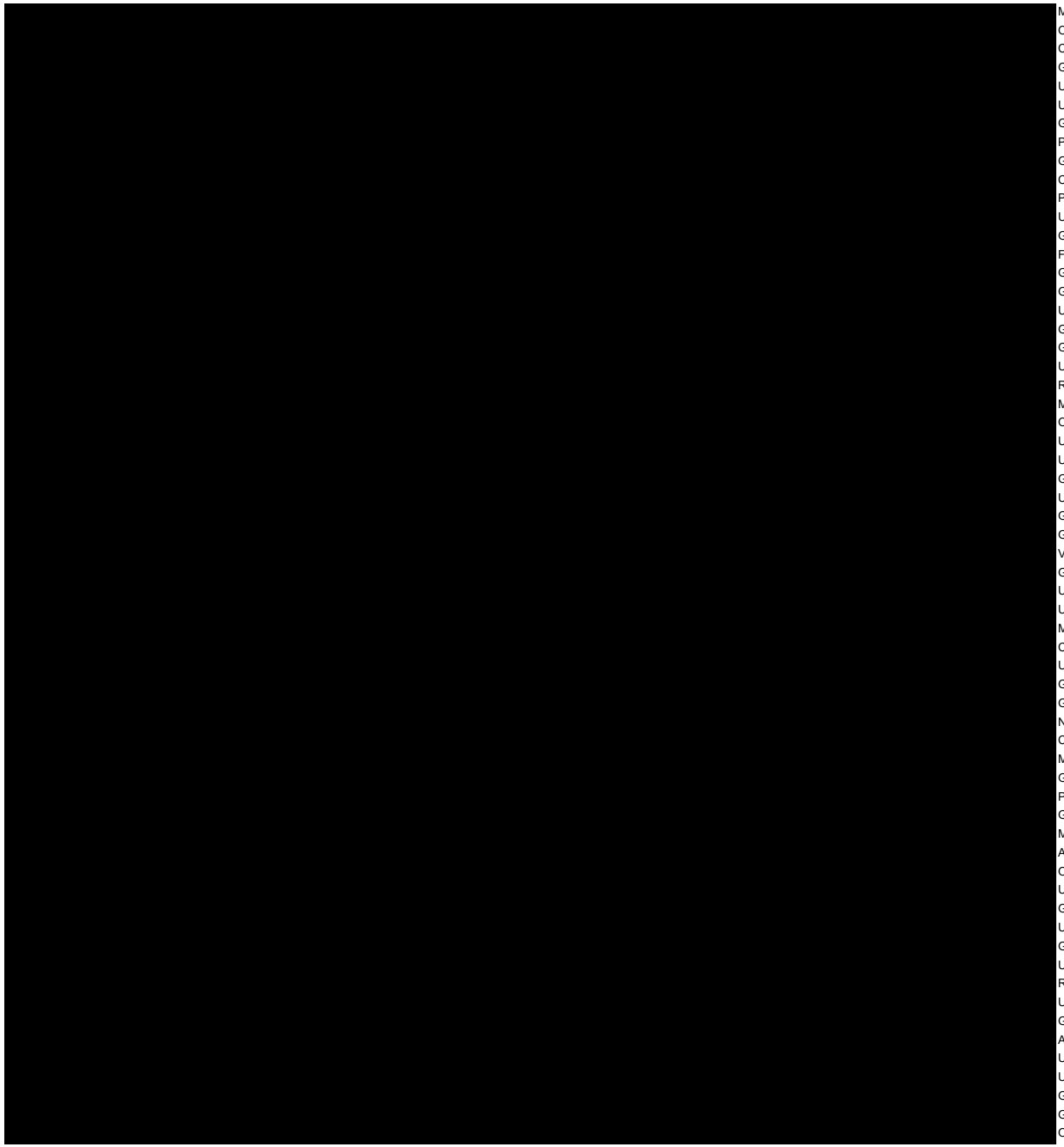
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
ALLERGY & IMMU	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
NEUROLOGICAL	Professional	Sharewell Retiree	YES	YES
PORTABLE X-RA	Professional	Sharewell Retiree	N/A	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MRI CENTER	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES



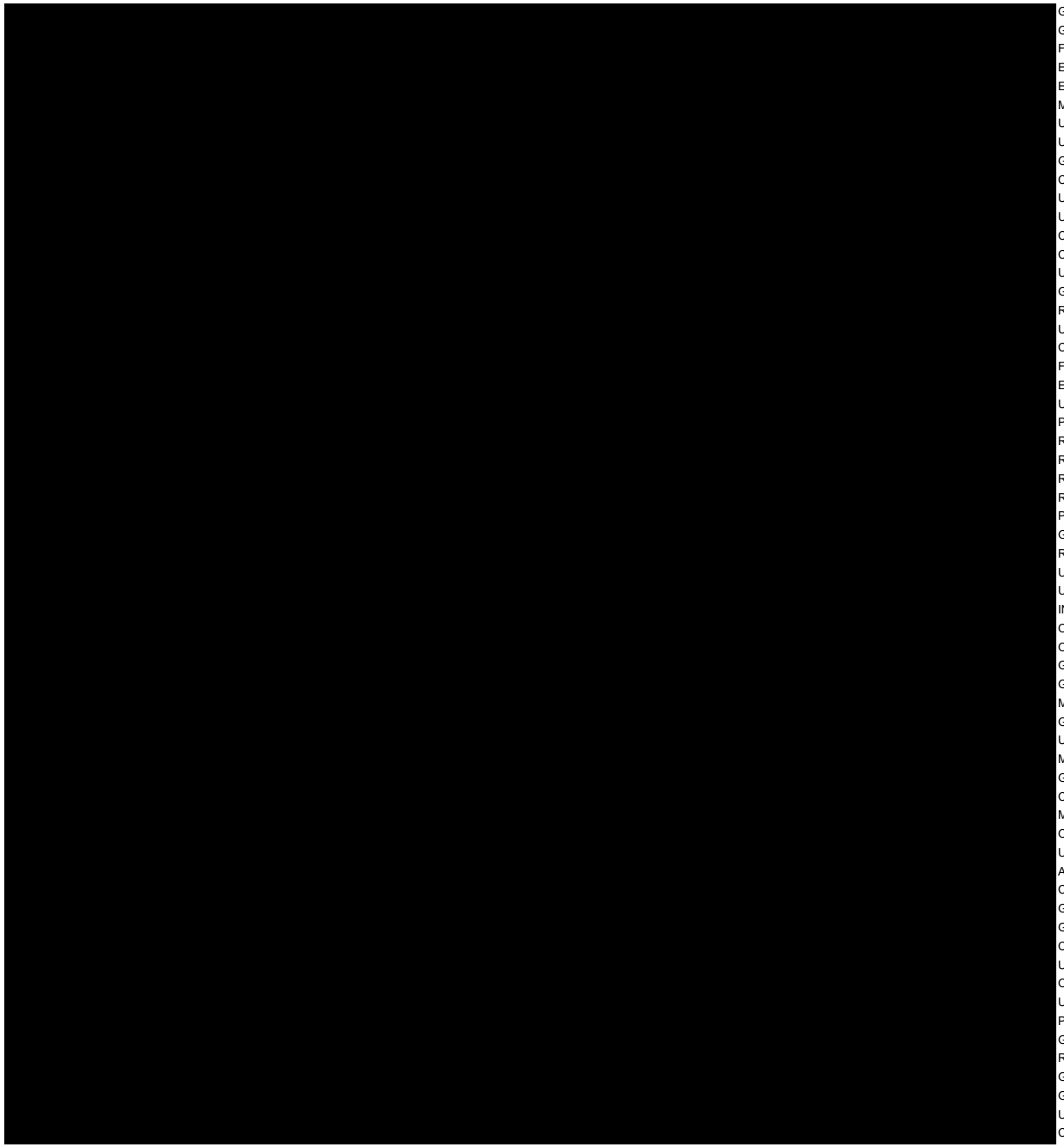
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
HEARING AID DE	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RETAIL HEALTH I	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SURGERY GENE	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
NEUROLOGICAL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
OCCUPATIONAL	Professional	Sharewell Retiree	YES	YES
PEDIATRICS	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



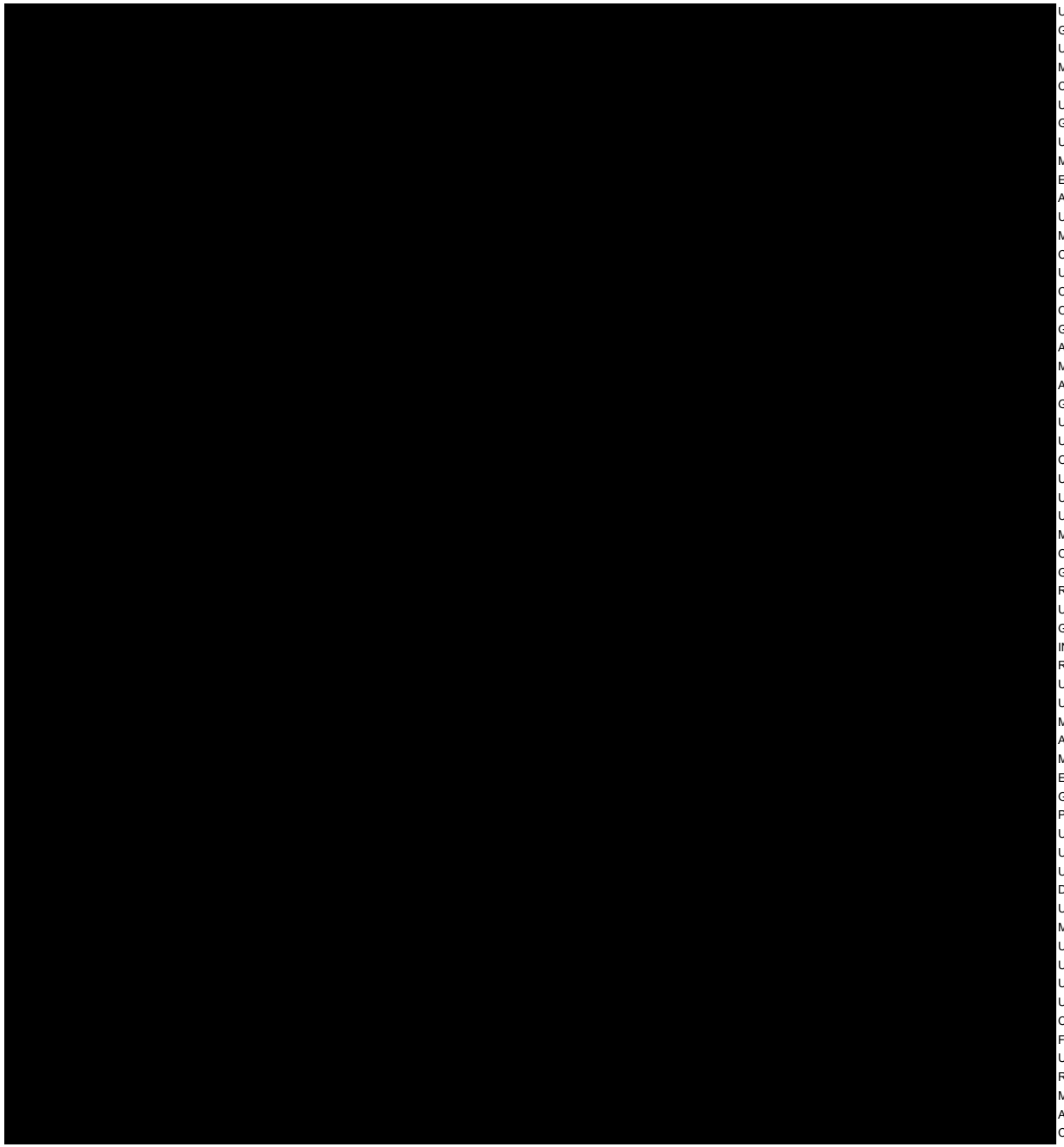
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
NEUROLOGICAL	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOLC	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
HOSPITALIST MD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
RETAIL HEALTH I	Professional	Sharewell Retiree	YES	YES



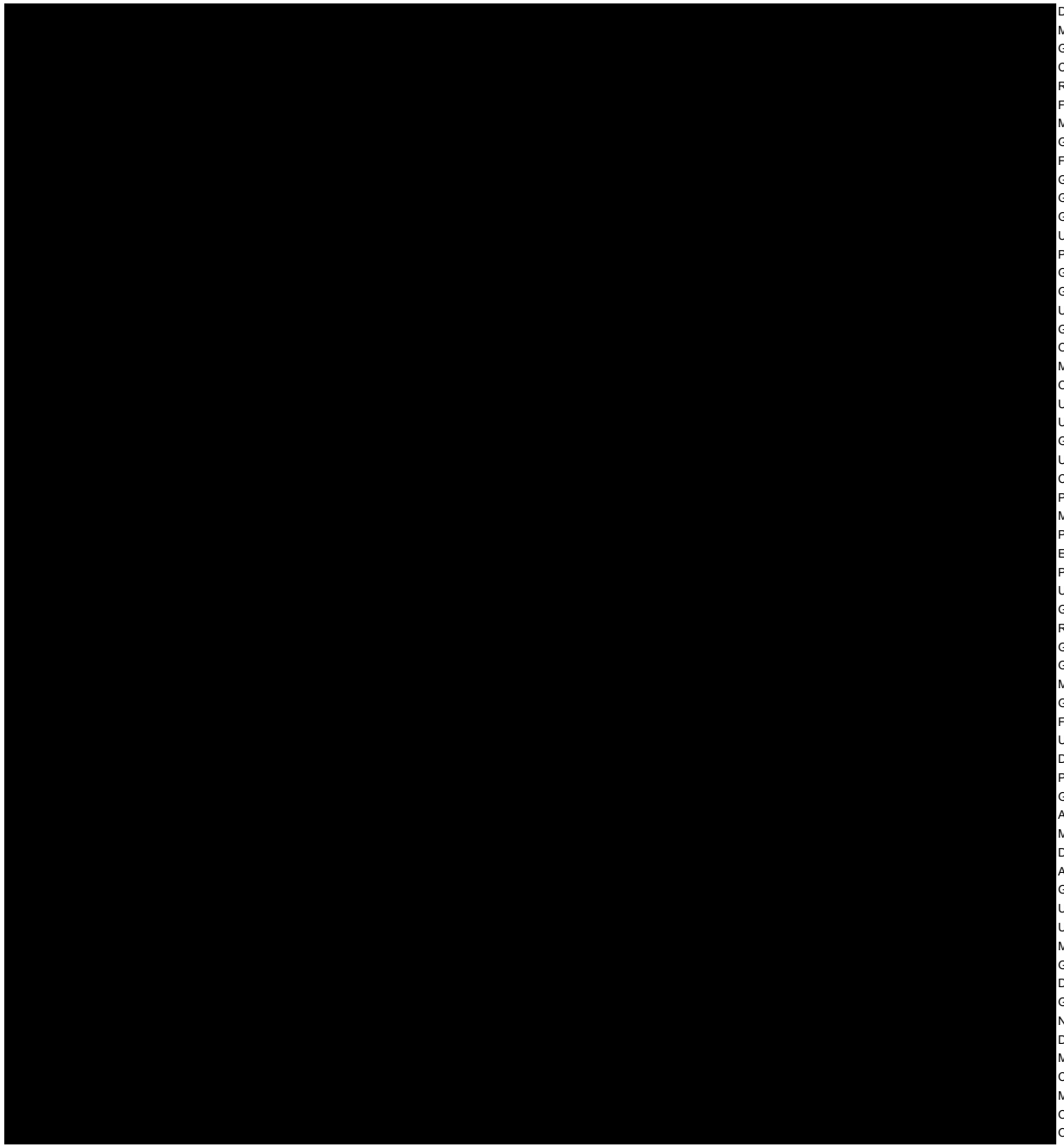
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
GENERAL DENTI	Professional	Sharewell Retiree	N/A	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
VA CLINIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	NO
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PULMONARY DIS	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES



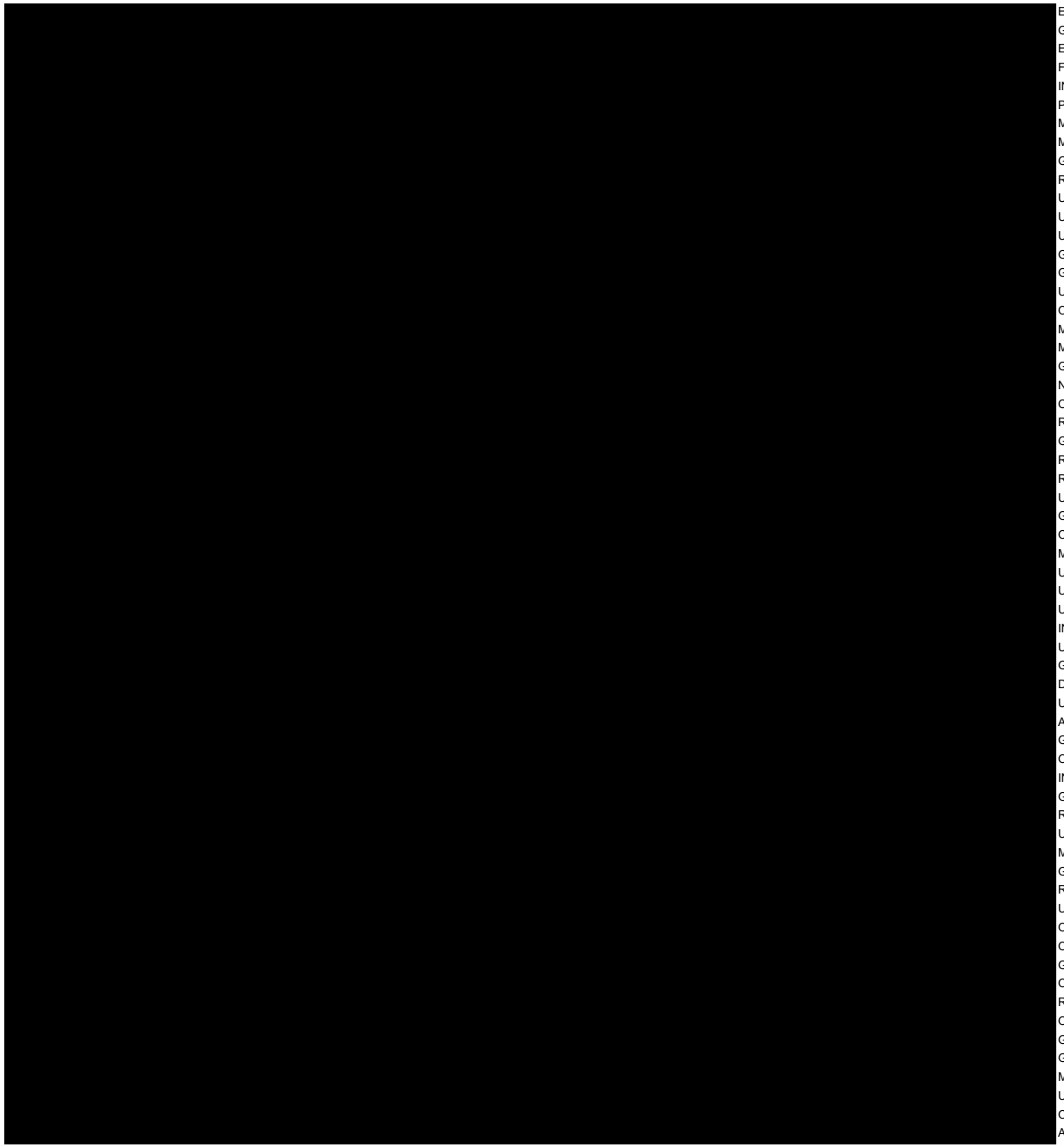
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CAPITATED GRO	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
PHYSICAL MEDI	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
INTERNAL MEDI	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES - Hospital Based	N/A
GASTROENTERO	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO



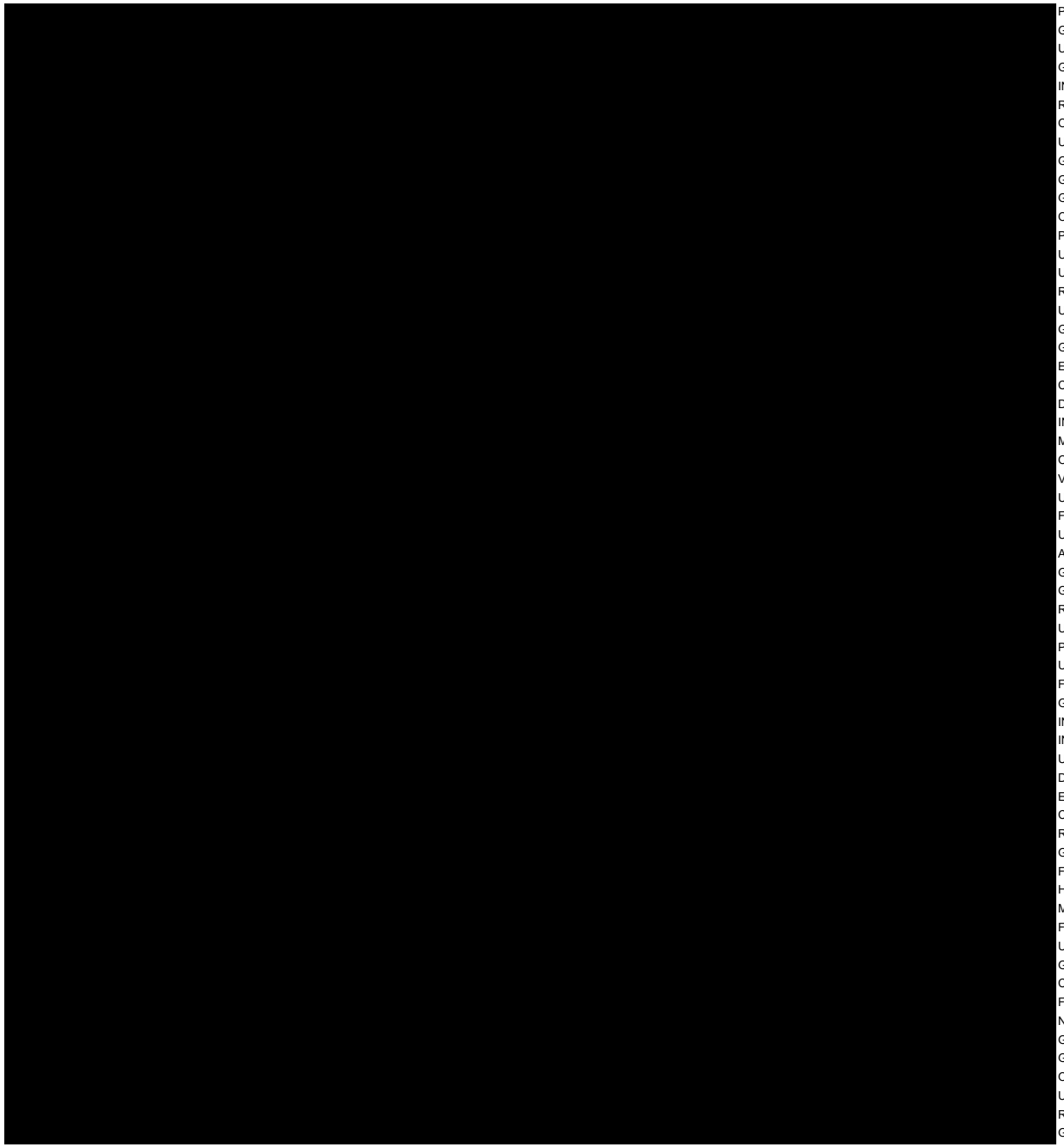
UROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
CERTIFIED NURS	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
CLINICAL LAB ME	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDI(	Professional	Sharewell Retiree	NO	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDI(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	N/A



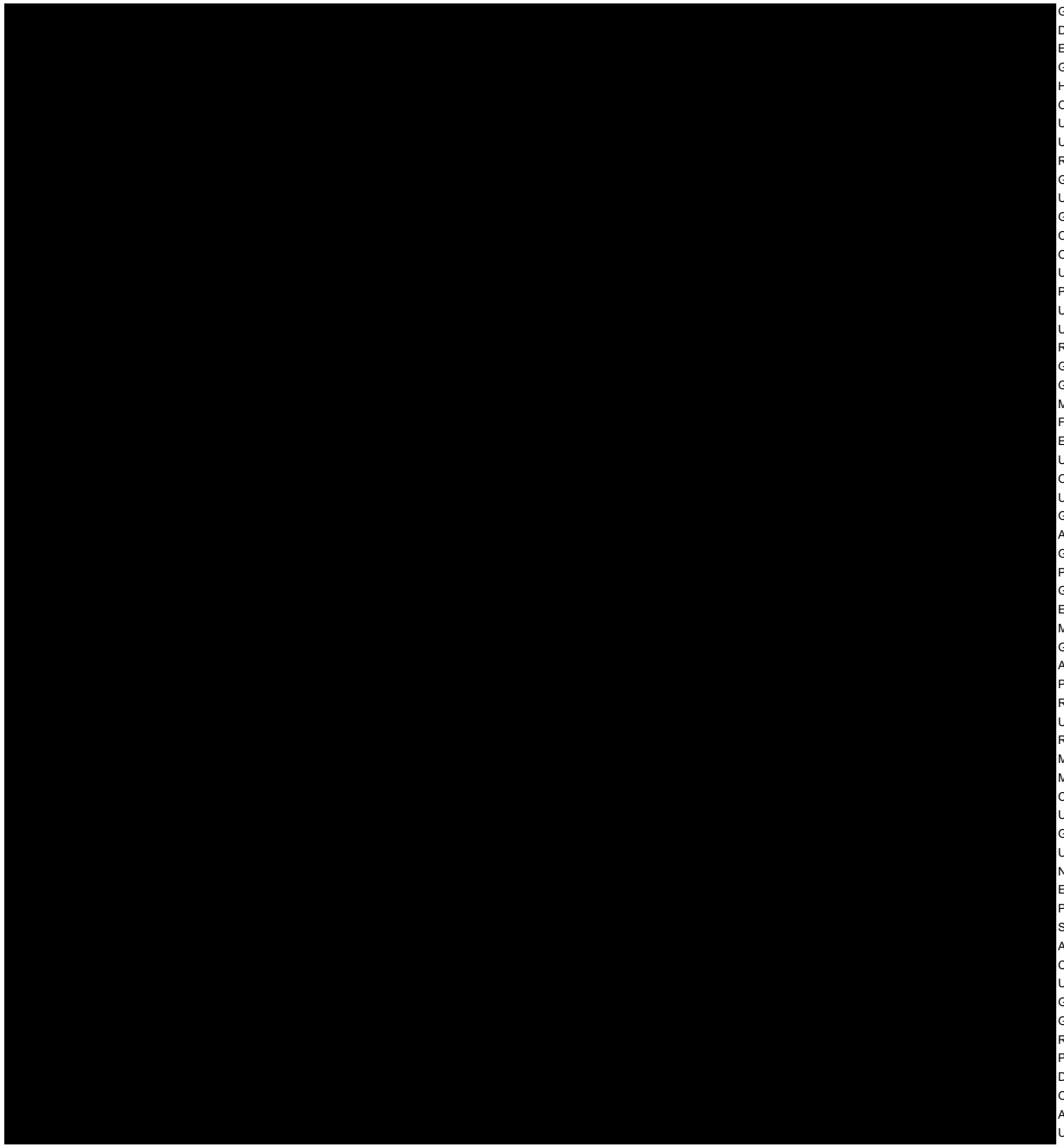
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GYNECOLOGY	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PORTABLE X-RA	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES - Hospital Based
GASTROENTERO	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
GASTROENTERO	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES



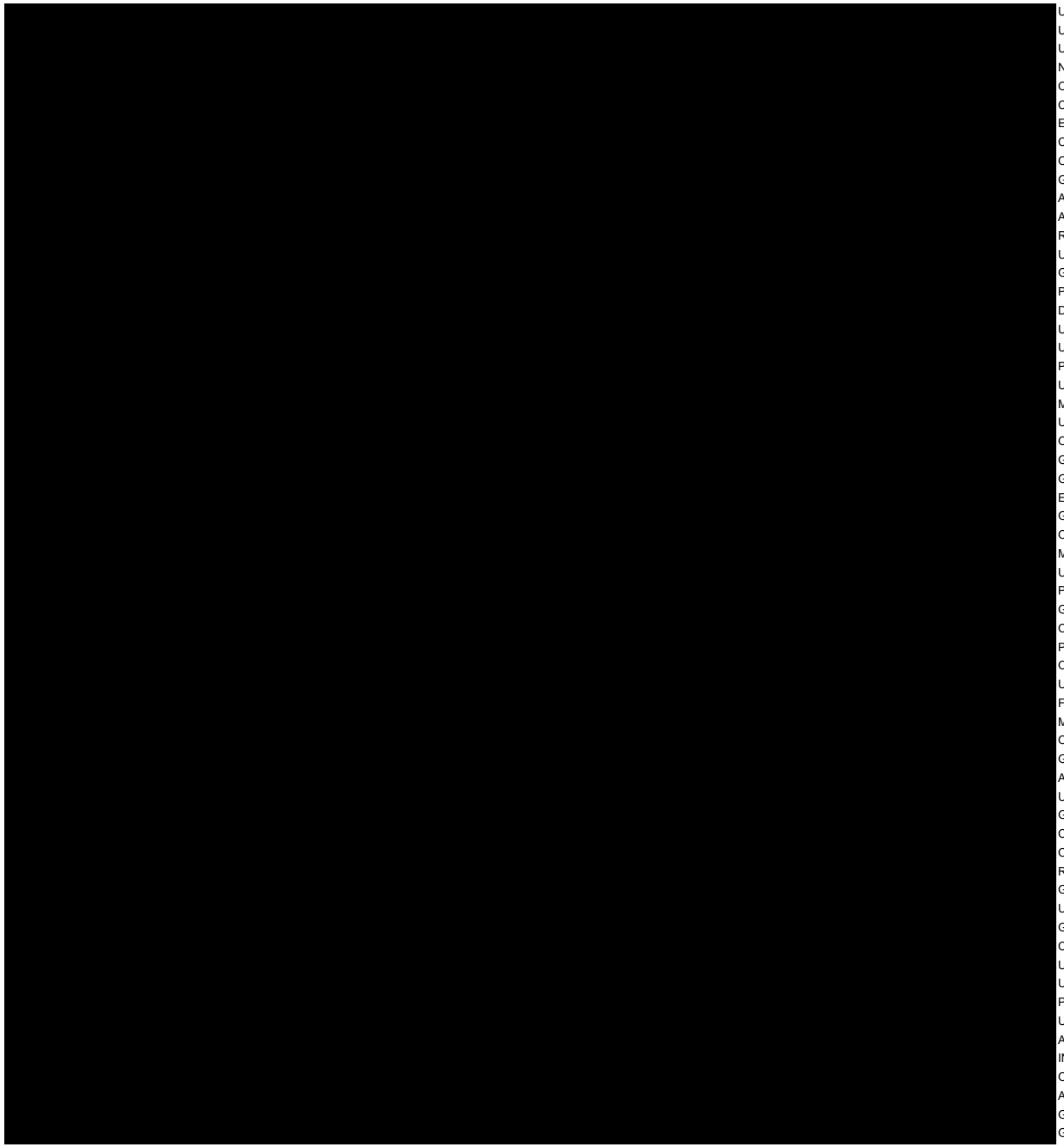
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
MEDICAL ONCOL	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
NEUROLOGICAL	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOG	Professional	Sharewell Retiree	YES	NO
RHEUMATOLOG	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INDEPENDENT L	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RESEARCH PSY(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
RADIATION ONC	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES



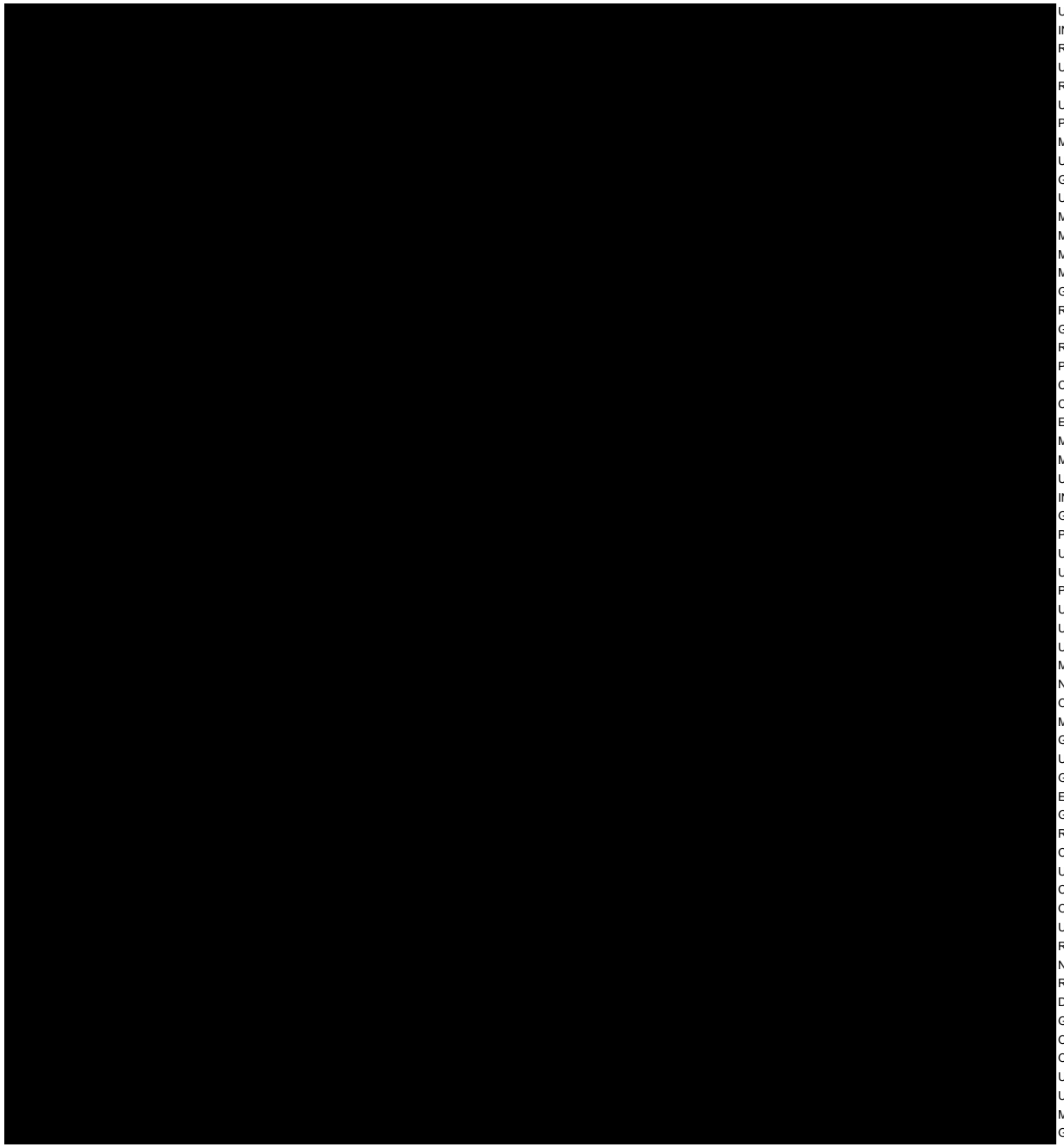
PODIATRIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
VA CLINIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
RADIATION ONC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
NEPHROLOGY	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A



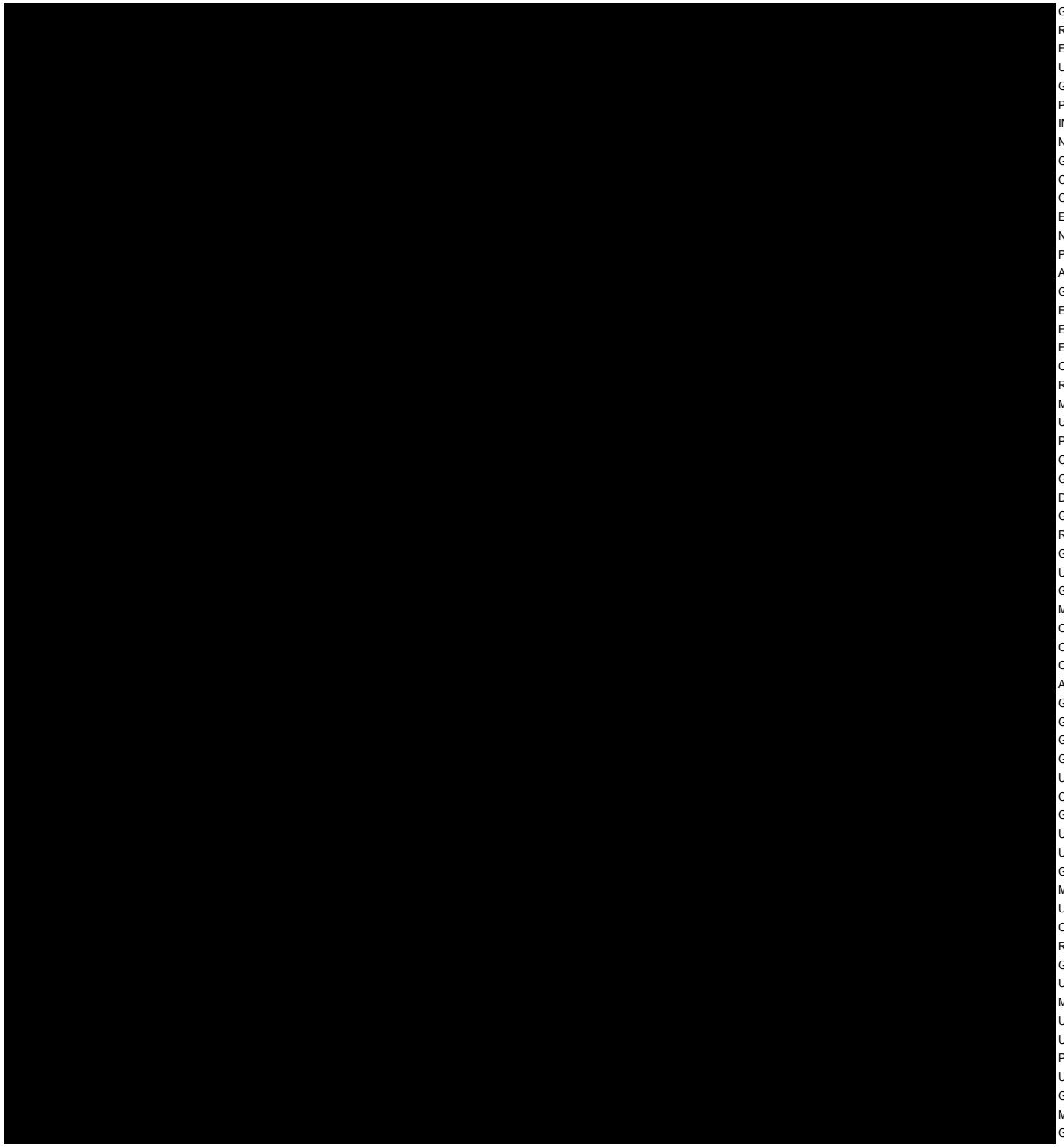
GASTROENTERC	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Sharewell Retiree	YES	NO
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
REGISTERED DIE	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
PODIATRIST	Professional	Sharewell Retiree	YES	YES
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



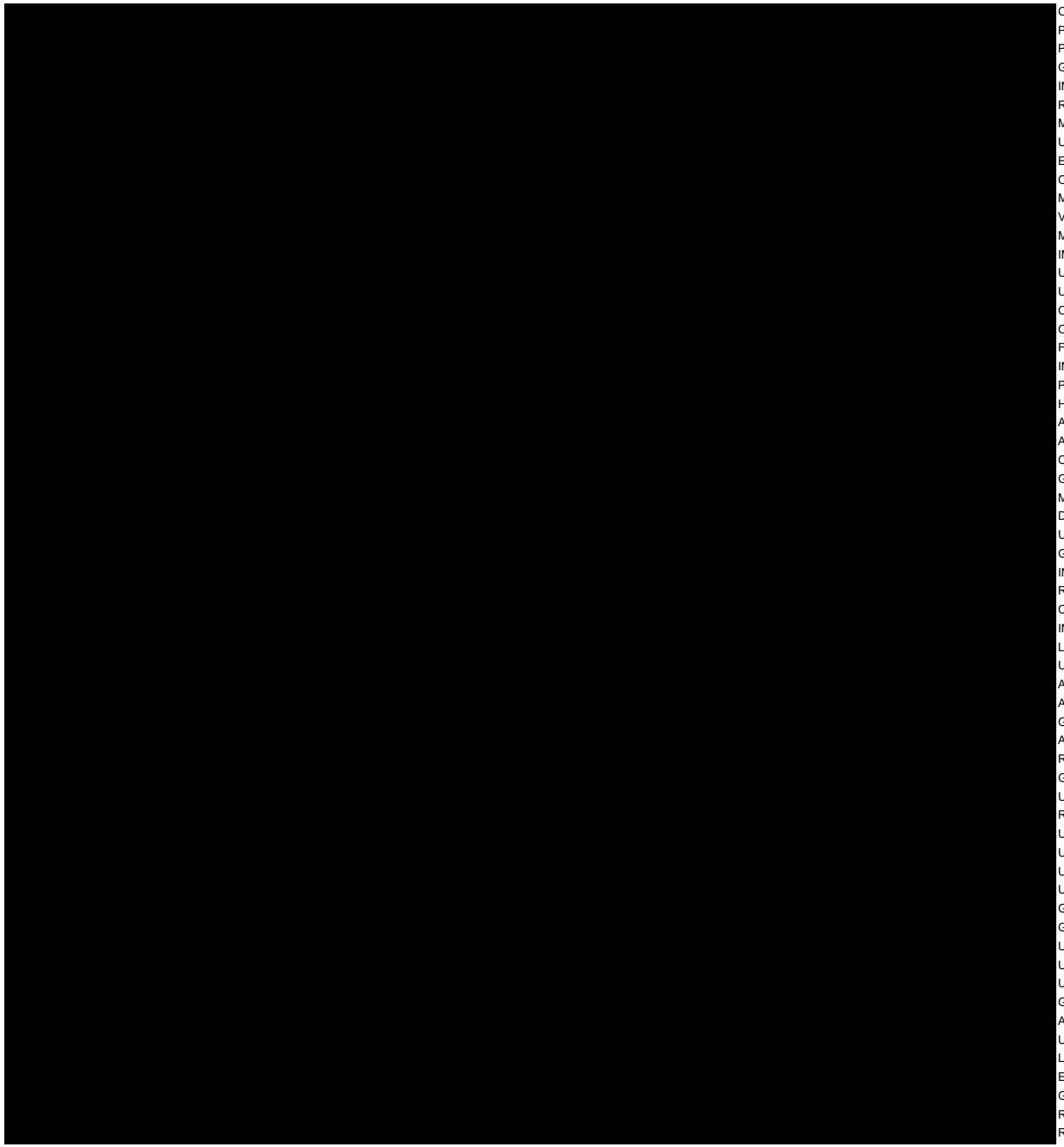
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	NO	NO
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
PAIN MGMT ANE	Professional	Sharewell Retiree	YES	YES - Hospital Based
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	N/A
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLO	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A



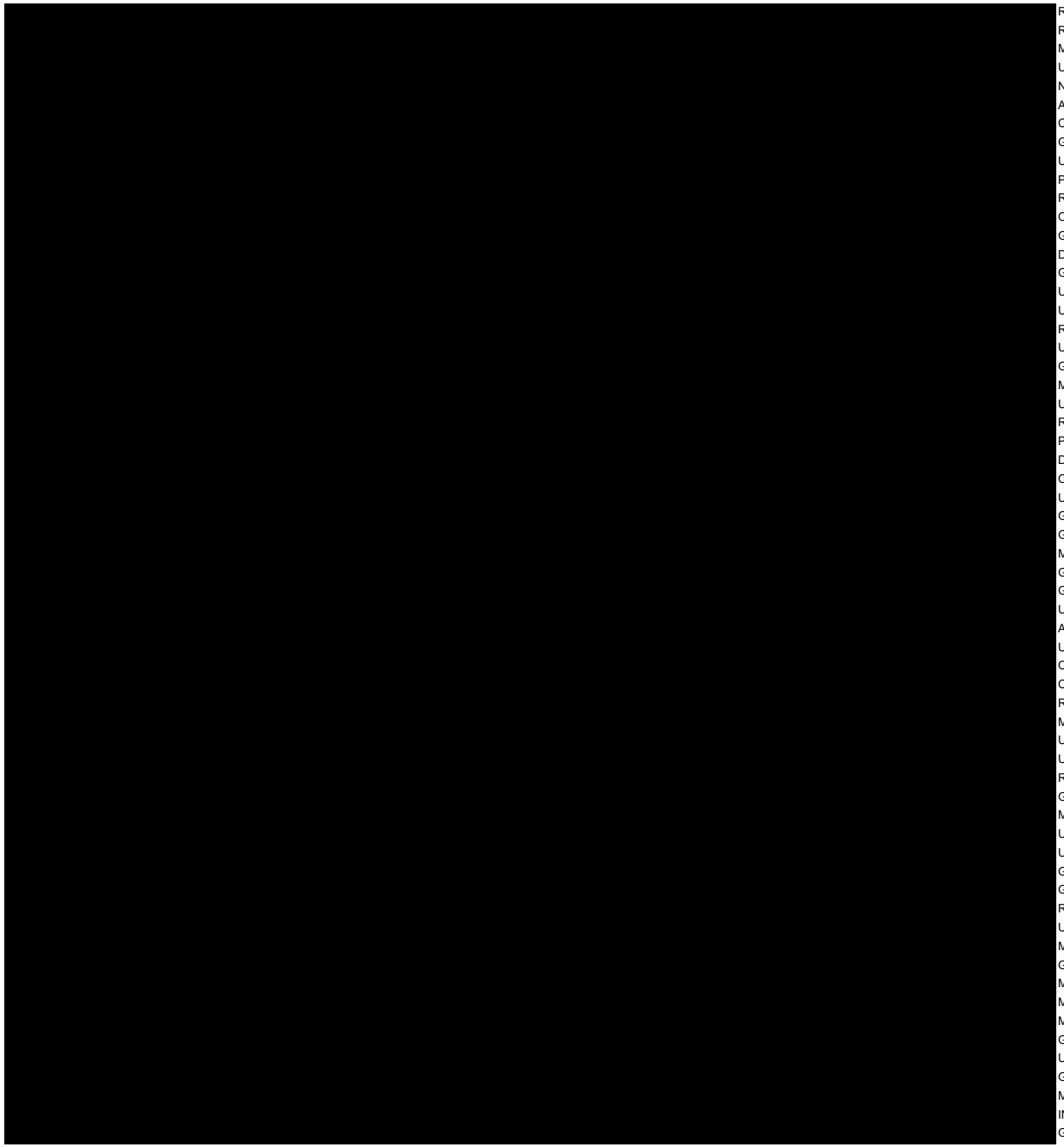
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PULMONARY DIS	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
PORTABLE X-RA	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	N/A	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A



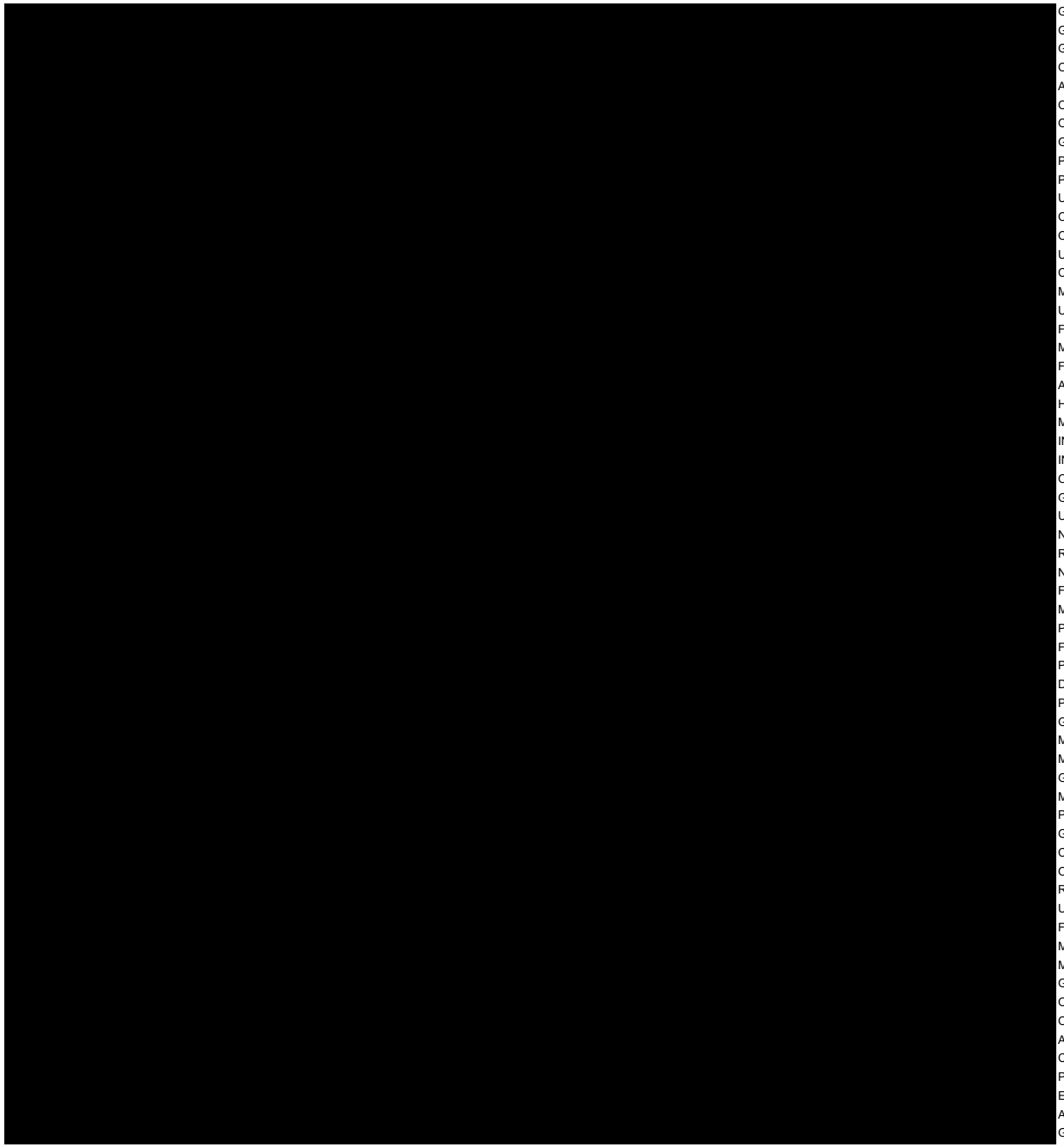
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDI	Professional	Sharewell Retiree	YES	NO
INFECTIOUS DIS	Professional	Sharewell Retiree	NO	NO
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	YES
NEUROLOGICAL	Professional	Sharewell Retiree	NO	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PORTABLE X-RA	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO	Professional	Sharewell Retiree	YES	NO
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB M	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	NO	N/A



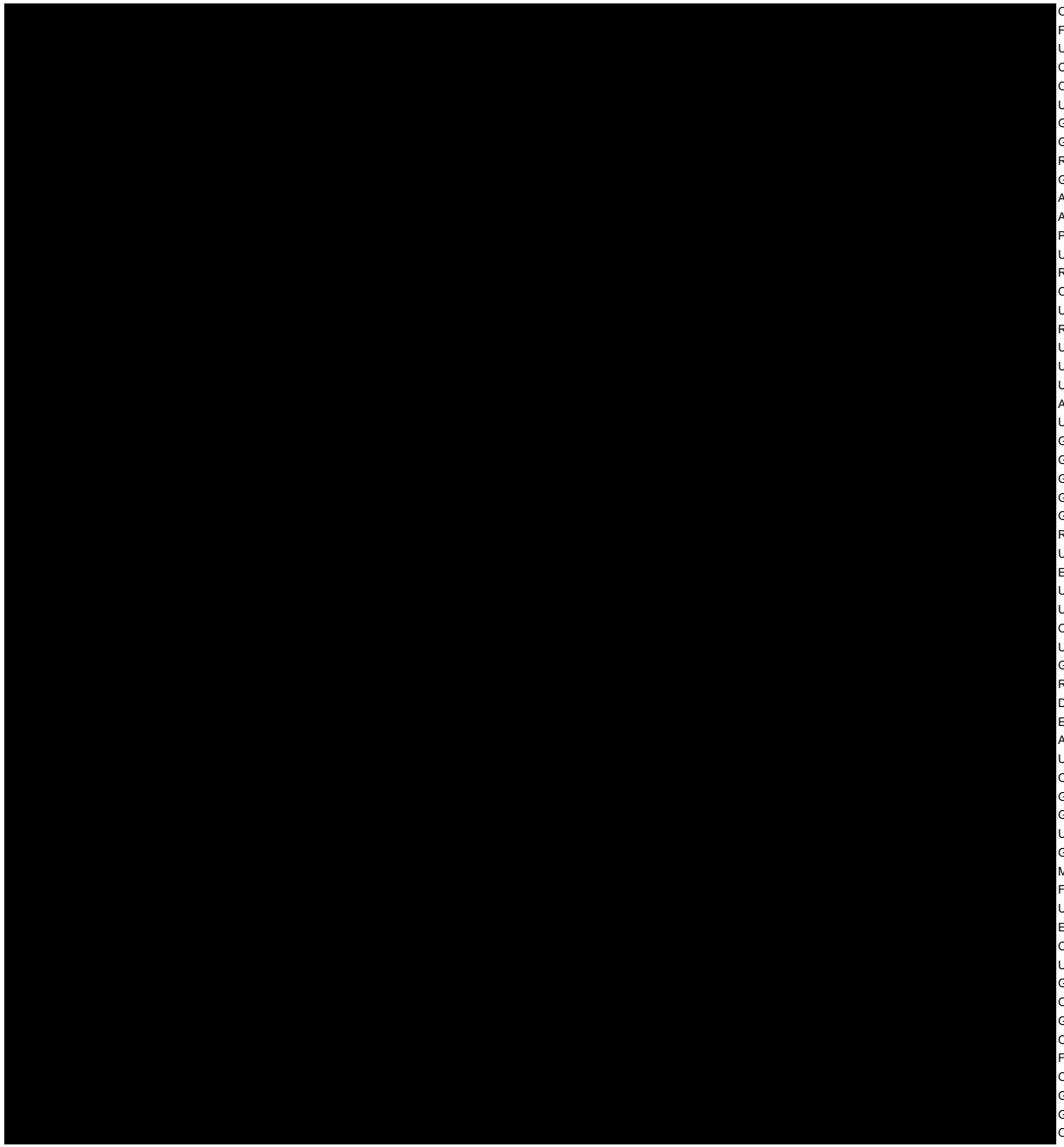
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
VA CLINIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
IMAGING CENTE	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	NO
HOSPITALIST ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLG	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERVENTIONA	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
LICENSED CLIN S	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
LICENSED CLIN S	Professional	Sharewell Retiree	NO	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RETAIL HEALTH I	Professional	Sharewell Retiree	YES	YES
RETAIL HEALTH I	Professional	Sharewell Retiree	YES	YES



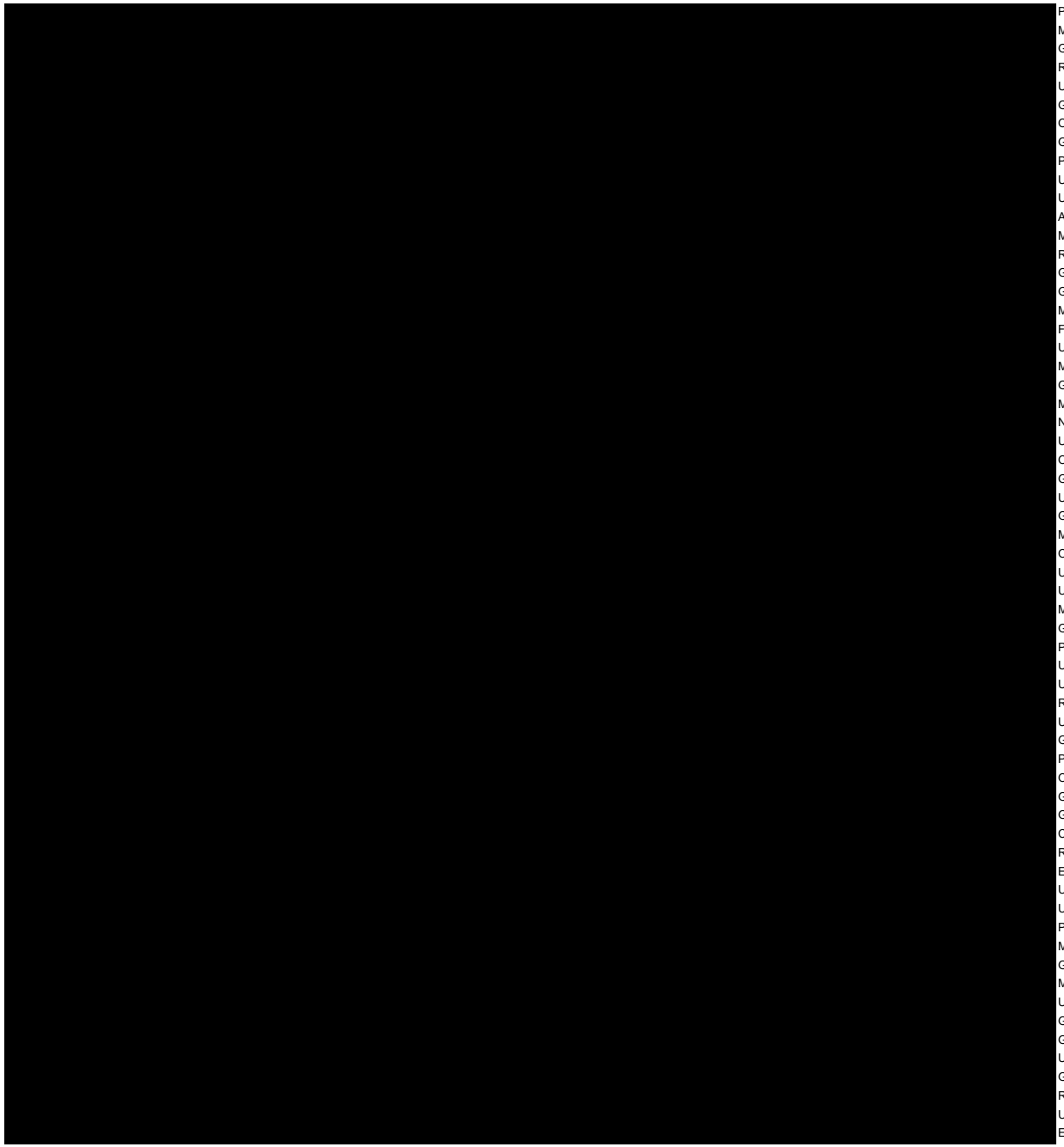
RETAIL HEALTH I	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MEDICAL ONCOL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RESEARCH PSY(	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED DIE	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES - Hospital Based
MEDICAL SUPPL`	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC1	Professional	Sharewell Retiree	NO	N/A



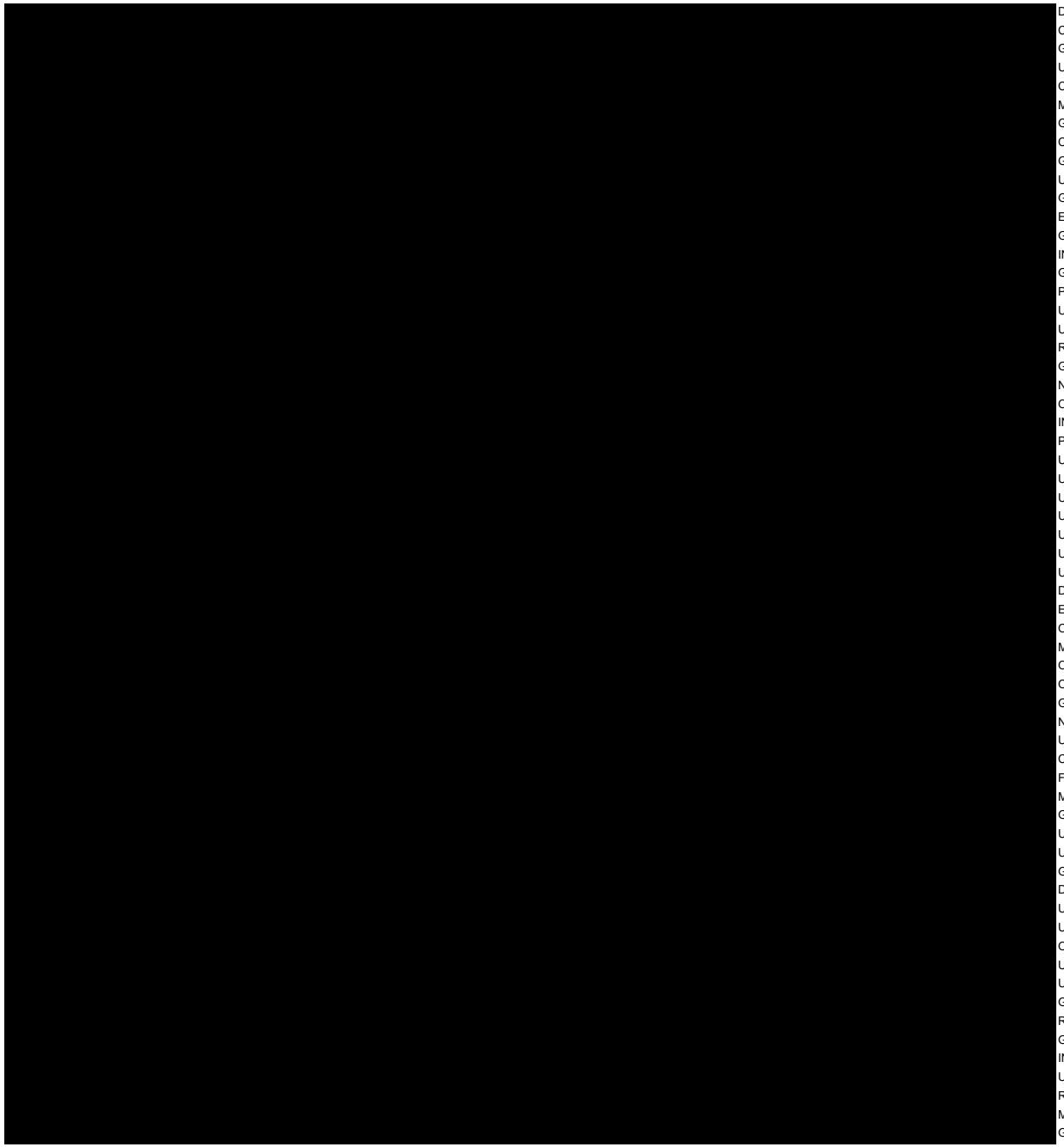
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES - Hospital Based	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
MEDICAL ONCOL	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
INTERVENTIONA	Professional	Sharewell Retiree	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOG	Professional	Sharewell Retiree	YES	YES
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
PULMONARY DIS	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	NO	NO
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
RETAIL HEALTH I	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	NO
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
CERTIFIED RN AI	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A



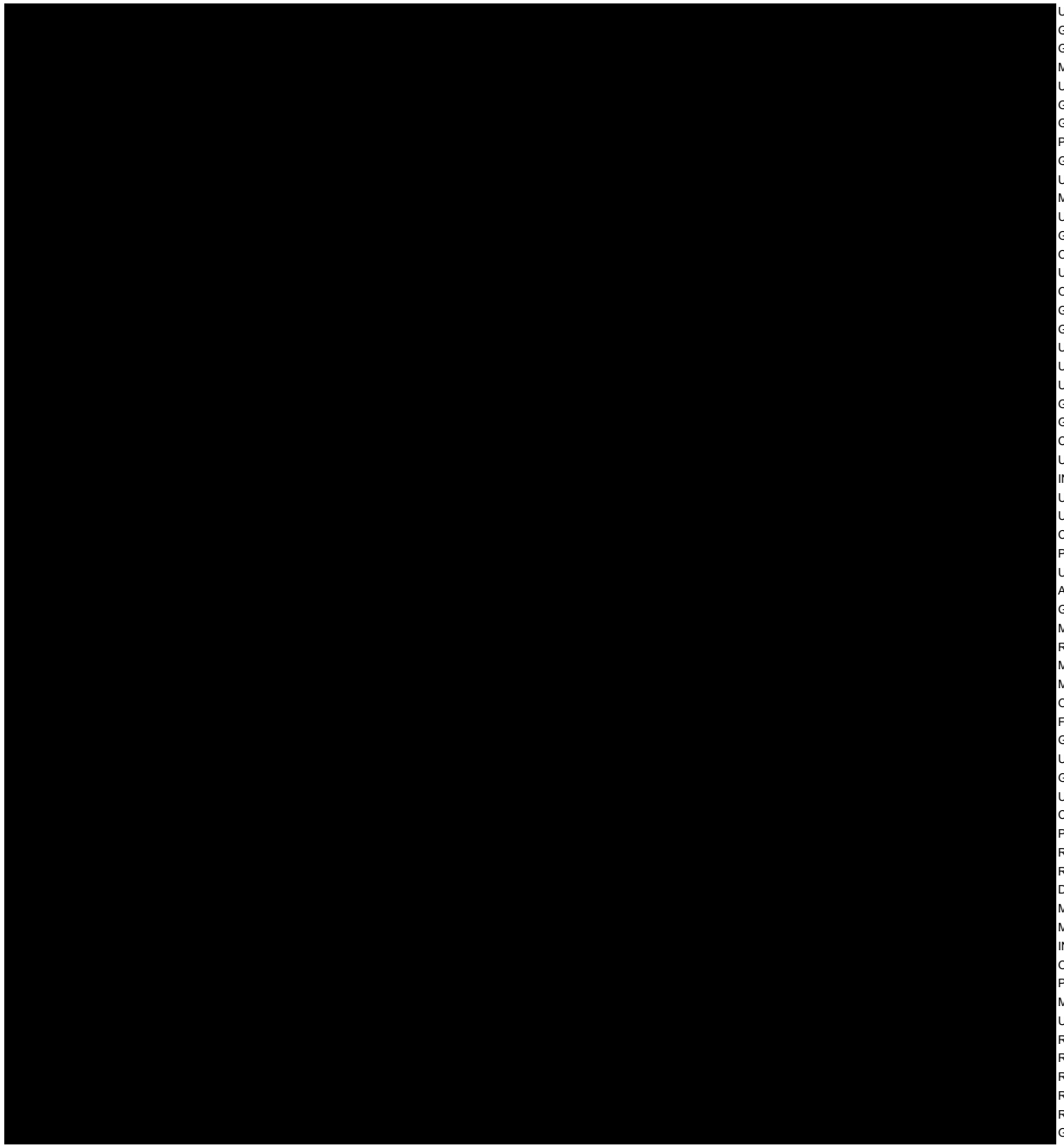
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED NURS	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLG	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
OCCUPATIONAL	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
CERTIFIED RN AI	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOLG	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLG	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GASTROENTERG	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES



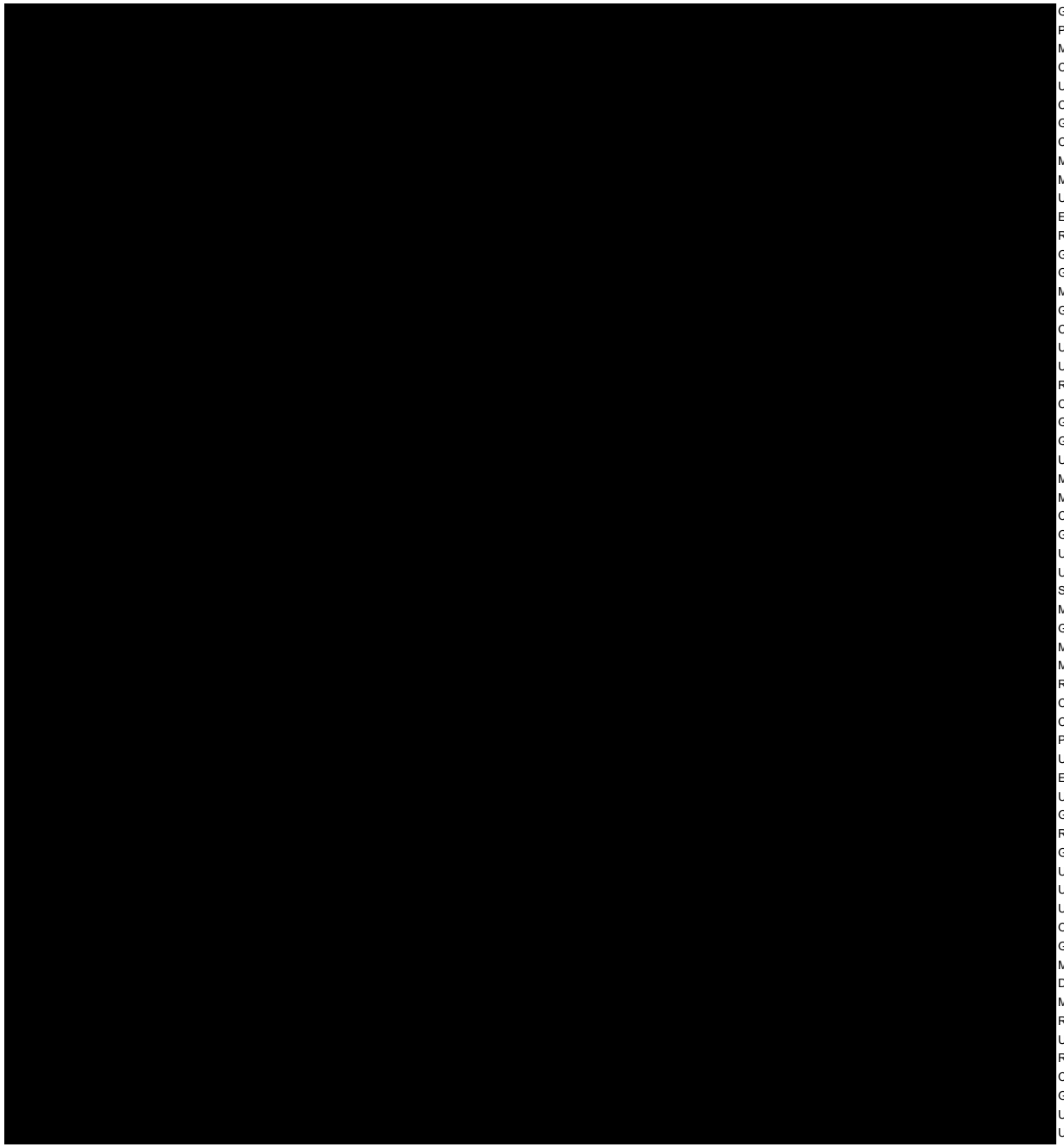
PODIATRIST	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NEPHROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
PORTABLE X-RA	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PAIN MGMT ANE	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES



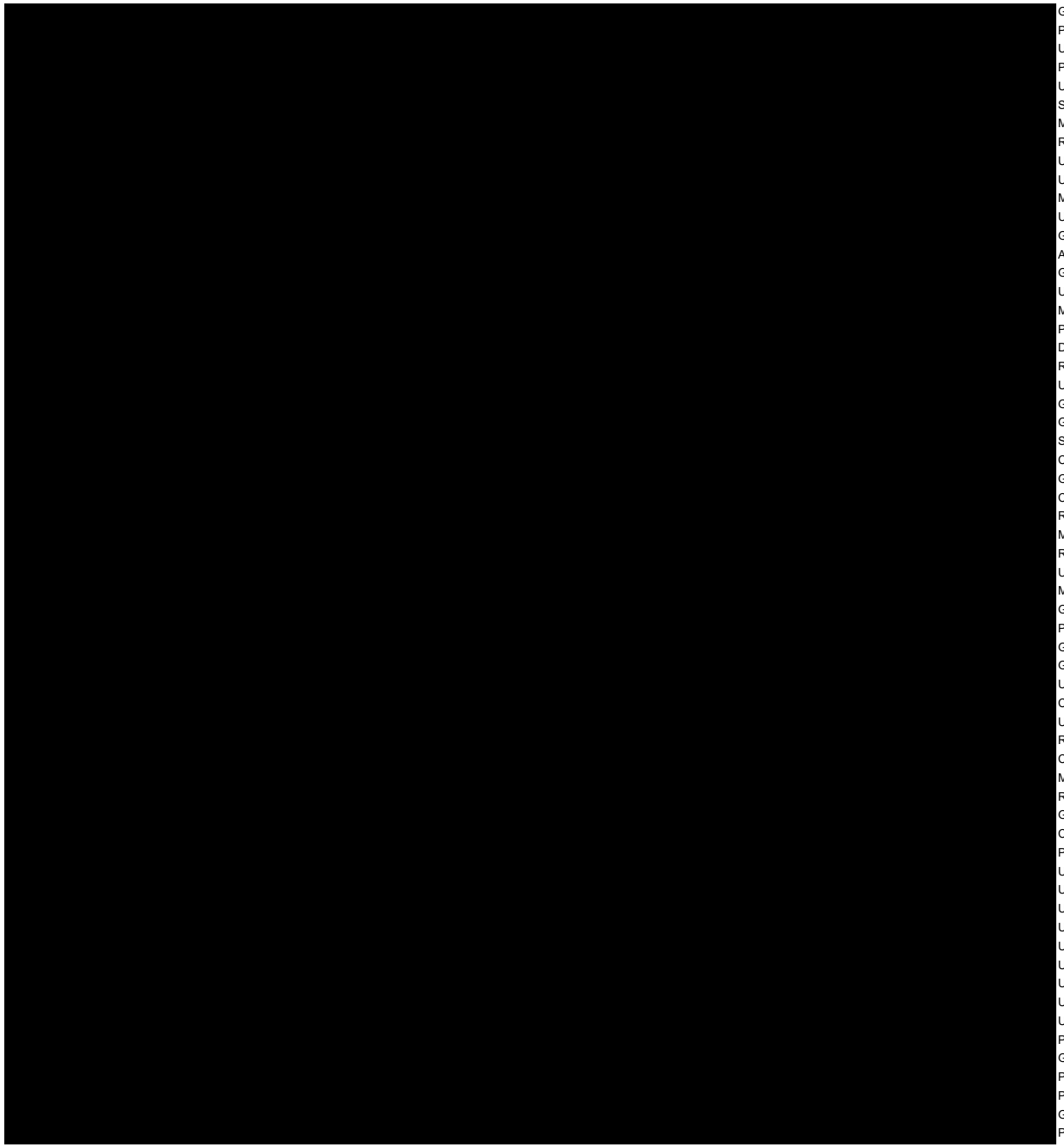
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	N/A	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES - Hospital Based	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	NO	NO
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
PAIN MGMT ANE	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
GYNECOLOGY	Professional	Sharewell Retiree	YES	NO
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	N/A	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RHEUMATOLOG	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A



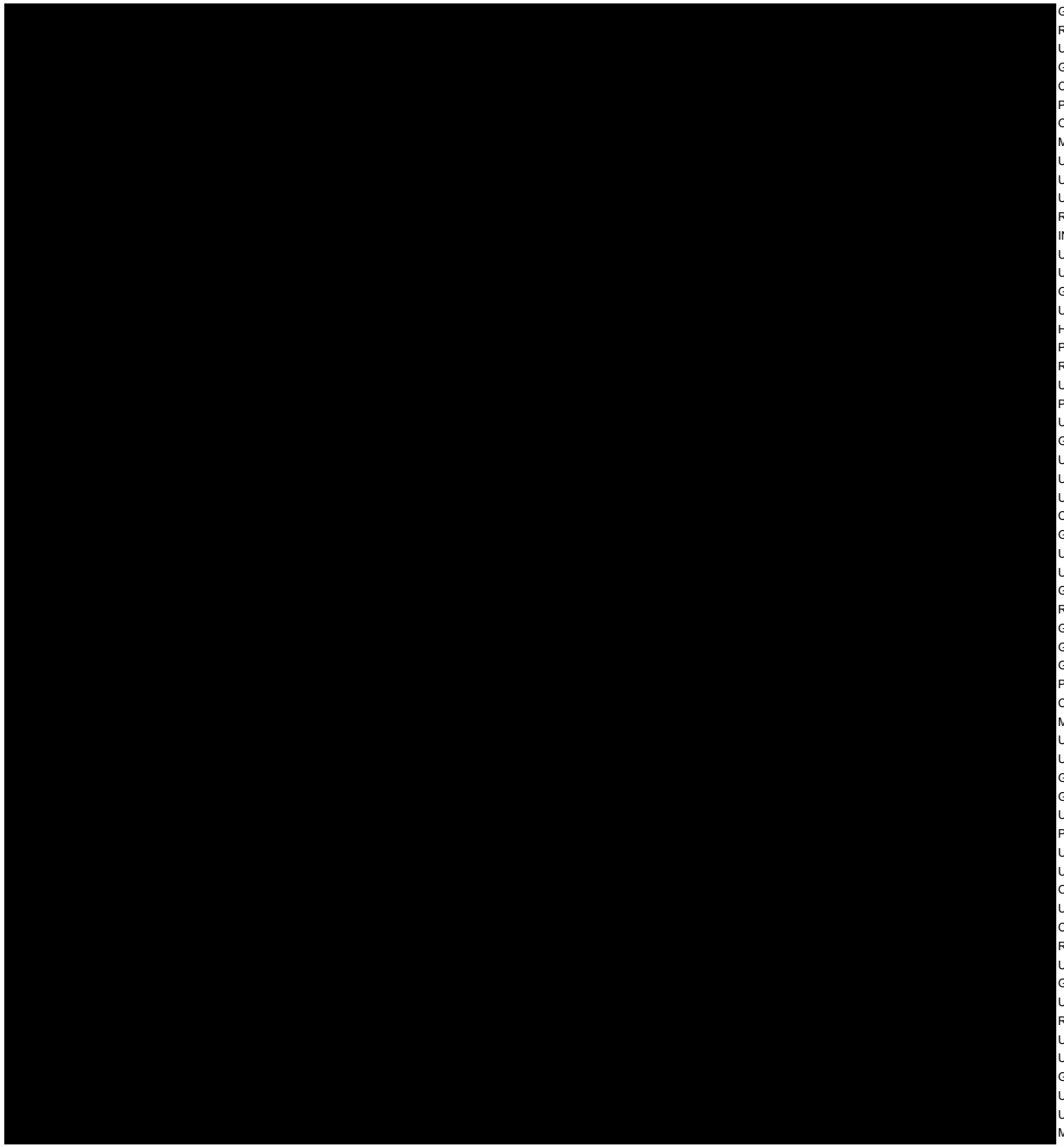
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A



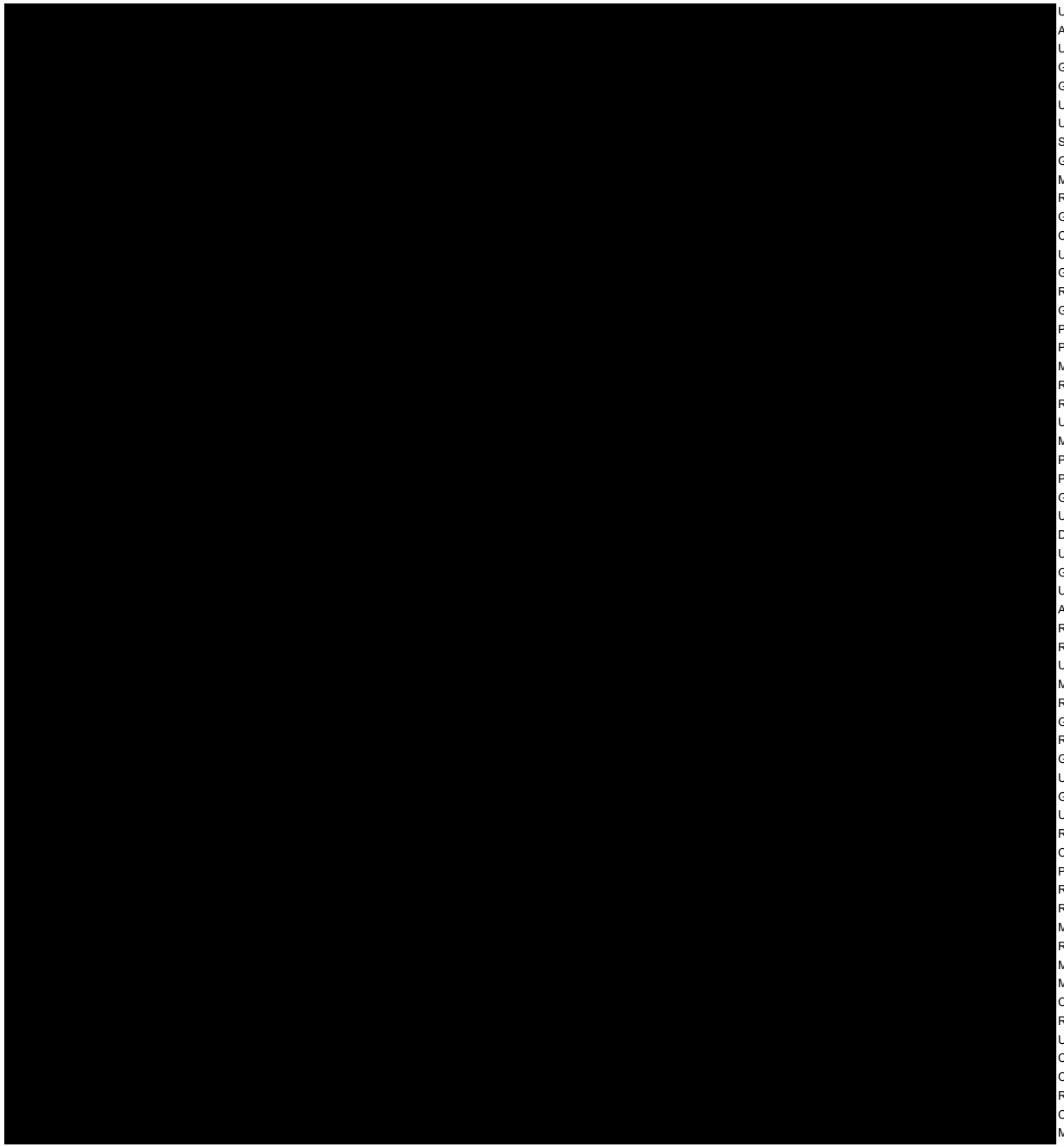
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Sharewell Retiree	NO	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED NU	Professional	Sharewell Retiree	N/A	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIATION ONC	Professional	Sharewell Retiree	YES	NO
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
GENERAL PRAC	Professional	Sharewell Retiree	NO	NO
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



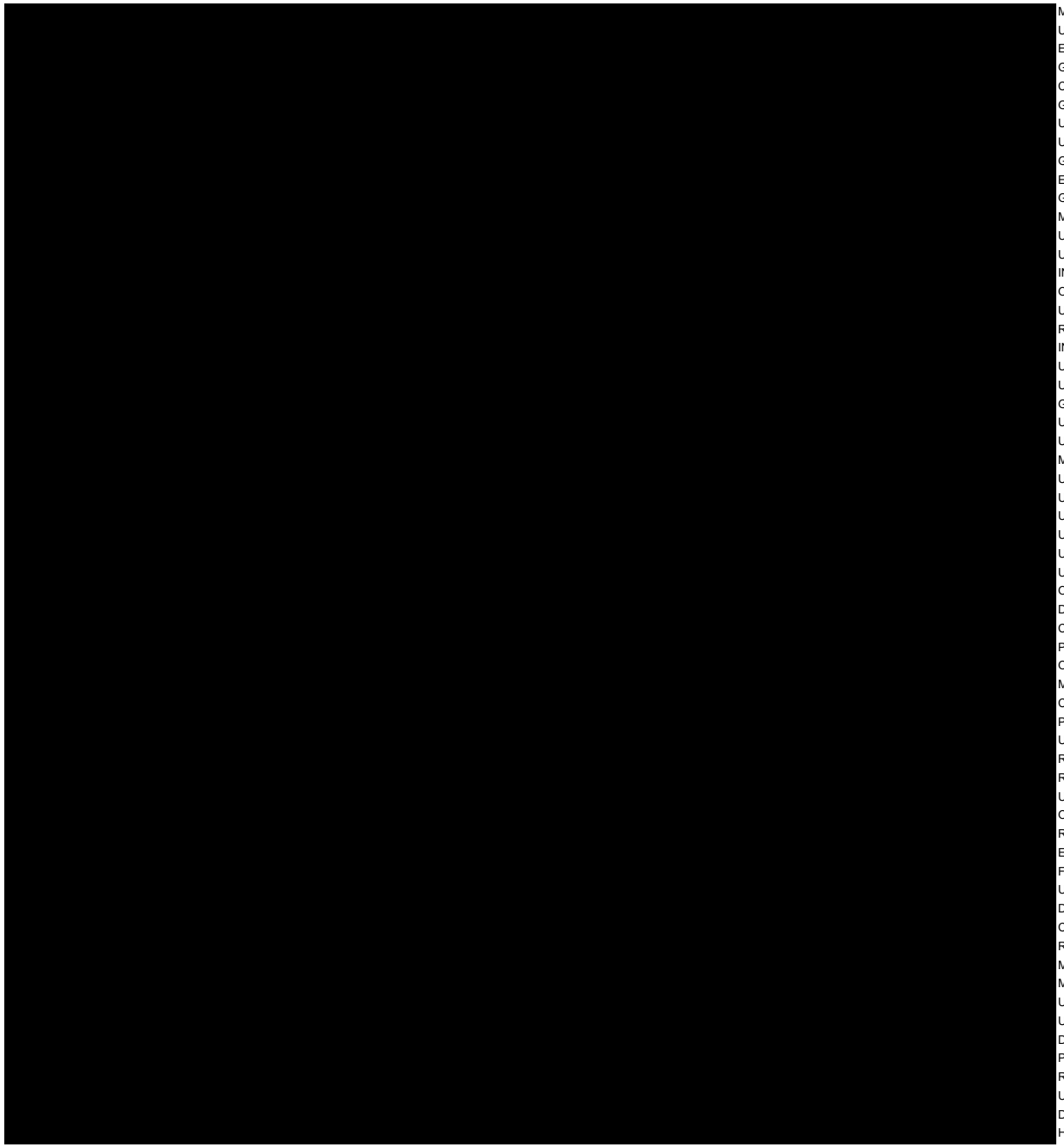
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
SURGERY GENE	Professional	Sharewell Retiree	YES	YES
CERTIFIED RN AI	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
PHARMACY	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
PEDIATRIC CARI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES



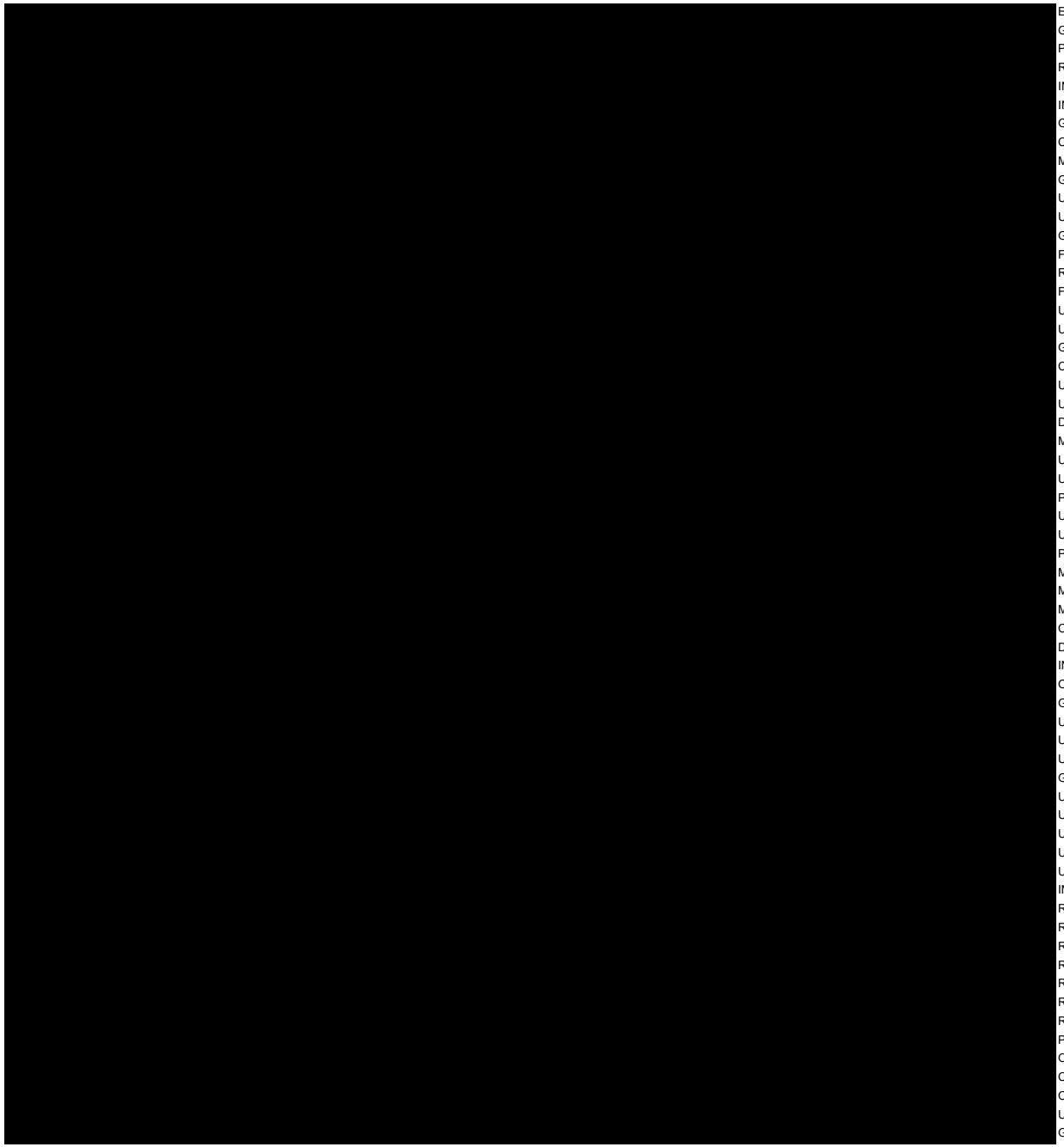
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
PHARMACY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
INDEPENDENT L	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
HOME HEALTH C	Professional	Sharewell Retiree	YES	YES
PHARMACY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PORTABLE X-RA	Professional	Sharewell Retiree	N/A	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
REGISTERED DIE	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES



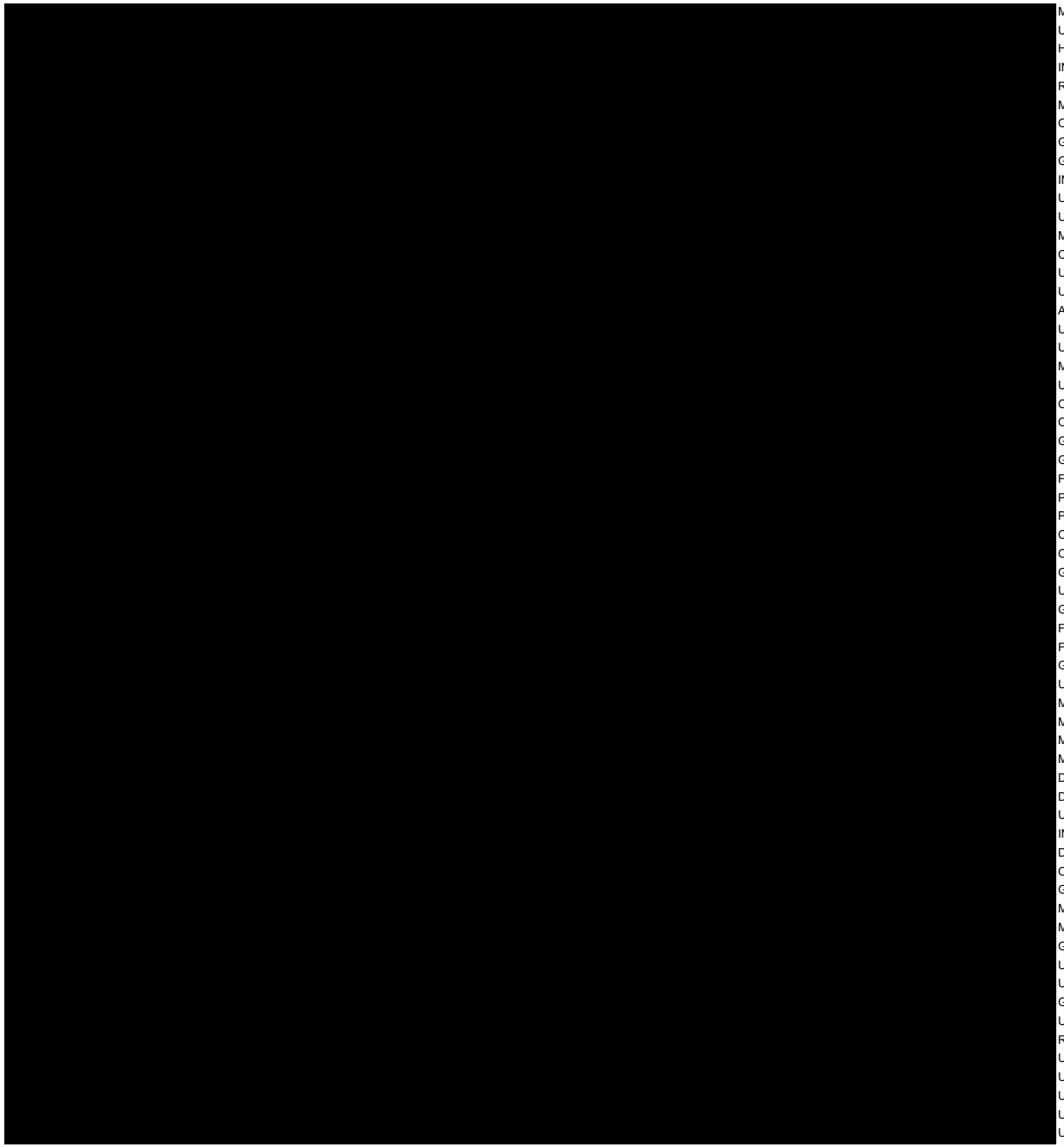
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLO(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SURGERY GENE	Professional	Sharewell Retiree	NO	NO
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
MEDICAL SUPPL1	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
MEDICAL SUPPL1	Professional	Sharewell Retiree	N/A	N/A
PHARMACY	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ALLERGY & IMM(	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MEDICAL SUPPL1	Professional	Sharewell Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES



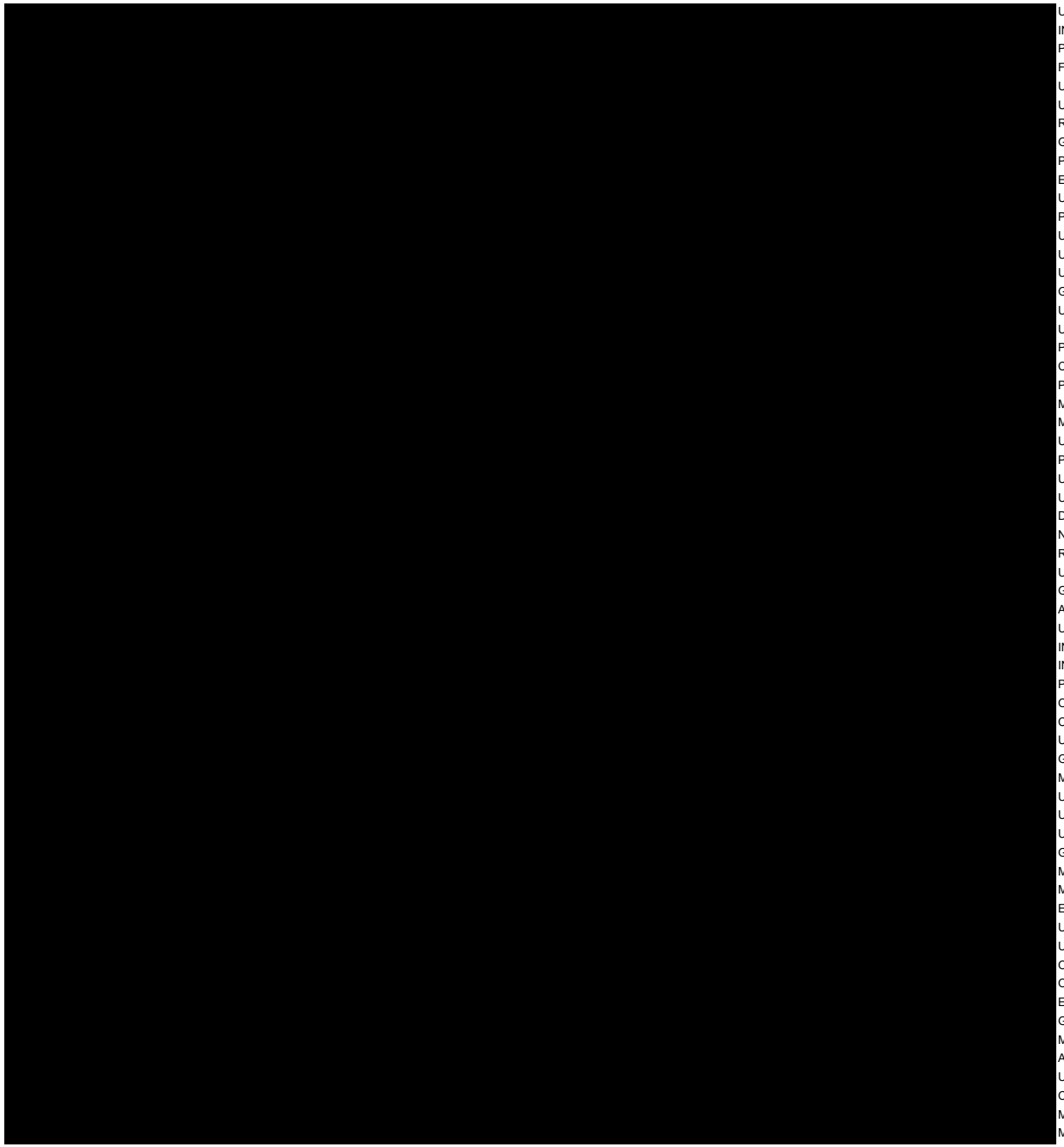
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
PULMONARY DIS	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
CERTIFIED RN AI	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
HEPATOLOGY	Professional	Sharewell Retiree	YES	NO



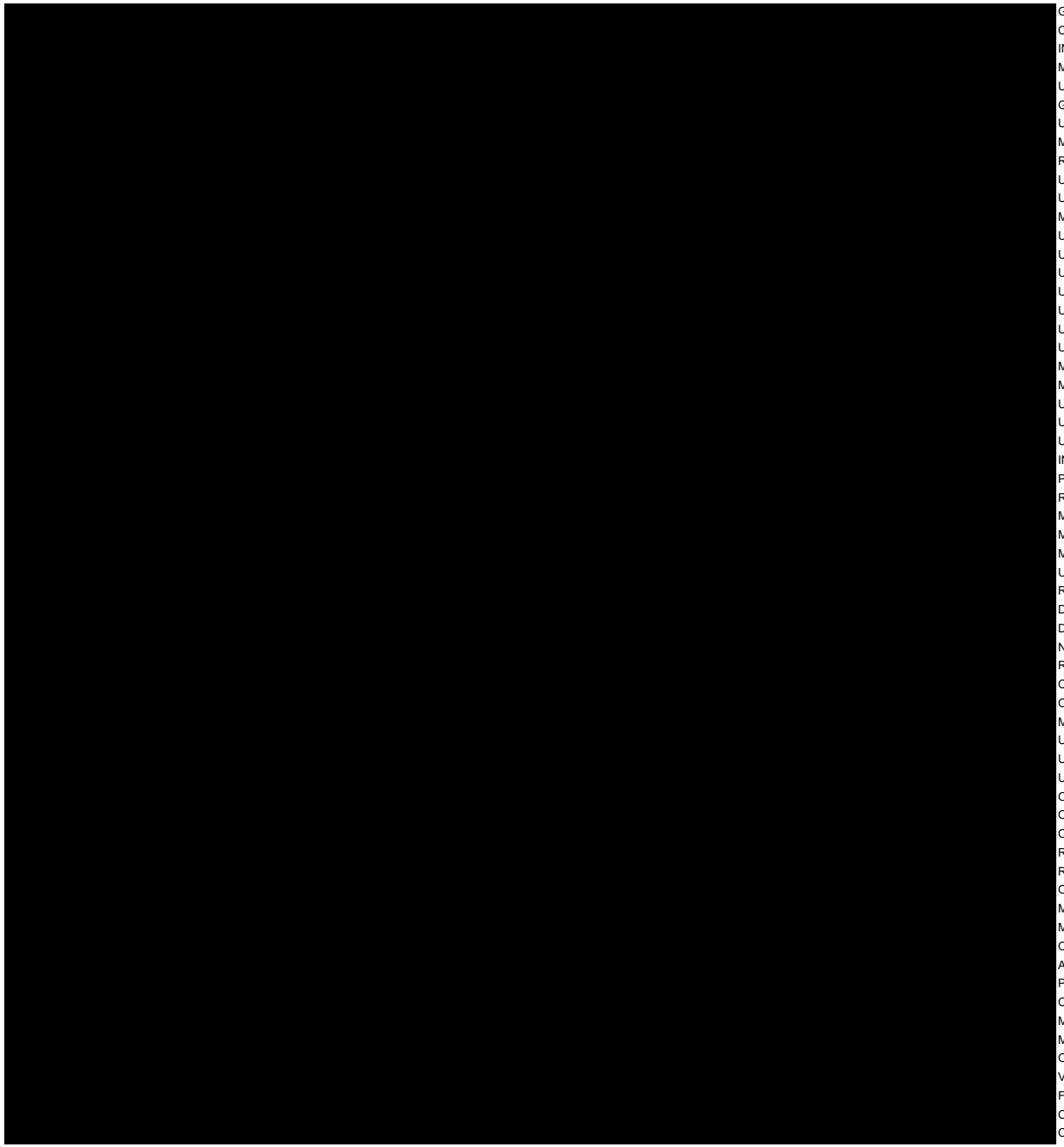
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PLASTIC SURGE	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
GYNECOLOGY	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A



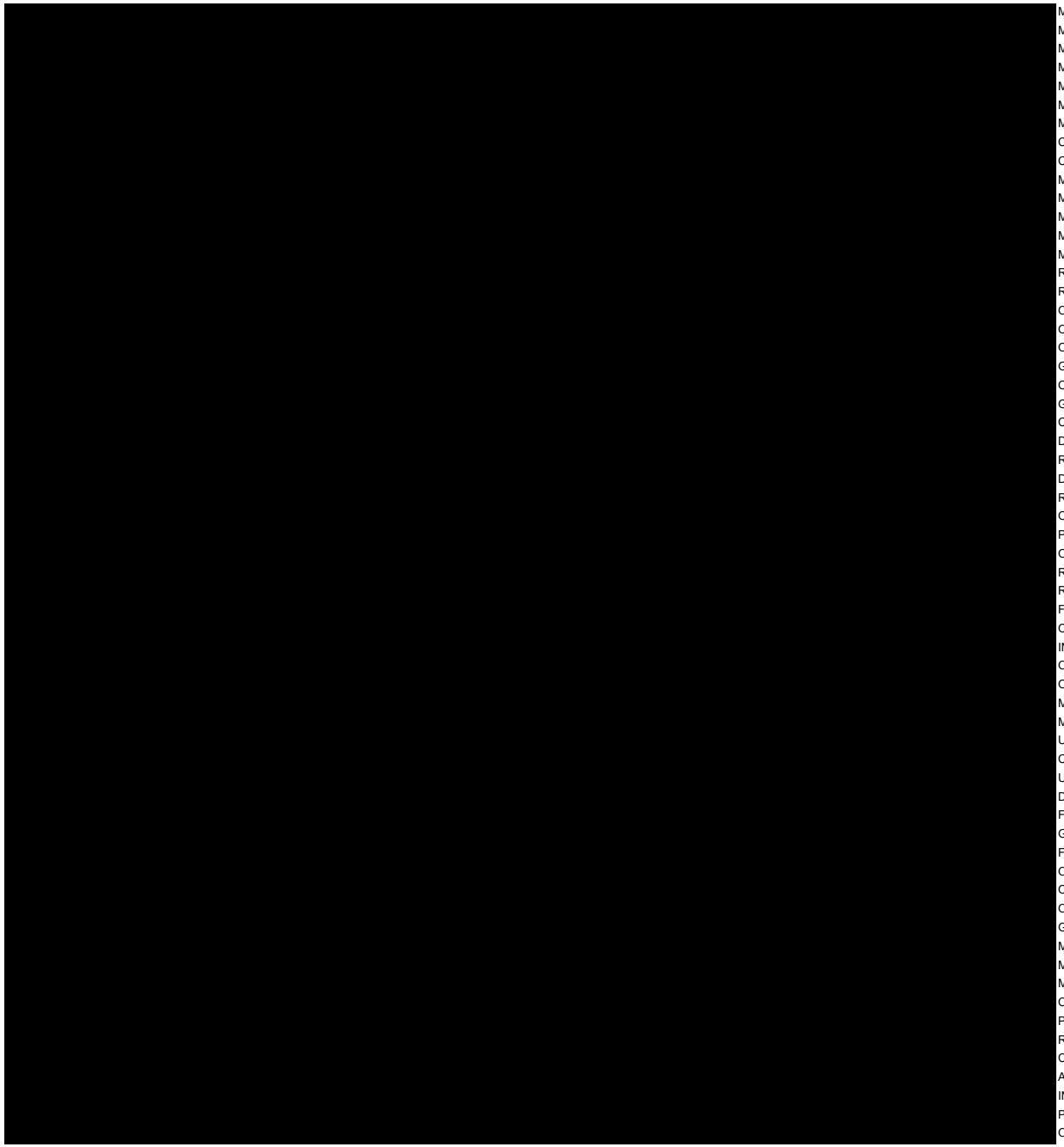
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
HEMATOLOGY A	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
PORTABLE X-RA	Professional	Sharewell Retiree	N/A	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



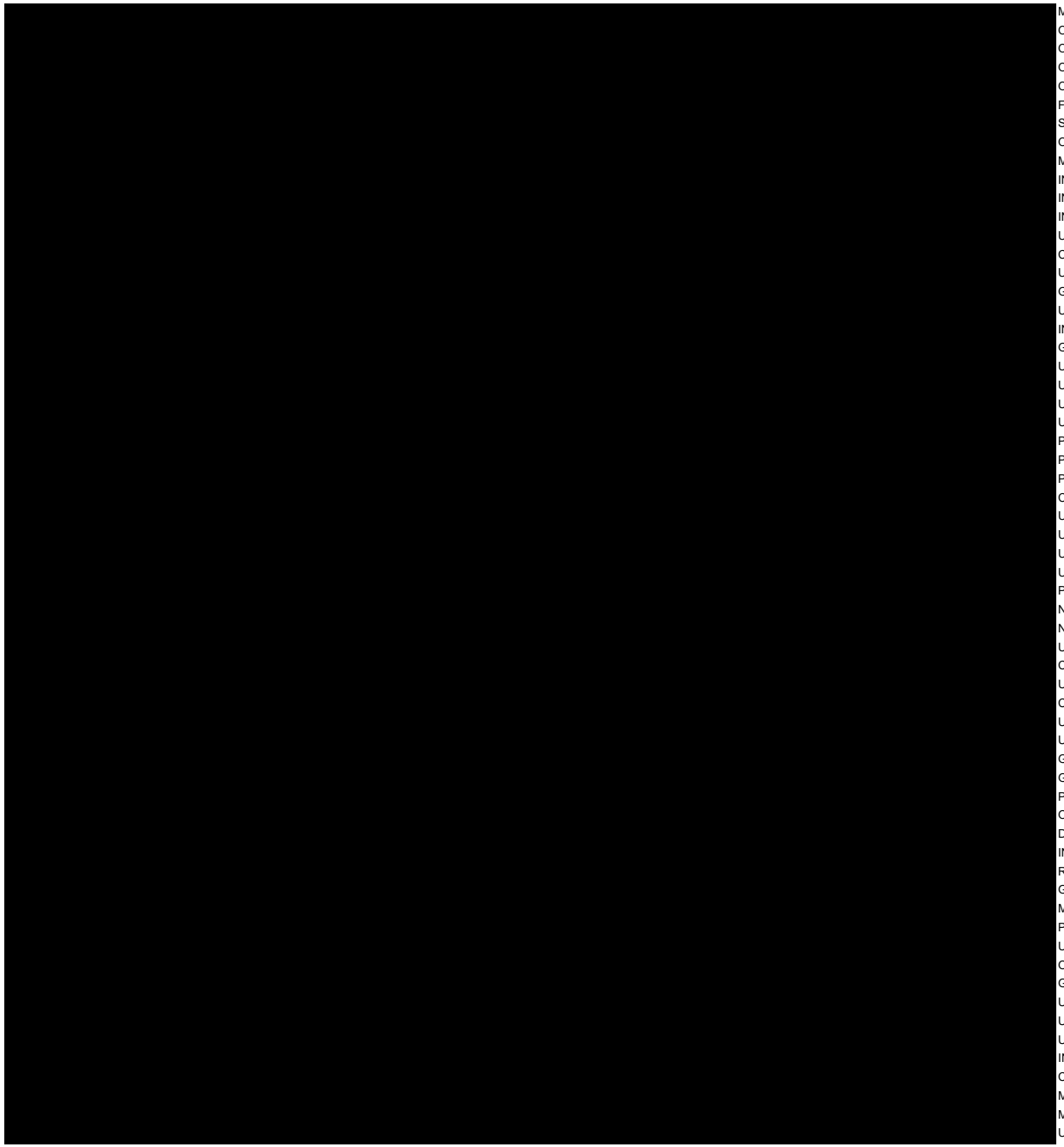
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
PODIATRIST	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ANESTHESIOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOG	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CERTIFIED RN AI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES



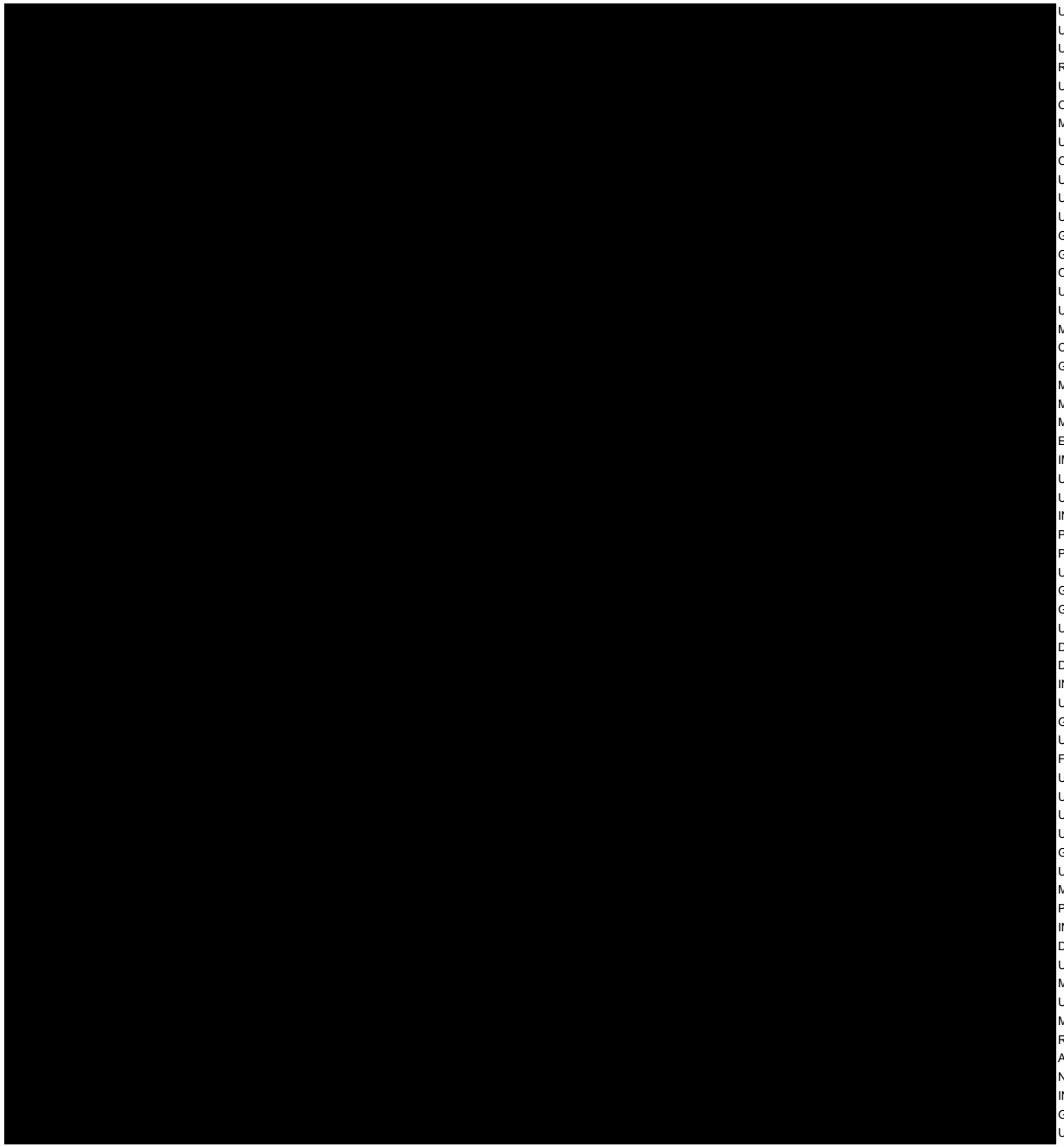
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	NO
UROLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOG\	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
NEUROLOGICAL	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
CERTIFIED ORTH	Professional	Sharewell Retiree	N/A	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
OCCUPATIONAL	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
VA CLINIC	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
CARDIOLOGY	Professional	Sharewell Retiree	YES	NO
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO



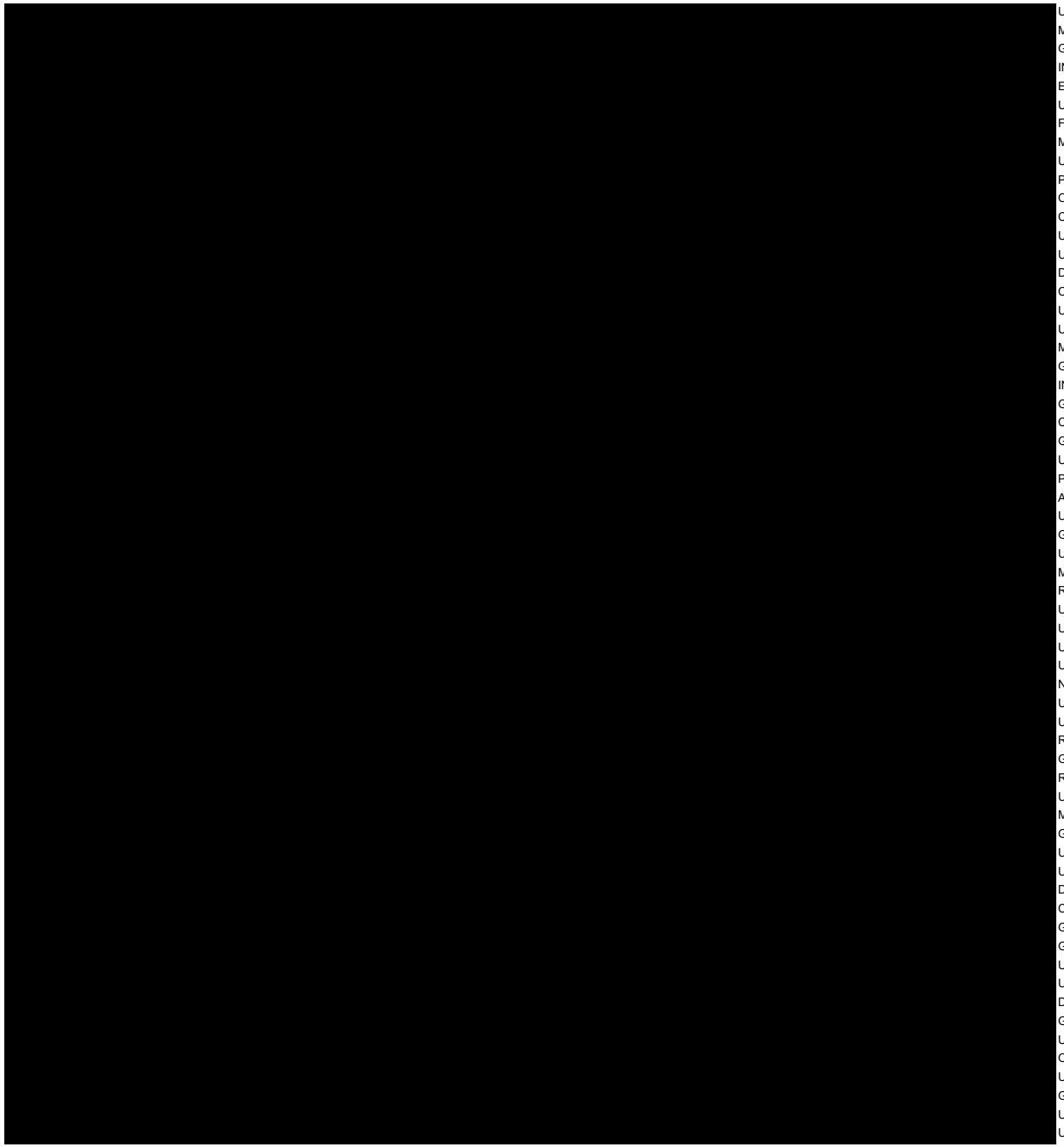
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
RHEUMATOLOG\	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	NO	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	NO
CERTIFIED ORTH	Professional	Sharewell Retiree	N/A	N/A
UROLOGY	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
GYNECOLOGY	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	NO	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	NO	NO
OPHTHALMOLOC	Professional	Sharewell Retiree	NO	NO



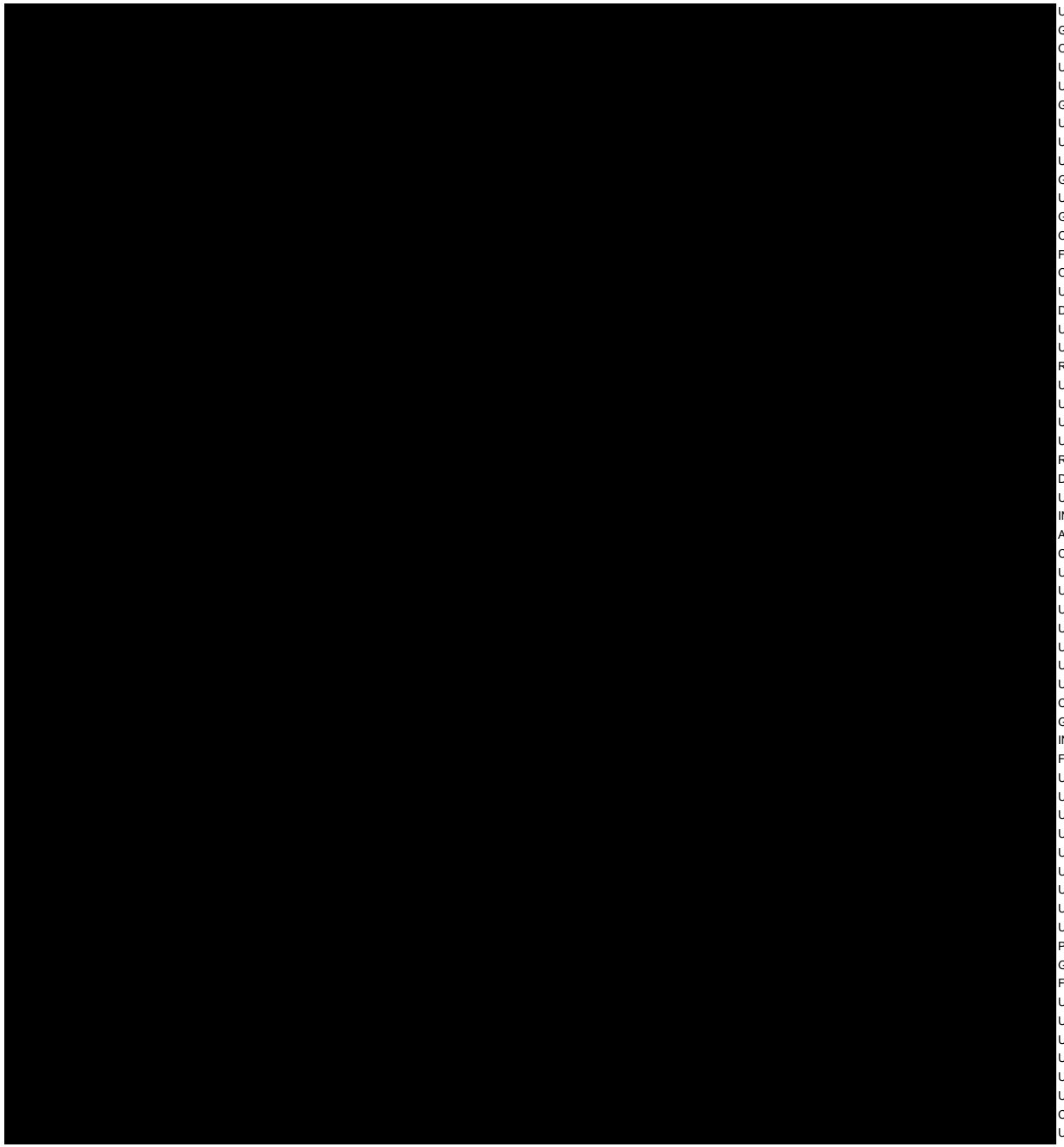
MRI CENTER	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	NO	NO
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
SLEEP STUDY CE	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PHARMACY	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOLO	Professional	Sharewell Retiree	NO	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
RADIATION ONC	Professional	Sharewell Retiree	YES	NO
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PSYCHIATRY	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
CARDIOLOGY	Professional	Sharewell Retiree	NO	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



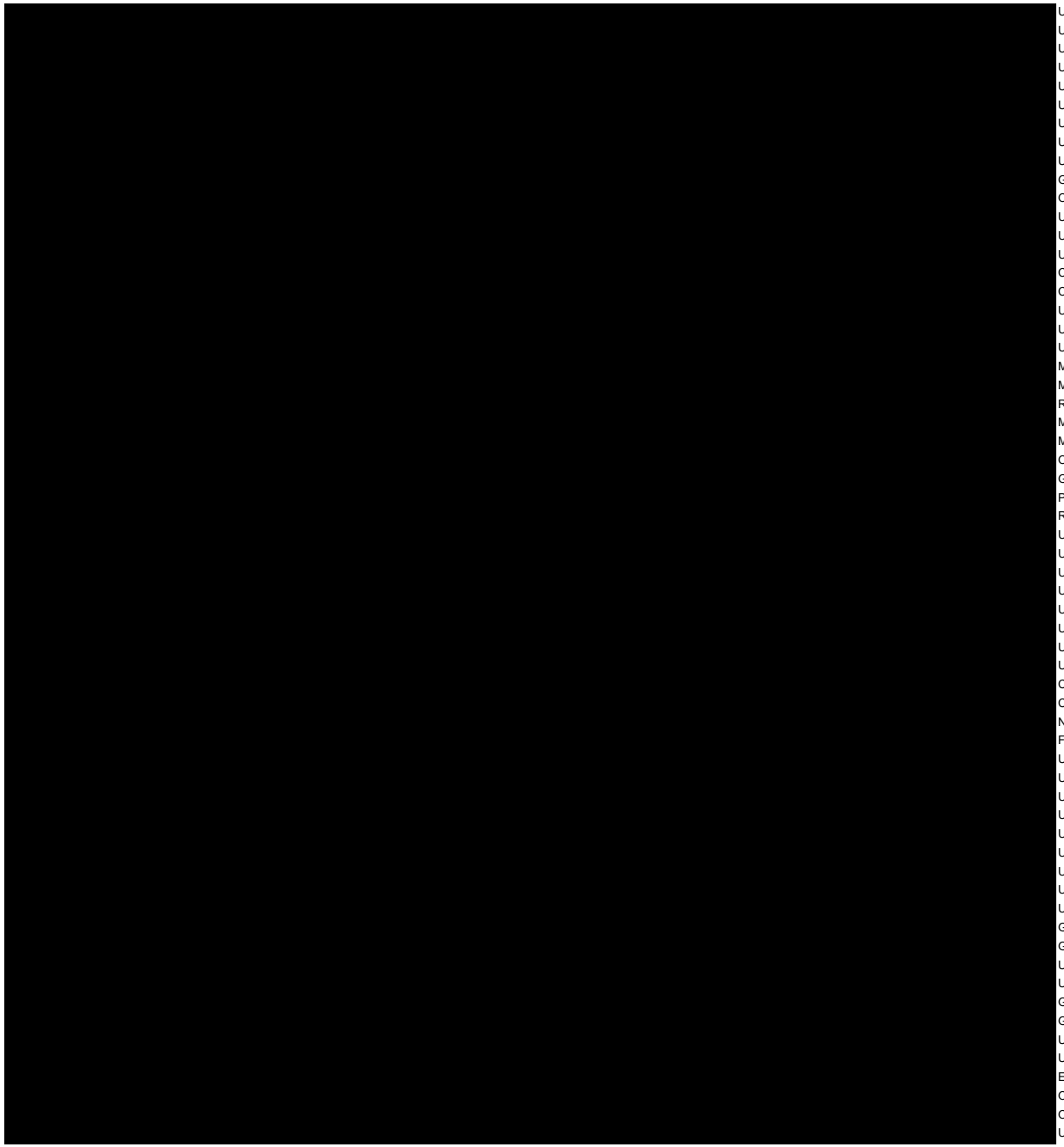
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RESEARCH PSY(	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLO(	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
PLASTIC SURGE	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MARRIAGE FAMI	Professional	Sharewell Retiree	NO	NO
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
ALLERGY & IMM(	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDI(	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INDEPENDENT L	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	NO
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UROLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
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UNDEFINED	Professional	Sharewell Retiree	YES	N/A
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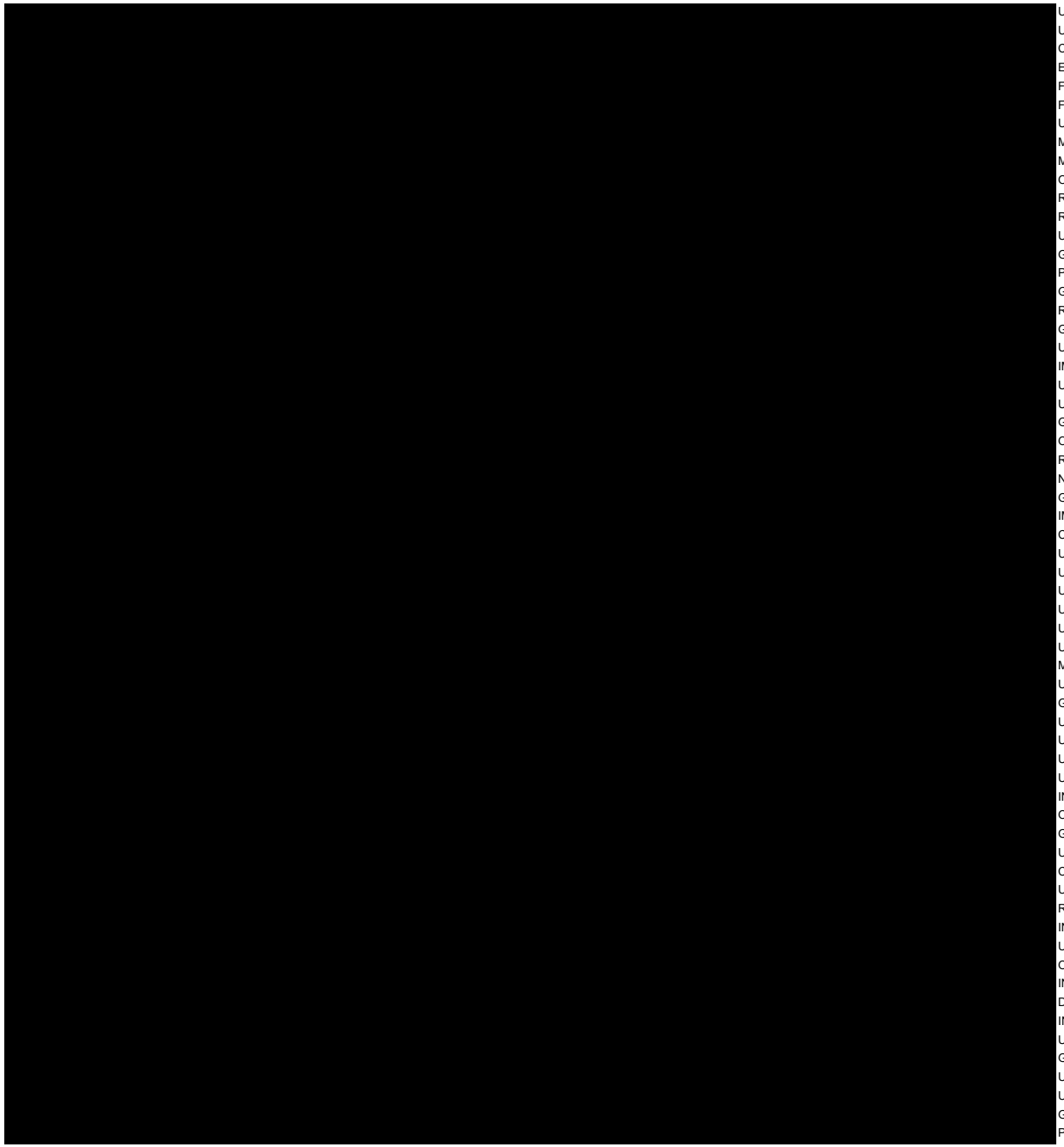
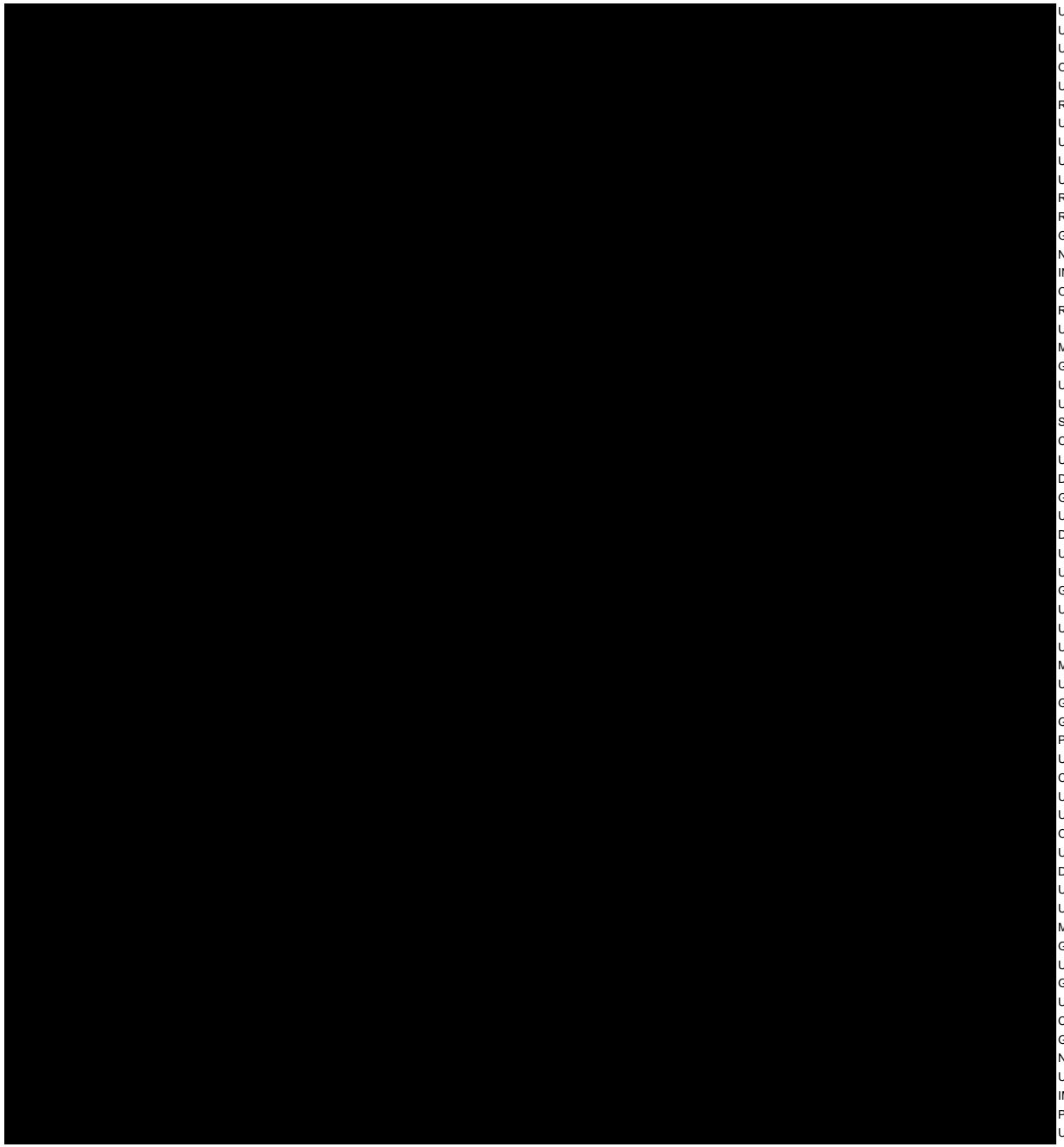
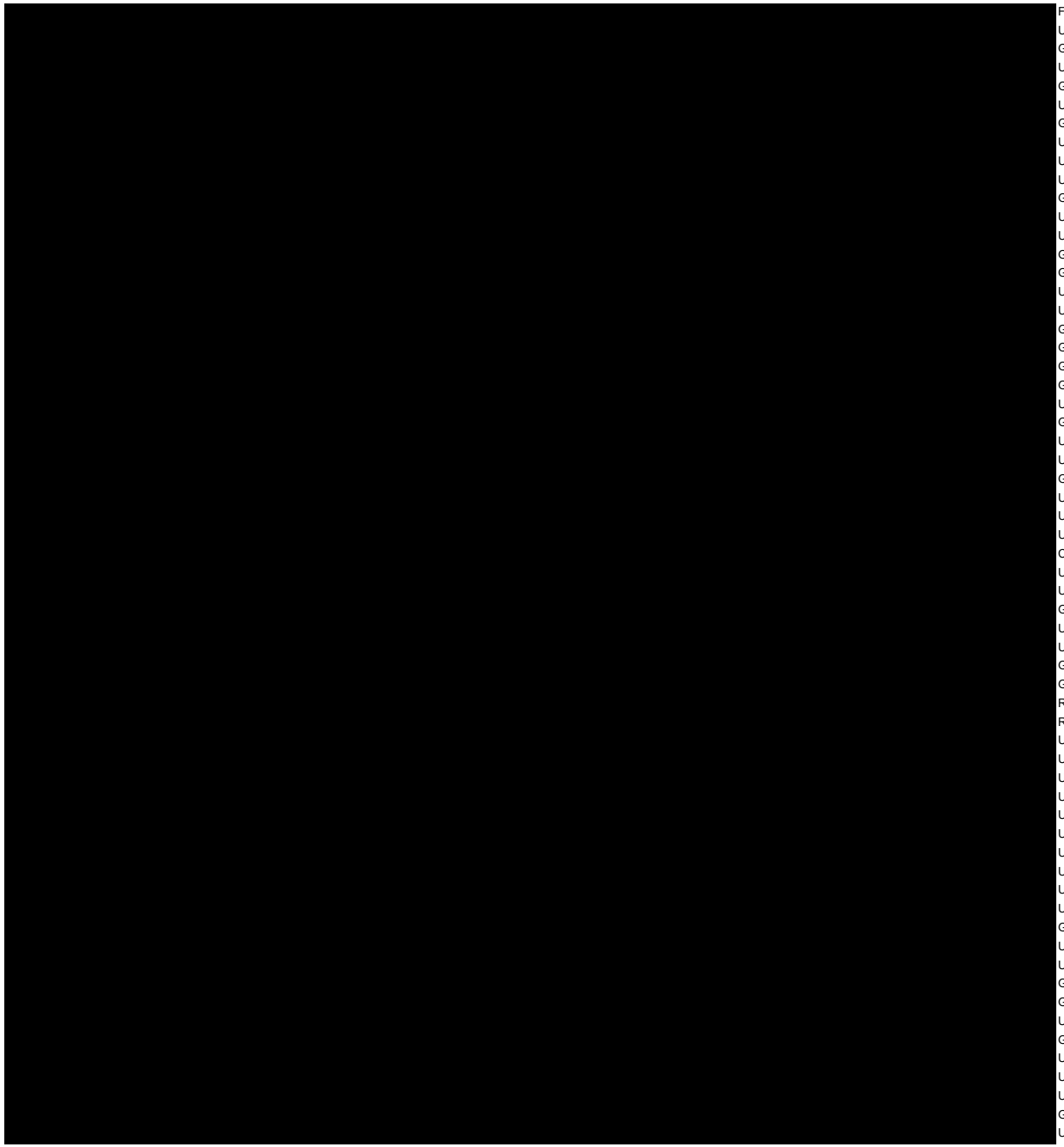
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	YES
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
RHEUMATOLOG\	Professional	Sharewell Retiree	YES	NO
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
PSYCHIATRY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
RADIATION ONC(	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL DENTI	Professional	Sharewell Retiree	N/A	N/A
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
O.B. - GYNECOL(	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	N/A
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	NO	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC1	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES



UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
NEUROLOGY	Professional	Sharewell Retiree	YES	NO
INTERNAL MEDI	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
SLEEP STUDY CI	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MEDICAL SUPPL	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
GASTROENTERC	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	NO	NO
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRAC	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	NO	N/A
NONCLASSIFIED	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
PAIN MGMT ANE	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
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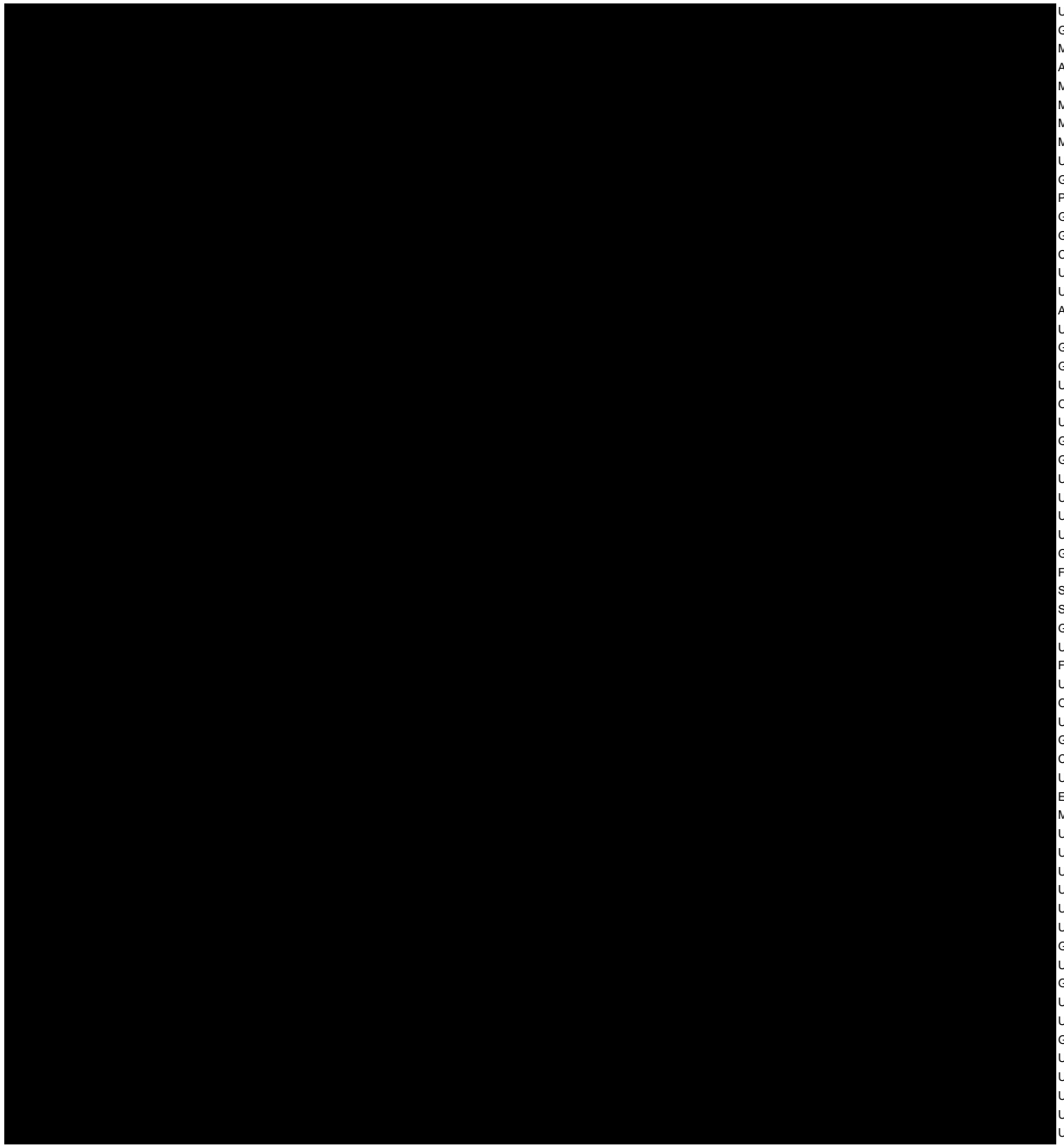
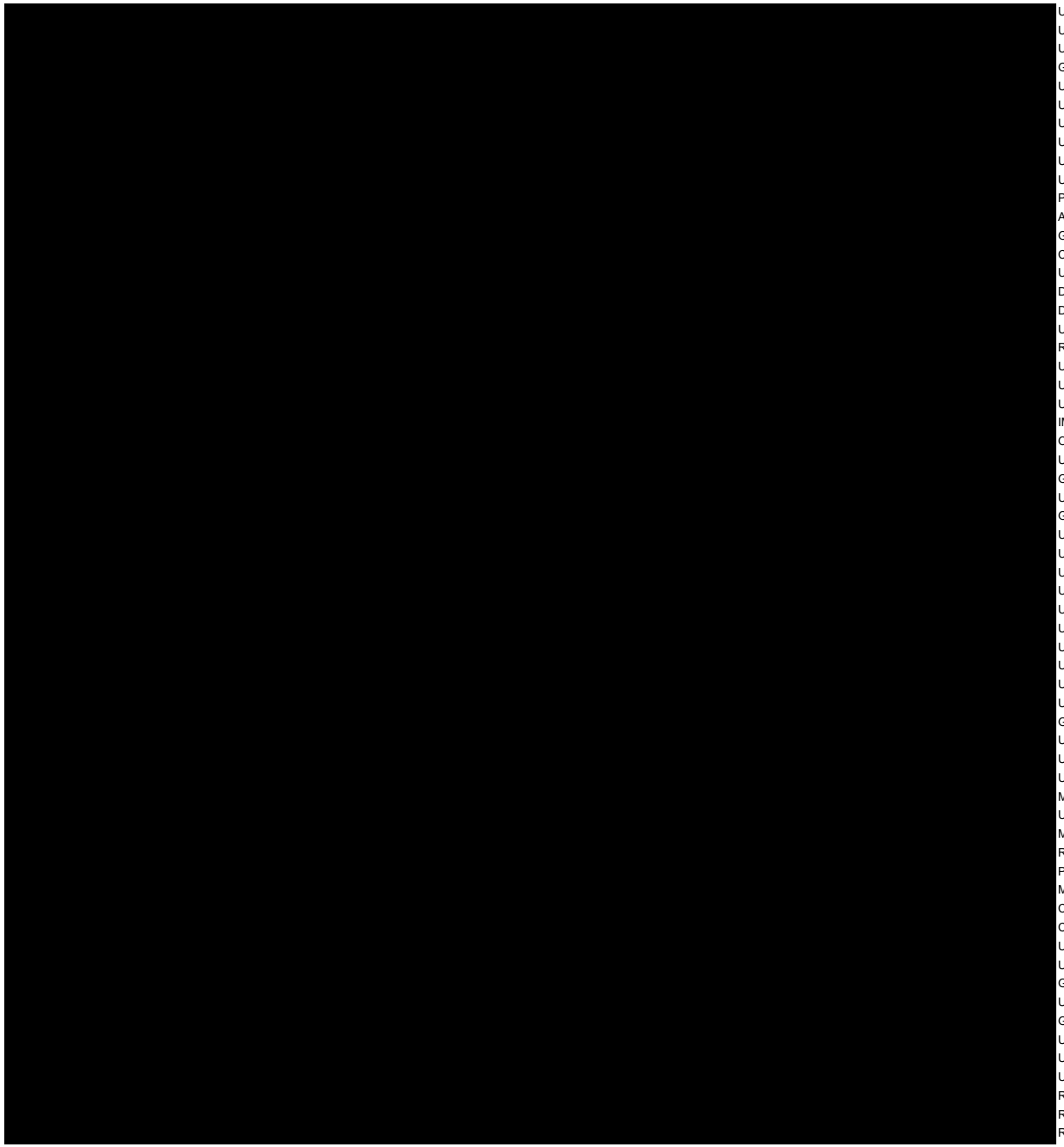
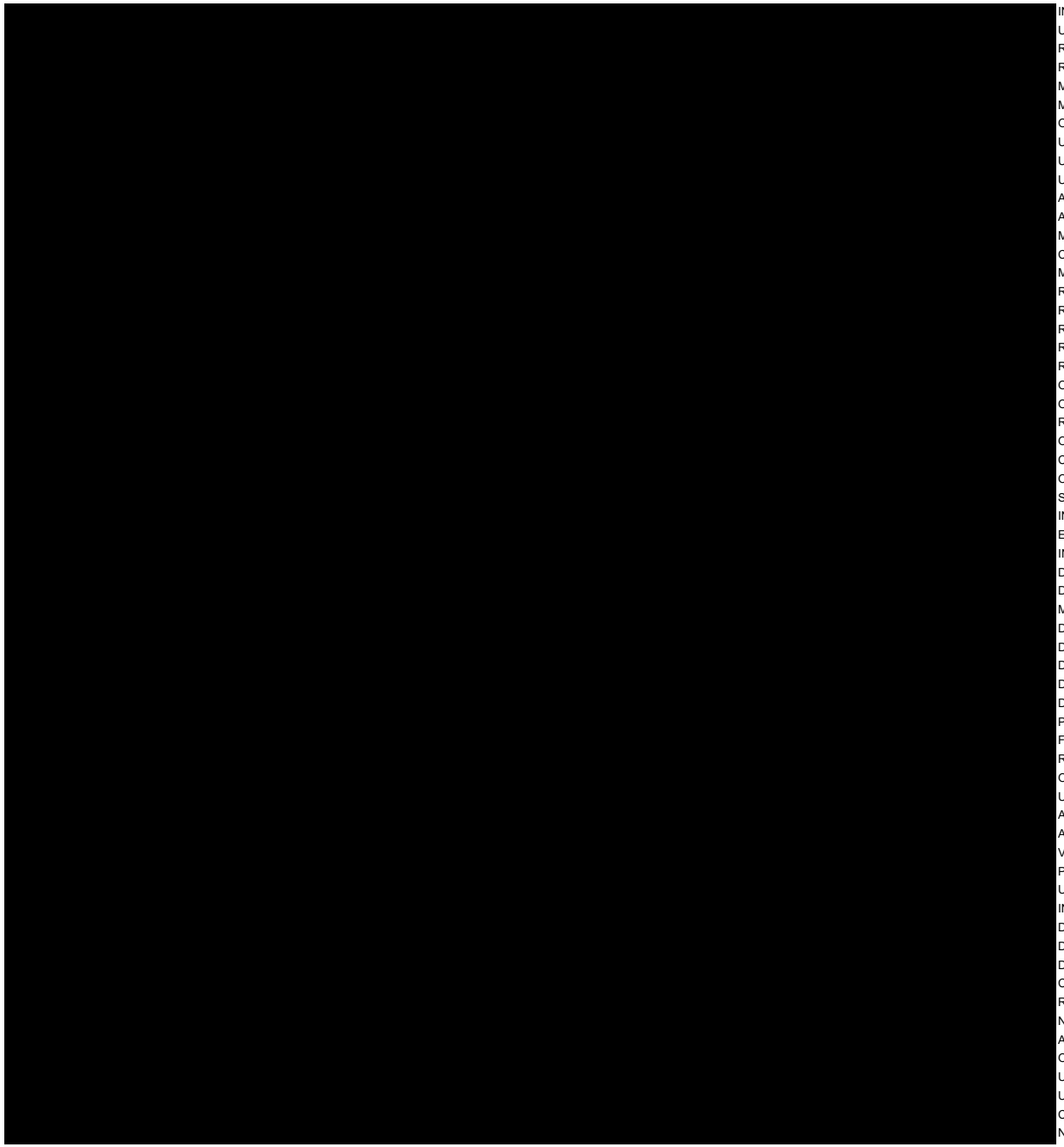
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



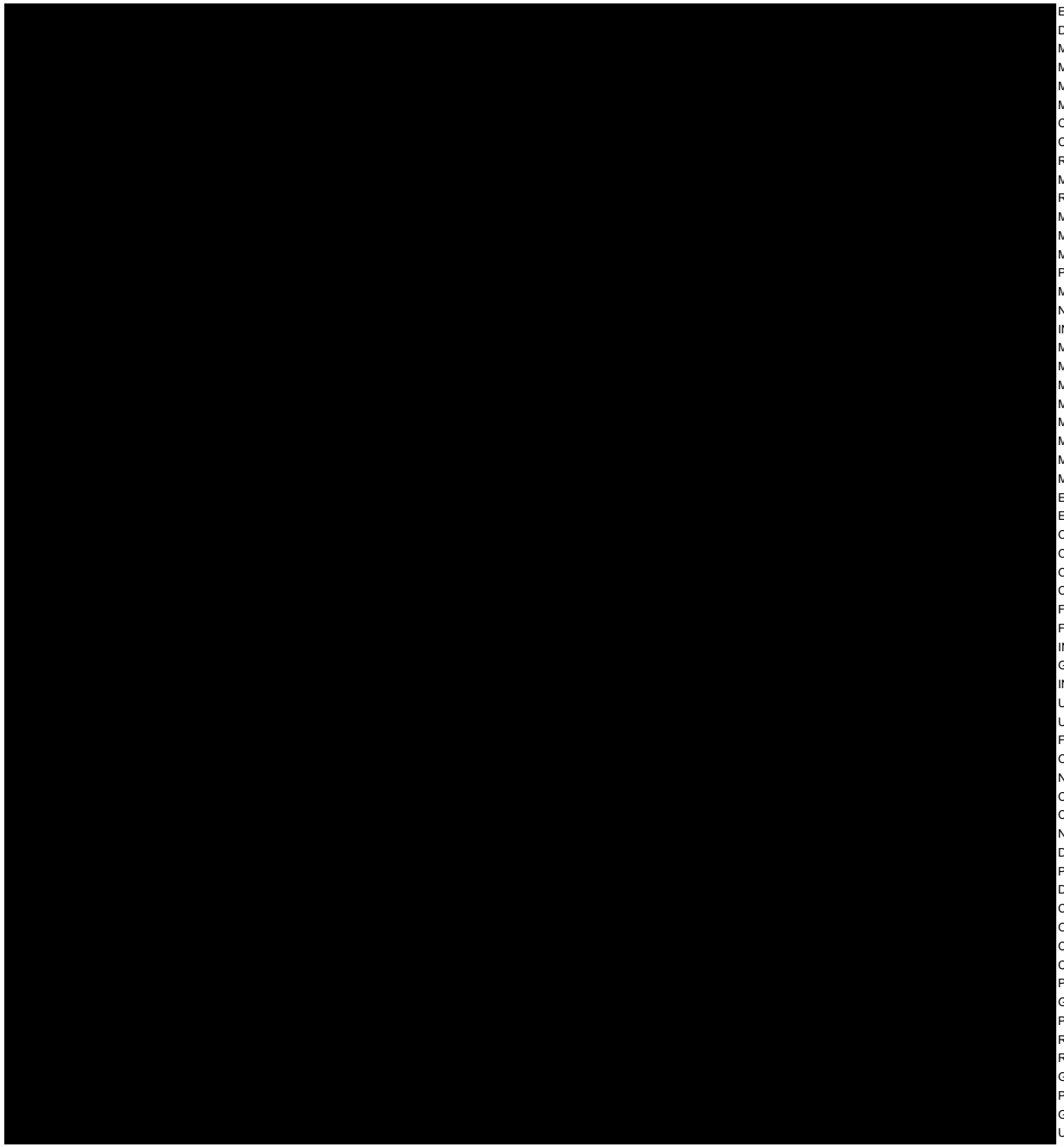
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
AUDIOLOGIST	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	NO
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	NO
GENERAL PRACT	Professional	Sharewell Retiree	NO	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
SPEECH PATHOL	Professional	Sharewell Retiree	YES	YES
SPEECH PATHOL	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
UROLOGY	Professional	Sharewell Retiree	YES	YES
OPTOMETRIST	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CARDIOVASCUL/	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



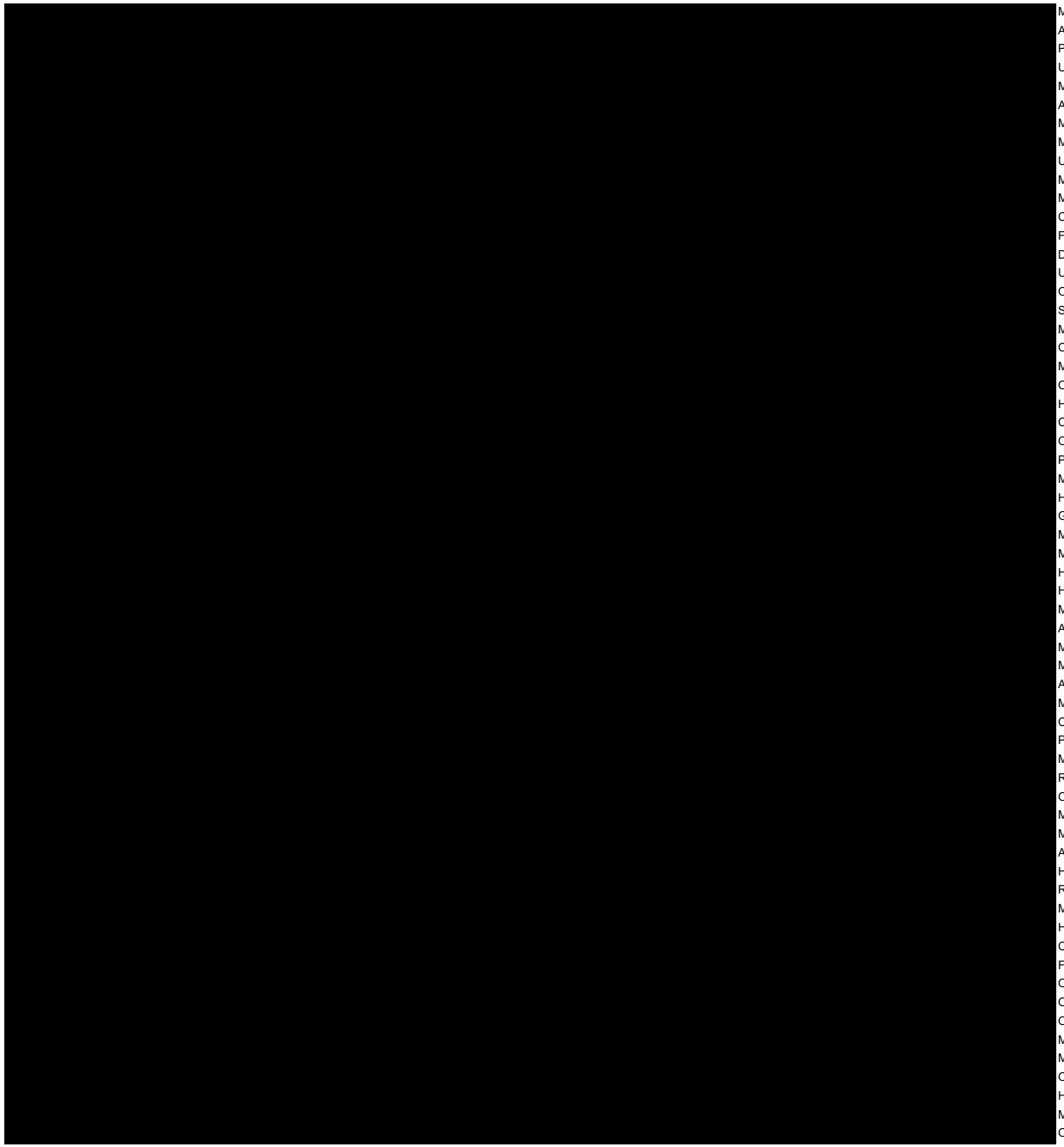
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
PODIATRIST	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLO	Professional	Sharewell Retiree	YES	YES
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
IMAGING CENTE	Professional	Sharewell Retiree	YES	YES
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
REGISTERED DIE	Professional	Sharewell Retiree	YES	N/A
PATHOLOGY, AN	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB ME	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
GENERAL PRACT	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	NO	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES



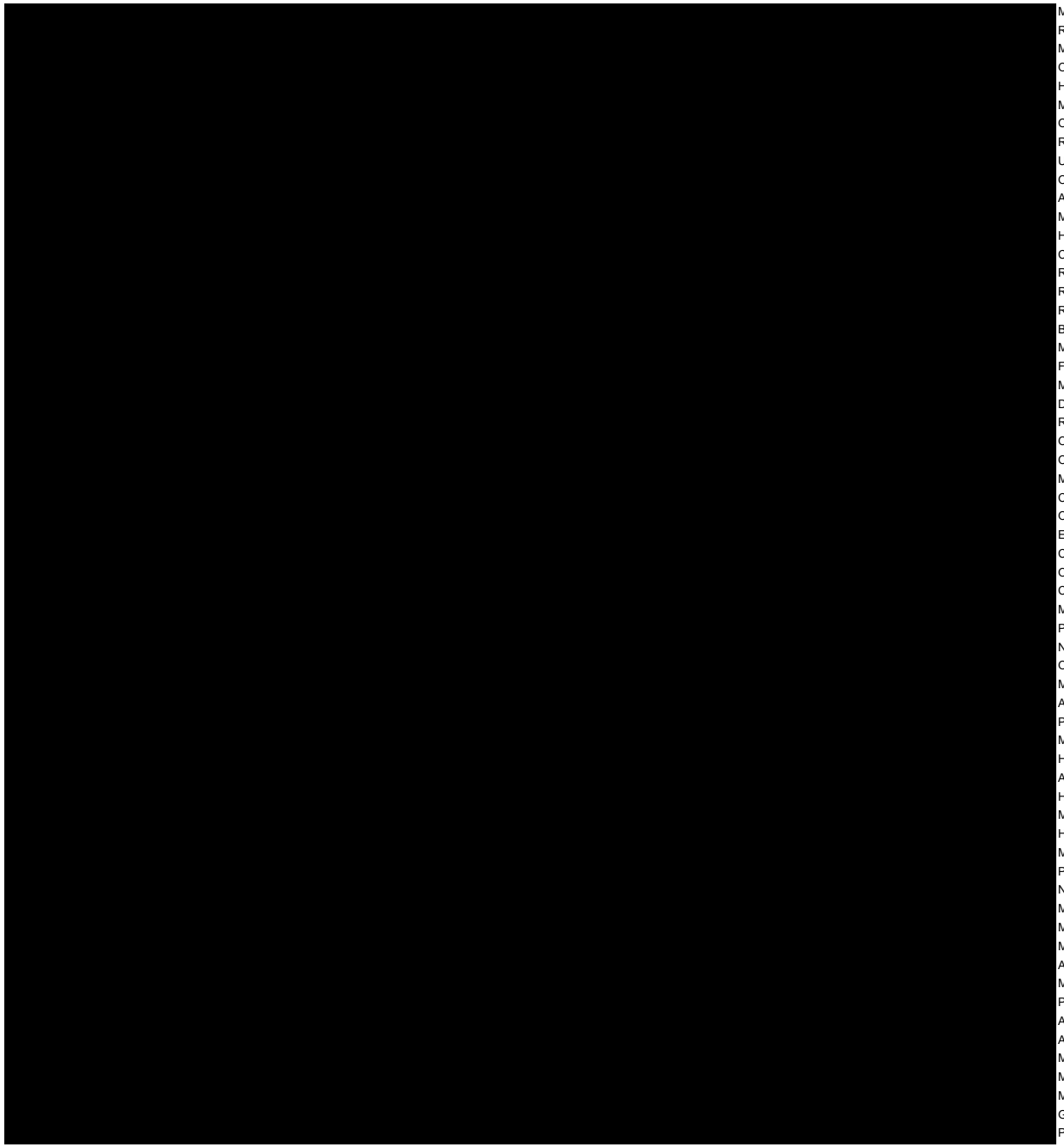
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
AMBULANCE, AD	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	NO
ORTHOPEDIC SU	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
OTOLARYNGOLC	Professional	Sharewell Retiree	YES	YES
SURGERY, THOR	Professional	Sharewell Retiree	NO	NO
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
EMERGENCY ME	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	NO	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
PODIATRIST	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
UROLOGY	Professional	Sharewell Retiree	YES	YES
ALLERGY & IMM	Professional	Sharewell Retiree	YES	YES
ALLERGY & IMM	Professional	Sharewell Retiree	YES	YES
VA CLINIC	Professional	Sharewell Retiree	YES	YES
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
ANESTHESIOLOC	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES



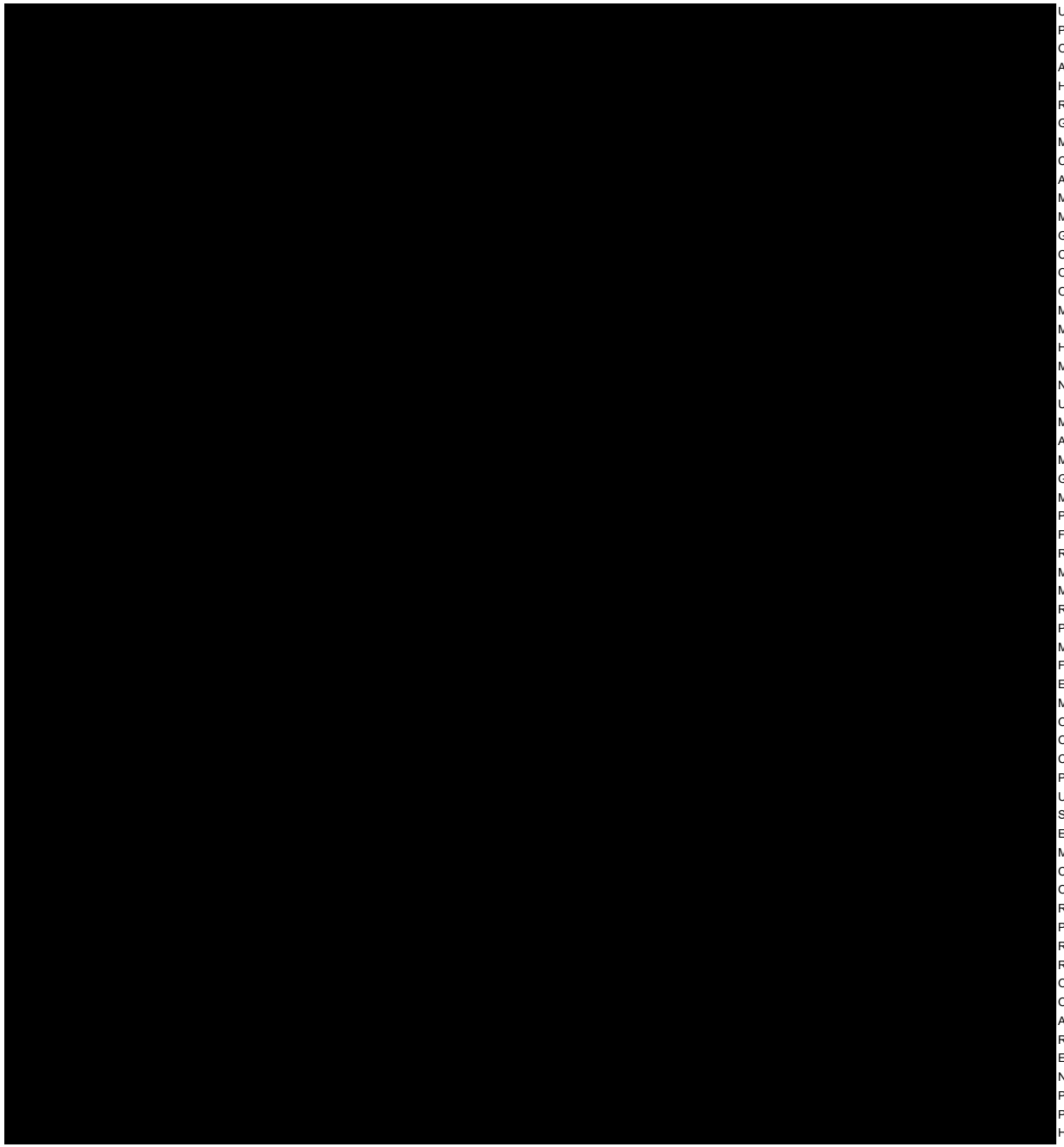
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
CERTIFIED PROS	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
PHARMACY	Professional	Sharewell Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
NUCLEAR MEDIC	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	NO
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	YES
ENDOCRINOLOG	Professional	Sharewell Retiree	YES	YES
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	NO
O.B. - GYNECOL	Professional	Sharewell Retiree	YES	NO
OPTOMETRIST	Professional	Sharewell Retiree	YES	YES
CLINICAL LAB MI	Professional	Sharewell Retiree	NO	NO
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	YES
INFECTIOUS DIS	Professional	Sharewell Retiree	YES	YES
GENERAL SURGI	Professional	Sharewell Retiree	YES	YES
INTERNAL MEDIC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	N/A	N/A
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
OPHTHALMOLOG	Professional	Sharewell Retiree	YES	YES
NEUROLOGICAL	Professional	Sharewell Retiree	YES	NO
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
CHIROPRACTOR	Professional	Sharewell Retiree	YES	YES
NEUROLOGY	Professional	Sharewell Retiree	YES	YES
DERMATOLOGY	Professional	Sharewell Retiree	YES	NO
PLASTIC SURGE	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
O.B. - GYNECOL	Professional	Sharewell Retiree	YES	YES
CERTIFIED ACUF	Professional	Sharewell Retiree	YES	YES
CHIROPRACTOR	Professional	Sharewell Retiree	NO	NO
PEDIATRICS	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	NO	NO
RADIOLOGY, DIA	Professional	Sharewell Retiree	YES	YES
REGISTERED PH	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Sharewell Retiree	YES	YES
GENERAL PRAC	Professional	Sharewell Retiree	YES	N/A
UNDEFINED	Professional	Sharewell Retiree	YES	N/A



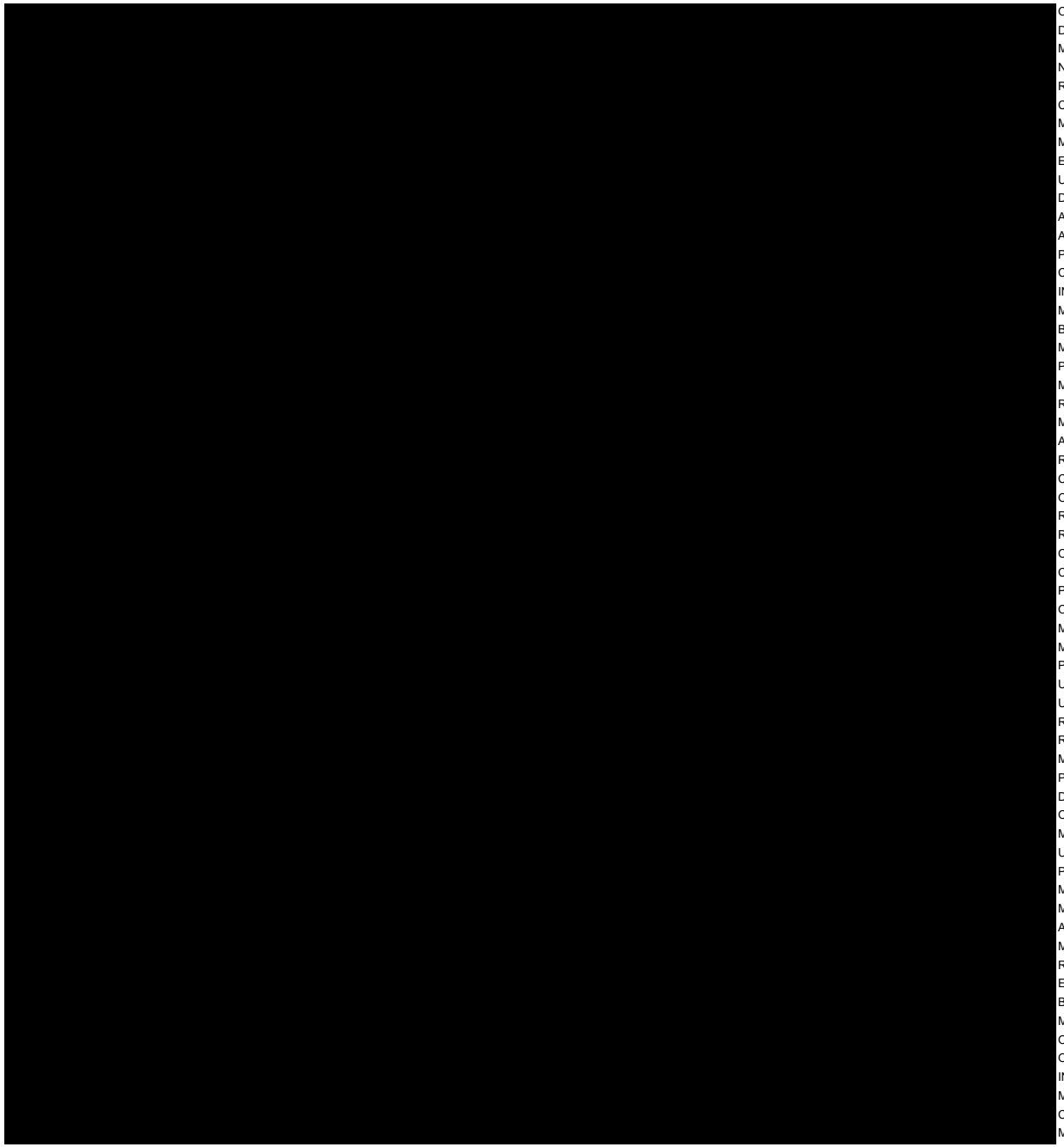
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES - Hospital Based	YES - Hospital Based
PHYSICAL MEDIC	Professional	Sharewell Retiree	NO	NO
UNDEFINED	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
AMBULANCE, BA	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
CERTIFIED ORTH	Professional	Sharewell Retiree	YES	YES
FAMILY PRACTIC	Professional	Sharewell Retiree	YES	NO
DERMATOLOGY	Professional	Sharewell Retiree	YES	YES
UNDEFINED	Professional	Sharewell Retiree	YES	N/A
OPHTHALMOLOC	Professional	Sharewell Retiree	YES	YES
SURGICAL ONCC	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Sharewell Retiree	YES	YES
OUTPATIENT CLI	Professional	Sharewell Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MEDICAL ONCOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
HOME INFUSION	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES



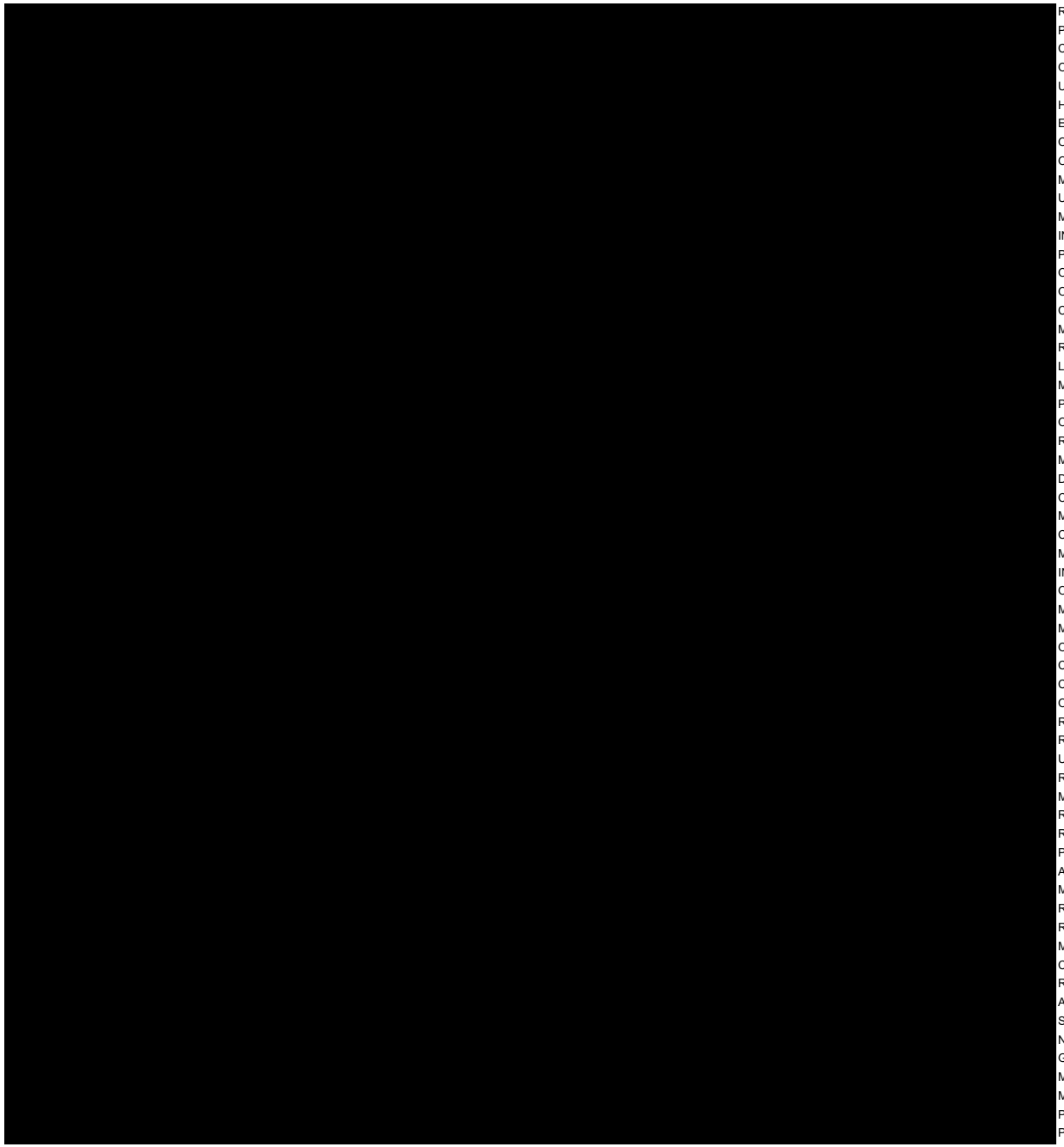
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MISCELLANEOUS	Professional	Wellwise Active	N/A	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
BCBA-DOCTORA	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OTOLARYNGOL(	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
HOME INFUSION	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI(	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES



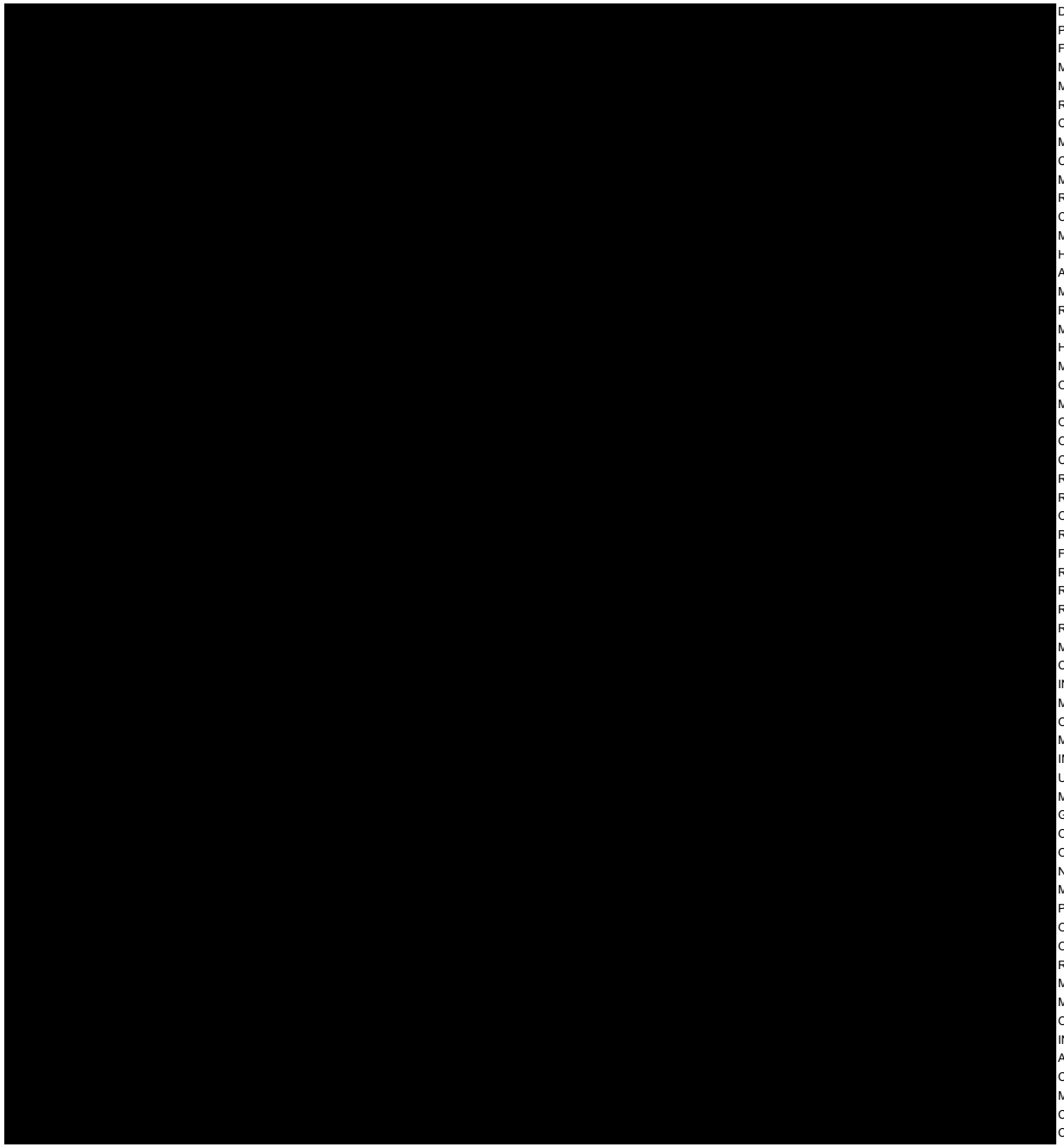
UNDEFINED	Professional	Wellwise Active	N/A	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MEDICAL ONCOL	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
OUTPATIENT ME	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
UROLOGY	Professional	Wellwise Active	YES	NO
SURGERY, HEAD	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	NO
RESEARCH PSY	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
HEMATOLOGY A	Professional	Wellwise Active	YES	YES



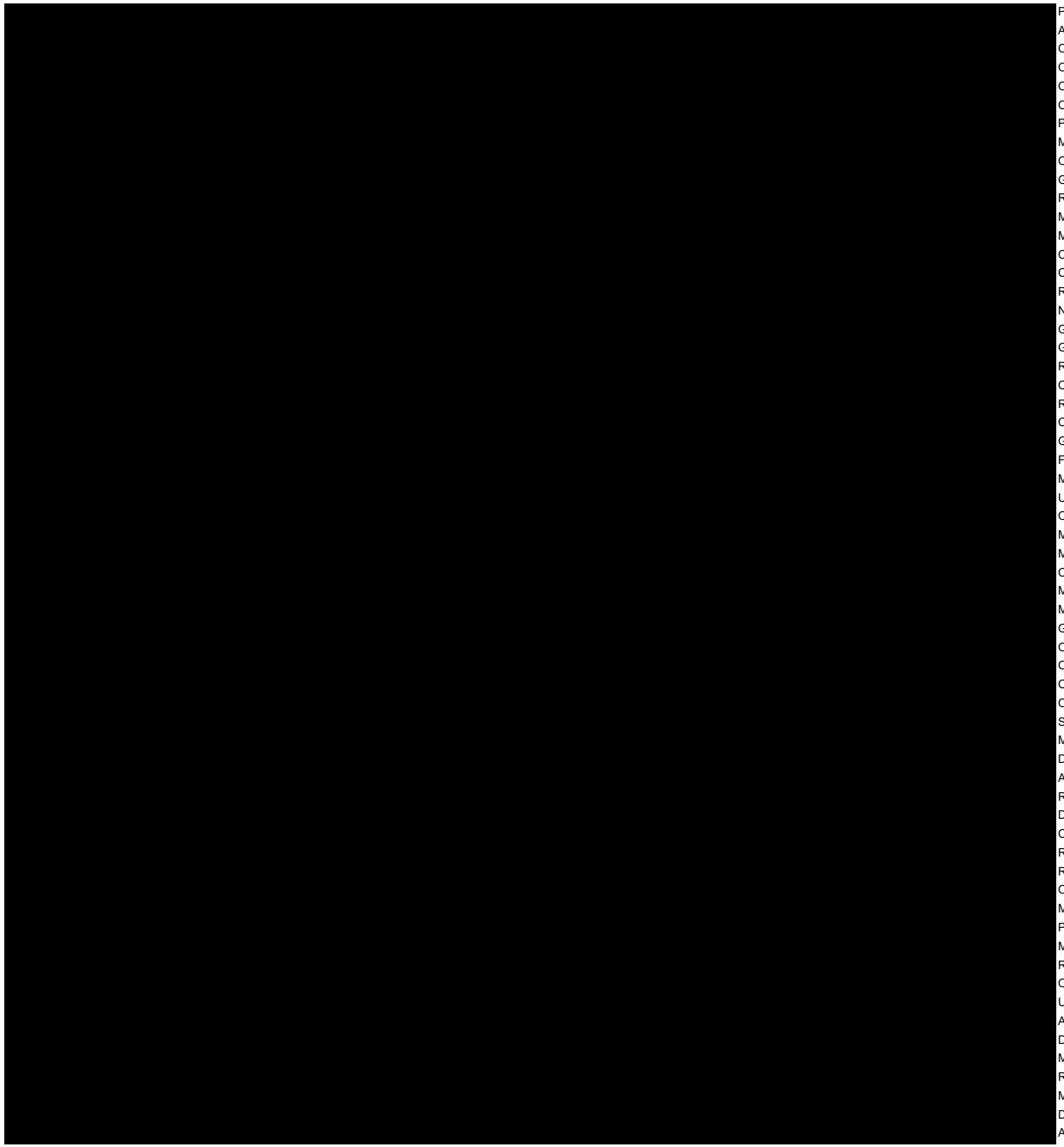
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PSYCHIATRY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
BCBA-MASTERS	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
BCBA-DOCTORA	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
INDEPENDENT L	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



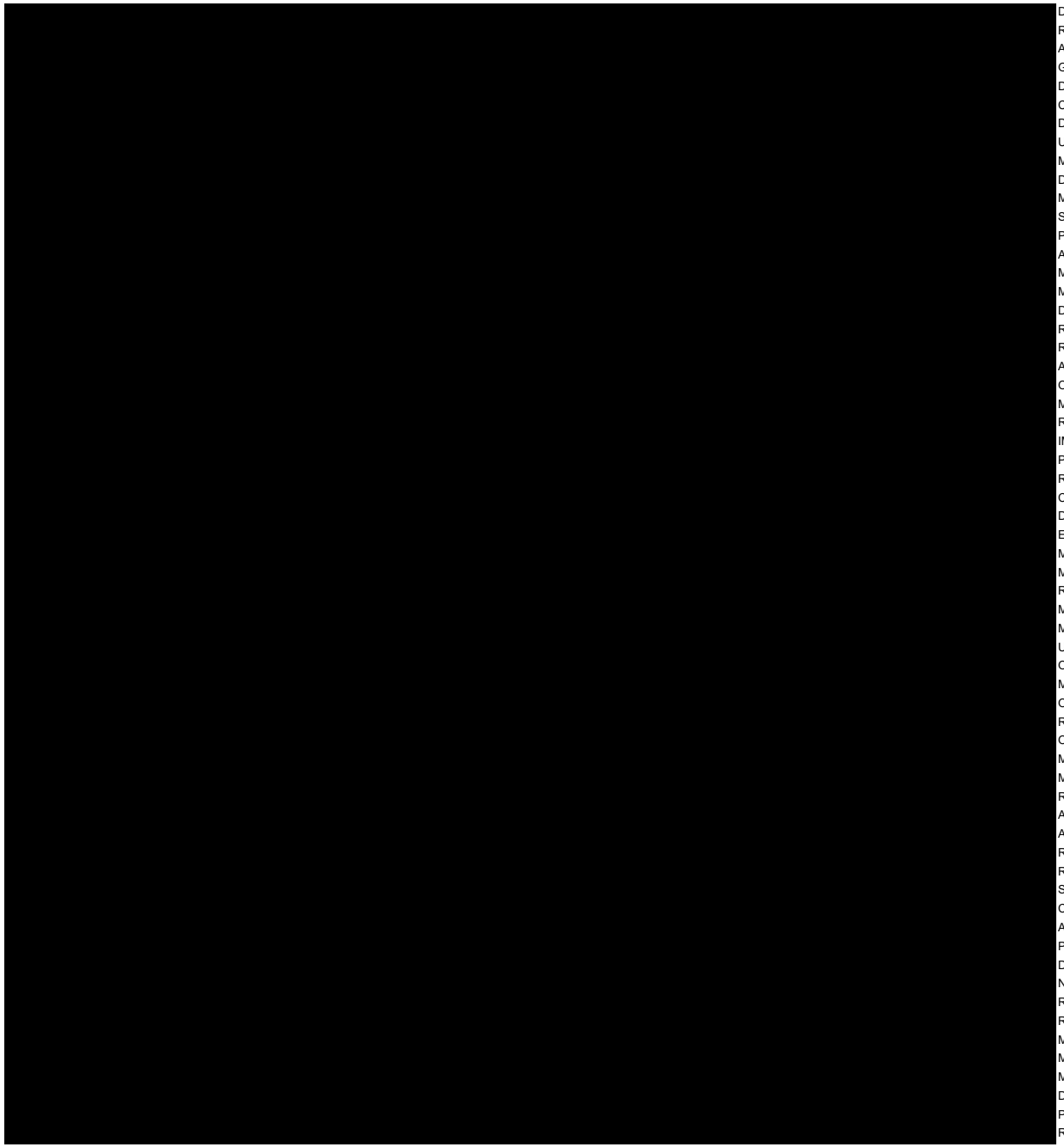
REGISTERED PH	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
HOME HEALTH C	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	N/A	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
ALLERGY & IMM(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
SPEECH PATHOI	Professional	Wellwise Active	YES	YES
NUCLEAR MEDI(	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES



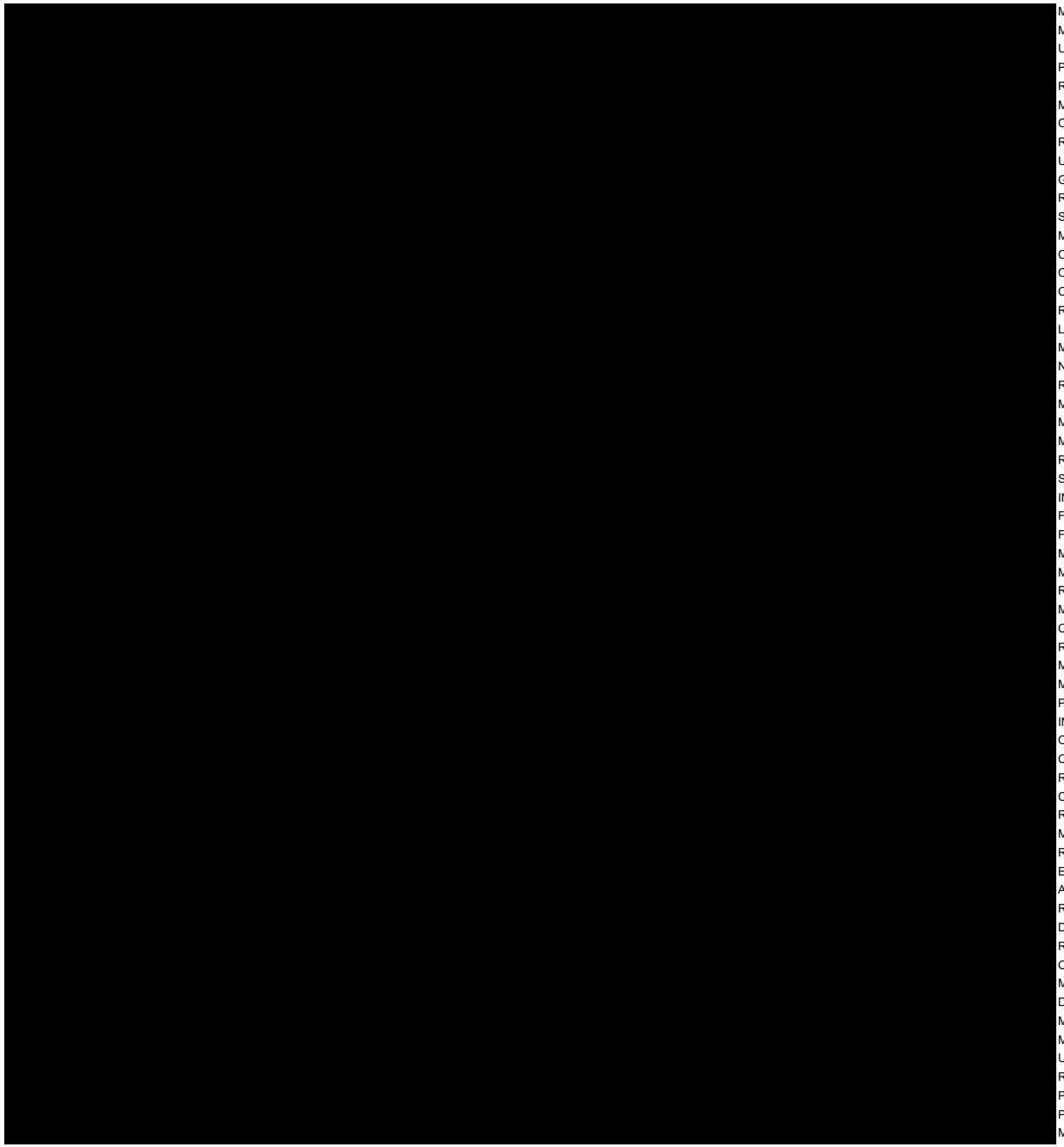
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES



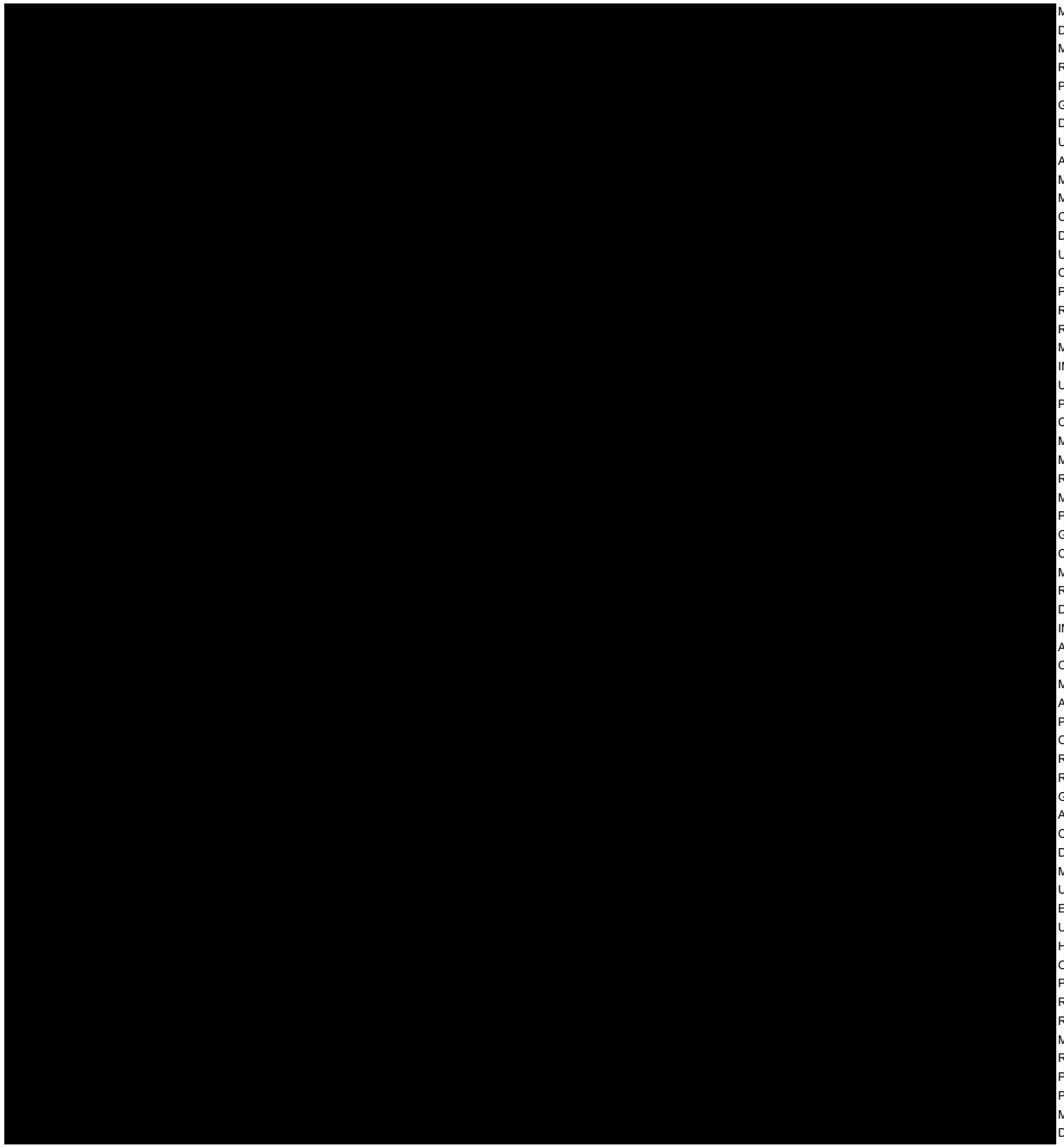
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
SURGICAL ONCC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES



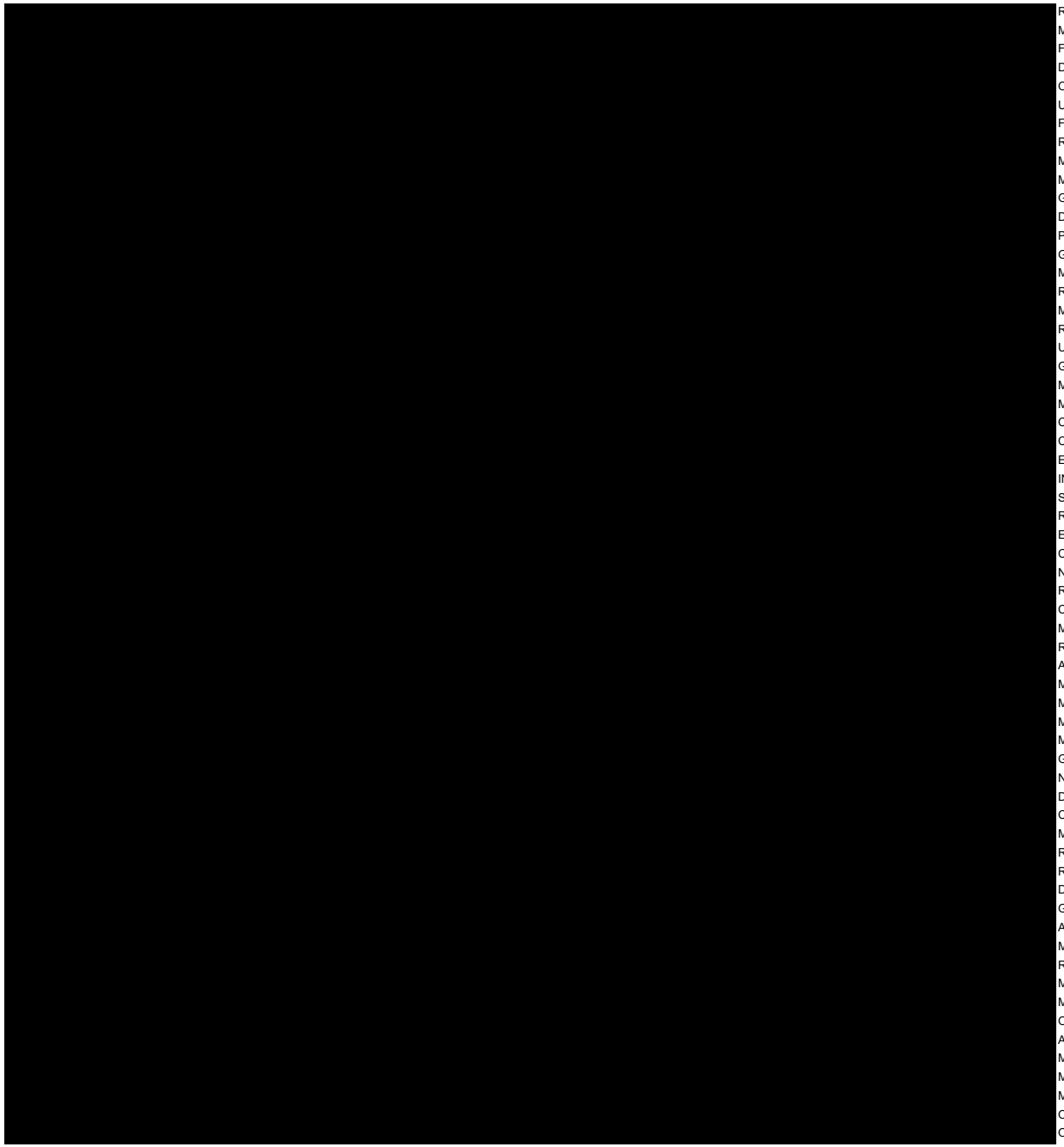
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	N/A	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
SPEECH PATHOI	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
IMAGING CENTE	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
SPEECH PATHOI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PODIATRIST	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES



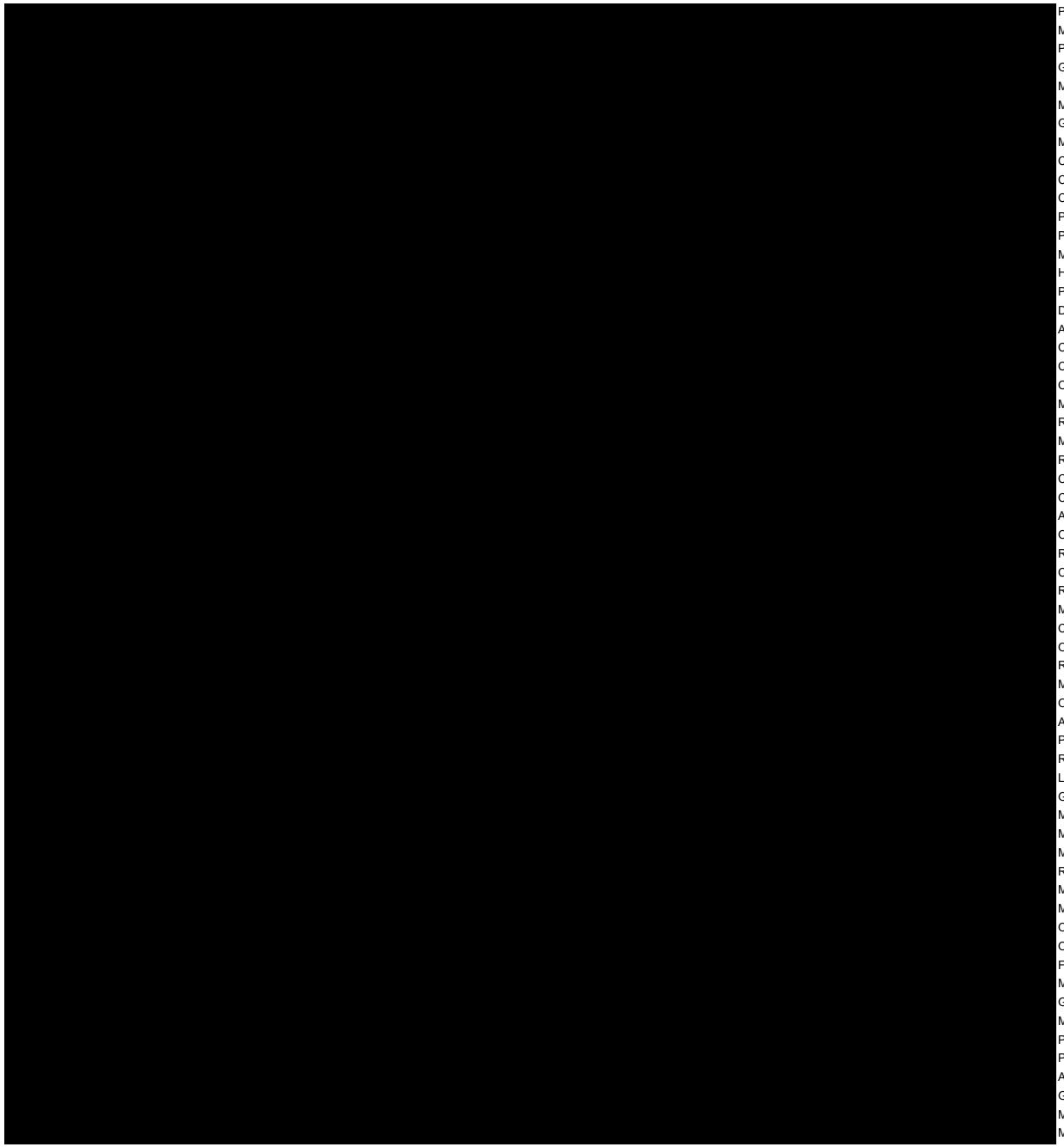
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
SPEECH PATHOI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY, CH	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	YES
SPEECH PATHOI	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES



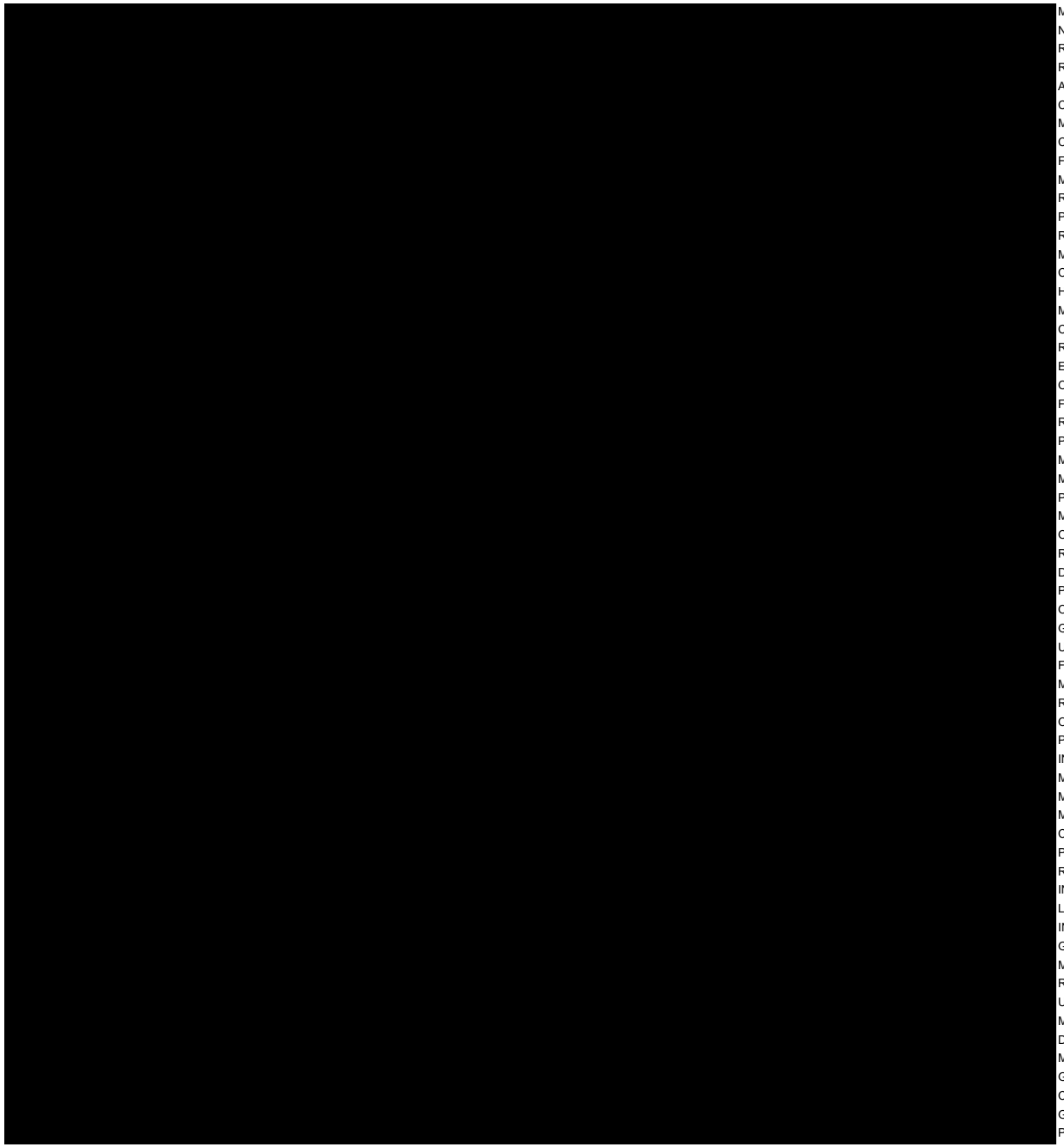
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CLINICAL LAB ME	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
INDEPENDENT L	Professional	Wellwise Active	NO	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO



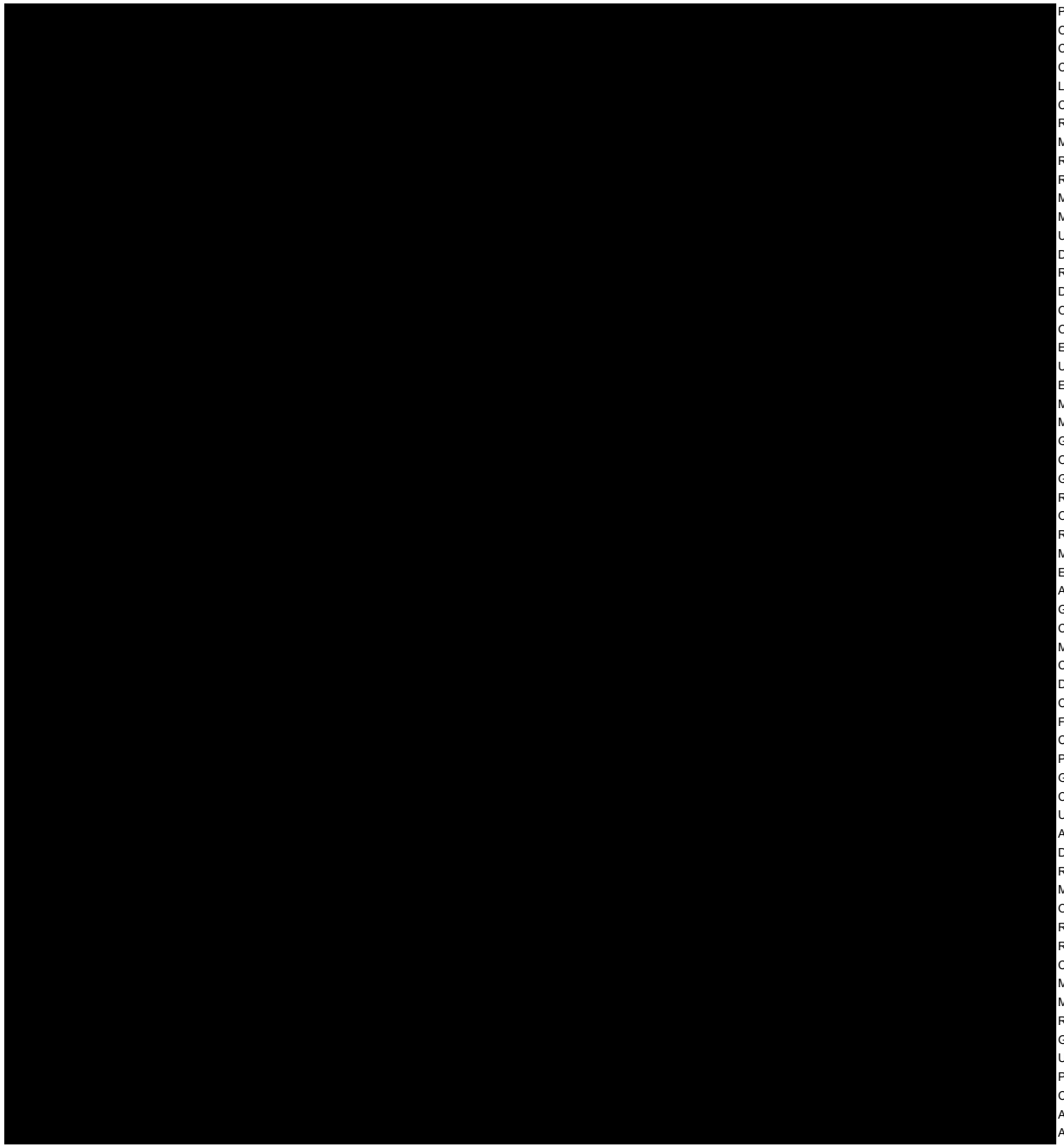
REGISTERED PH	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
NEPHROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL CARE I	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
OCCUPATIONAL	Professional	Wellwise Active	YES	YES



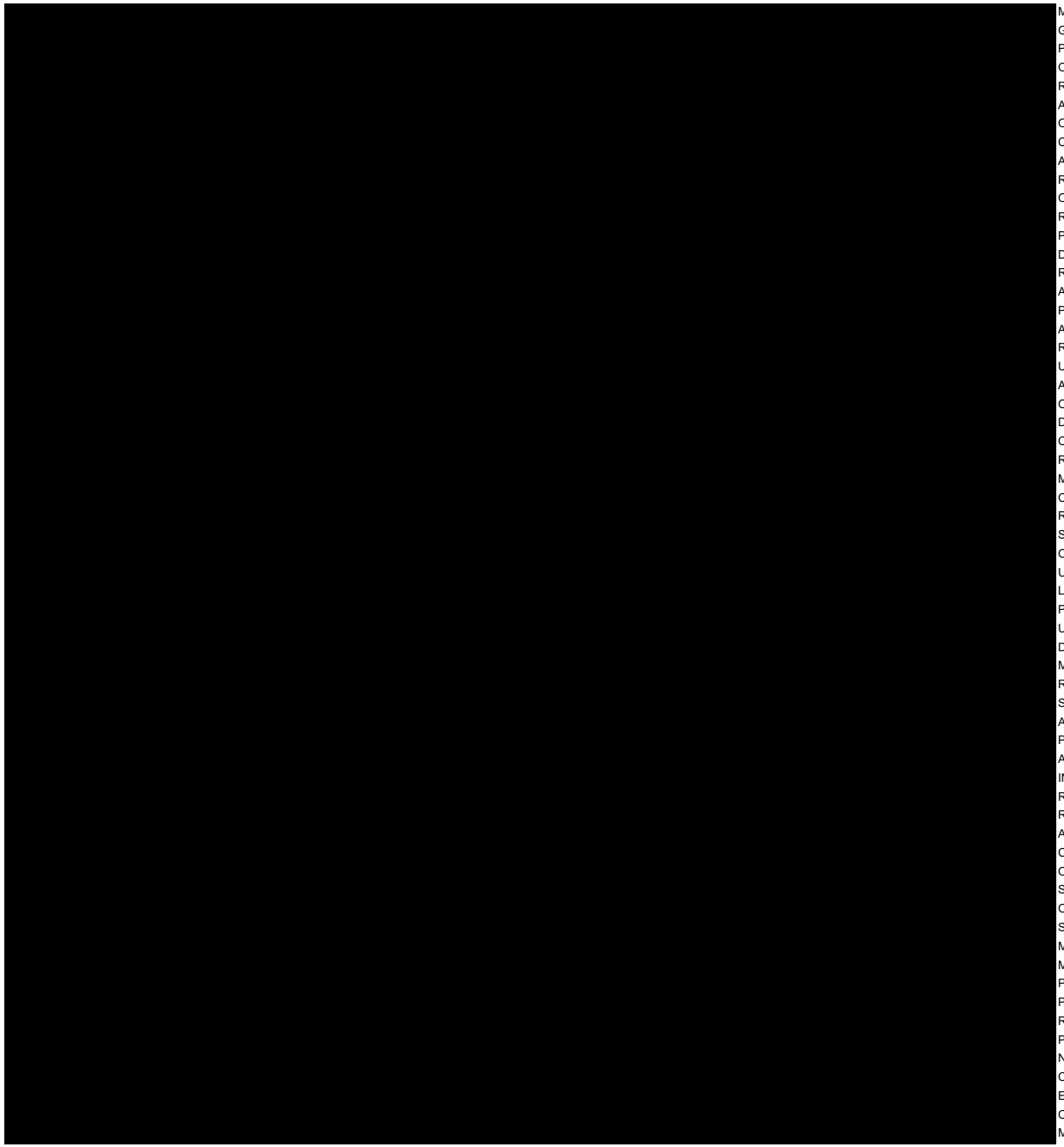
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
PORTABLE X-RA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
LPCC-LIC PROF (	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO



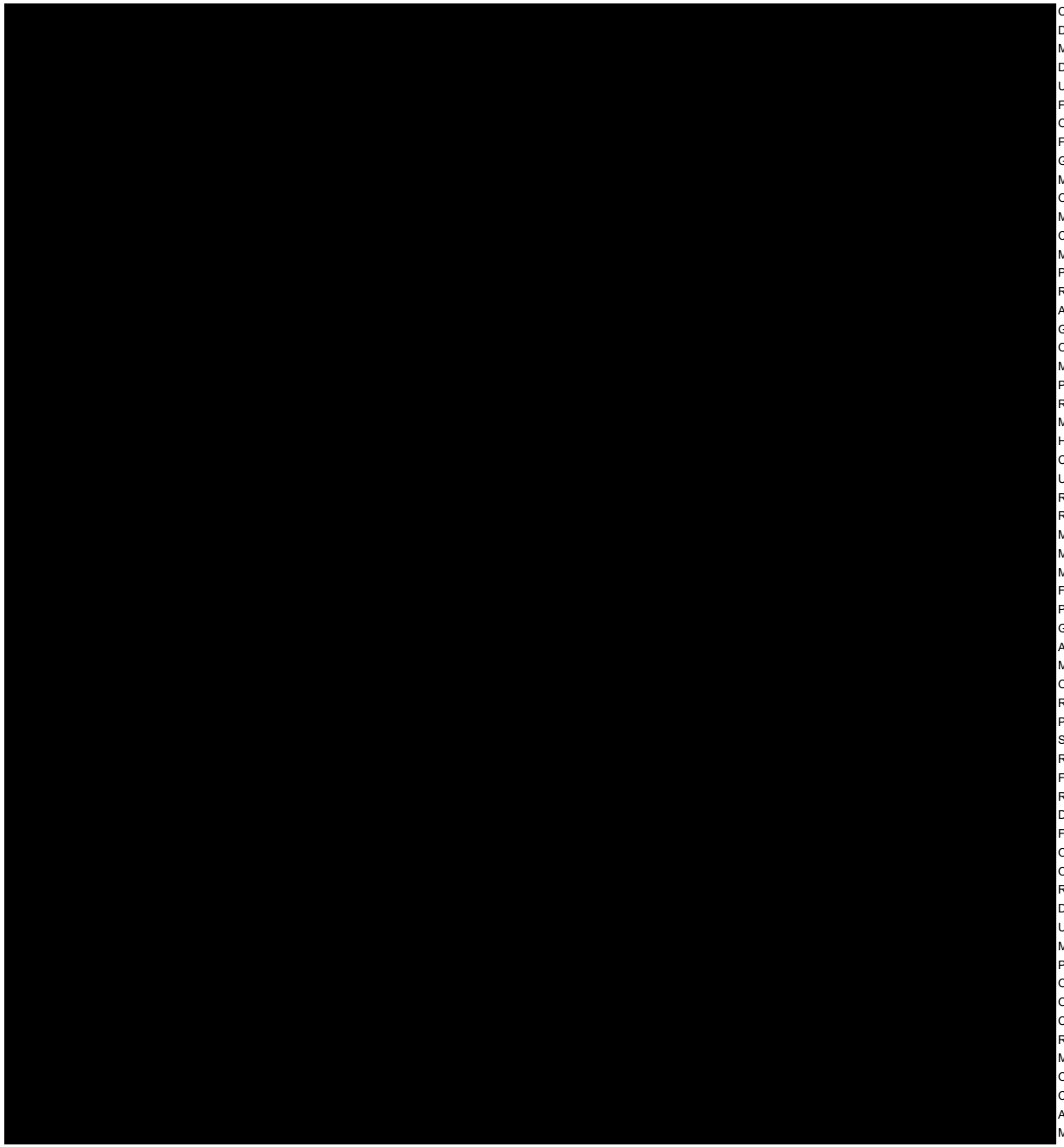
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
HOME HEALTH C	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES



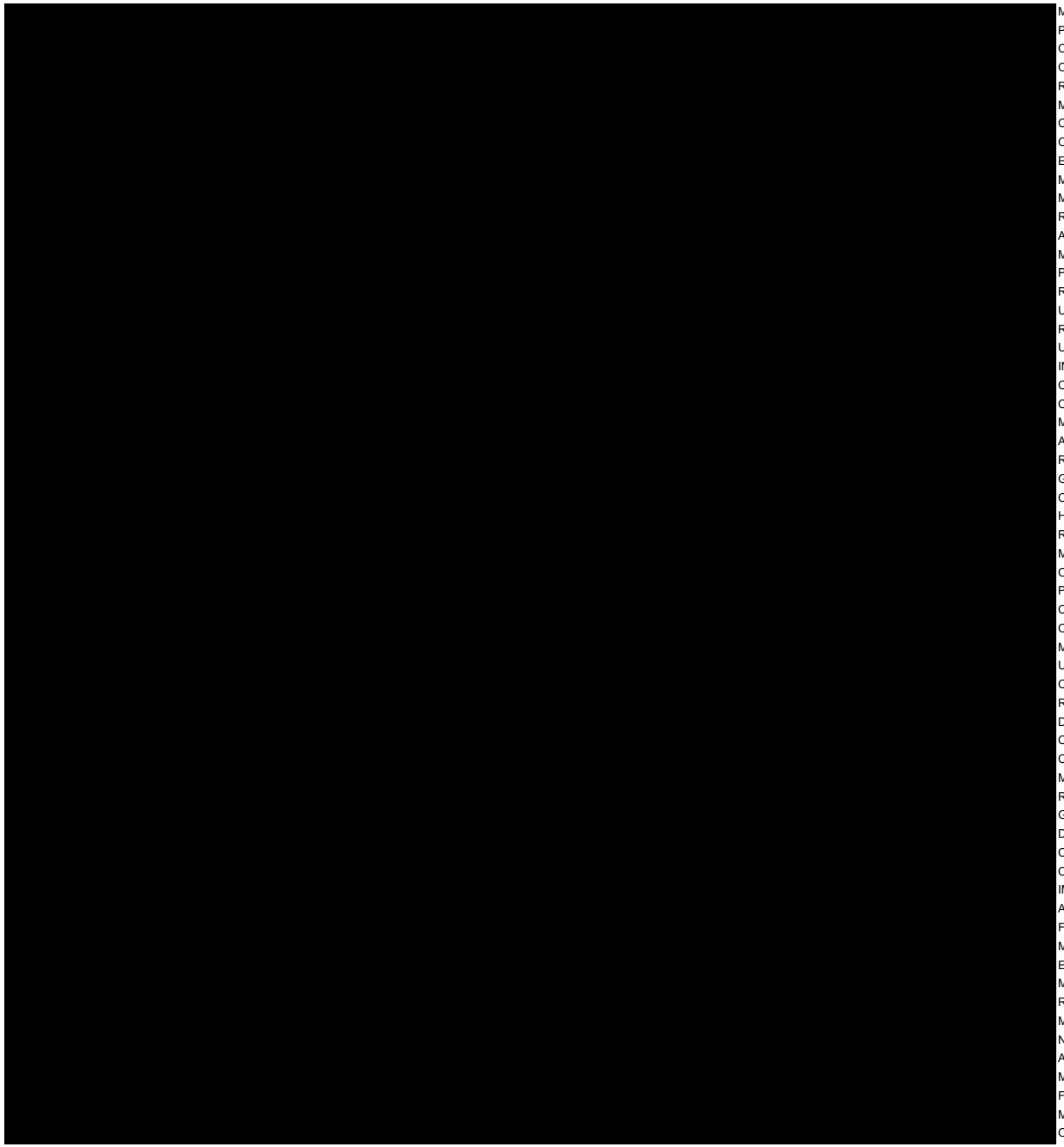
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
RESEARCH PSYC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GYNECOLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PEDIATRIC CARI	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLO	Professional	Wellwise Active	YES	YES



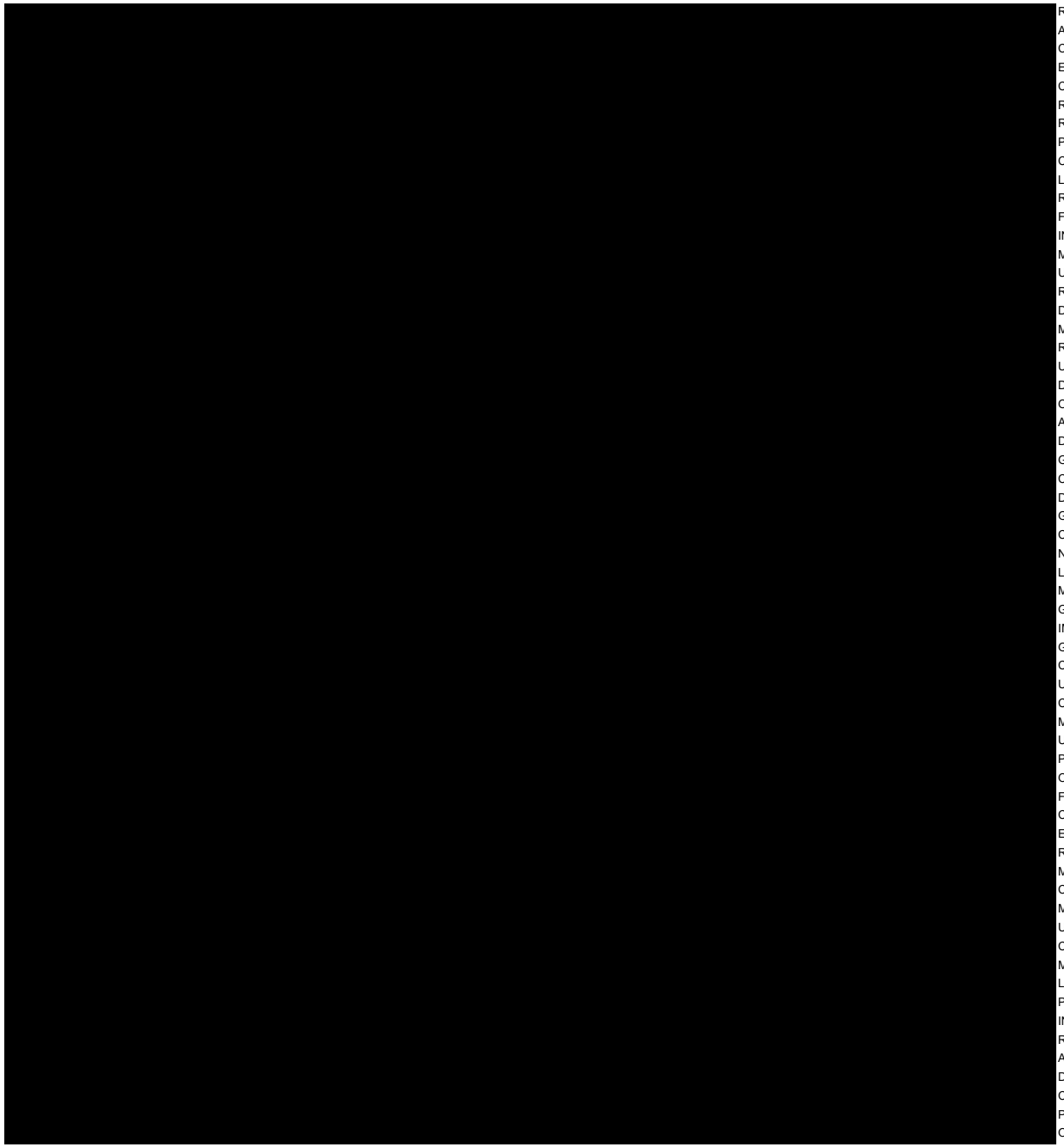
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	N/A	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RESEARCH PSY	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
PHYS MED/ REH	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
RESEARCH PSY	Professional	Wellwise Active	NO	NO
SURGERY CRITI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	N/A	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	NO
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
OTOLARYNGOL	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
CLINICAL LAB M	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO



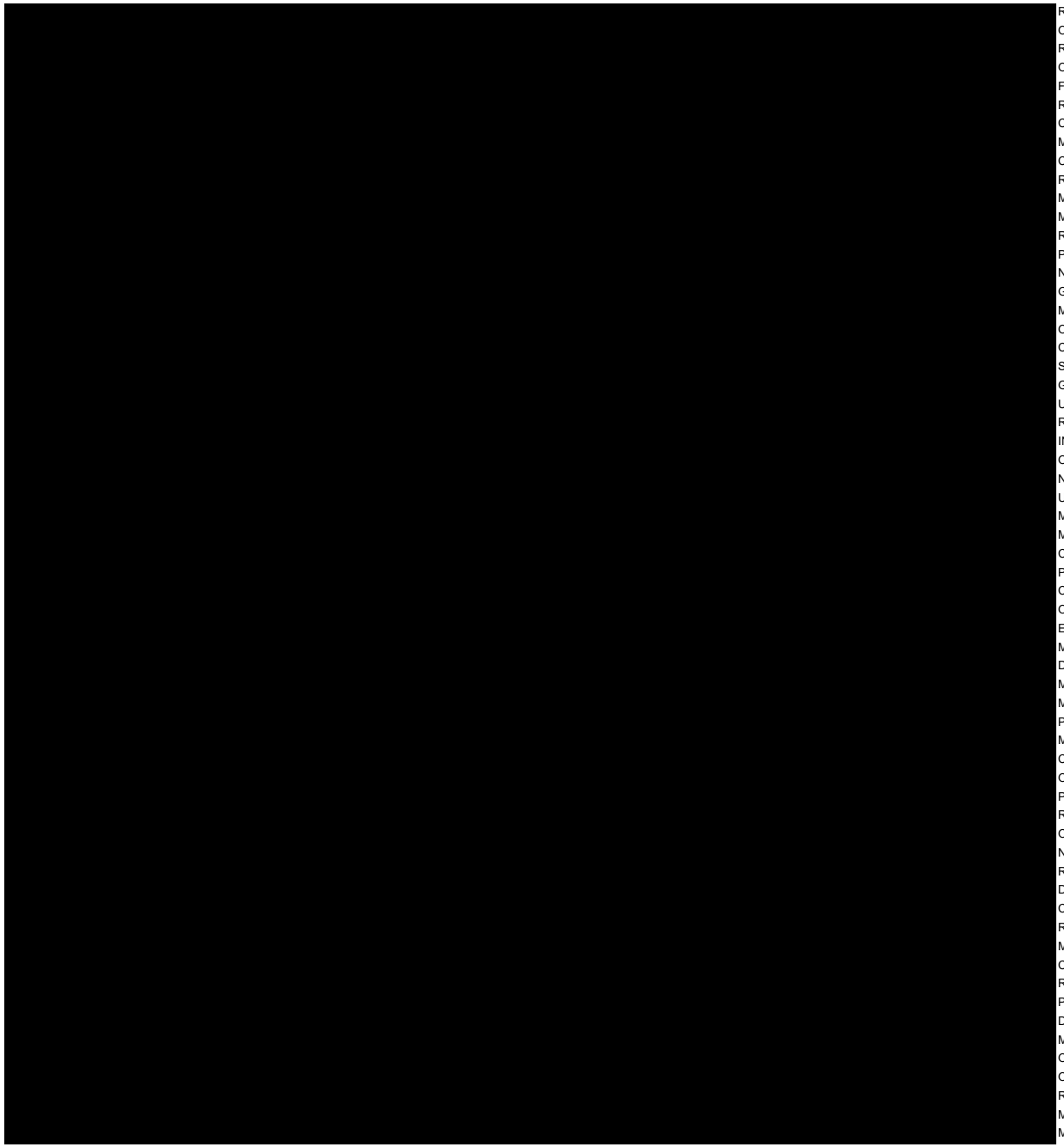
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	NO
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HOME HEALTH C	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	N/A	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
SPEECH PATHOL	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



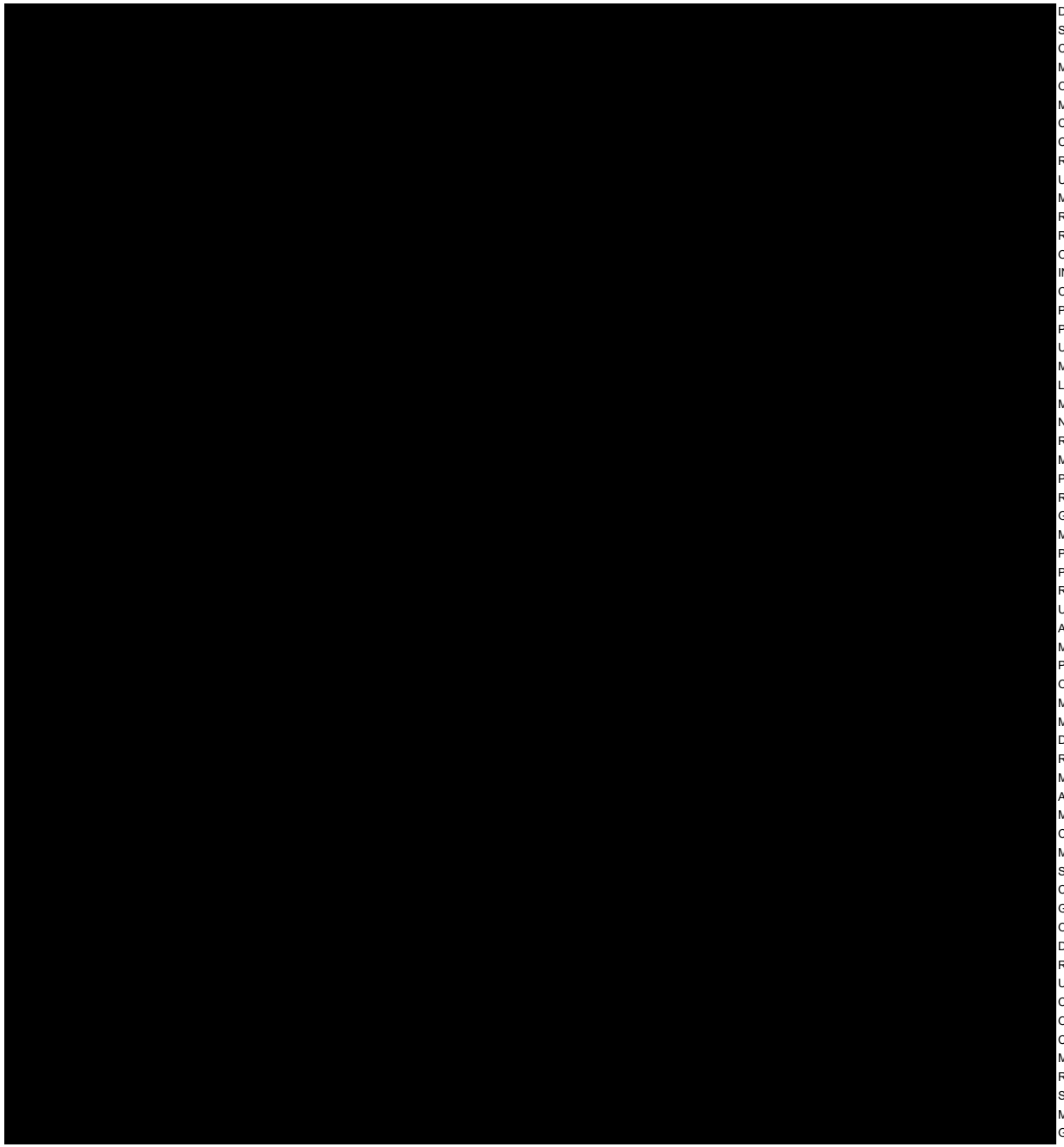
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	N/A
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
INDEPENDENT L	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	N/A	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
RESEARCH PSYC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO



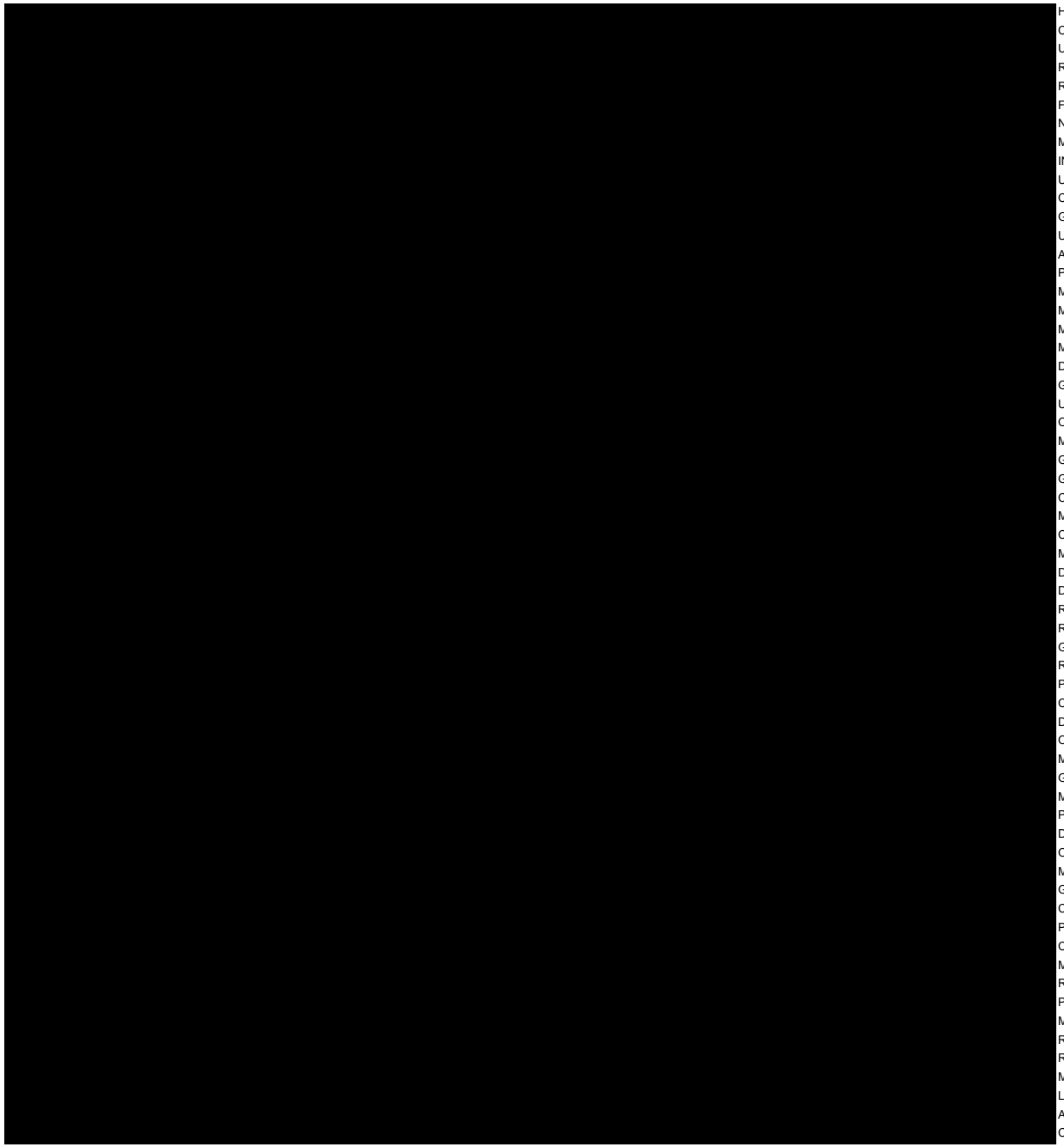
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
RESEARCH PSY	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GYNECOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
RESEARCH PSY	Professional	Wellwise Active	NO	NO
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES



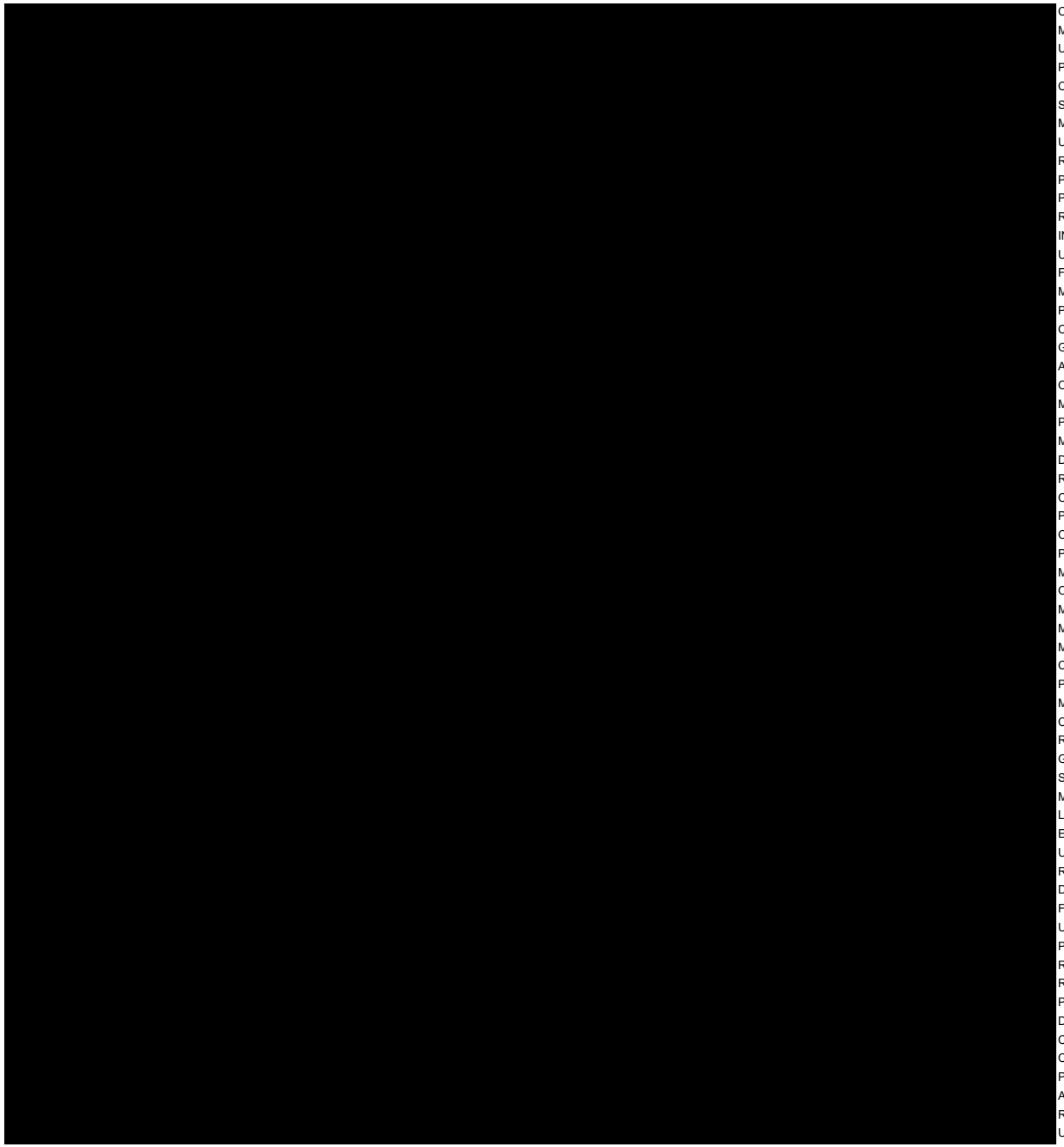
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
PHYSICAL MEDI(	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



DERMATOLOGY	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
INDEPENDENT L	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRIC PULM	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
SURGICAL ONCC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
SURGERY HAND	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A



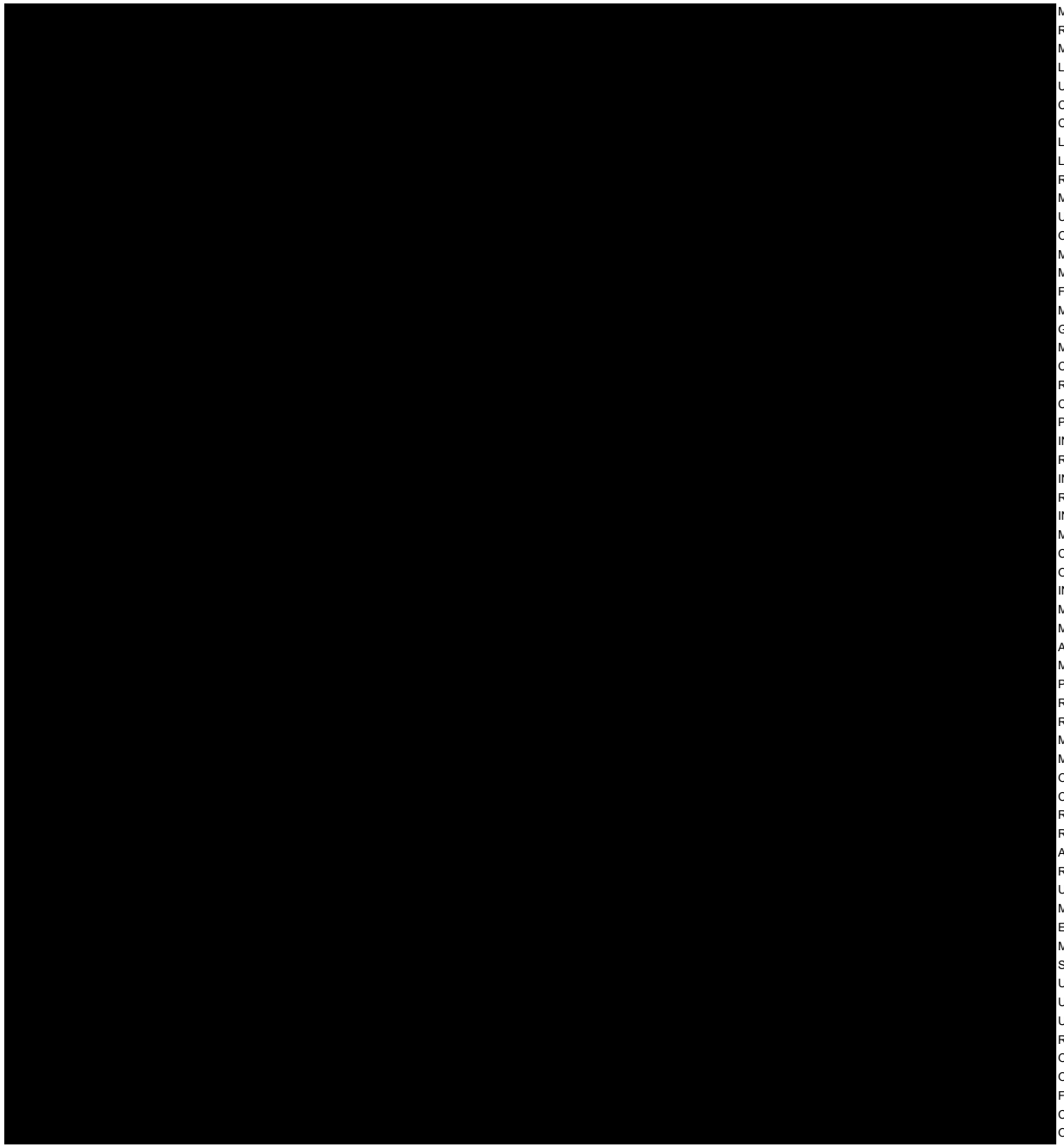
HOME HEALTH C	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
NEPHROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	N/A	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CARDIOVASCULA	Professional	Wellwise Active	YES	YES



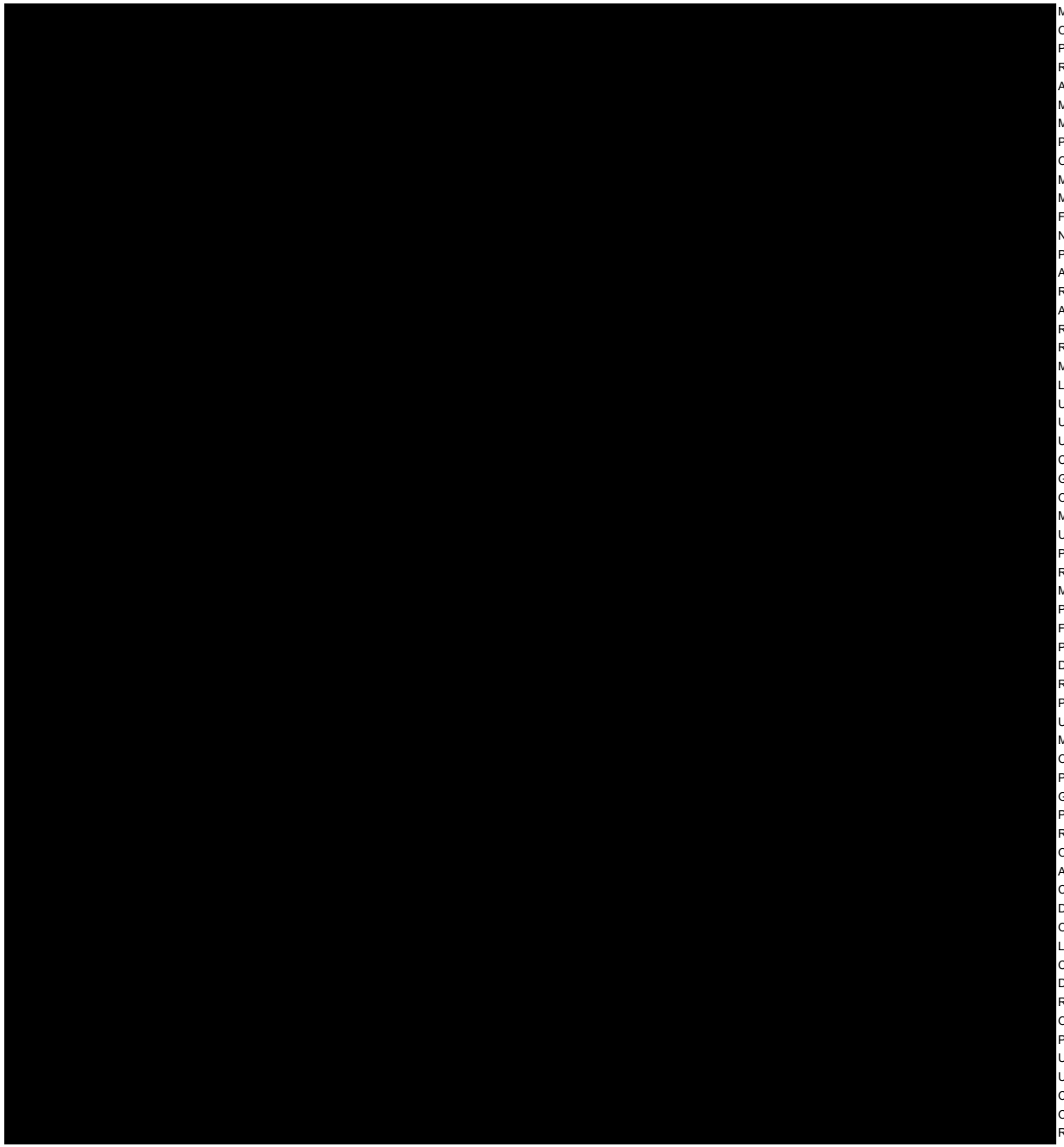
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
SPEECH PATHOI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
LPCC-LIC PROF (	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
PEDIATRIC CARI	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A

[redacted]

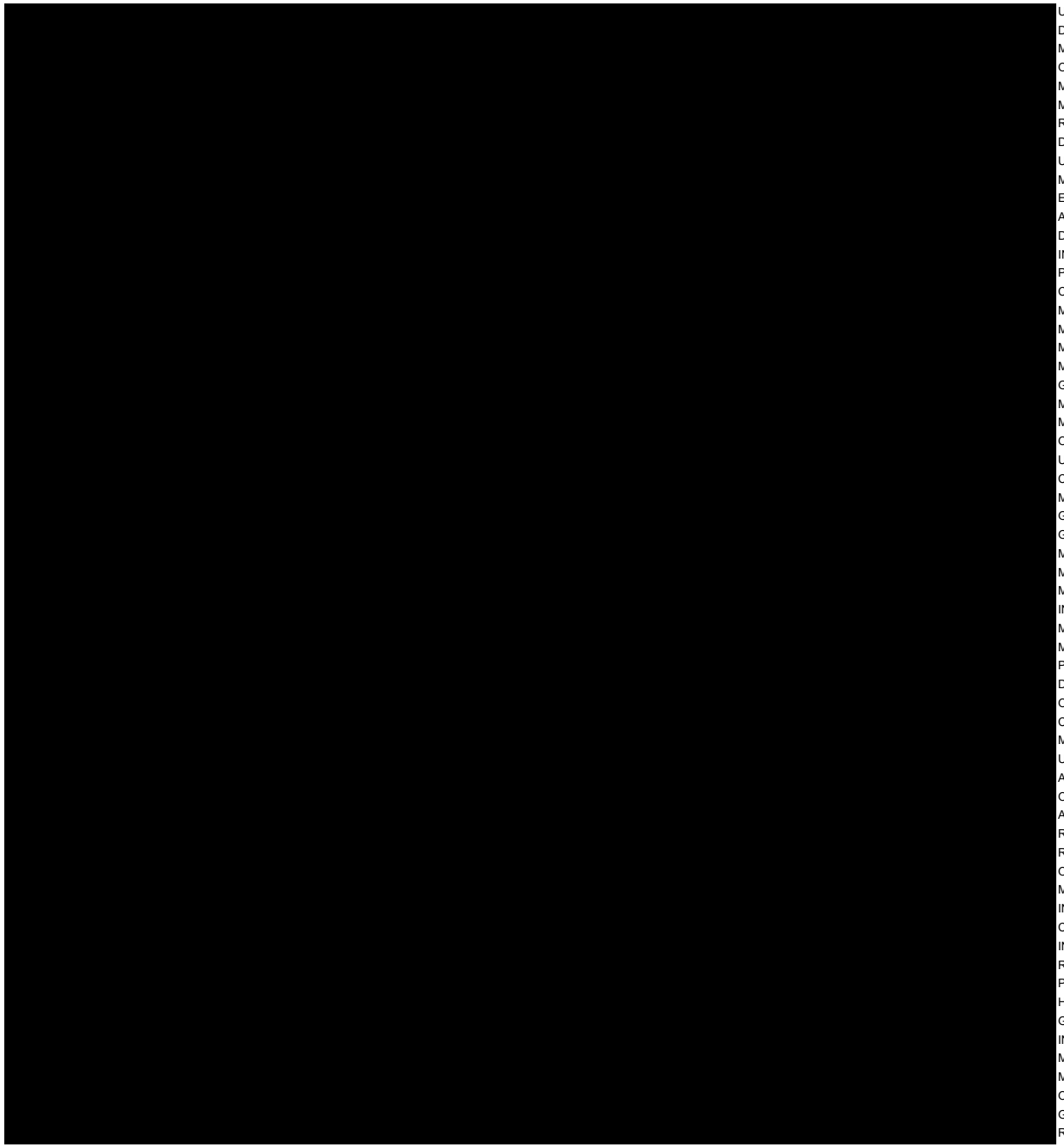
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
ALLERGY & IMM(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CLINICAL LAB M(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES - Hospital Based
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	NO
CLINICAL LAB M(	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PHLEBOLOGY	Professional	Wellwise Active	N/A	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
FAMILY PRACTI(	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO(	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES



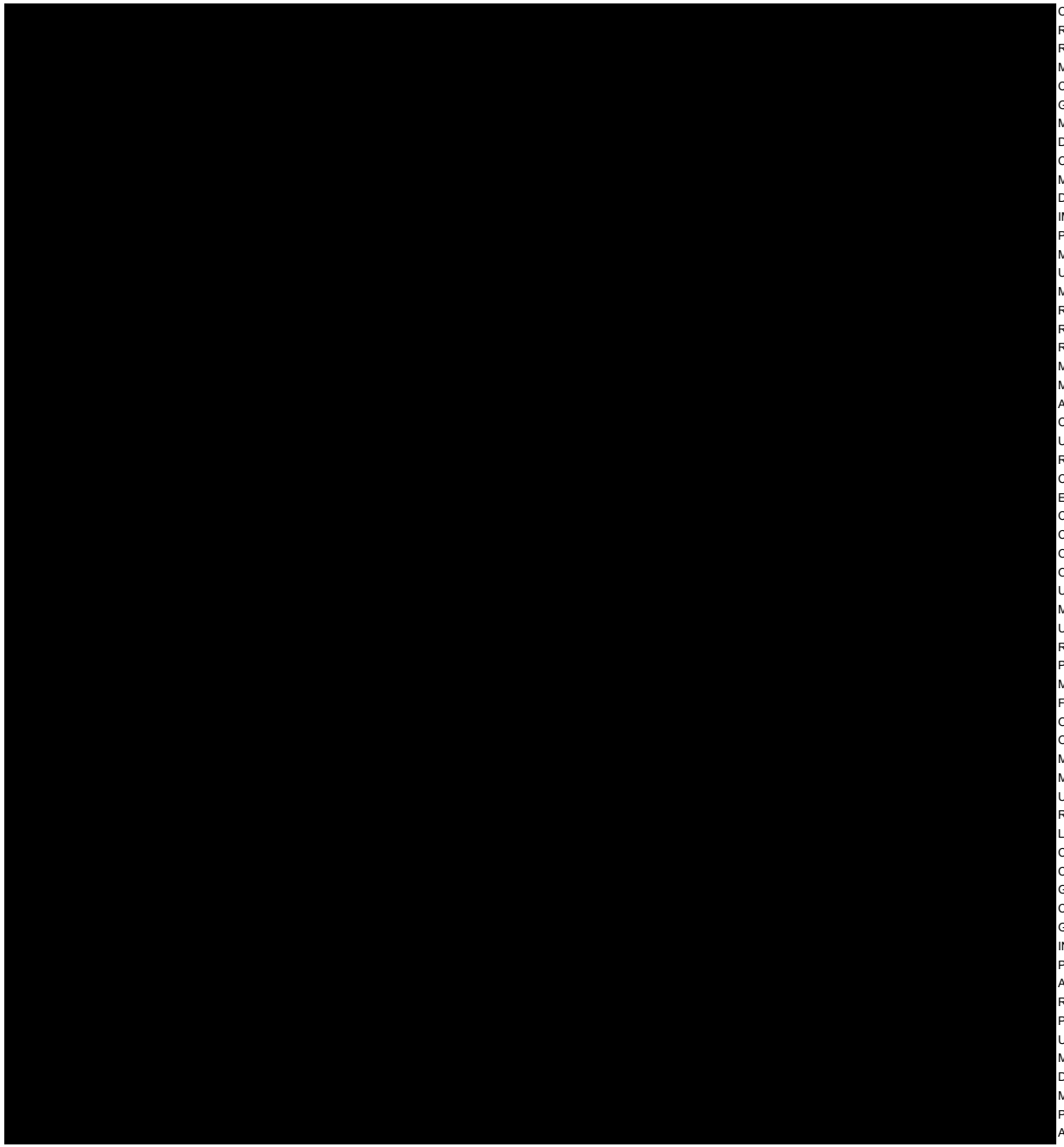
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CLINICAL LAB ME	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PULMONARY DIS	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES



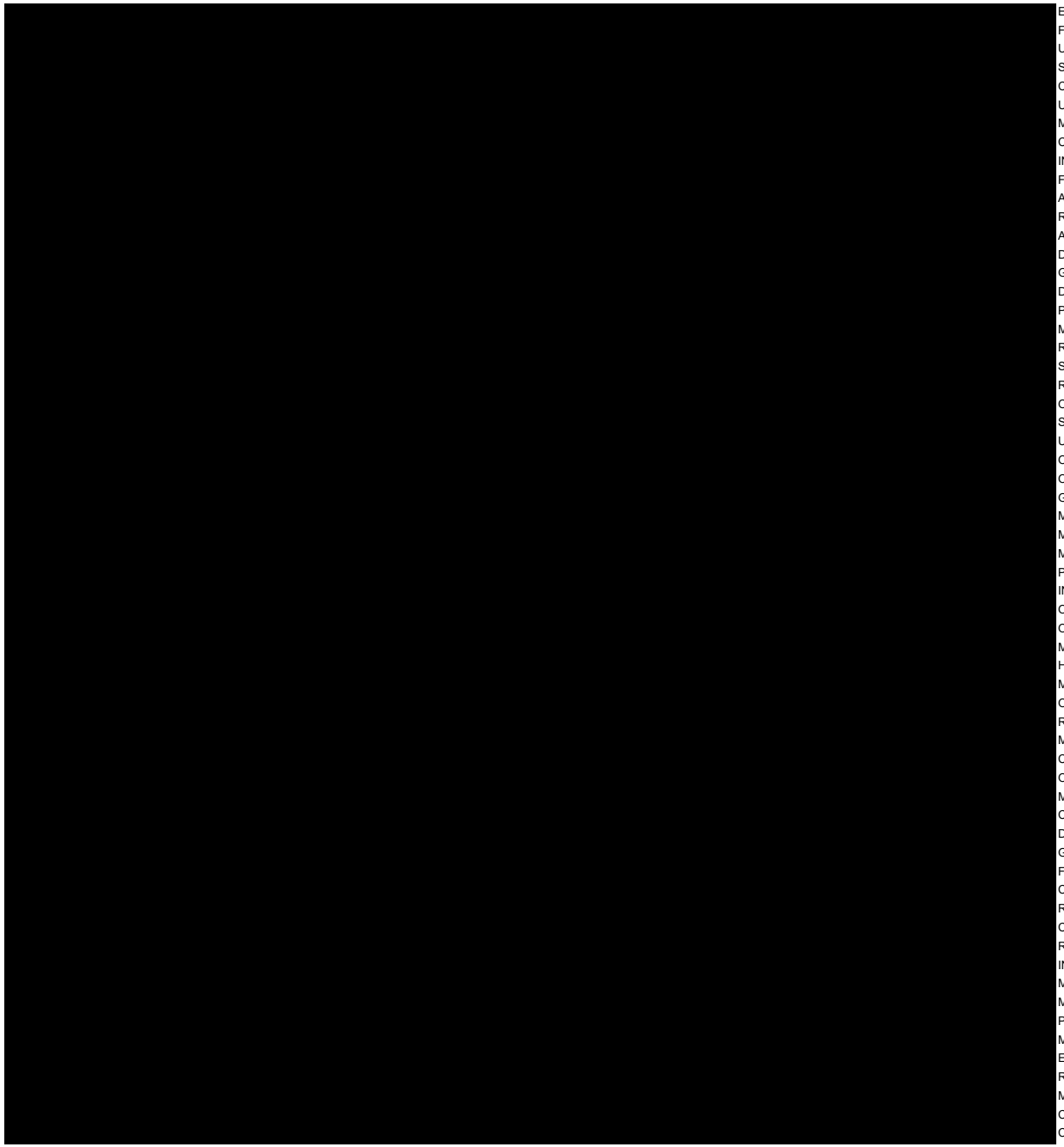
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MRI CENTER	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
NEUROLOGICAL	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRIC CARI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CAPITATED GRO	Professional	Wellwise Active	N/A	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	NO
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
CARDIOLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES



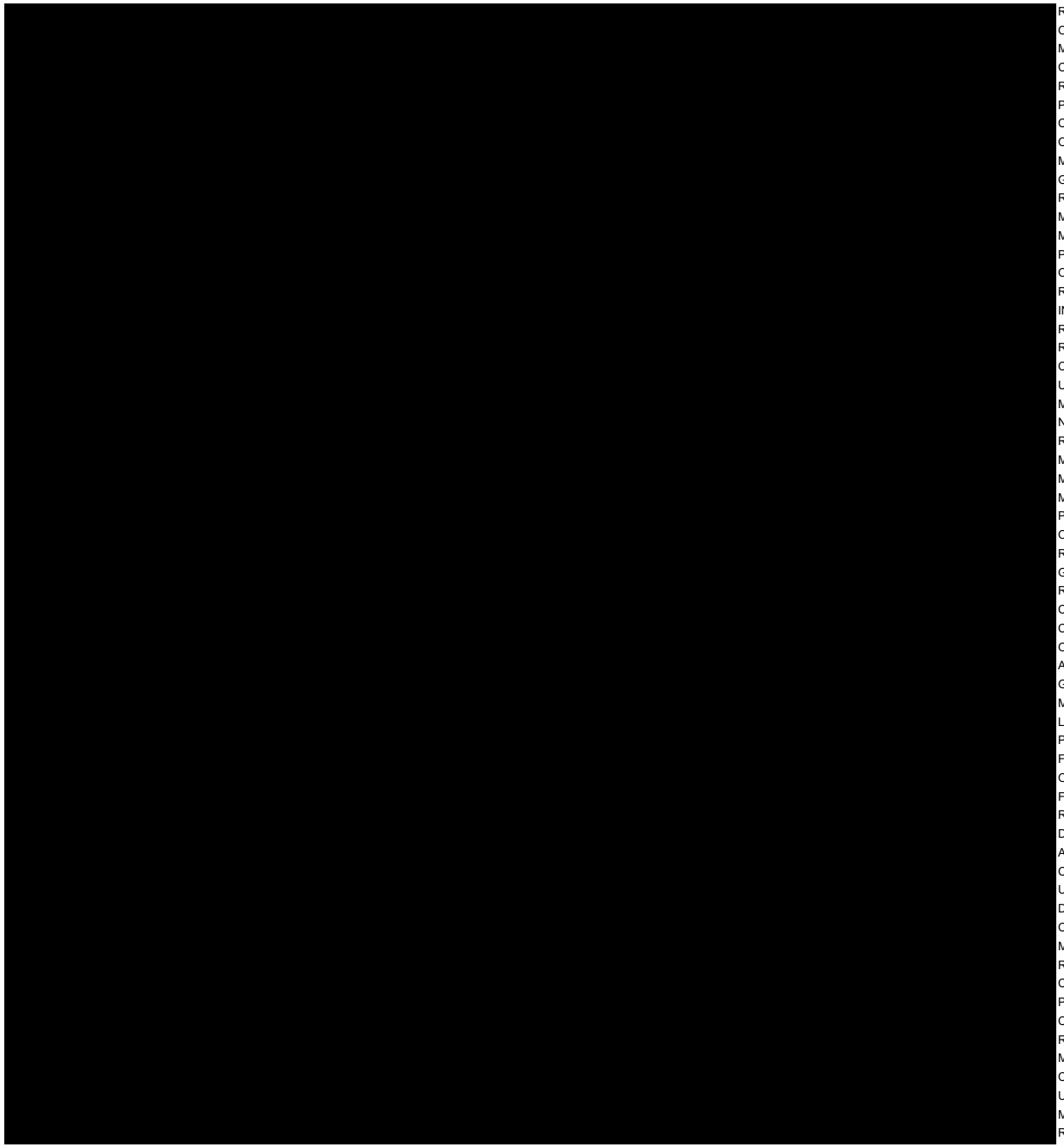
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INTERVENTIONA	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OCCUPATIONAL	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
GENETICS, MEDI	Professional	Wellwise Active	YES	NO
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES



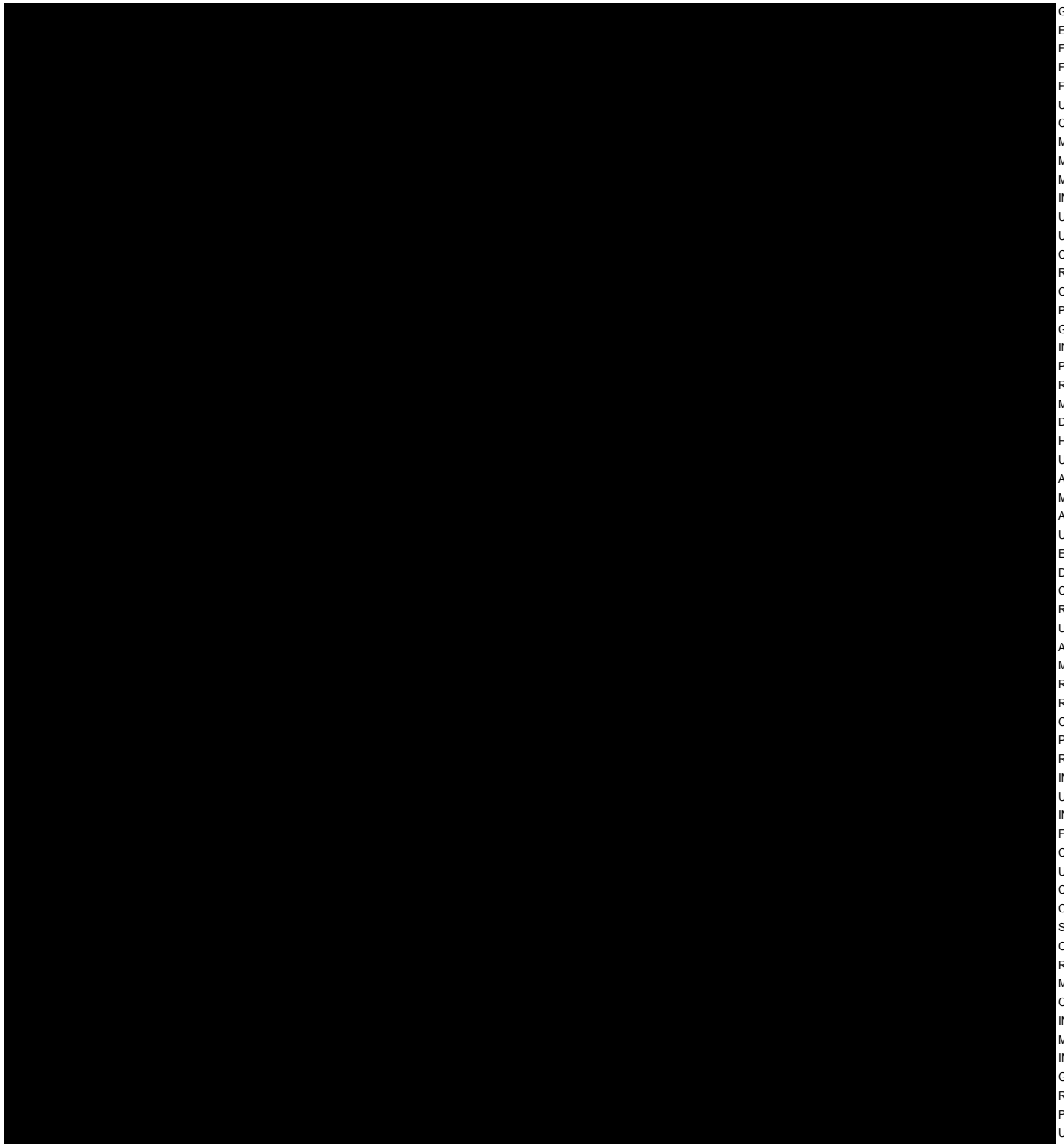
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
IMAGING CENTE	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
PHYSICAL MEDI(	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A



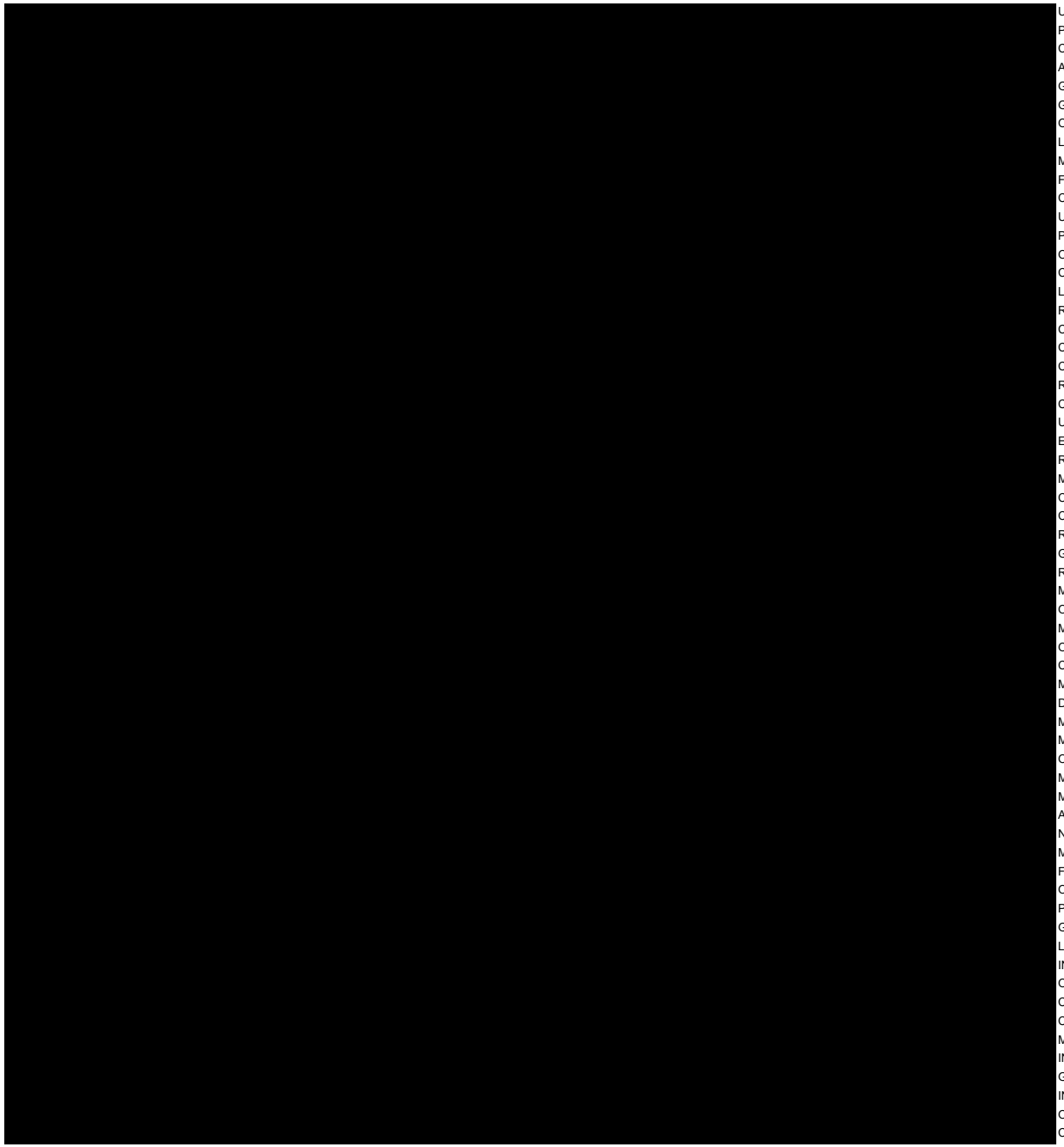
EMERGENCY ME	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
SURGERY COLO	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	NO	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	NO



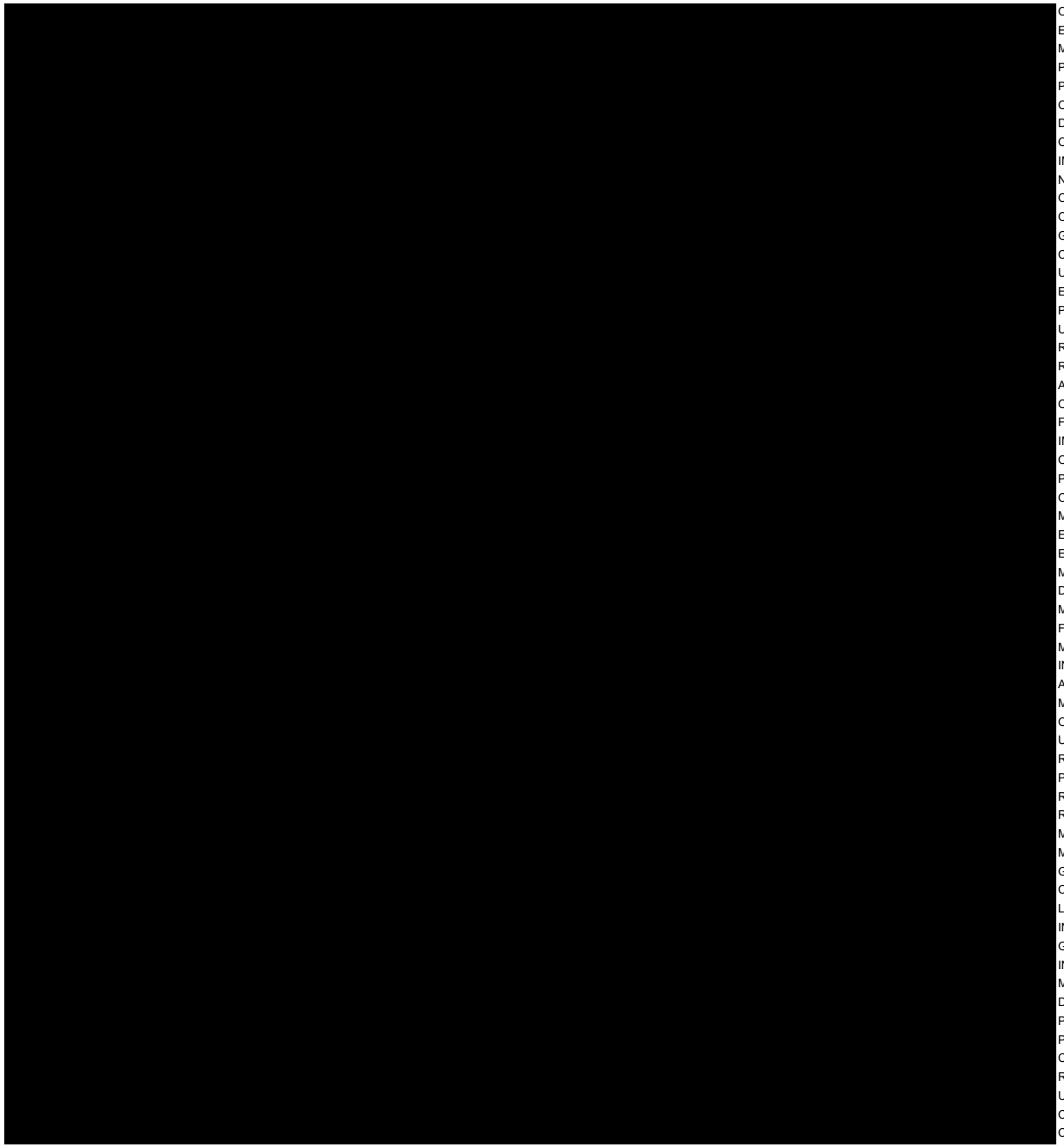
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	NO
PEDIATRIC PULM	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GYNECOLOGY	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
ANESTHESIOLC	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES



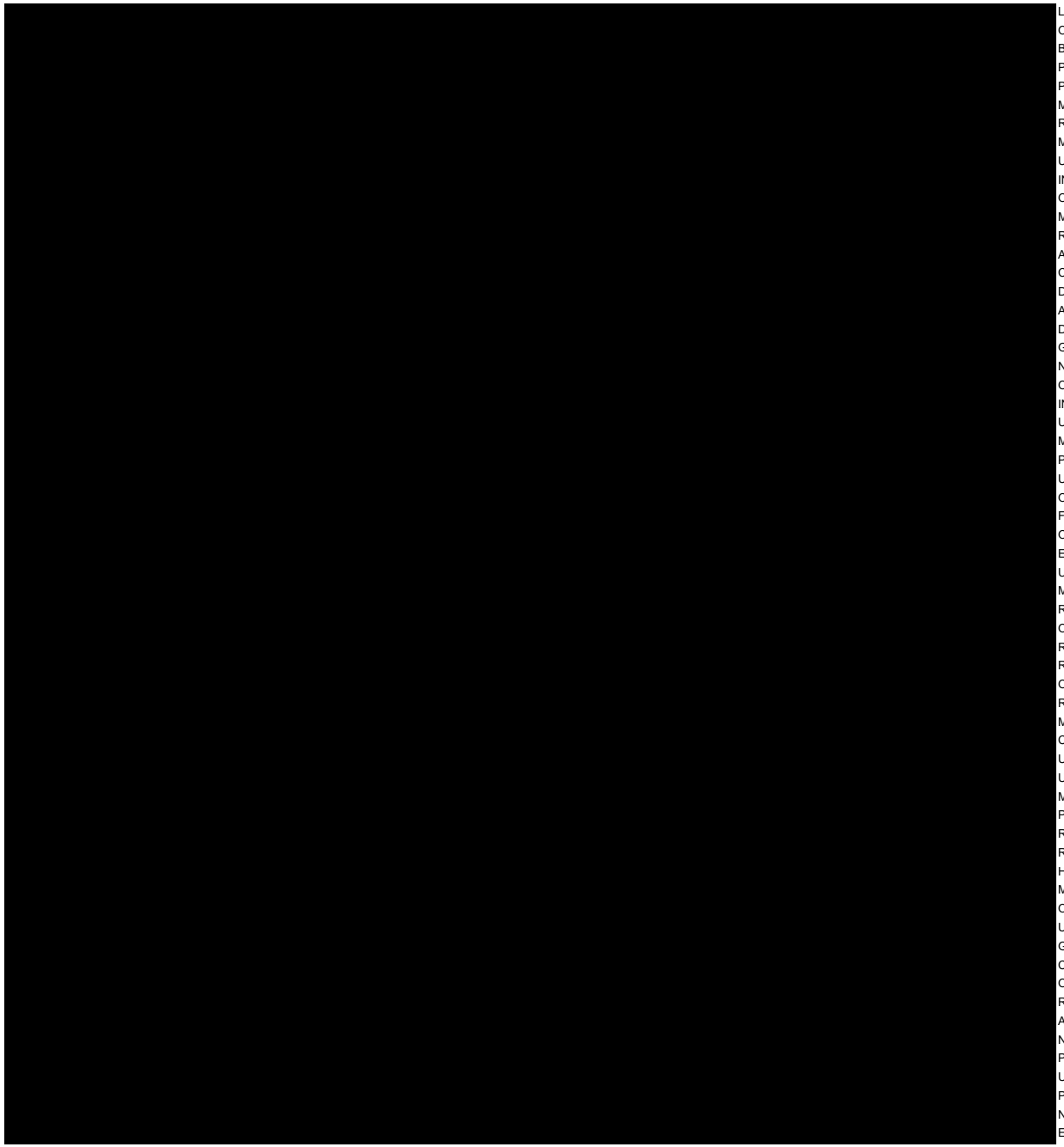
GENERAL PRAC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
HOME HEALTH C	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A



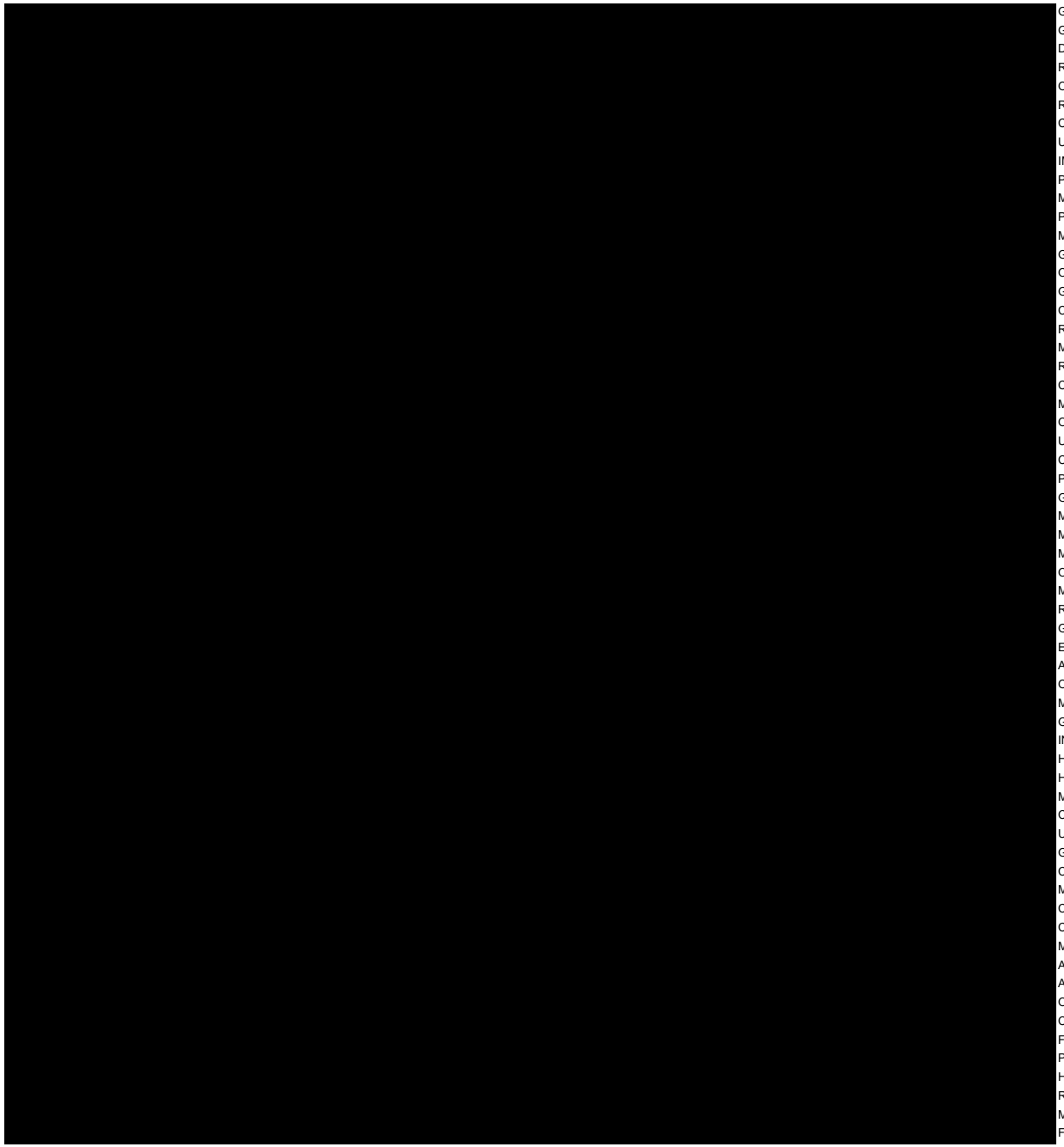
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
LPCC-LIC PROF (	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDI(	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
CARDIOLOGY	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
PHARMACY	Professional	Wellwise Active	N/A	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO



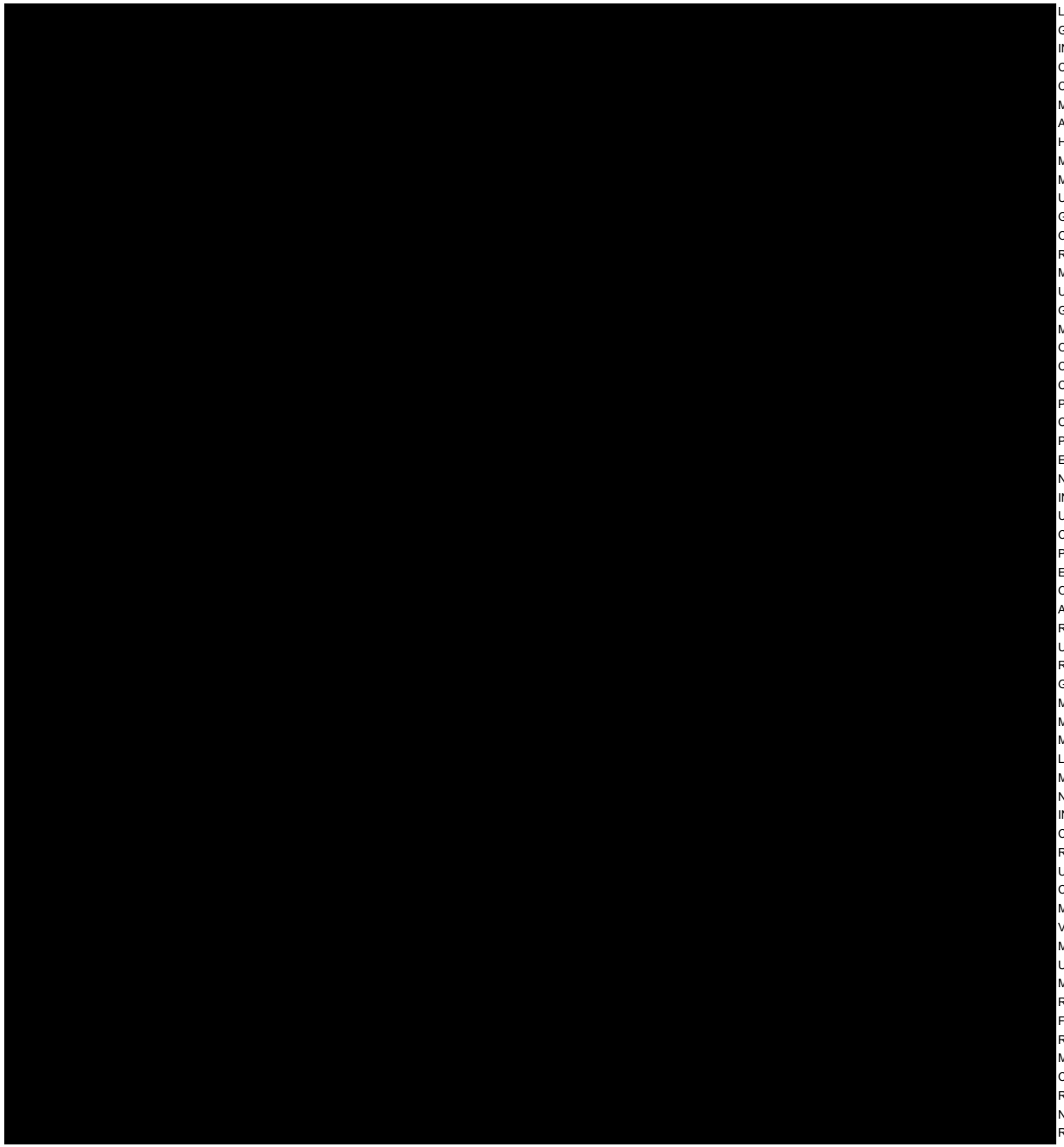
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	NO	NO
NONCLASSIFIED	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
RHEUMATOLOGY	Professional	Wellwise Active	YES	NO
RESEARCH PSY	Professional	Wellwise Active	NO	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES



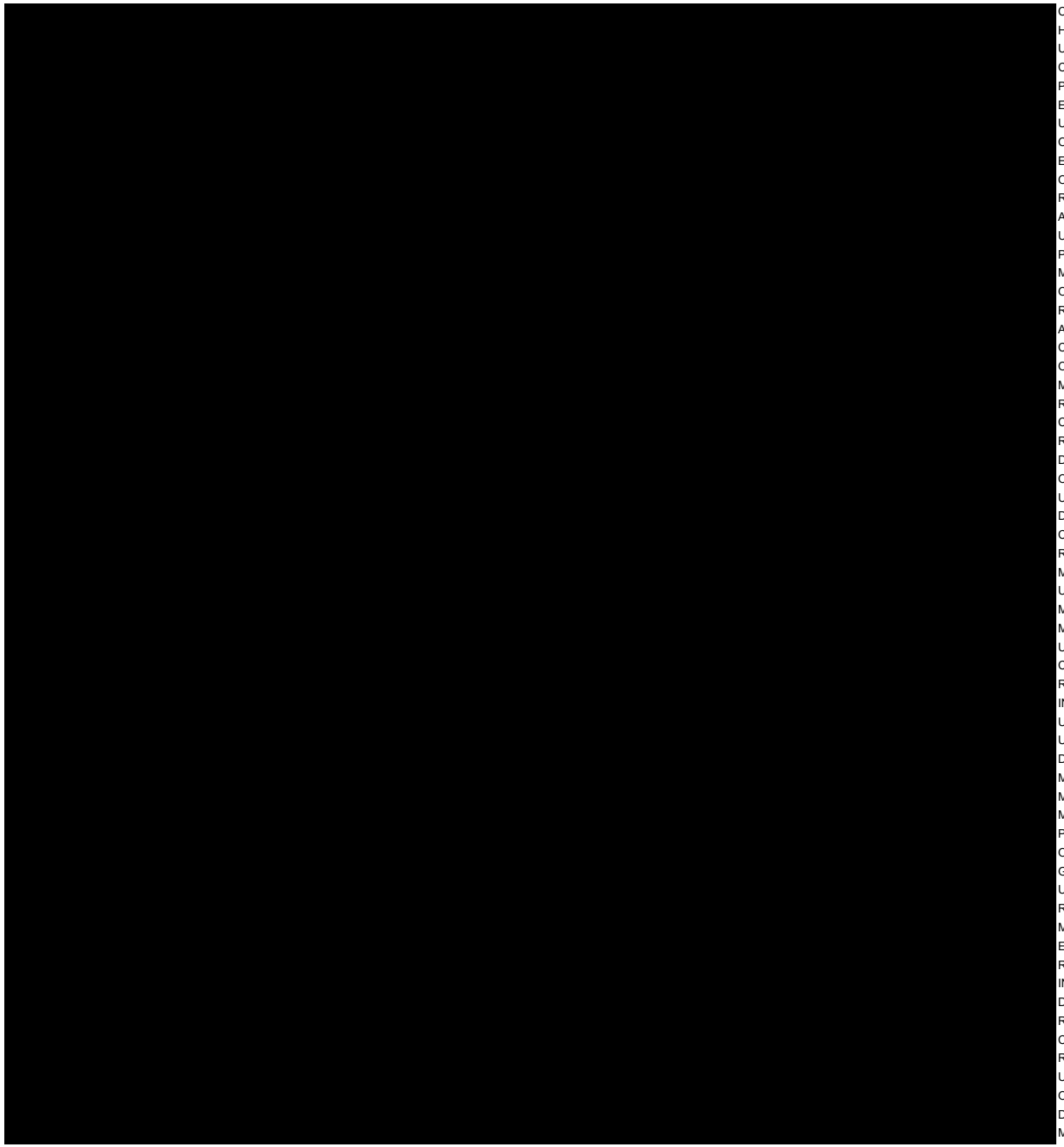
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
BCBA-MASTERS	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MRI CENTER	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
NONCLASSIFIED	Professional	Wellwise Active	N/A	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES



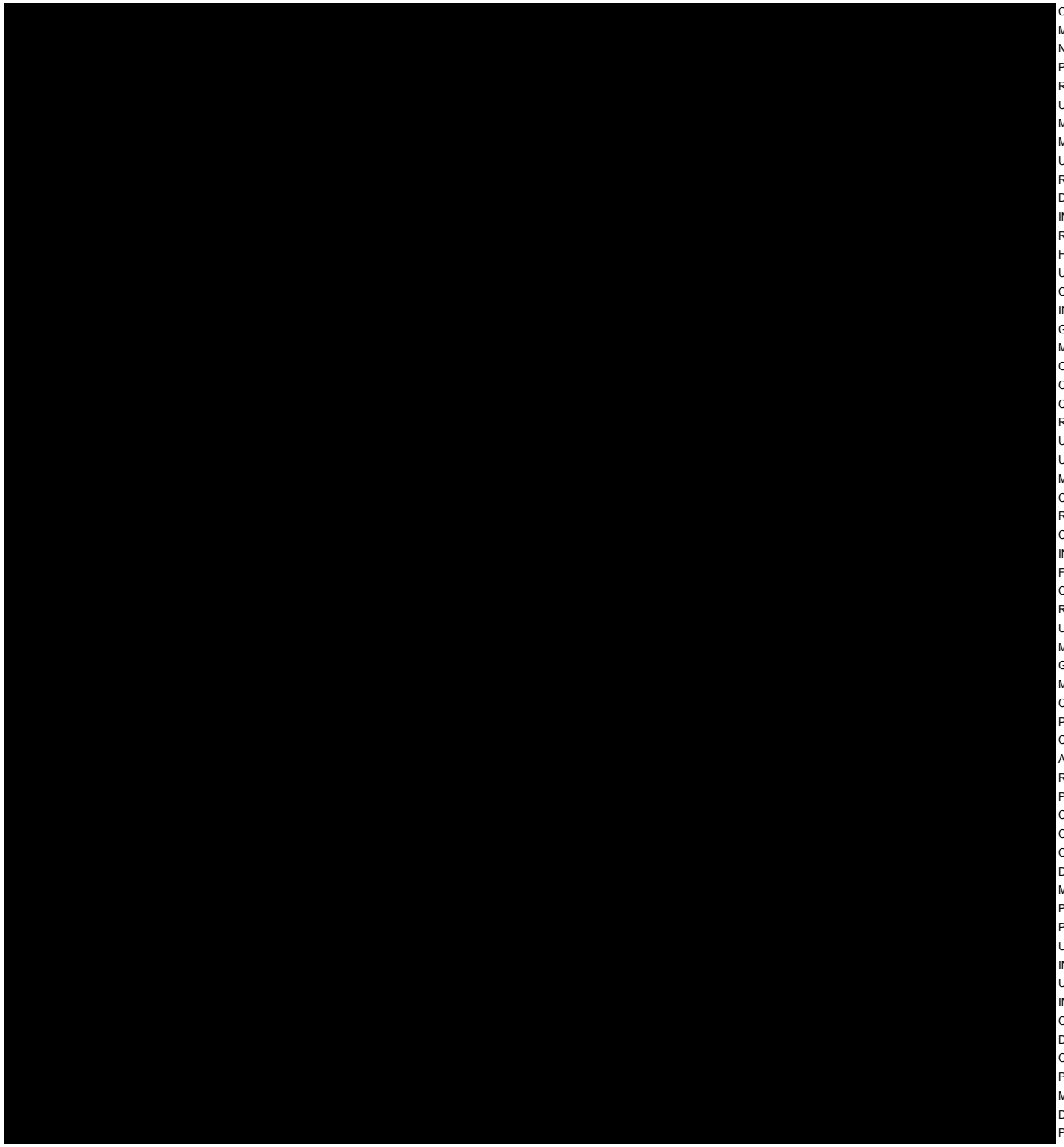
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
HEPATOLOGY	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
HOME HEALTH C	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES



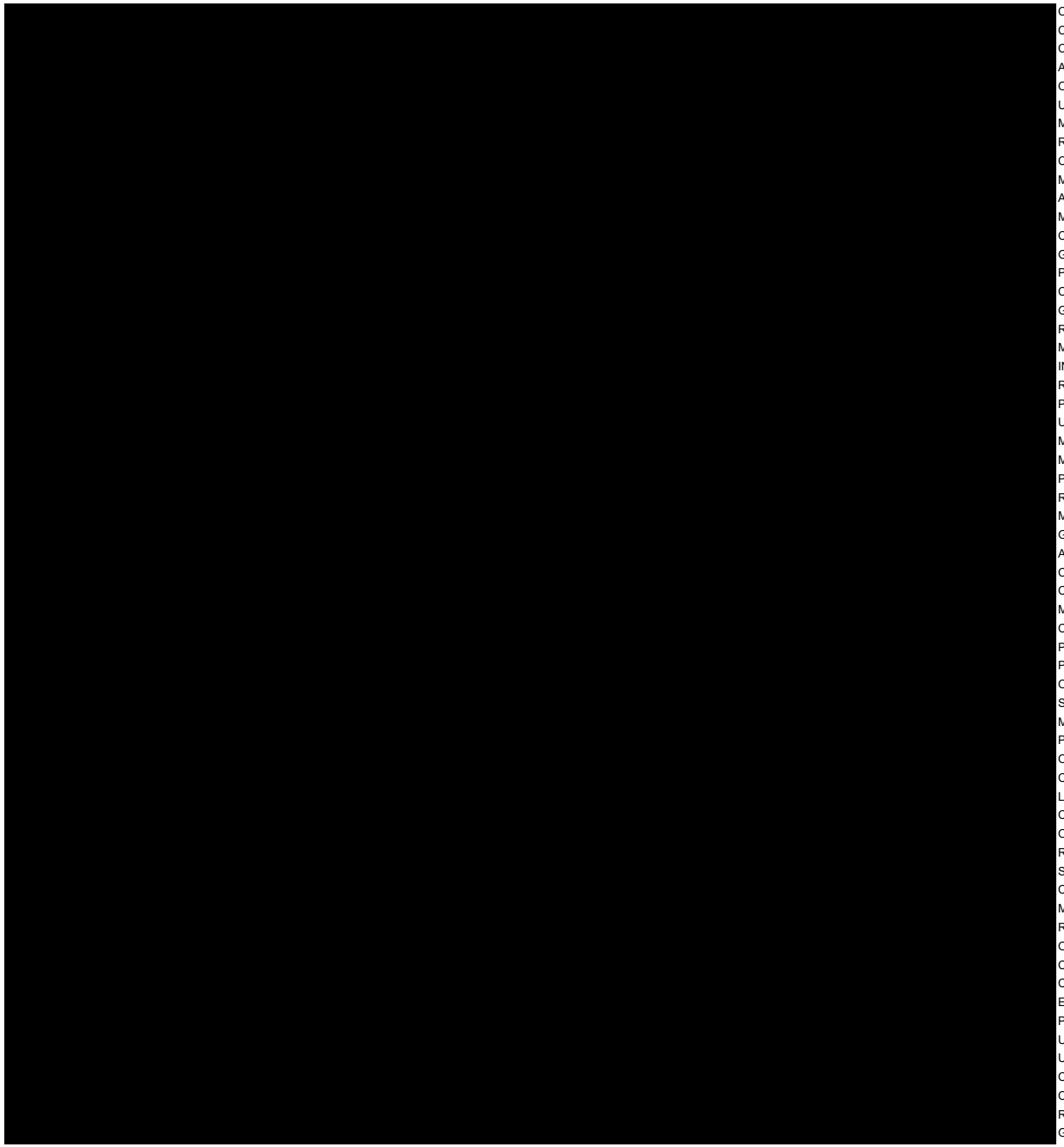
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
HOME HEALTH C	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES



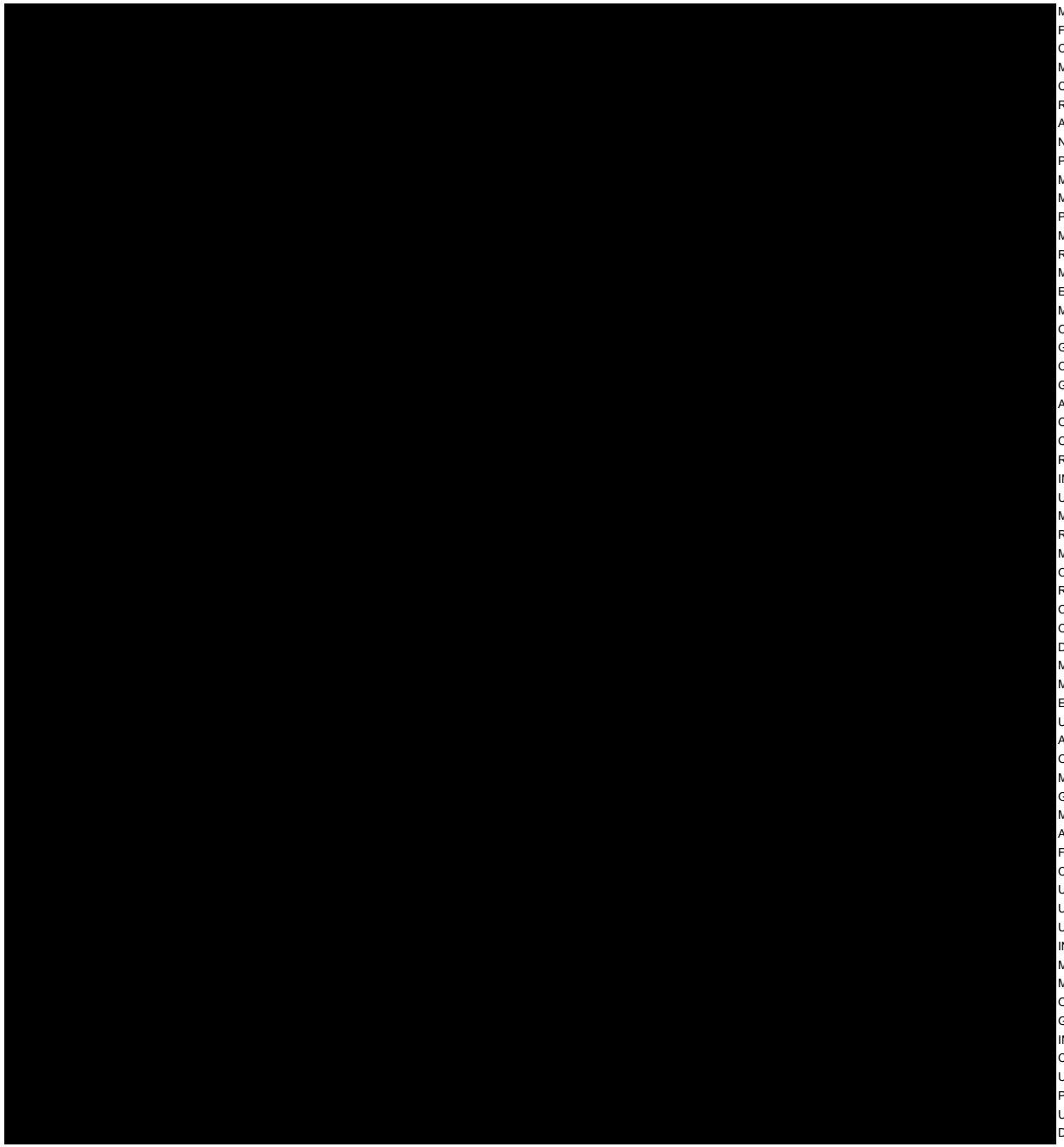
CLINICAL LAB ME	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



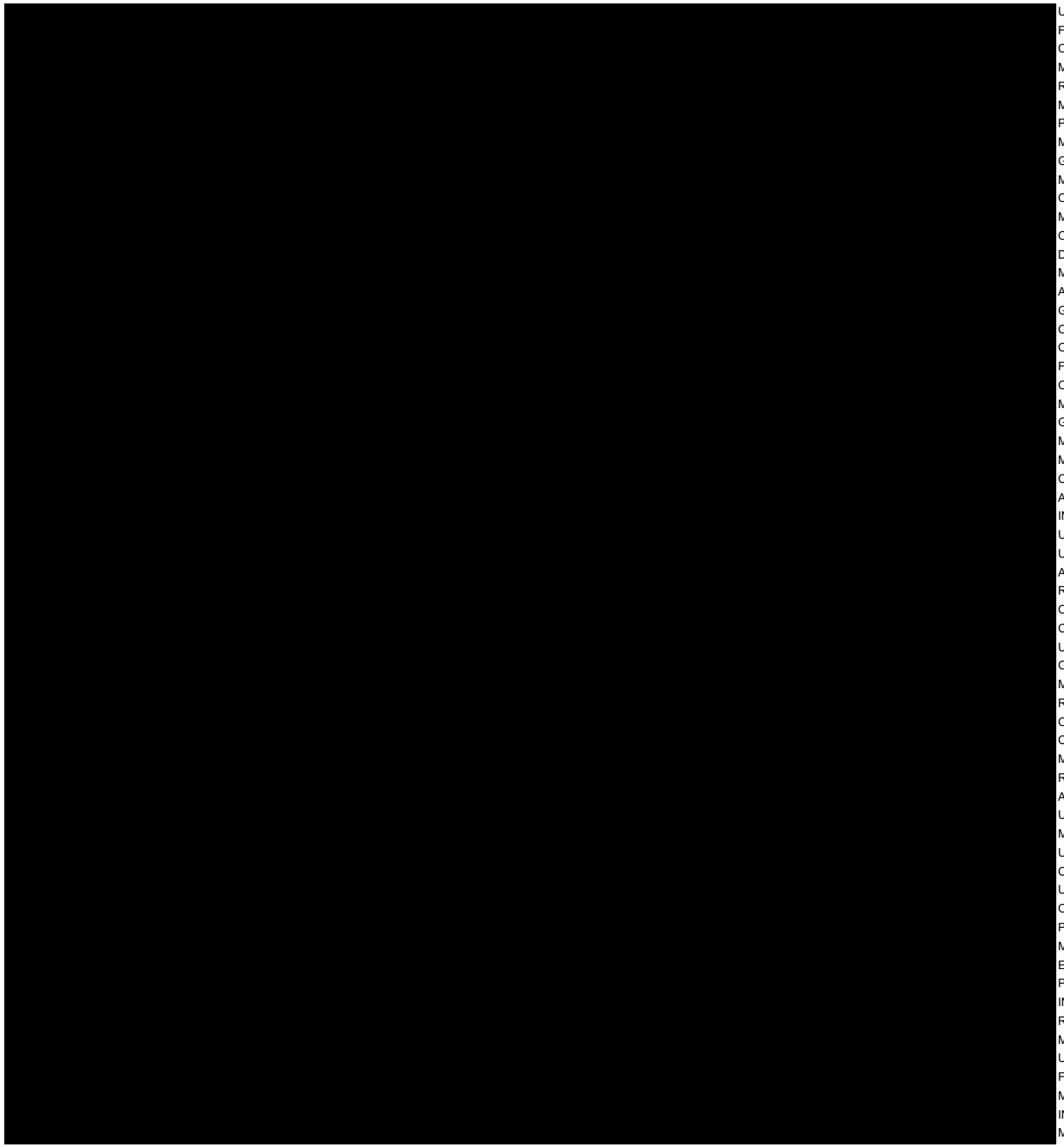
CLINICAL LAB ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
HOME INFUSION	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
OCCUPATIONAL	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIAC ELECT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI(	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES



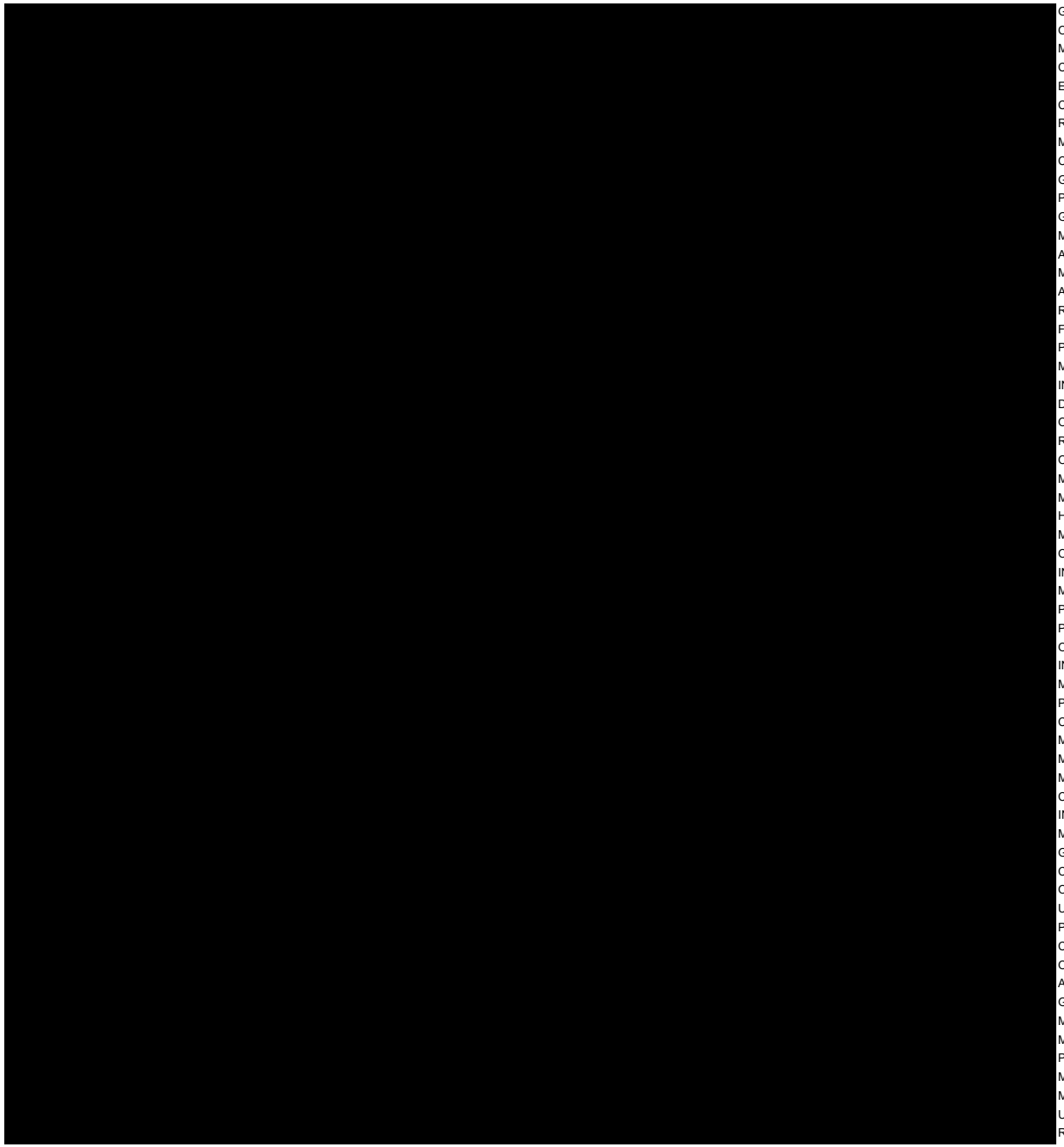
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
PEDIATRIC PULM	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INDEPENDENT L	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
SURGERY COLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	YES	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
PEDIATRIC CARI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A



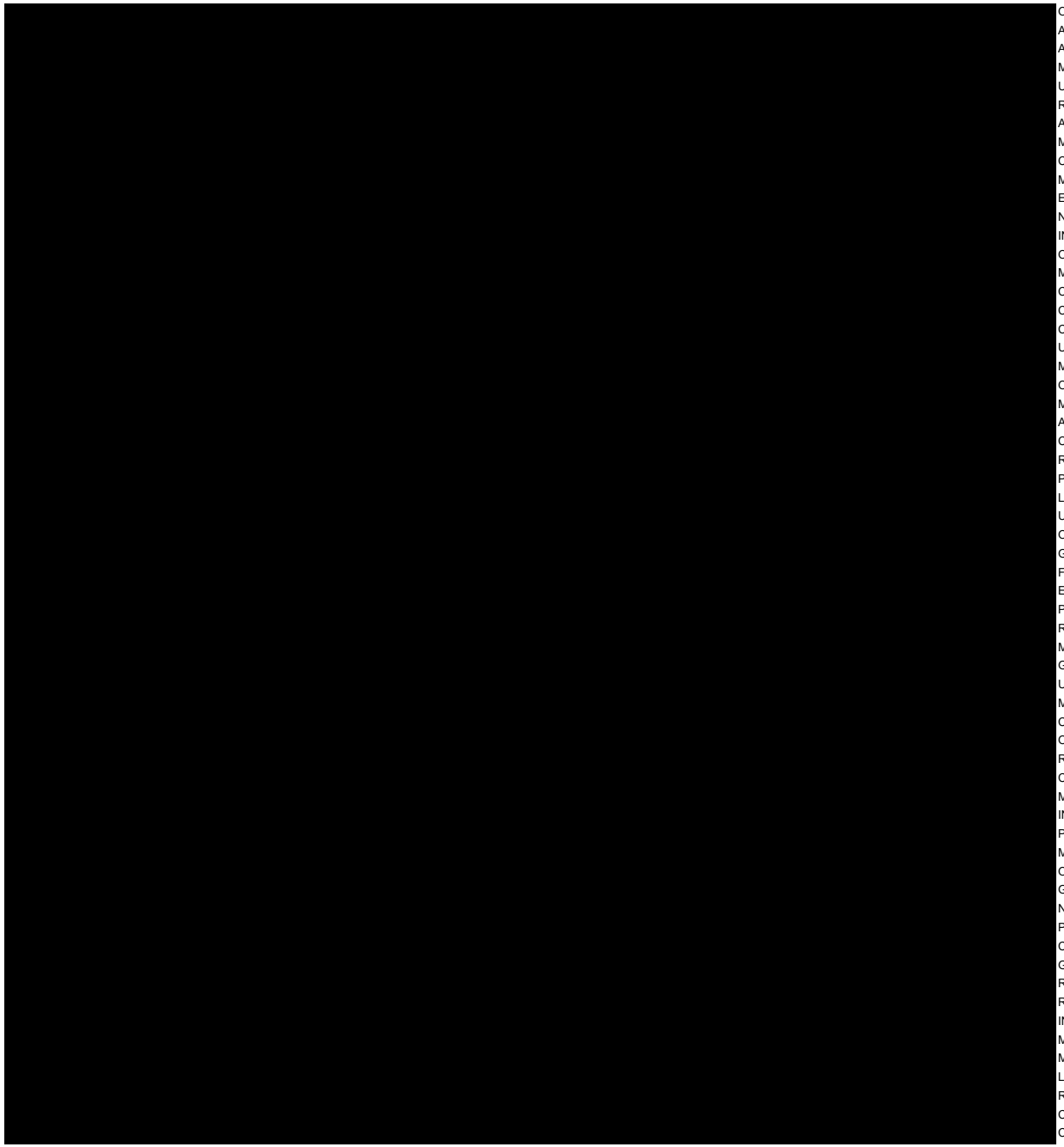
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO(	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
ALLERGY & IMM(	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	N/A	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ALLERGY & IMM(	Professional	Wellwise Active	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES



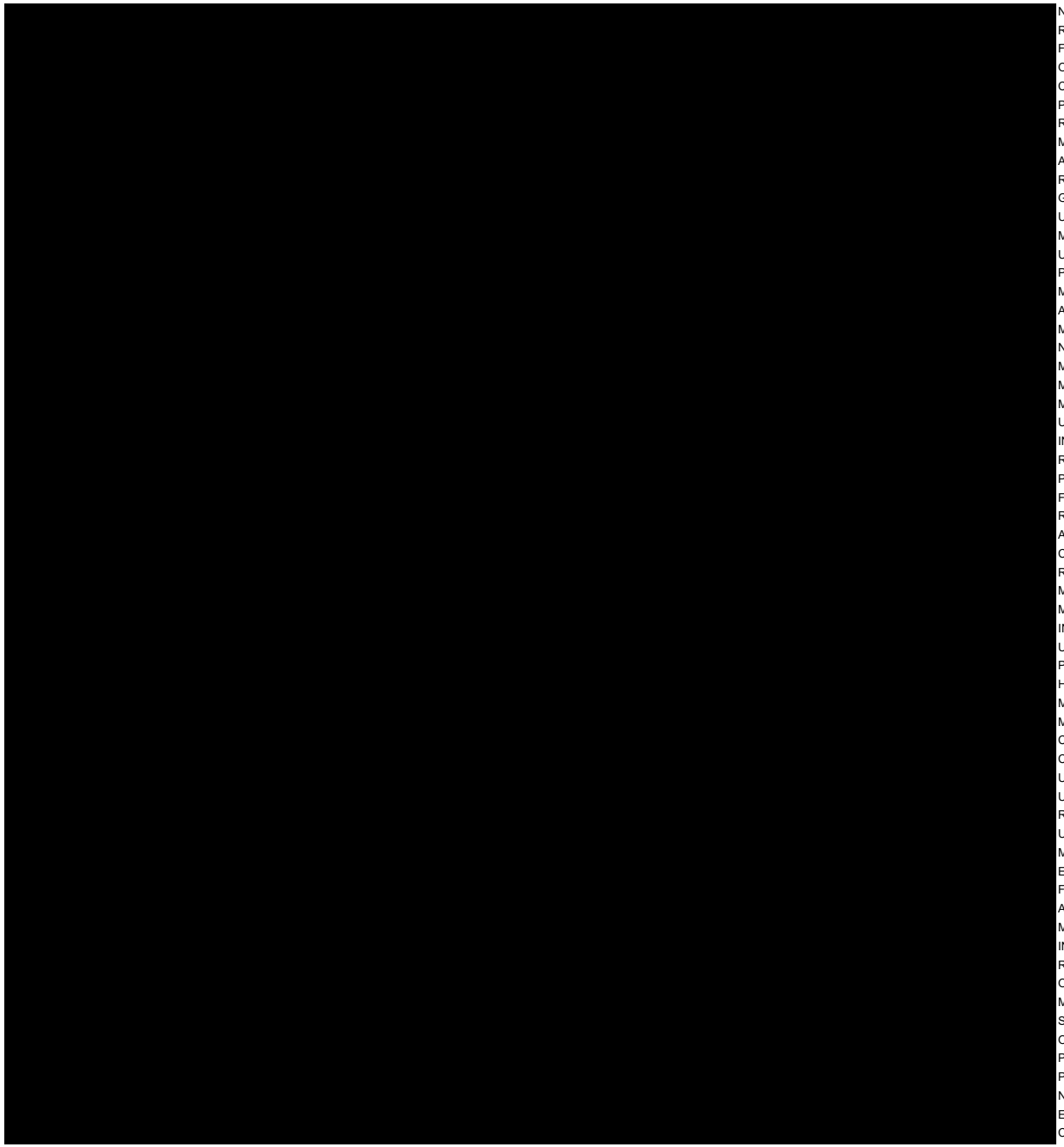
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PAIN MGMT ANE	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	NO
ANESTHESIOLOC	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	NO	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO



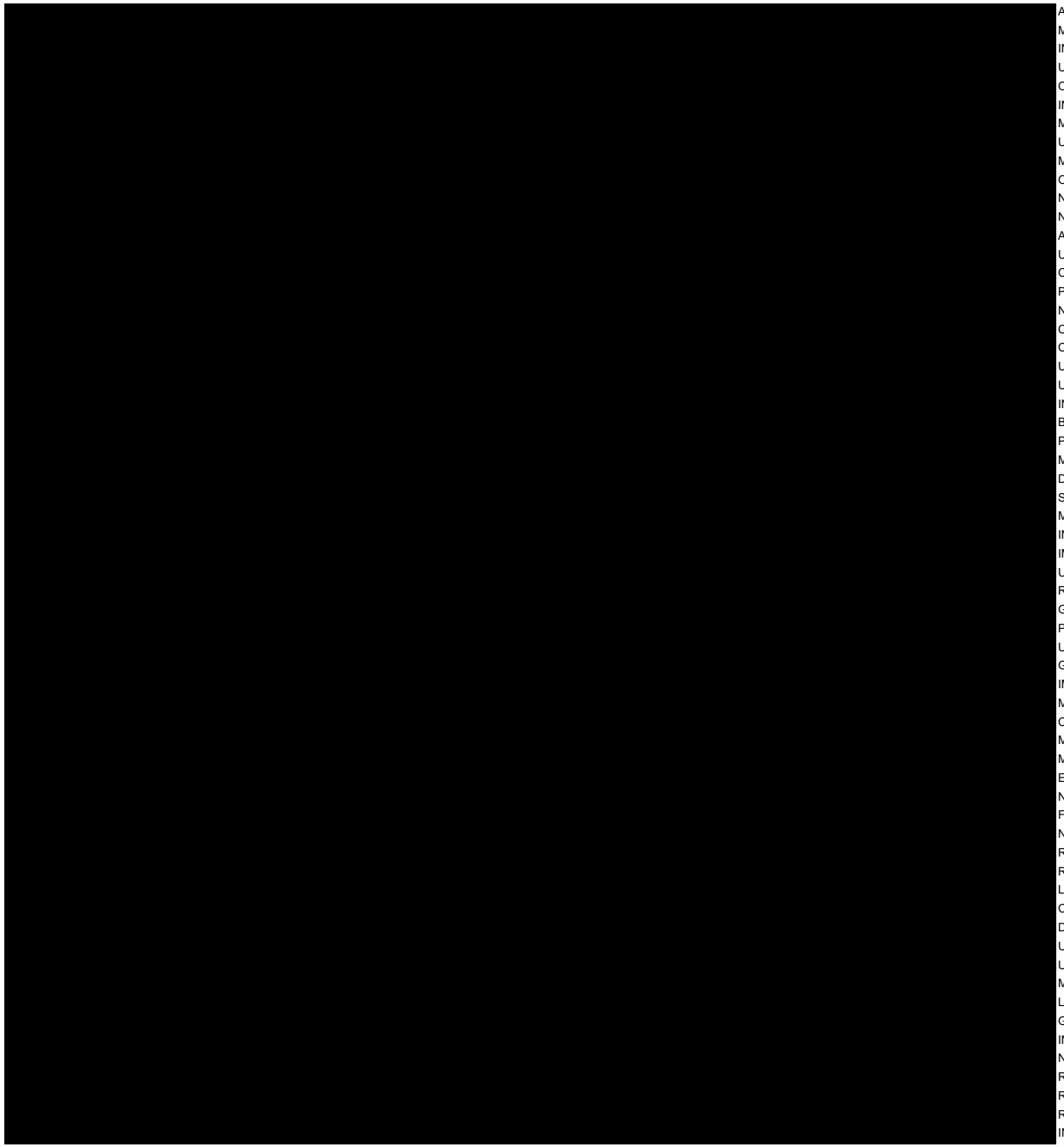
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
ALLERGY & IMM(	Professional	Wellwise Active	YES	NO
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
ALLERGY & IMM(	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES



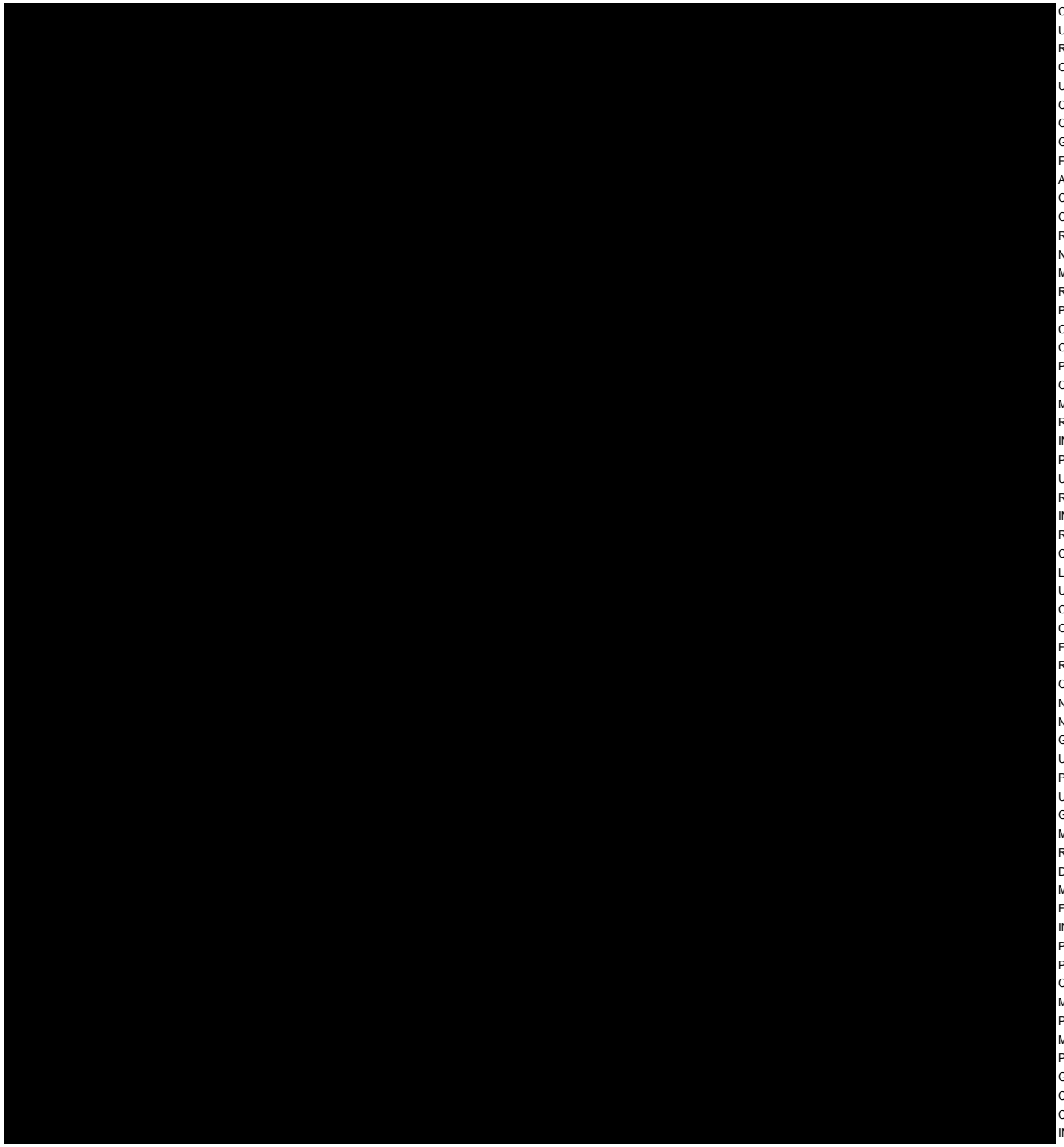
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES - Hospital Based
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
NEUROLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
NEPHROLOGY	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
RESEARCH PSY	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES



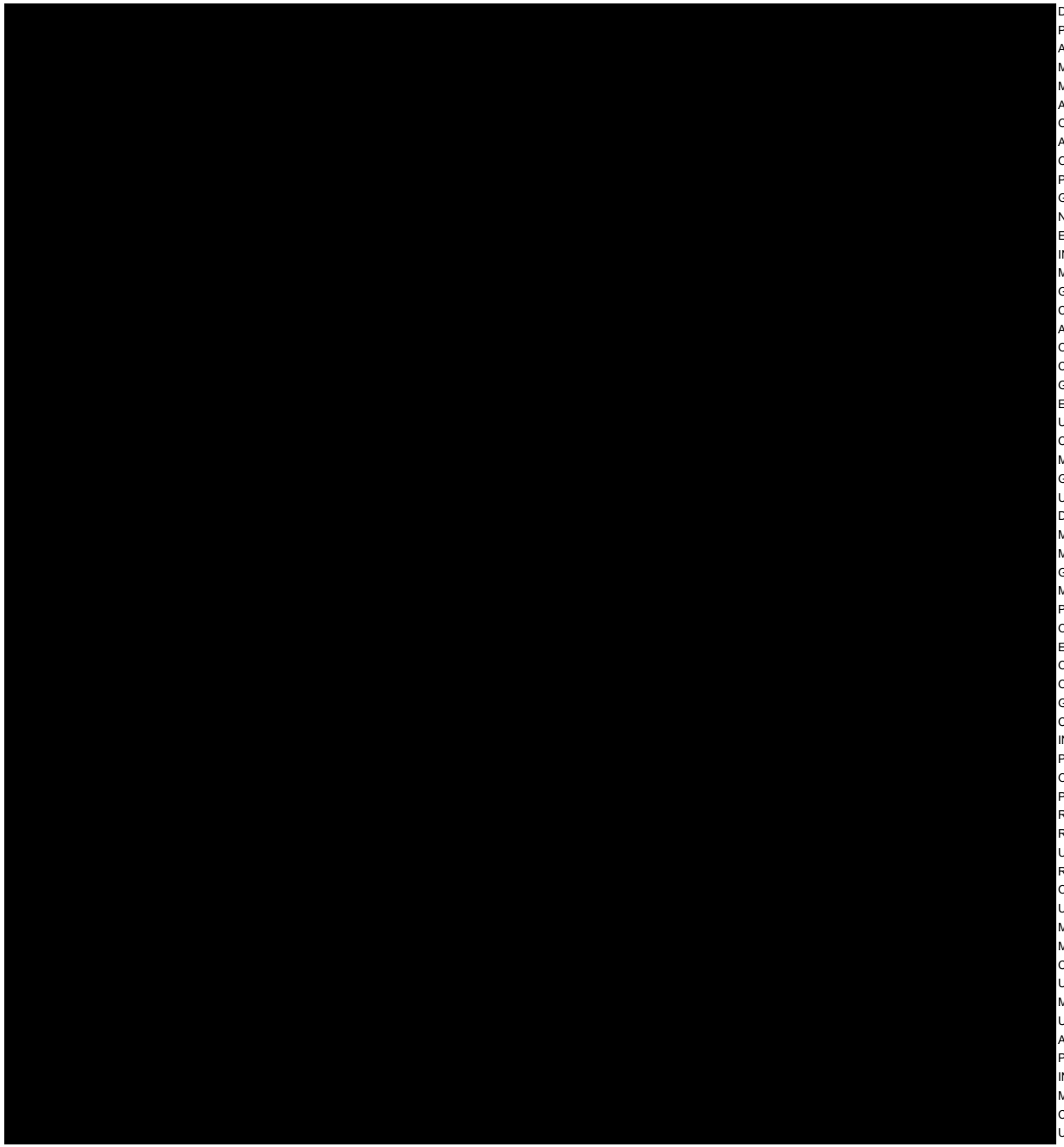
NEUROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	NO	NO
GASTROENTERO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDI	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CARDIOLOGY	Professional	Wellwise Active	YES	YES
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MRI CENTER	Professional	Wellwise Active	YES	YES
CLINICAL LAB M	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO



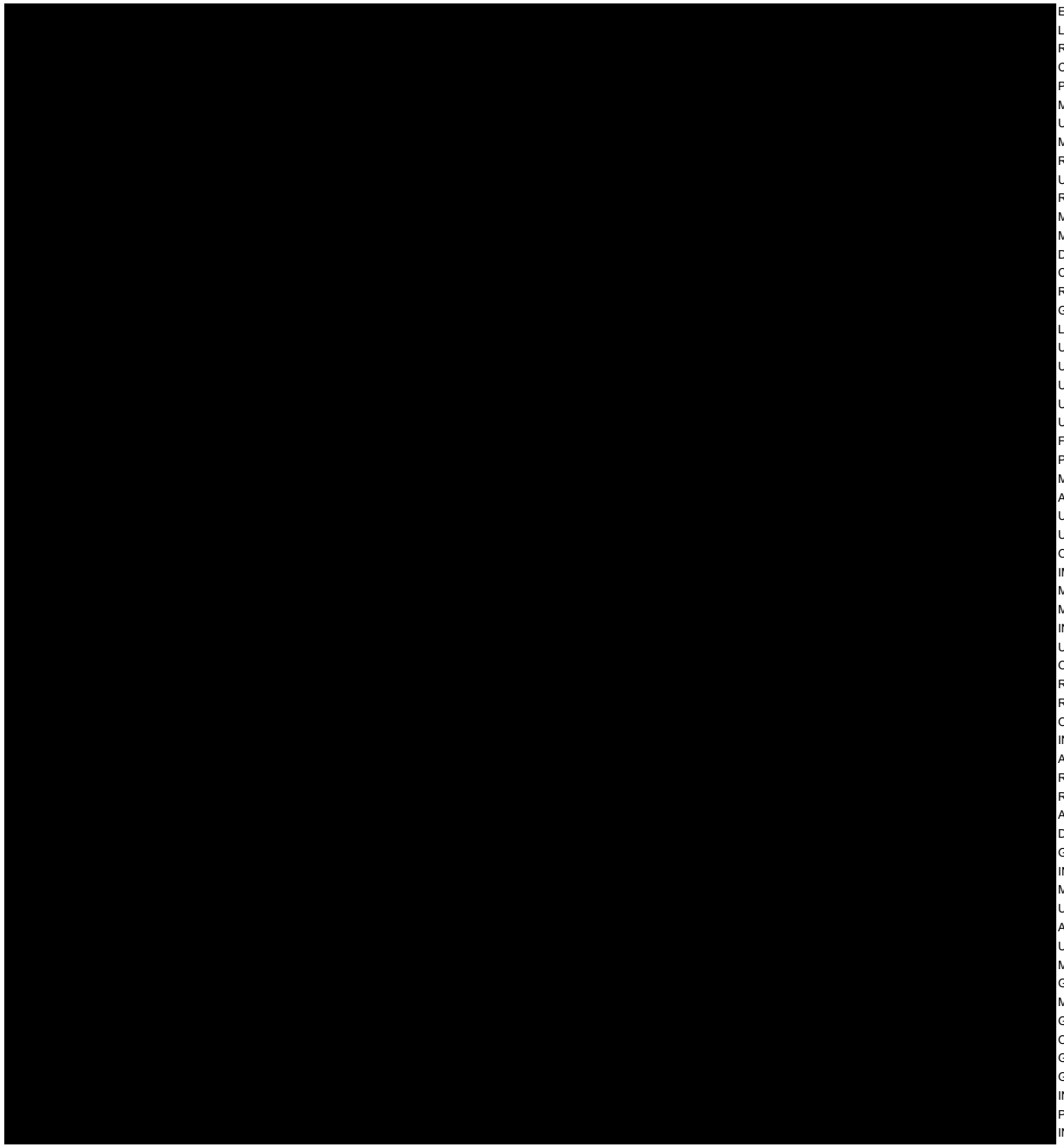
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERVENTIONA	Professional	Wellwise Active	YES	YES
BCBA-MASTERS	Professional	Wellwise Active	YES	YES
PEDIATRIC CARI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
SPEECH PATHOI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
GASTROENTERO	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES



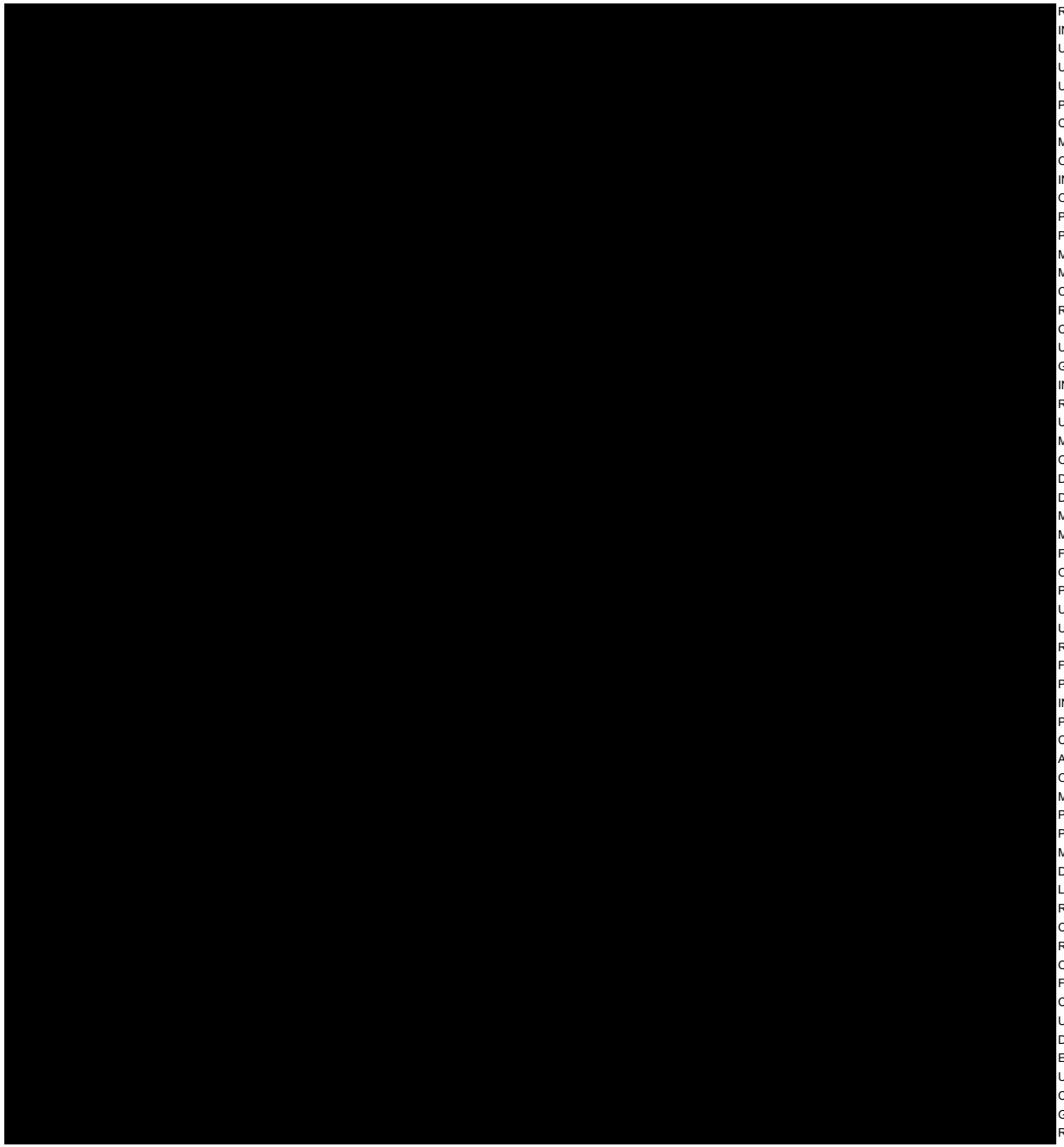
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GASTROENTERO	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Active	YES	NO
PEDIATRIC GAST	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
RESEARCH PSYC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUP	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY, CH	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	N/A	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CERTIFIED ACUP	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO



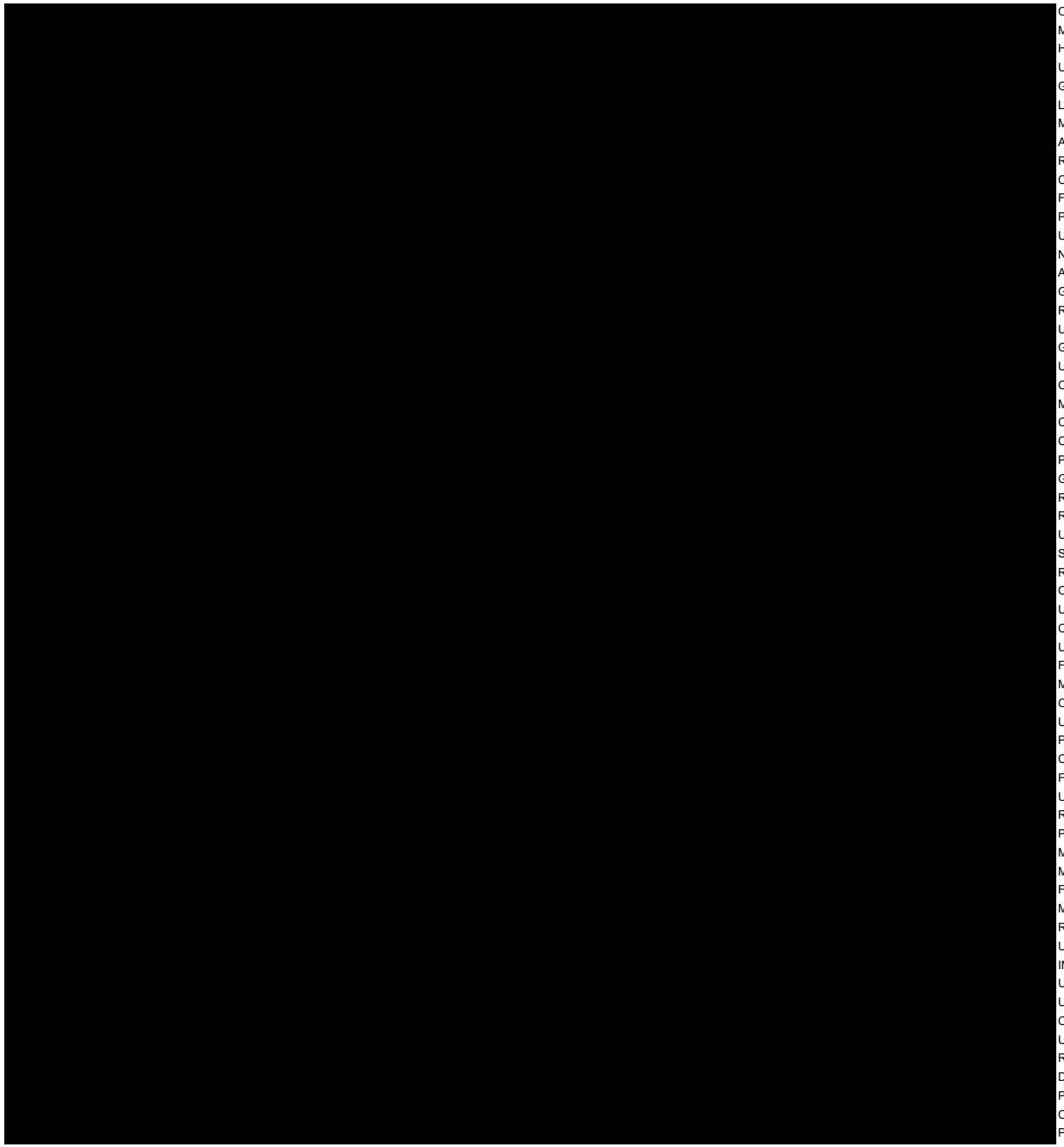
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
OTOLARYNGOL(	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
OTOLARYNGOL(	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
OTOLARYNGOL(	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ALLERGY & IMM(	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A



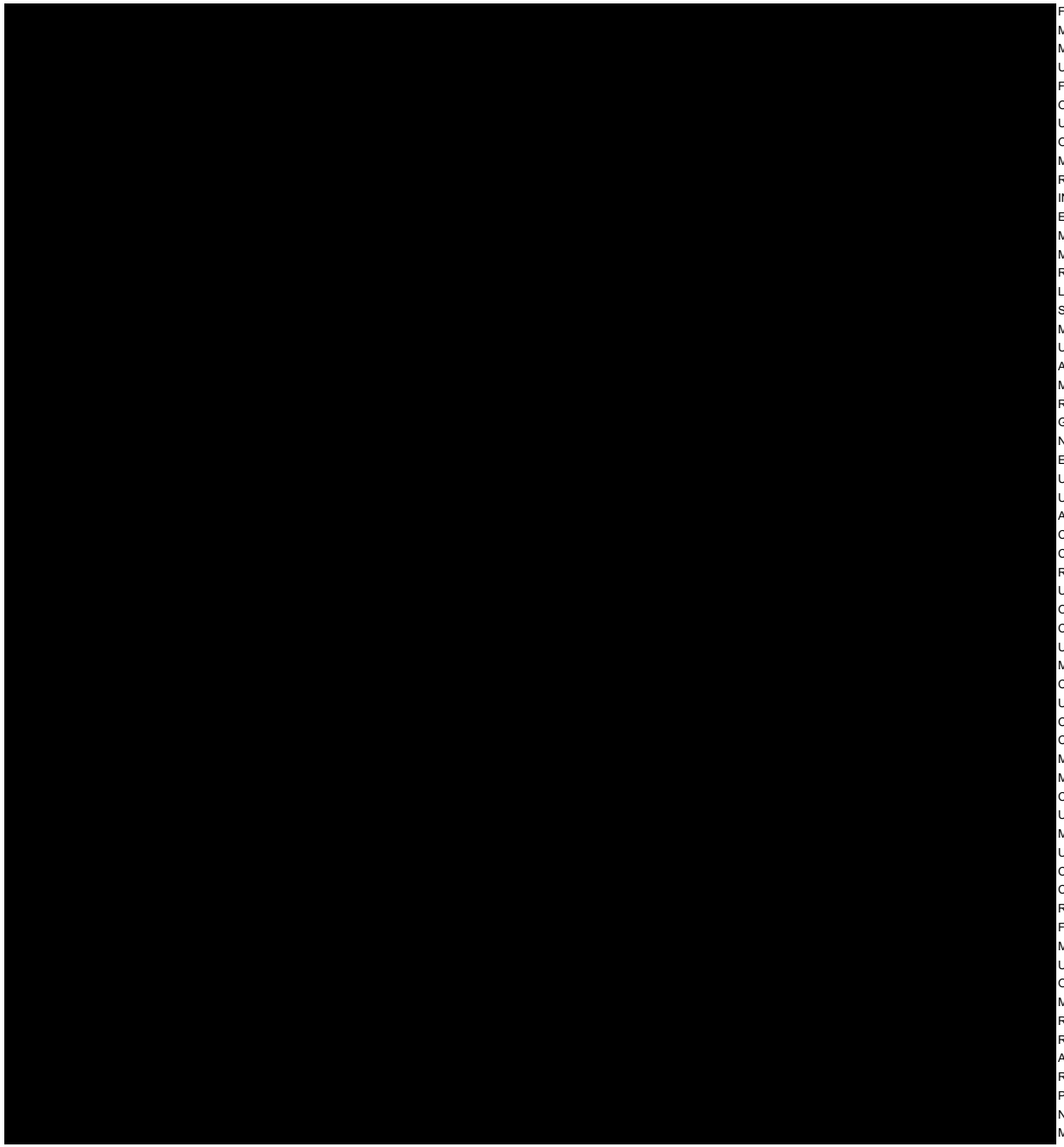
EMERGENCY ME	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
RADIATION ONC(	Professional	Wellwise Active	YES	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PET SCAN CENT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OTOLARYNGOL(	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO



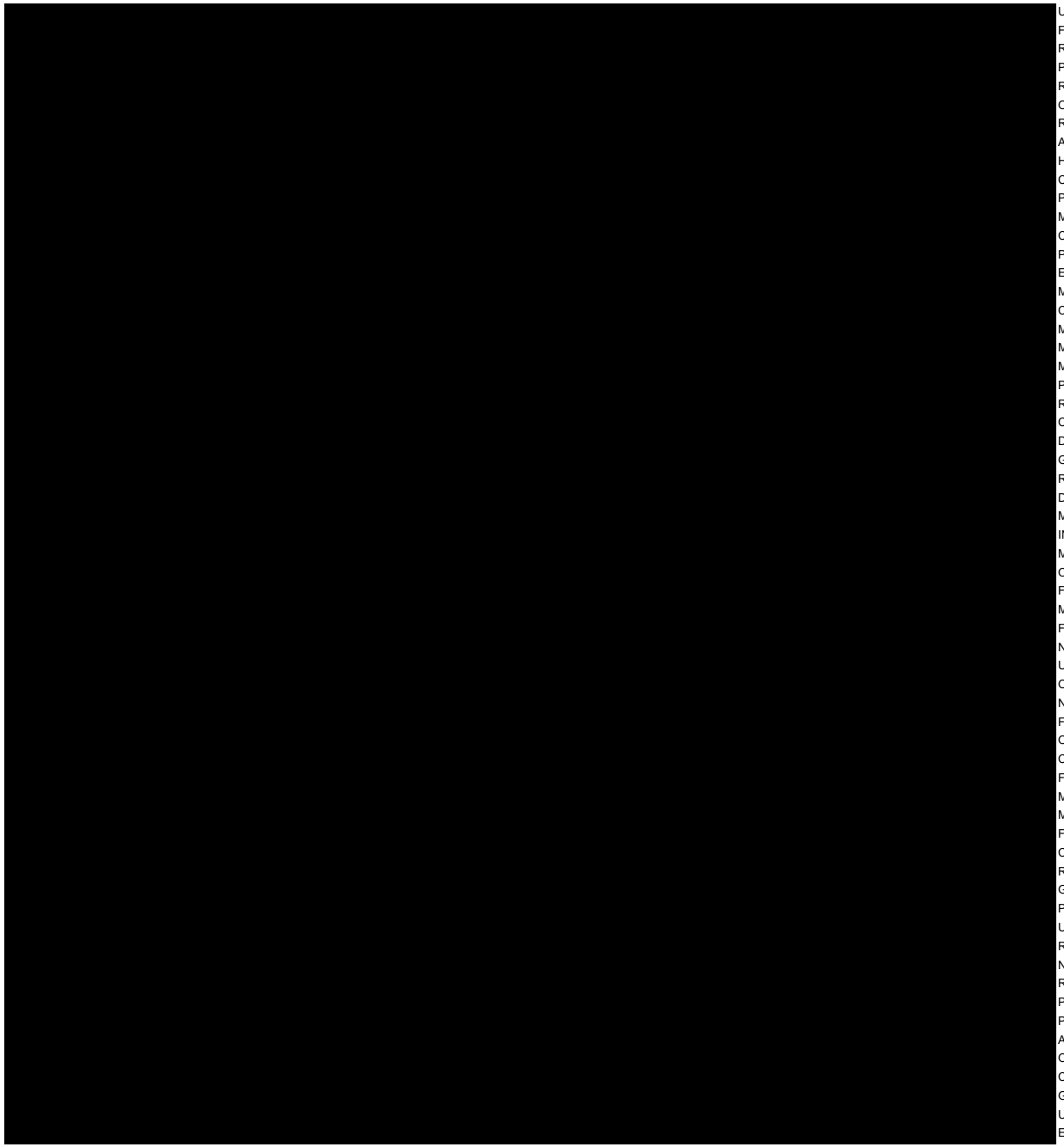
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES



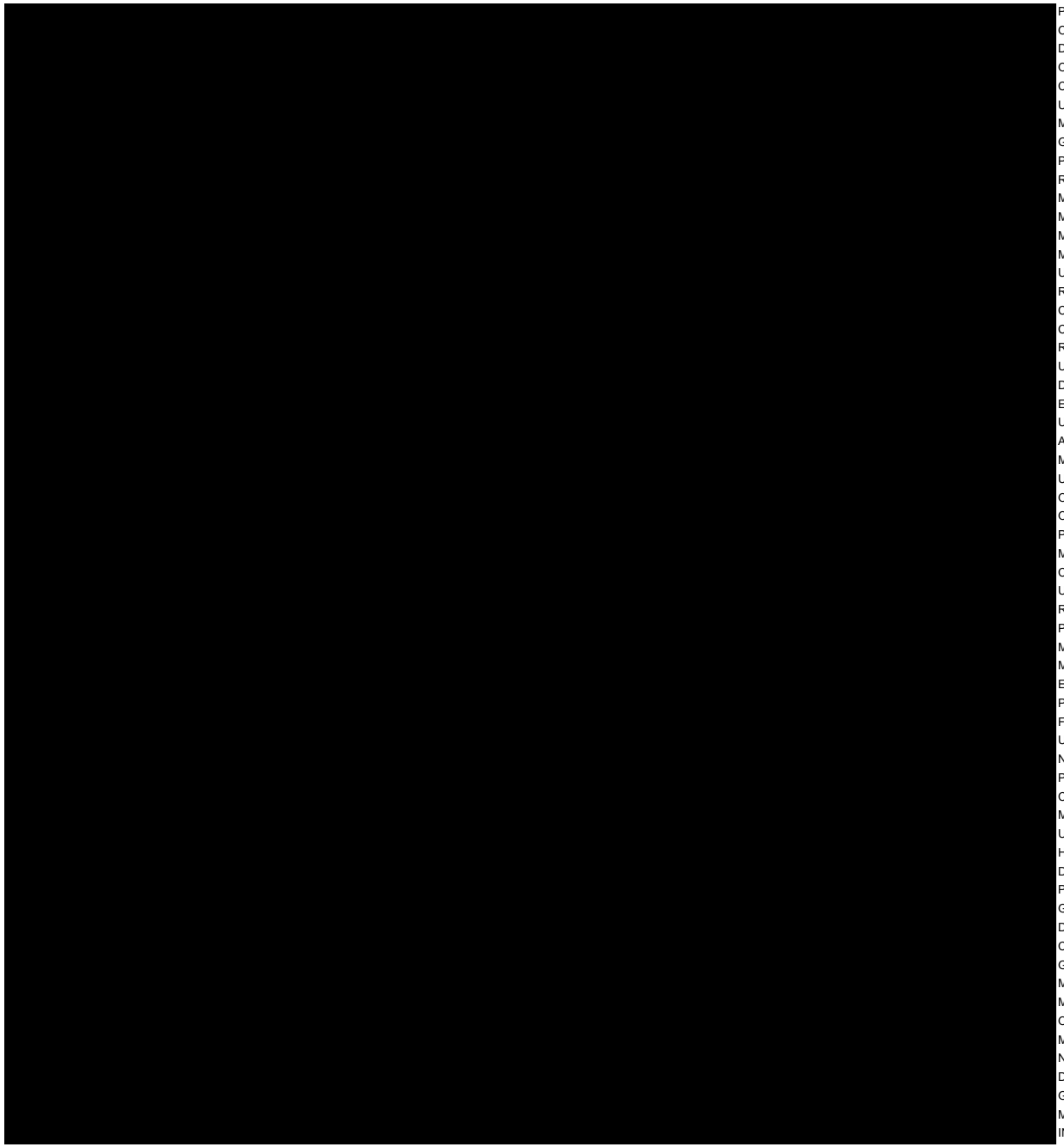
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
HOME HEALTH C	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
RESEARCH PSY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PULMONARY DIS	Professional	Wellwise Active	YES	YES



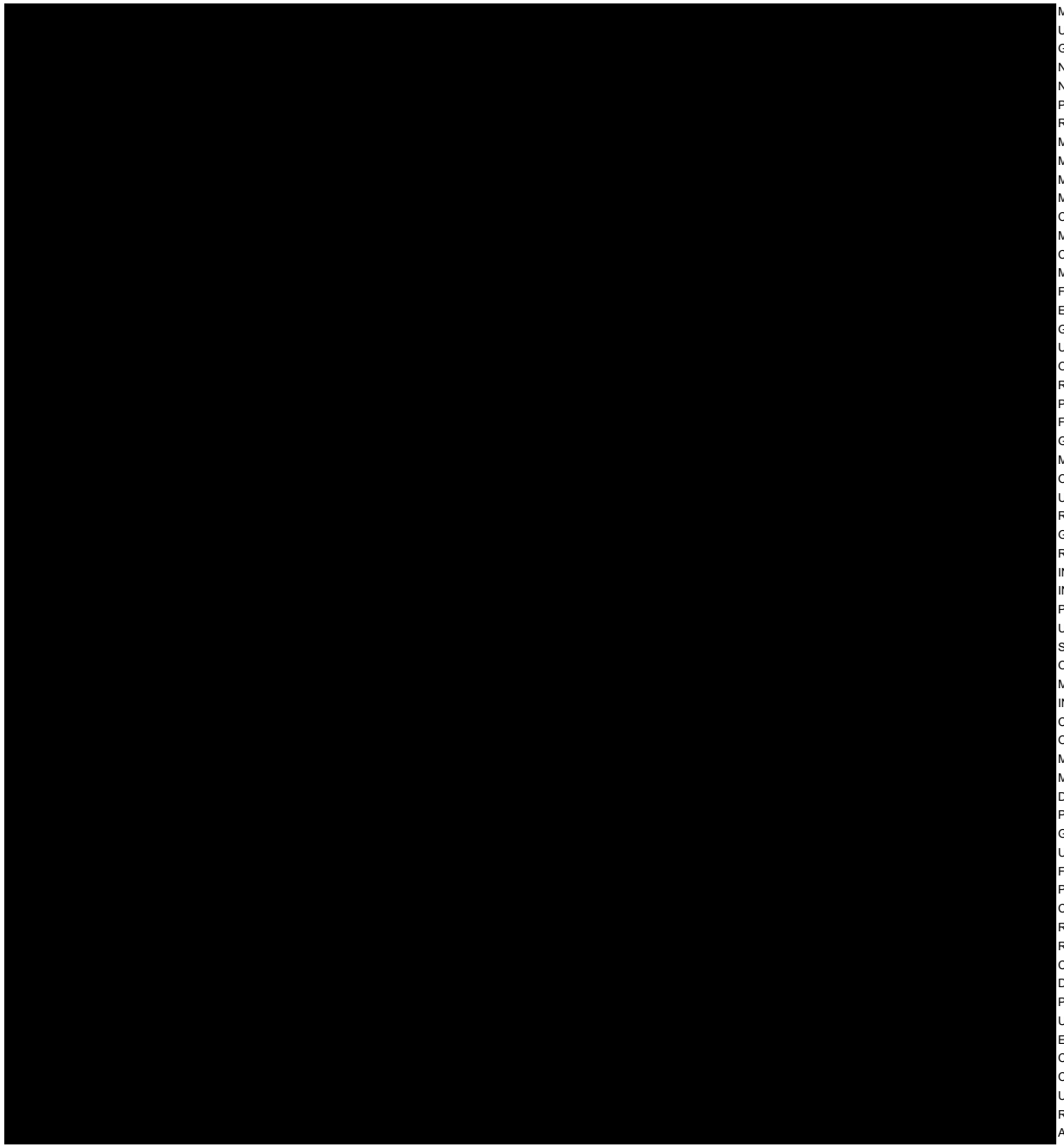
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
SURGERY COLO	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PAIN MGMT ANE:	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



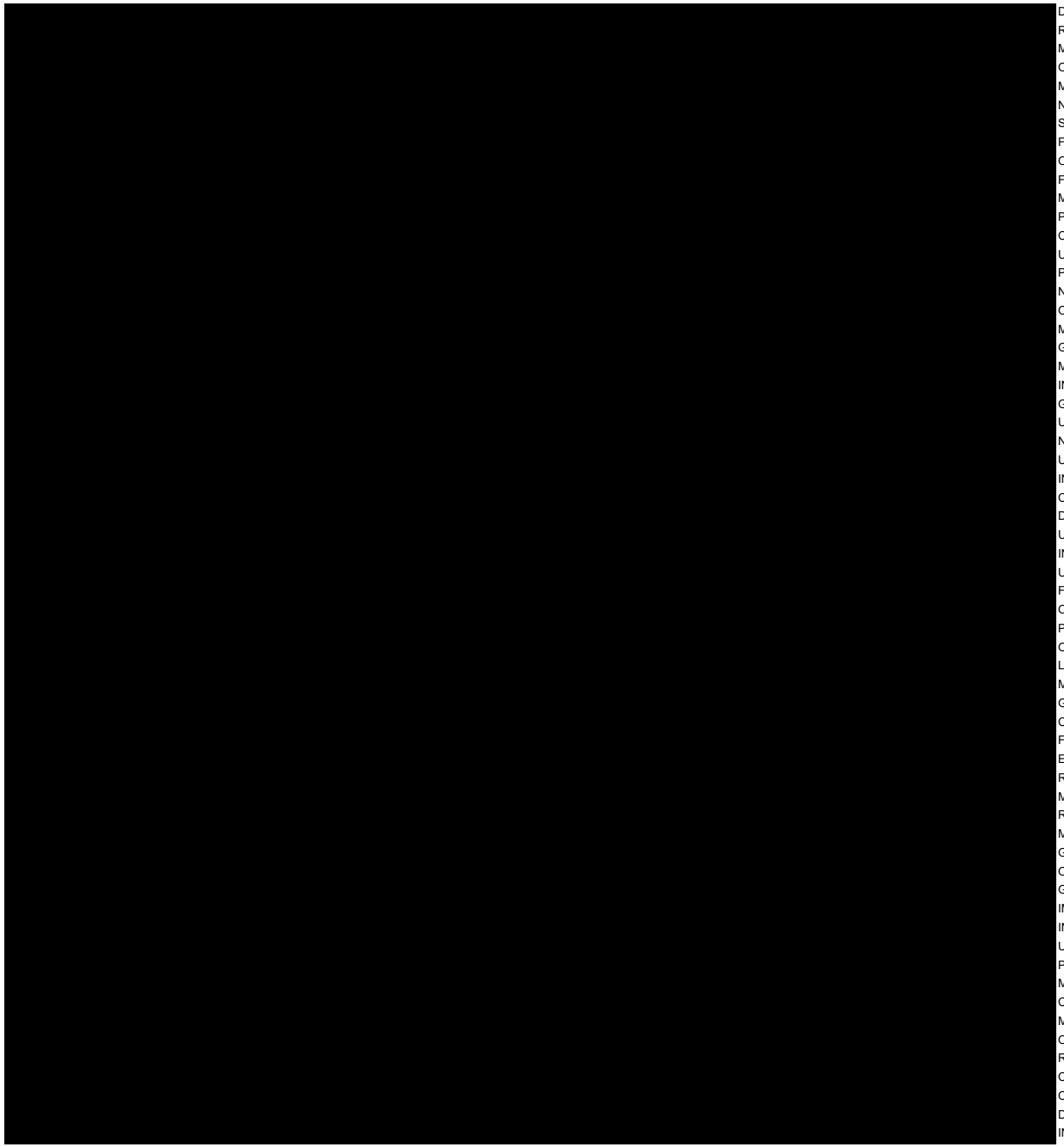
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
HOSPICE/PALLIA	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PEDIATRIC DERI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES - Hospital Based	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES



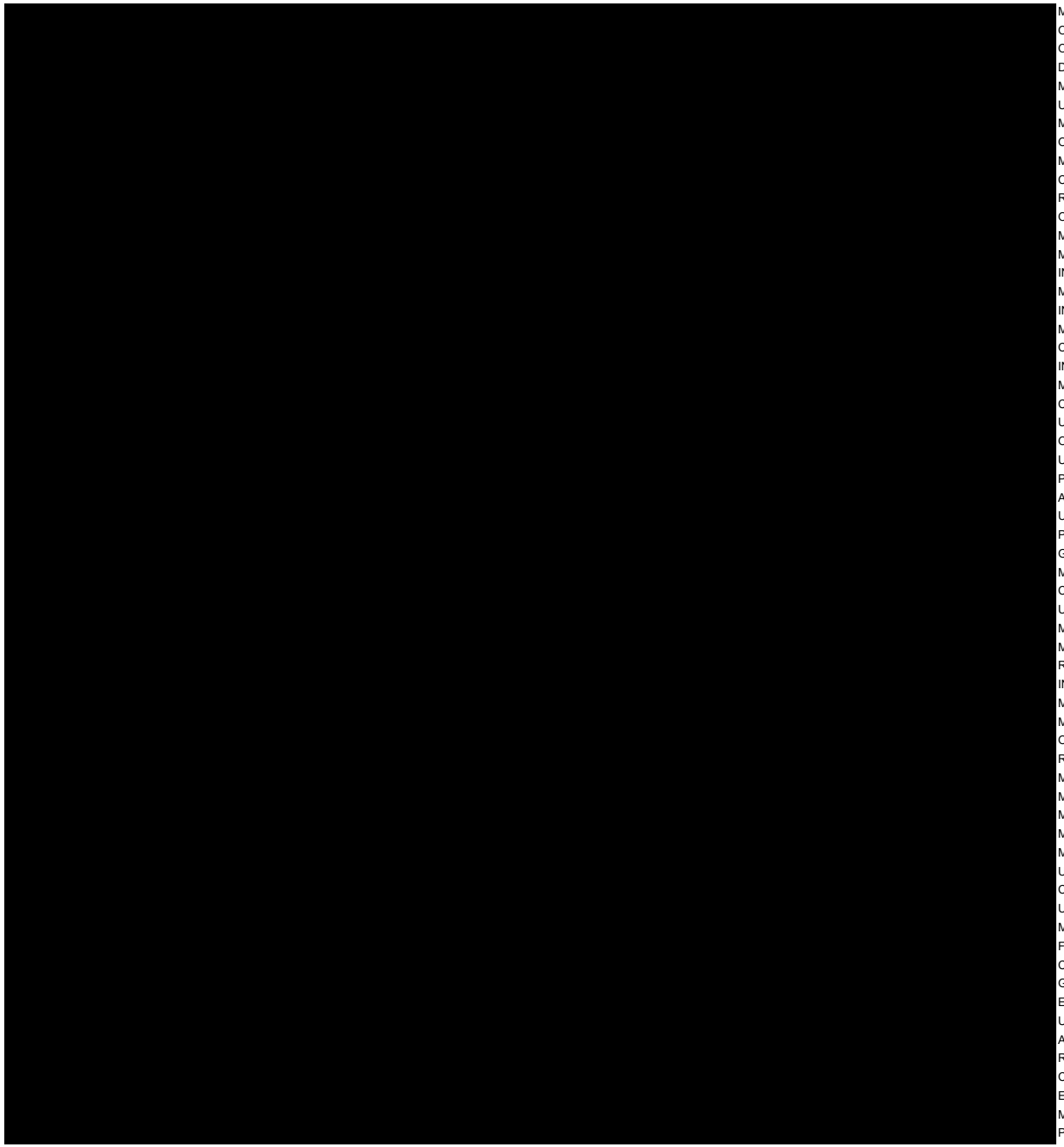
PSYCHIATRY	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
PAIN MGMT ANE:	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
PHYSIOLOGICAL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PEDIATRICS	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
HOME INFUSION	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES



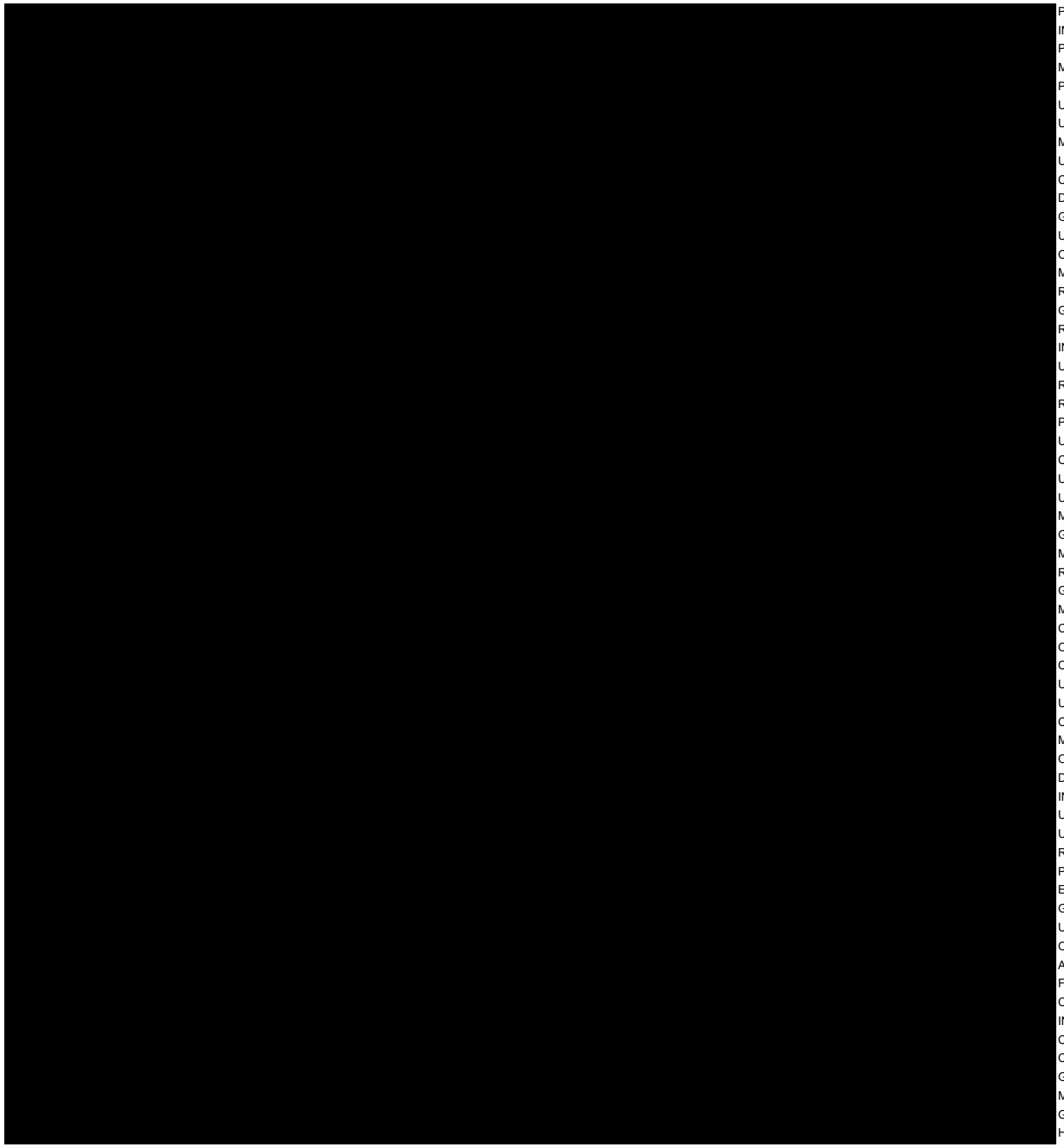
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES



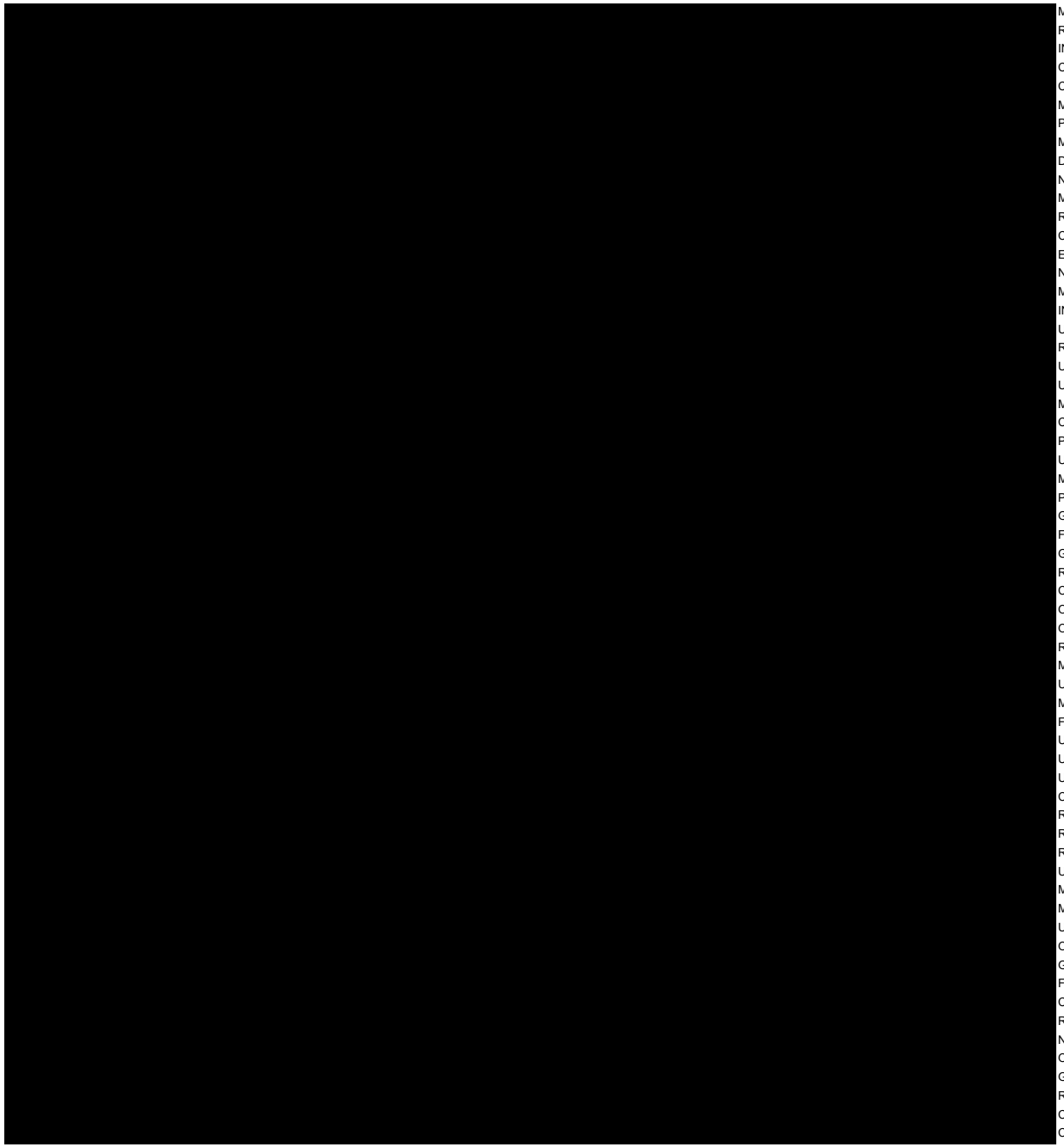
DERMATOLOGY	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OUTPATIENT ME	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	NO	NO
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO



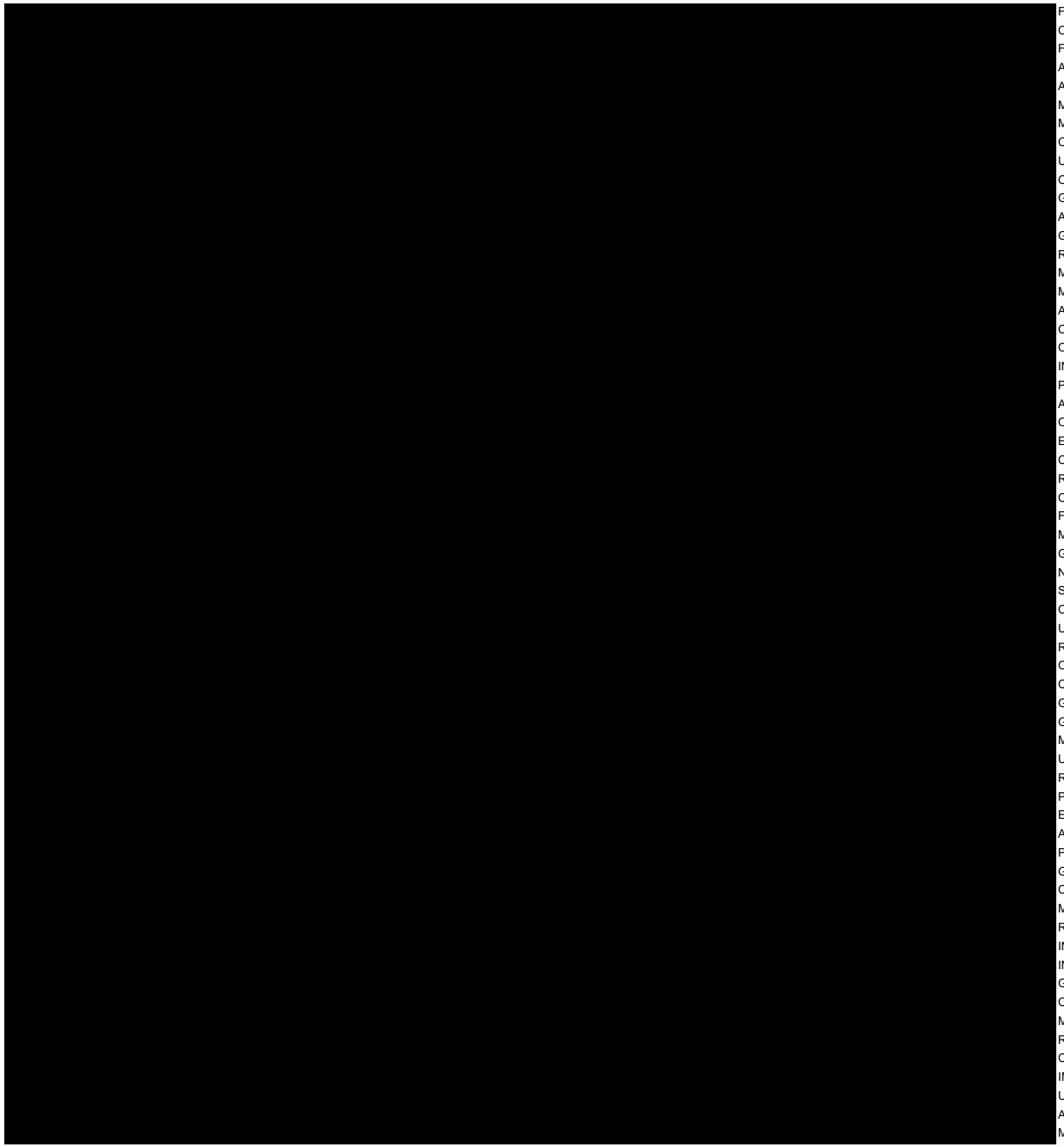
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
OTOLARYNGOLG	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLG	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PULMONARY DIS	Professional	Wellwise Active	YES	YES



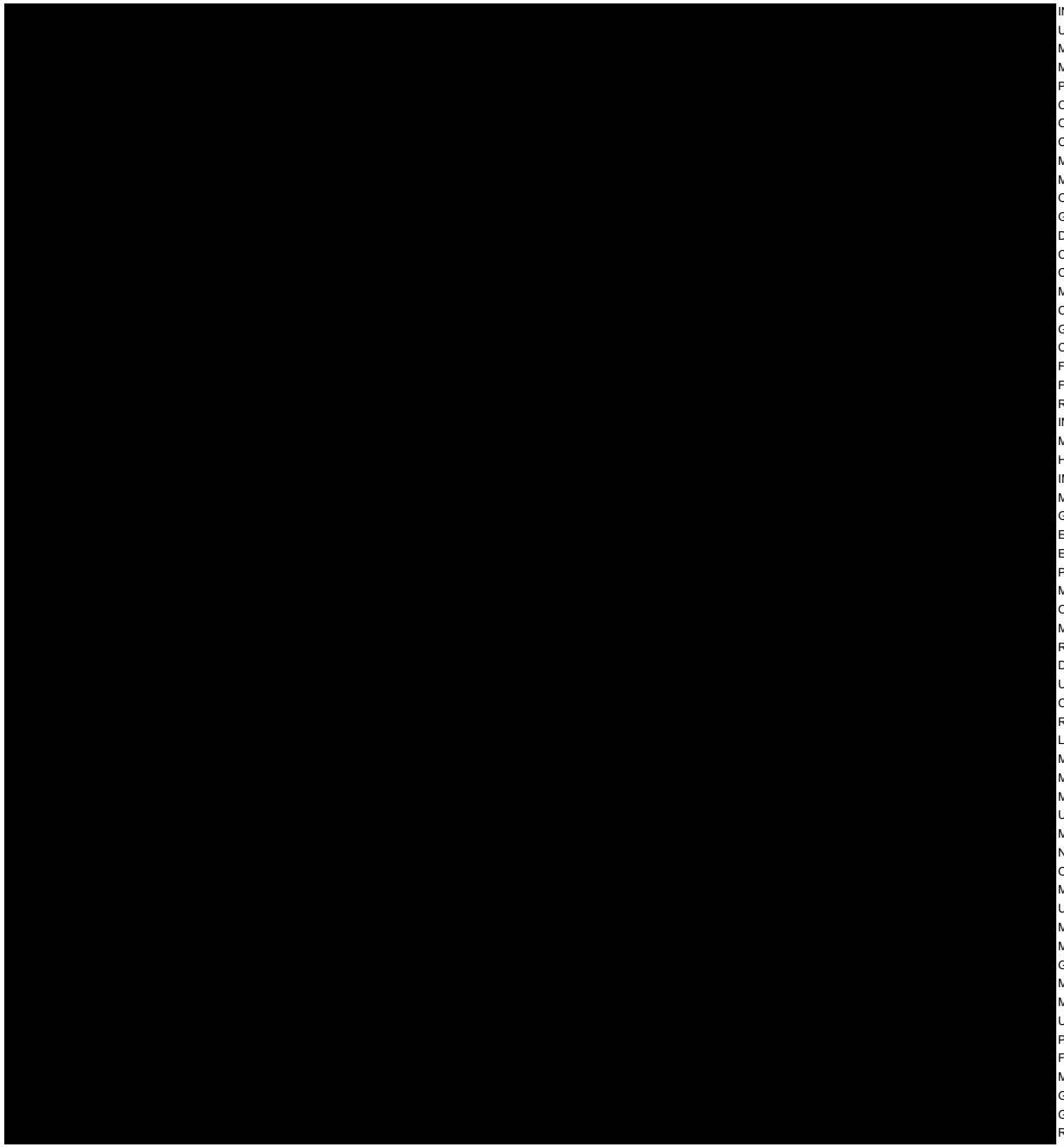
PEDIATRICS	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
GYNECOLOGY	Professional	Wellwise Active	YES	NO
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED NURS	Professional	Wellwise Active	N/A	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	N/A	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES



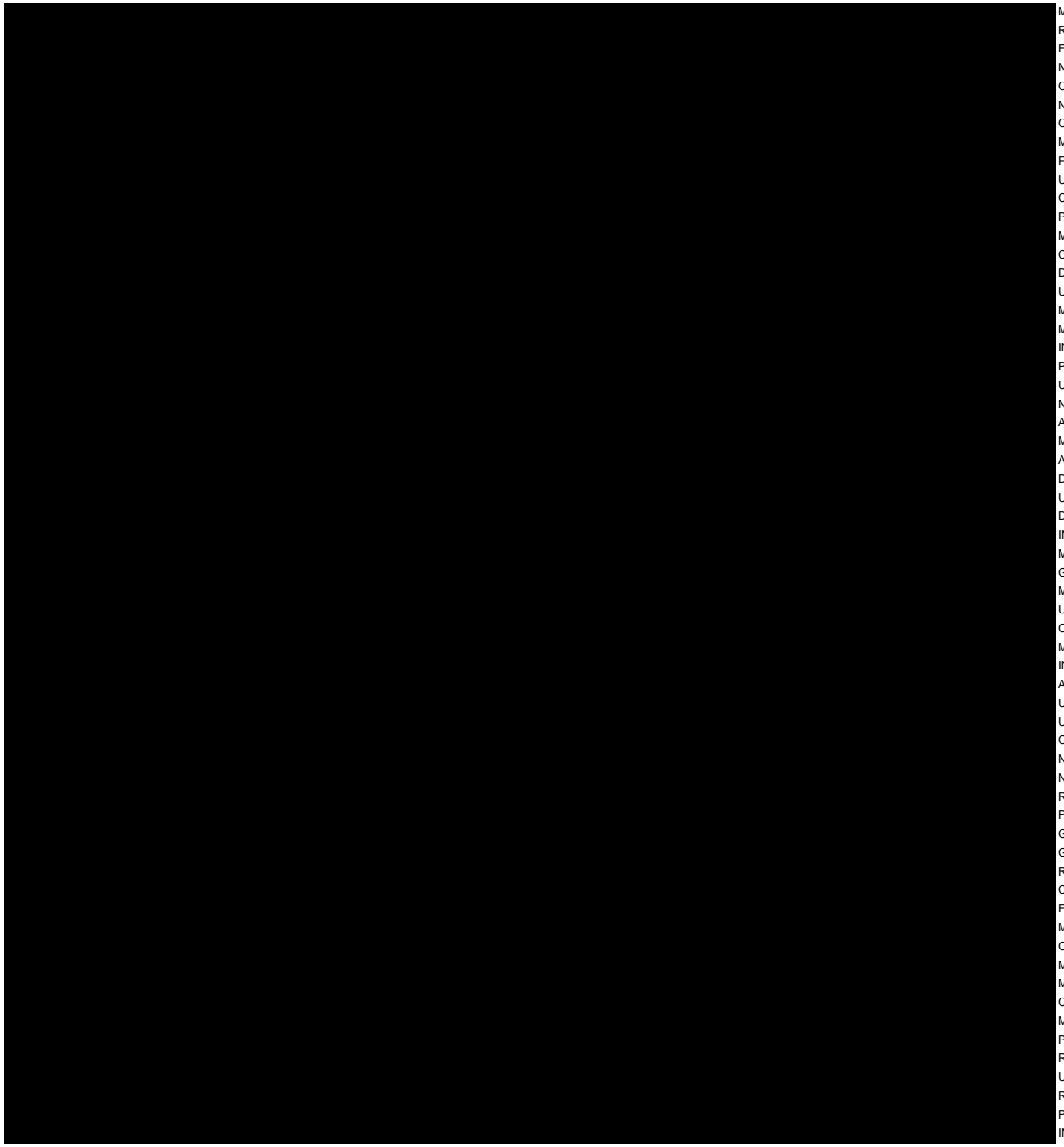
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MISCELLANEOUS	Professional	Wellwise Active	N/A	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
NEUROLOGY	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO



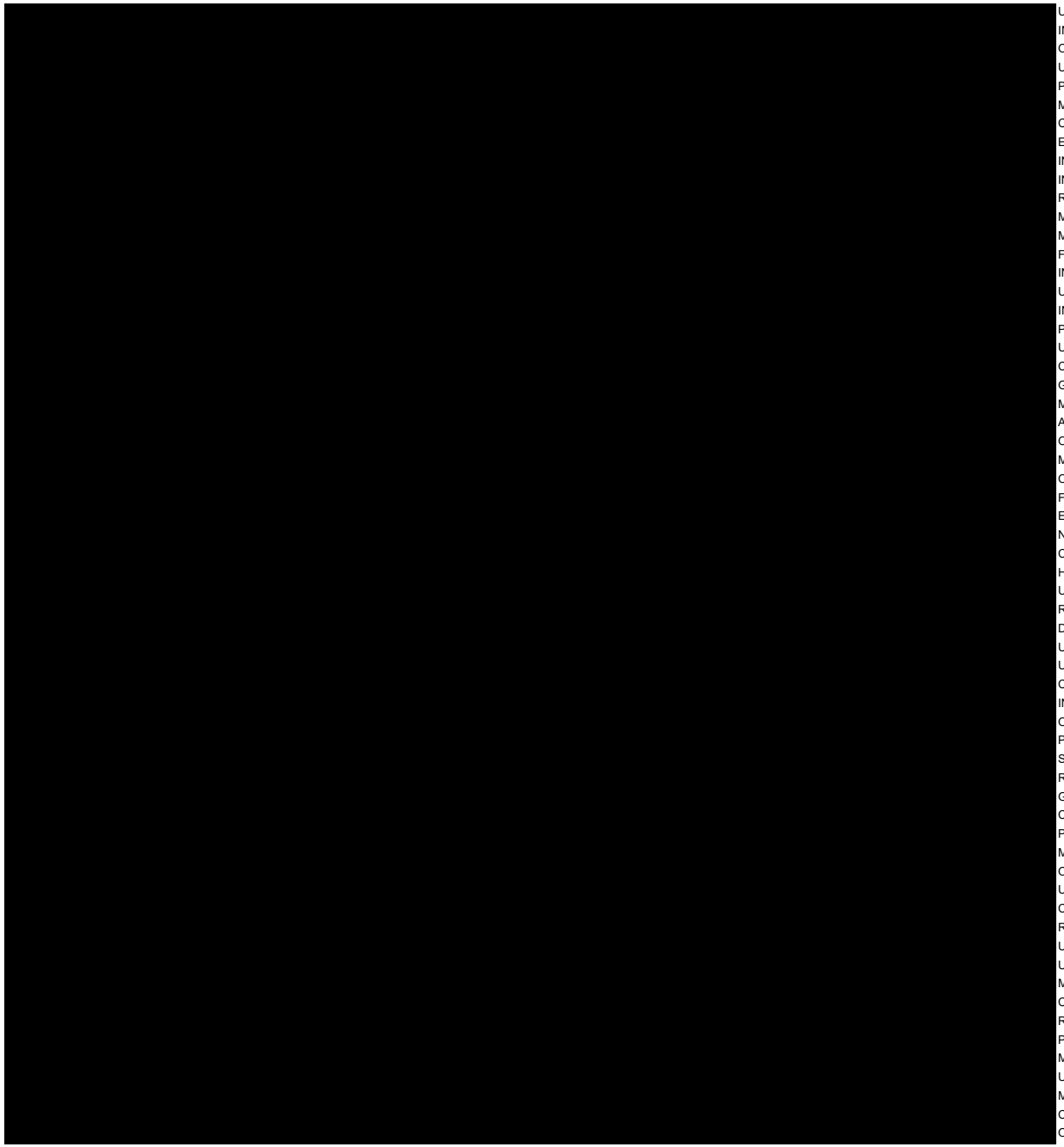
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
GYNECOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
PSYCH-MENTAL	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



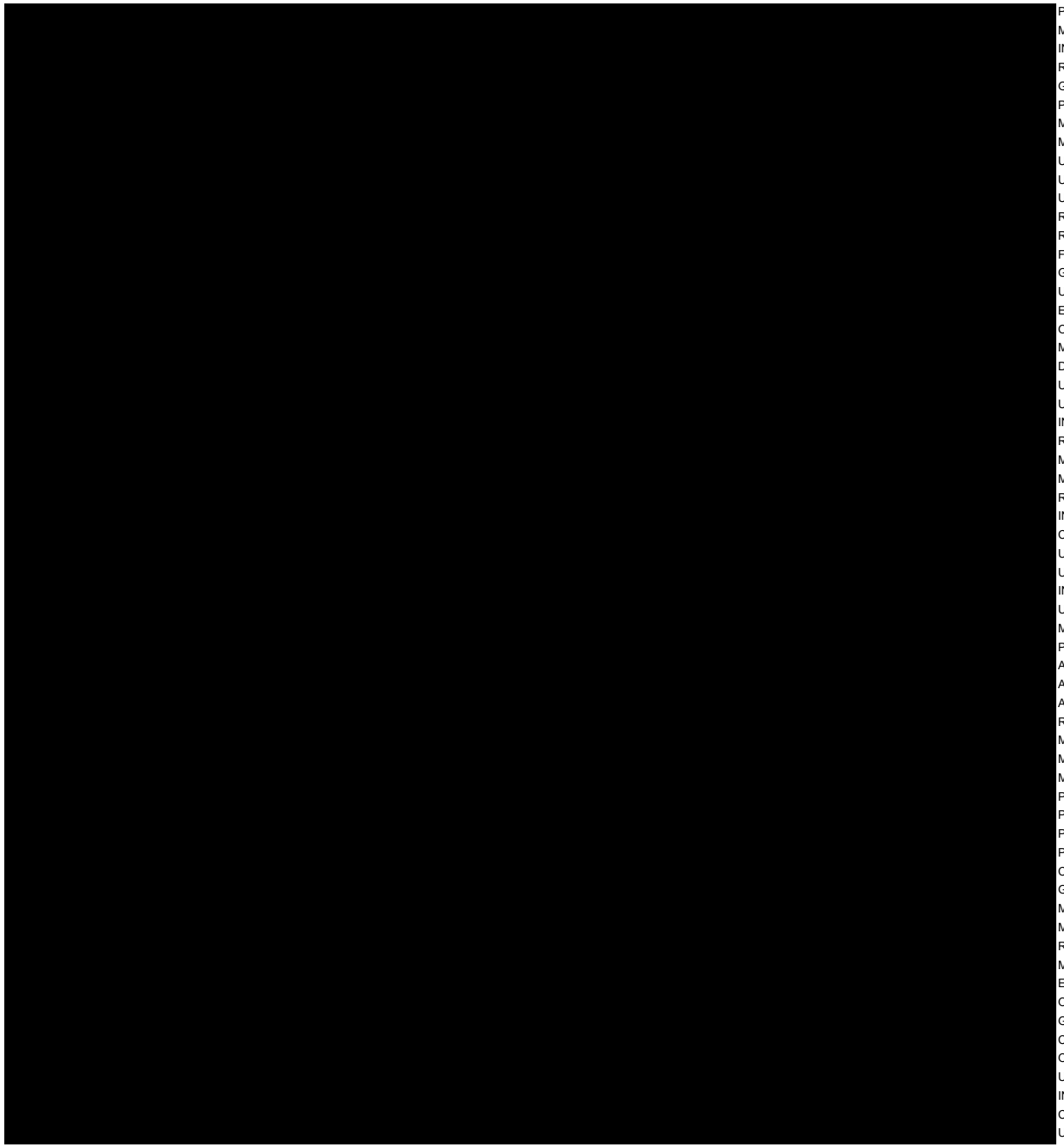
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	NO	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES



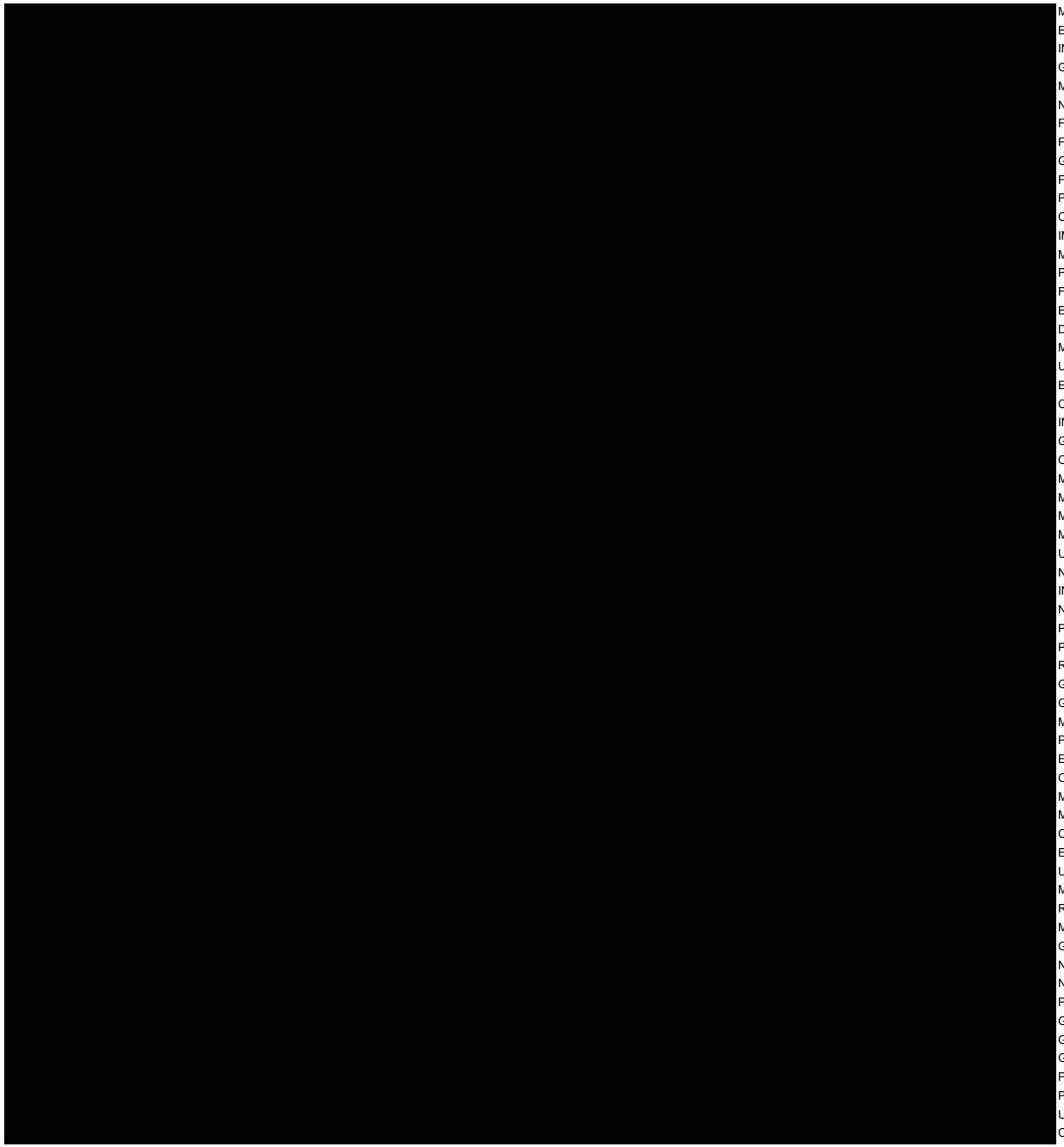
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	NO
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
NEPHROLOGY	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO



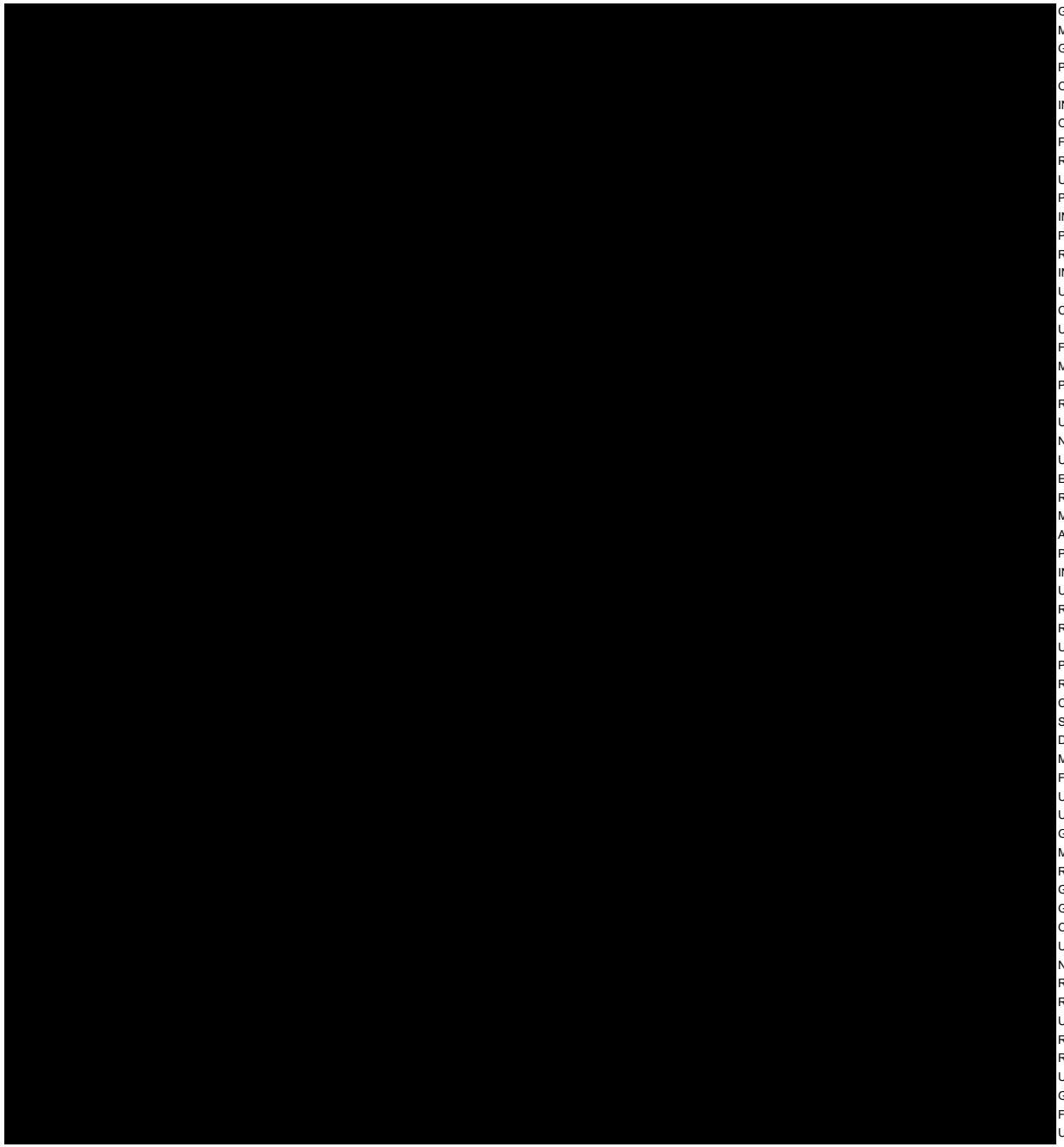
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	N/A	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
ORALMAXILLOFA	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES



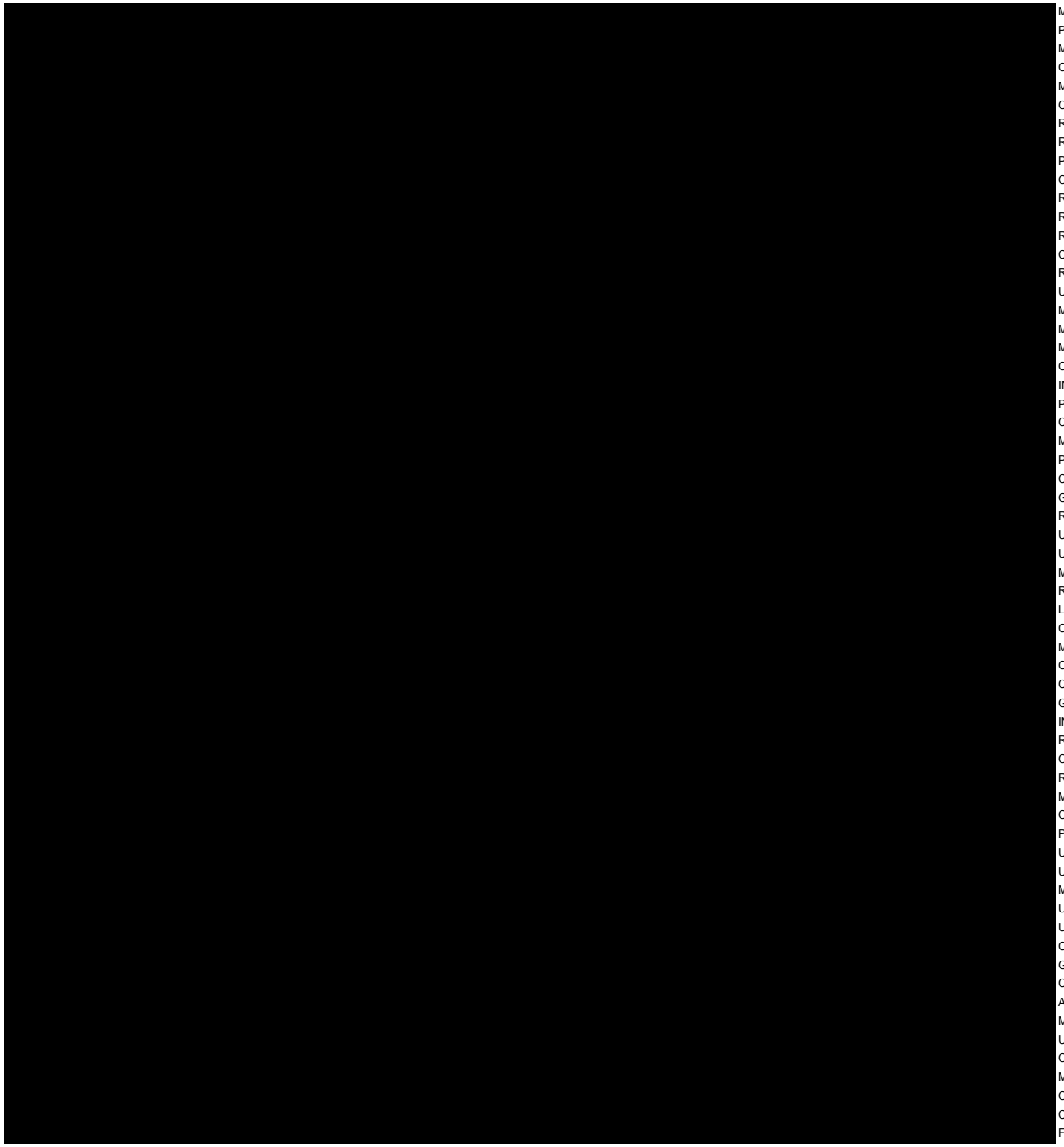
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES - Hospital Based
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PEDIATRICS	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



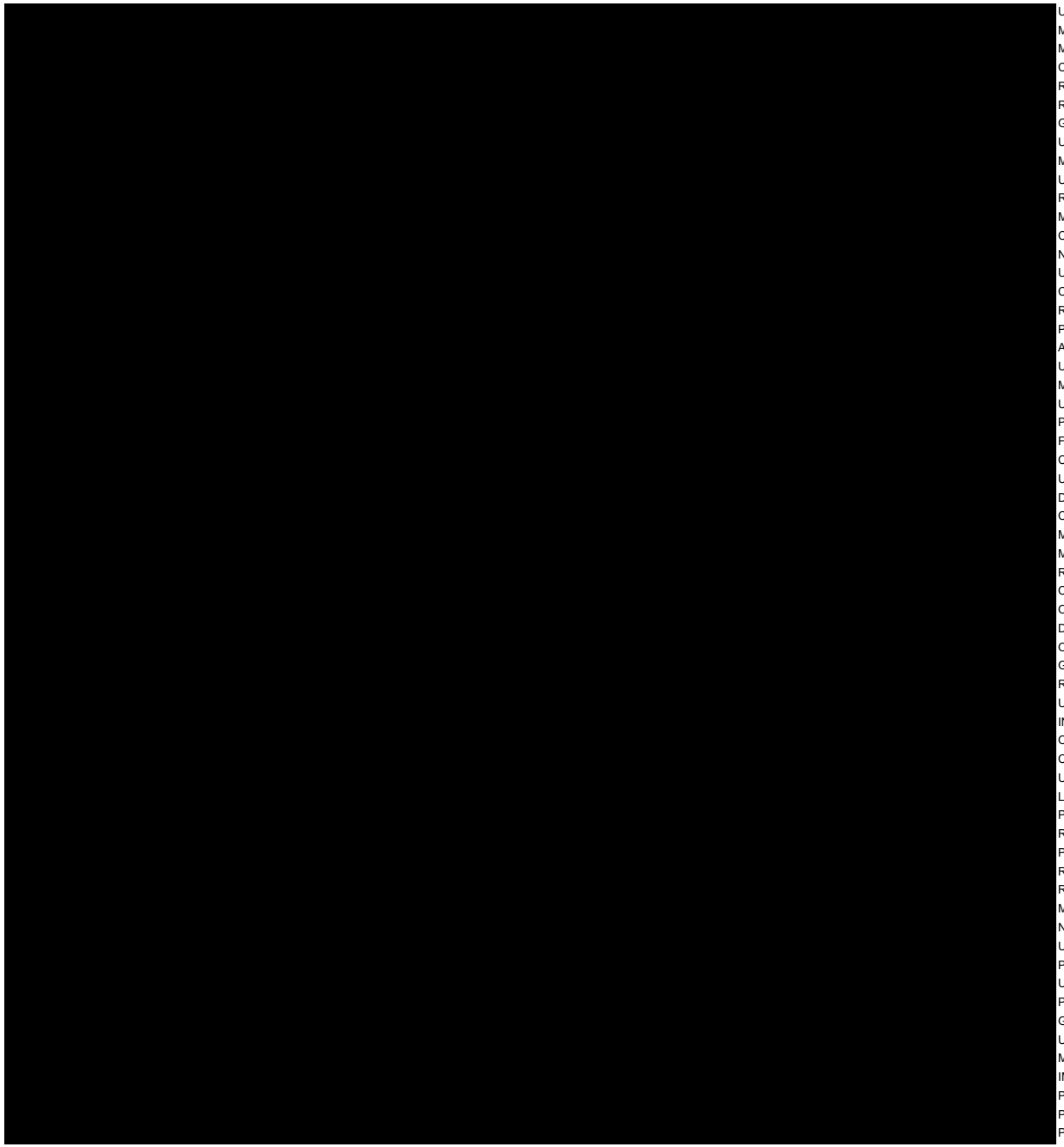
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PULMONARY DIS	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES - Hospital Based
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES



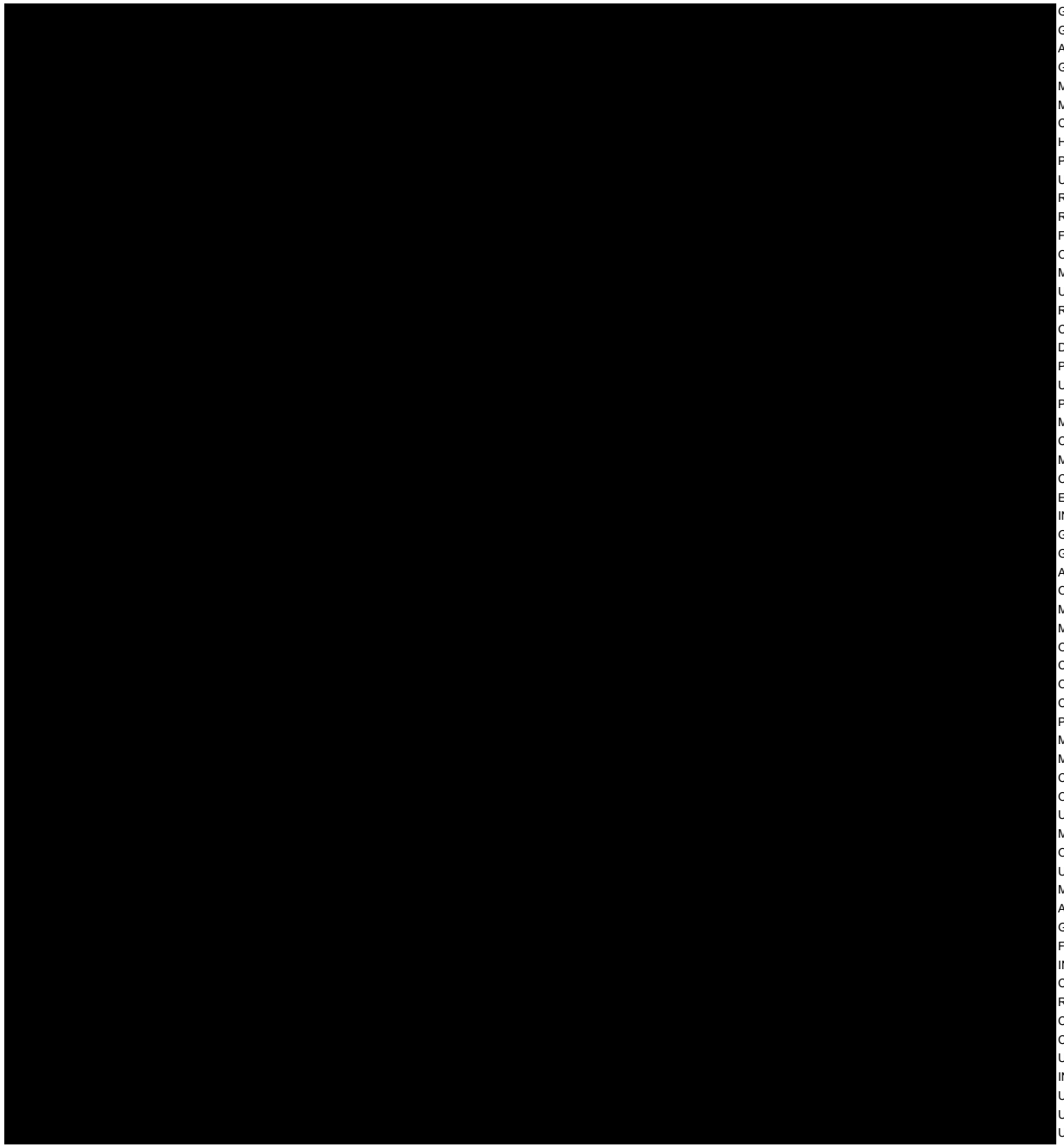
GENERAL PRACT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
FAMILY PRACTI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
PHARMACY	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB M	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PEDIATRIC GAST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIATION ONC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
FAMILY PRACTI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



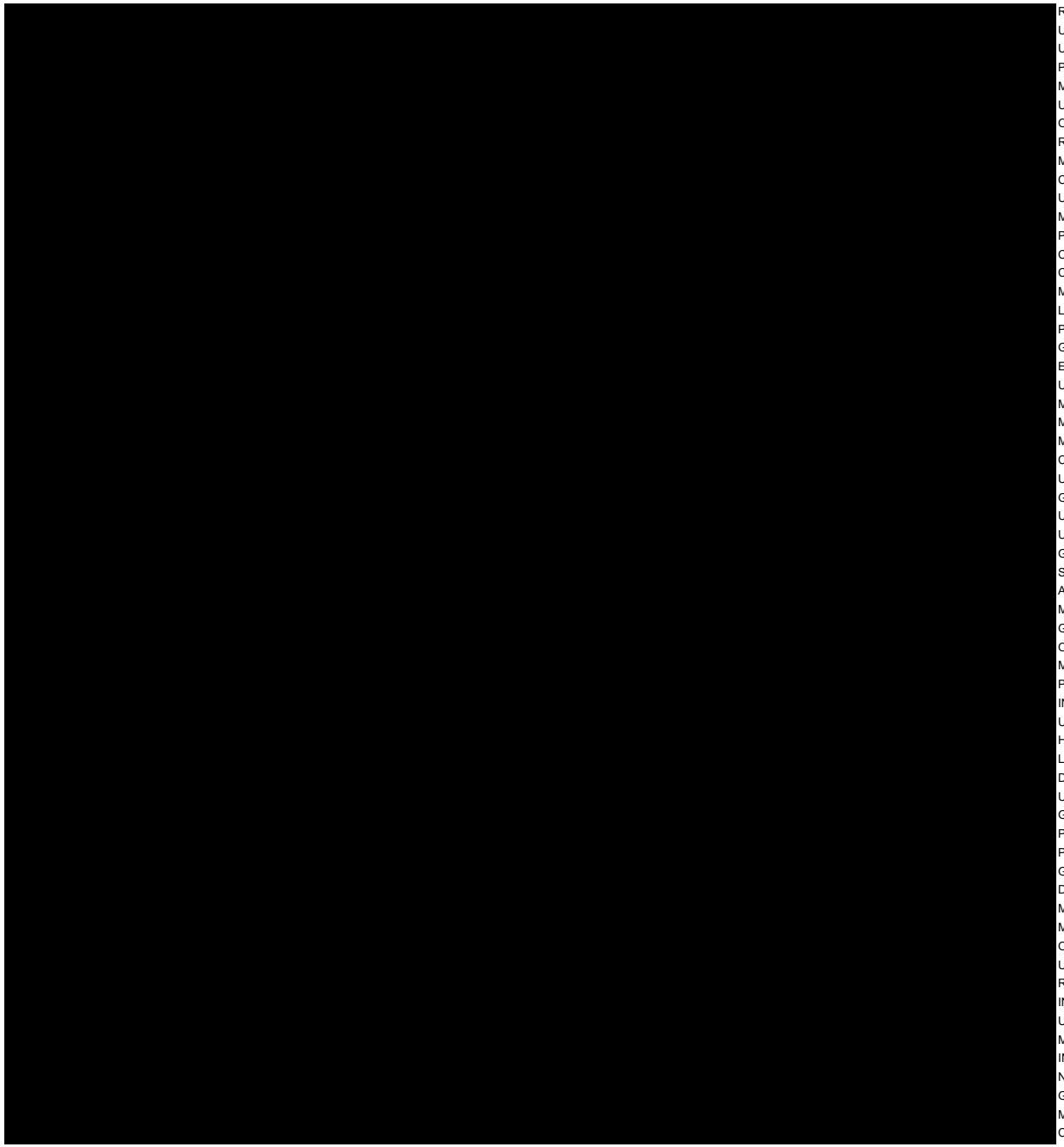
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
PHYSICAL MEDI(	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PHYSICAL MEDI(	Professional	Wellwise Active	YES	NO
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDI(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
CLINICAL LAB M(	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CLINICAL LAB M(	Professional	Wellwise Active	NO	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO



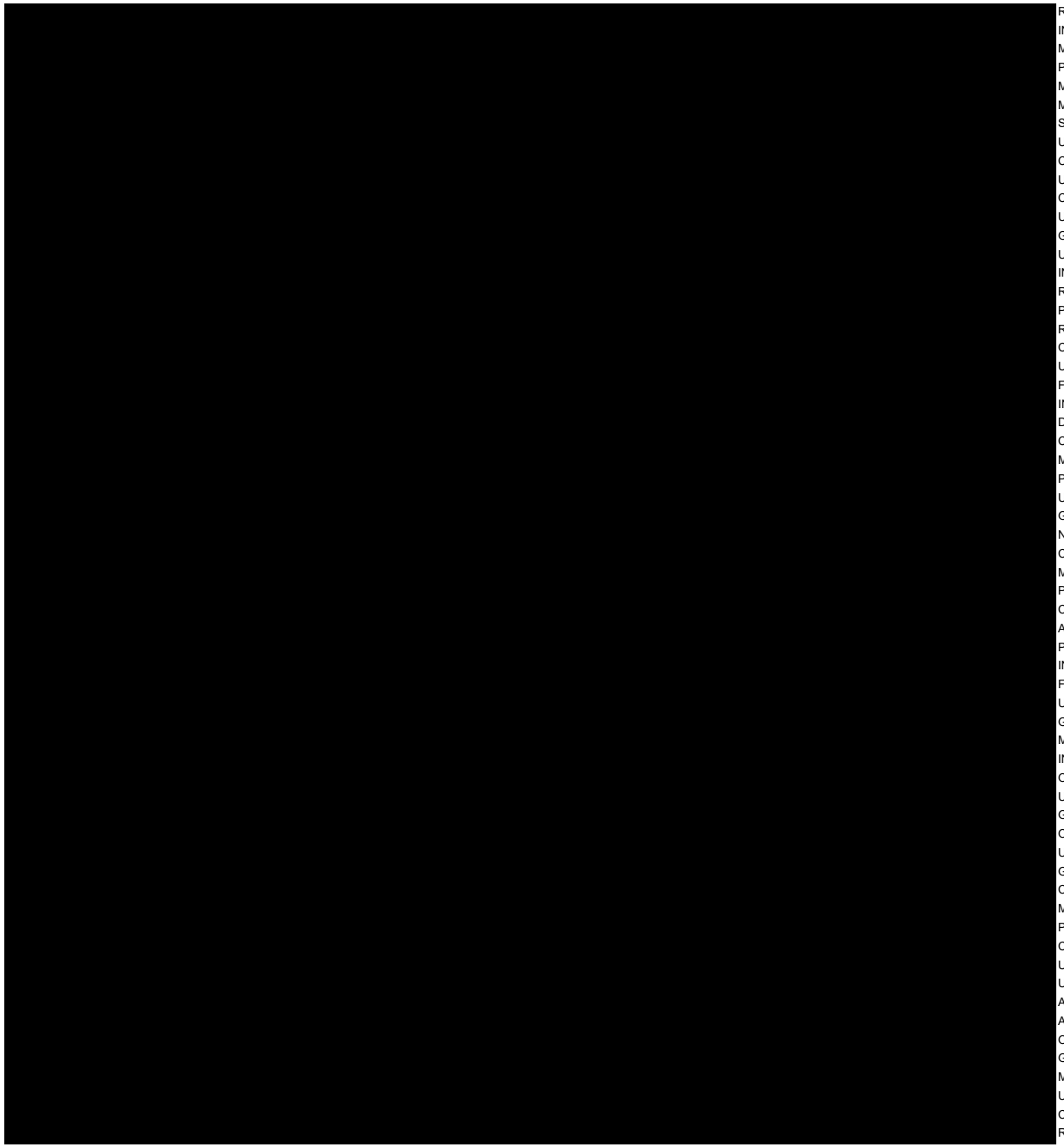
UNDEFINED	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
NEUROLOGY	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
IMAGING CENTE	Professional	Wellwise Active	NO	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO



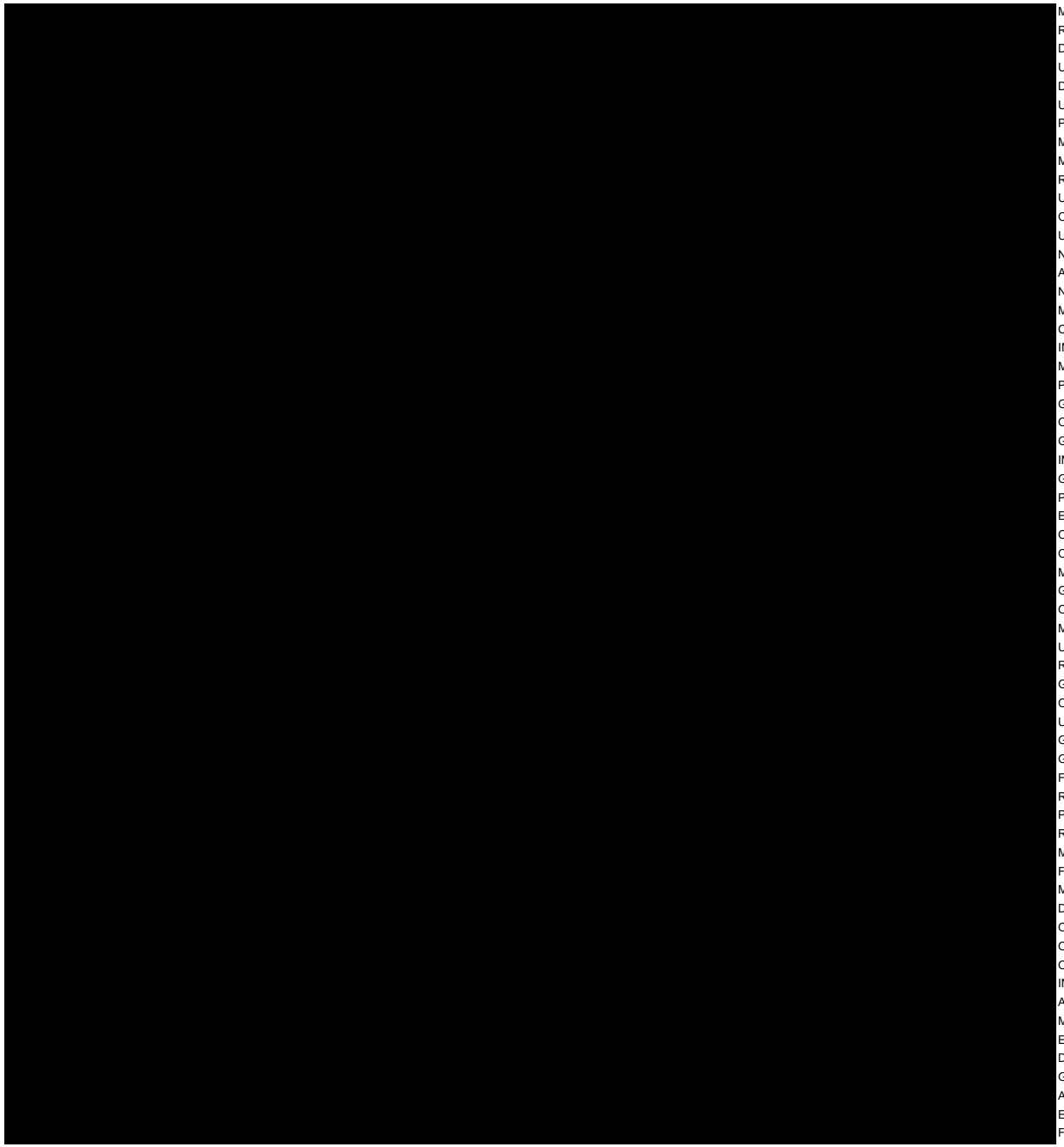
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
HOME HEALTH C	Professional	Wellwise Active	N/A	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CARDIOLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GYNECOLOGY	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



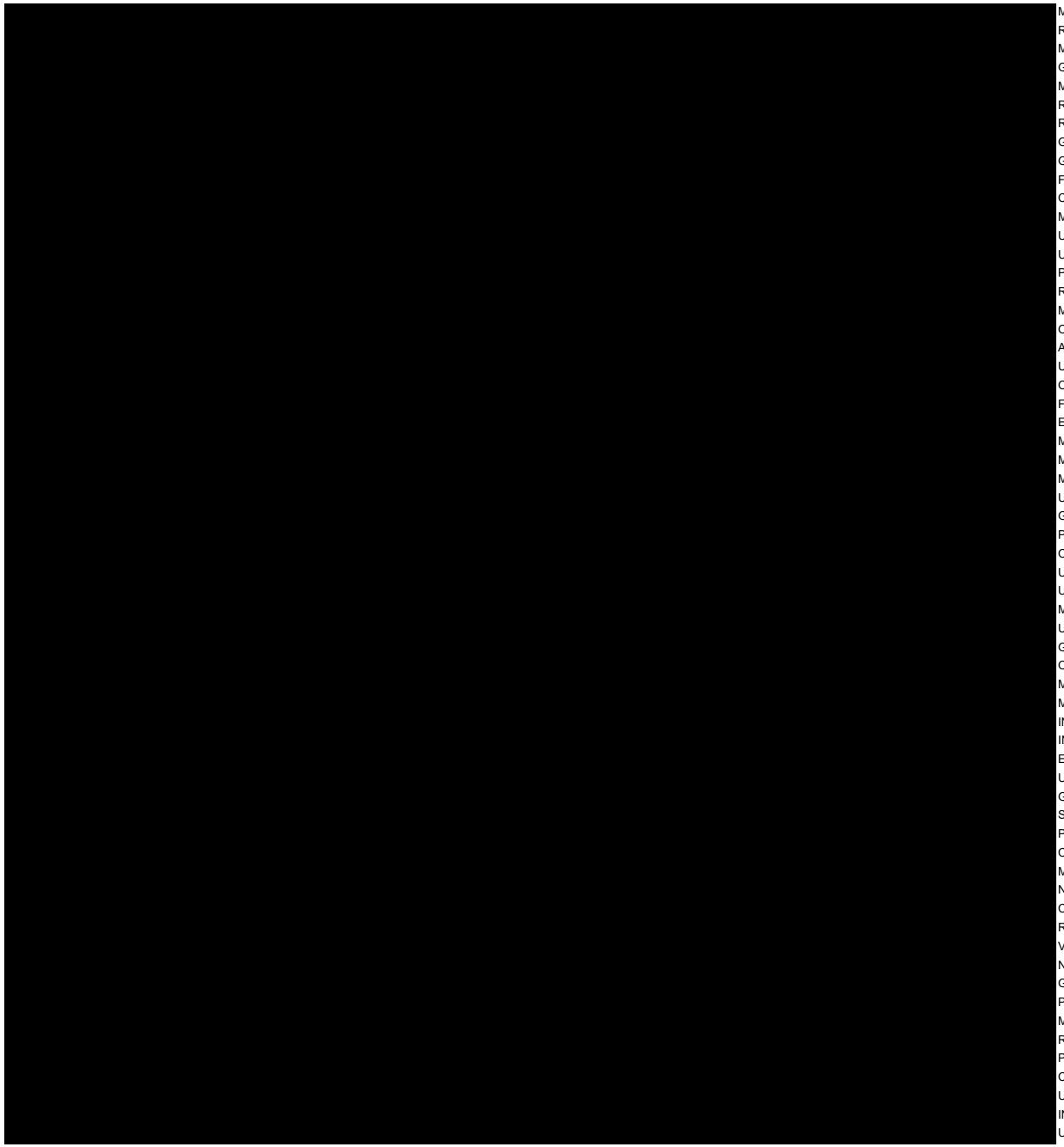
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
SURGERY HAND	Professional	Wellwise Active	YES	NO
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PAIN MGMT ANE	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	N/A



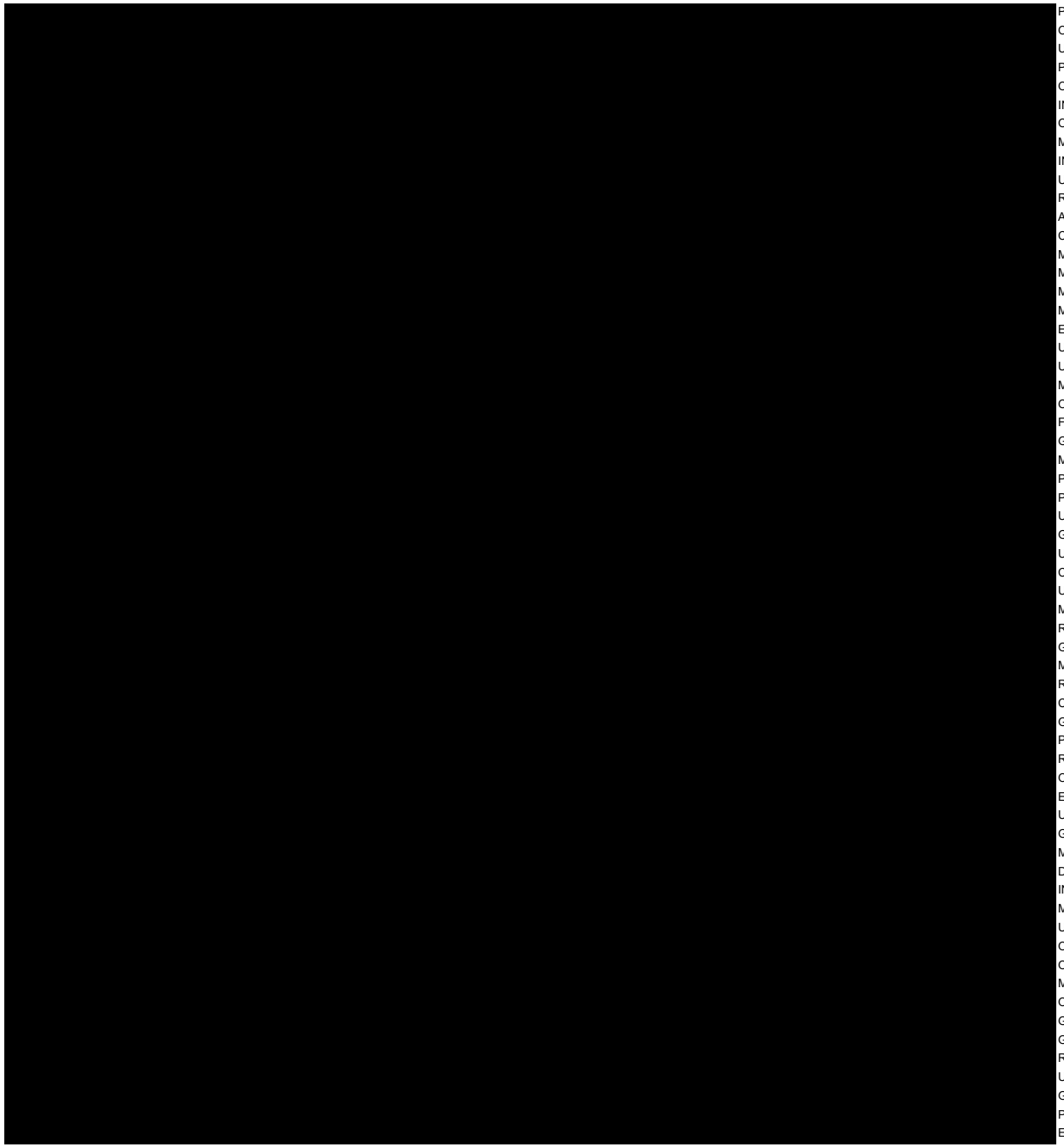
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	N/A	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES



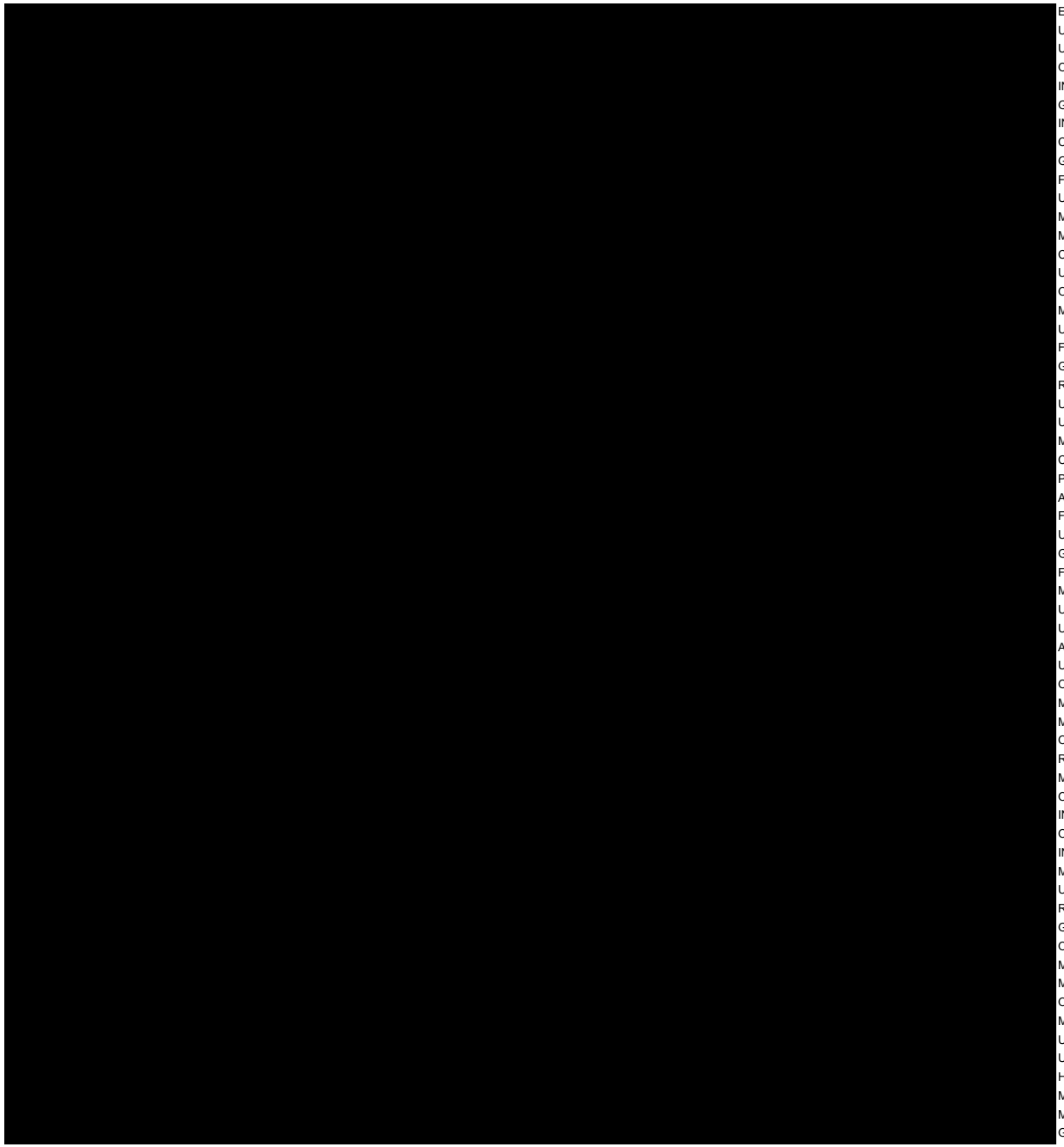
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOLO	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES



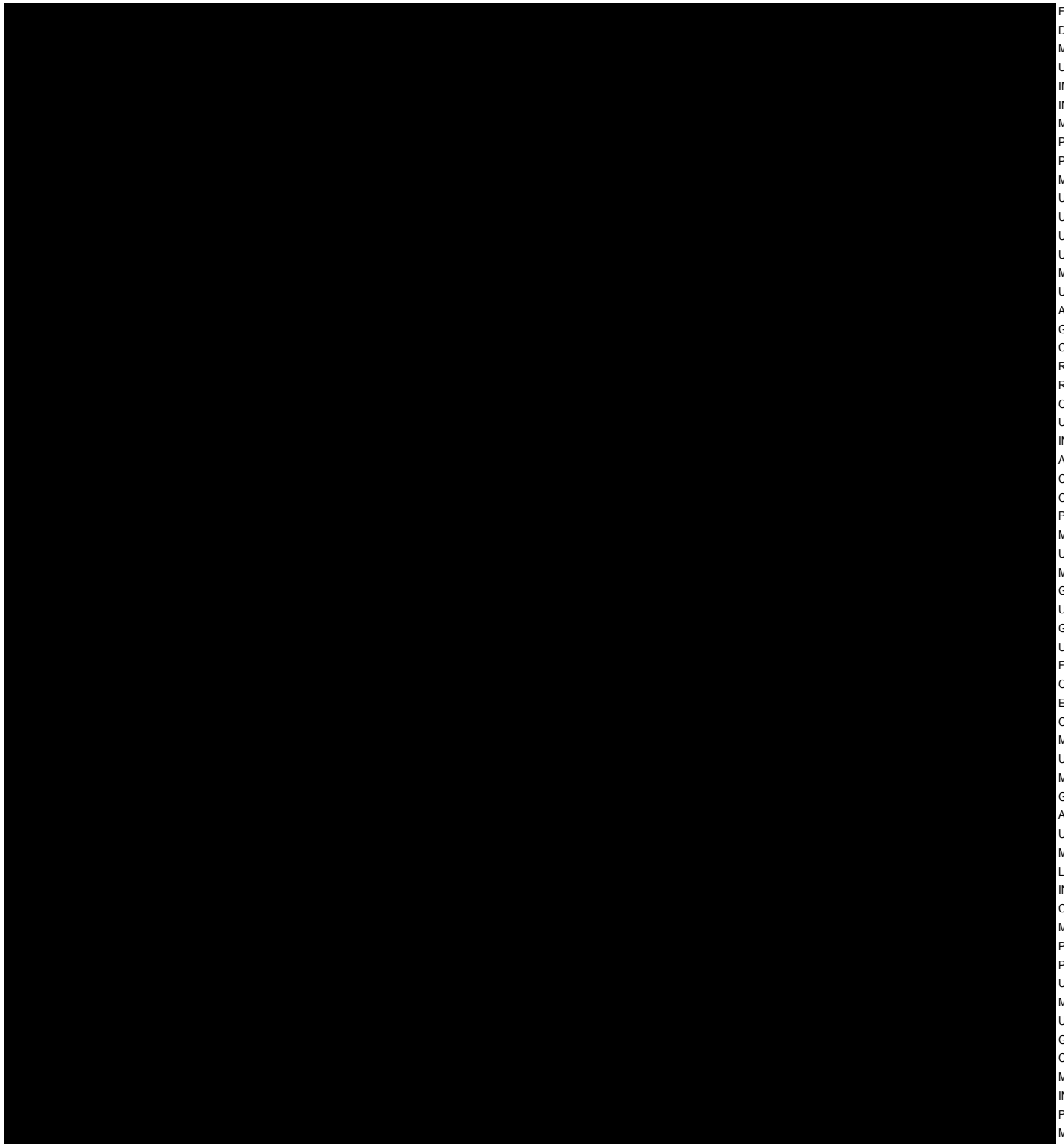
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
RESEARCH PSY	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
PORTABLE X-RA	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
VA CLINIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A



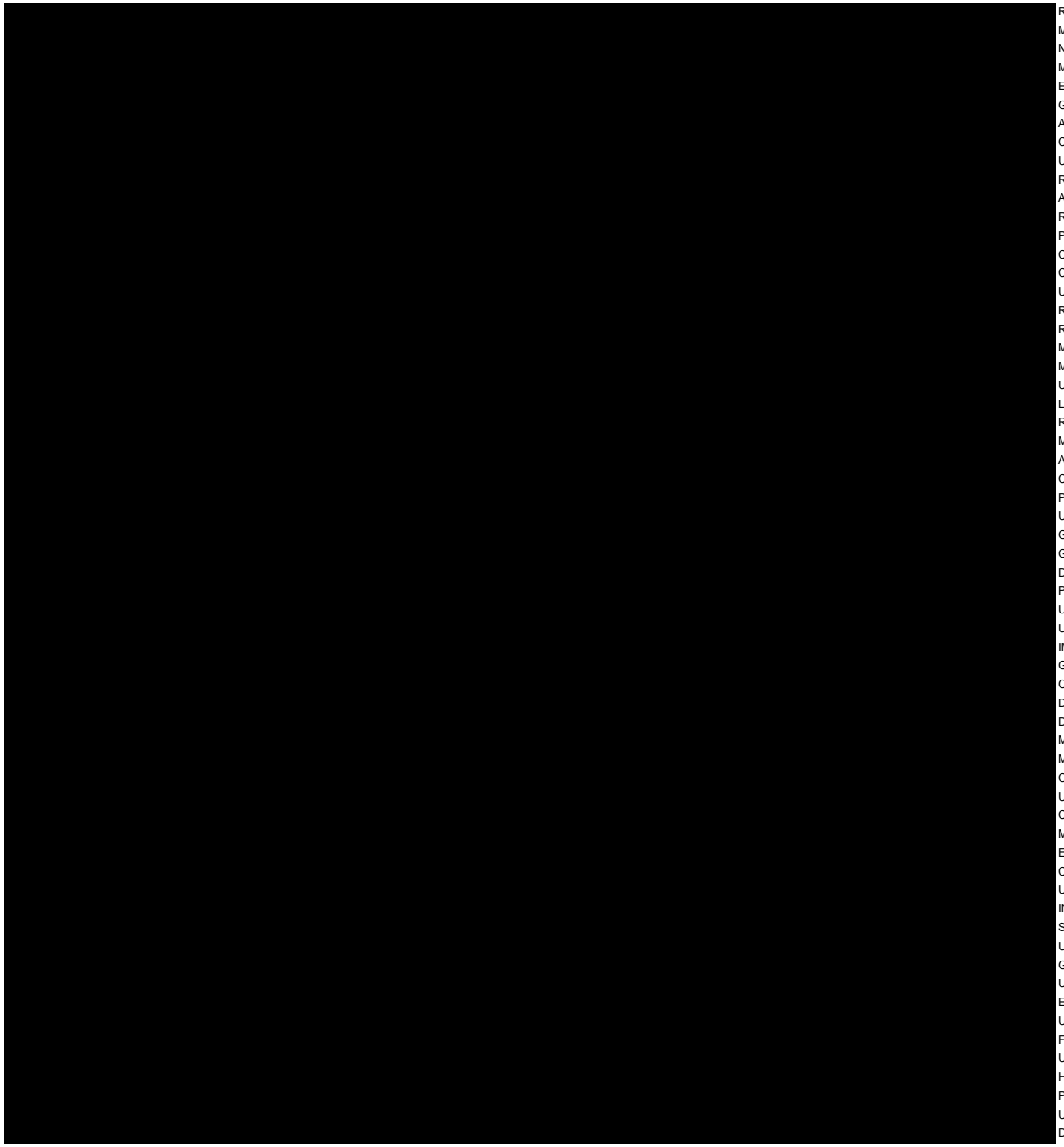
PSYCHIATRY	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	NO	NO
INTERVENTIONA	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDI(	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based



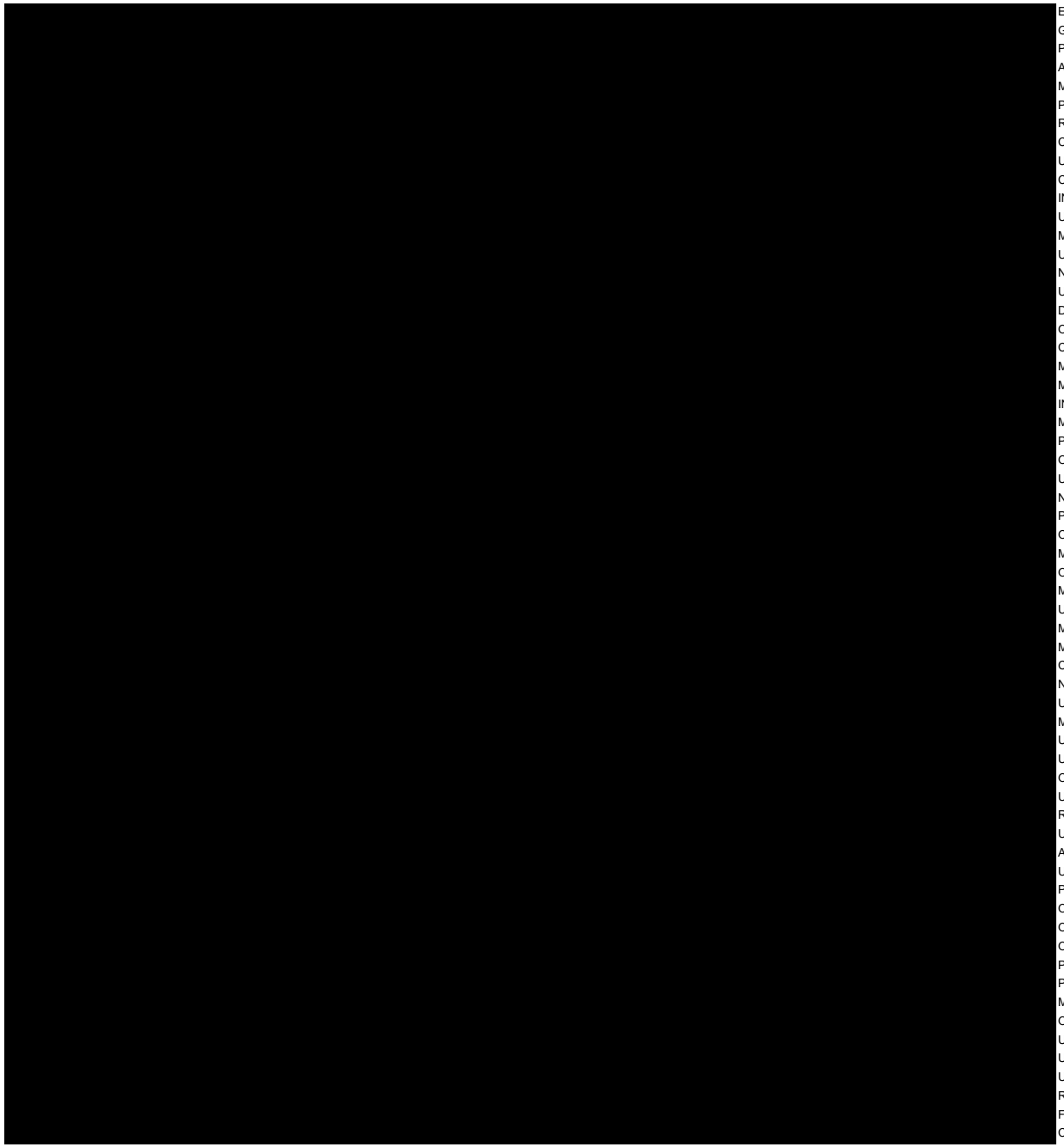
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OTOLARYNGOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
HOME HEALTH C	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A



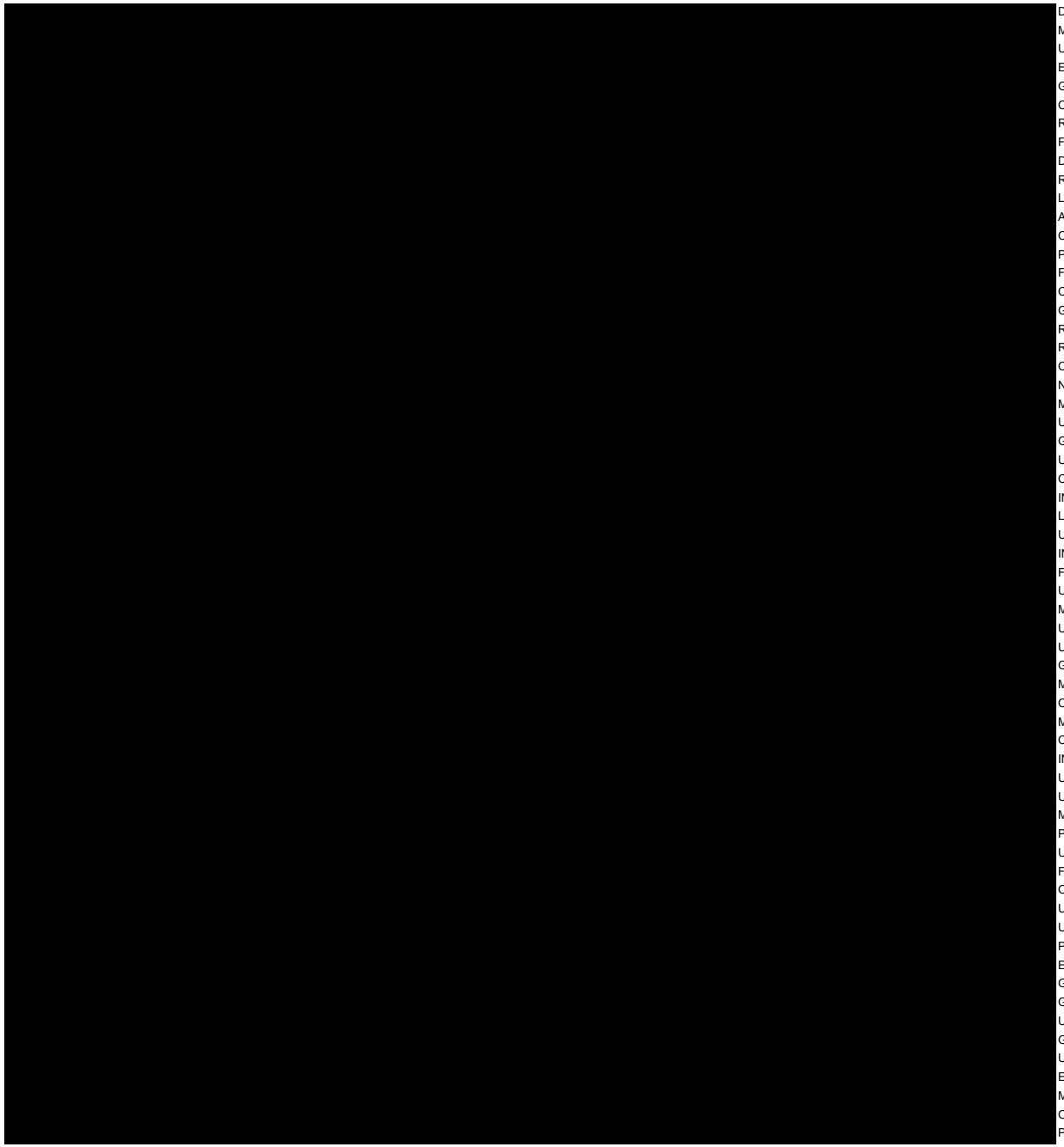
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
LPCC-LIC PROF	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
PAIN MGMT ANE	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



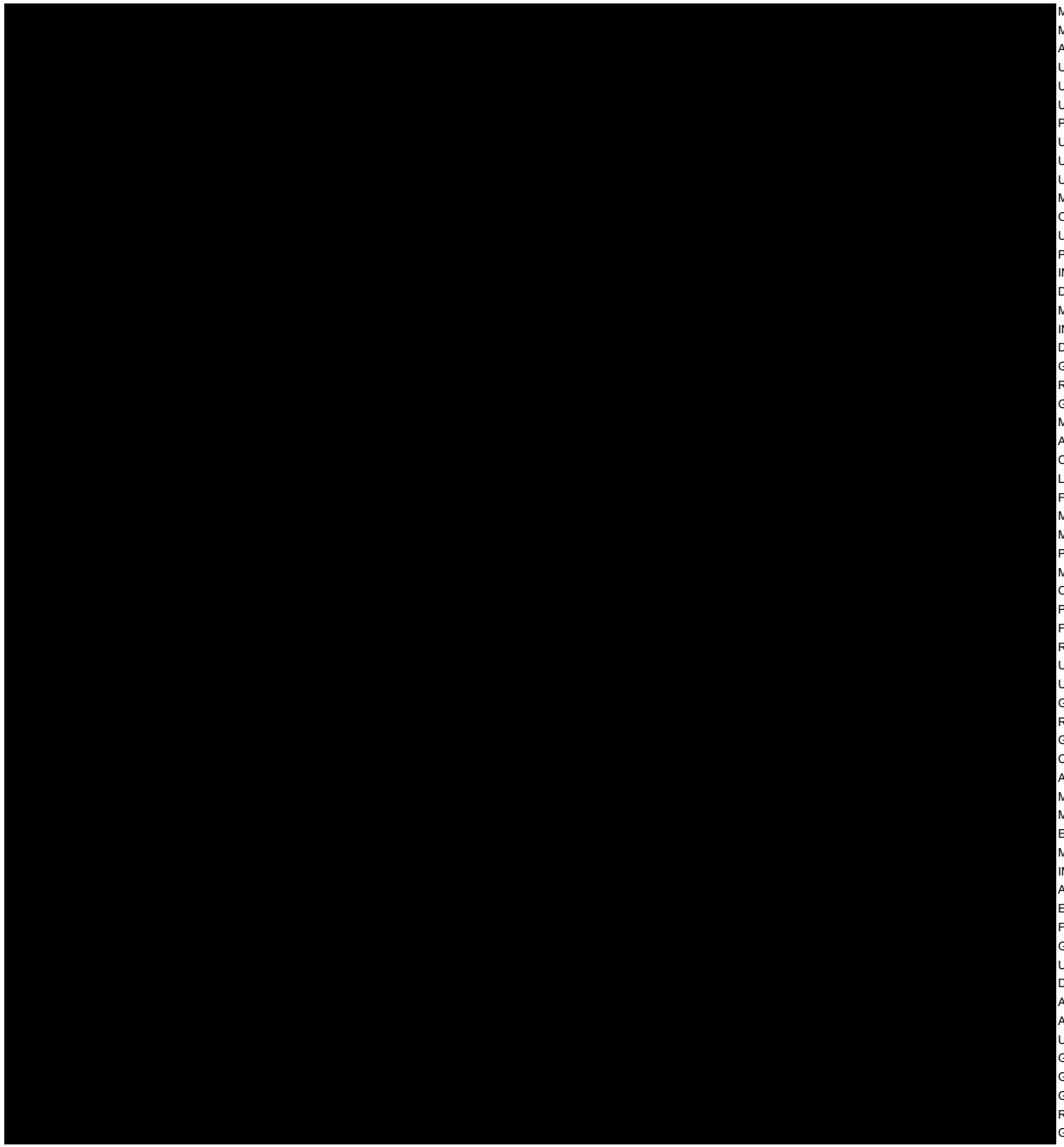
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
PULMONARY DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INDIVIDUAL CER	Professional	Wellwise Active	YES	YES
SURGERY, THOF	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO



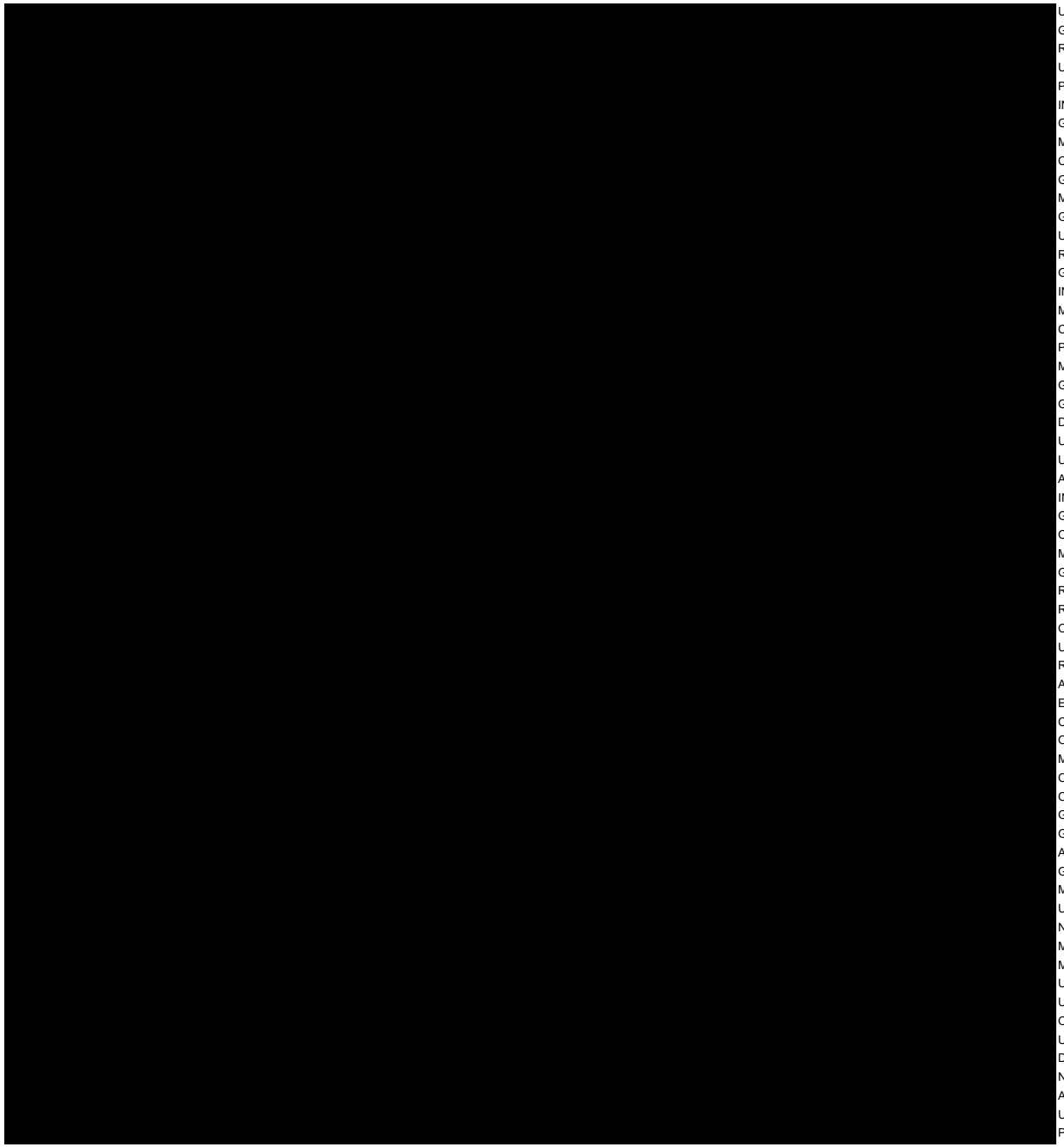
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OTOLARYNGOL	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES



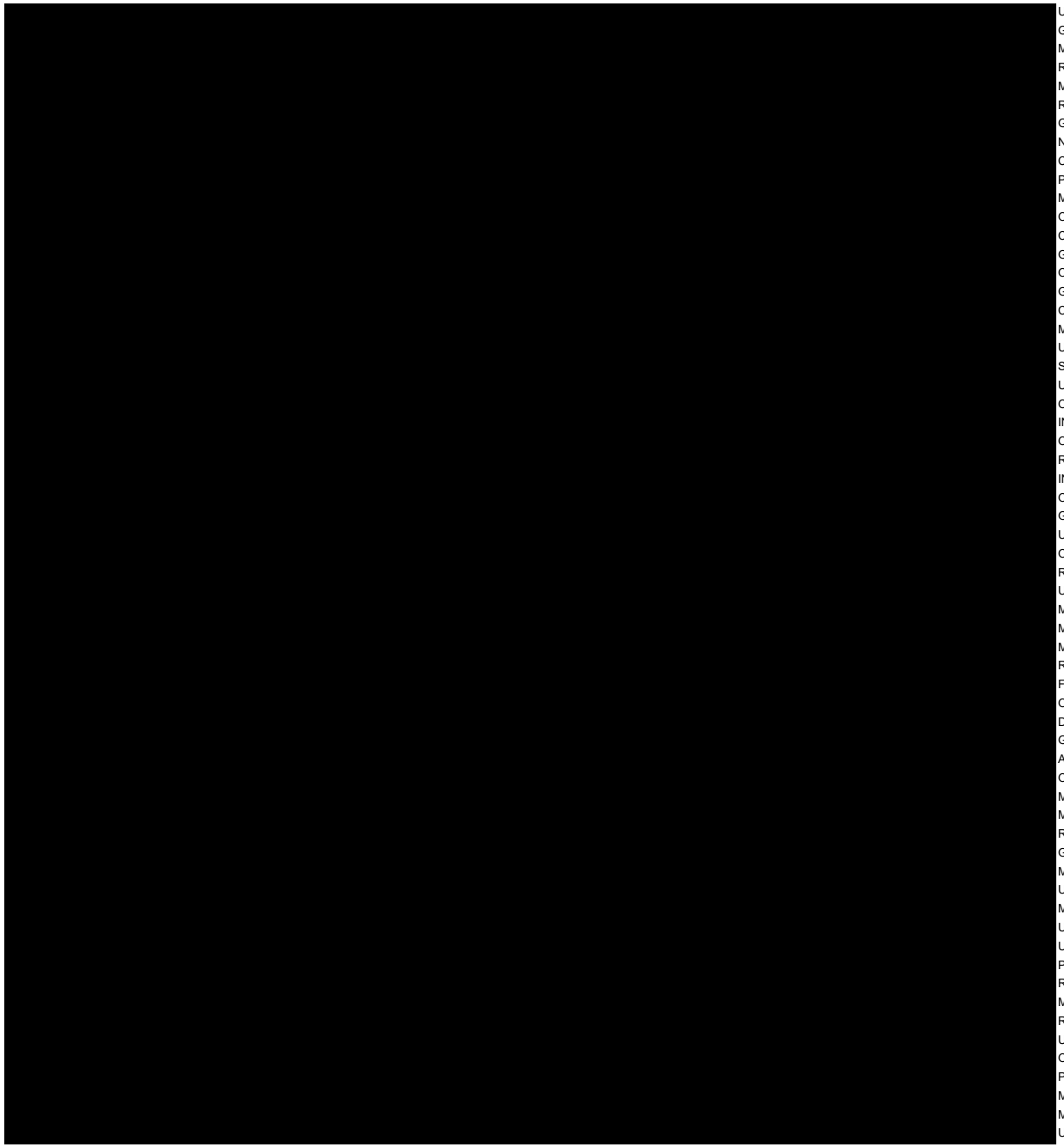
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
REGISTERED DIE	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	NO
INTERVENTIONA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES



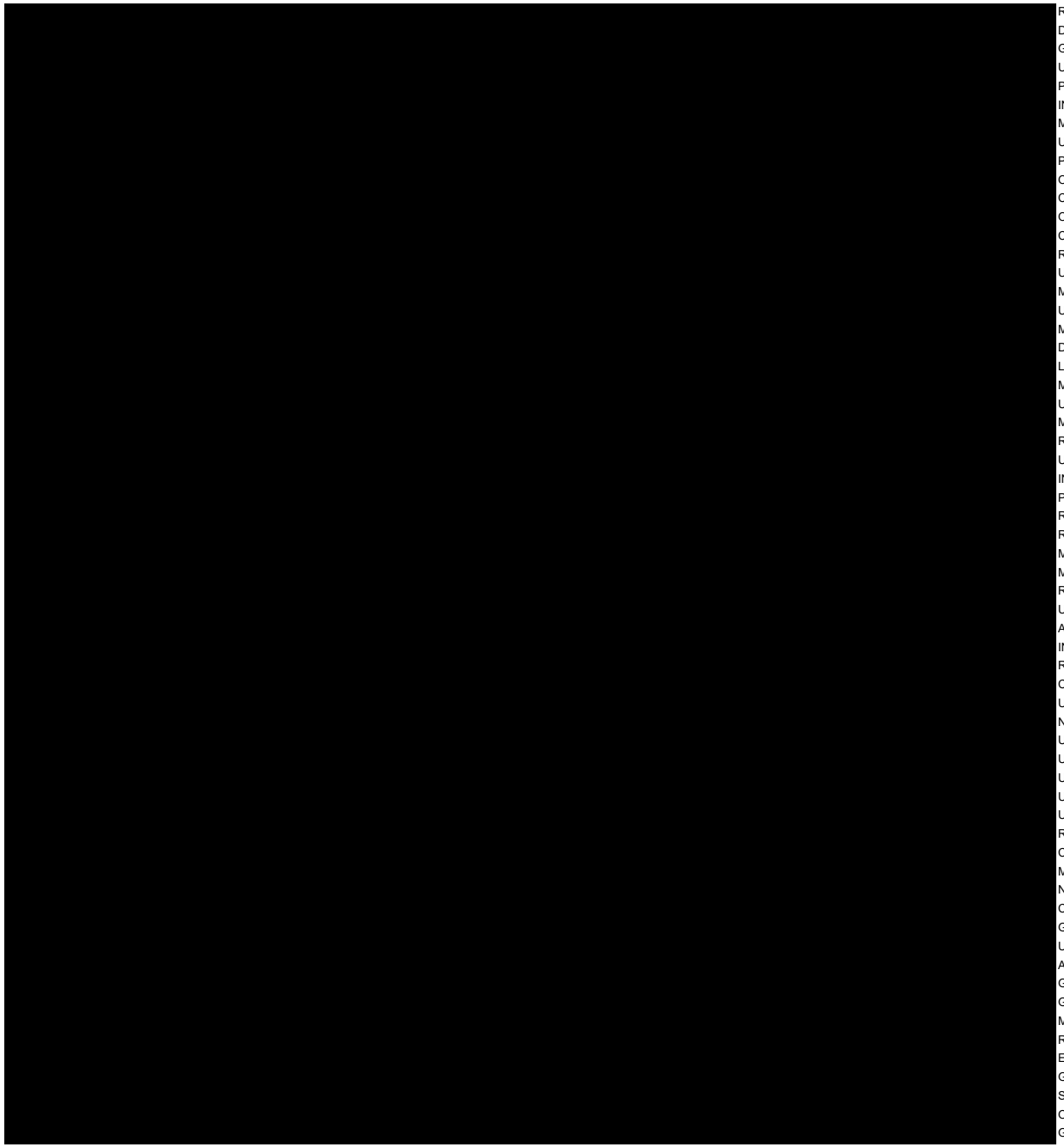
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	N/A	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLG	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A



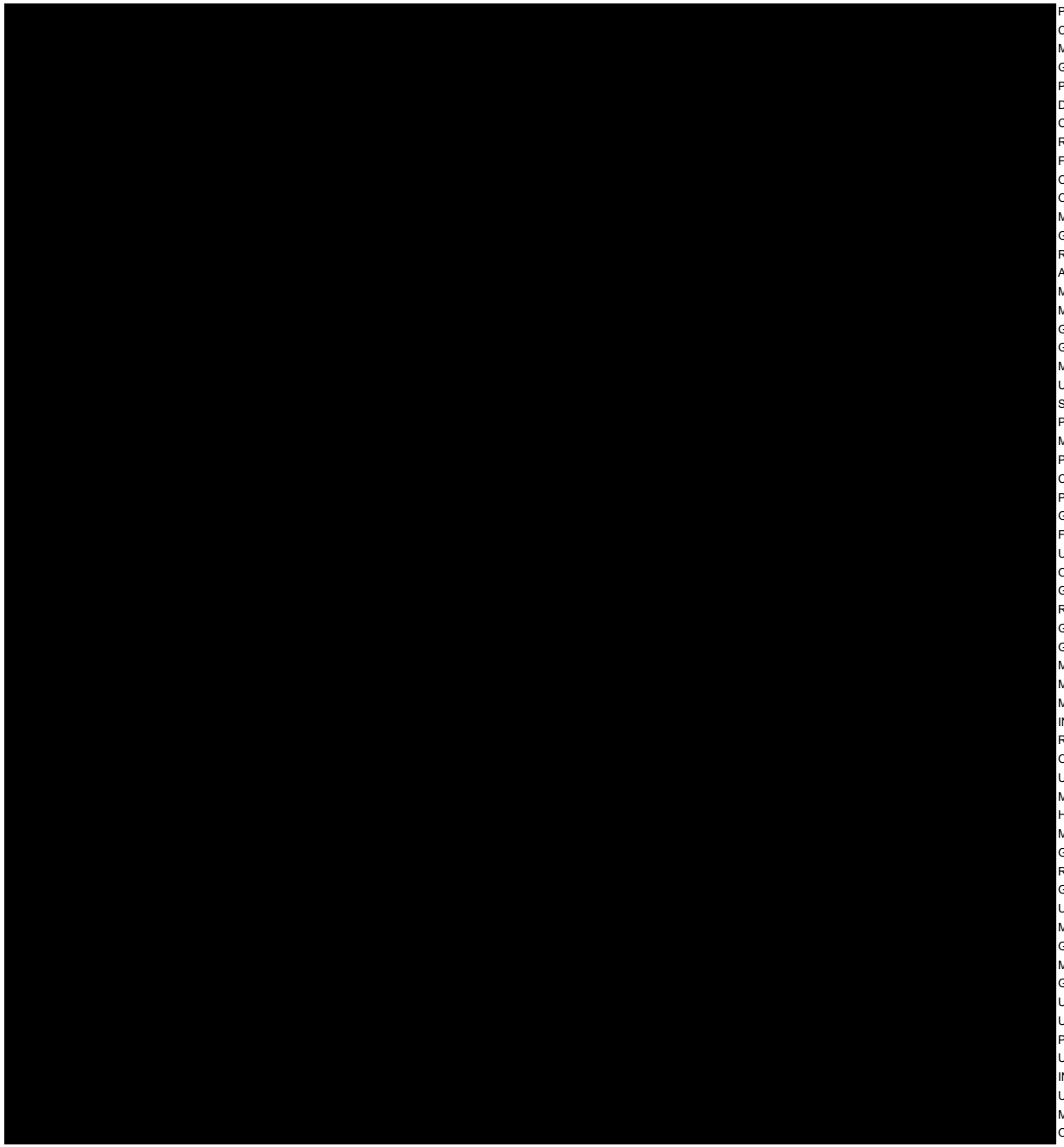
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
INTERVENTIONA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CARDIOLOGY	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES



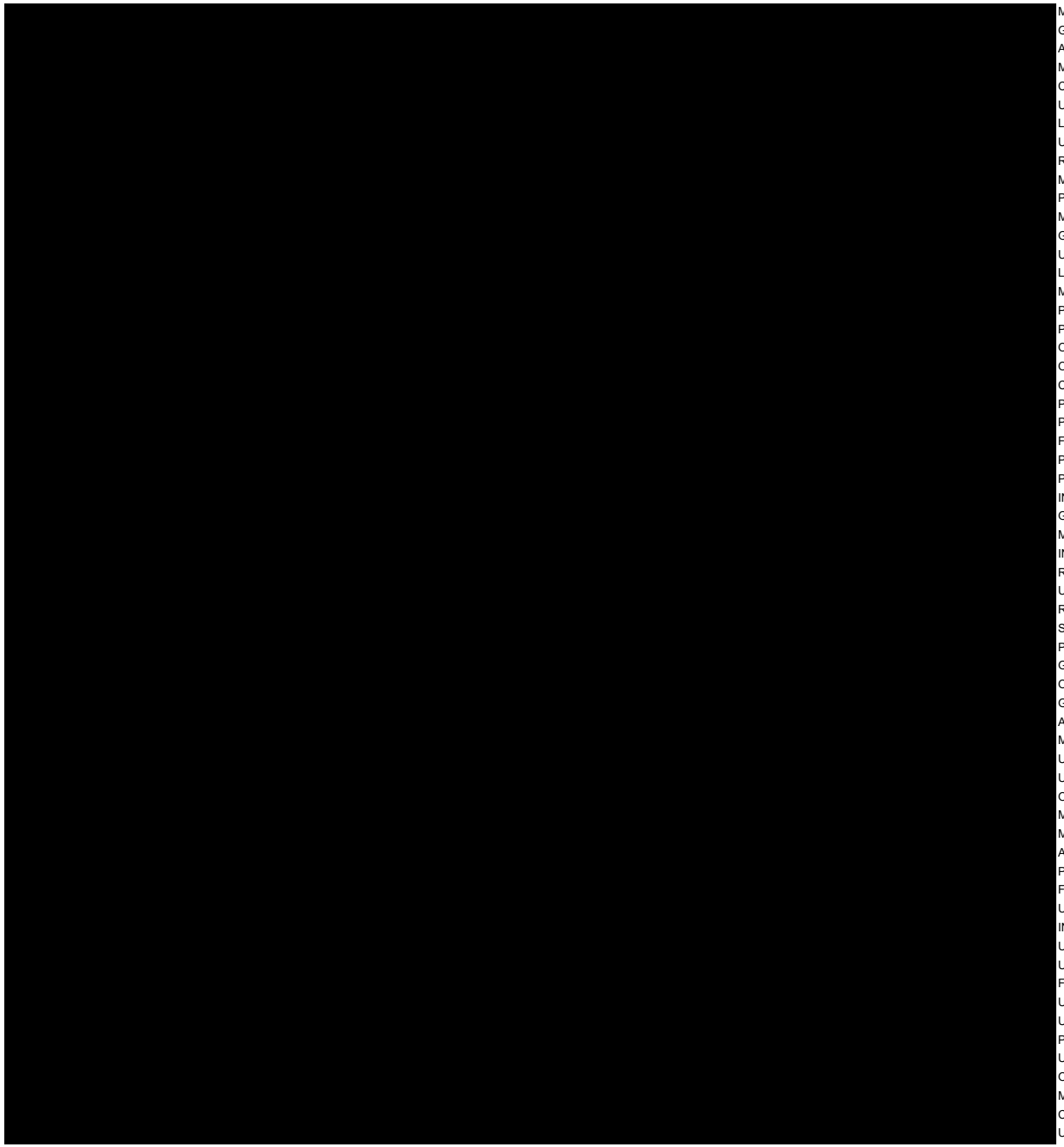
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED DIE	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
INTERVENTIONA	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	NO	NO
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL`	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



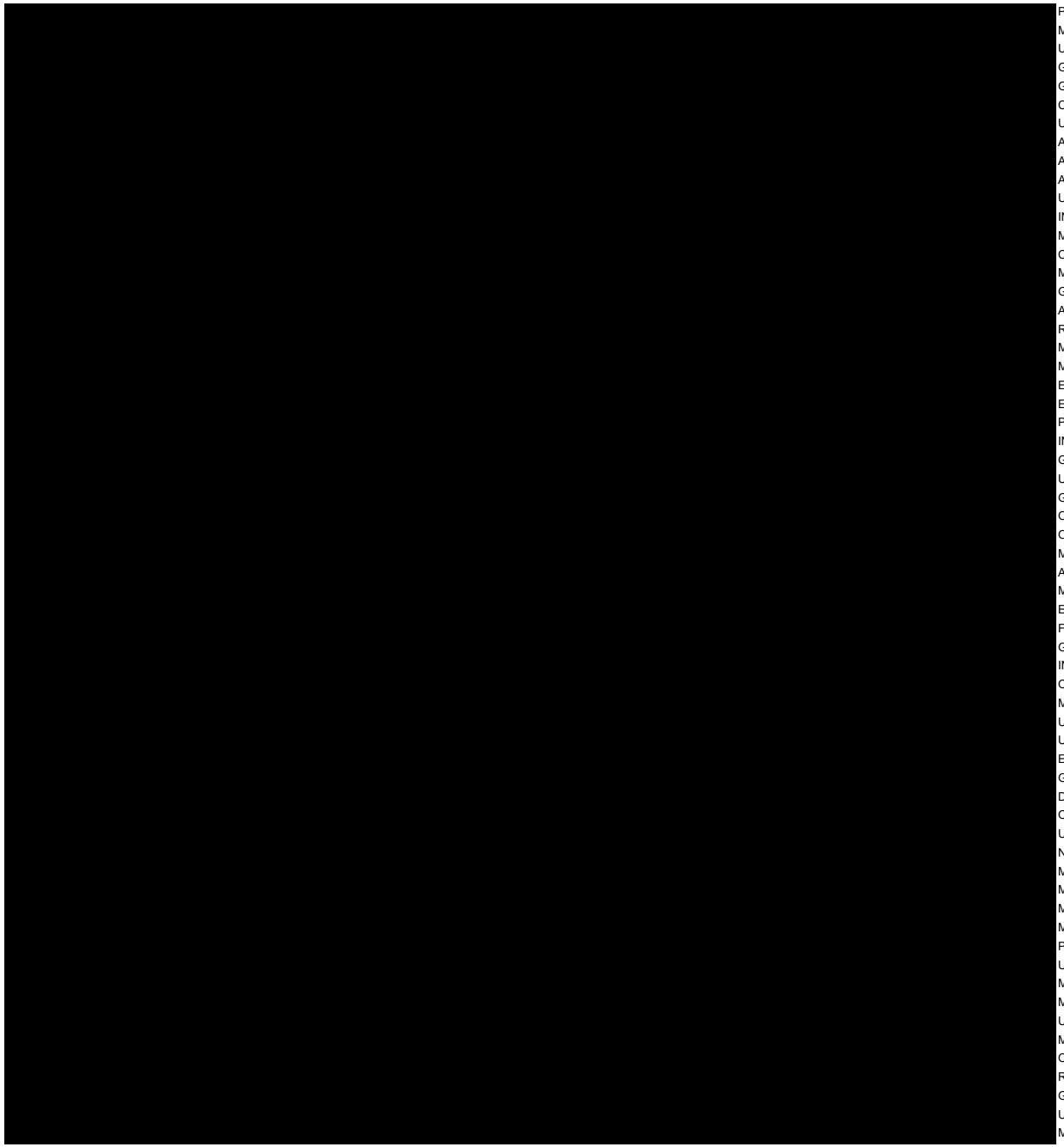
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
ORALMAXILLOFA	Professional	Wellwise Active	N/A	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
SPEECH PATHOL	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A



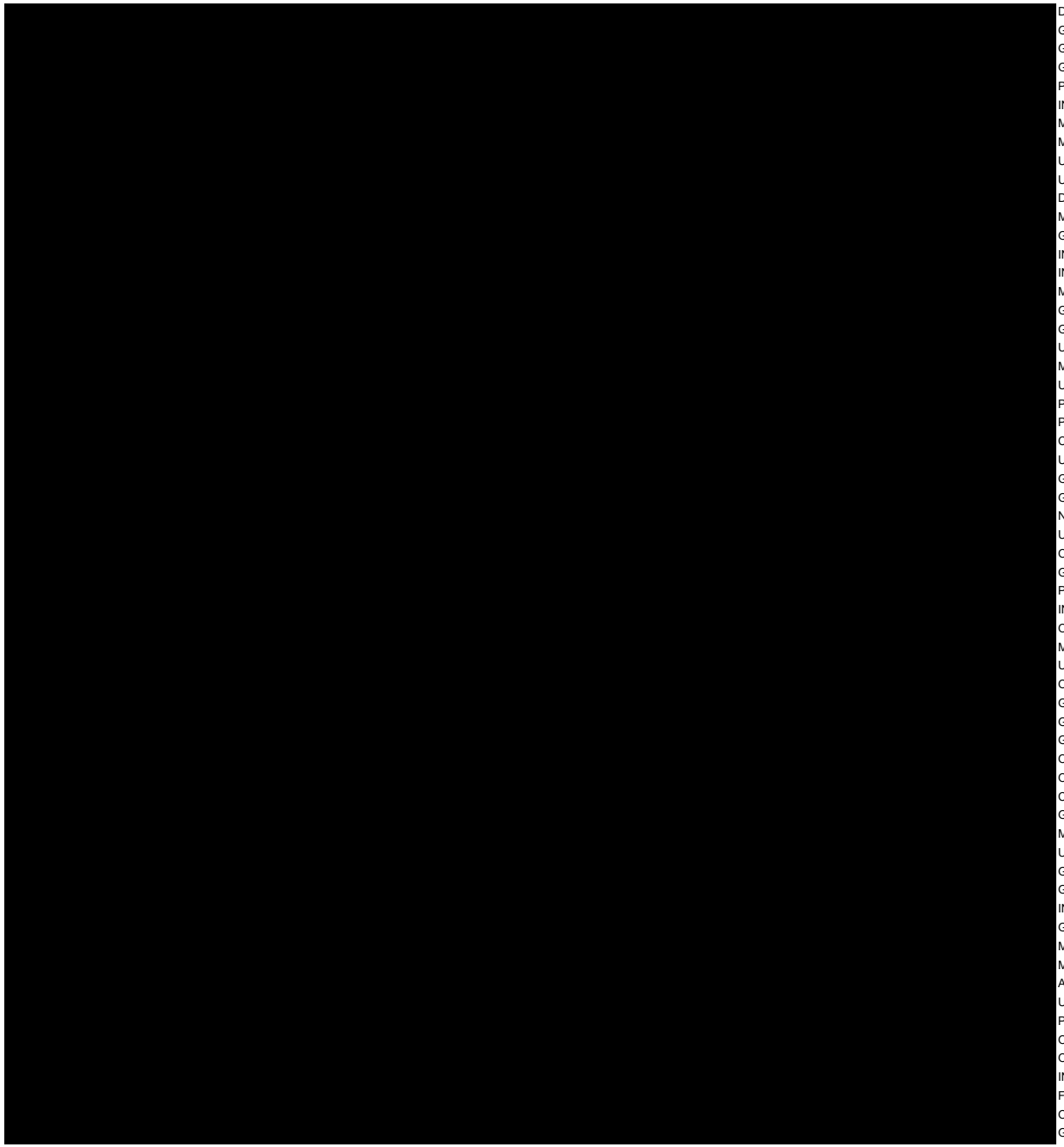
PORTABLE X-RA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
OUTPATIENT ME	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	N/A
REGISTERED NU	Professional	Wellwise Active	N/A	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	NO	NO
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES



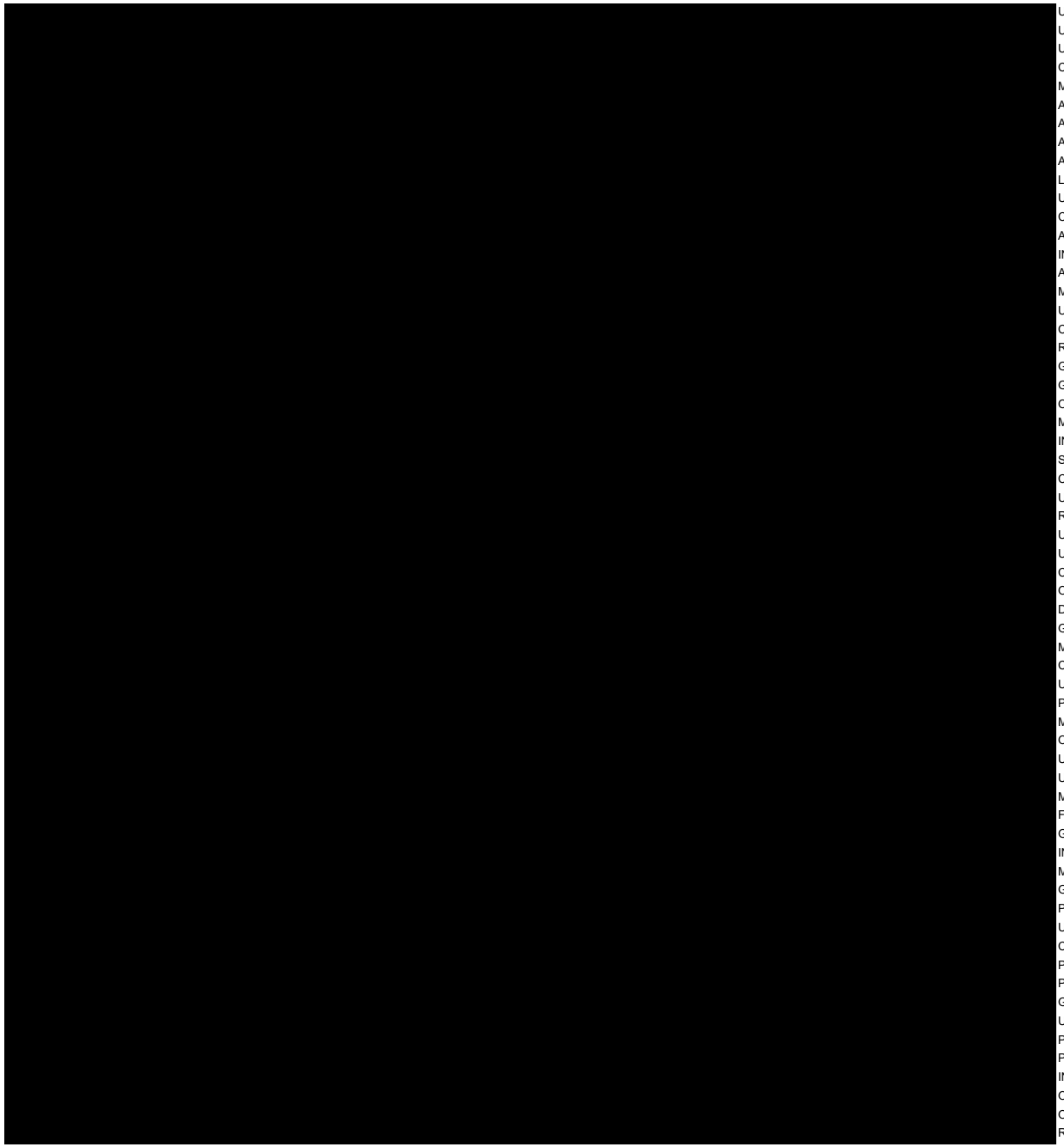
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	N/A	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL`	Professional	Wellwise Active	N/A	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
SURGERY COLO	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	NO	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES



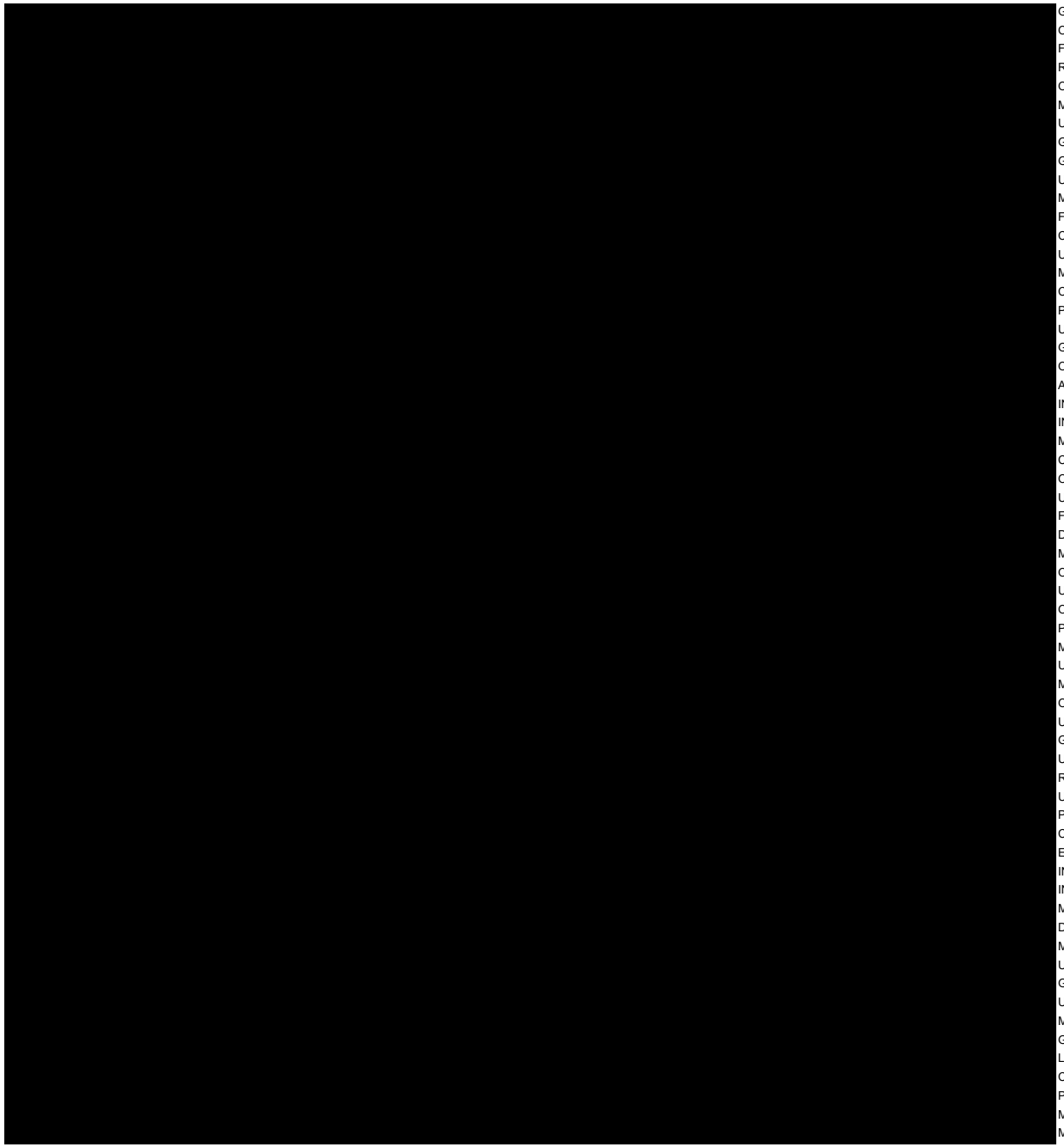
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED PROS	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



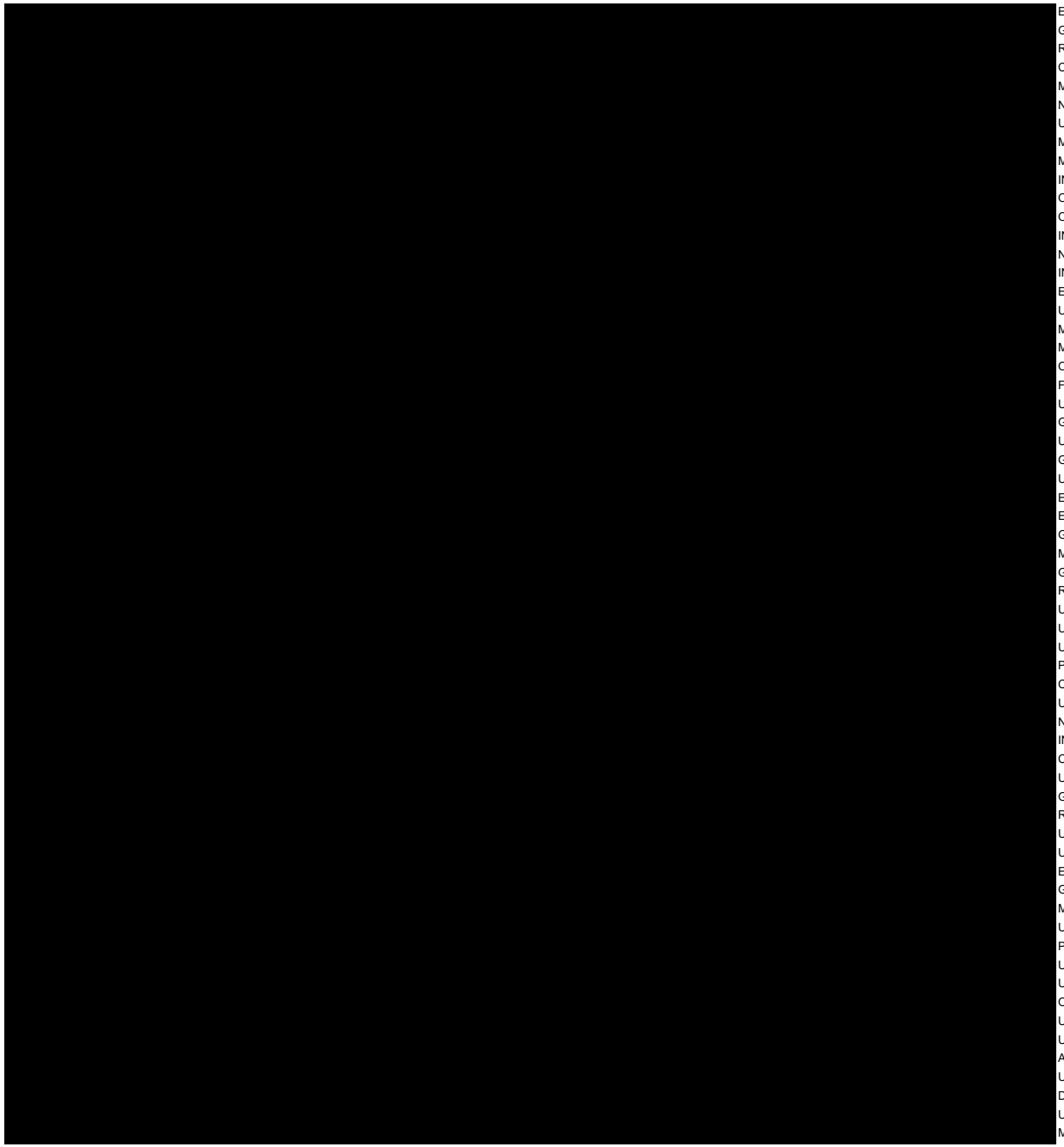
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



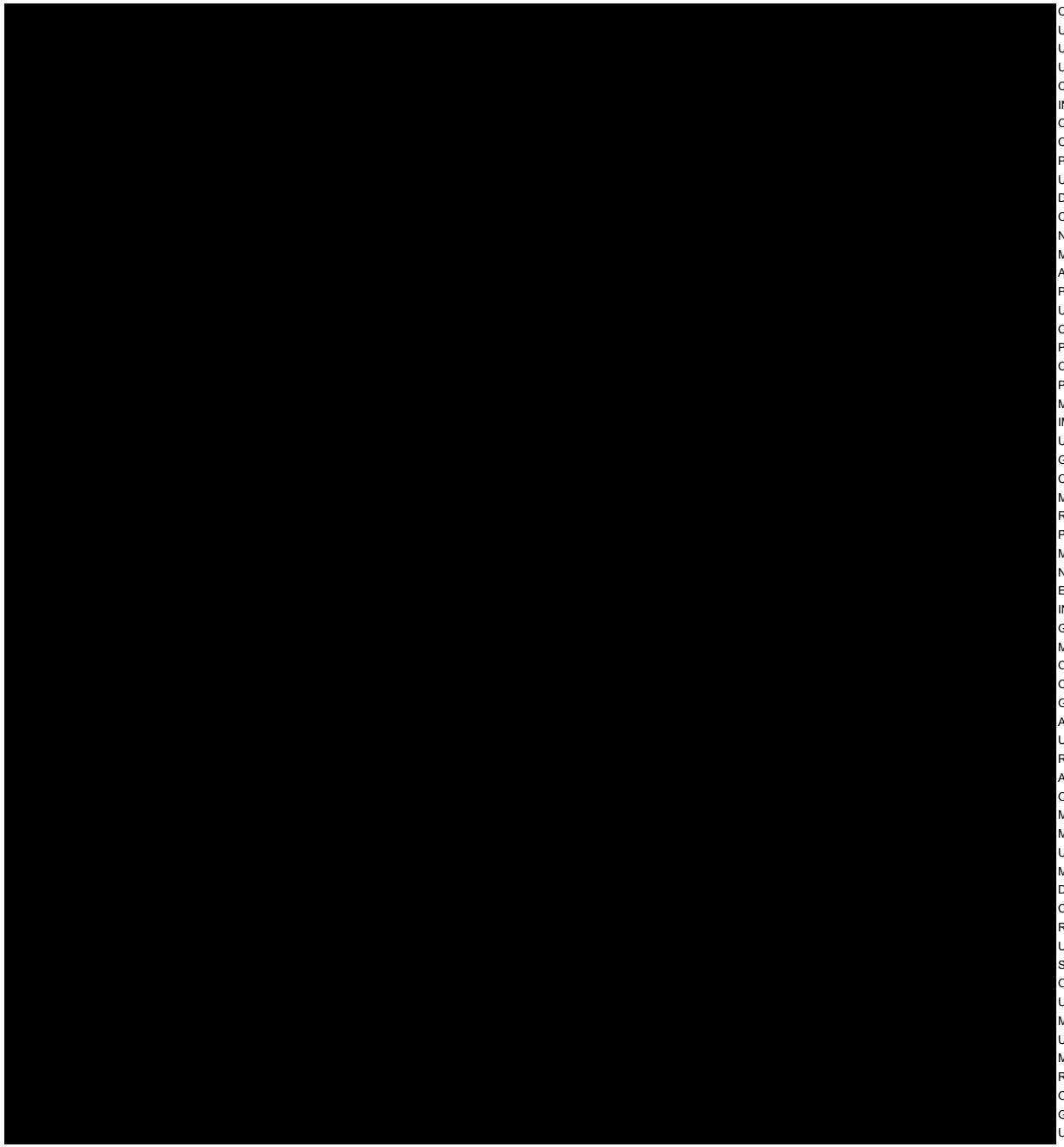
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
RHEUMATOLOG\	Professional	Wellwise Active	NO	NO



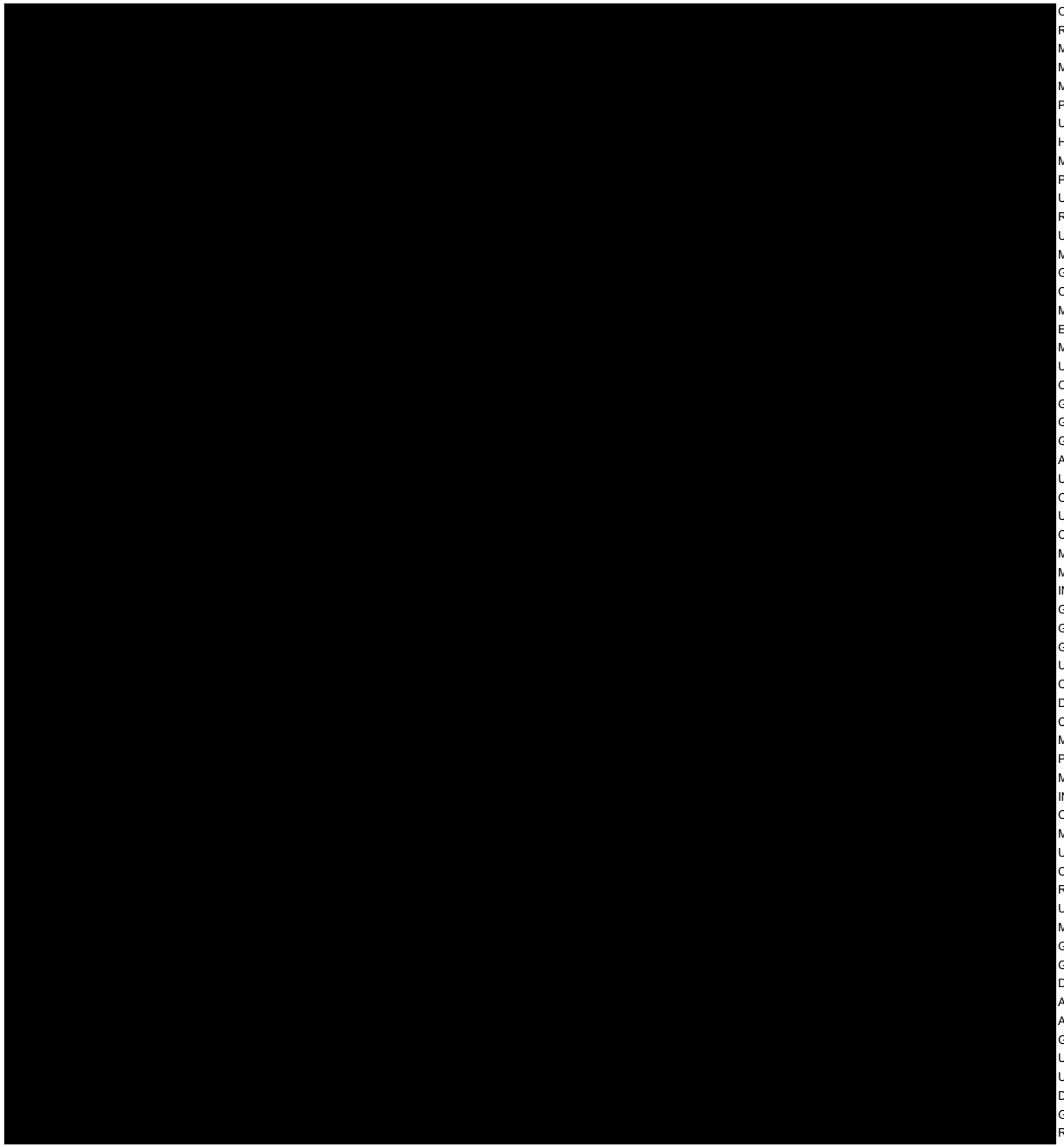
GENERAL SURGI	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	N/A	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



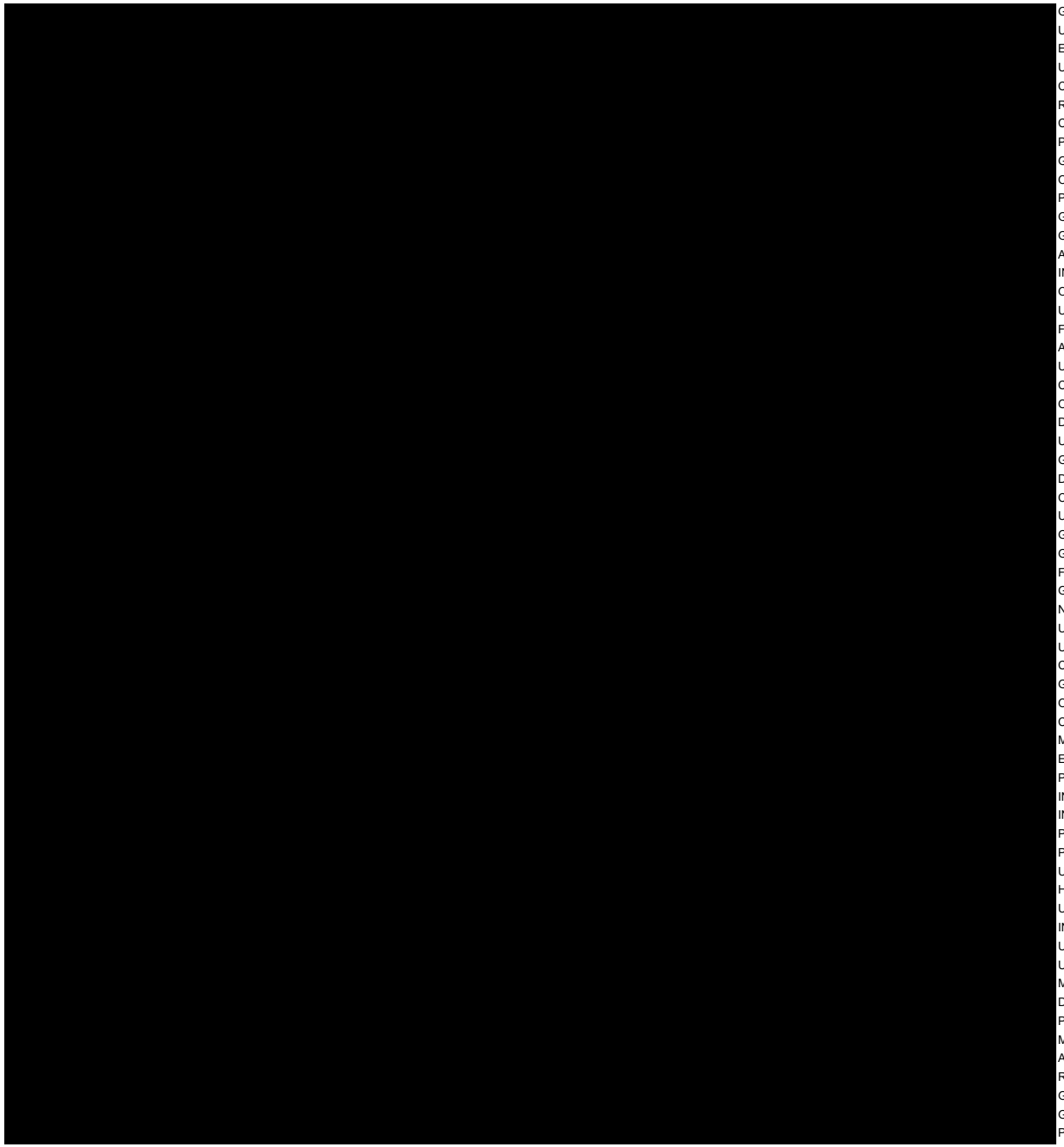
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	NO
INDEPENDENT L	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



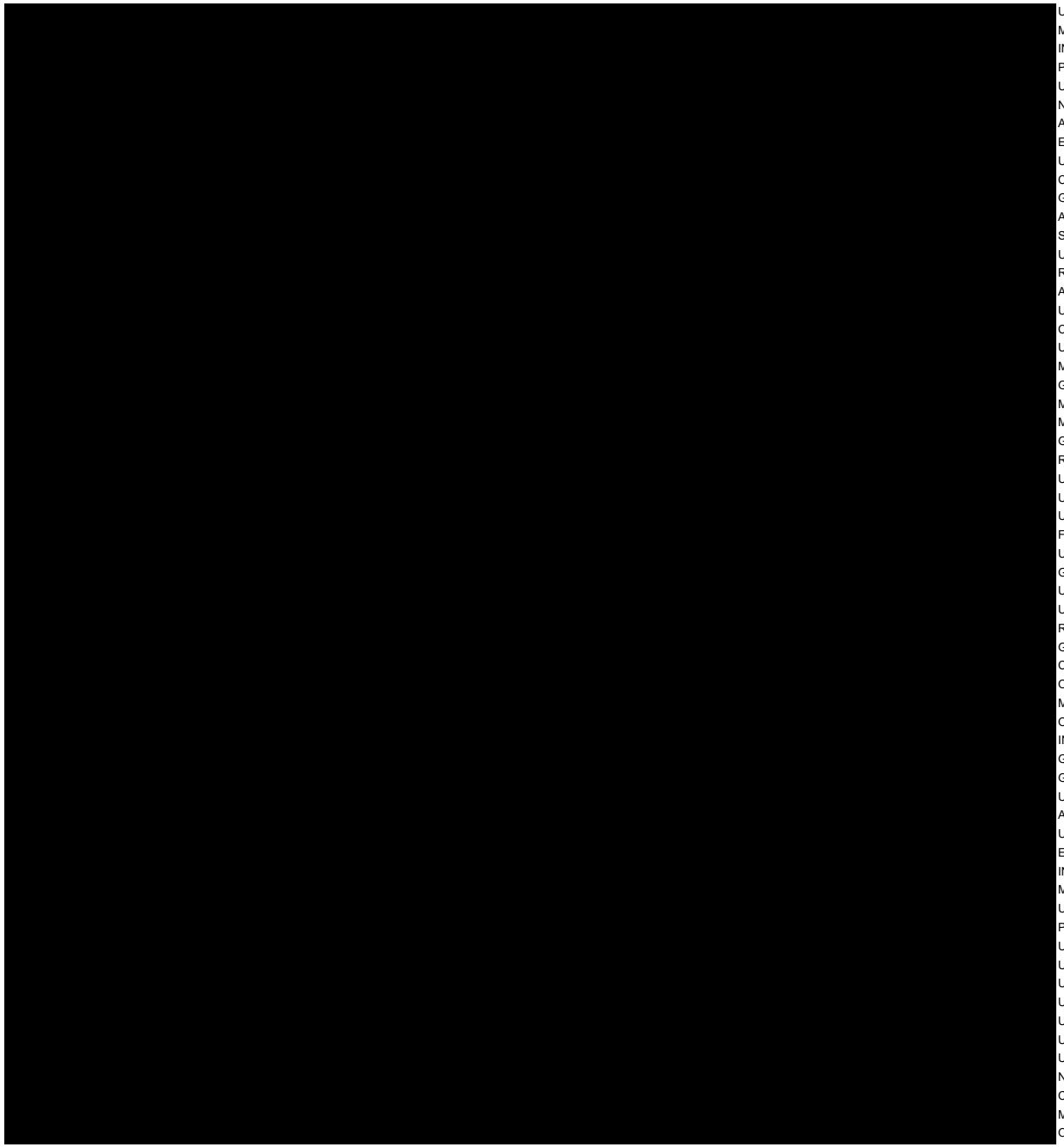
CLINICAL LAB ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOLO	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CLINICAL LAB ME	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	NO	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
CARDIOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	NO
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CLINICAL LAB ME	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



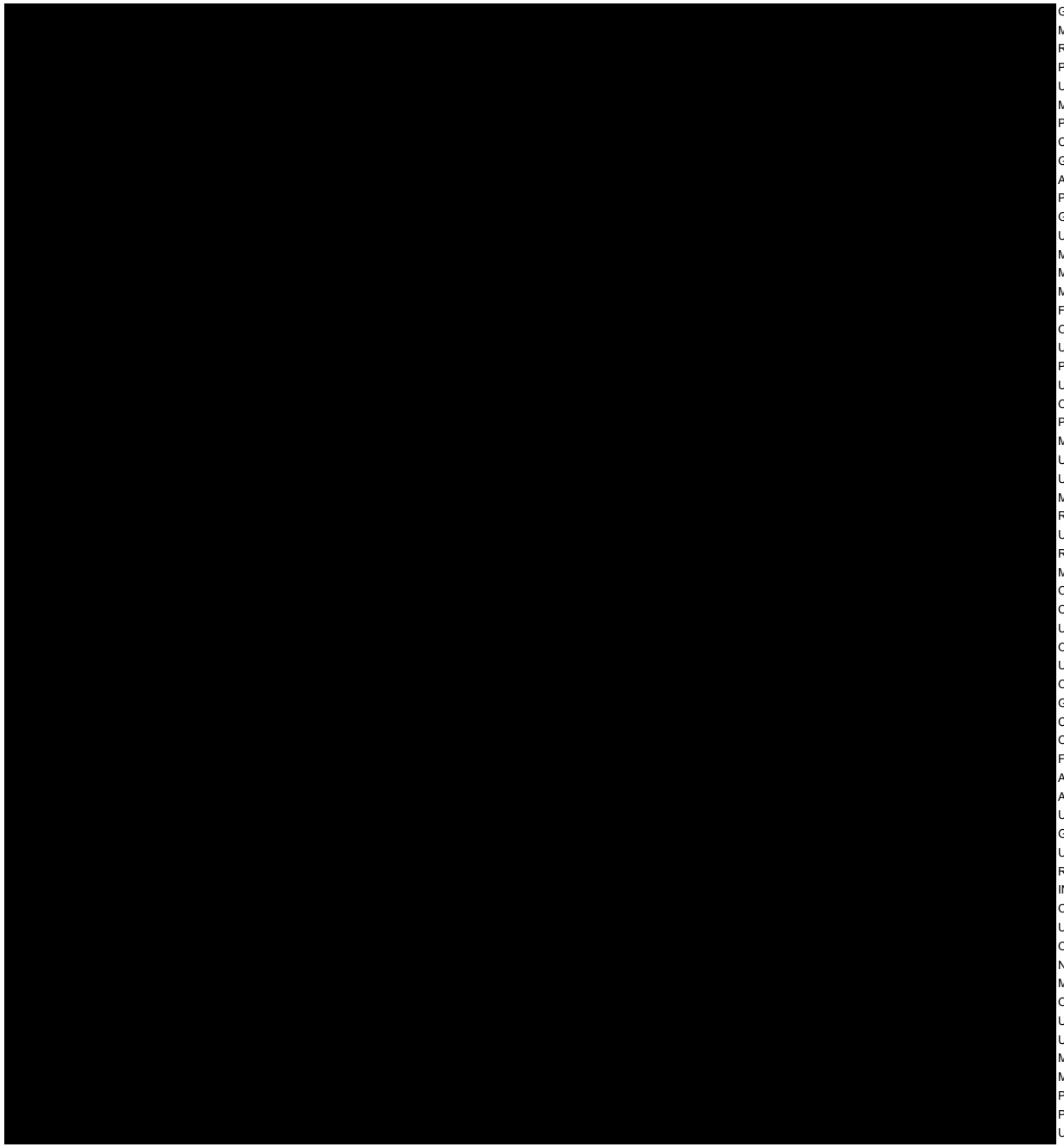
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PHYSICAL MEDI(	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
HOME INFUSION	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	N/A	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLO(	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES



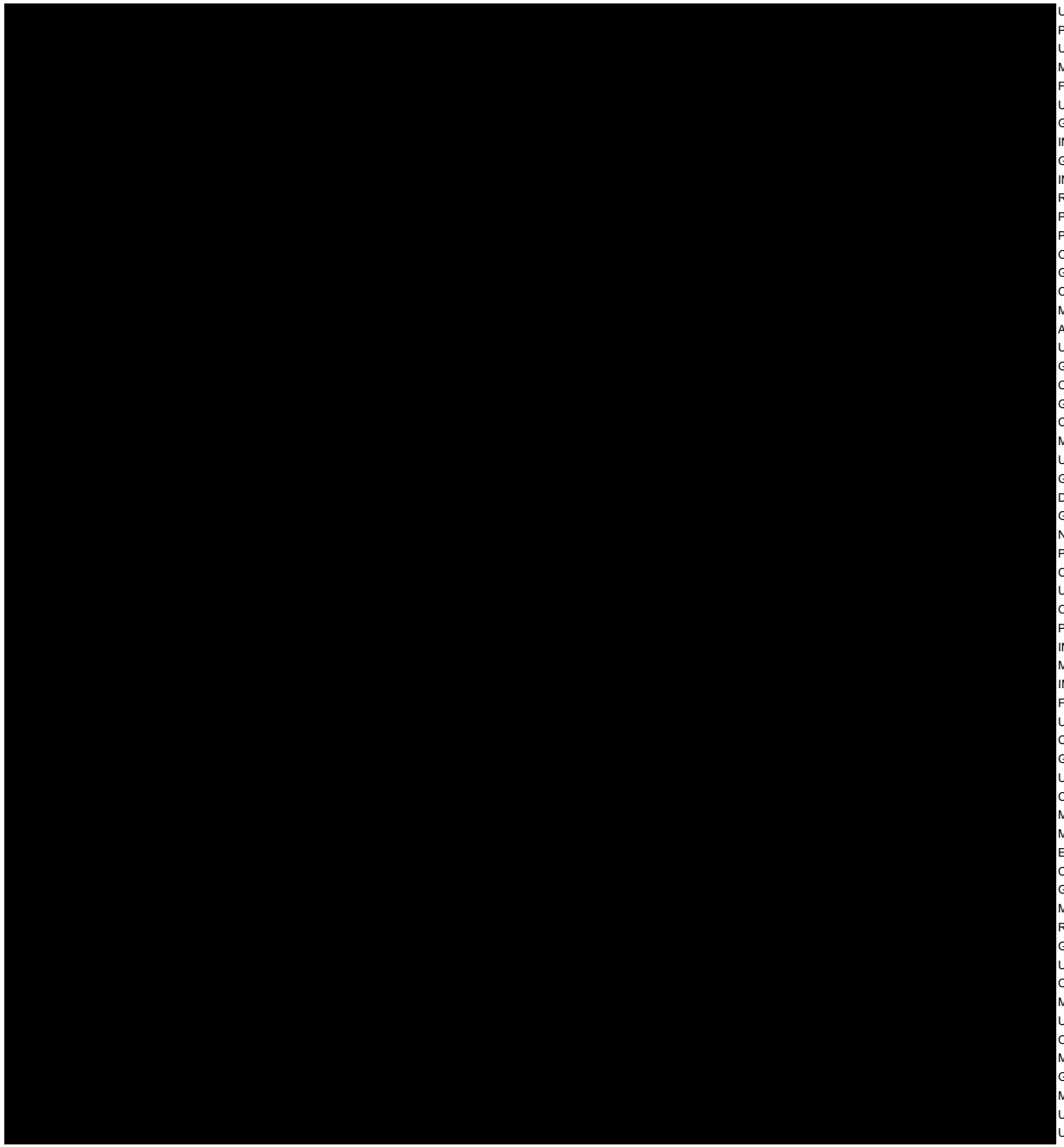
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	N/A	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
REGISTERED NU	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GYNECOLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEPATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PULMONARY DIS	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES



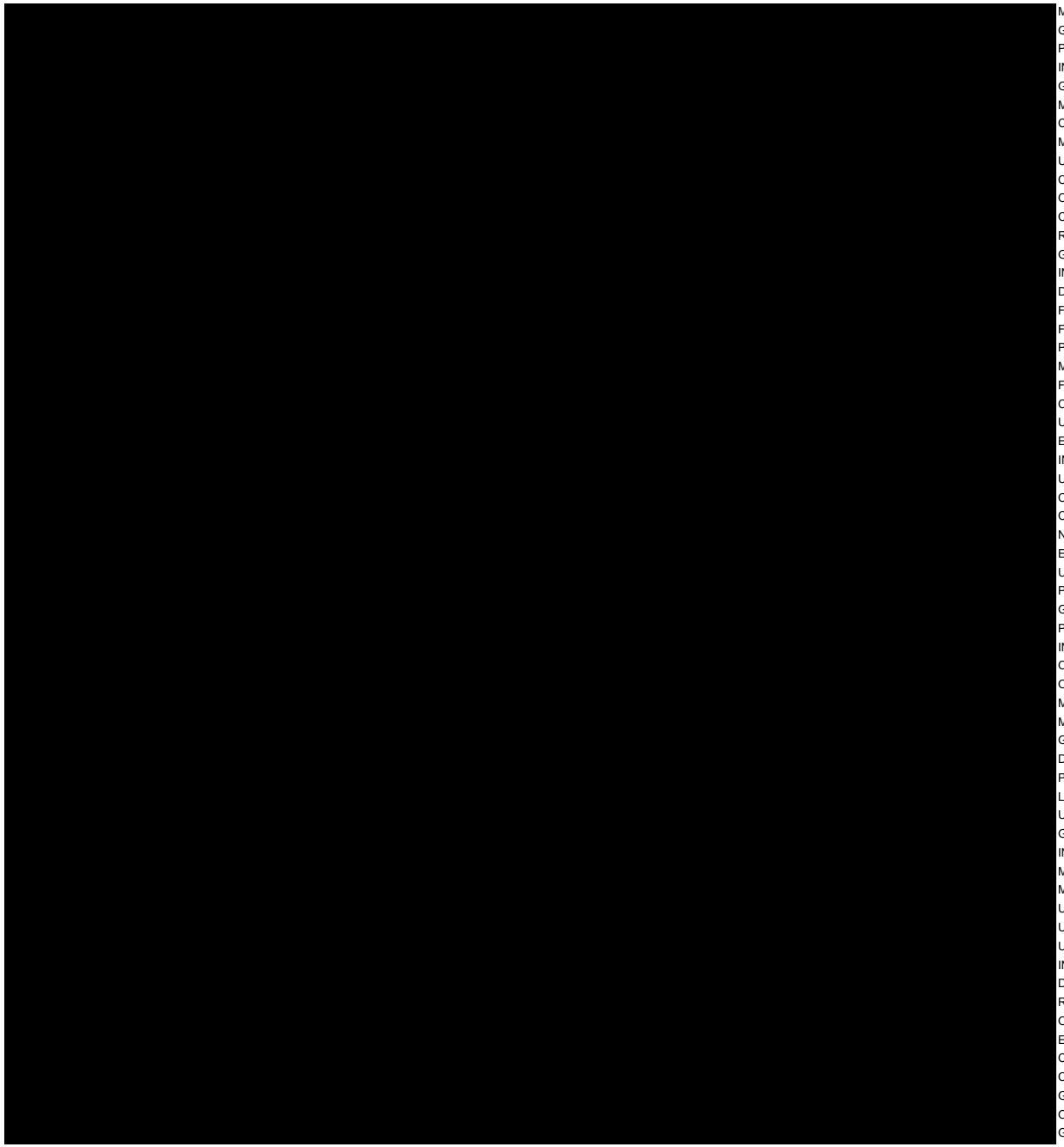
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PHARMACY	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GYNECOLOGY	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES



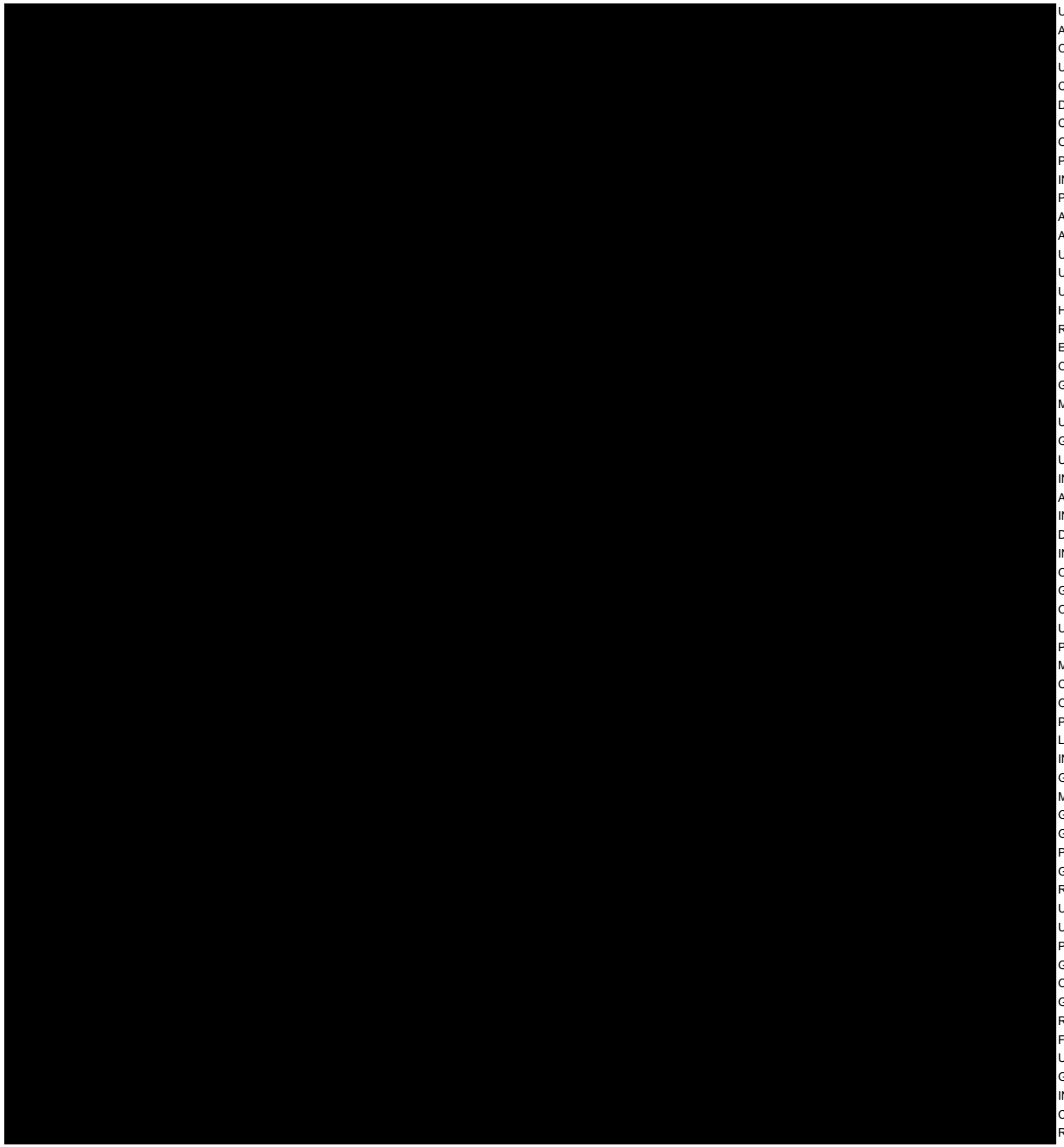
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A



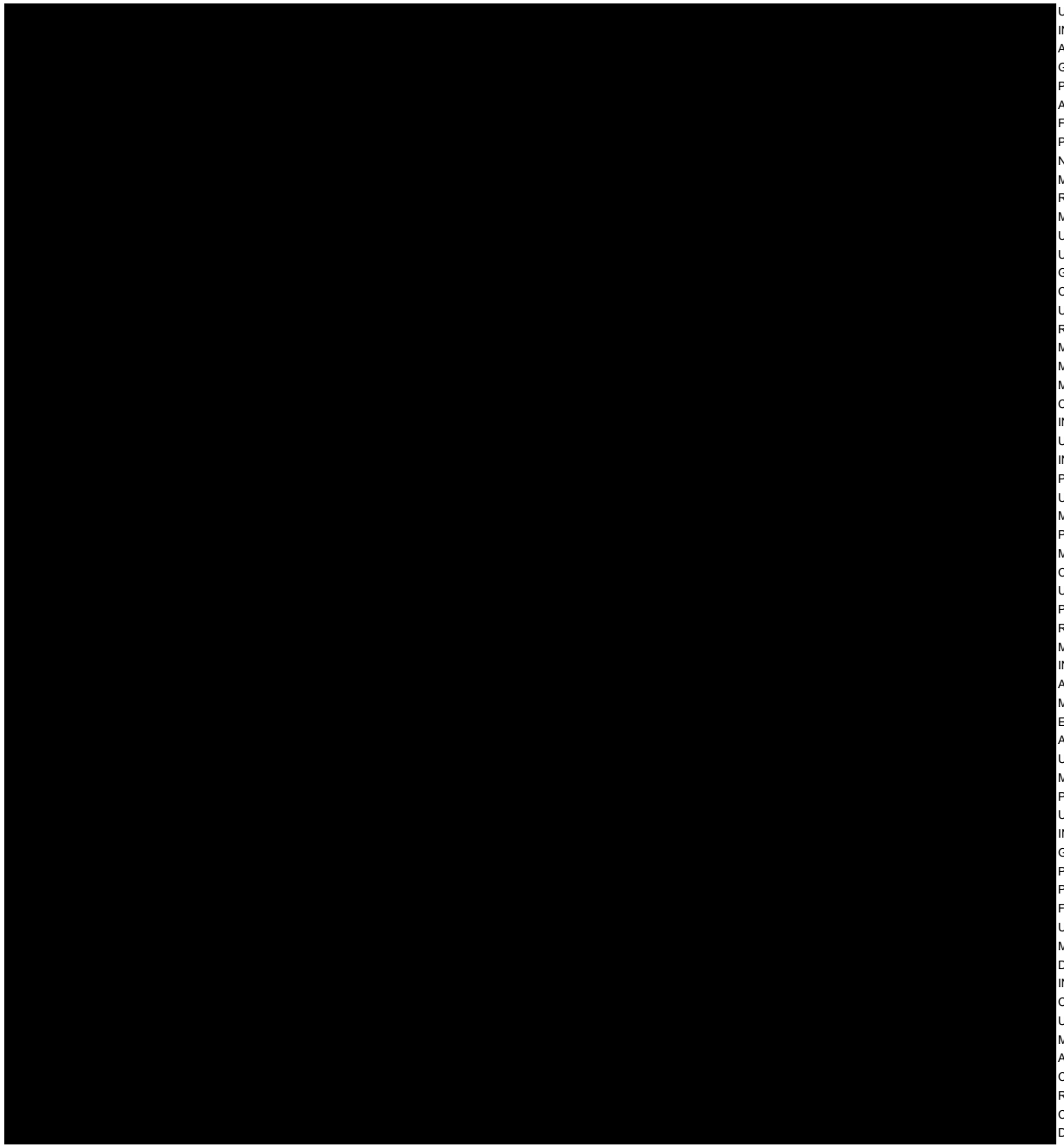
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GYNECOLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
NEUROLOGY, CH	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FQHC PROVIDER	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



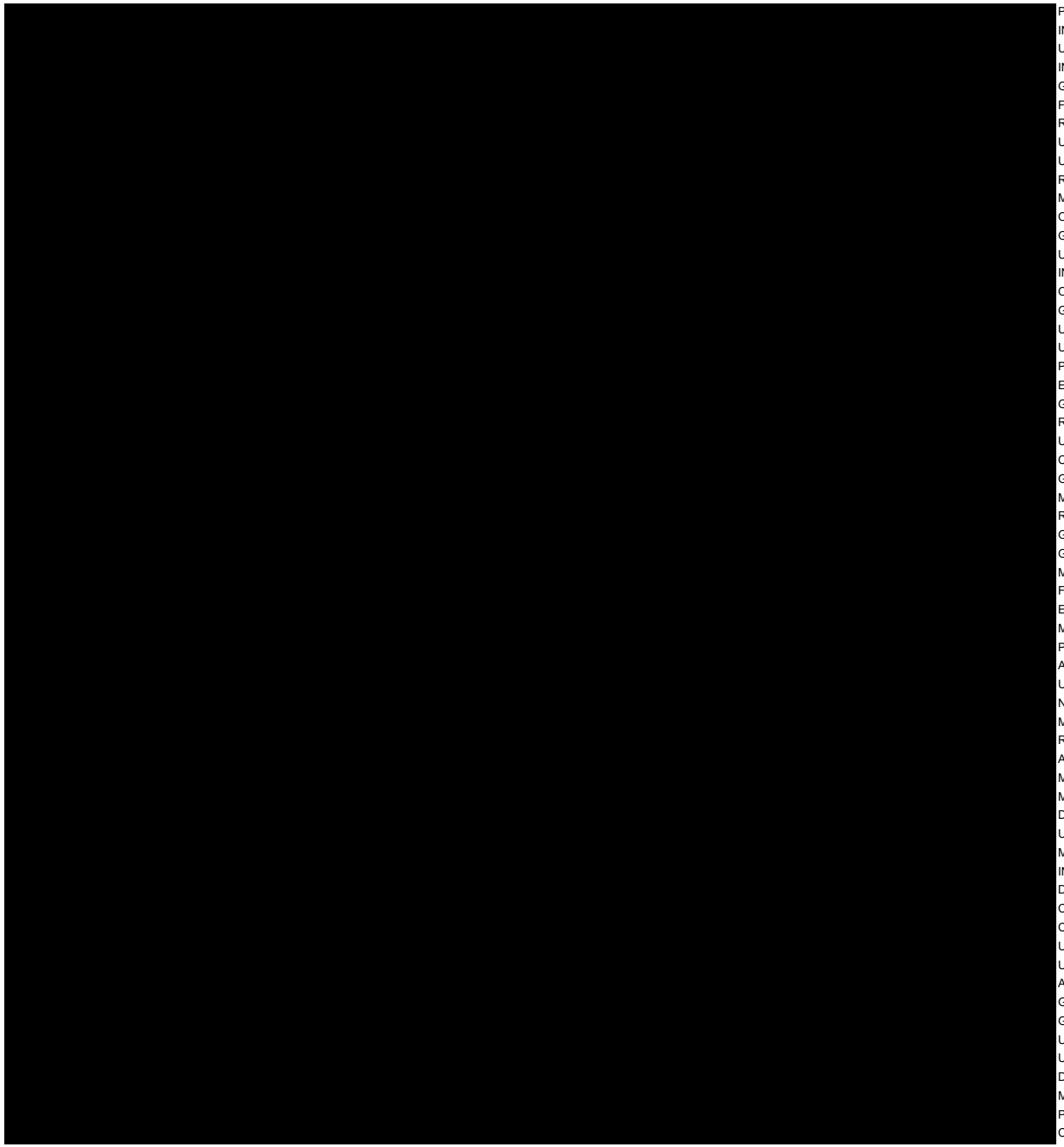
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CERTIFIED RN M	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OTOLARYNGOL(	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES



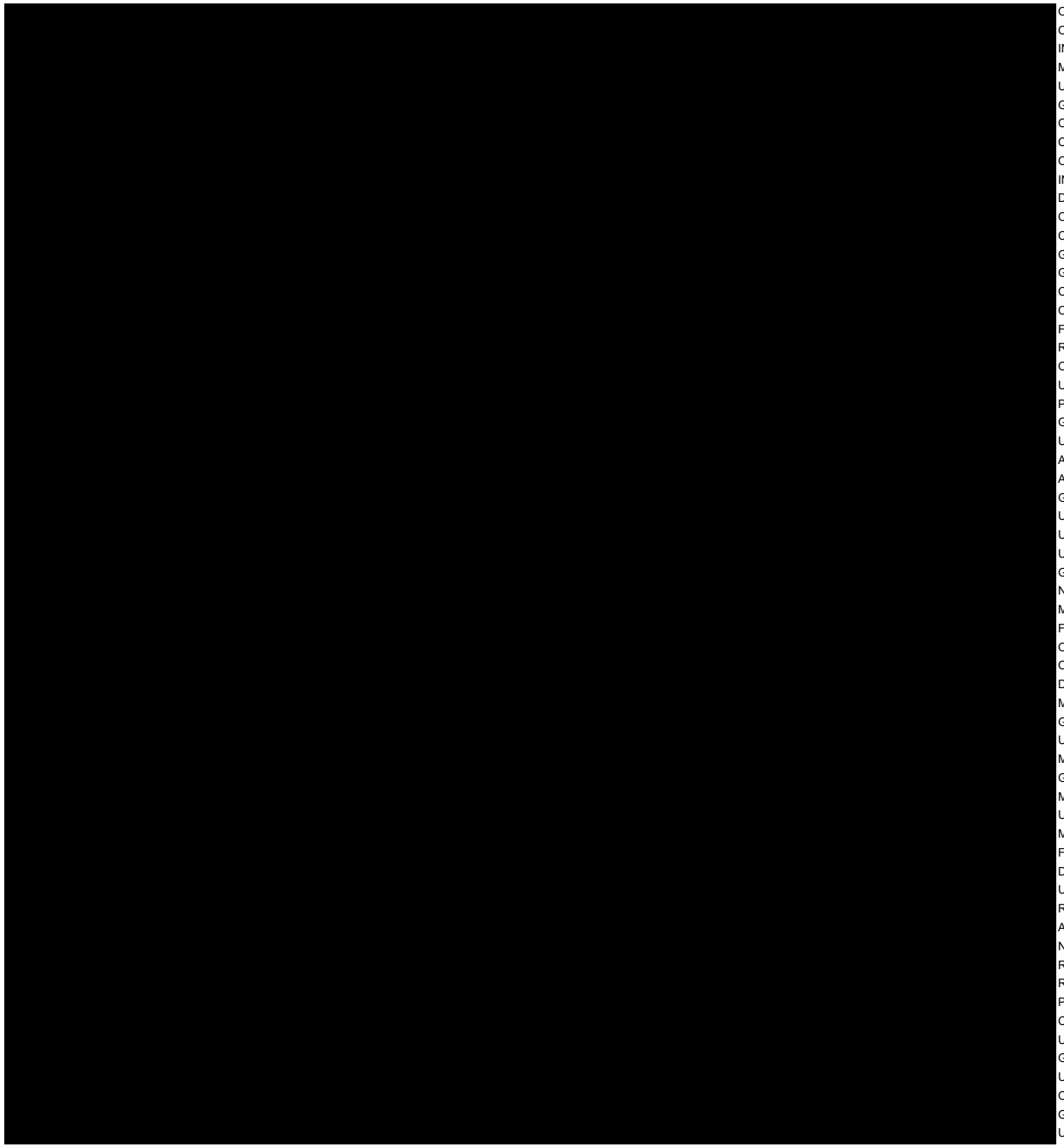
UNDEFINED	Professional	Wellwise Active	YES	N/A
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	NO
HEMATOLOGY A	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GYNECOLOGY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	NO
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES



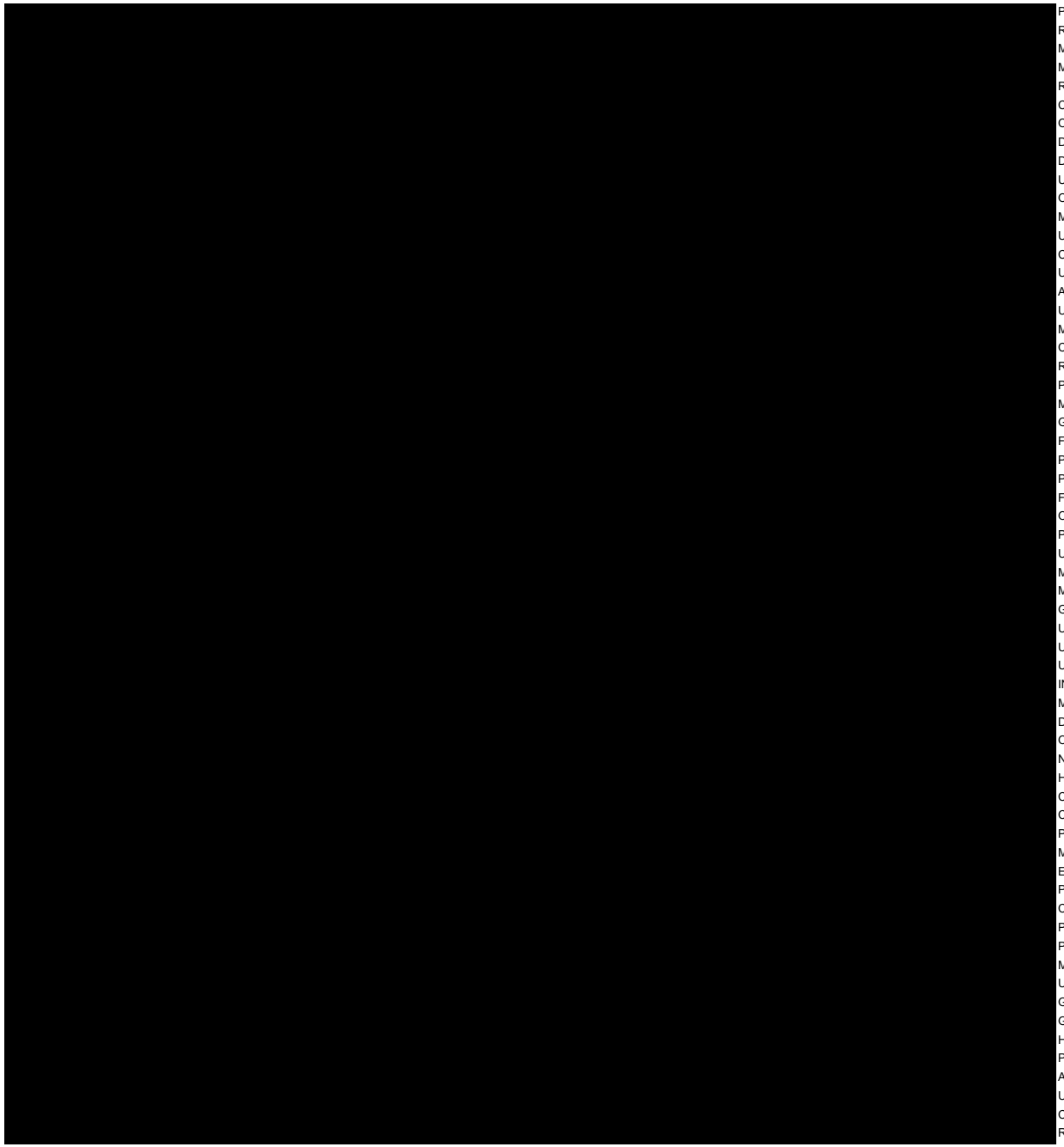
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYS MED/ REHA	Professional	Wellwise Active	NO	NO
RESEARCH PSYC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
INDEPENDENT L	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	N/A



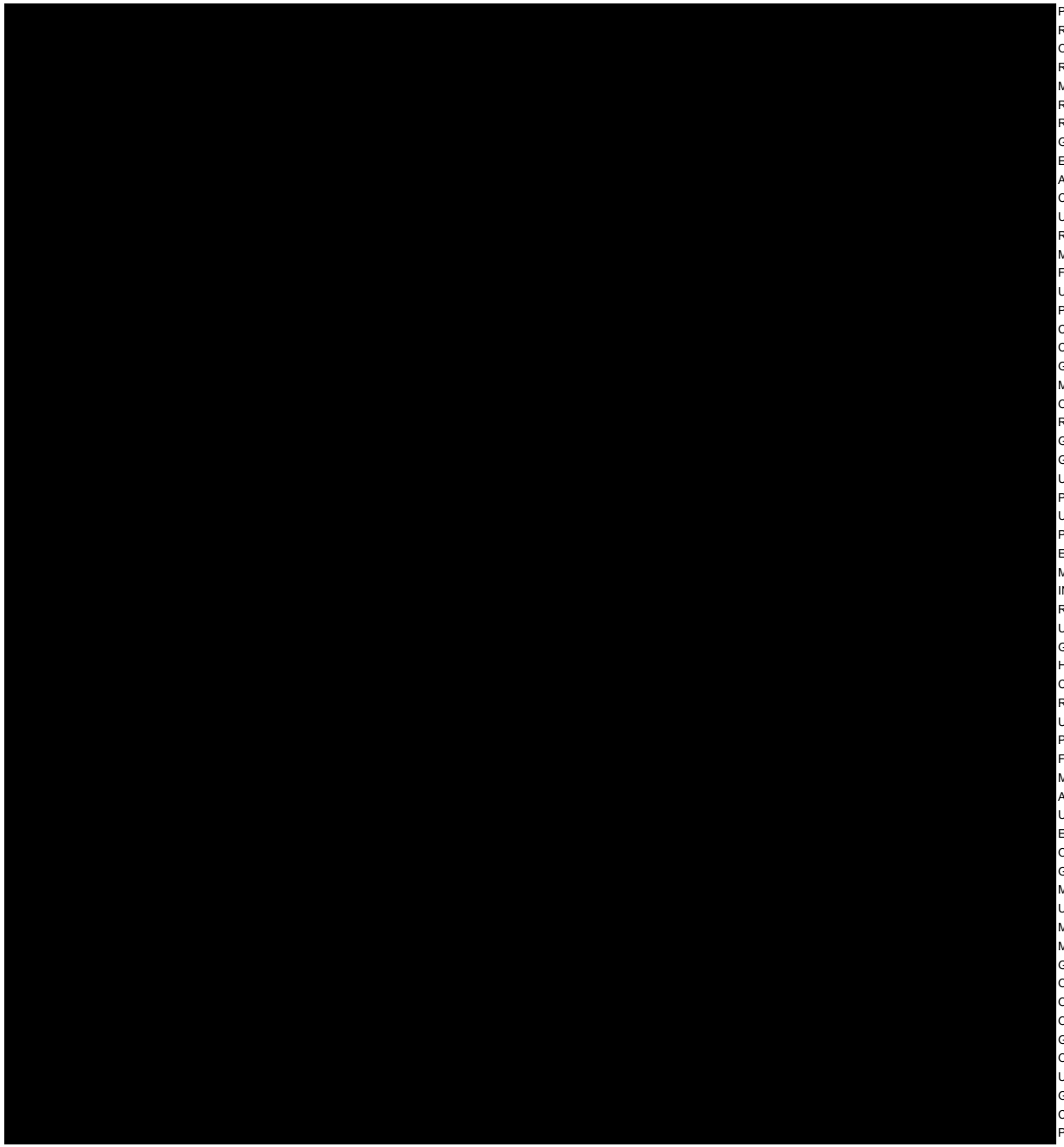
PULMONARY DIS	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GASTROENTERC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGICAL	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES



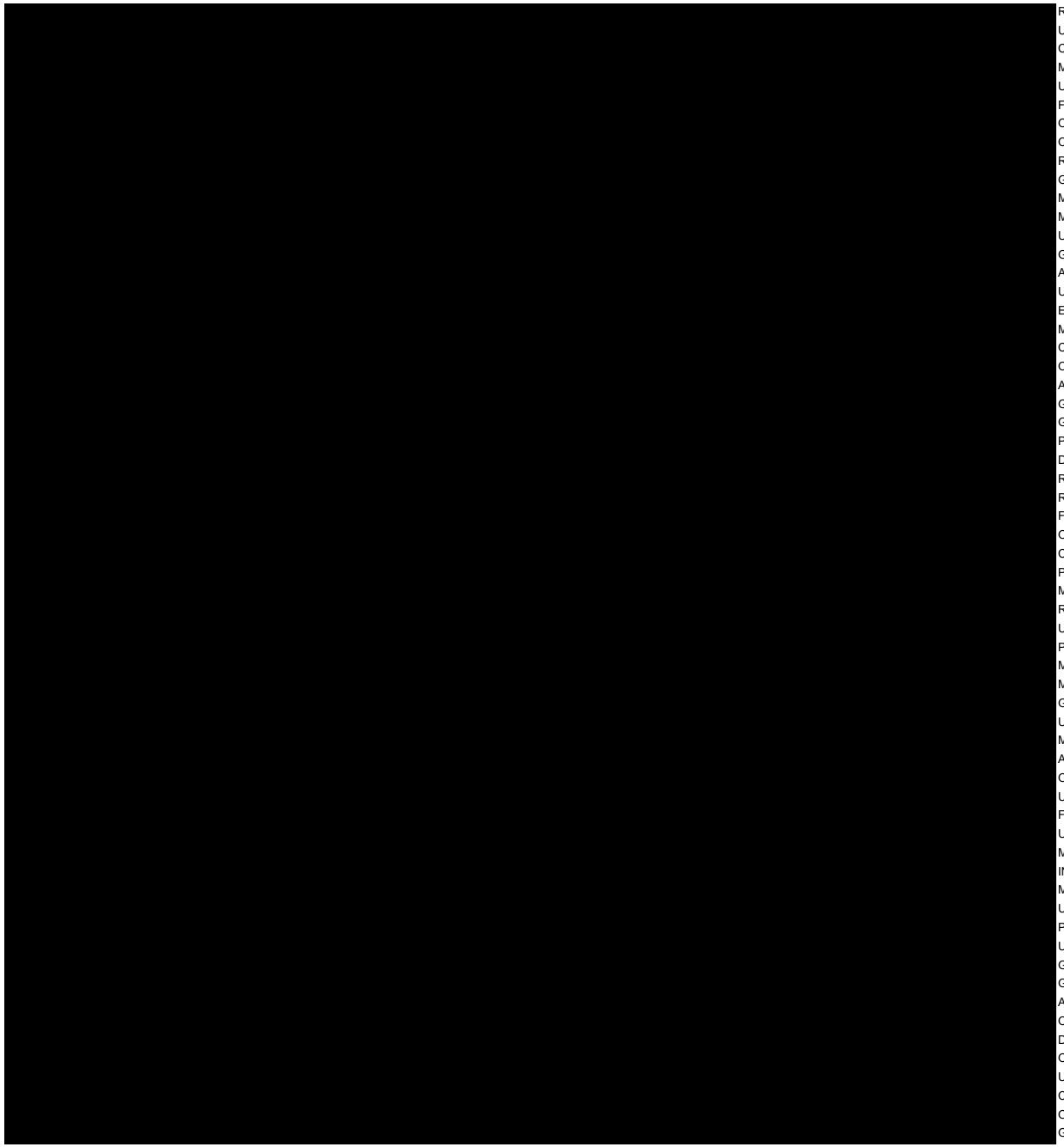
O.B. - GYNECOLC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOLC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



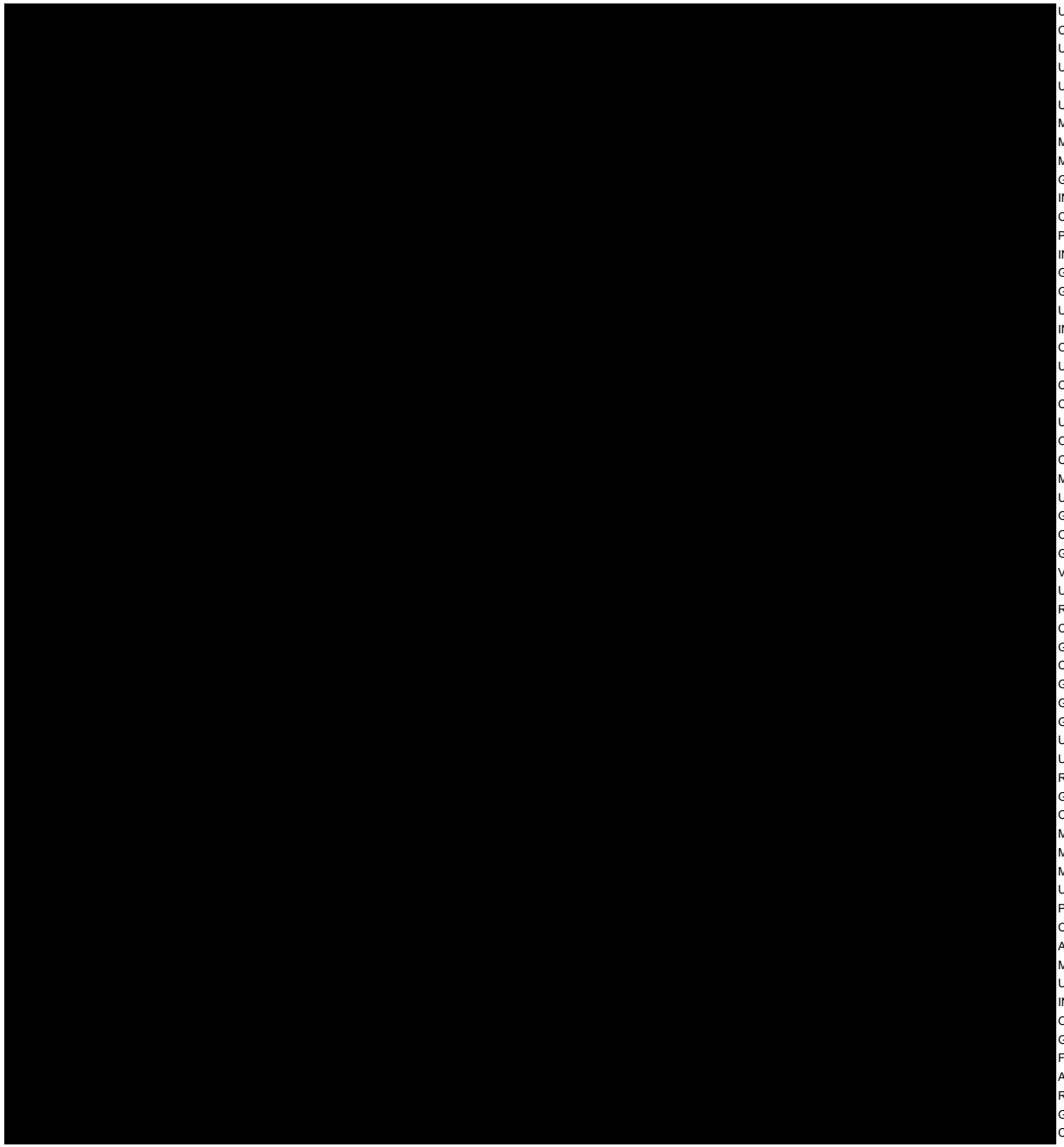
PSYCHIATRY	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC`	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC`	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	NO
HOSPITALIST MI	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
PHYSICAL MEDI(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRAC`	Professional	Wellwise Active	YES	N/A
GENERAL PRAC`	Professional	Wellwise Active	YES	N/A
HOSPITALIST MI	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PEDIATRICS	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	N/A



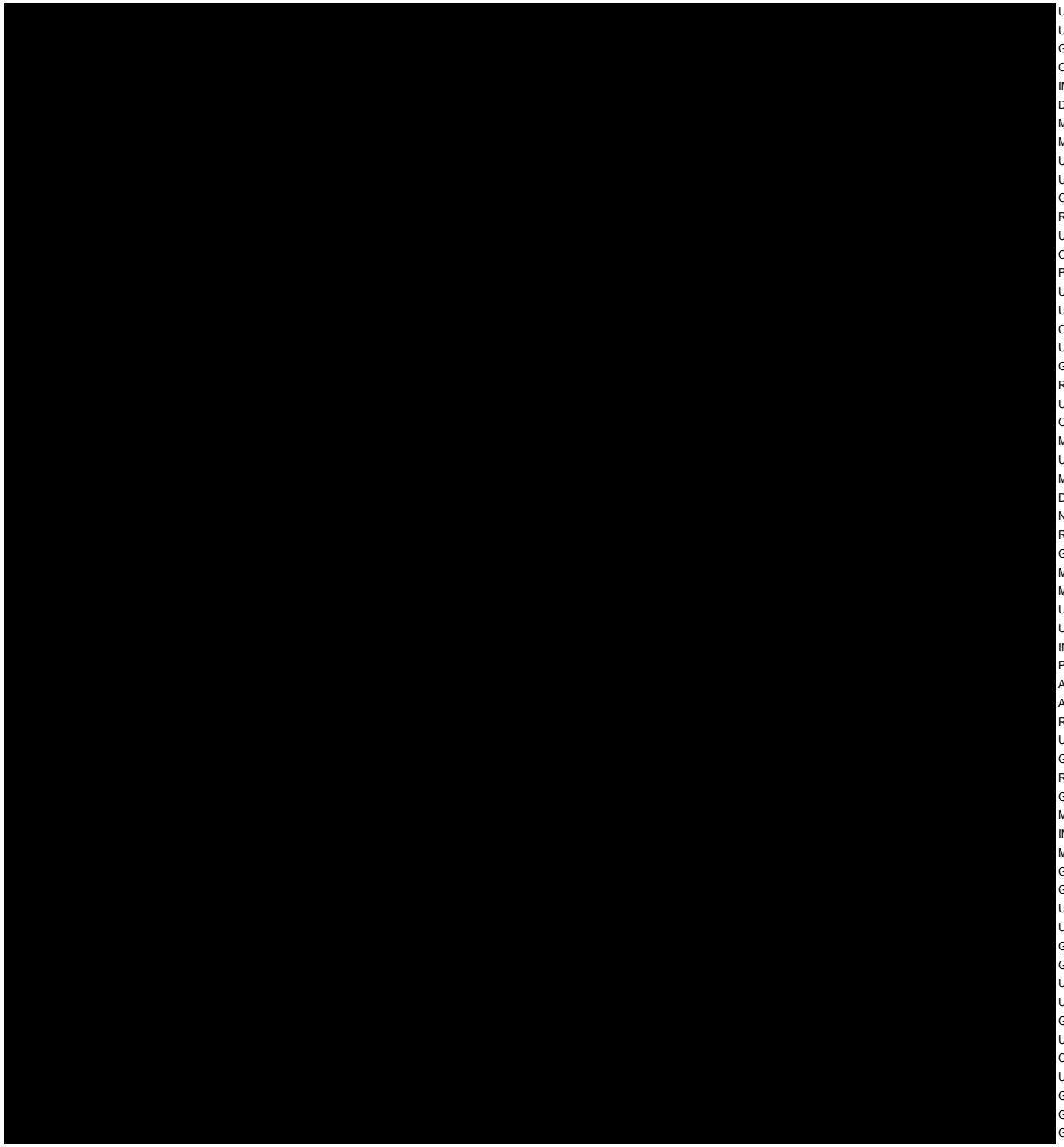
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
HOME HEALTH C	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	NO	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL`	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
PHARMACY	Professional	Wellwise Active	N/A	N/A



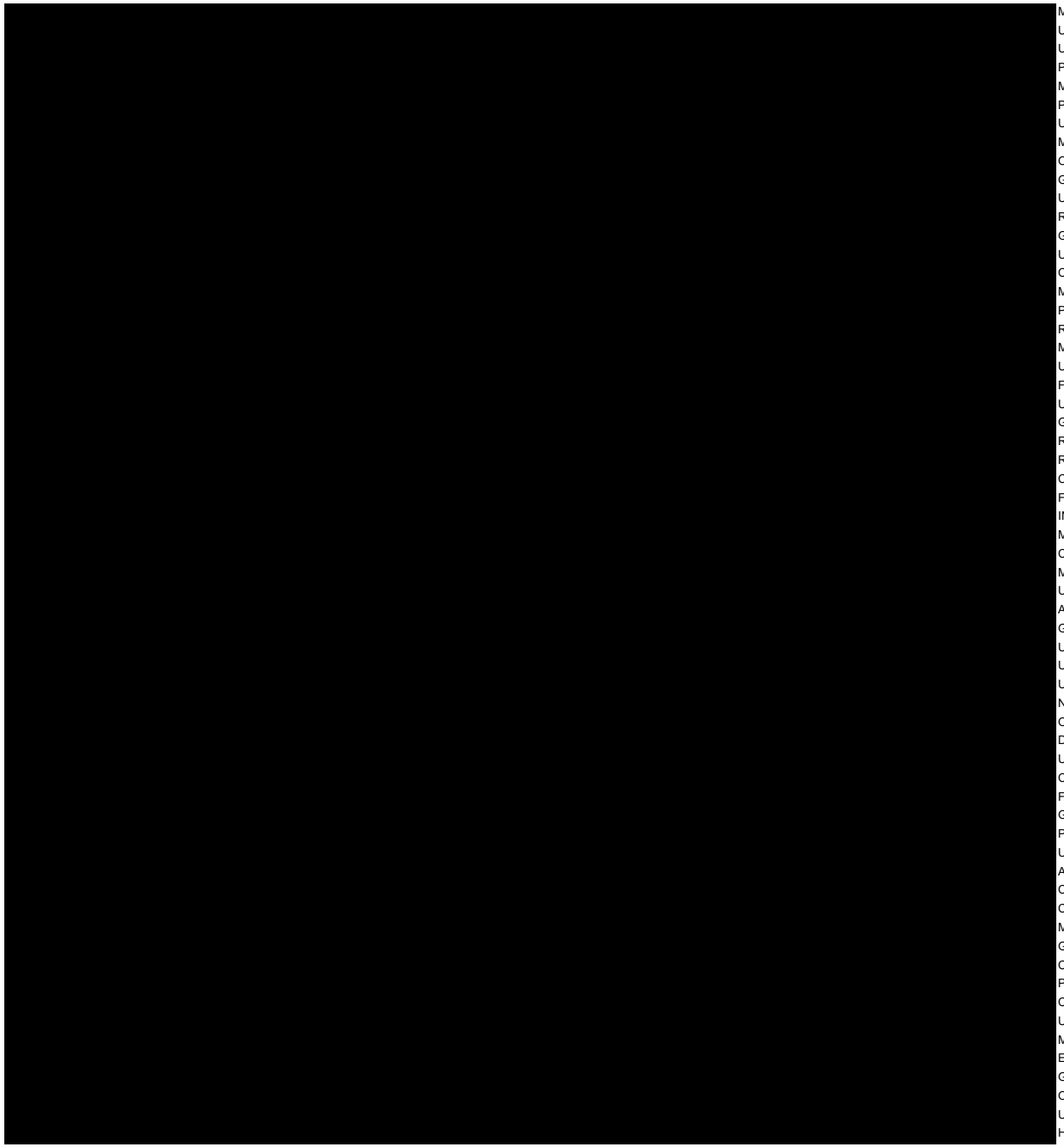
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INDIIVIDUAL CER	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A



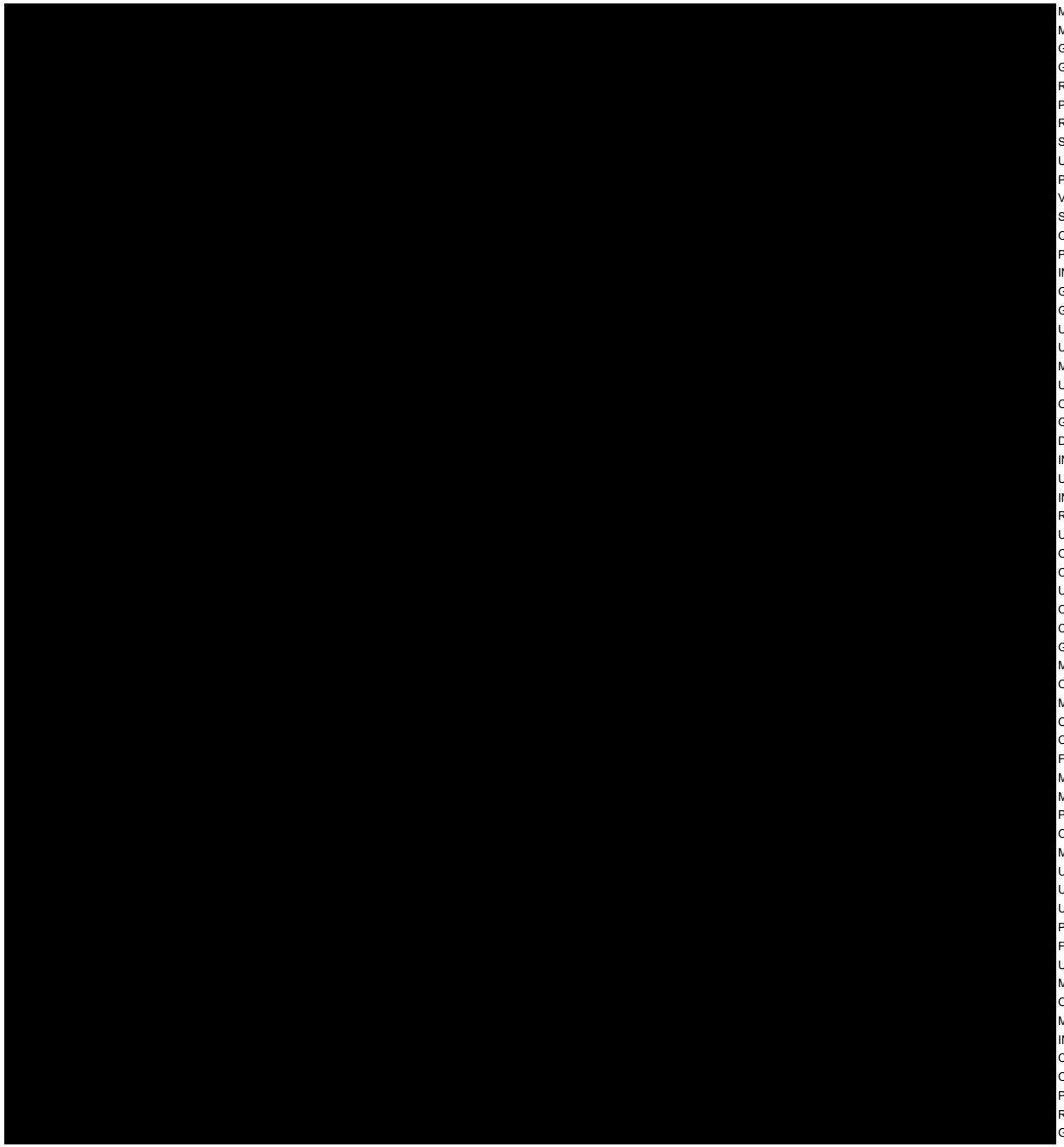
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES



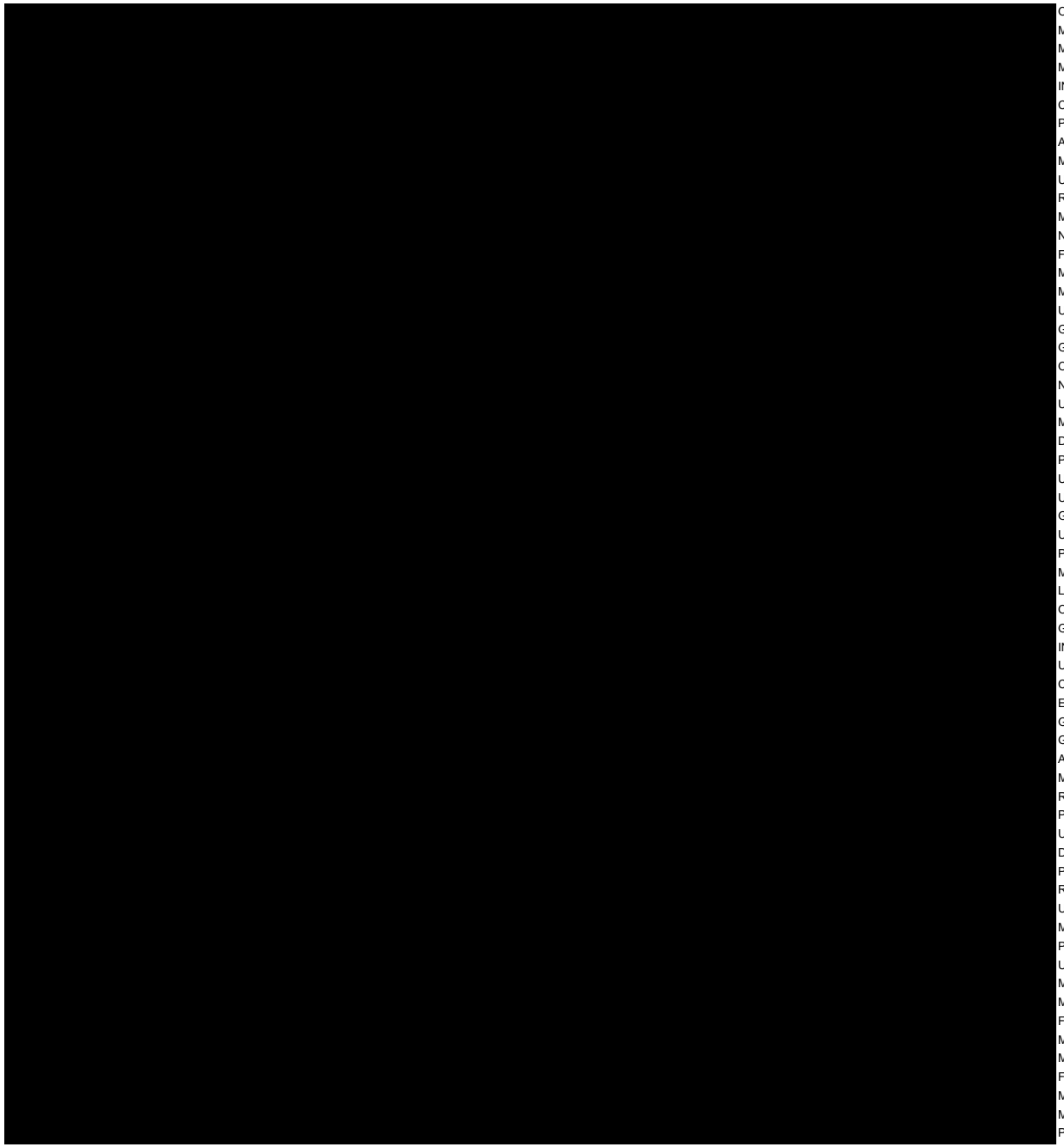
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES - Hospital Based	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLOC	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



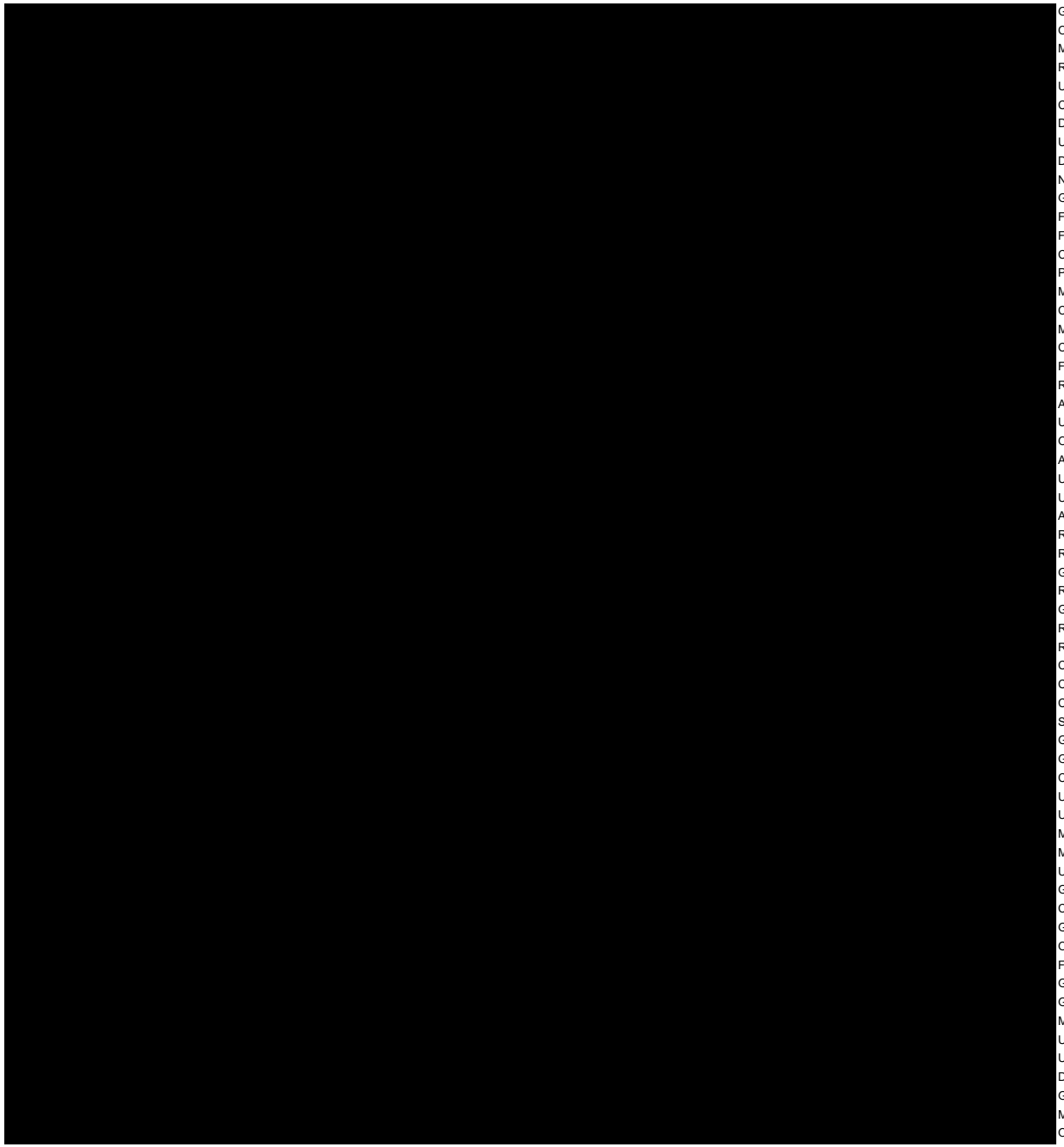
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GERIATRIC MED	Professional	Wellwise Active	NO	NO
CLINICAL LAB ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CLINICAL LAB ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES



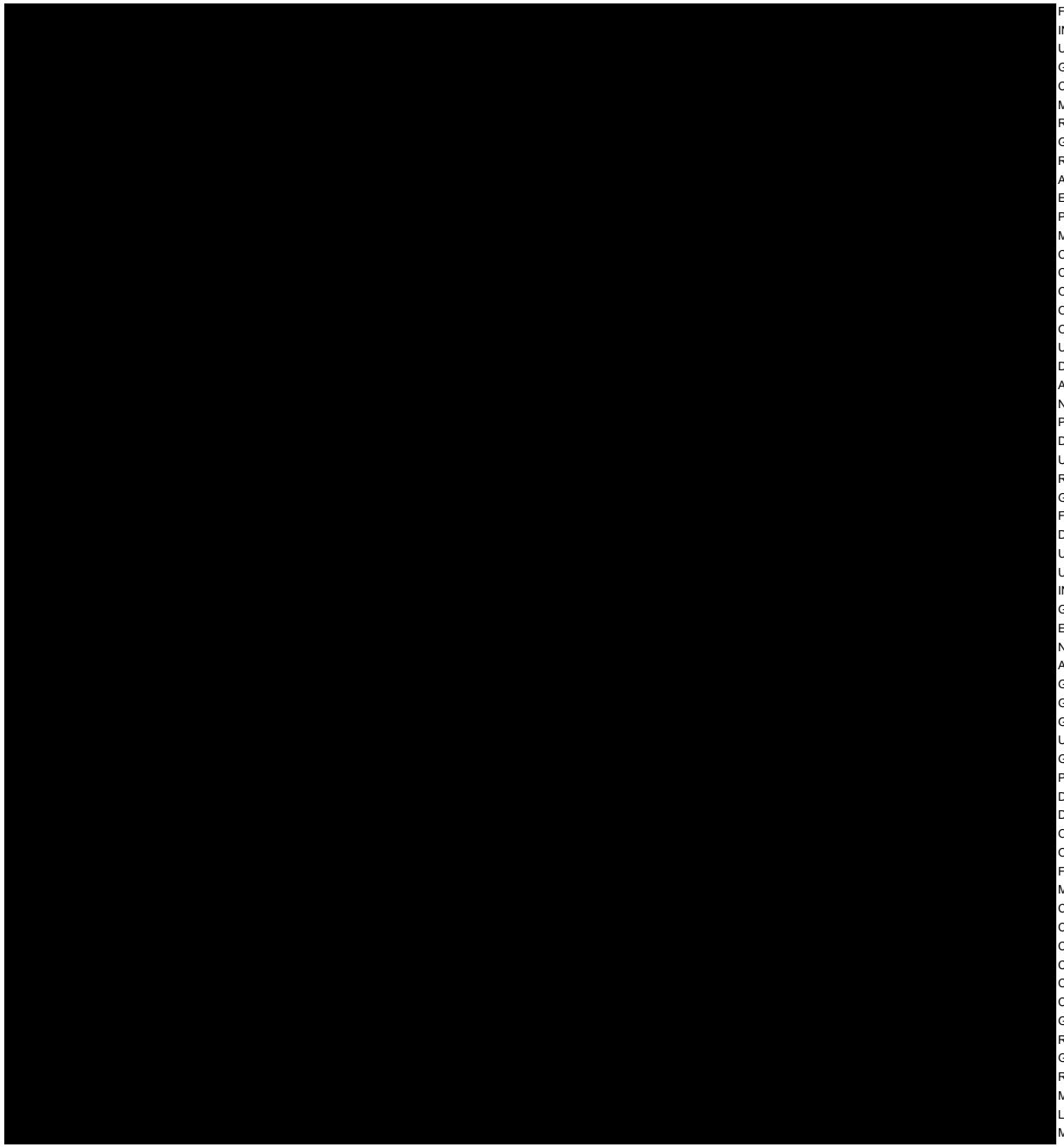
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
SURGERY, PEDI/	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
GYNECOLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INDEPENDENT L	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



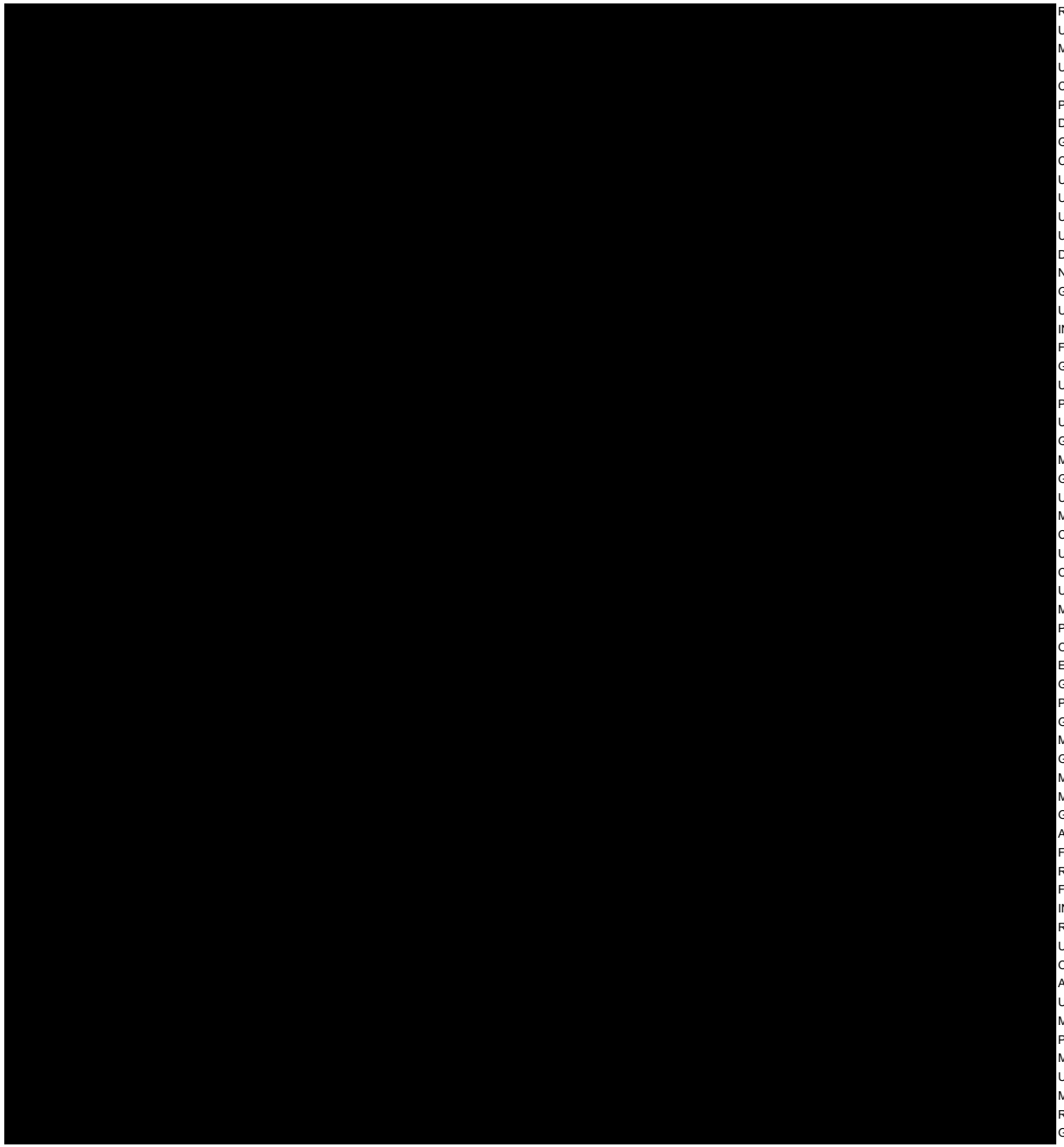
OPTOMETRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
NEUROLOGY, CI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PORTABLE X-RA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
ORALMAXILLOFA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRIC GAST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO



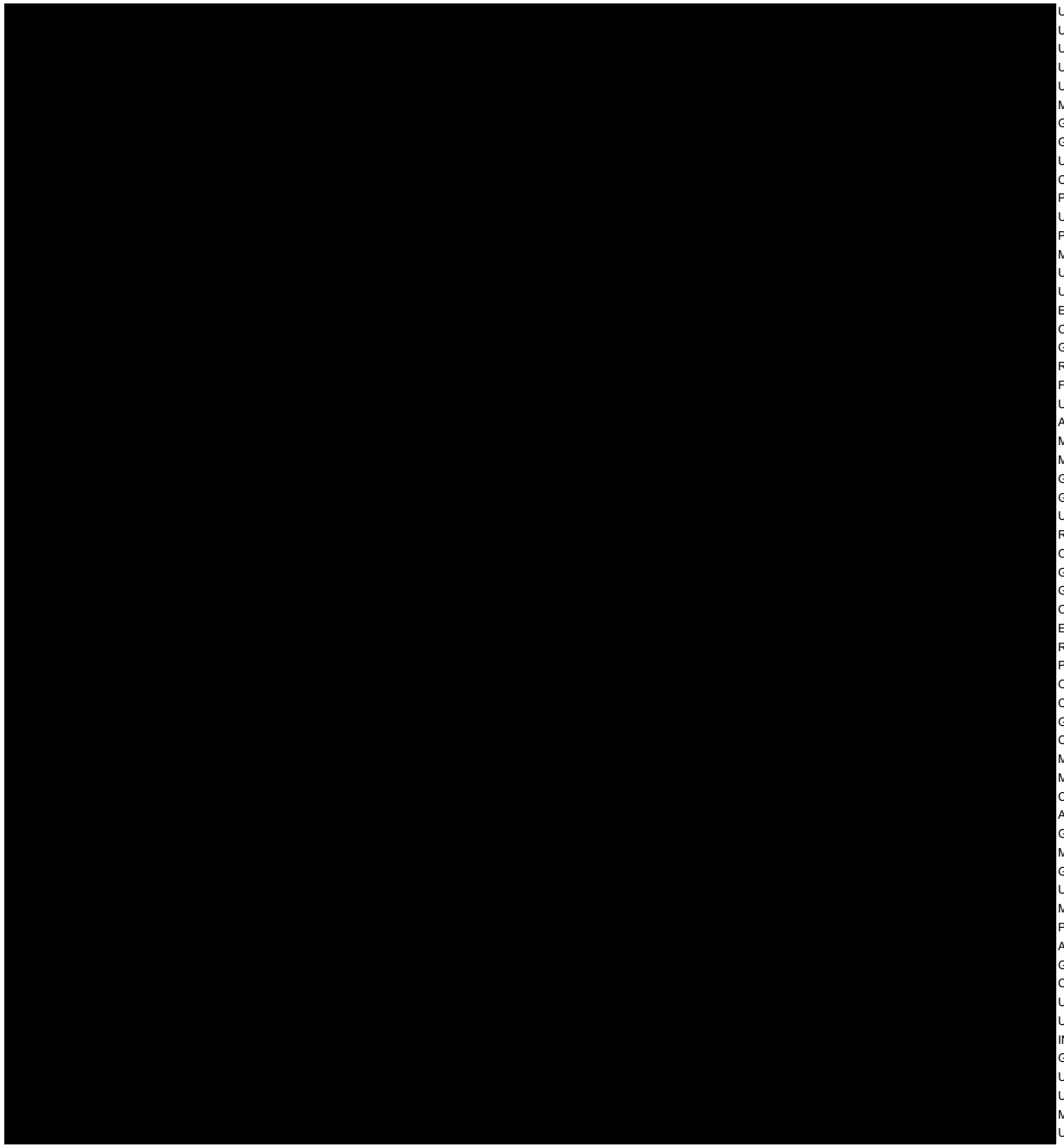
GENERAL SURGI	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL NEURO	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	NO
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO



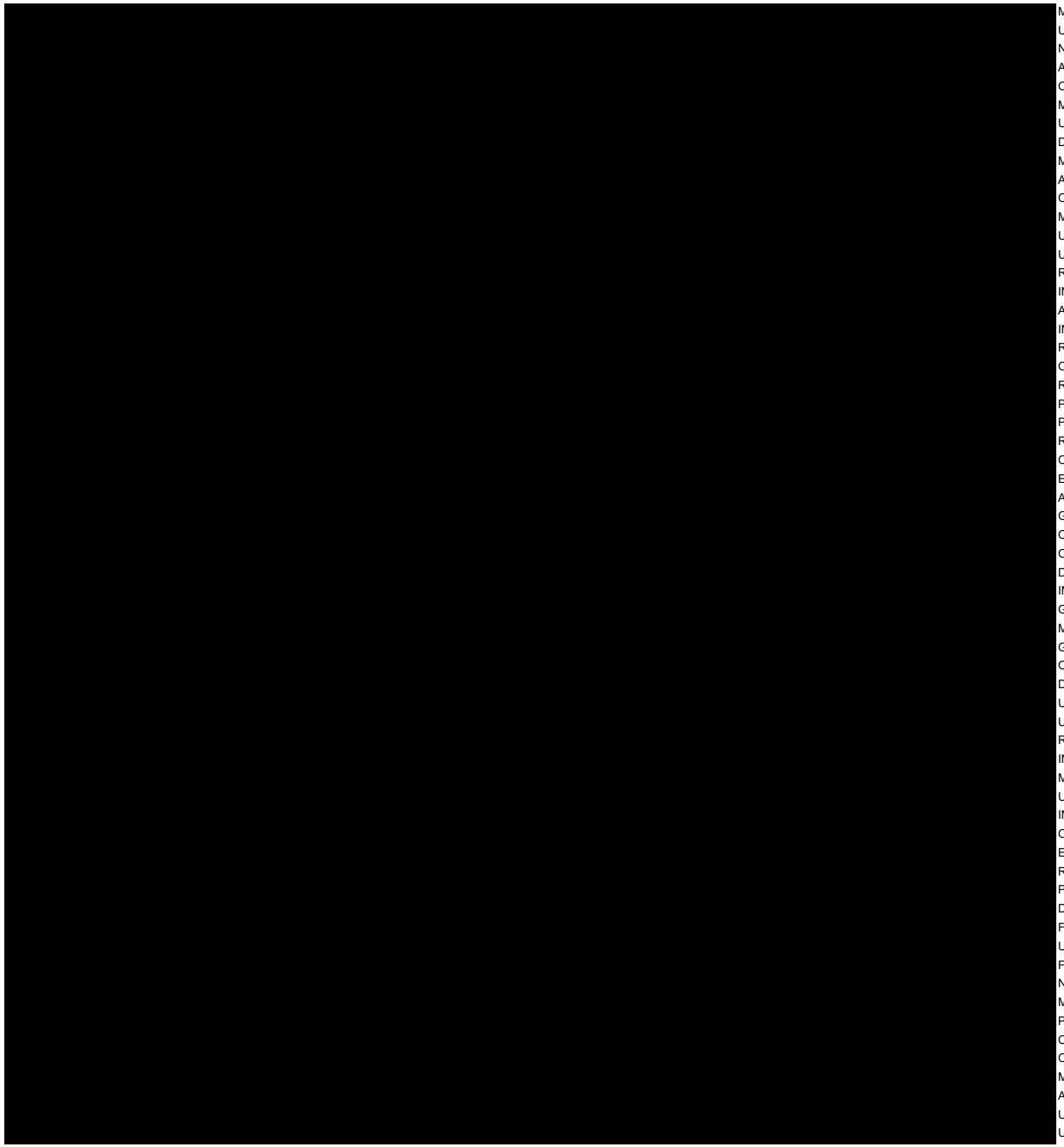
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CERTIFIED NURS	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Active	YES	NO
O.B. - GYNECOLO	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
NEUROLOGY	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	N/A	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES



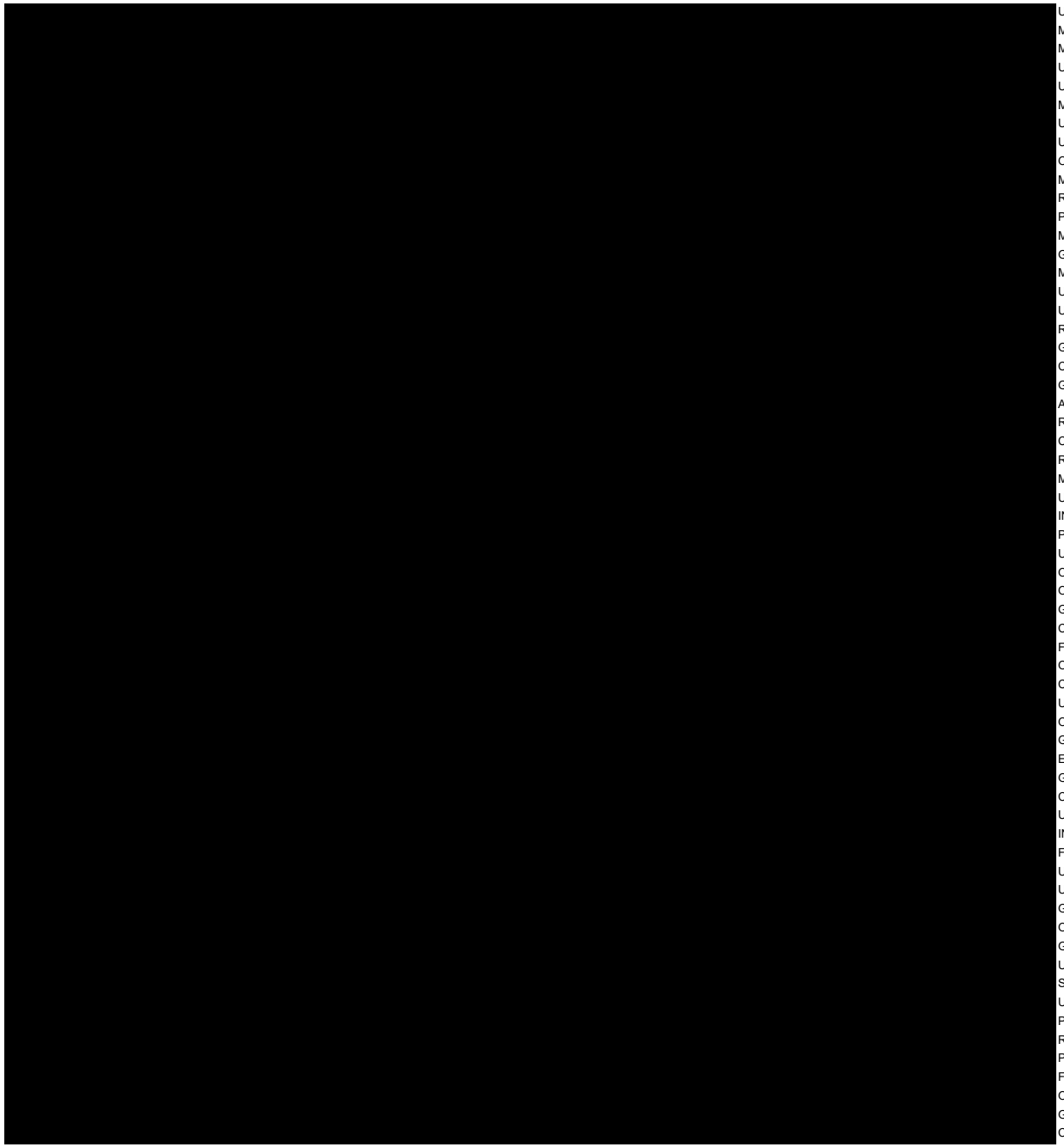
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



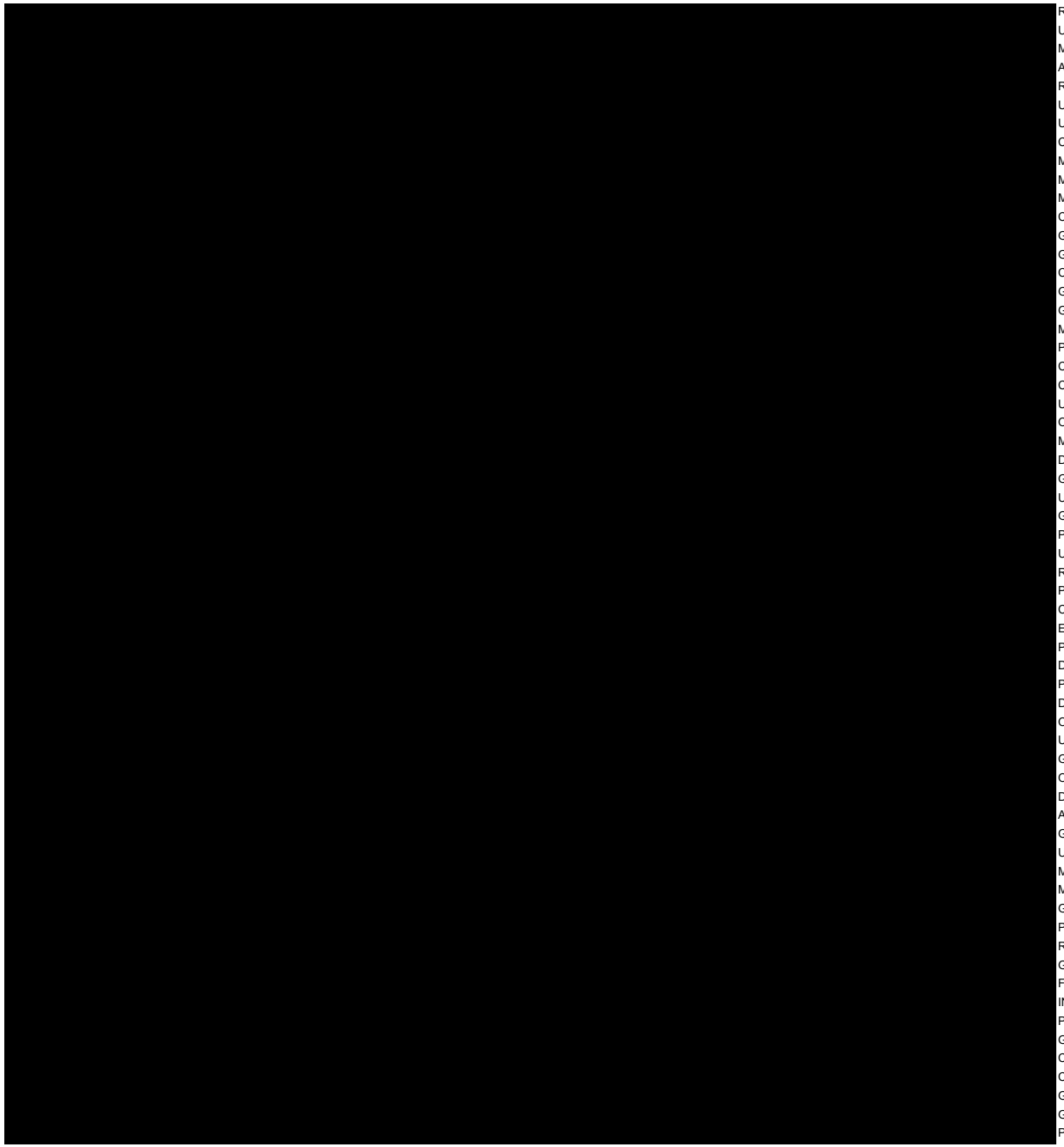
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



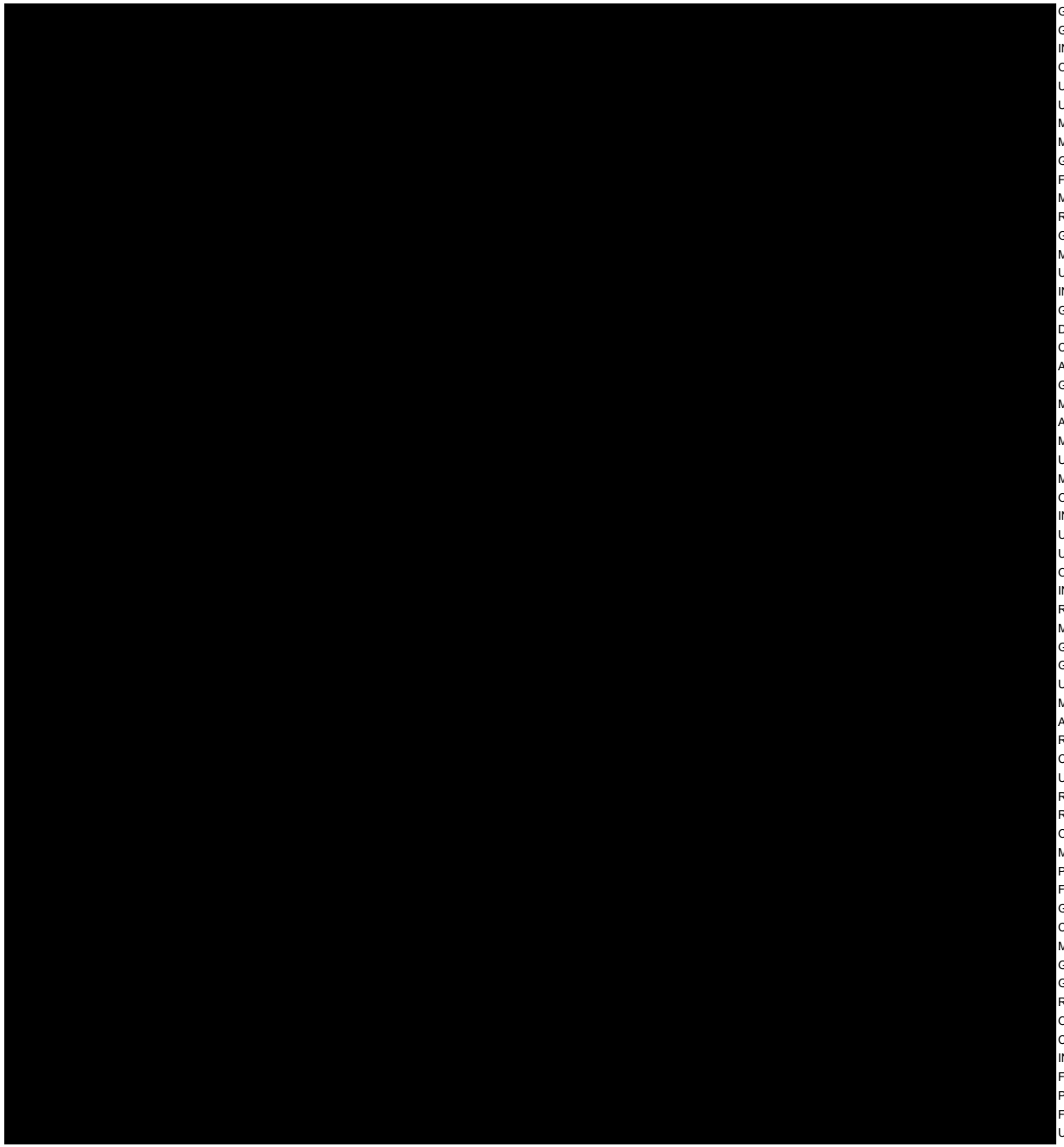
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
NEPHROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



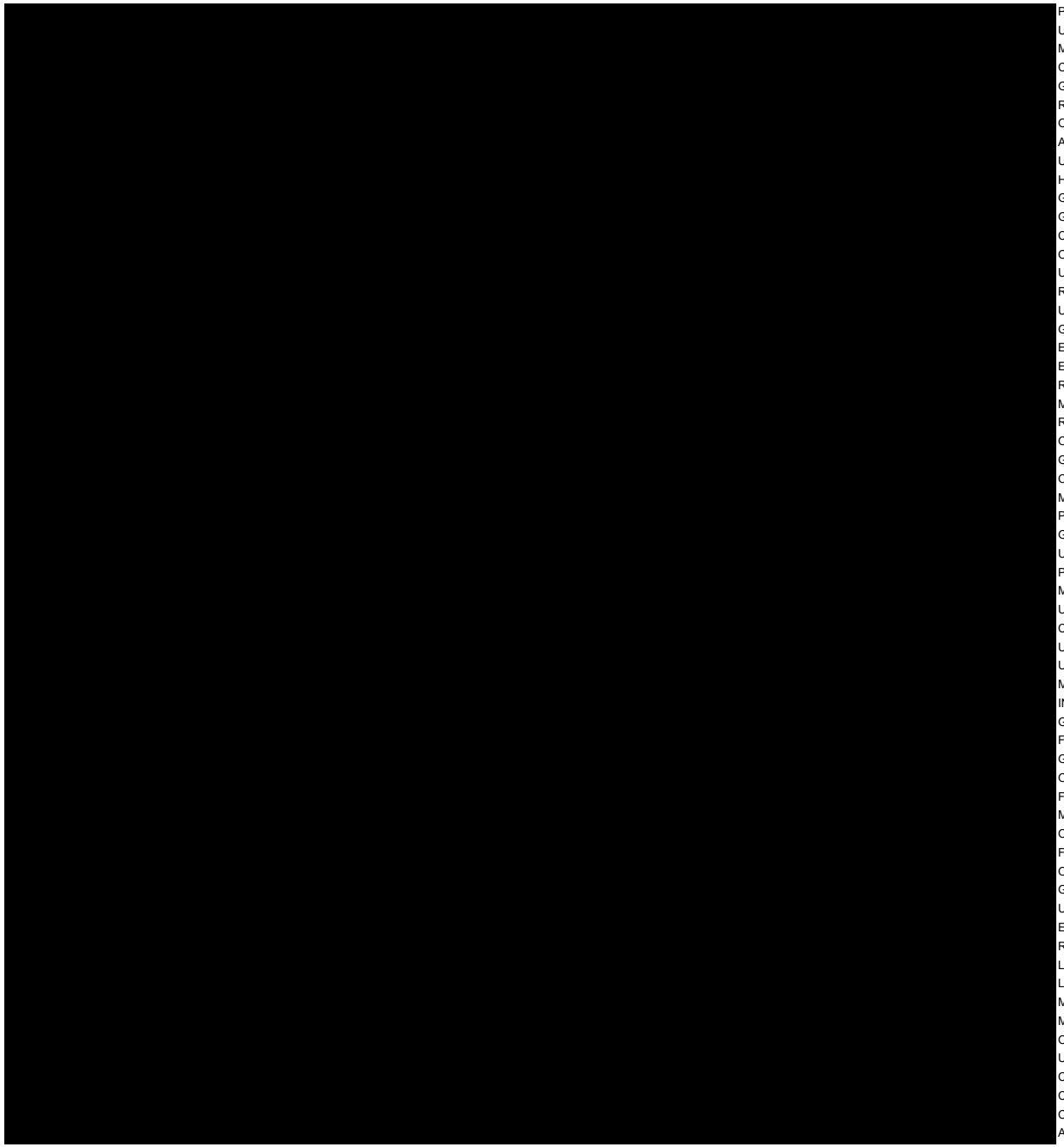
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	NO	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES



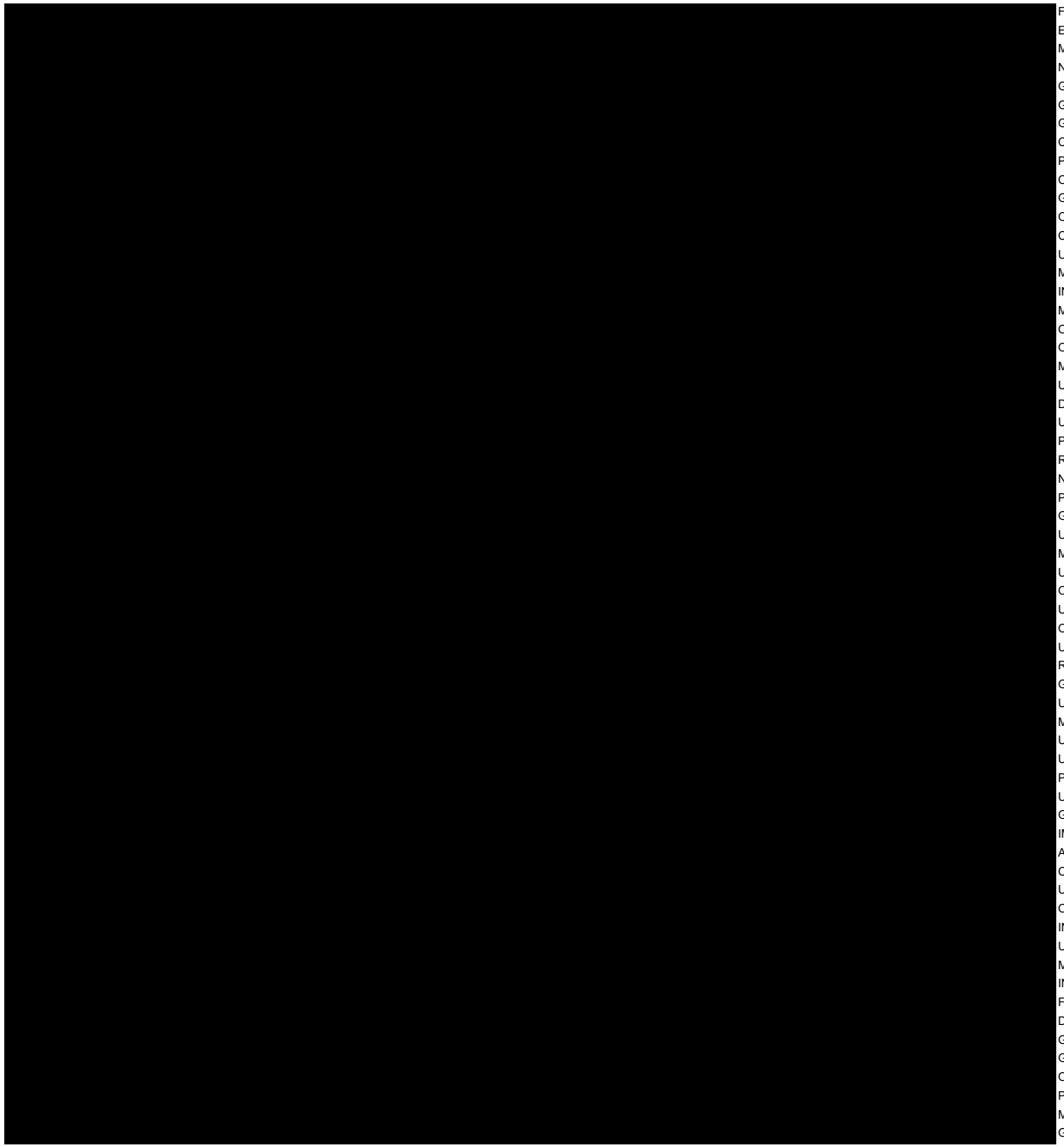
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	NO	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PHYSICAL MEDI(	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	NO	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES



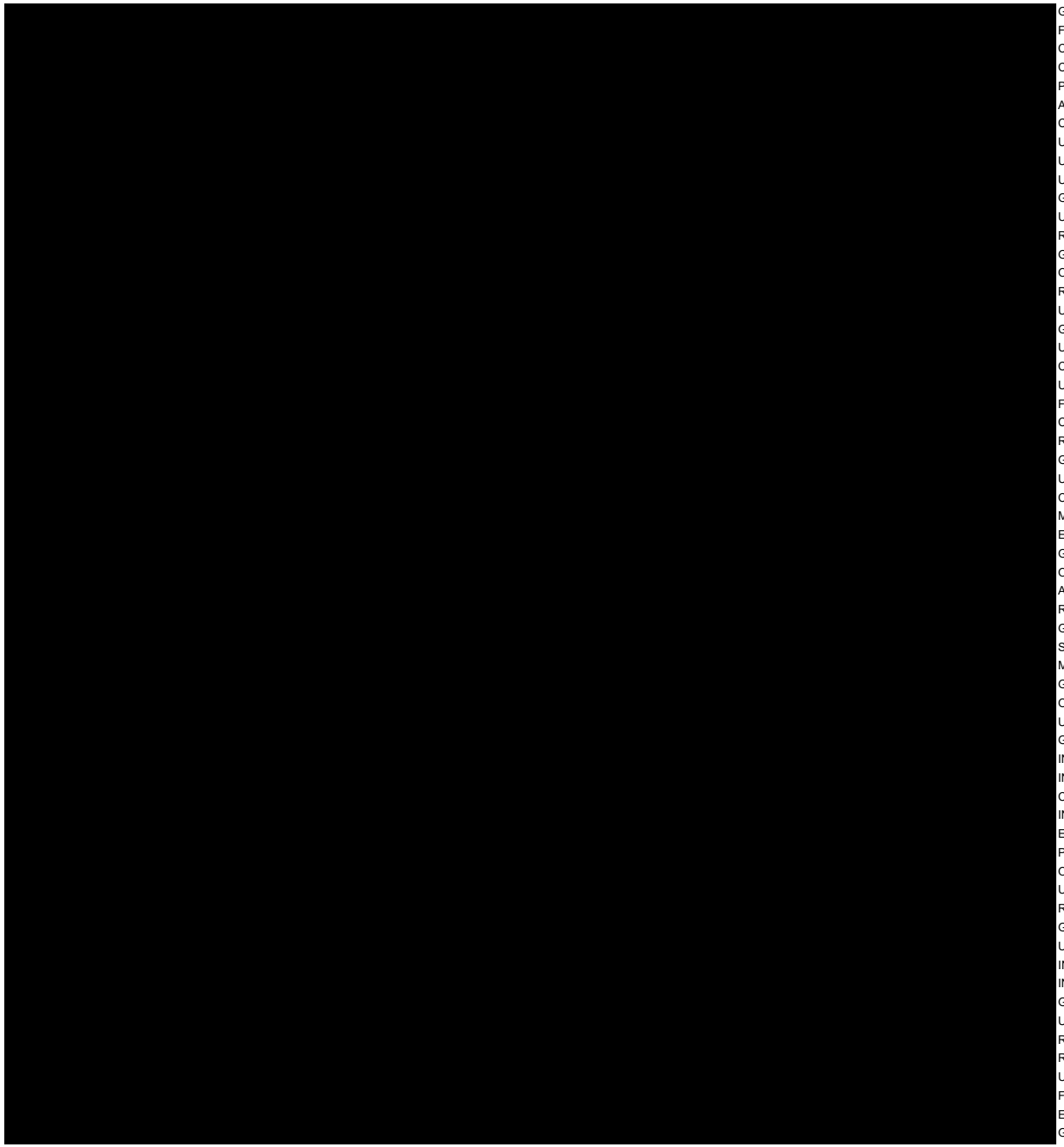
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INDEPENDENT L	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
REGISTERED DIE	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES



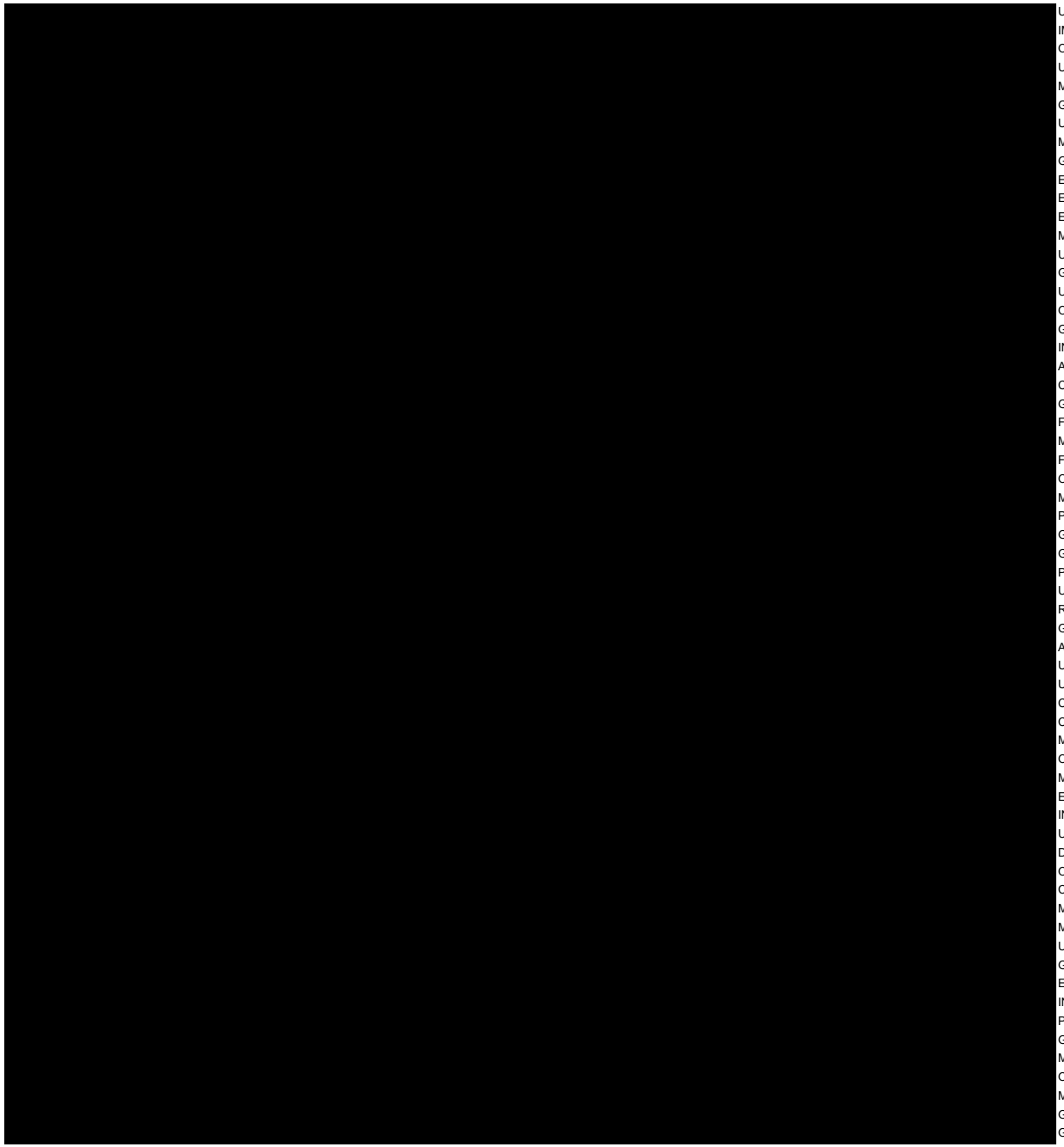
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
HOME HEALTH C	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED NURS	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A



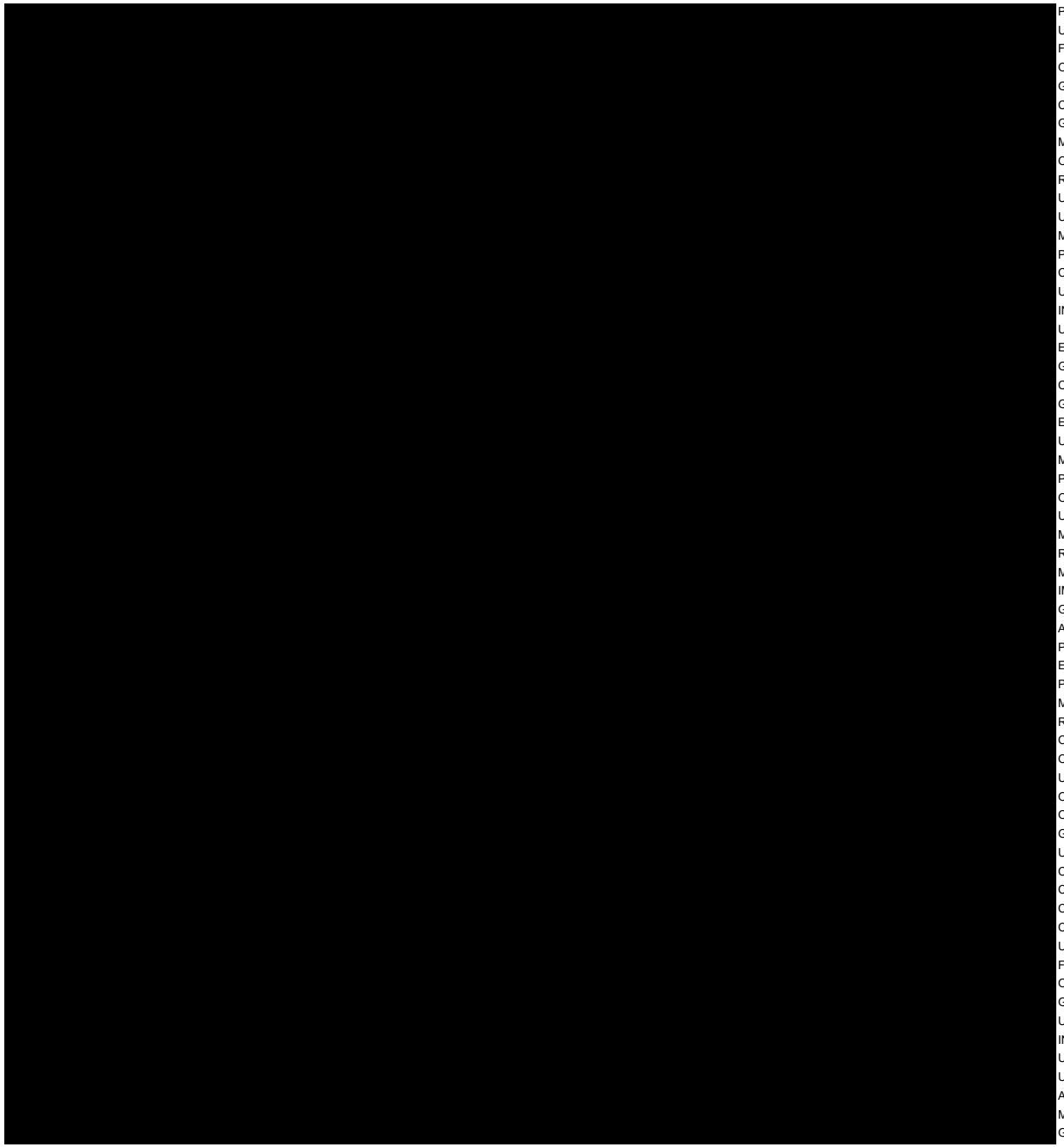
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
NEUROLOGICAL	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CERTIFIED NURS	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A



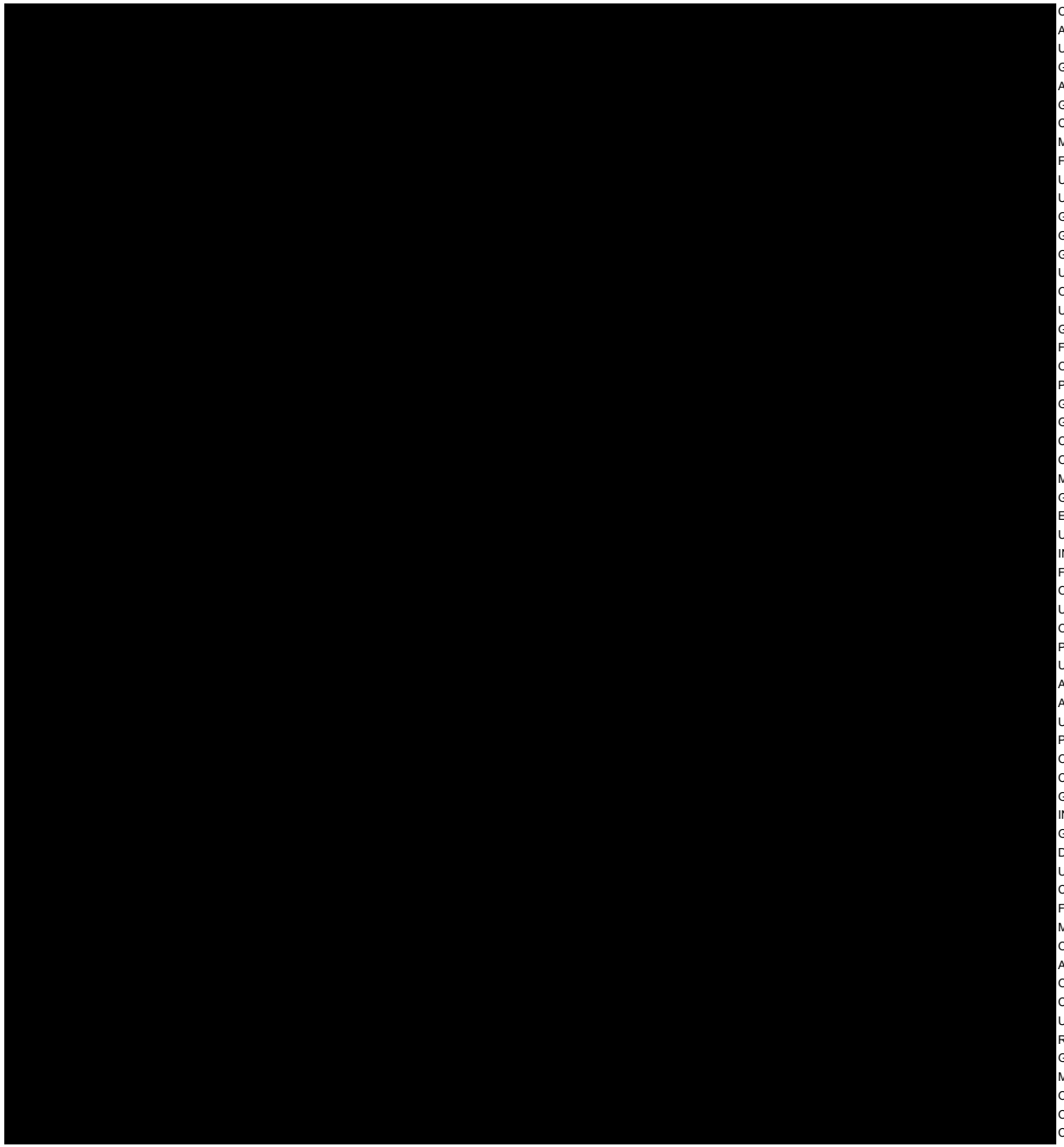
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
SURGERY GENE	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A



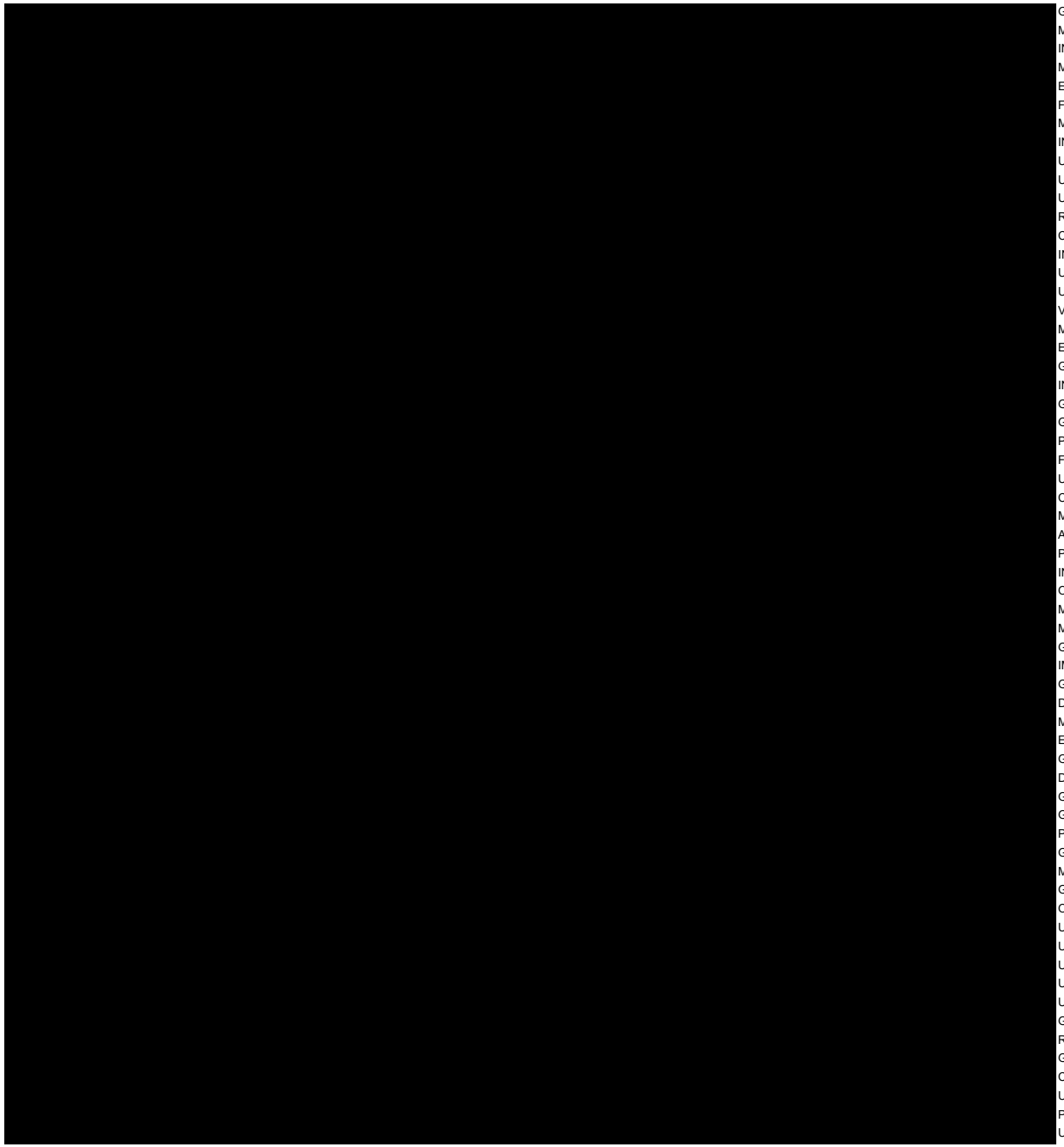
UNDEFINED	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	NO	NO



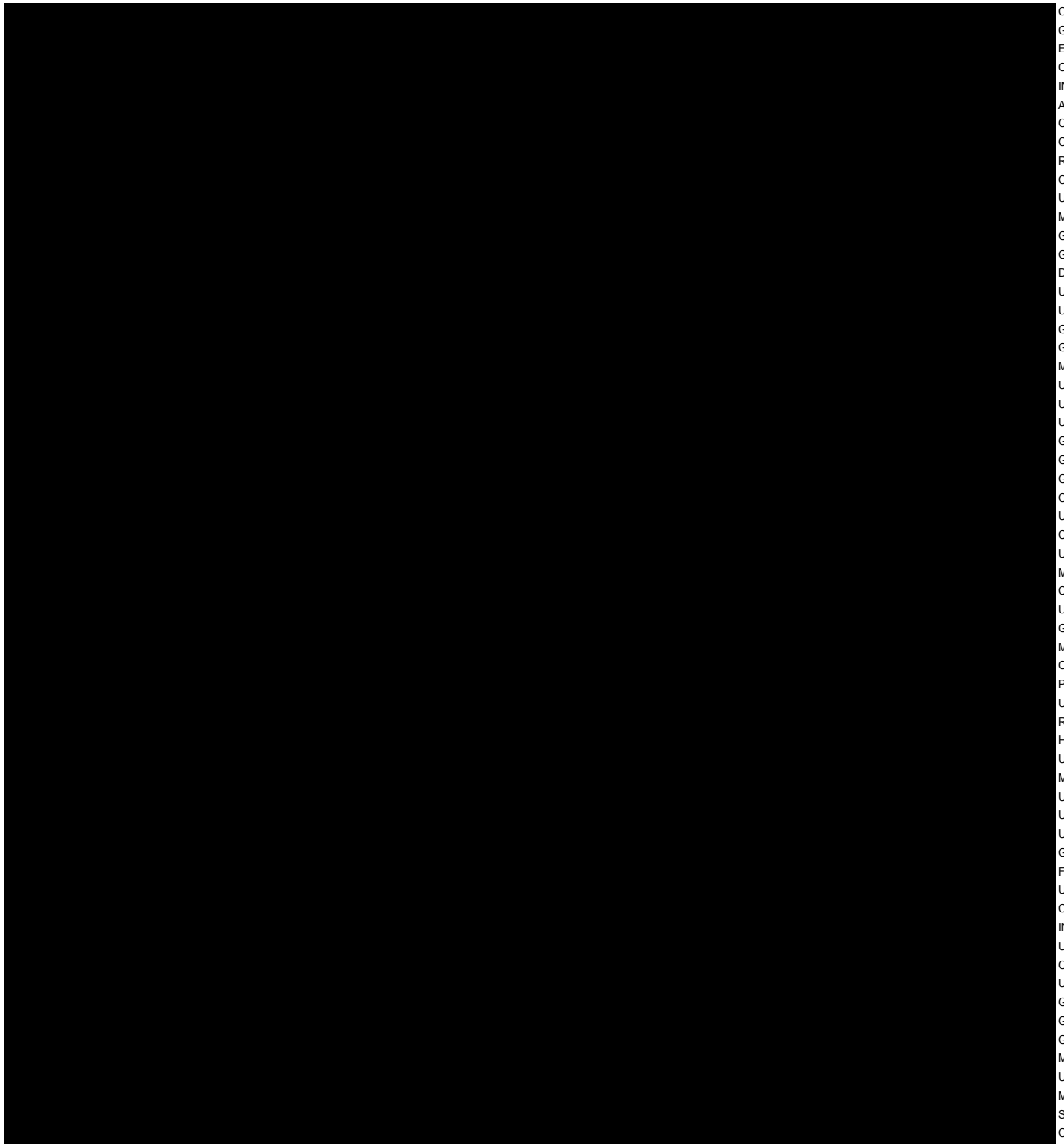
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCULA	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PORTABLE X-RA	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PHYSICIANS ASS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
OUTPATIENT ME	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



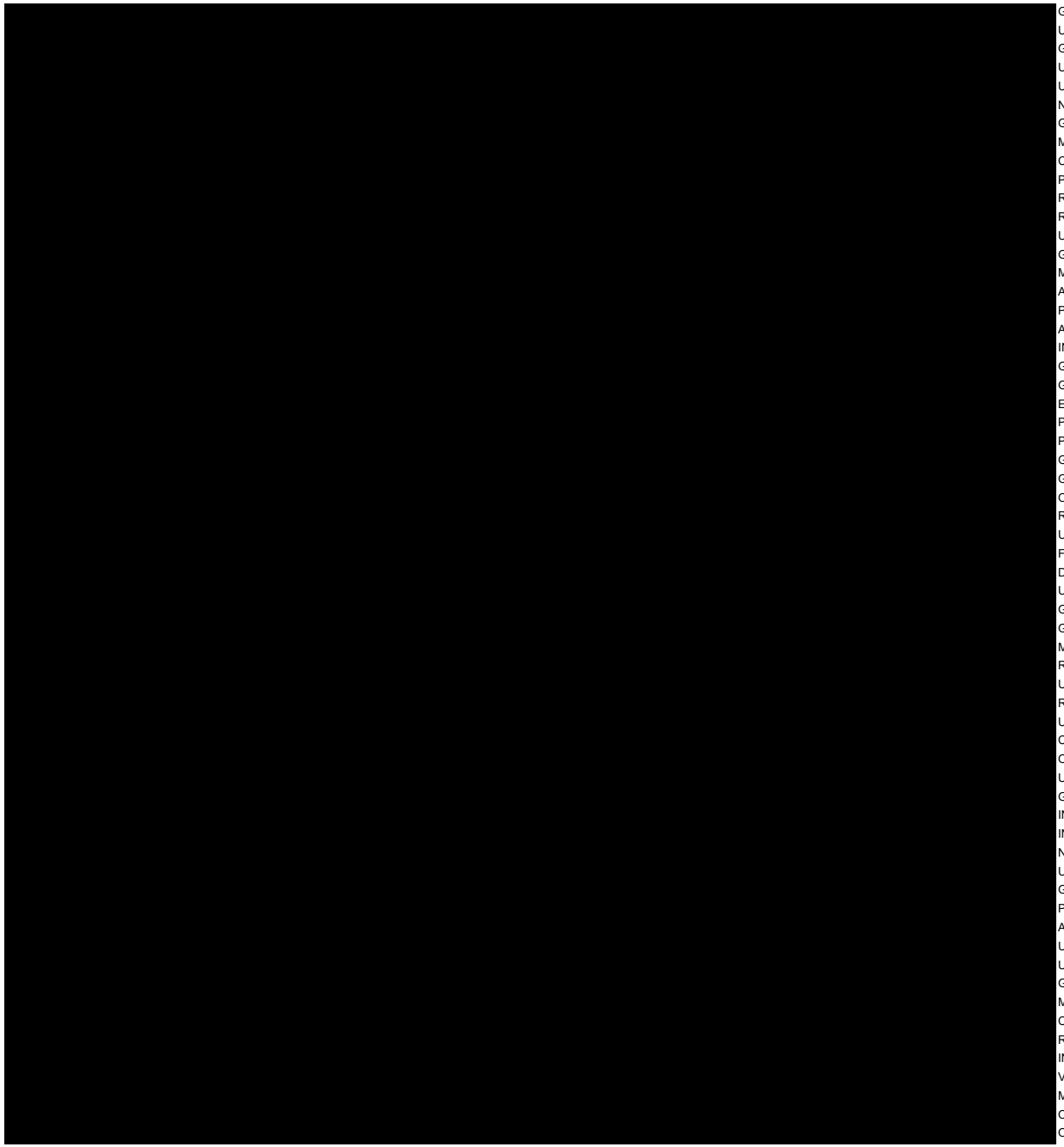
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
INTERVENTIONA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
OTOLARYNGOL	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
GYNECOLOGY	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES



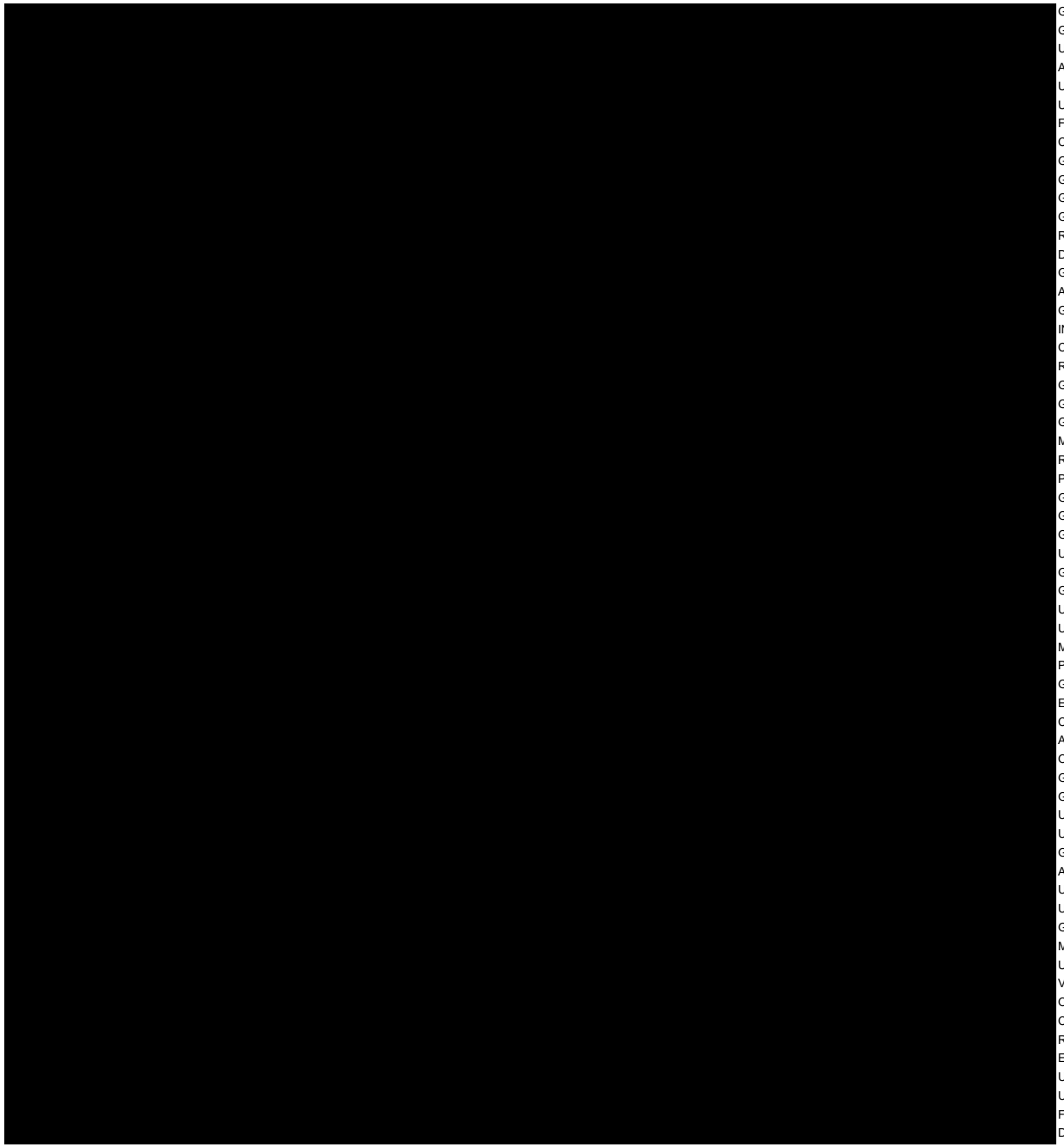
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



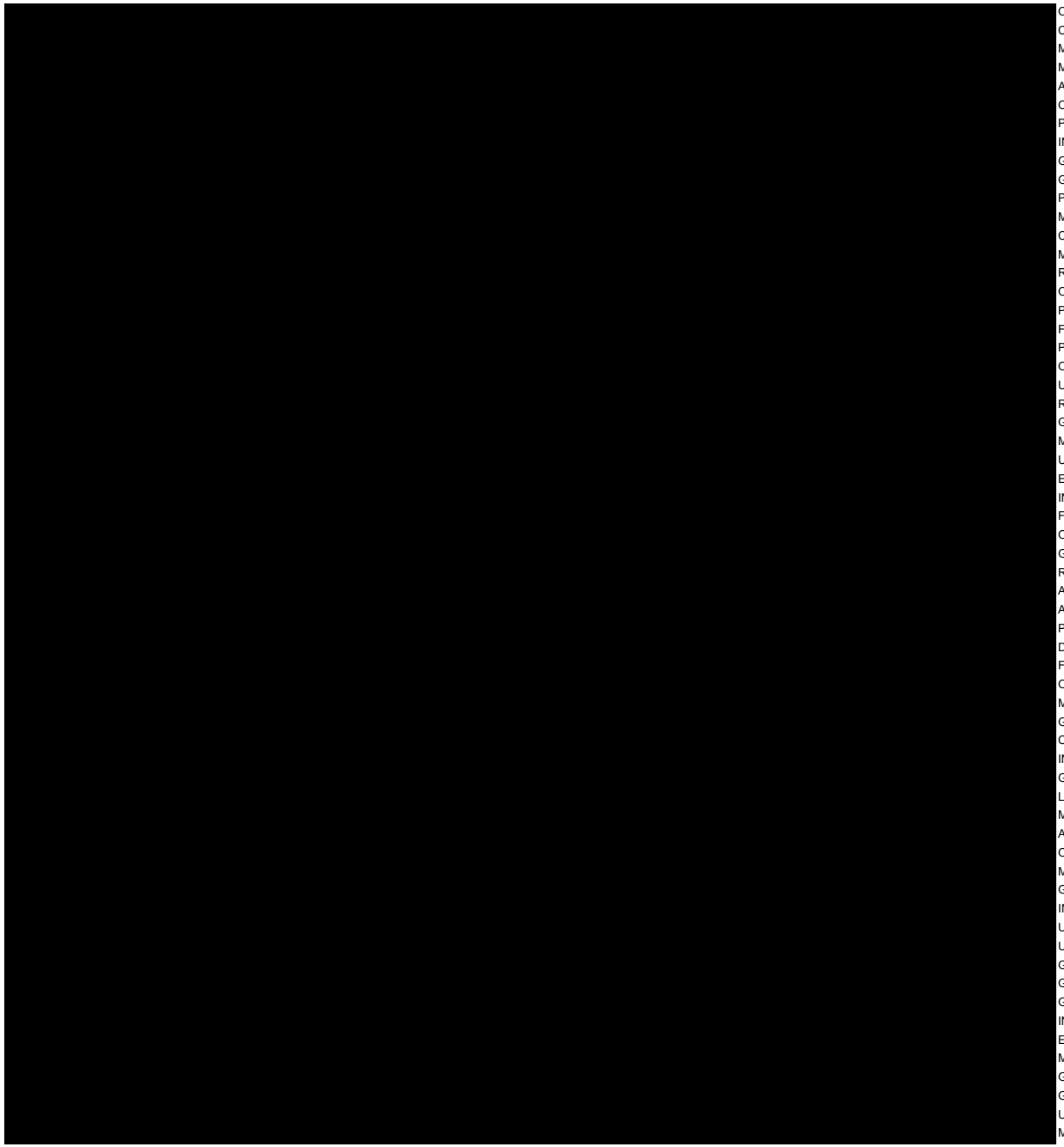
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
REGISTERED DIE	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INDEPENDENT L	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
OTOLARYNGOLG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
SURGICAL ONCC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES



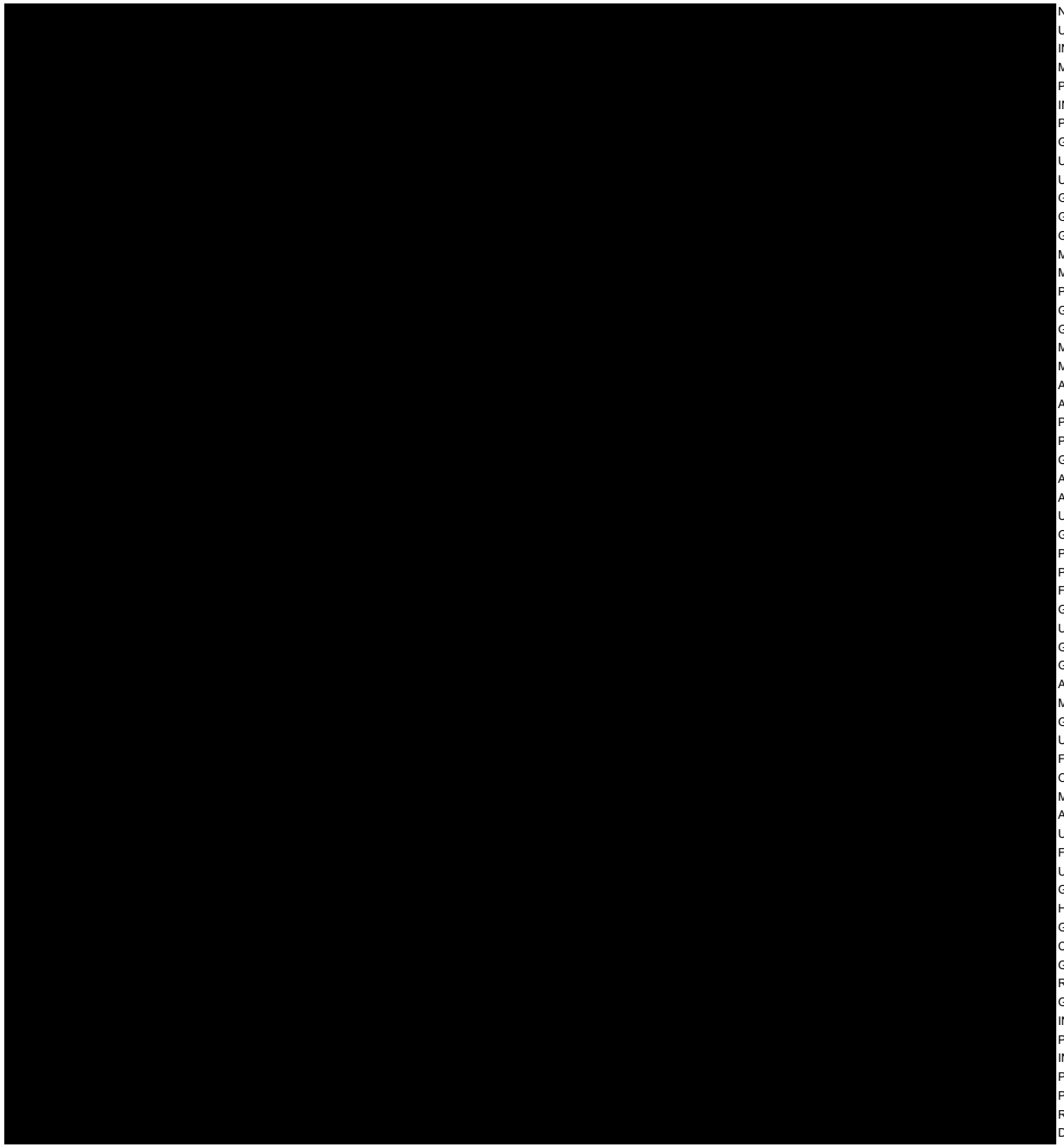
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
ADDICTIVE MEDI	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	NO
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
VA CLINIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Active	YES	YES



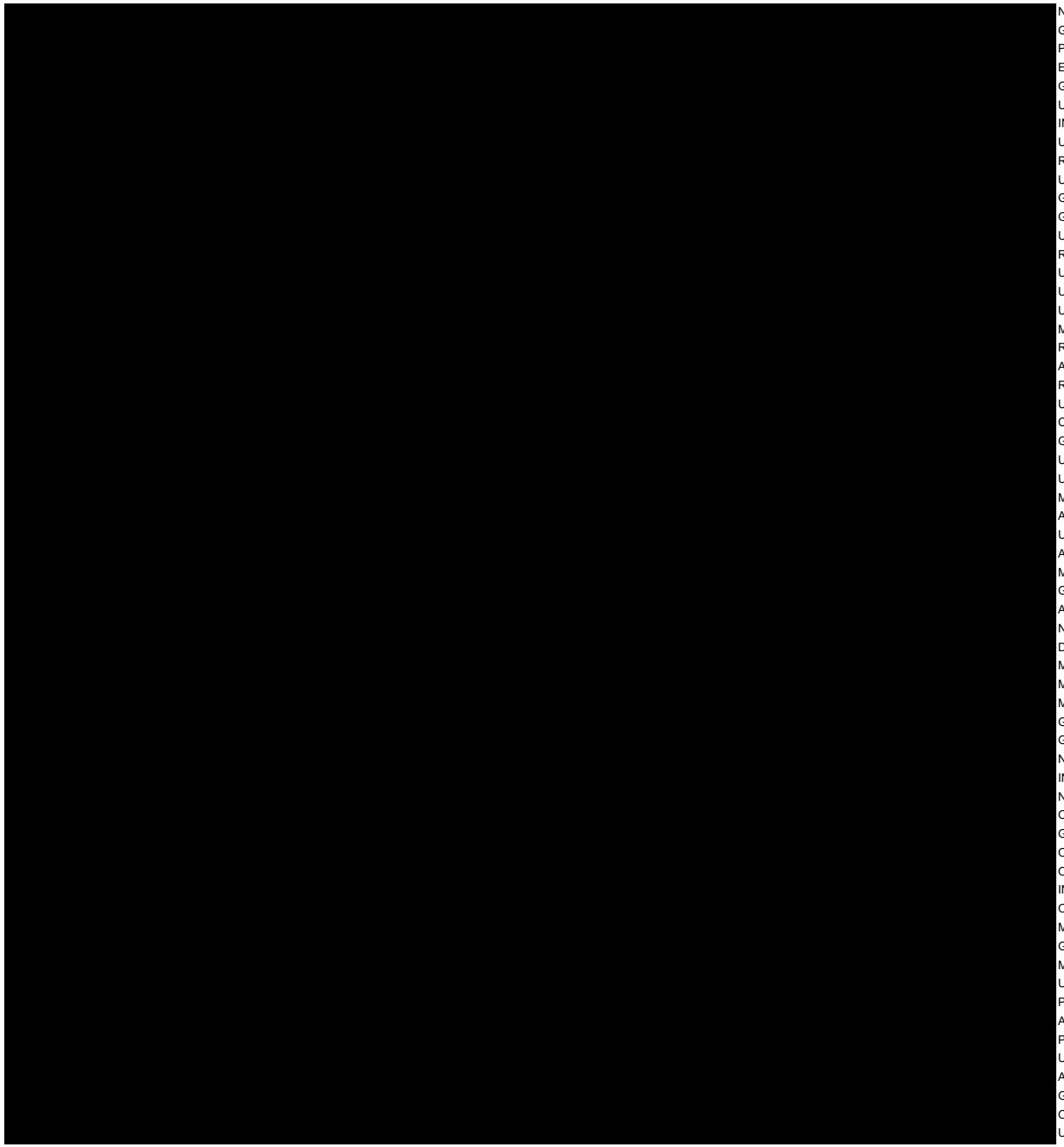
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
RESEARCH PSY	Professional	Wellwise Active	YES	YES
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO



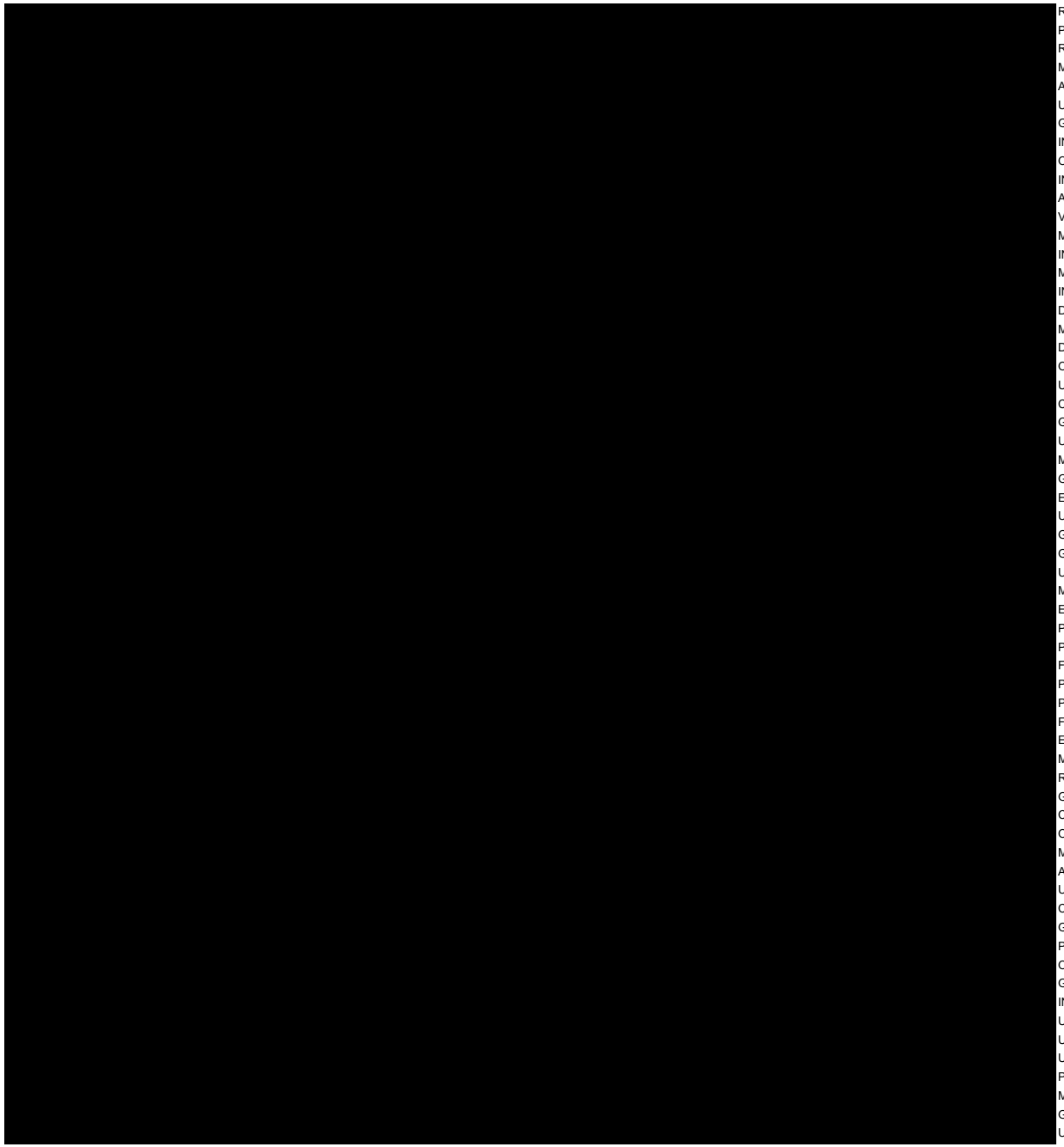
OPHTHALMOLOG	Professional	Wellwise Active	NO	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
FQHC PROVIDER	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ORALMAXILLOFA	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ALLERGY & IMM(	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO



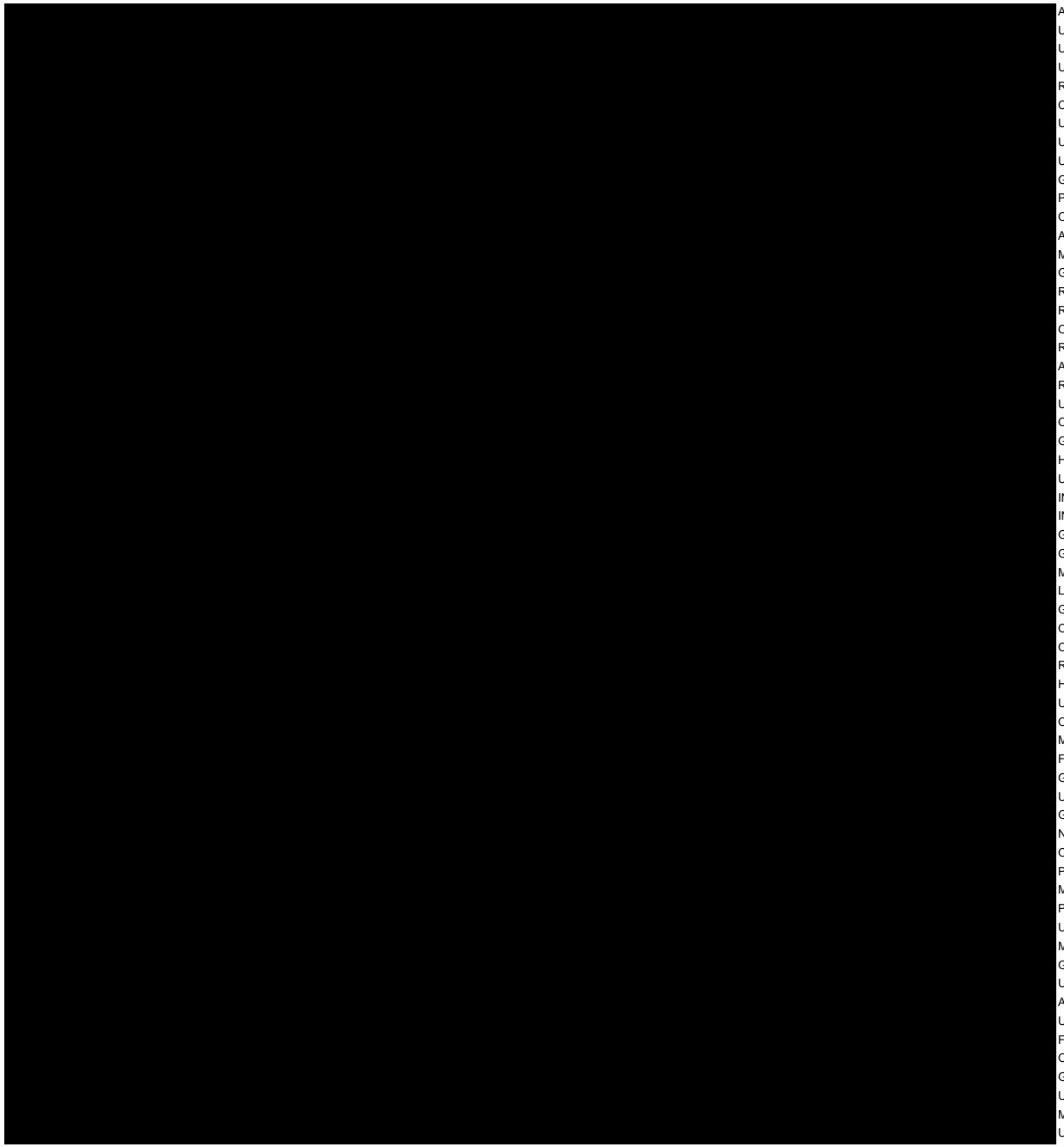
NEUROLOGY	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PEDIATRIC GAST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERVENTIONA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PULMONARY DIS	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	N/A	N/A



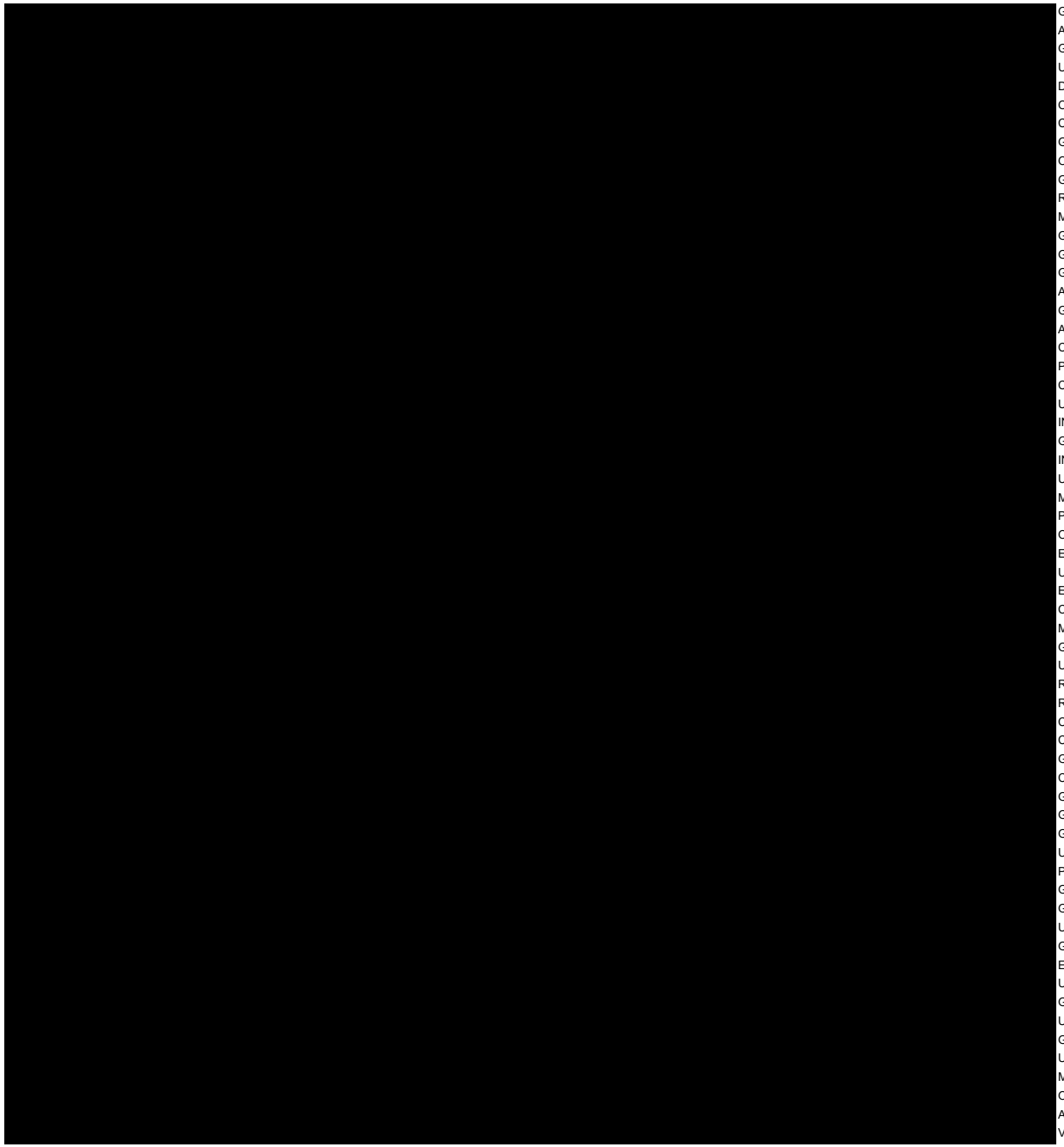
NEUROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
NEPHROLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GERIATRIC MED	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PLASTIC SURGE	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



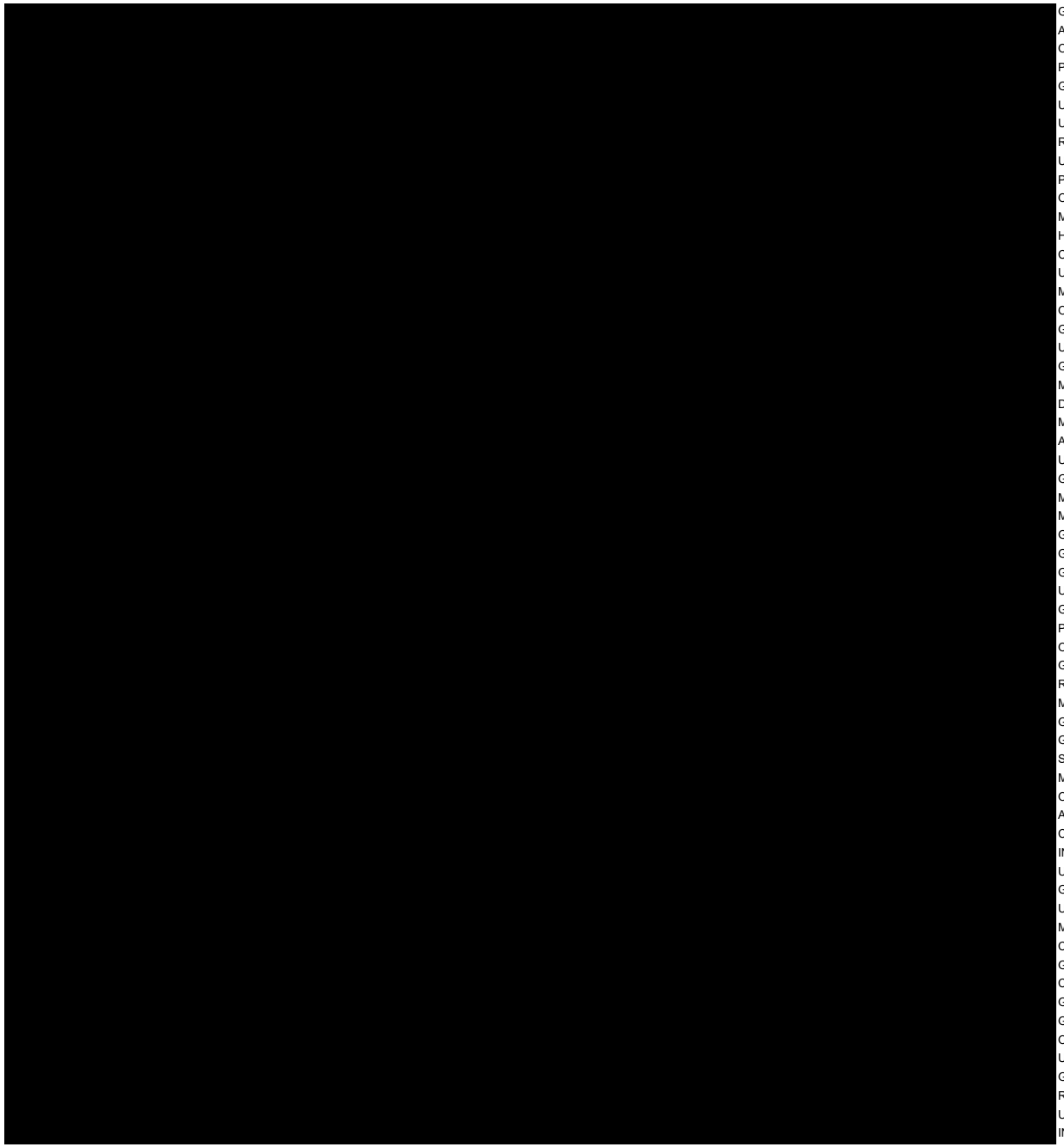
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	NO	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
ALLERGY & IMM(	Professional	Wellwise Active	YES	YES
VA CLINIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PREVENTATIVE I	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI(	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED DI	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



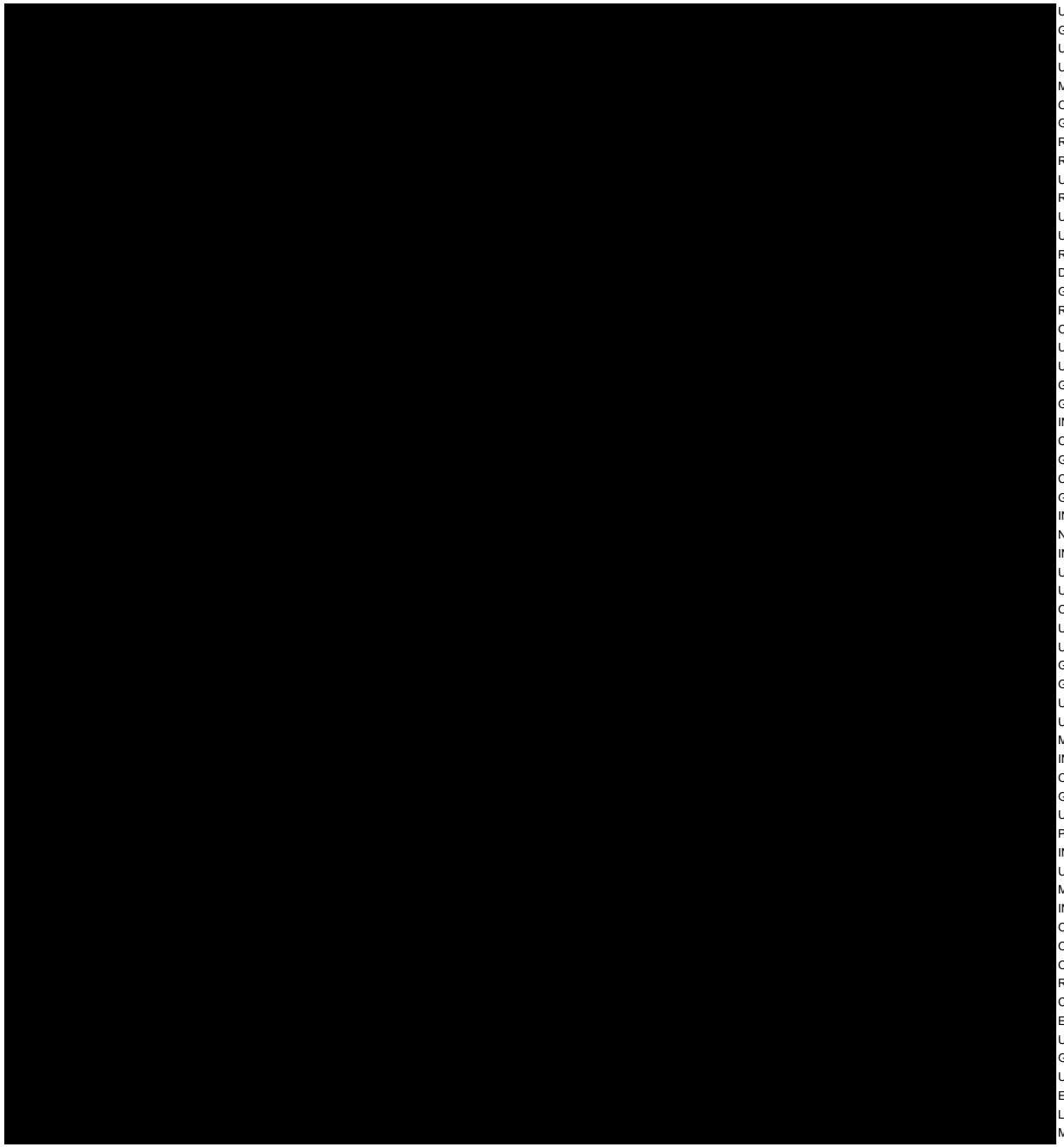
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RHEUMATOLOGY	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



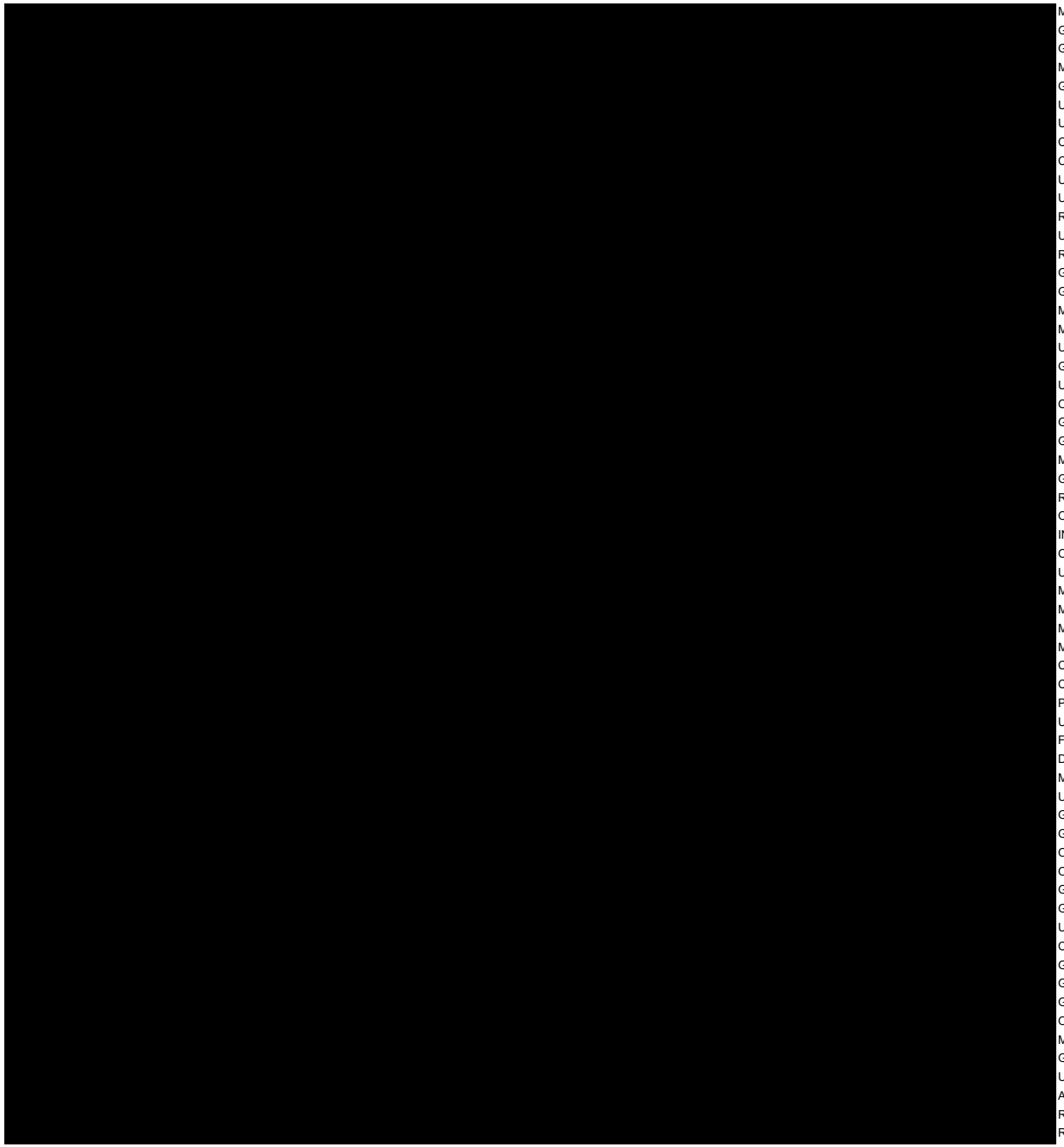
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLG	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLG	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MRI CENTER	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES



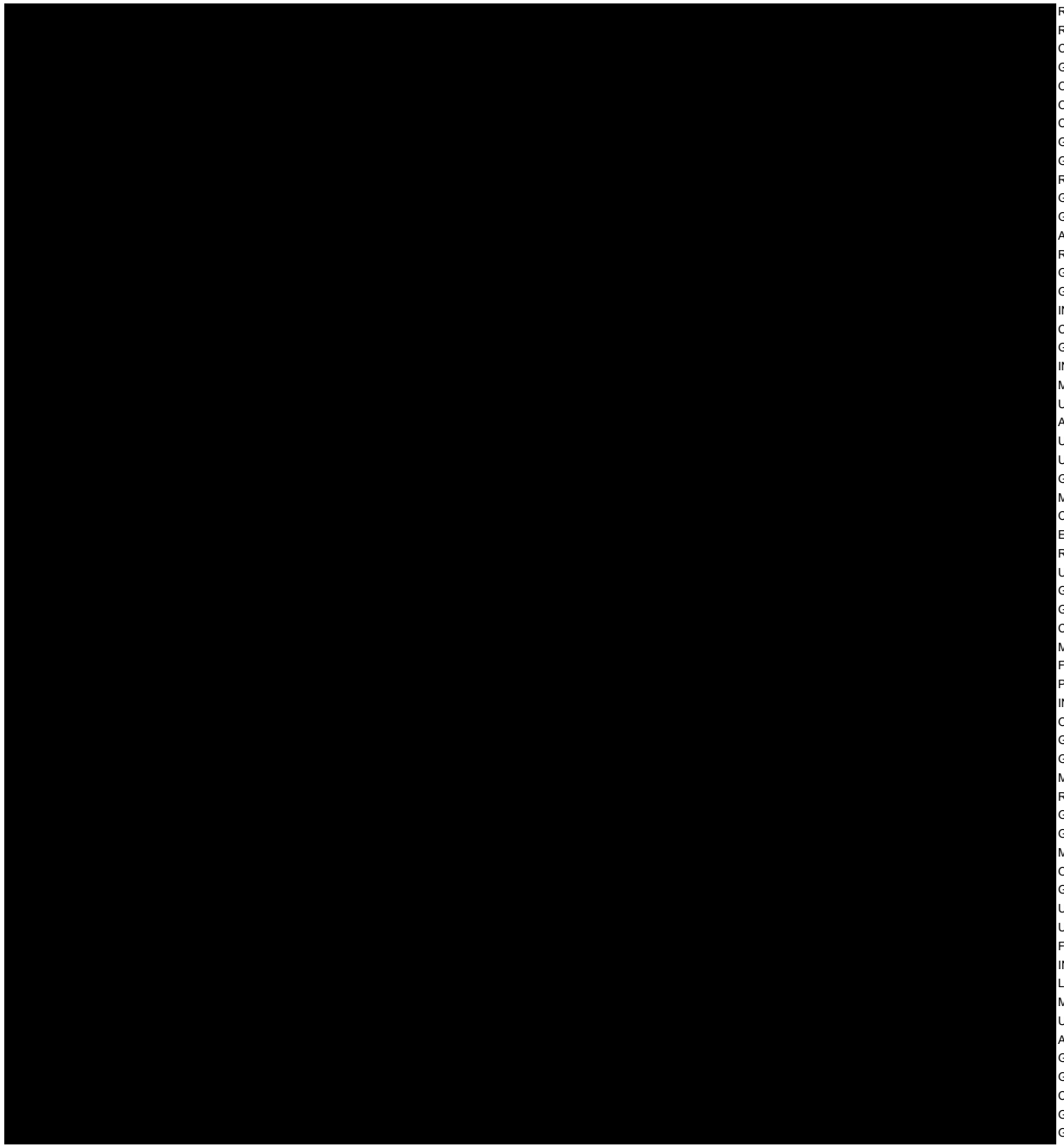
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HEARING AID DE	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	NO
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
SURGERY, THOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	N/A



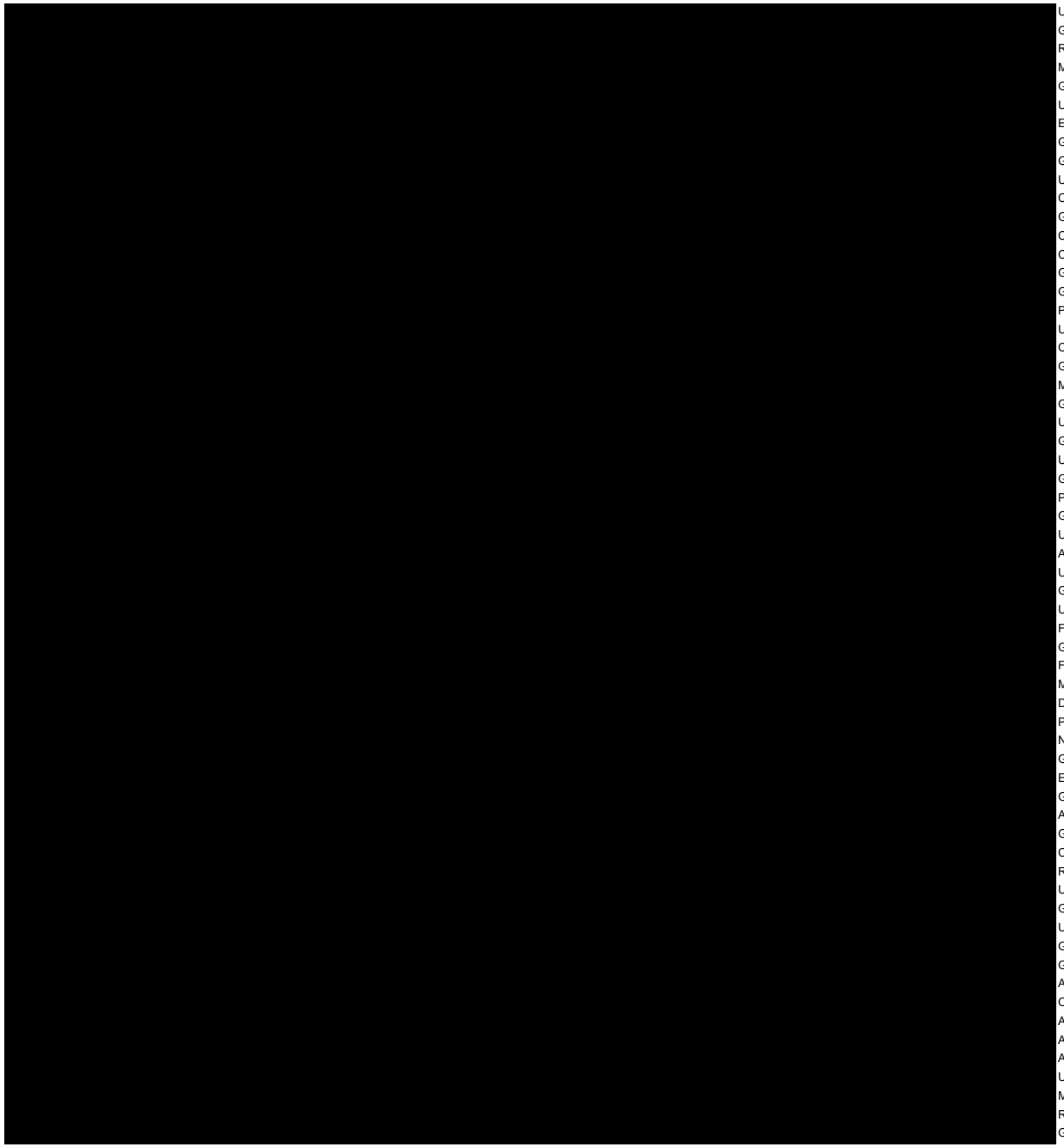
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RURAL INDIAN H	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERVENTIONA	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES



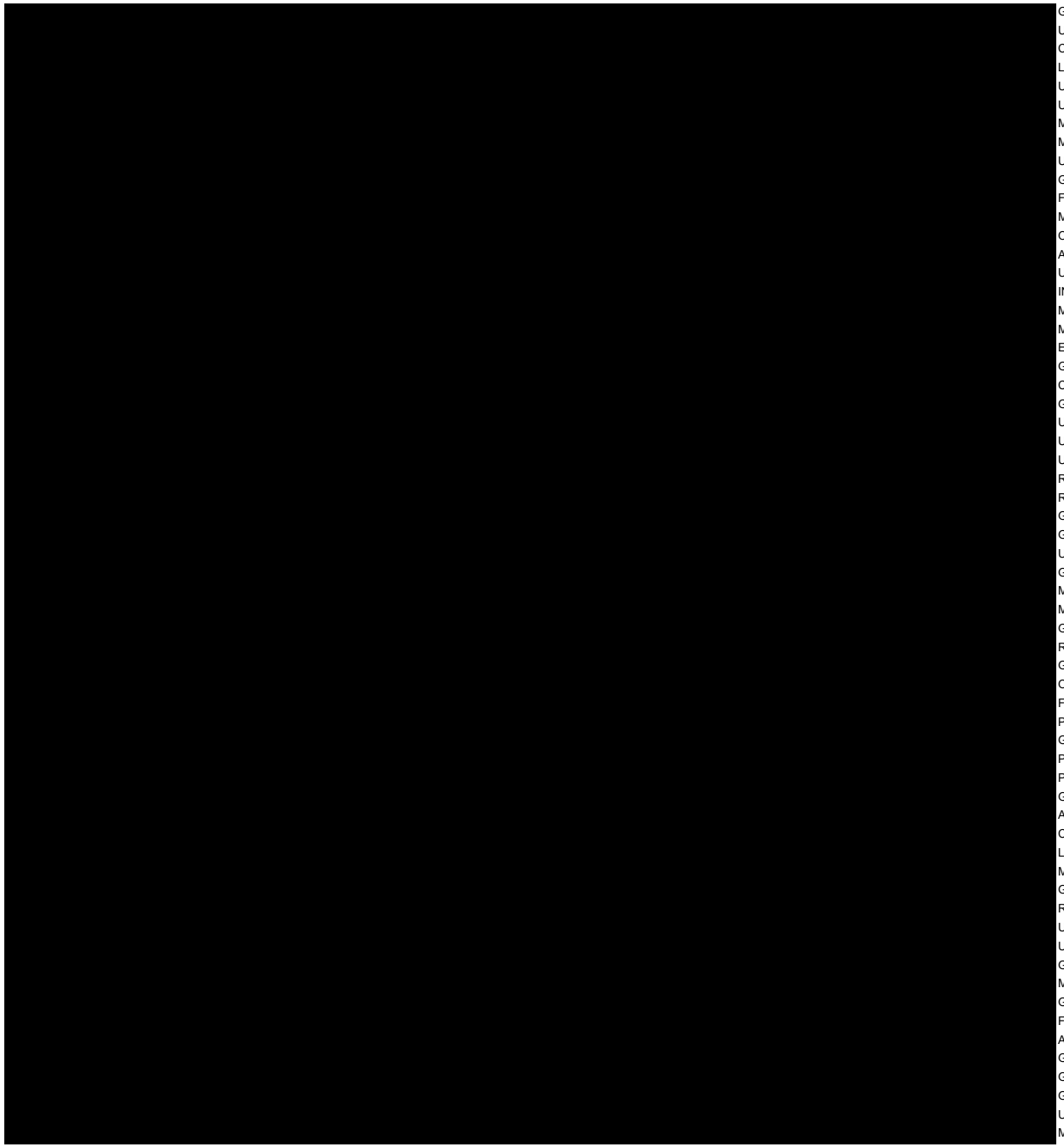
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MEDICAL ONCOL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
CLINICAL NEURC	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
UROLOGY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES



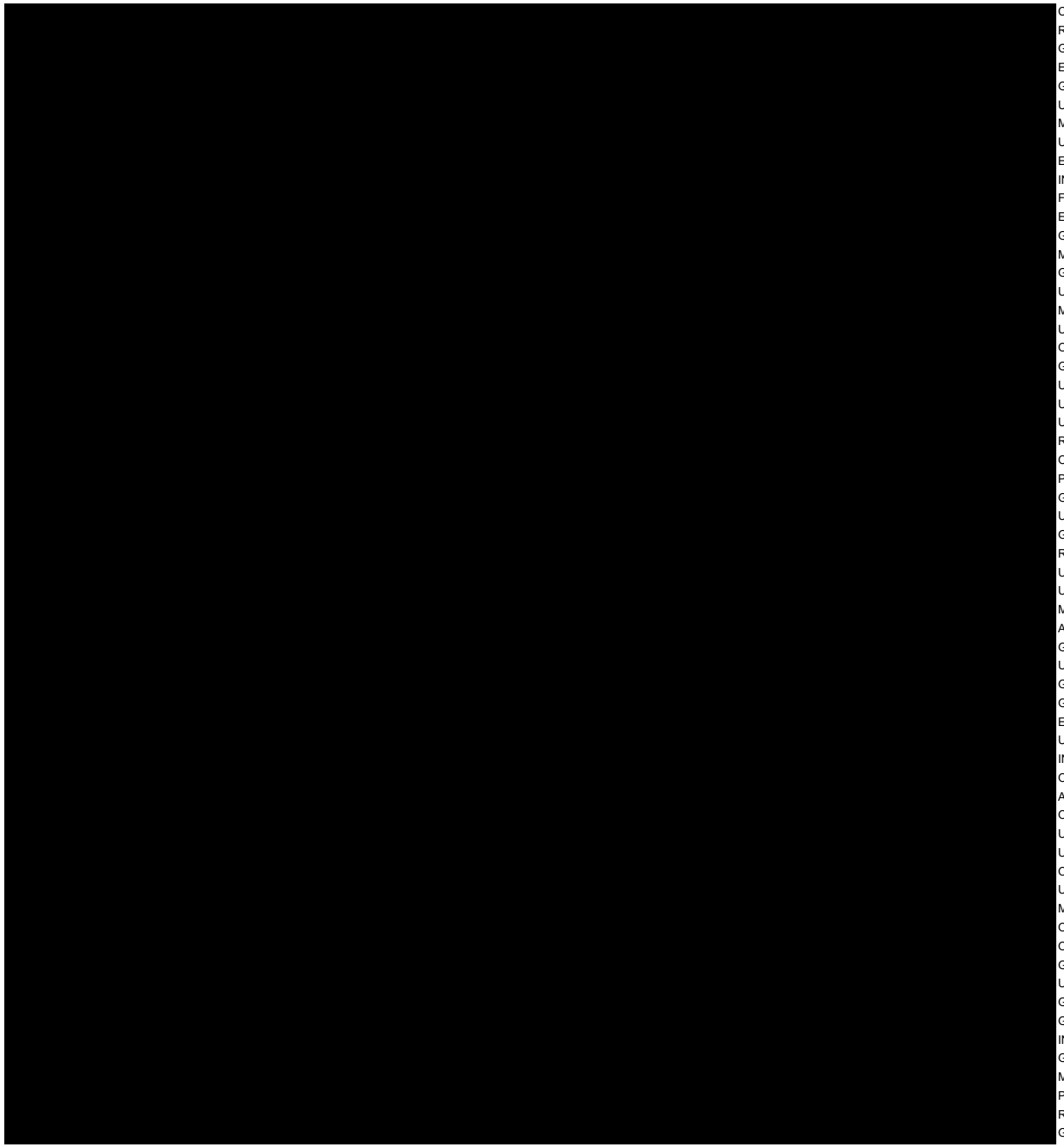
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ADDICTIVE MEDI	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INDEPENDENT L/	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI(	Professional	Wellwise Active	YES	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO



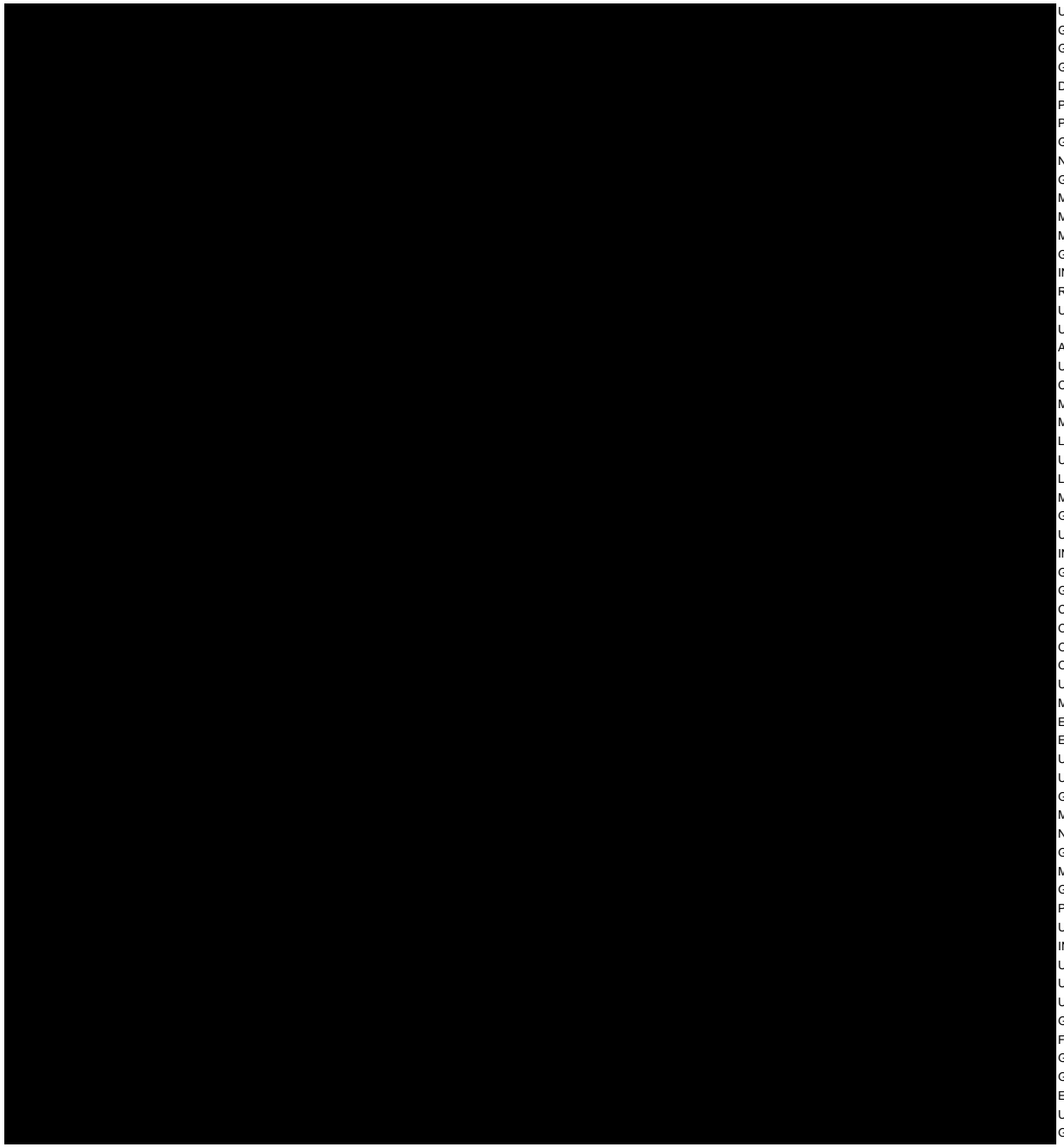
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	NO	NO
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



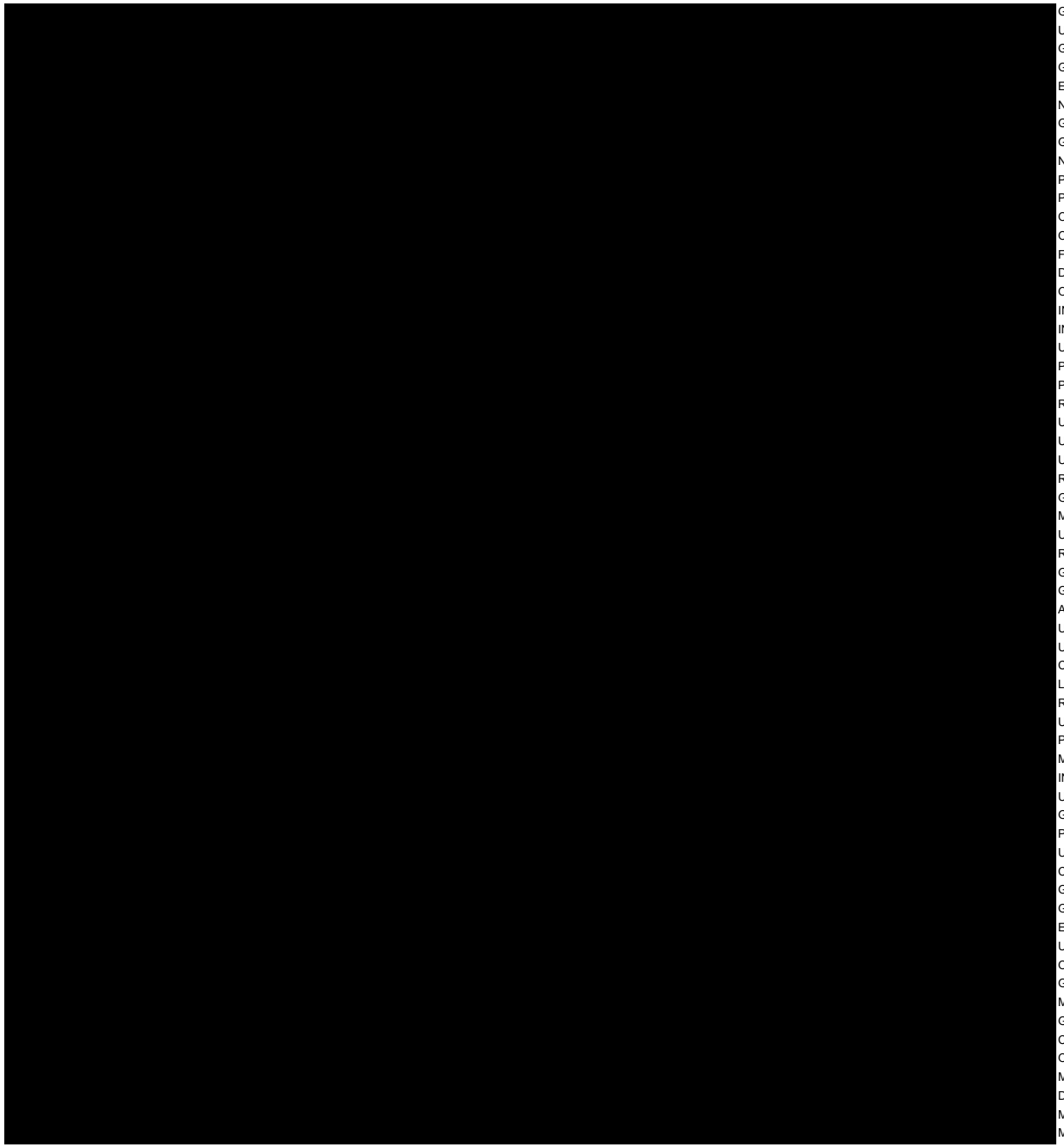
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO



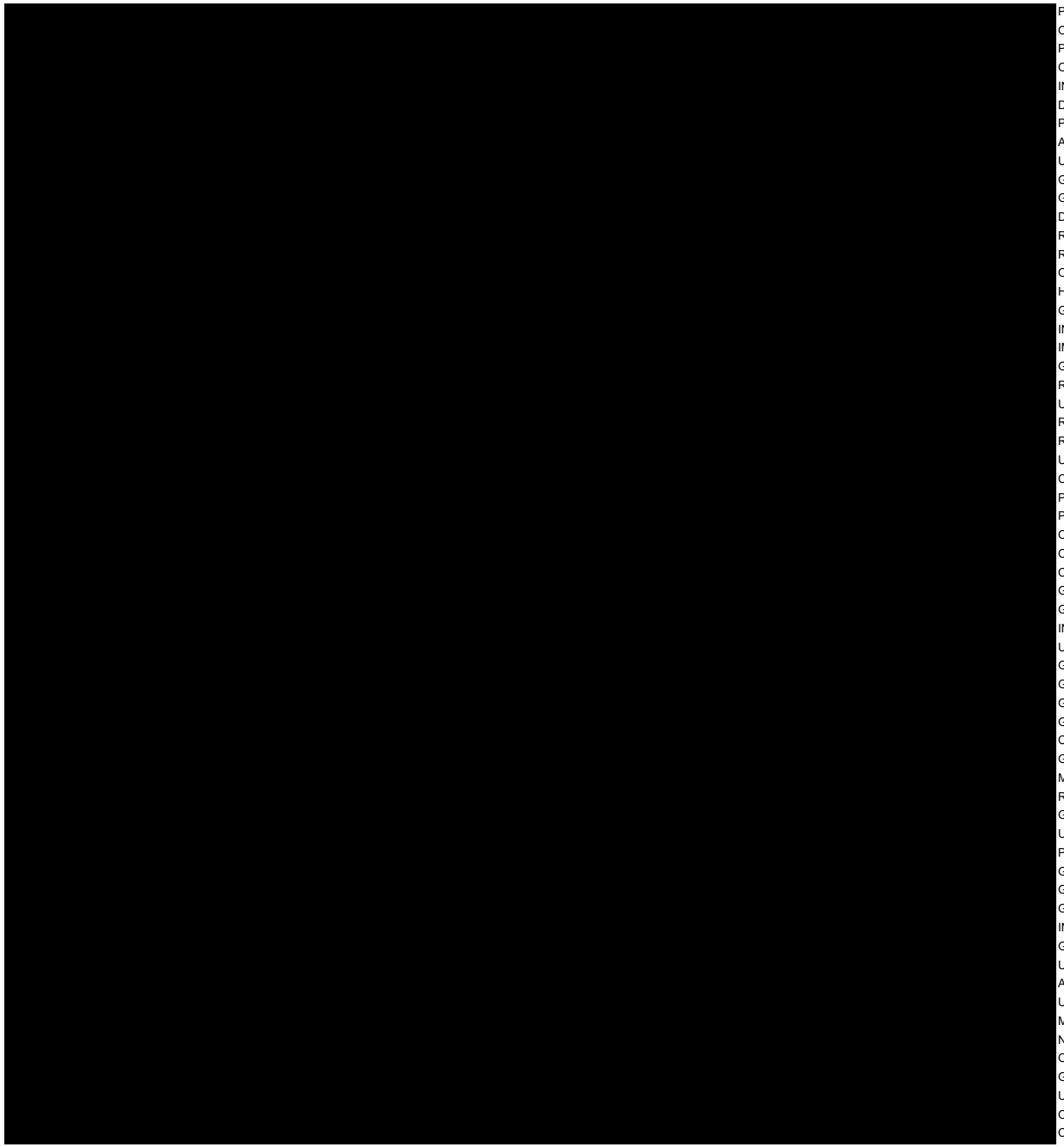
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERVENTIONA	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



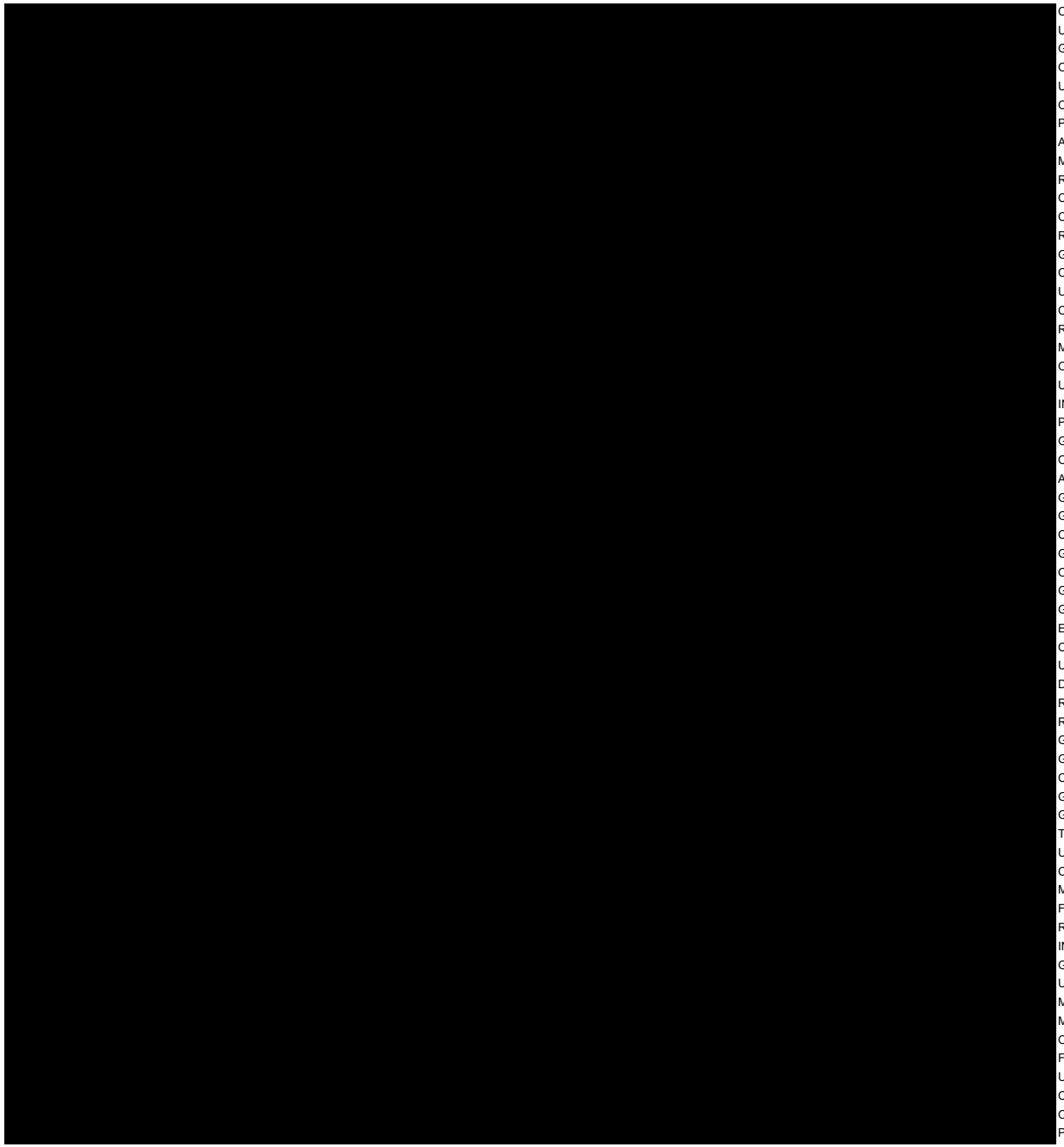
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PULMONARY DIS	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ENDOCRINOLOG	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	YES



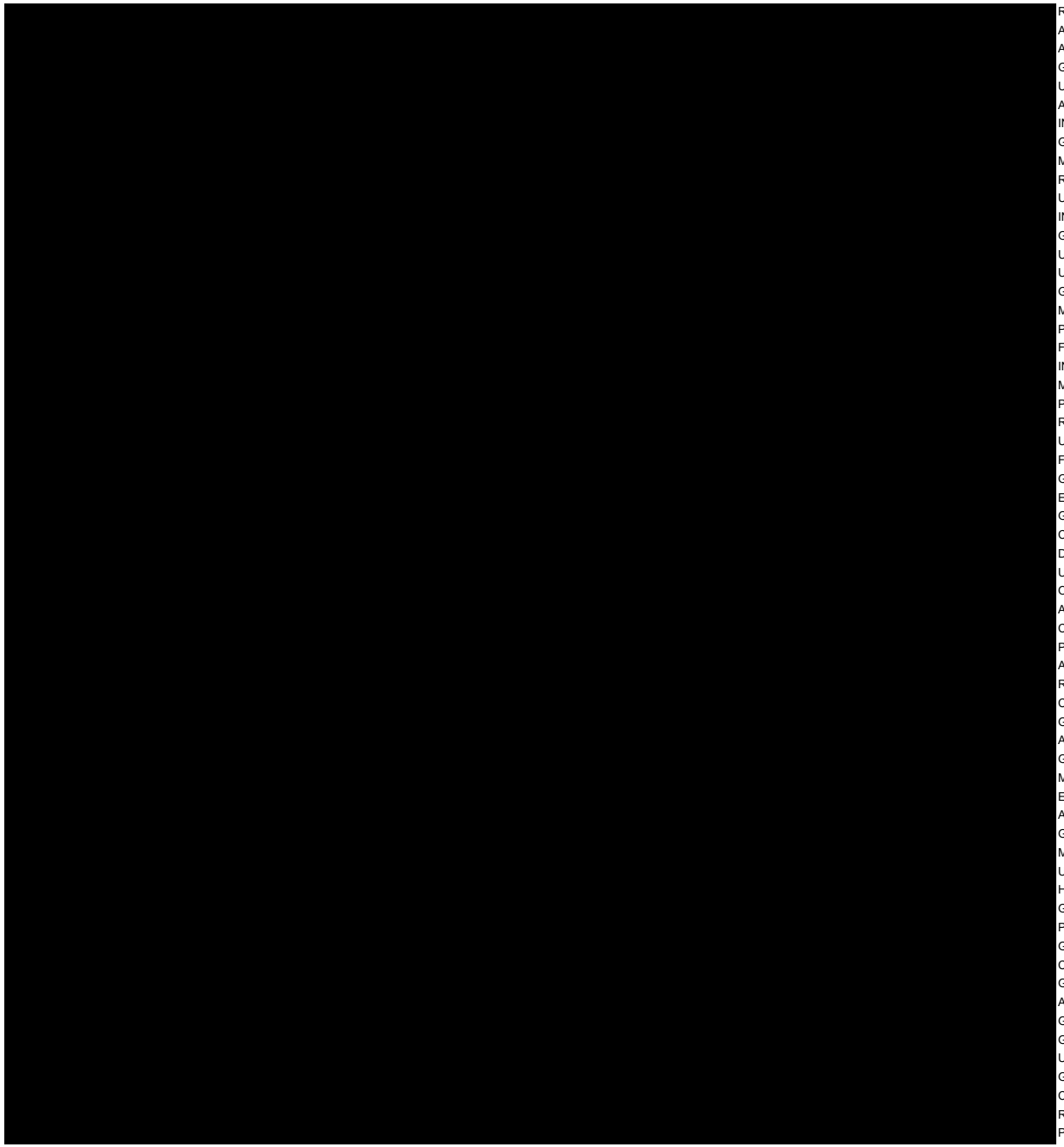
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
NEUROLOGY	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CAPITATED GRO	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



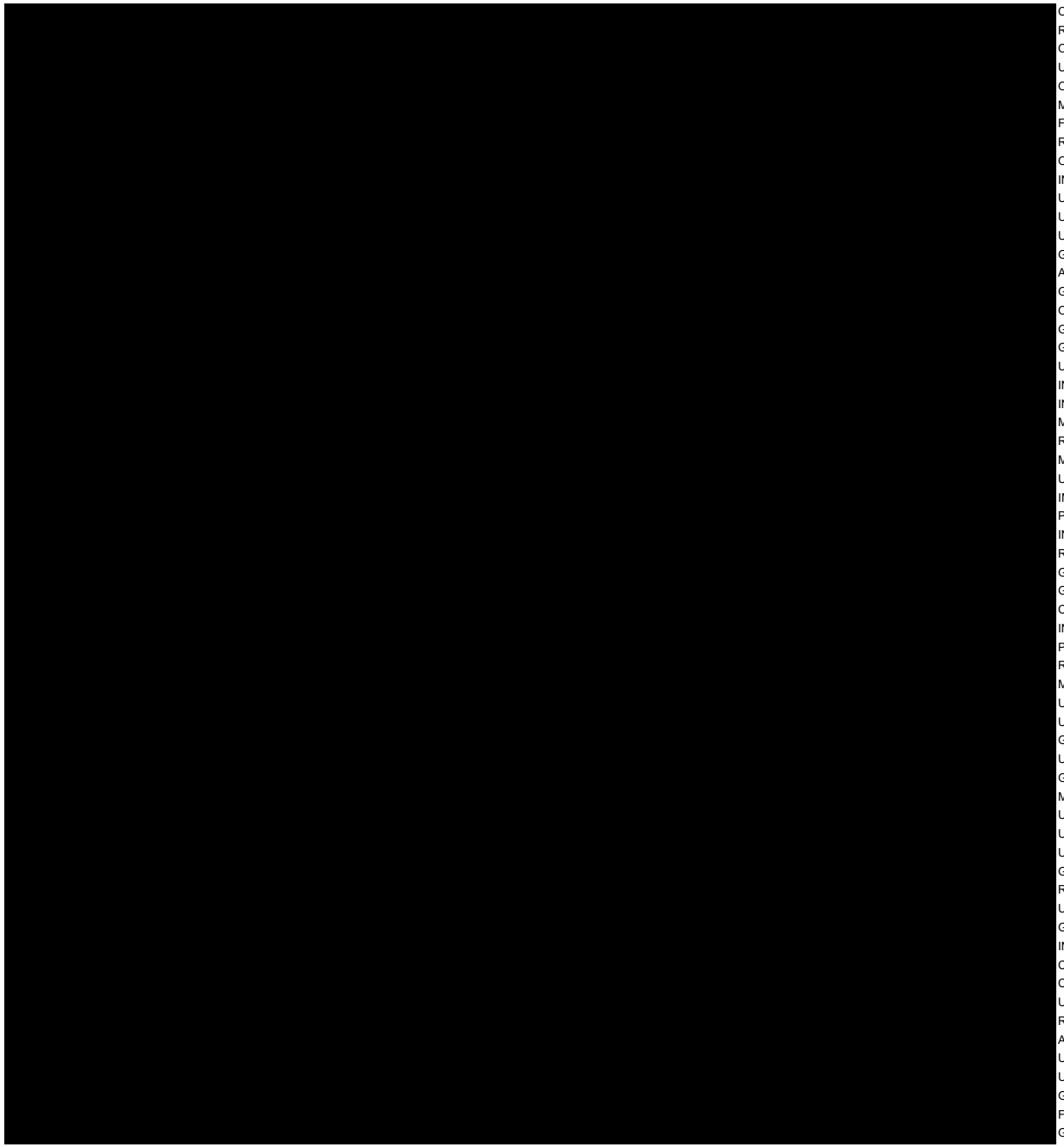
PEDIATRICS	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PSYCHIATRY, CH	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERO	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
HOME INFUSION	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
IMAGING CENTE	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL(	Professional	Wellwise Active	NO	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	NO
UROLOGY	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES



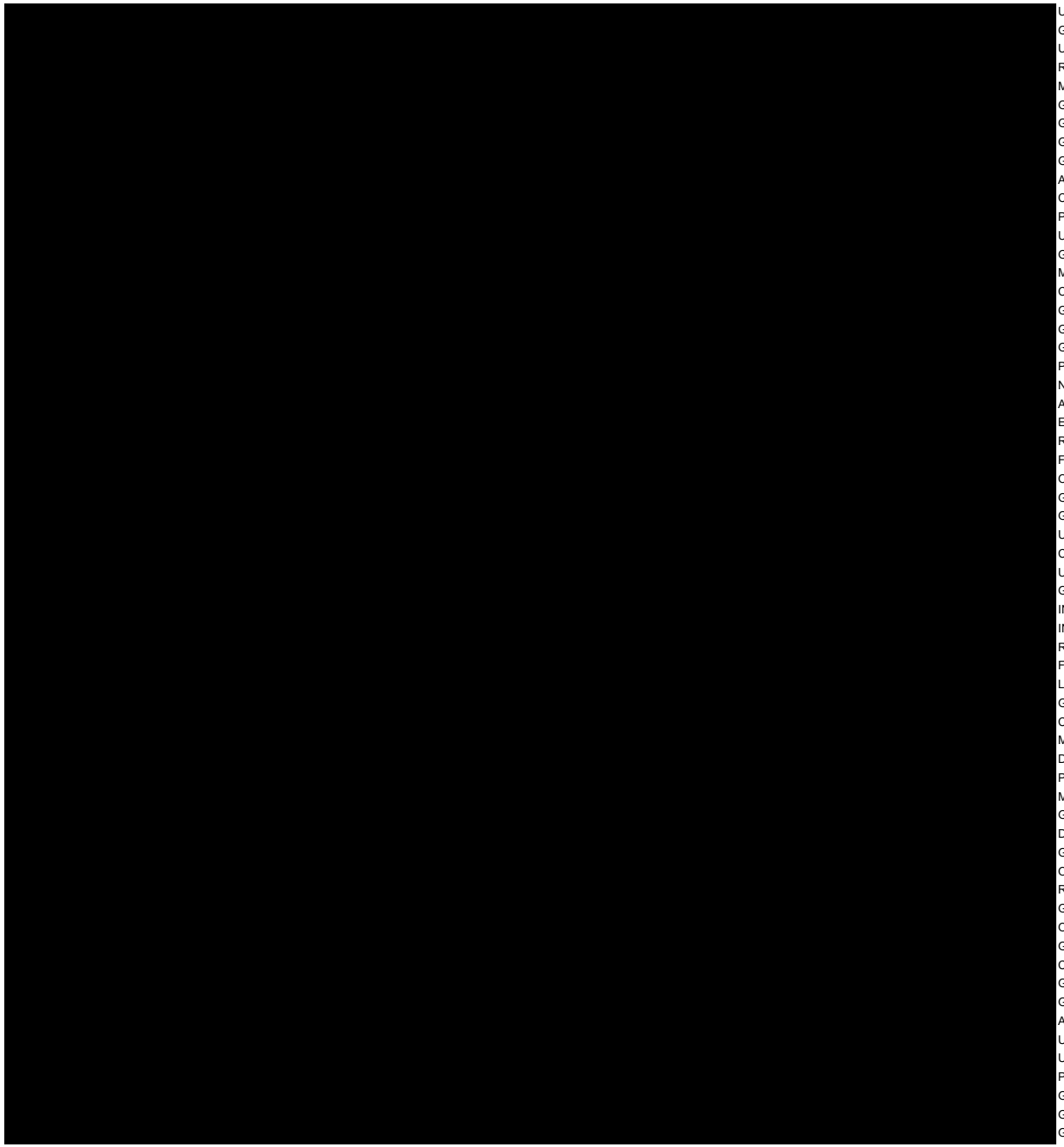
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INDEPENDENT L	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OTOLARYNGOL(	Professional	Wellwise Active	NO	NO
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
TRANSPLANT SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FQHC PROVIDER	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLO(	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES



REGISTERED PH	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MEDICAL ONCOL	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEARING AID DE	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDI	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
PLASTIC SURGE	Professional	Wellwise Active	NO	NO



CHIROPRACTOR	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INDEPENDENT L	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
AMBULANCE, AD	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A



UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
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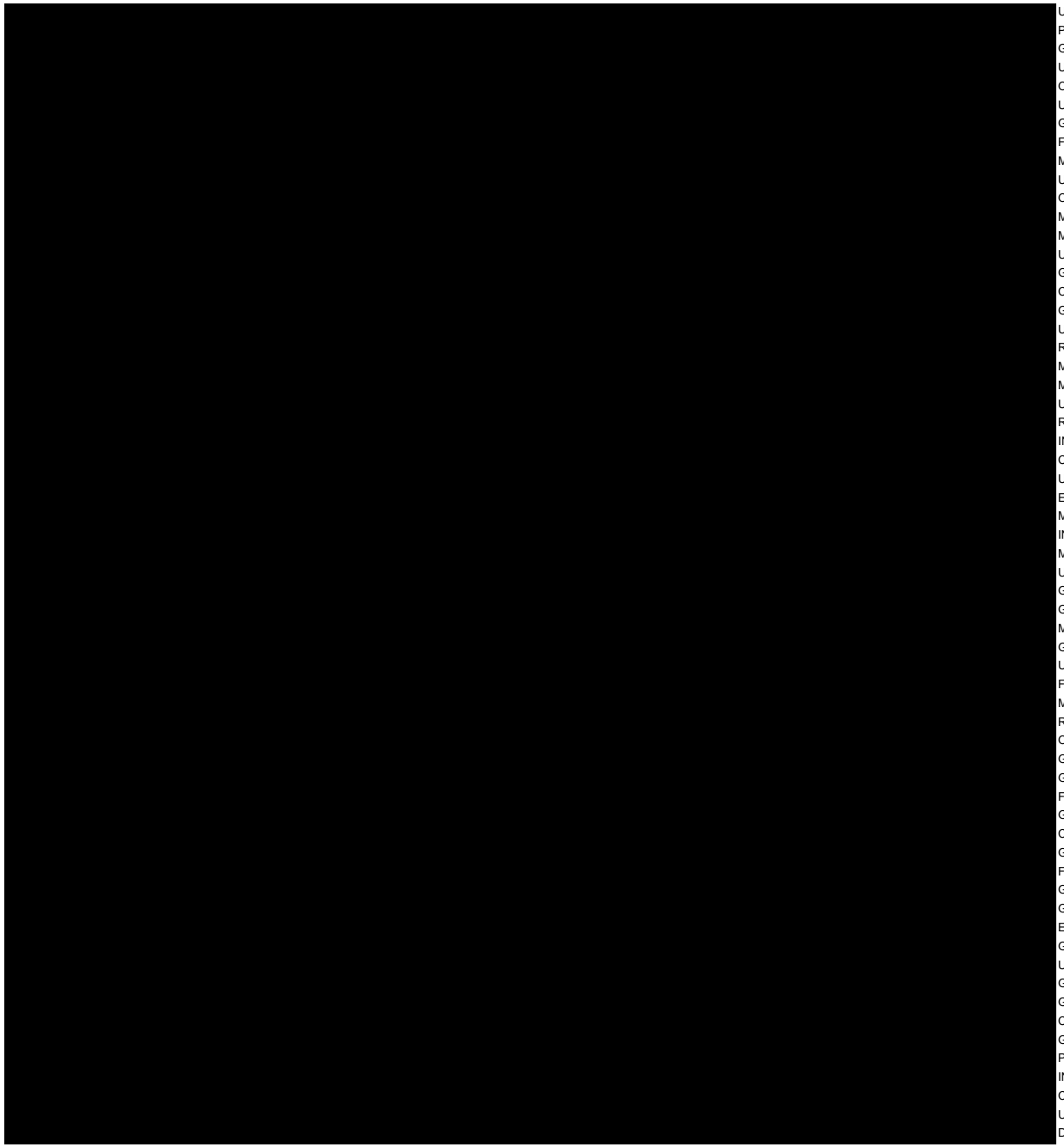
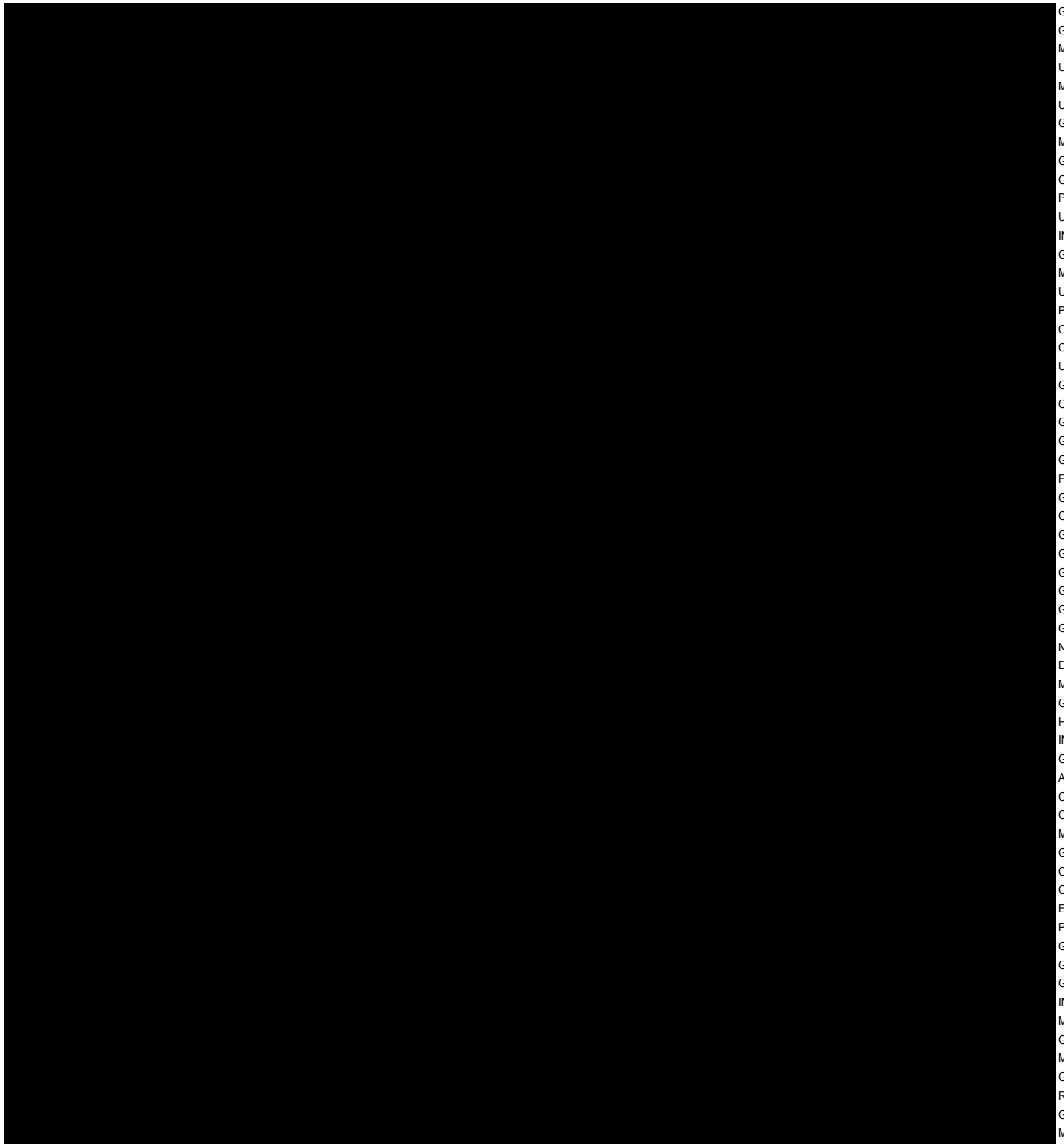
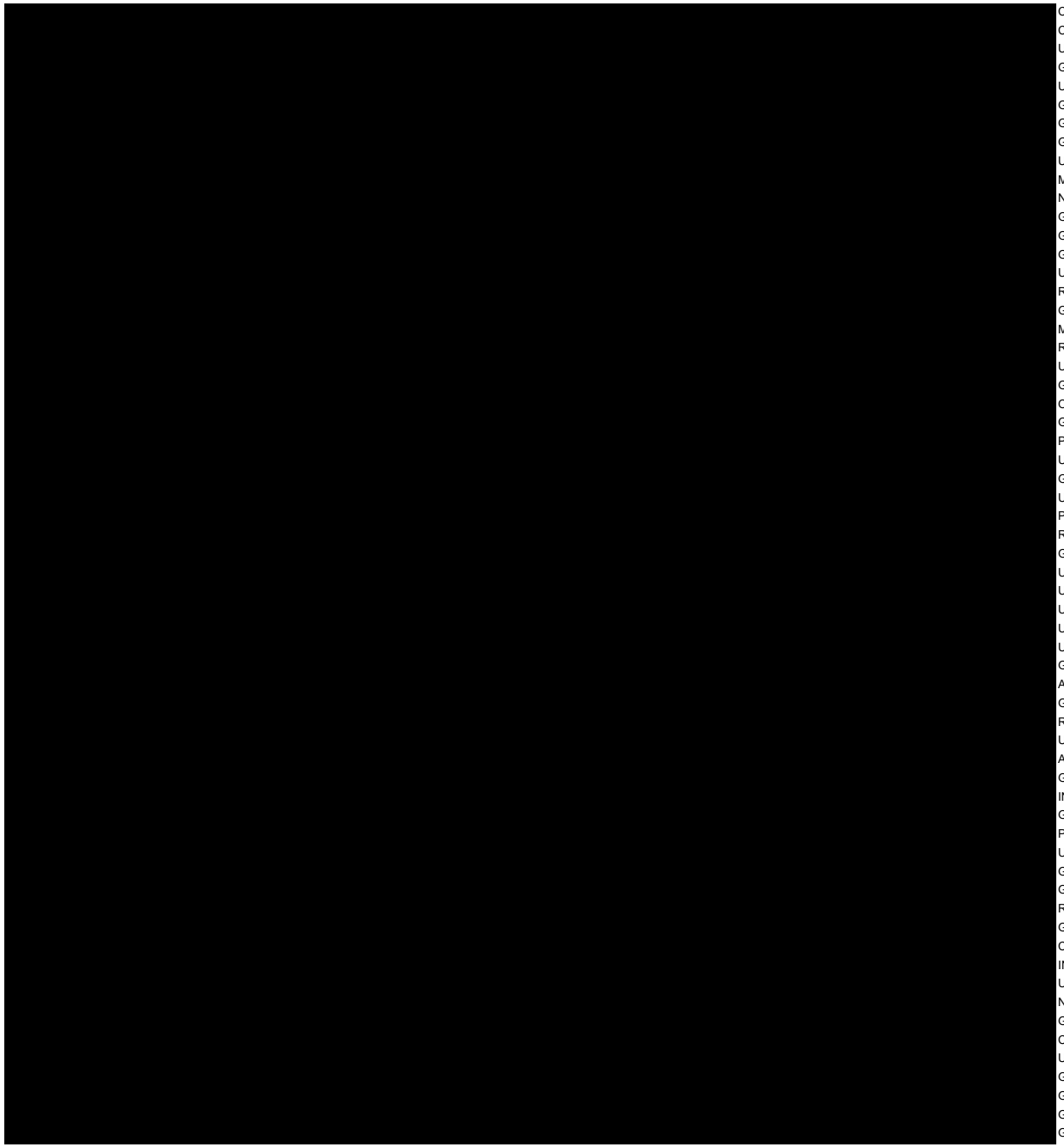


UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MEDICAL ONCOL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL ONCOL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO



GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED NURS	Professional	Wellwise Active	N/A	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
HOSPITALIST MD	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MEDICAL ONCOL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A



CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
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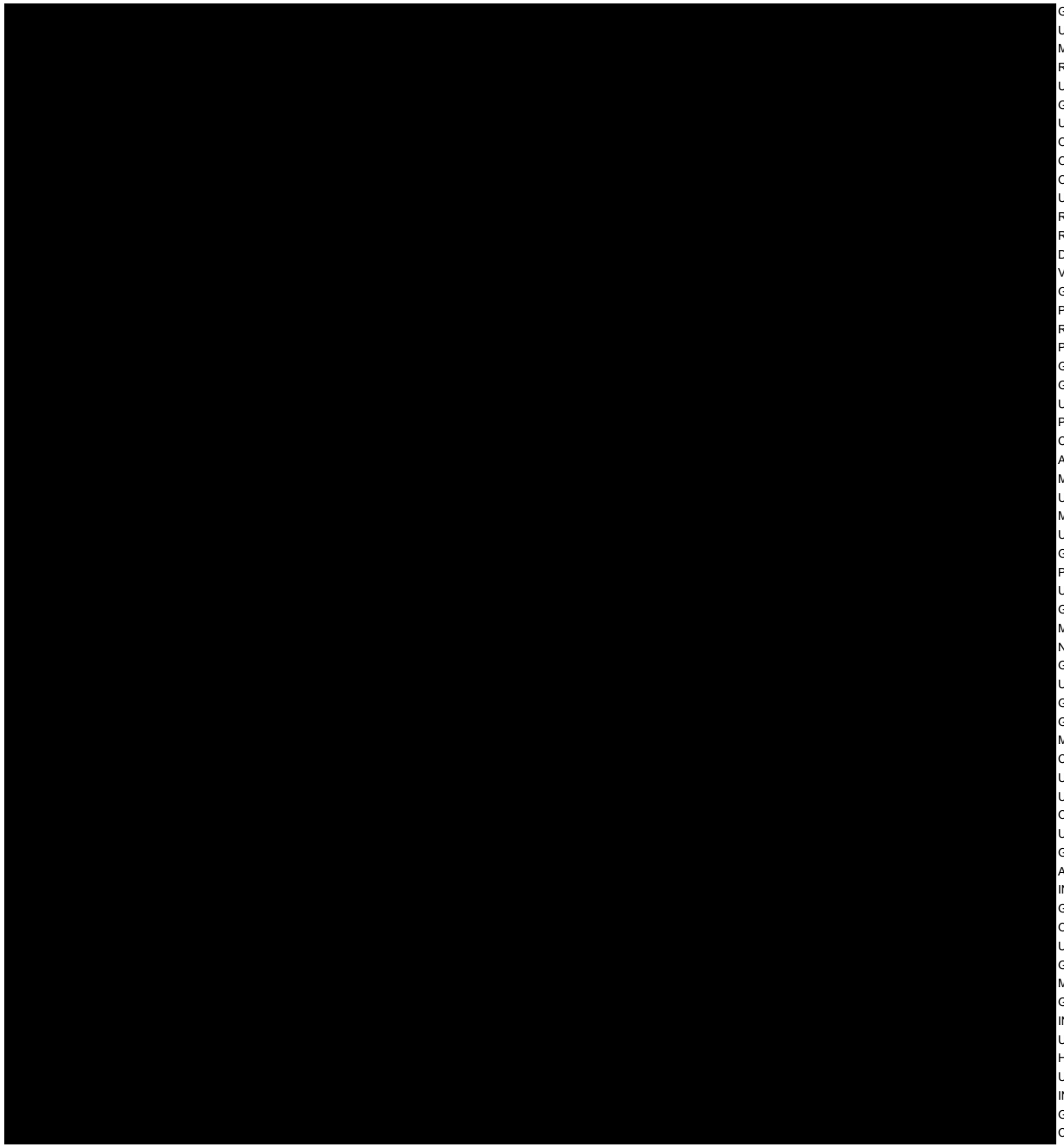
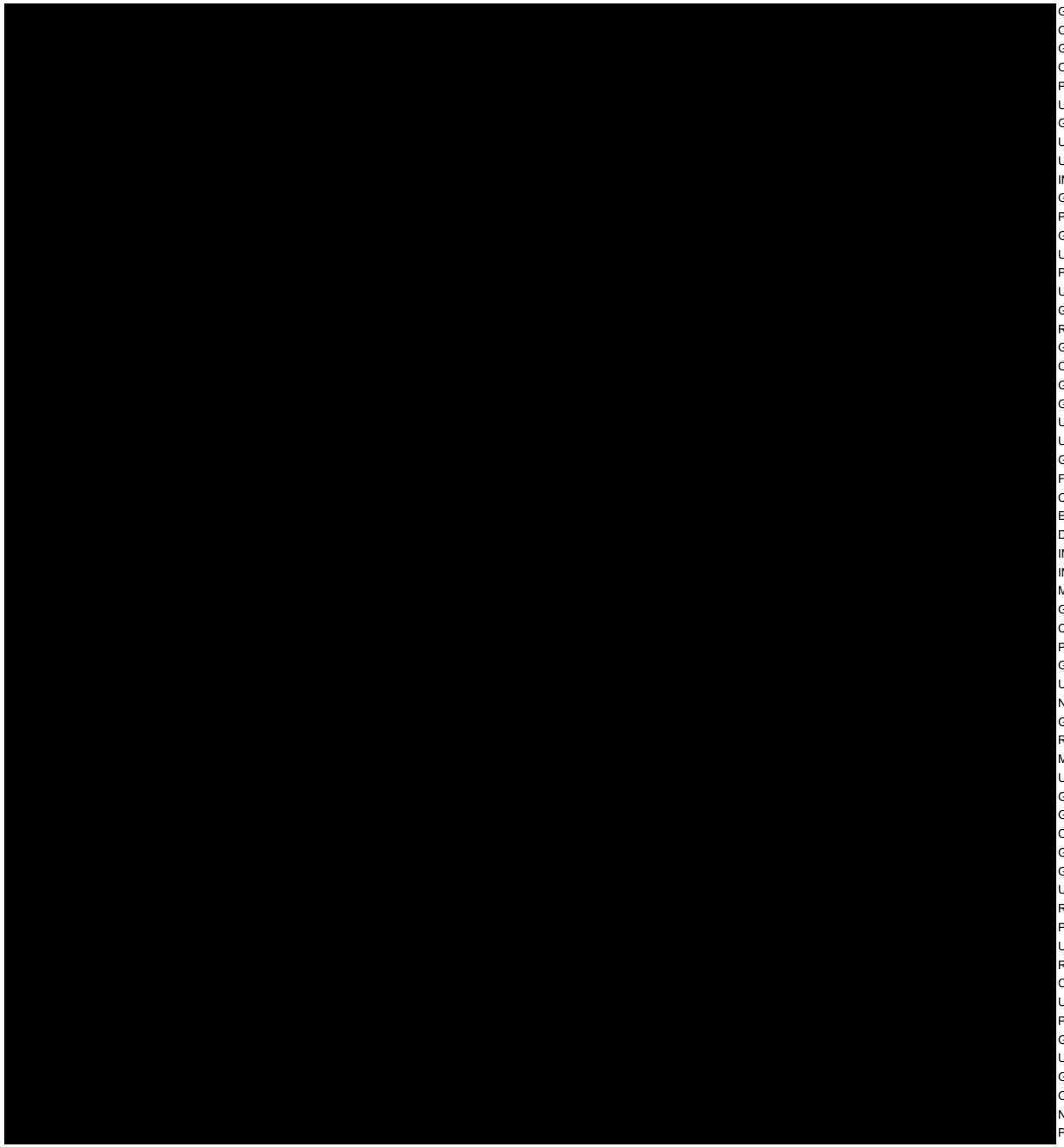
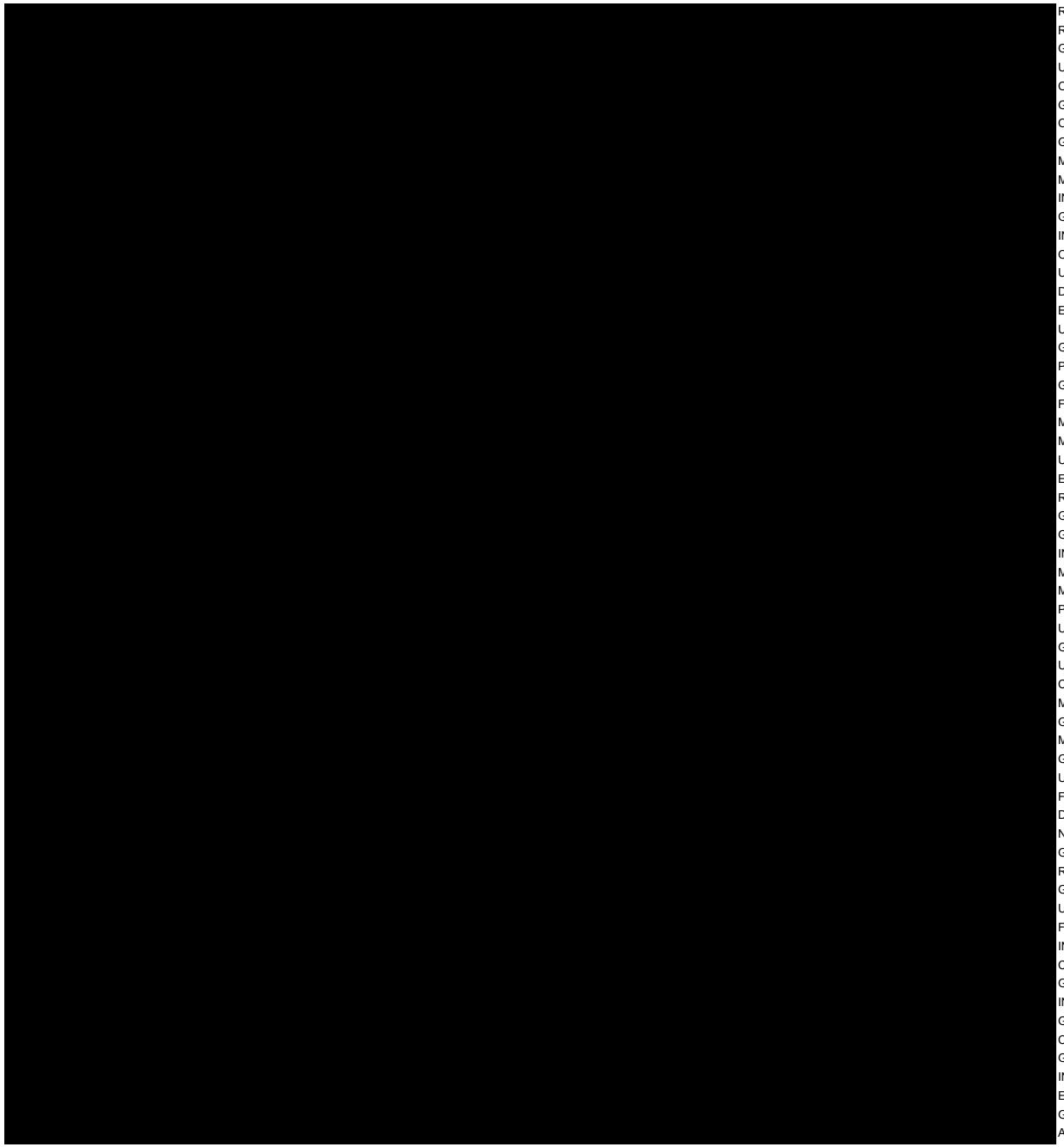
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



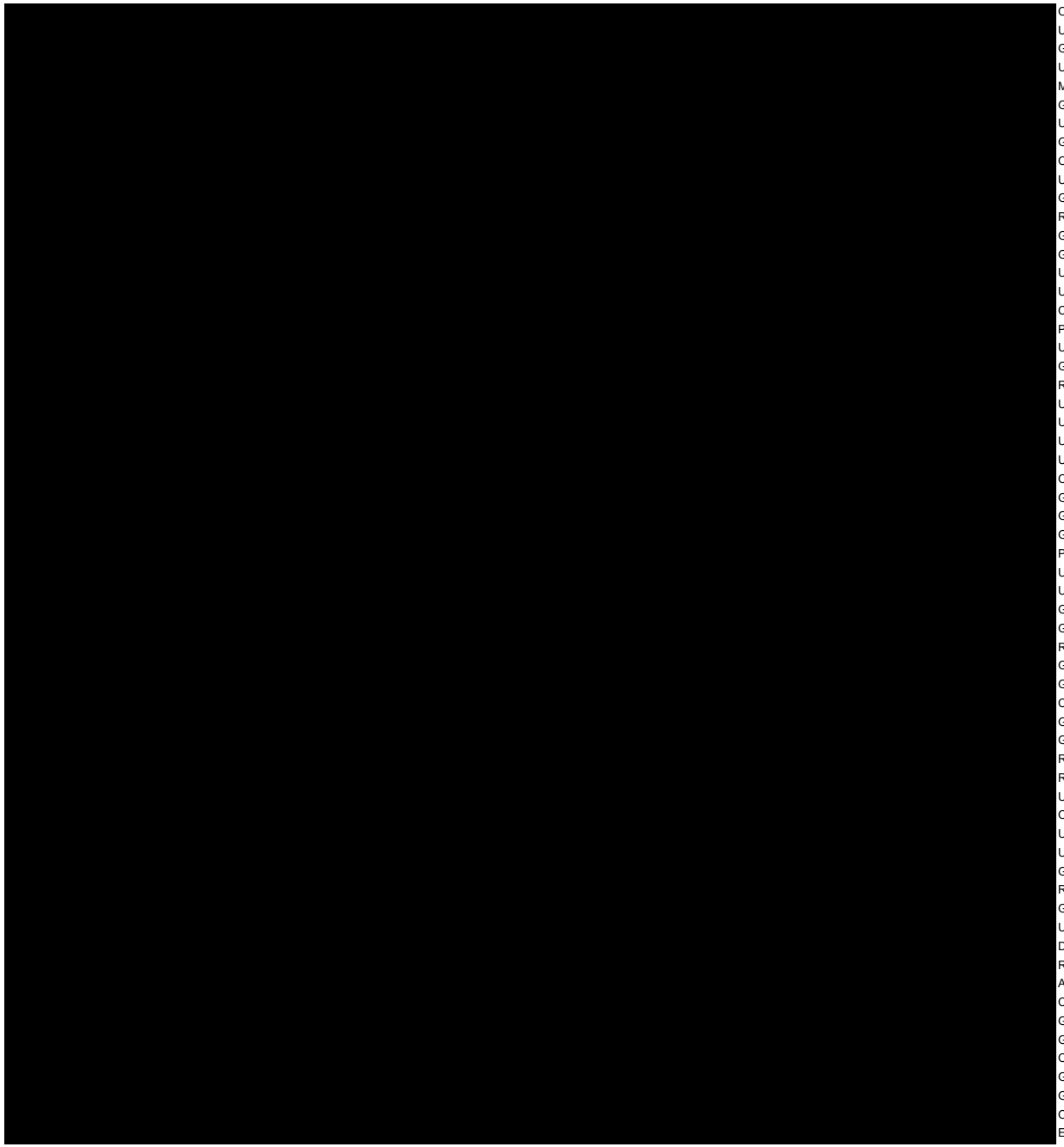
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
VA CLINIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
HOME INFUSION	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB ME	Professional	Wellwise Active	NO	N/A



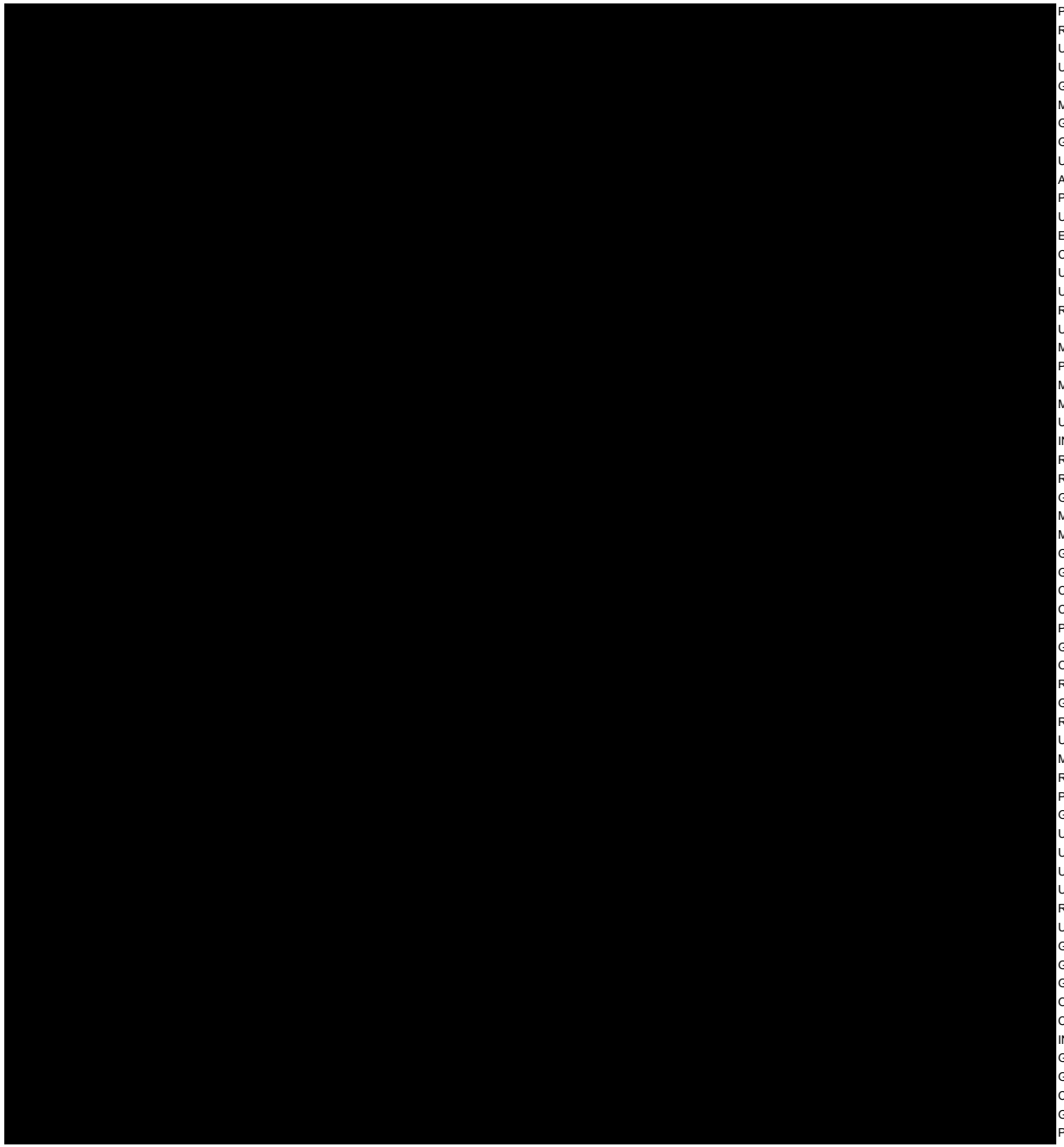
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
PSYCHIATRY, CH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES



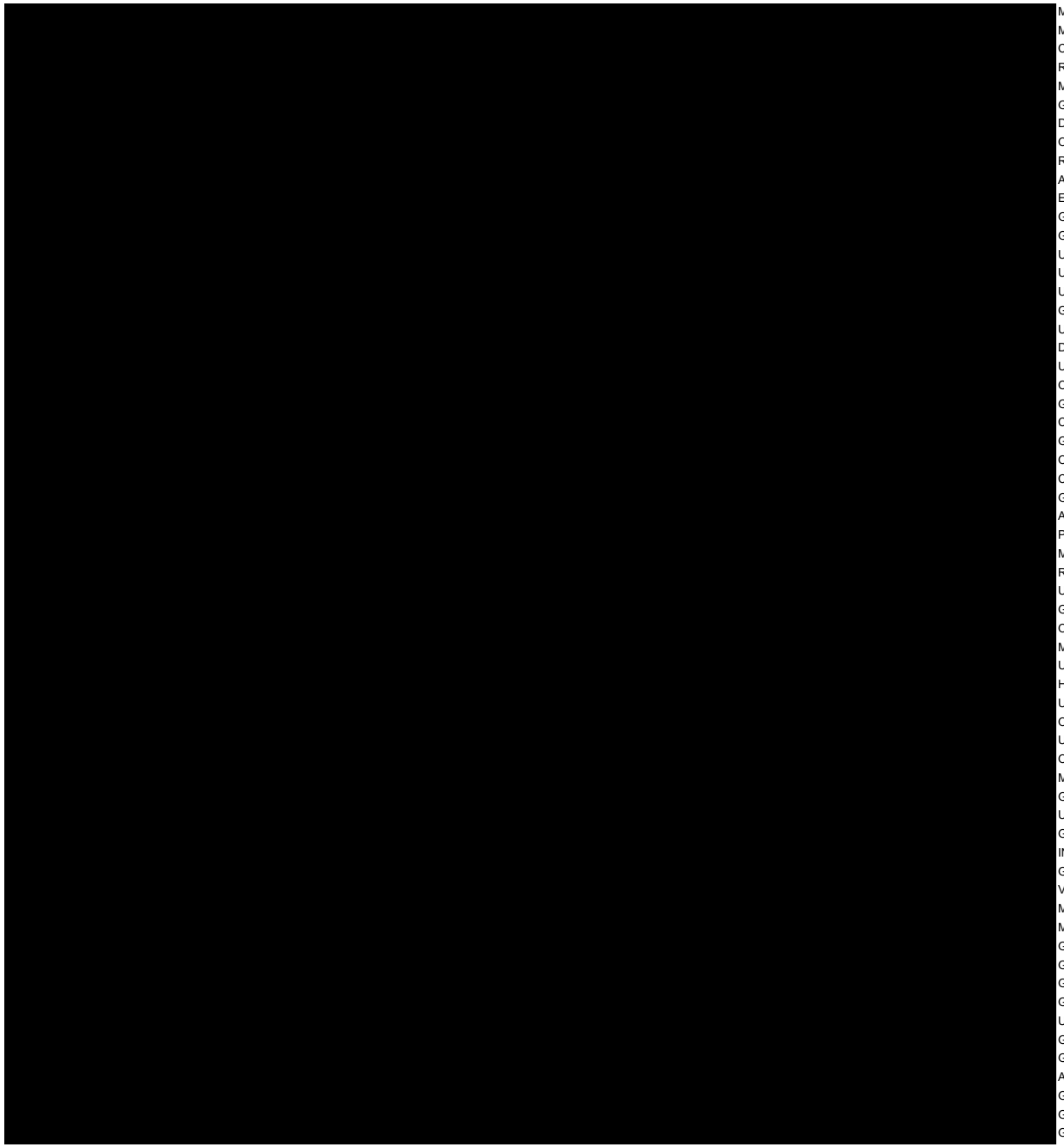
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT ME	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MRI CENTER	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB ME	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GYNECOLOGY	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
NEPHROLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CLINICAL LAB ME	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
GASTROENTERC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES



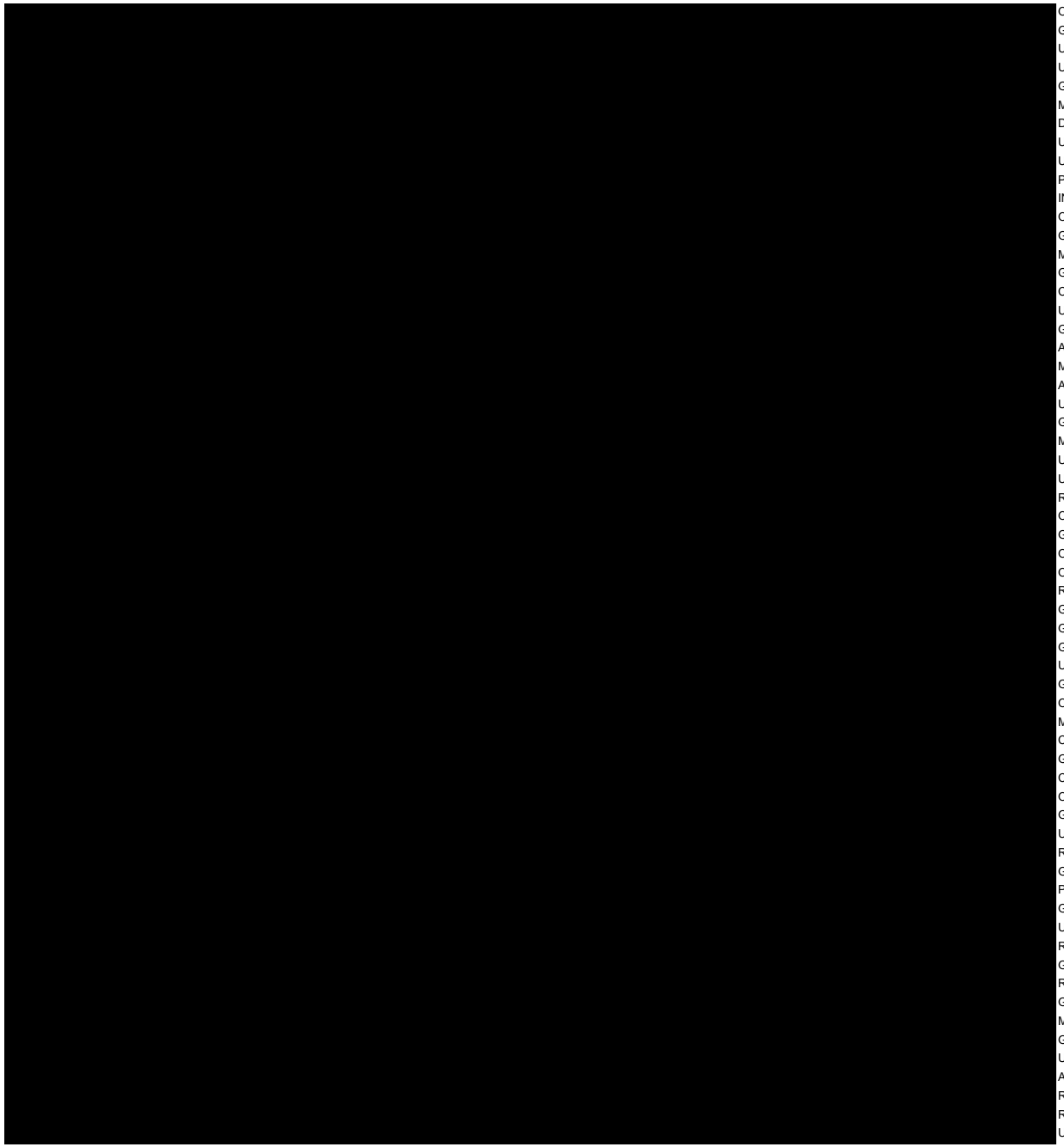
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES



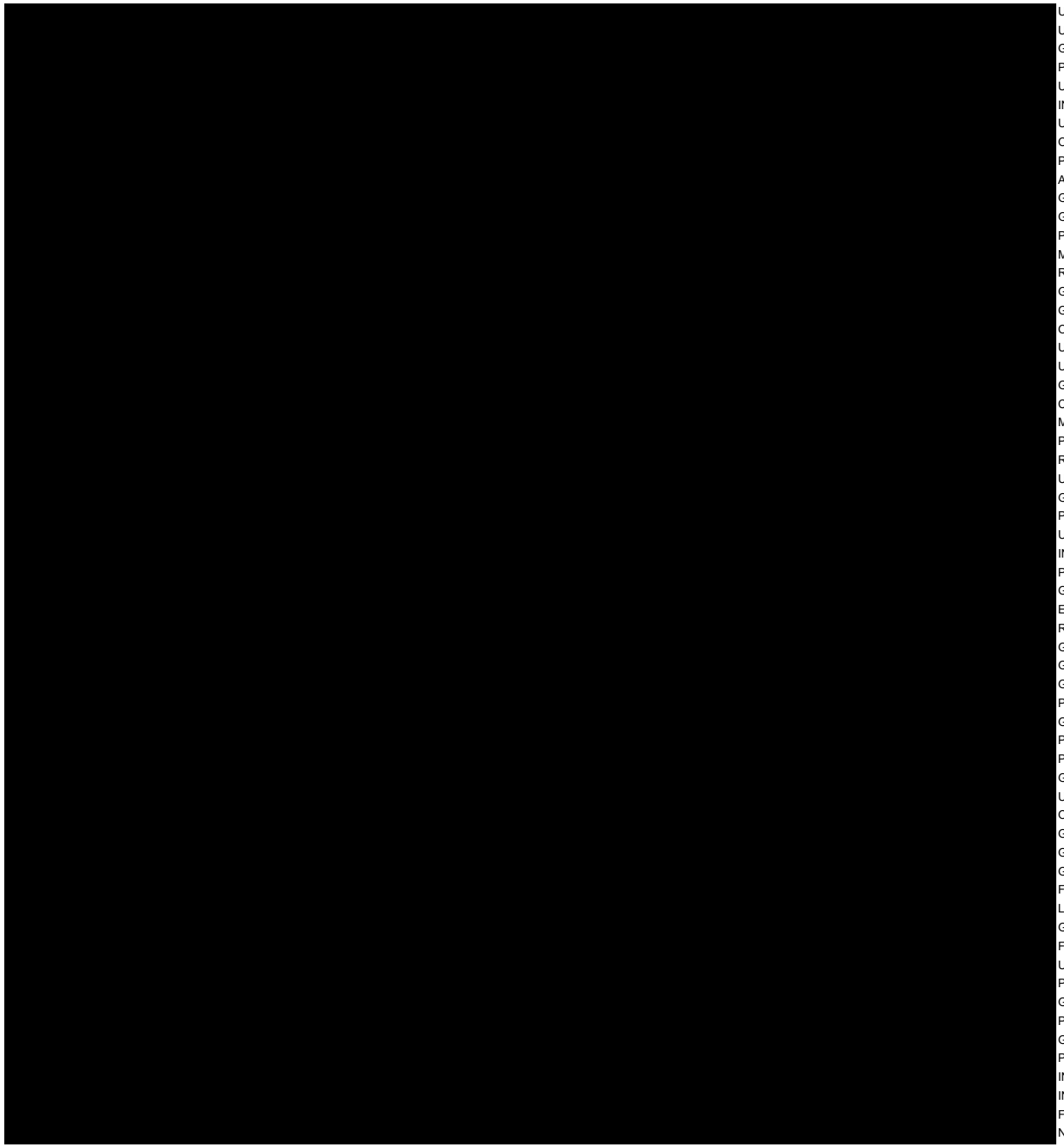
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO



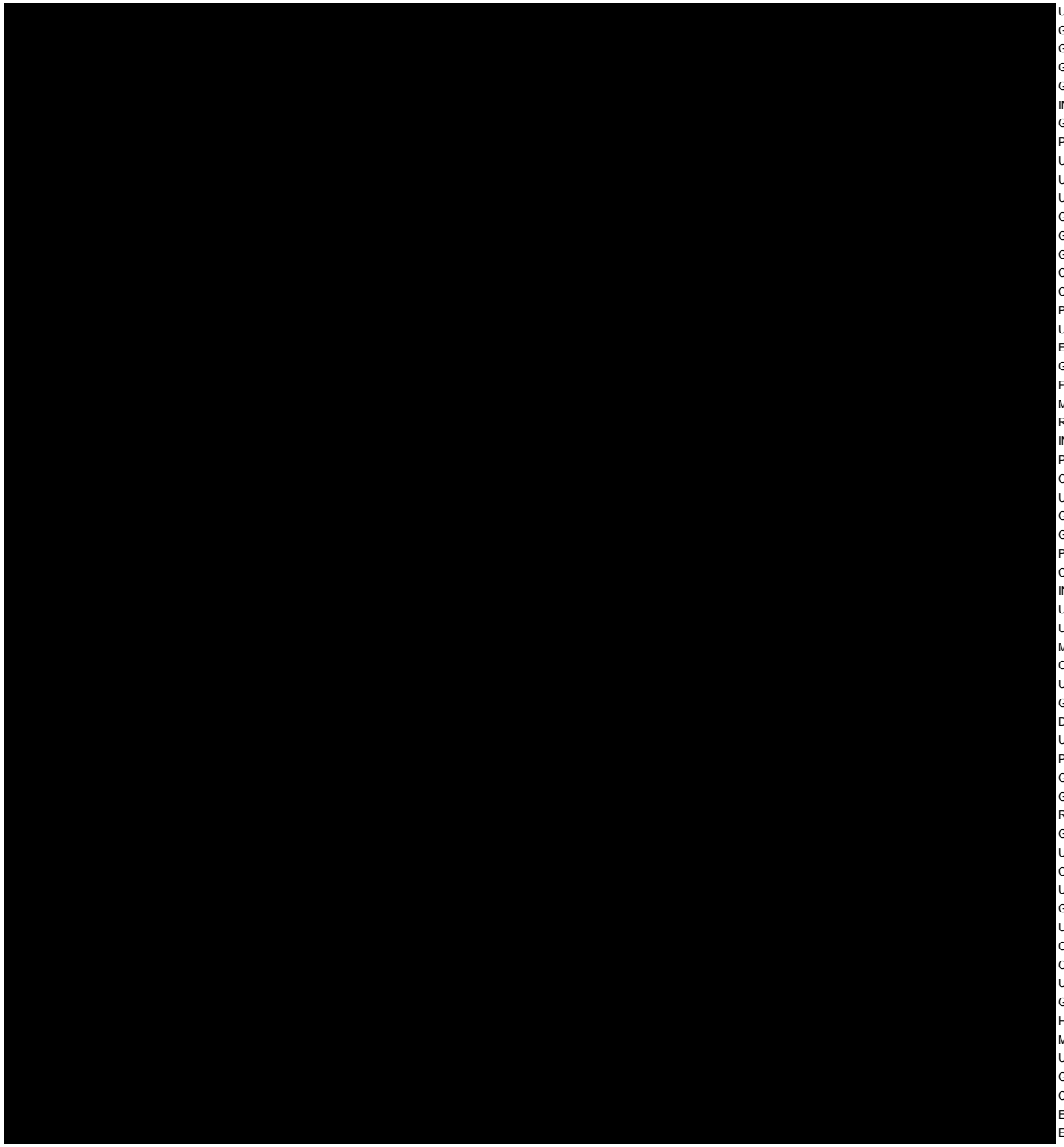
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB ME	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
HOSPICE/PALLIA	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	YES
VA CLINIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ADDICTIVE MEDI	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



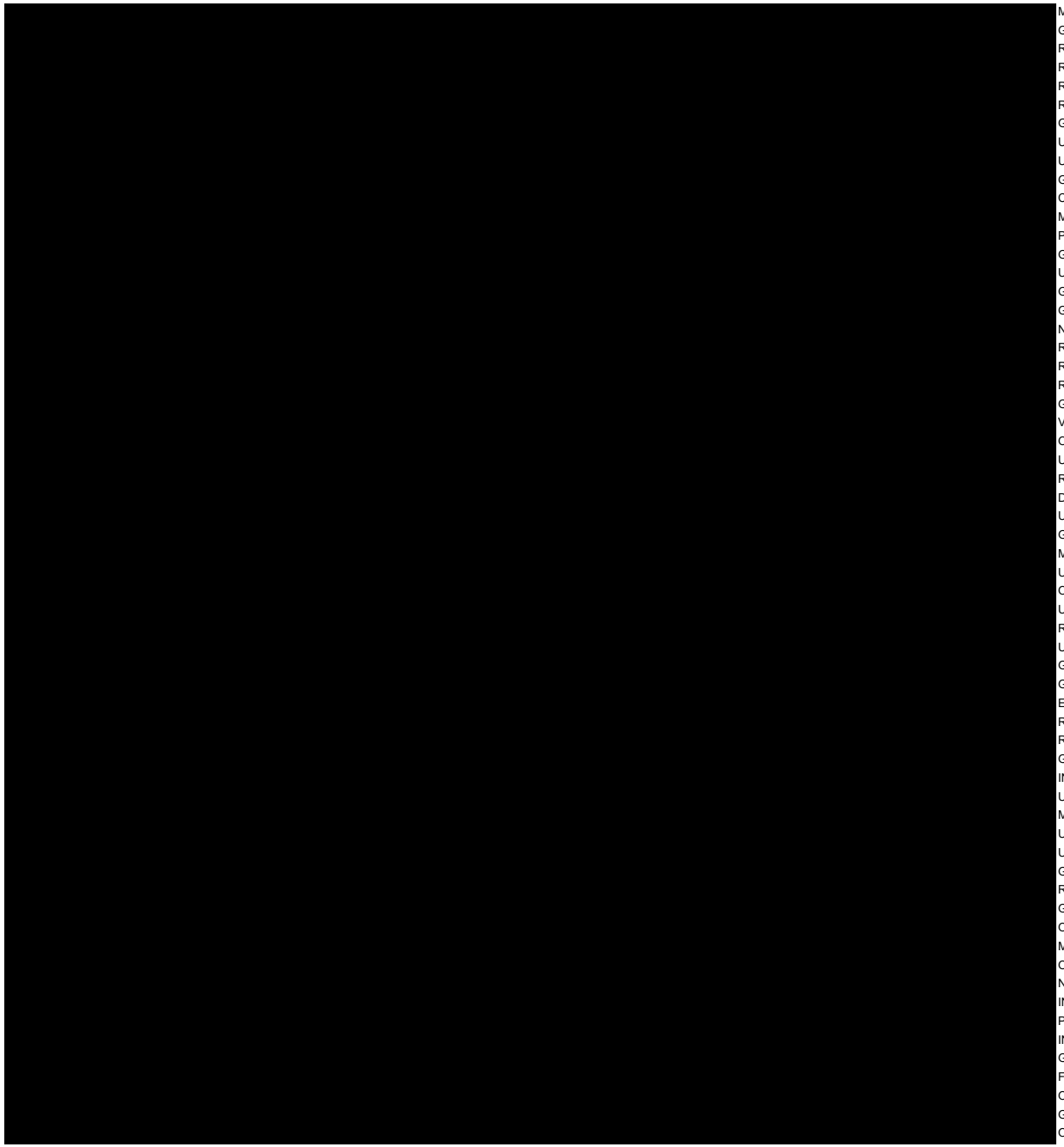
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OTOLARYNGOLG	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OUTPATIENT ME	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
OTOLARYNGOLG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	NO	NO
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



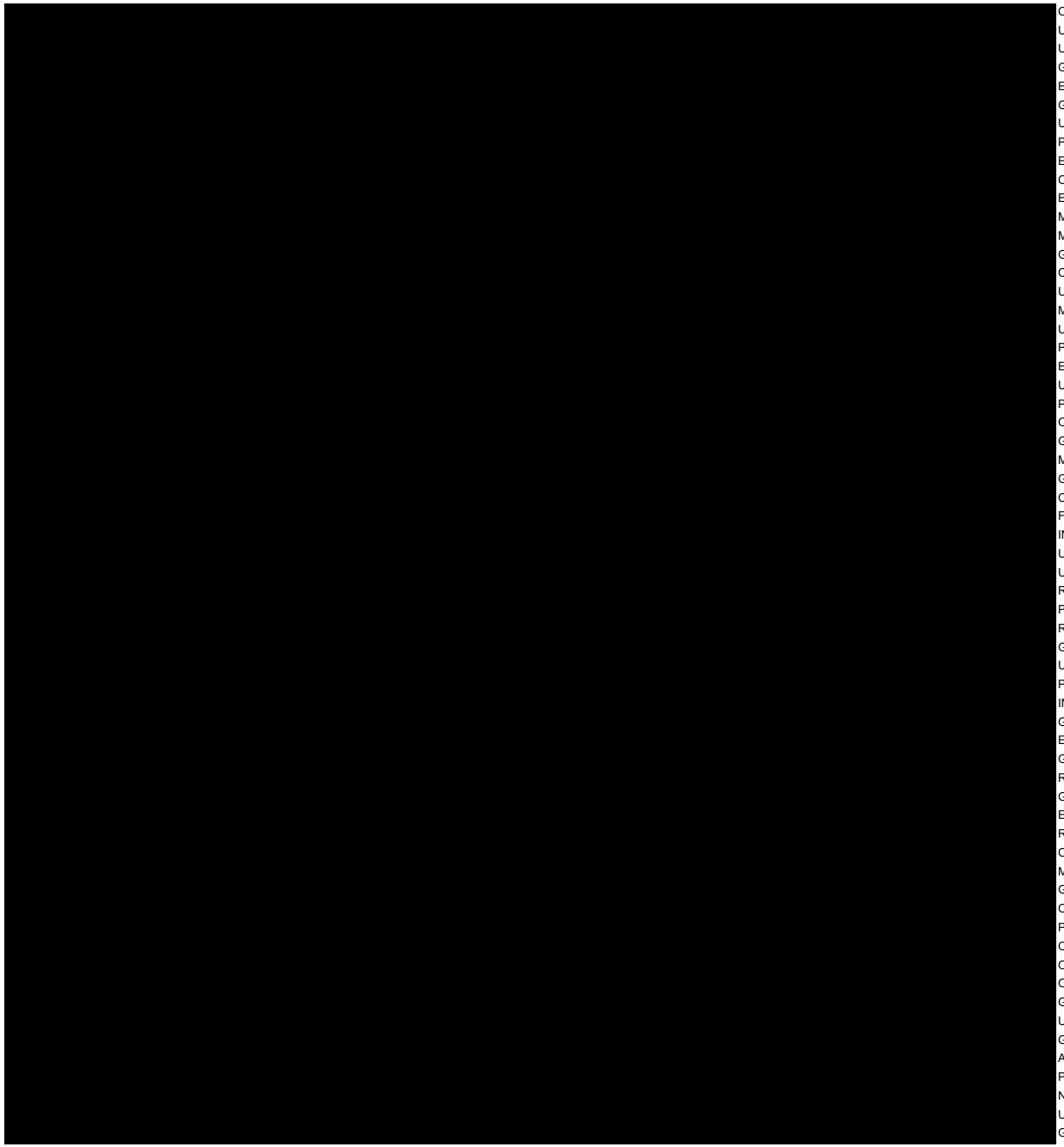
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
PHARMACY	Professional	Wellwise Active	N/A	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PULMONARY DIS	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO



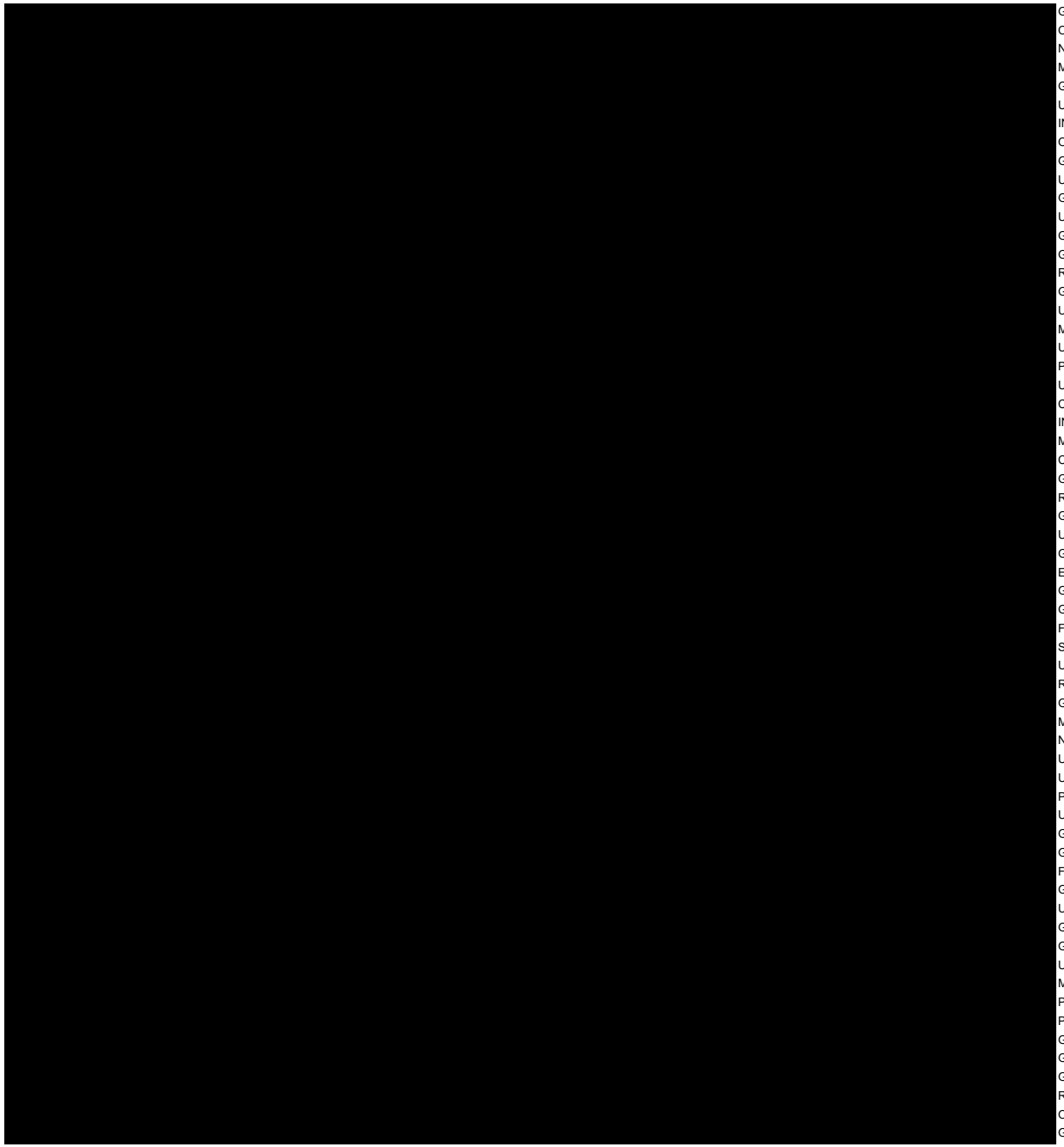
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
HOME INFUSION	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES



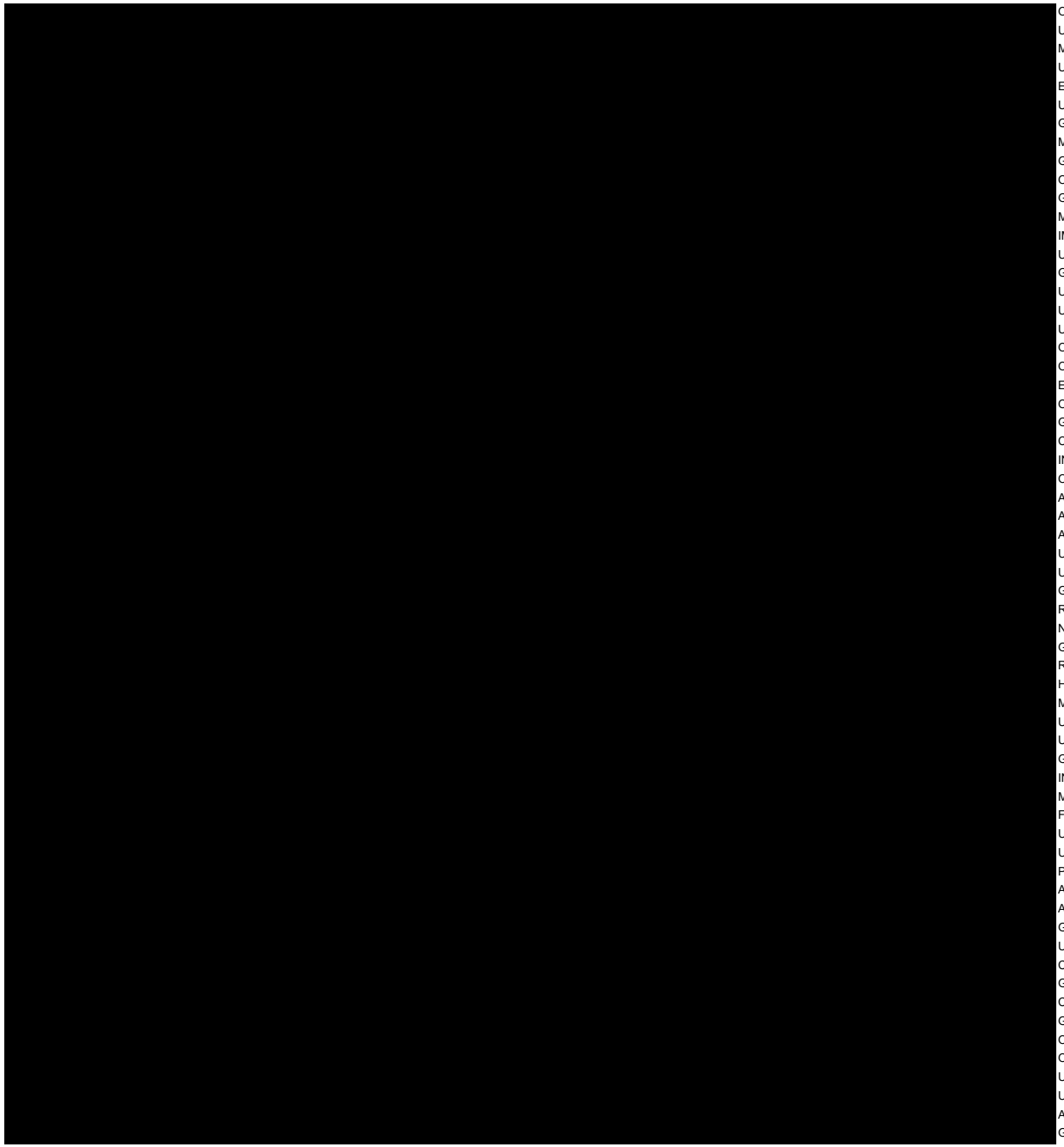
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
RADIATION ONC(	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTI(	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES



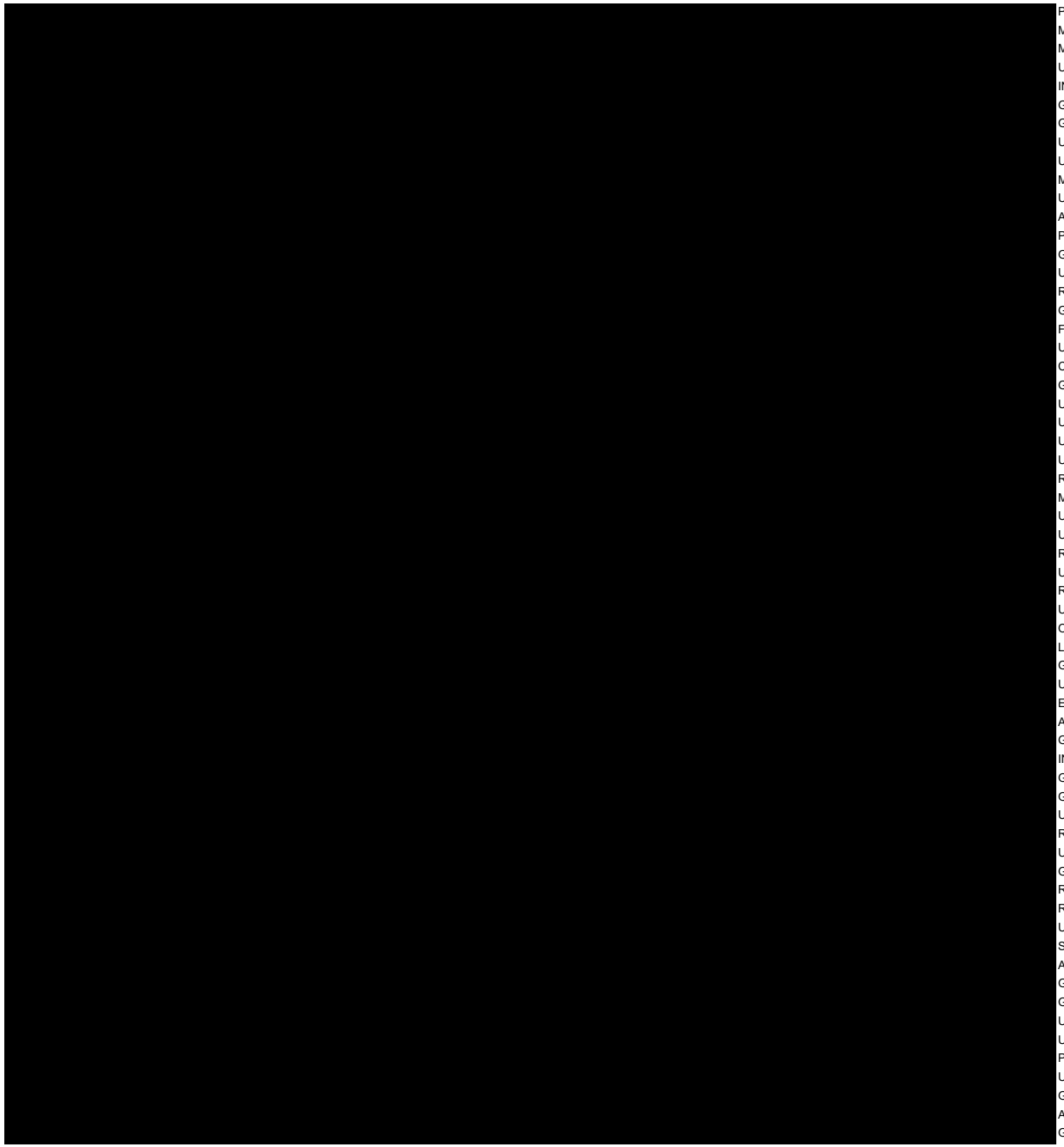
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES - Hospital Based	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



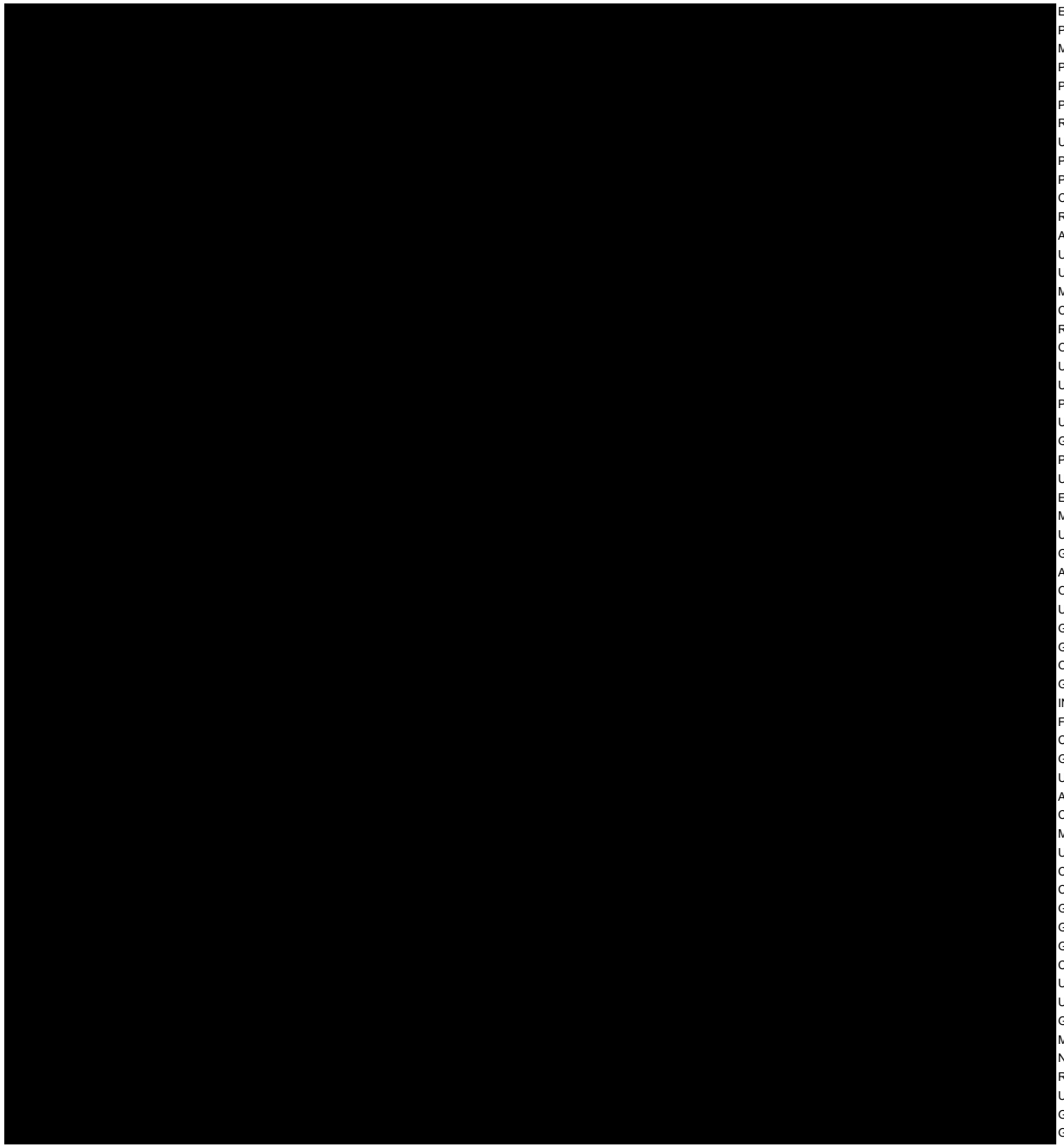
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
NEPHROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
SPEECH PATHOL	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



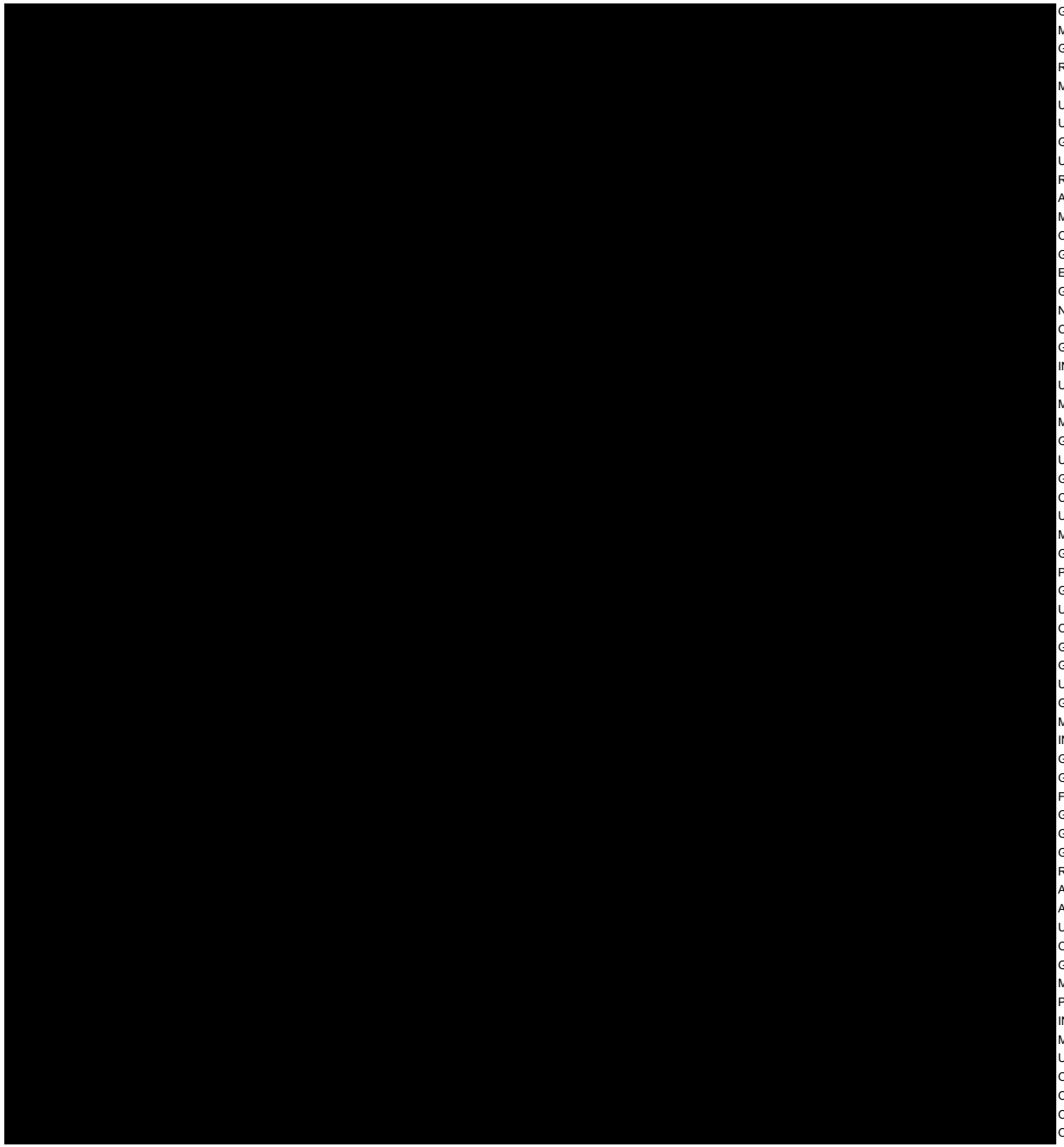
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERVENTIONA	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
ALLERGY & IMM	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OBSTETRICS	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



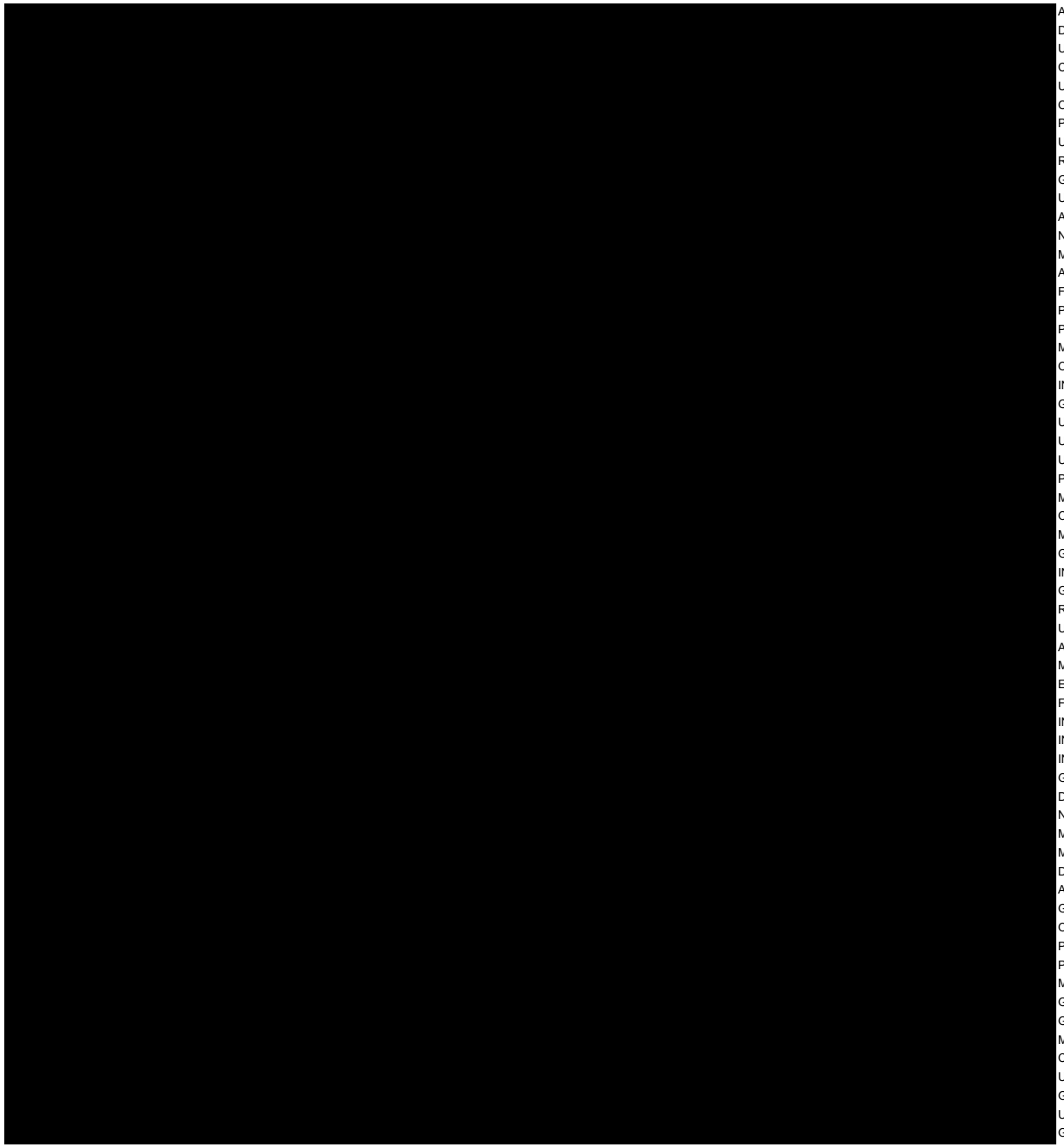
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UROLOGY	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
ALLERGY & IMM(	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
SURGERY, THOR	Professional	Wellwise Active	YES	NO
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



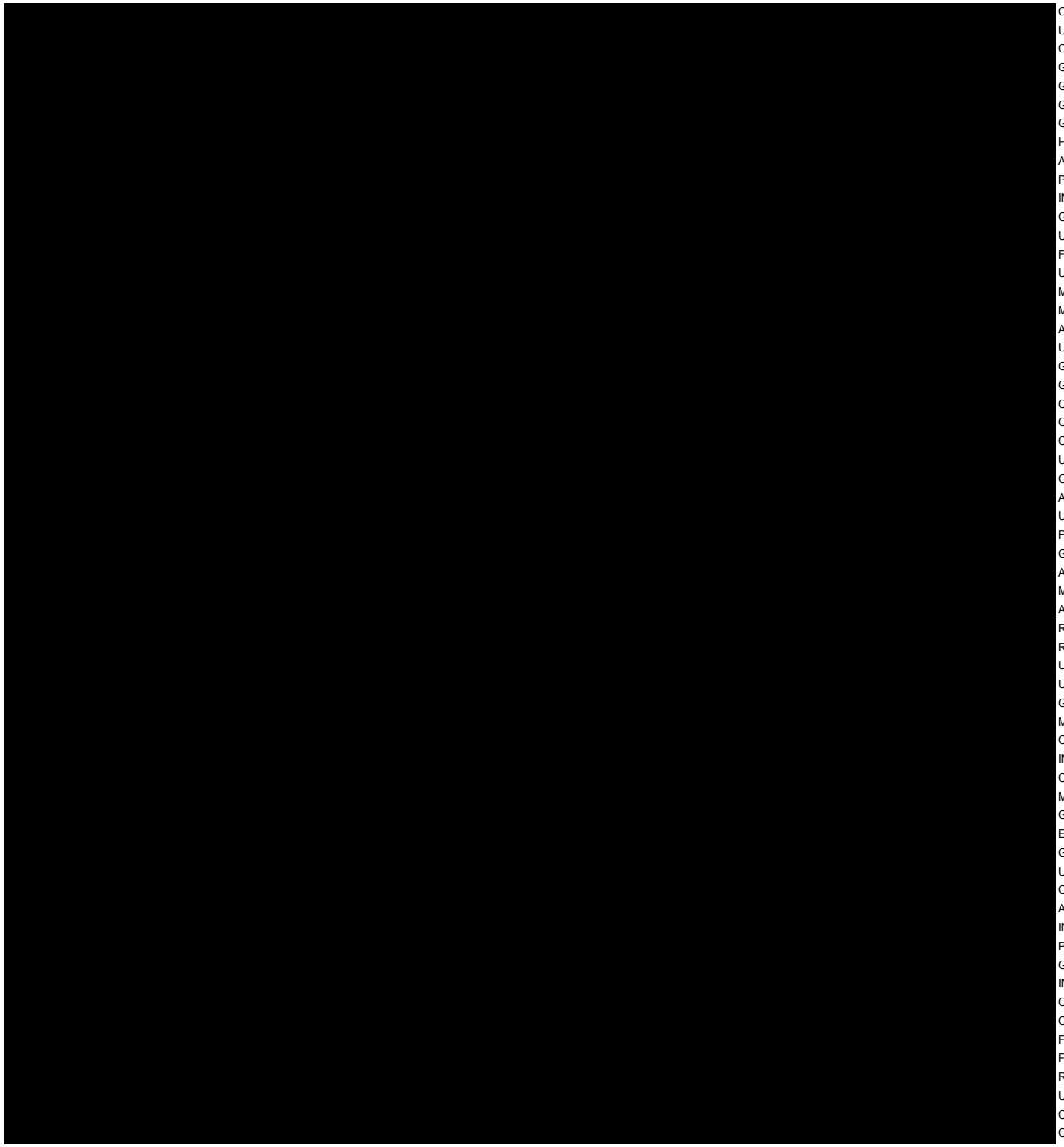
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
RESEARCH PSY	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CLINICAL LAB M	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CLINICAL LAB M	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A



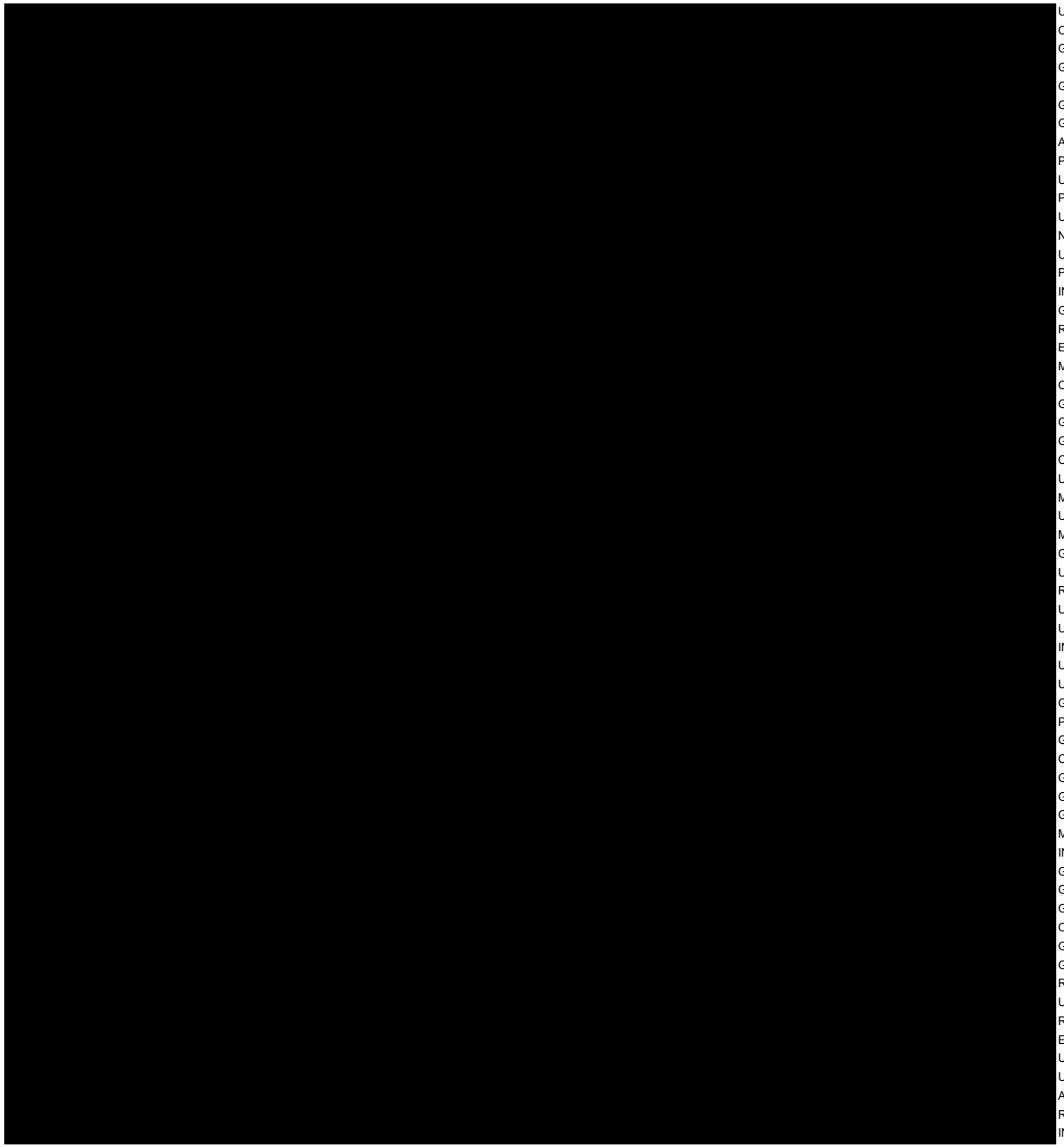
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
NUCLEAR MEDIC	Professional	Wellwise Active	YES	YES
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PULMONARY DIS	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
GASTROENTERO	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES - Hospital Based	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	NO	NO



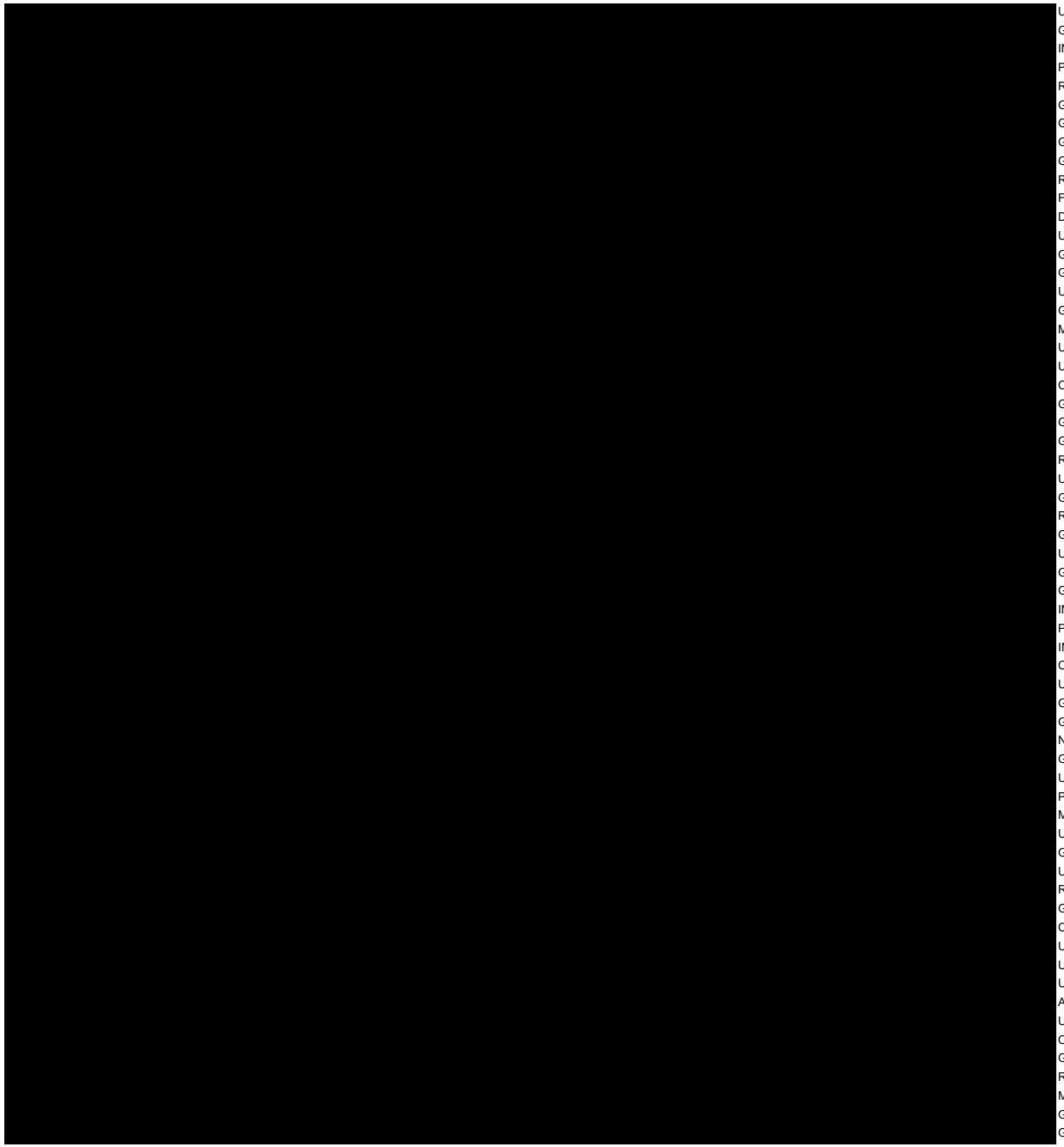
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
MEDICAL ONCOL	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
PHYSICIANS ASS	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
CARDIOVASCULA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO



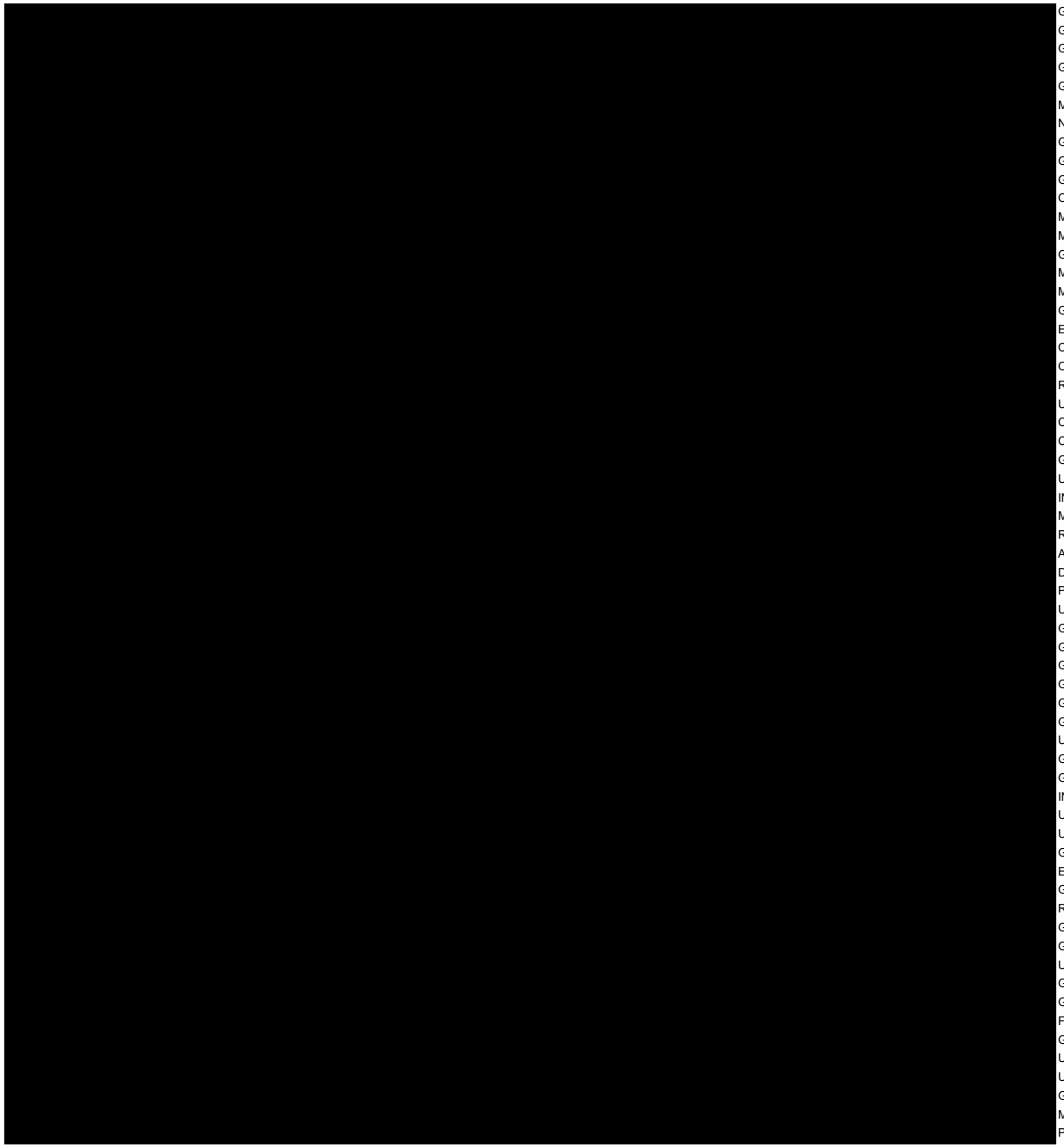
CARDIOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	NO
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CERTIFIED NURS	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	NO
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
RHEUMATOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO



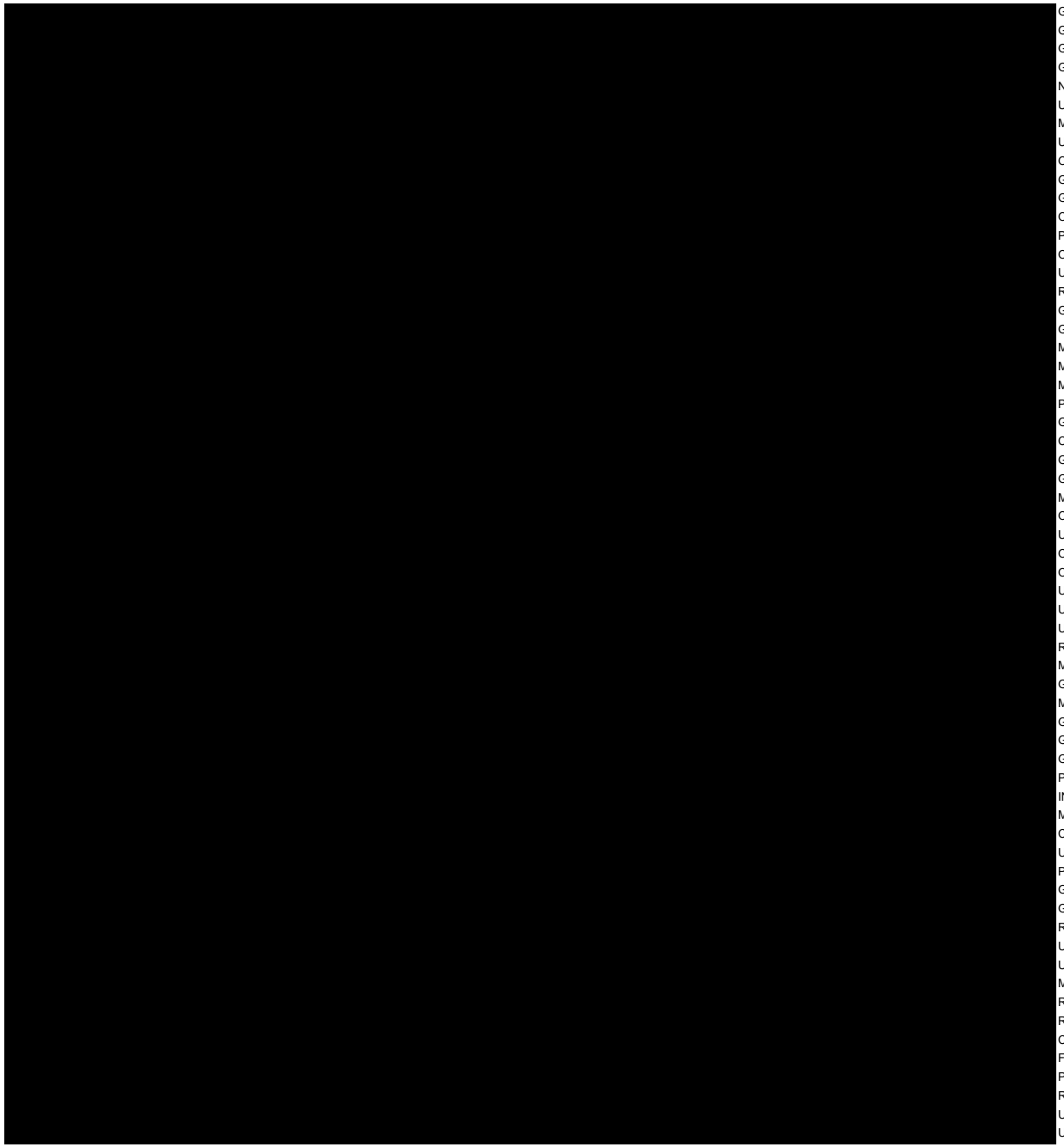
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES - Hospital Based	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ORALMAXILLOFA	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES



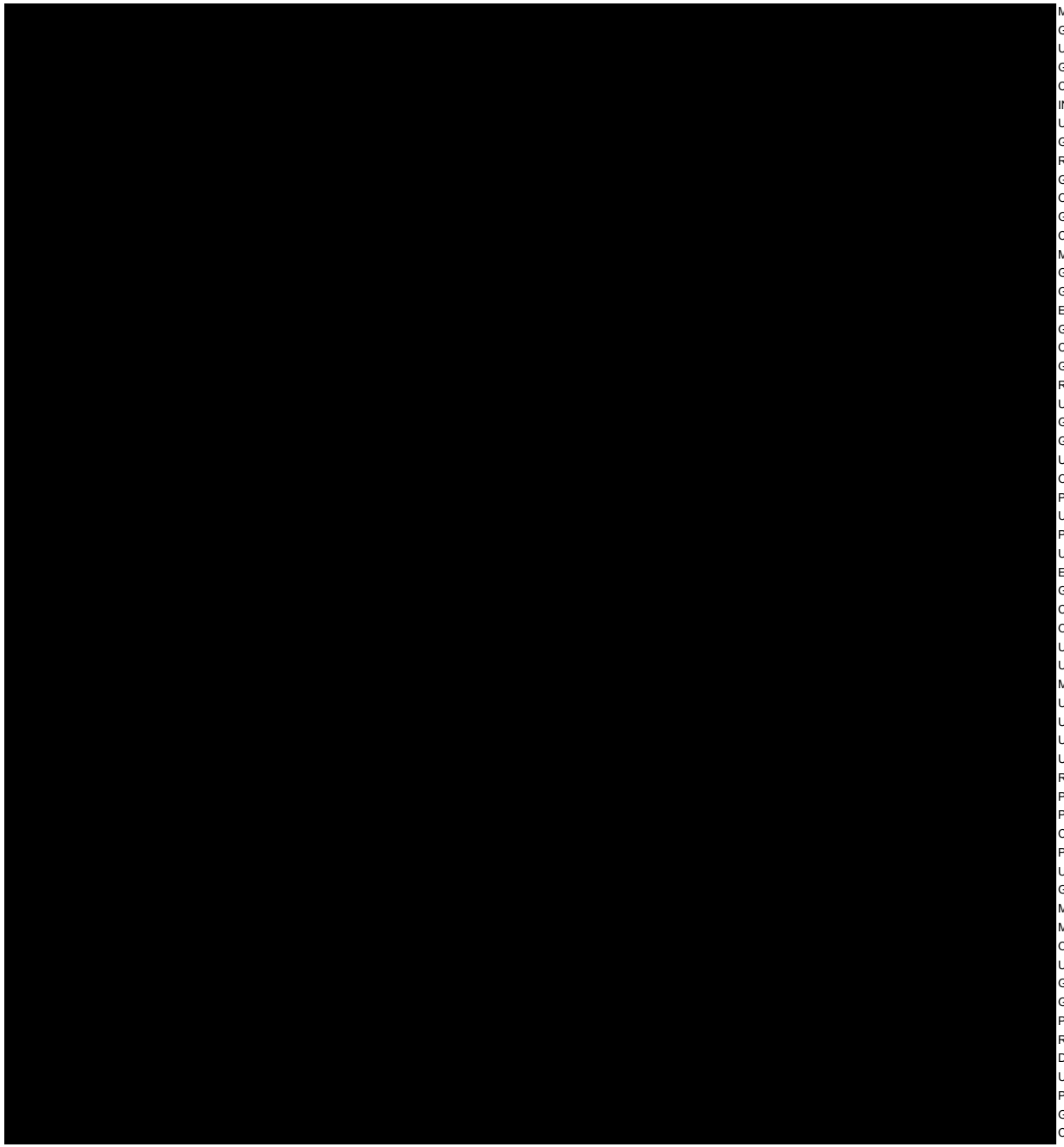
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PULMONARY DIS	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
NEPHROLOGY	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



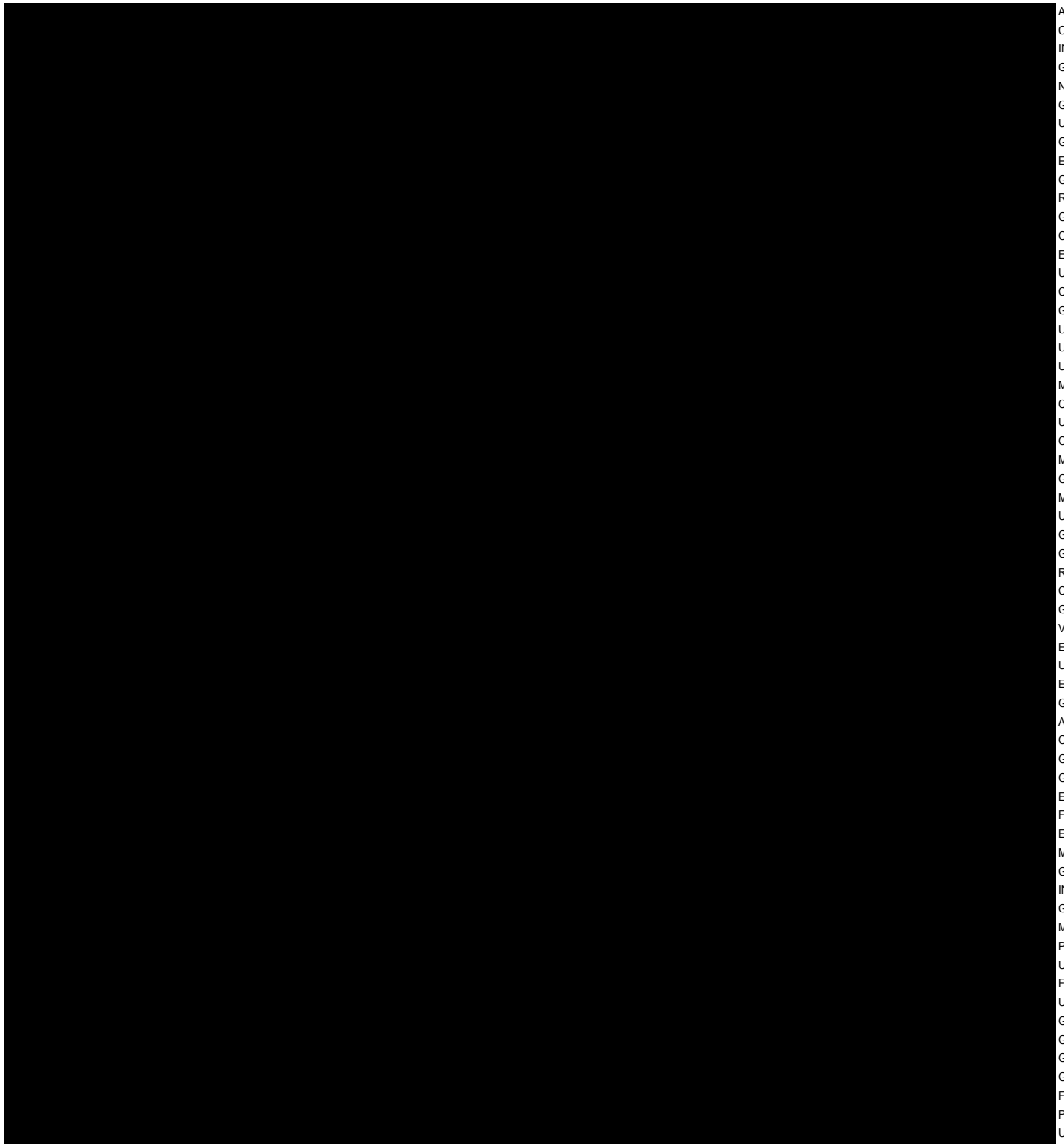
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A



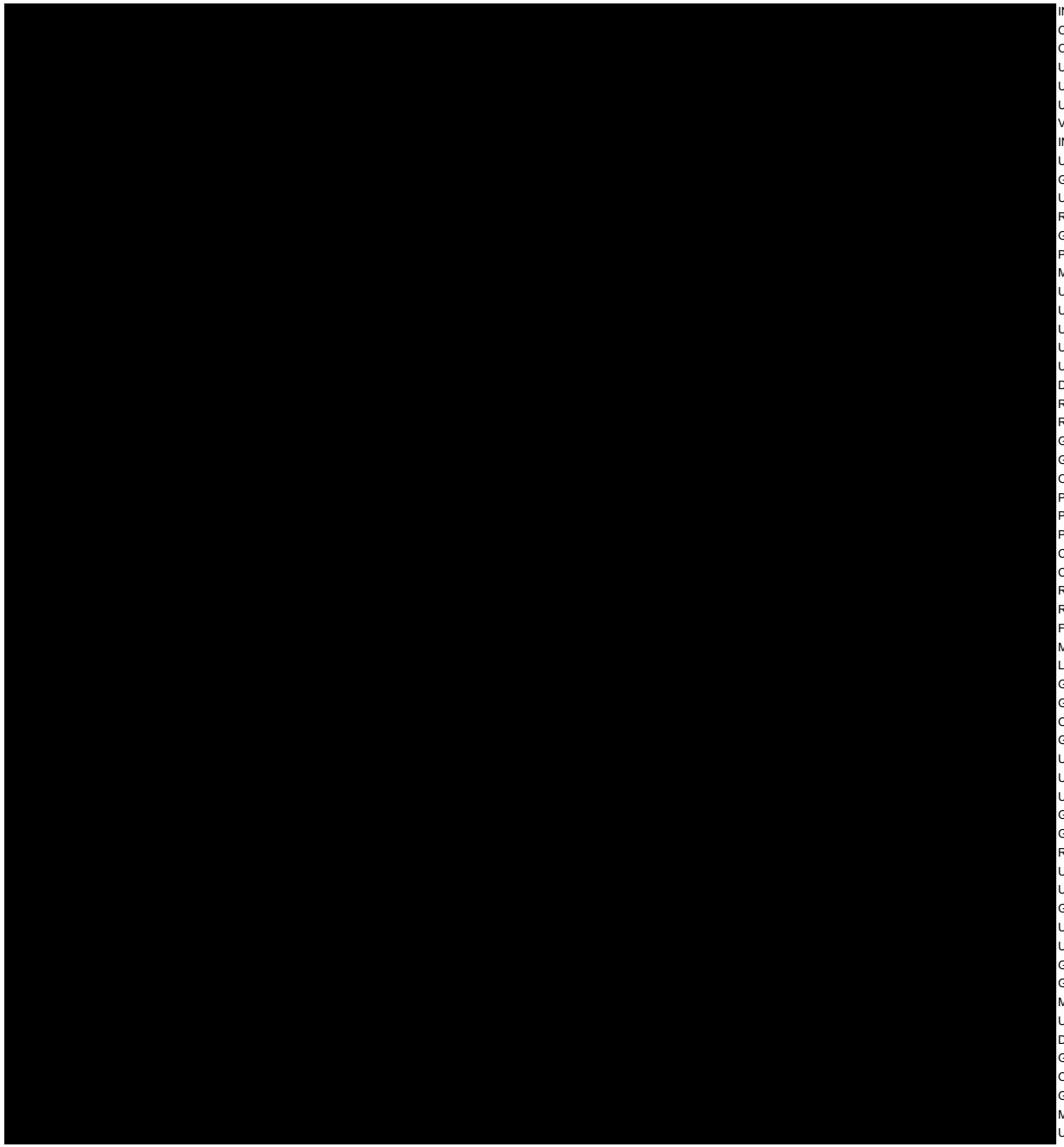
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
CARDIOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIATION ONC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



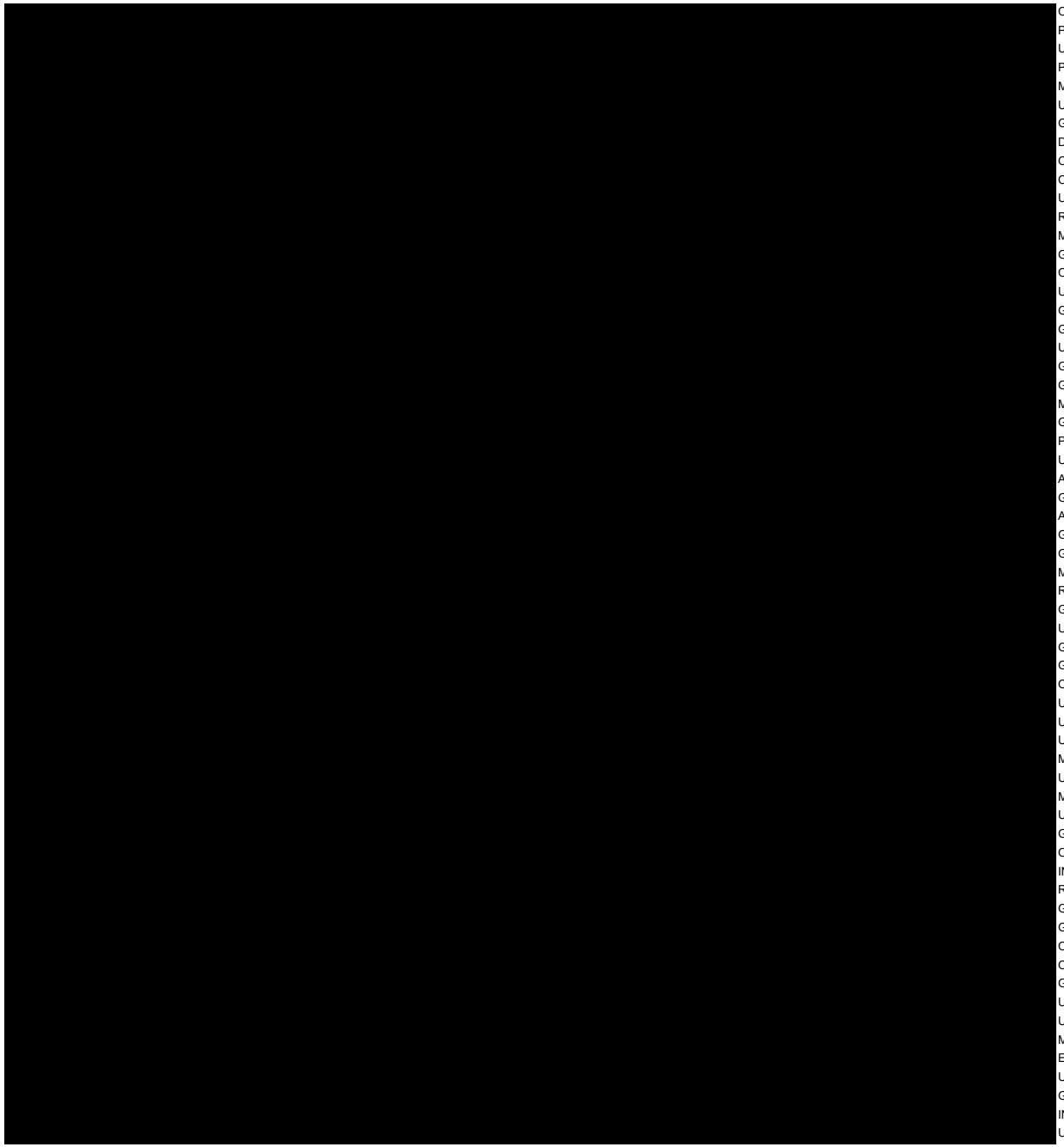
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
OUTPATIENT ME	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
PHARMACY	Professional	Wellwise Active	N/A	N/A
PAIN MGMT ANE	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES



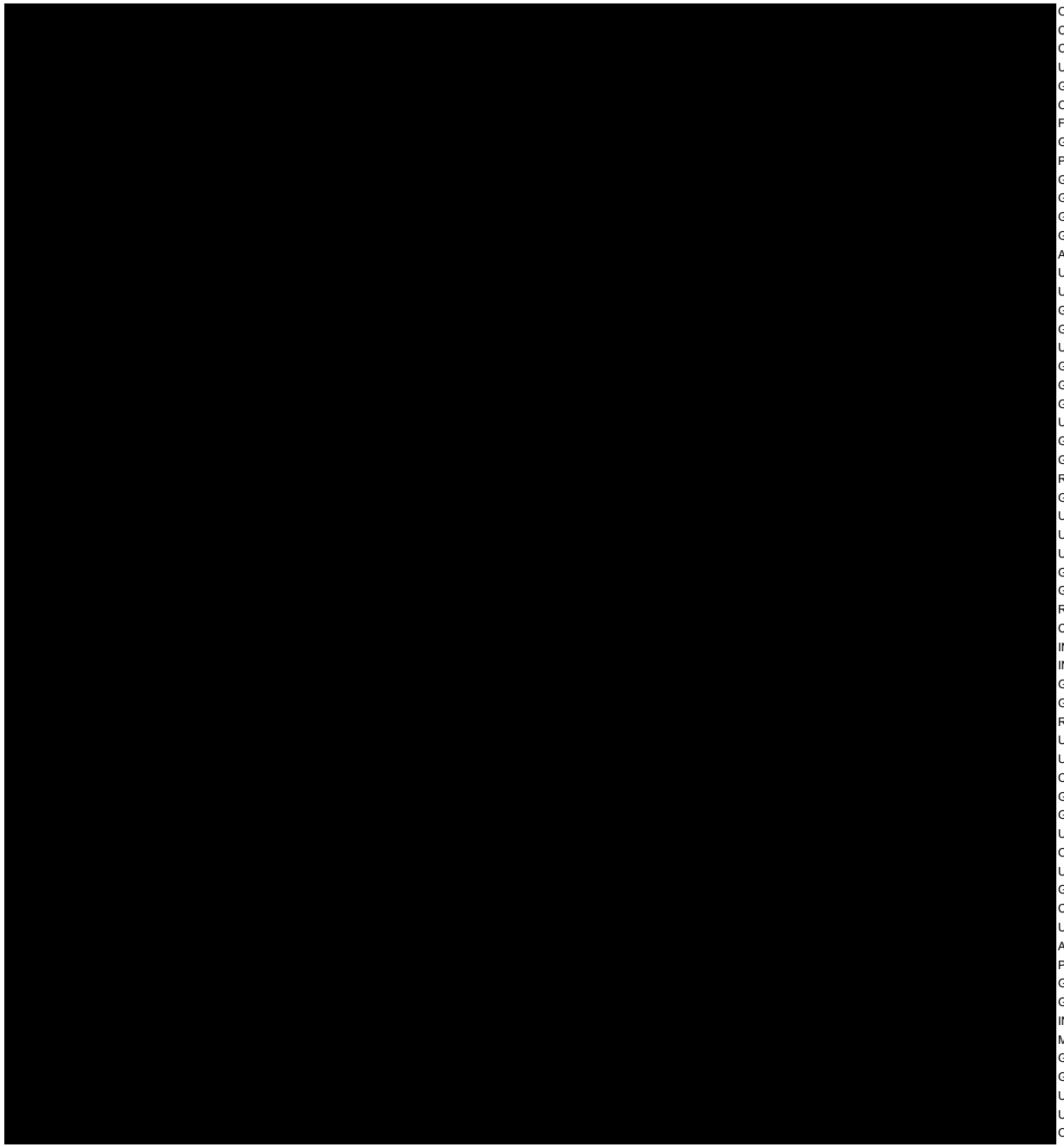
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES - Hospital Based
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES - Hospital Based	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	YES



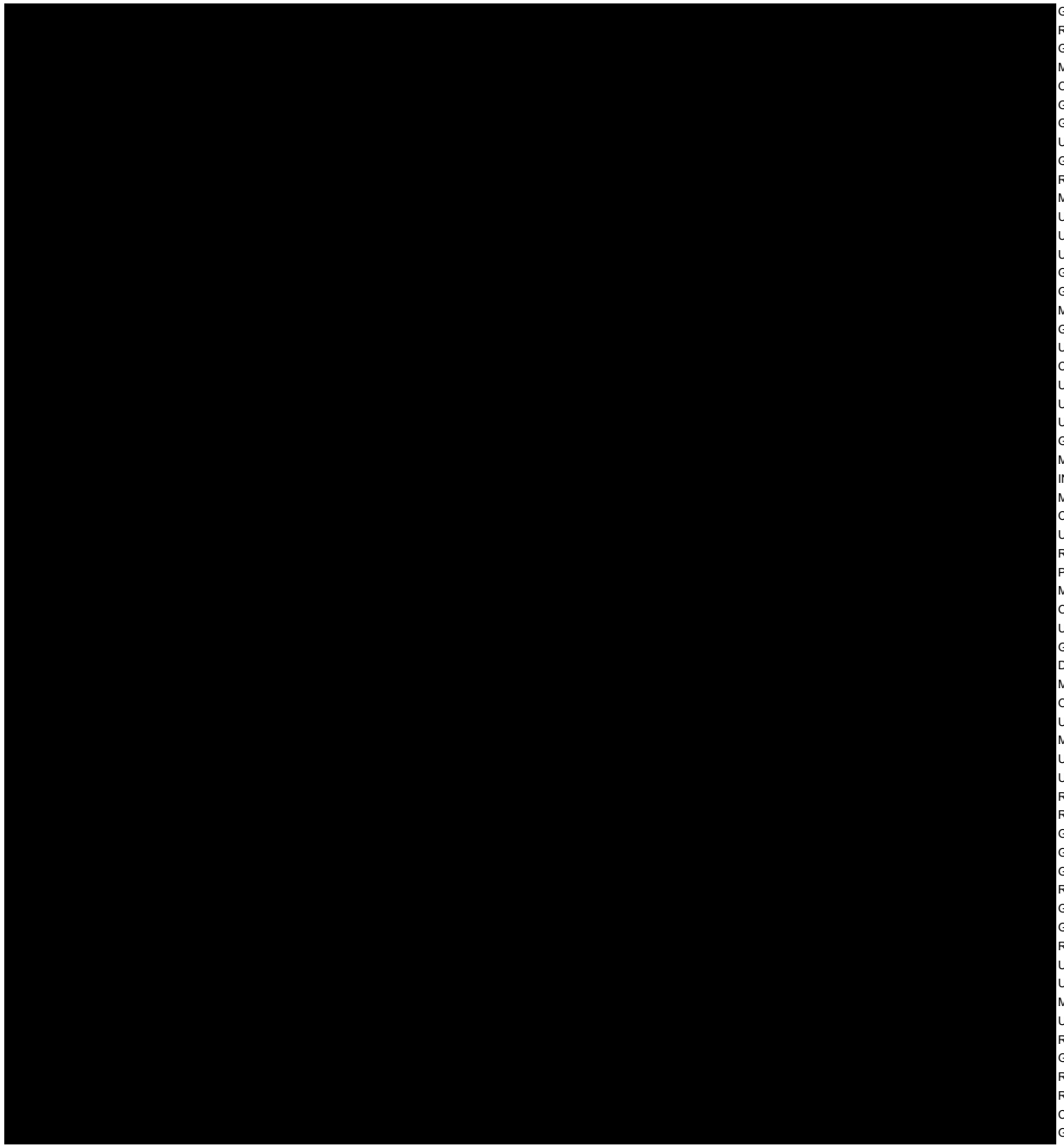
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
O.B. - GYNECOLC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
VA CLINIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GASTROENTERC	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
RADIATION ONC	Professional	Wellwise Active	YES	NO
RADIATION ONC	Professional	Wellwise Active	YES	NO
GYNECOLOGY	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLC	Professional	Wellwise Active	YES	NO
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
PHARMACY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A



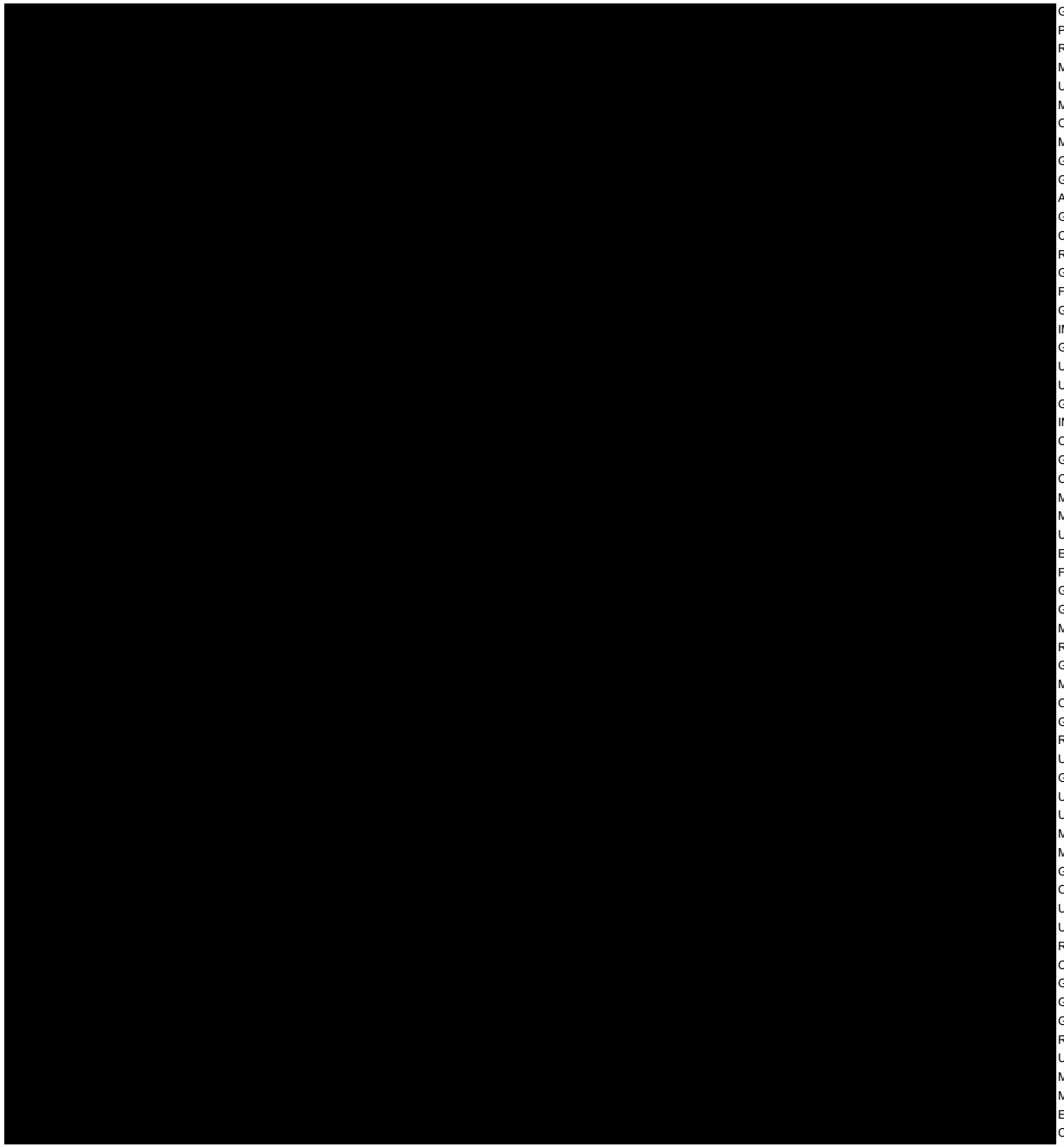
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ALLERGY & IMM	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



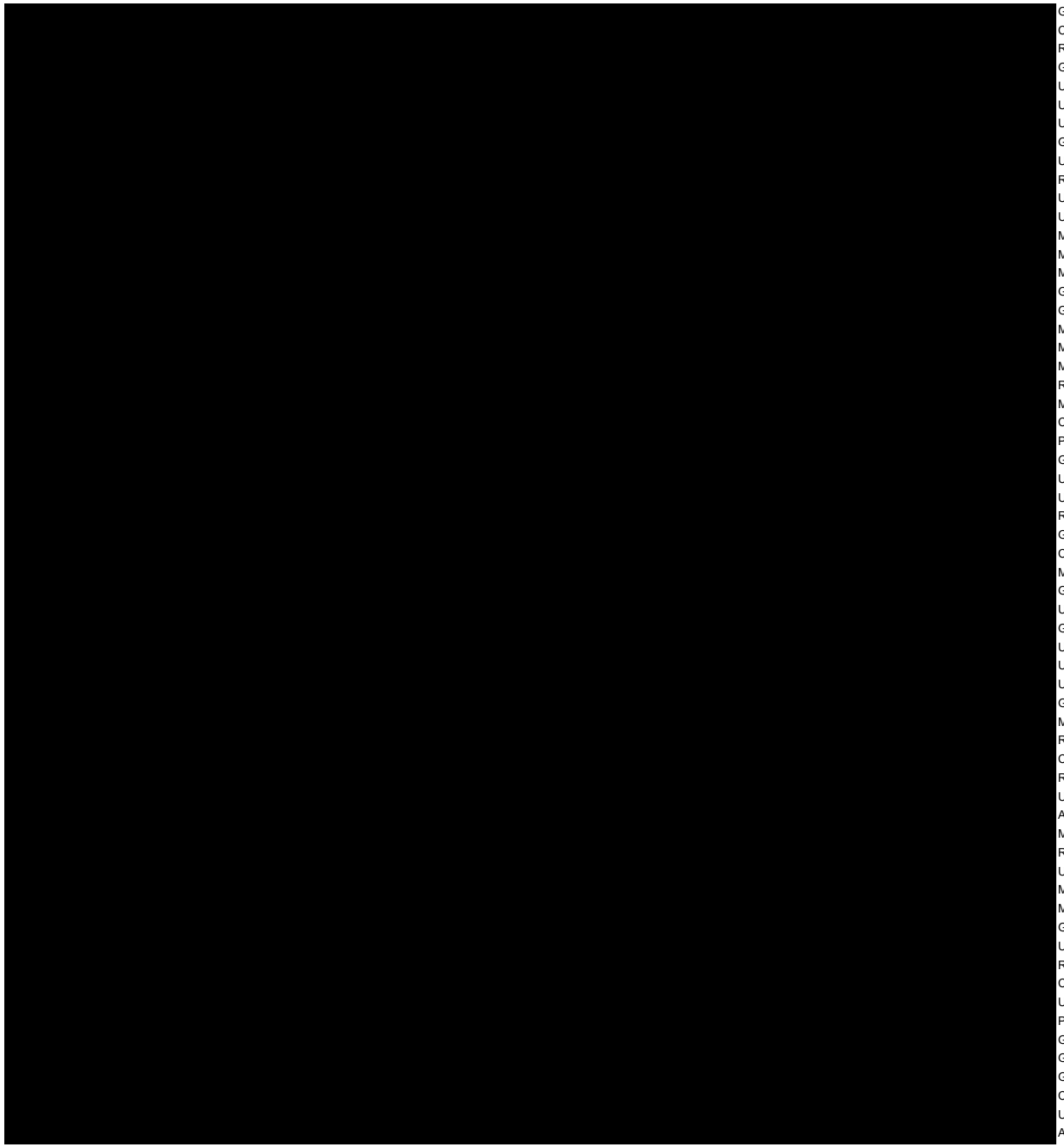
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLO	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
INTERNAL MEDI	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB M	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES



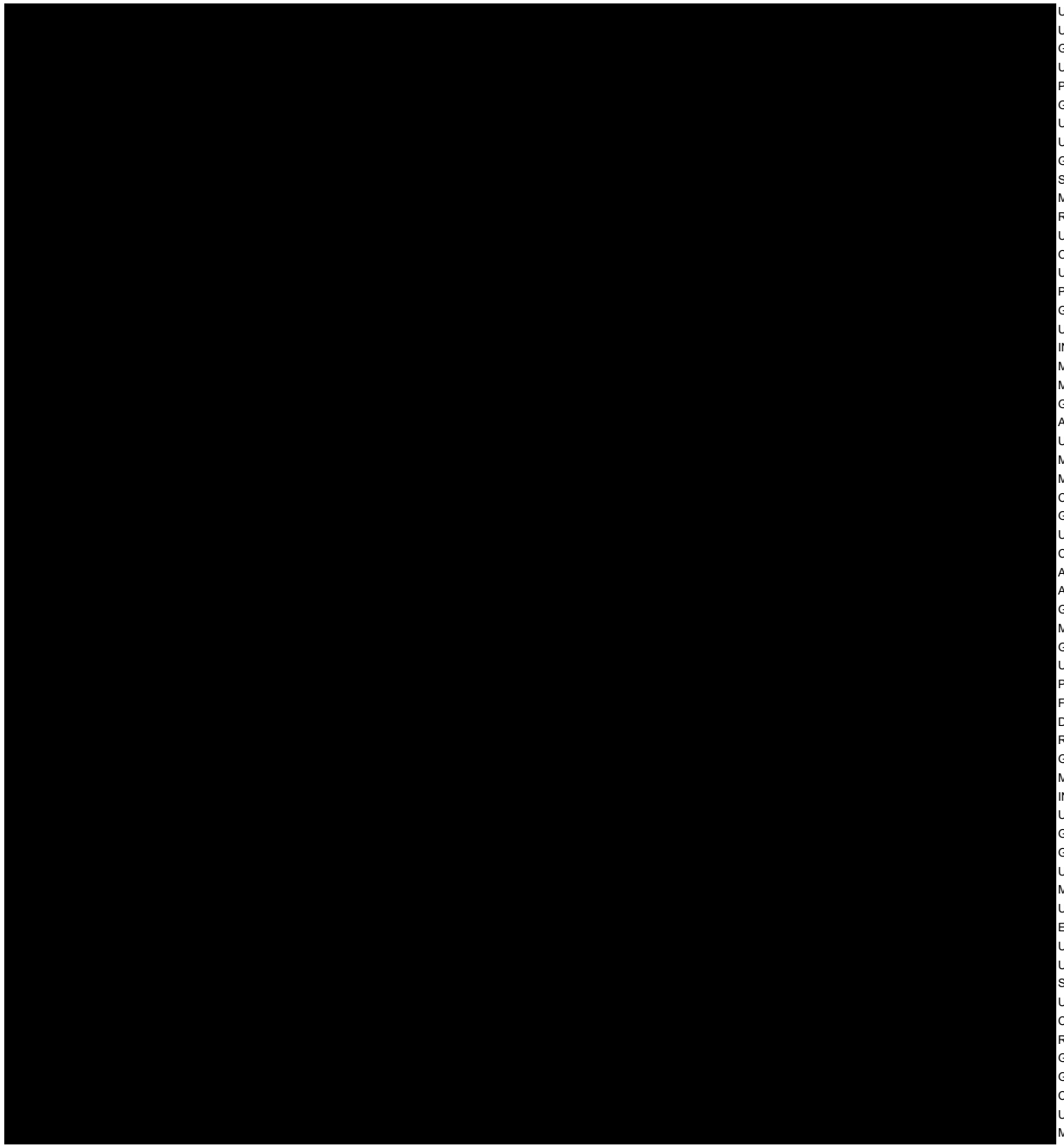
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RETAIL HEALTH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	N/A	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A



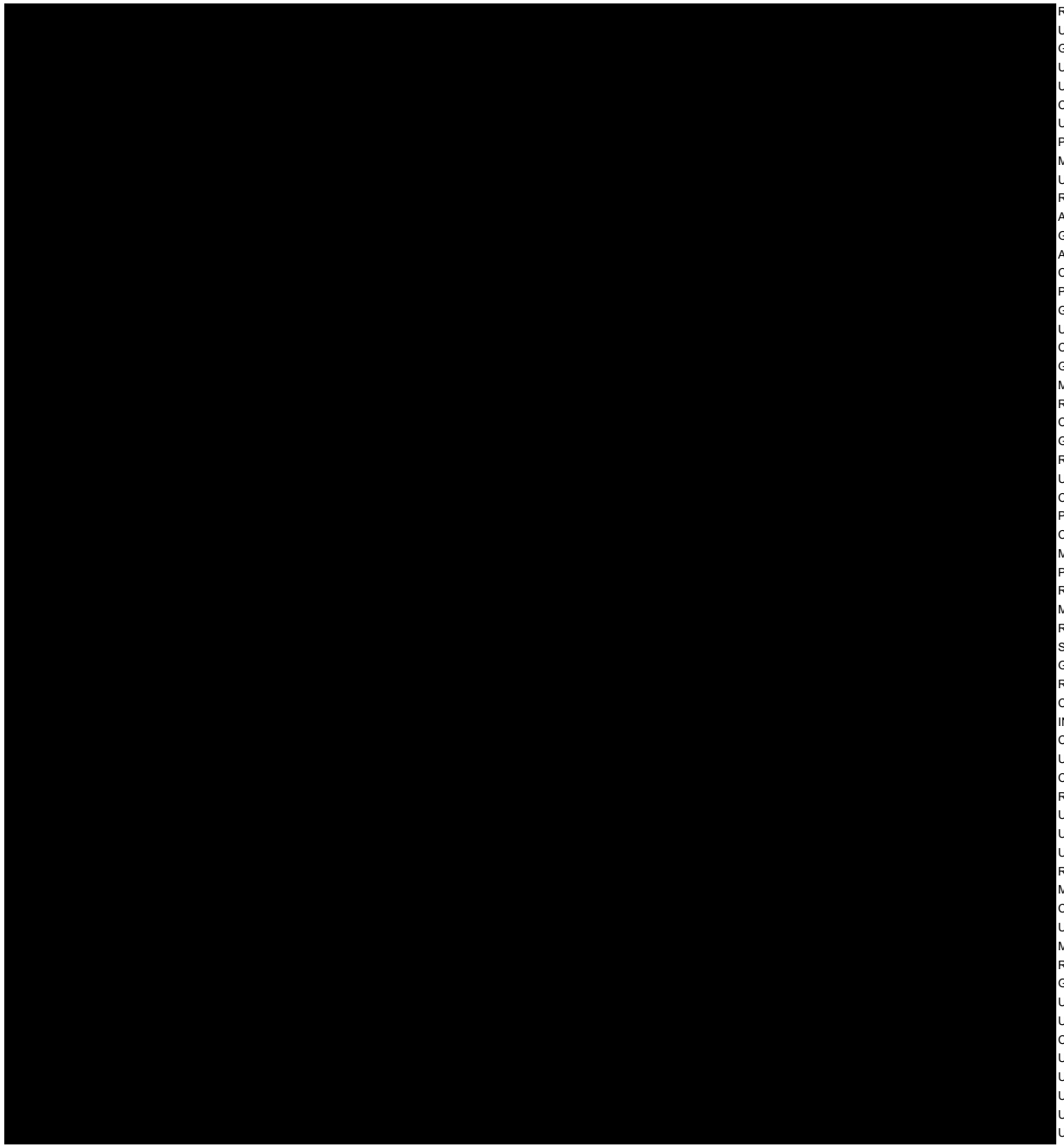
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
CARDIOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED NU	Professional	Wellwise Active	N/A	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	YES



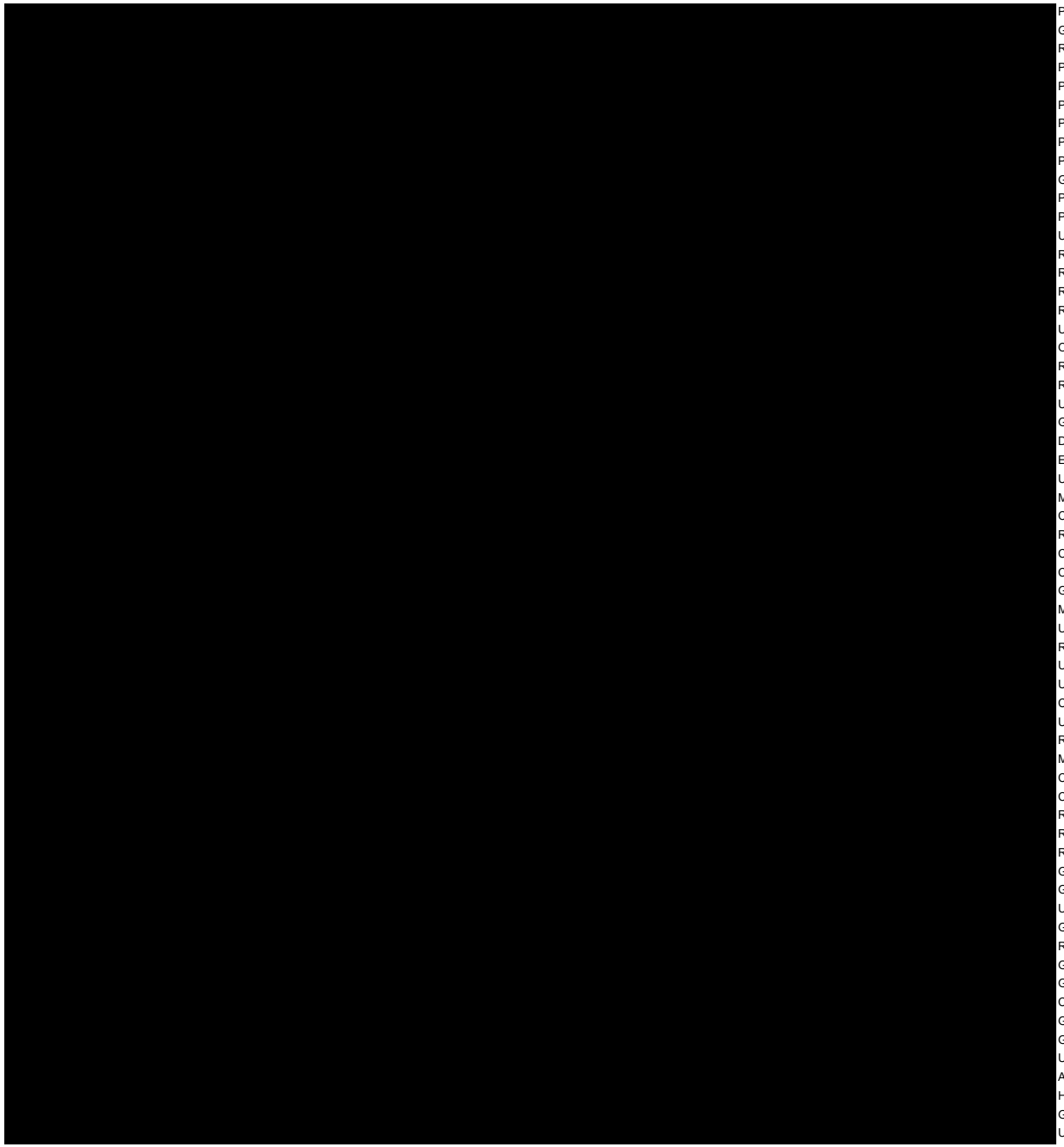
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIATION ONC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES



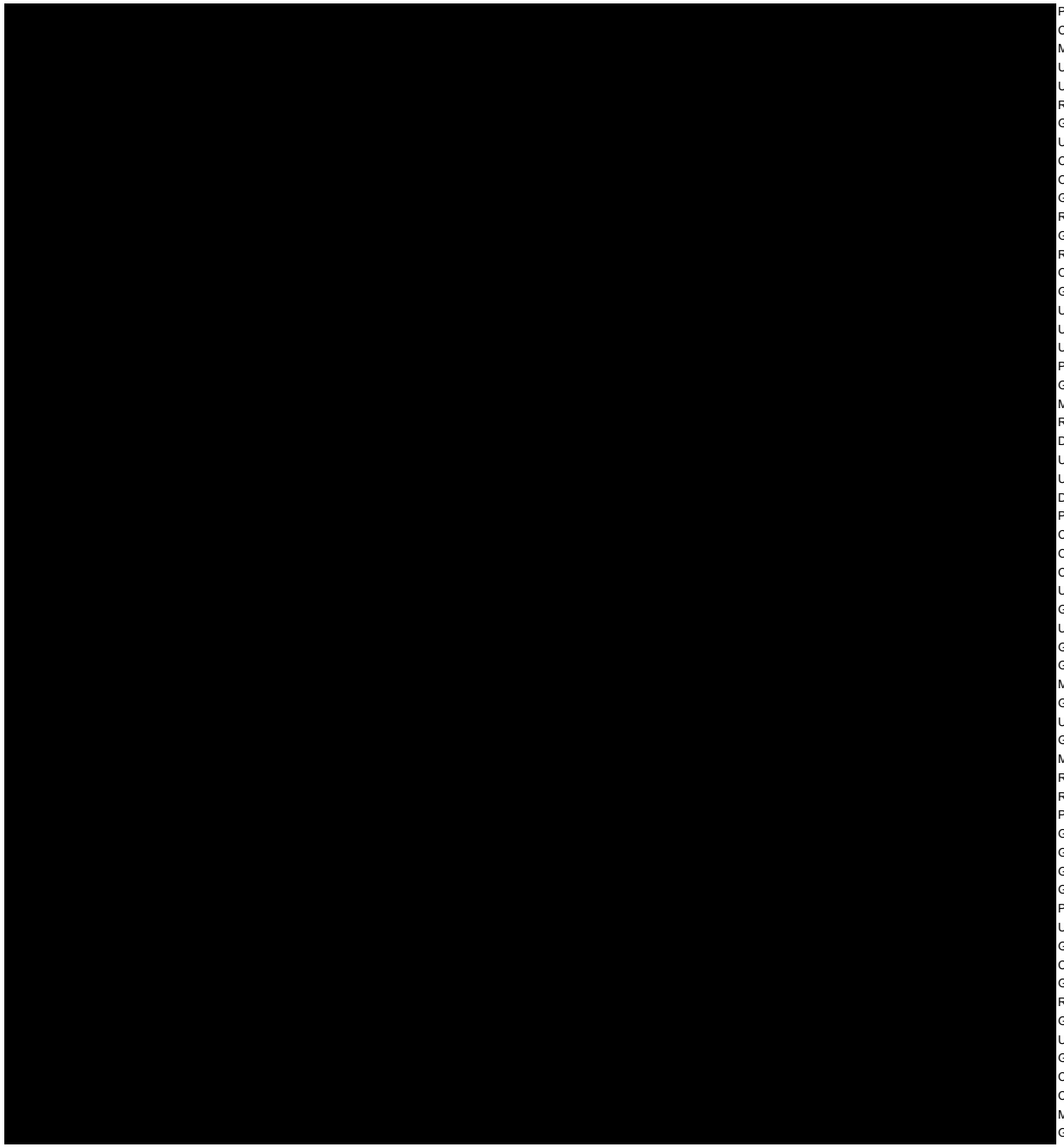
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CAPITATED GRO	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
INTERNAL MEDI(	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
SURGERY GENE	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A



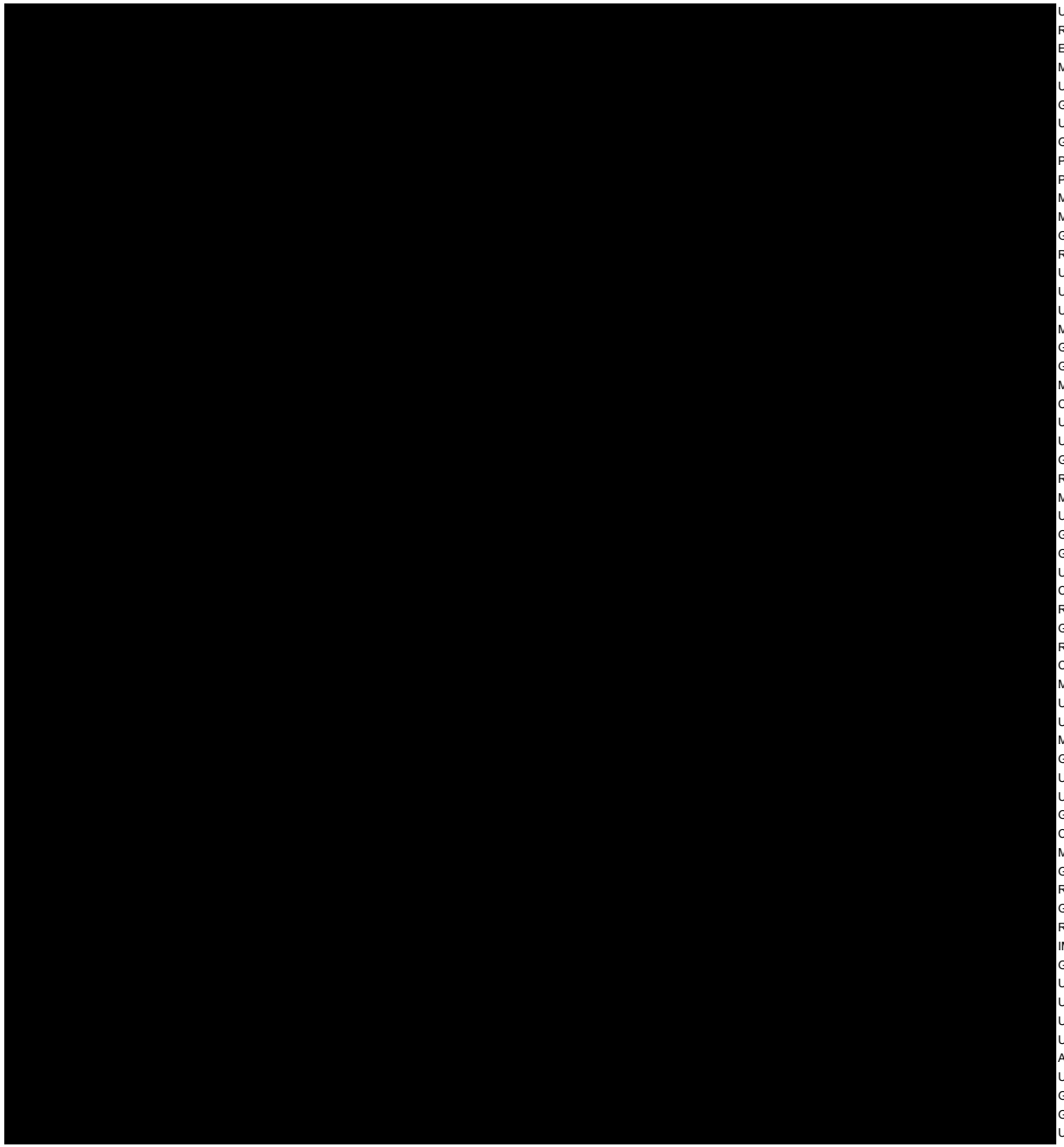
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
AUDIOLOGIST	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	N/A	N/A
PODIATRIST	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CARDIOVASCUL	Professional	Wellwise Active	YES	YES
INTERNAL MEDI	Professional	Wellwise Active	YES	NO
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



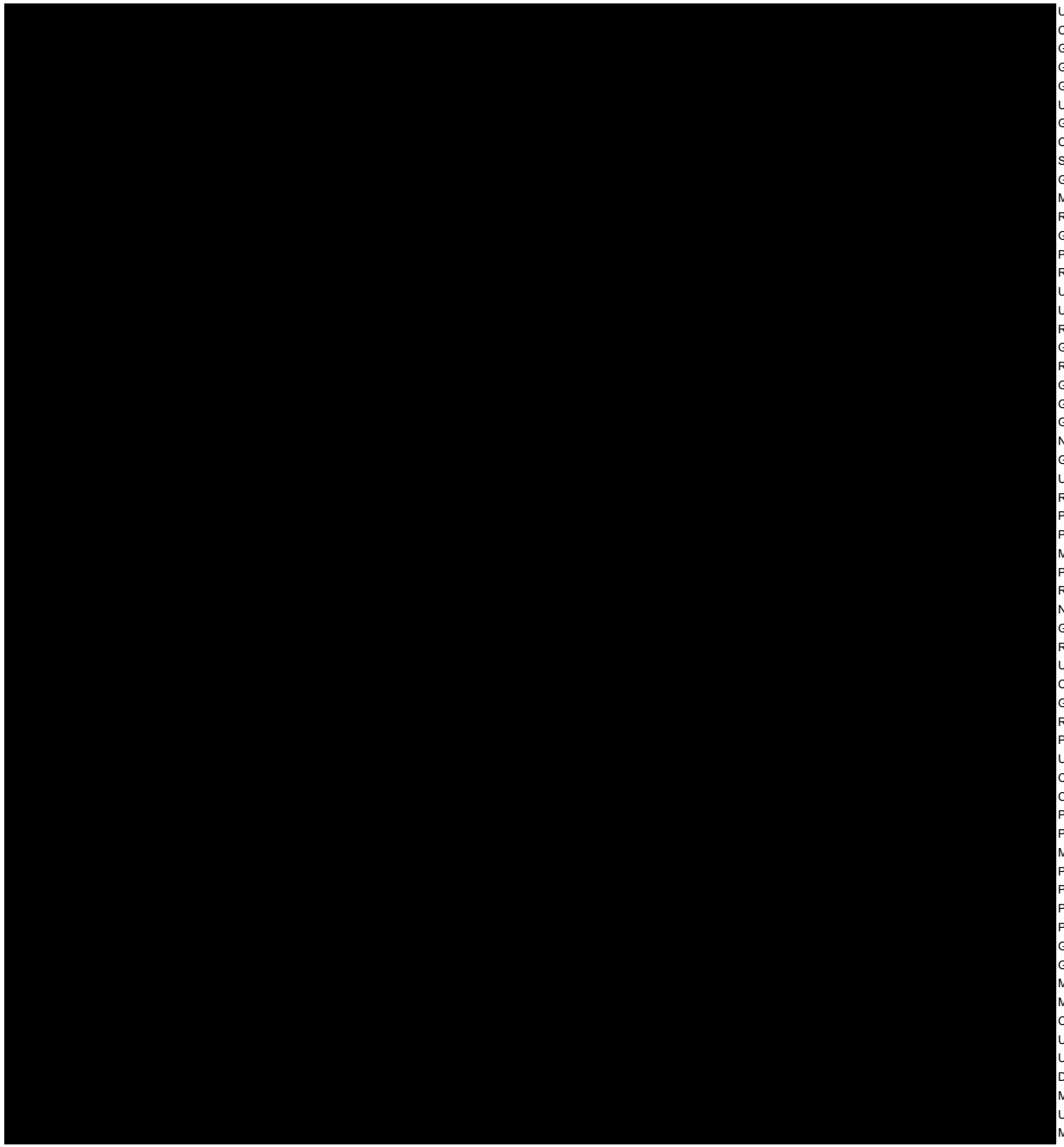
PHARMACY	Professional	Wellwise Active	N/A	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PEDIATRIC CARI	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AUDIOLOGIST	Professional	Wellwise Active	YES	NO
HOME HEALTH C	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



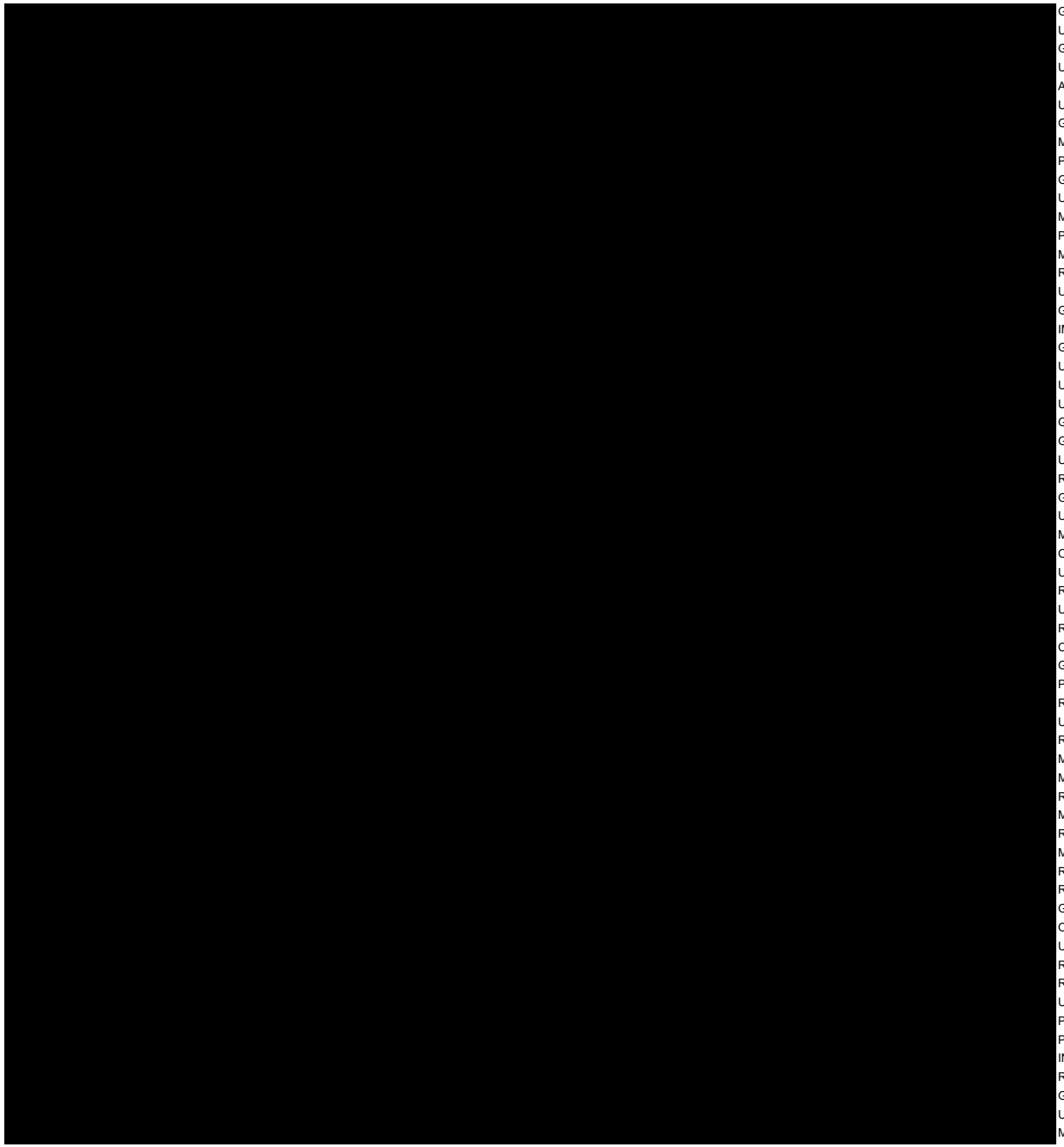
PHARMACY	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A



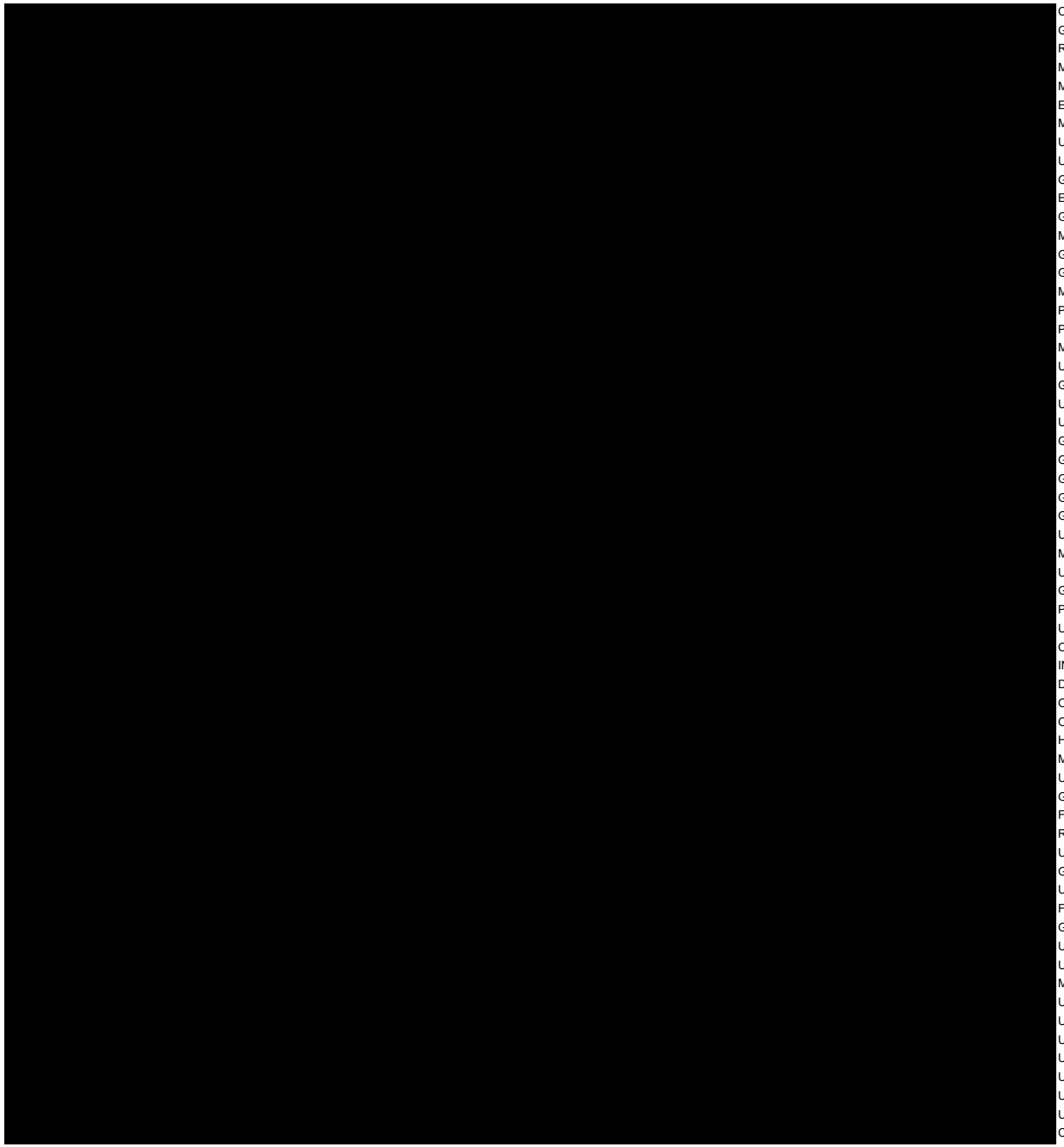
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED DIE	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL SURGI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES - Hospital Based	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
IMAGING CENTE	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



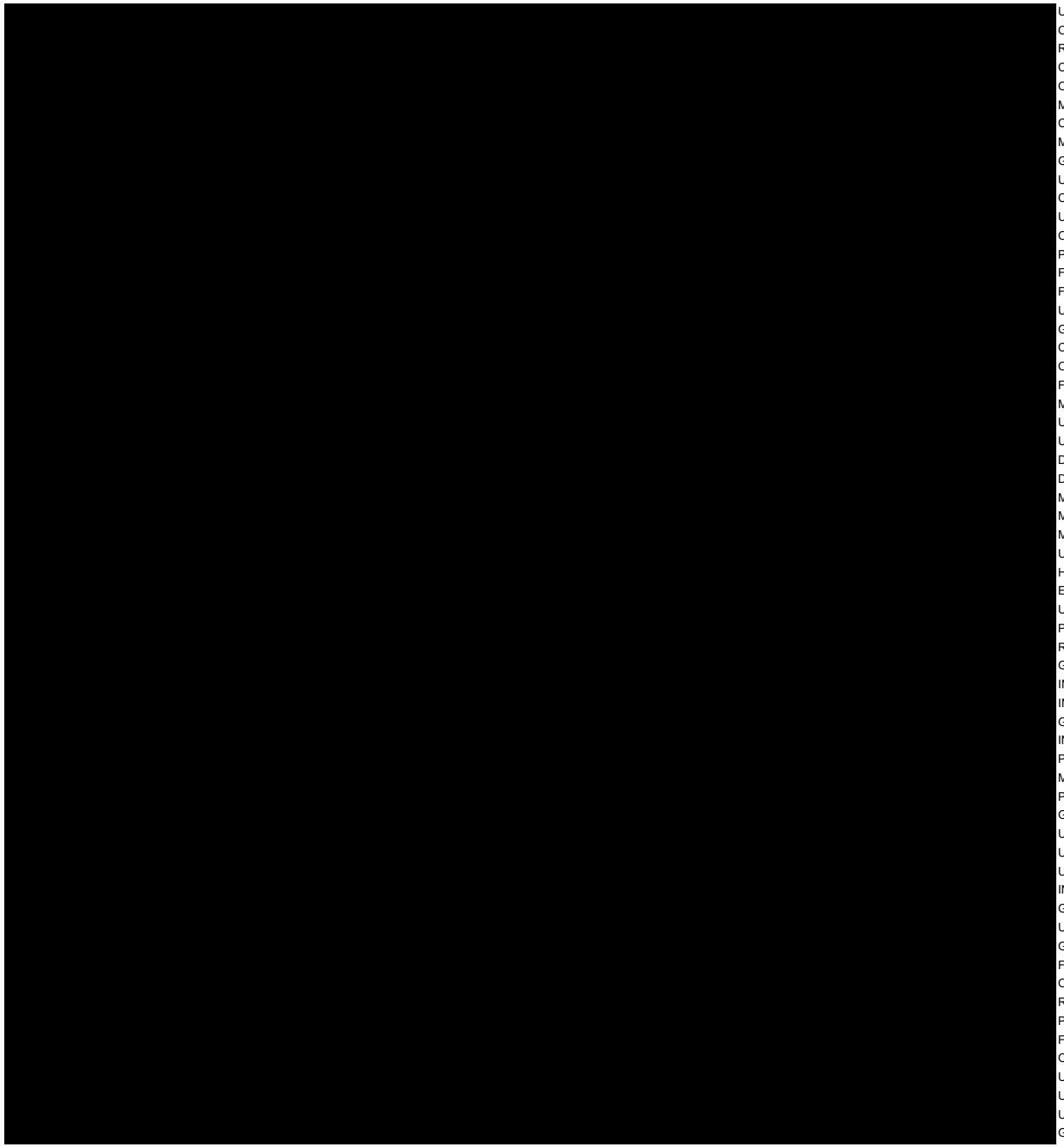
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
SURGERY GENE	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
NEPHROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	N/A	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	NO	NO
CARDIOVASCUL/	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
PEDIATRIC CARI	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



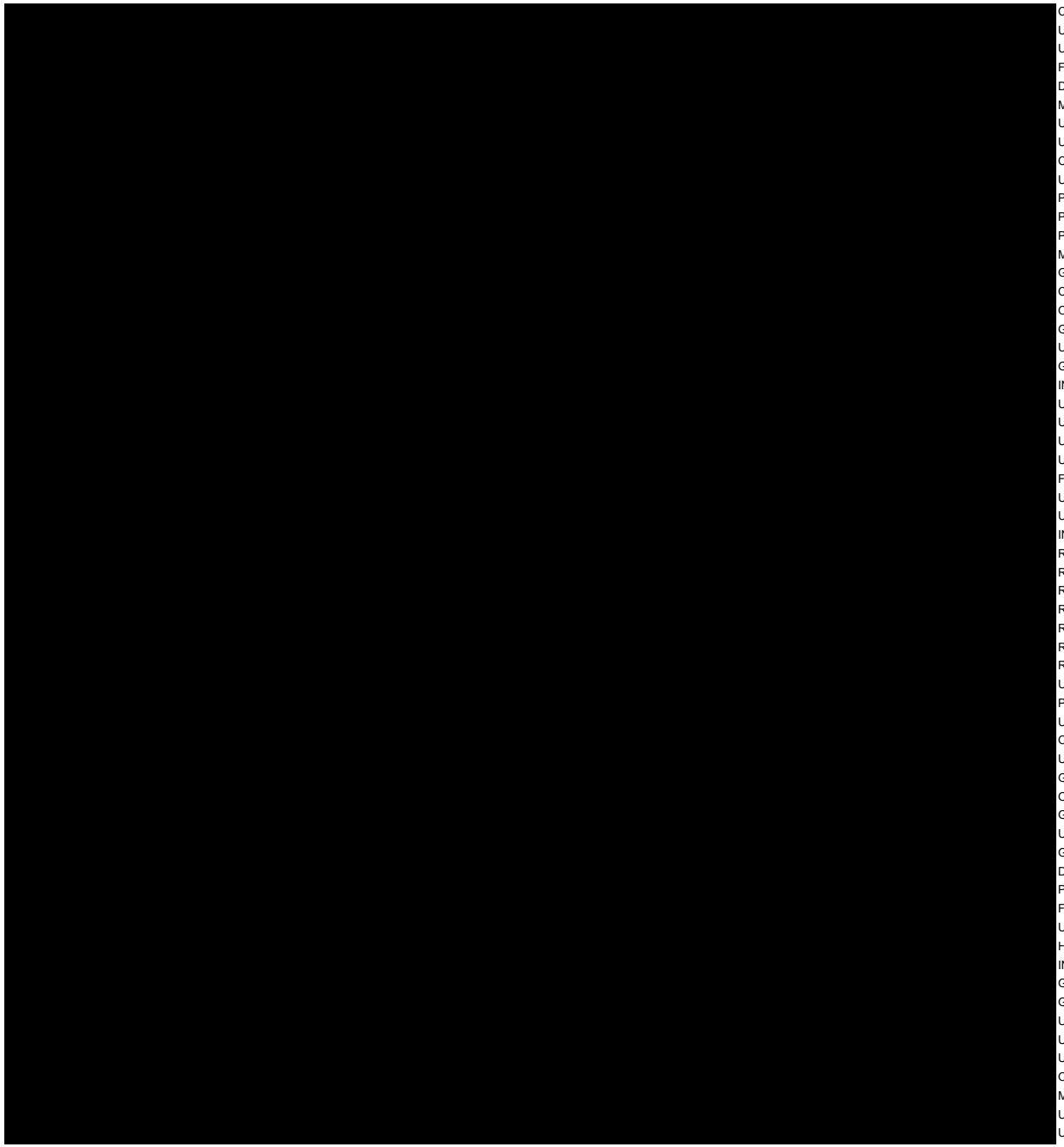
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ALLERGY & IMM	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CLINICAL LAB M	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
RHEUMATOLOG	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	YES	N/A
PORTABLE X-RA	Professional	Wellwise Active	YES	N/A
INTERVENTIONA	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



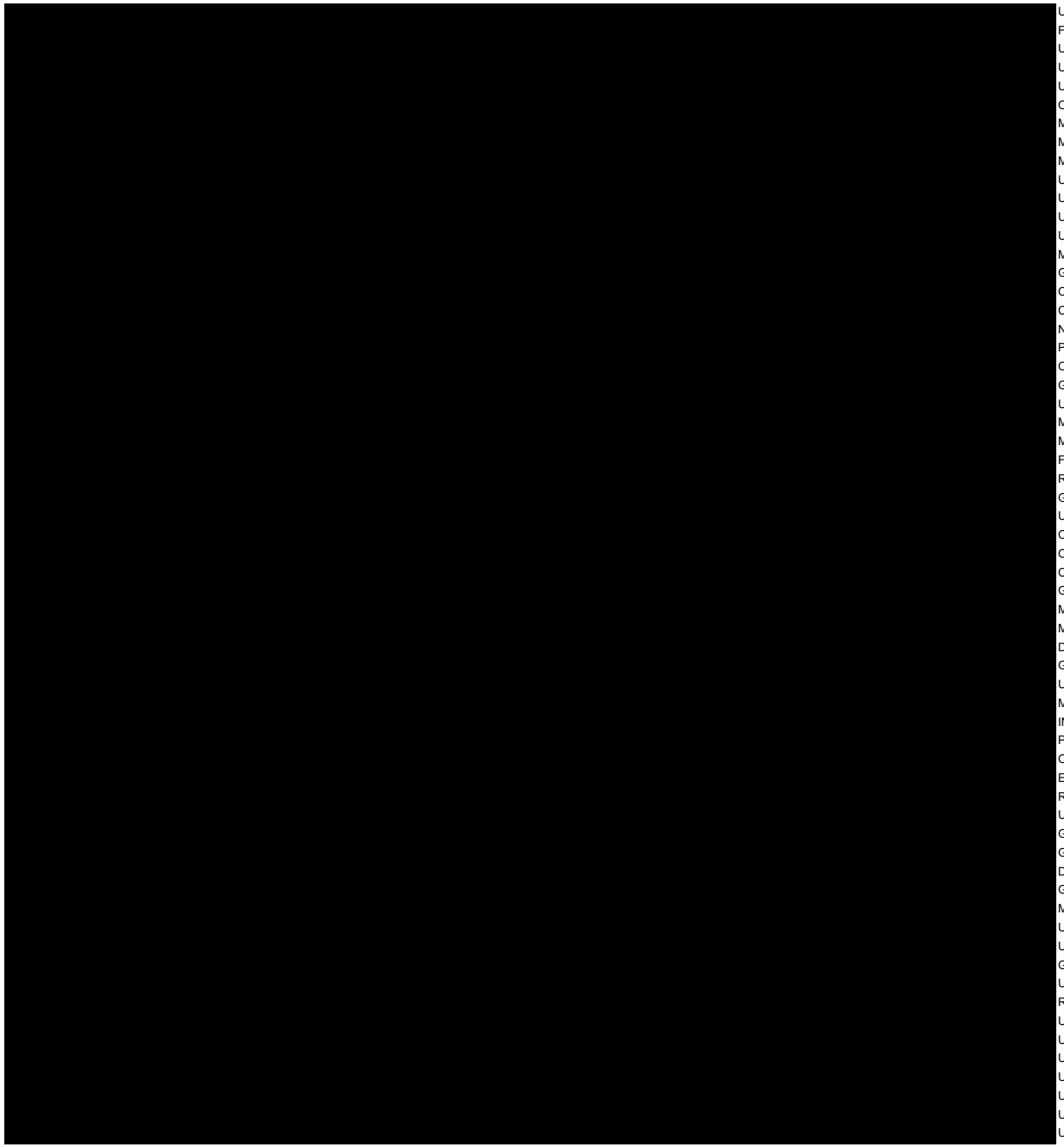
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
HOSPITALIST ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES



UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	NO
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEPATOLOGY	Professional	Wellwise Active	YES	NO
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	N/A	N/A
PLASTIC SURGE	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL SURG	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GYNECOLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	NO	NO
REGISTERED PH	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A



CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PULMONARY DIS	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES



UNDEFINED	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	NO	NO
PORTABLE X-RA1	Professional	Wellwise Active	N/A	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
RETAIL HEALTH I	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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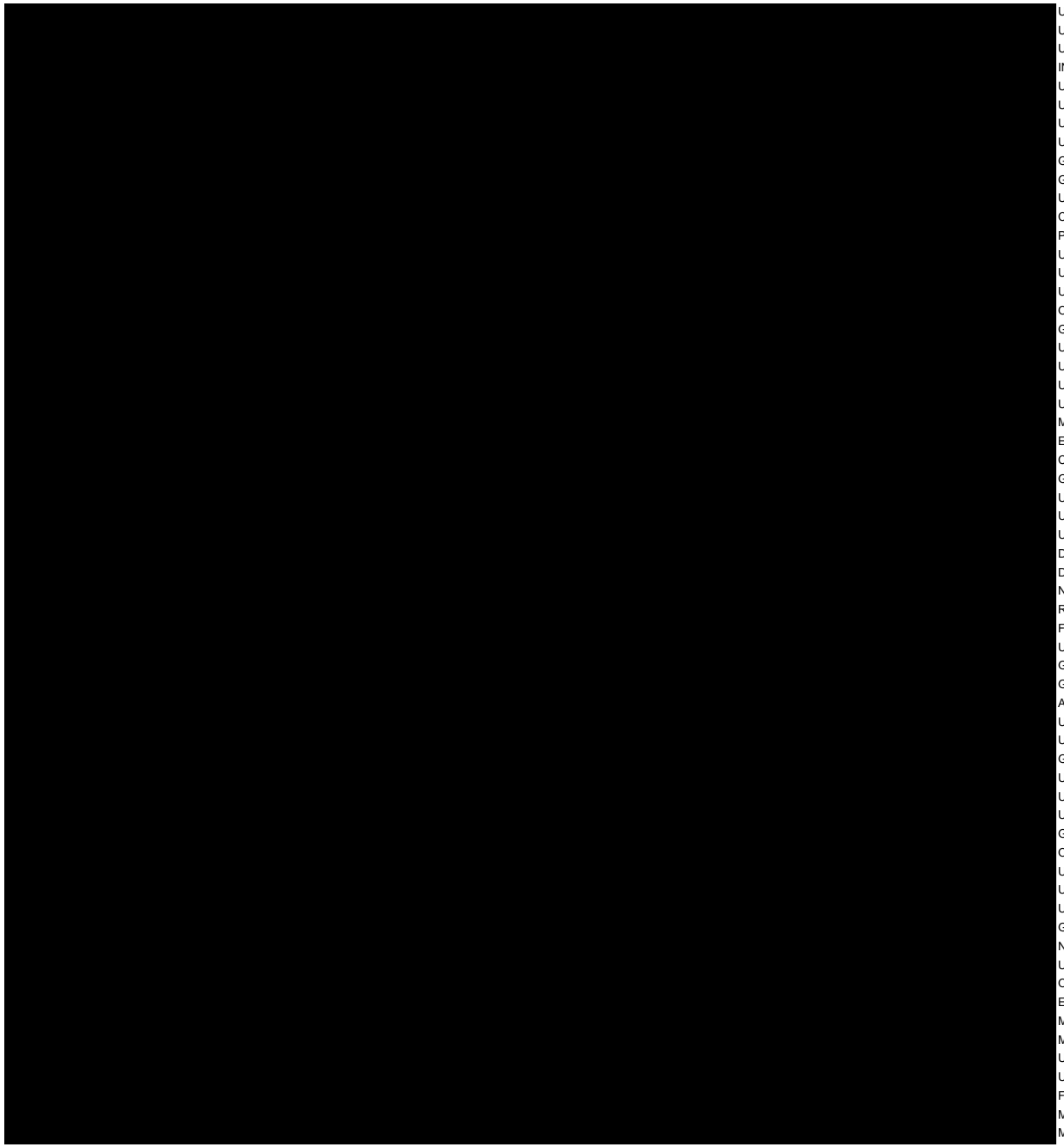
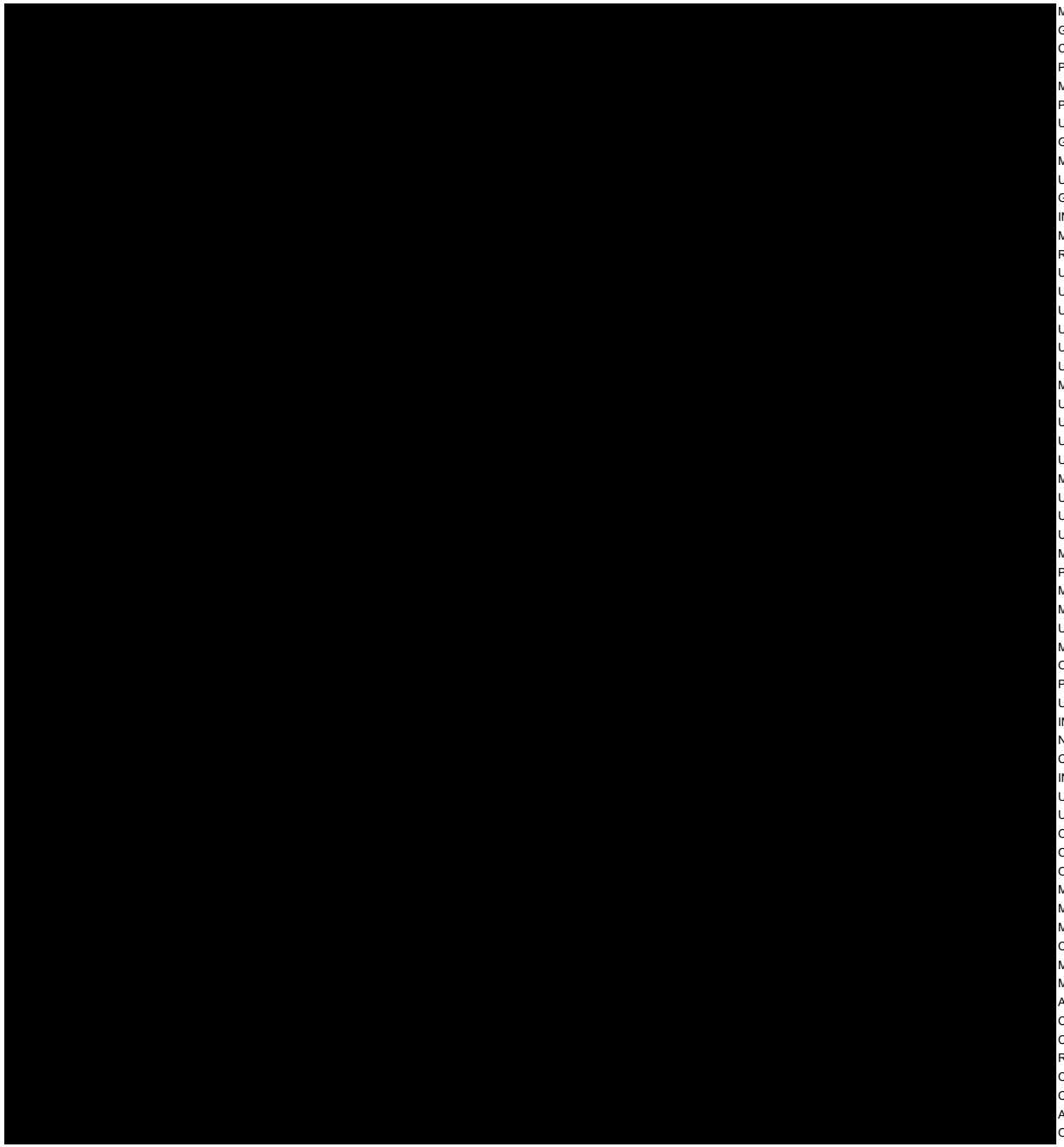
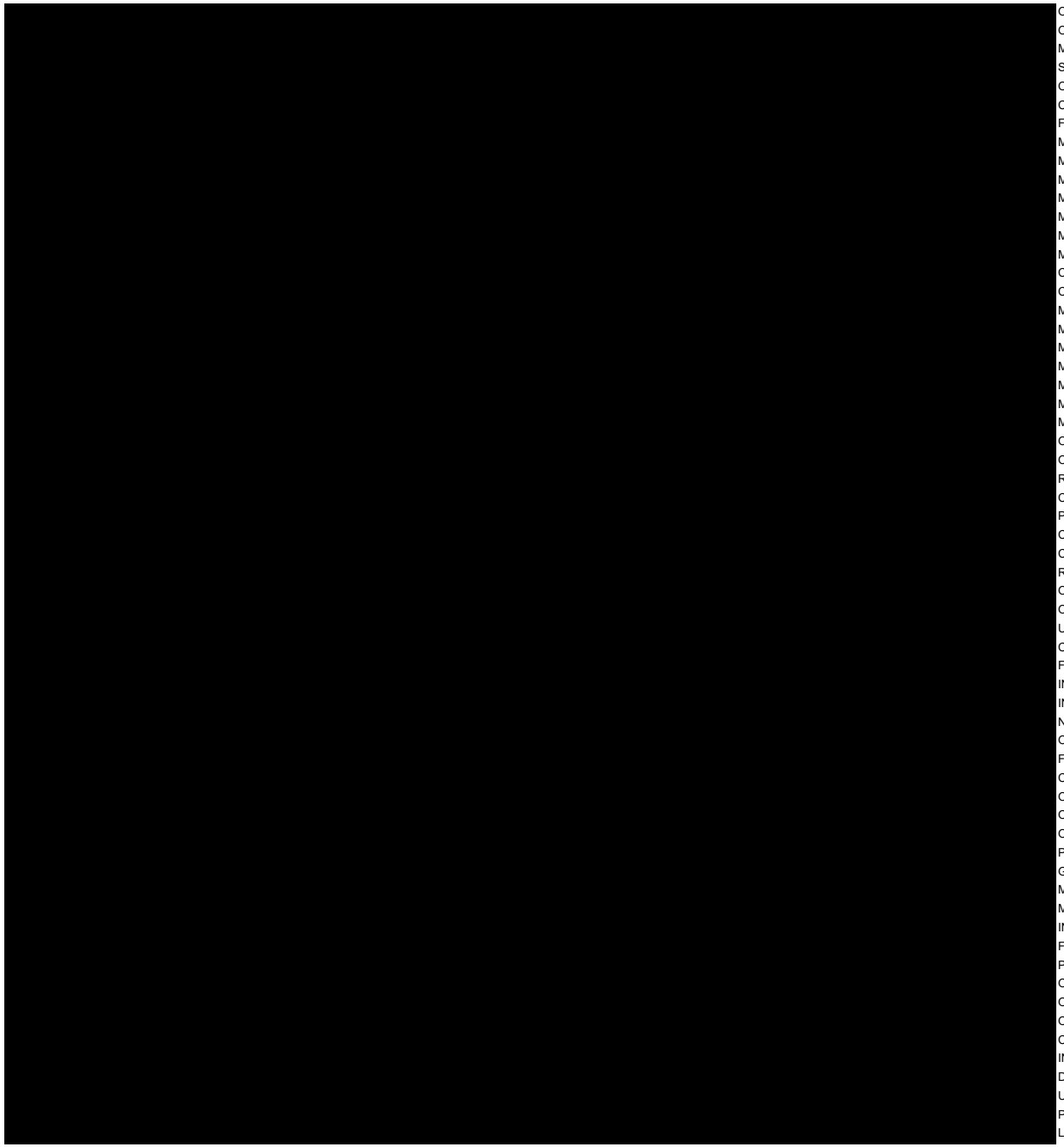
UNDEFINED	Professional	Wellwise Active	YES	N/A



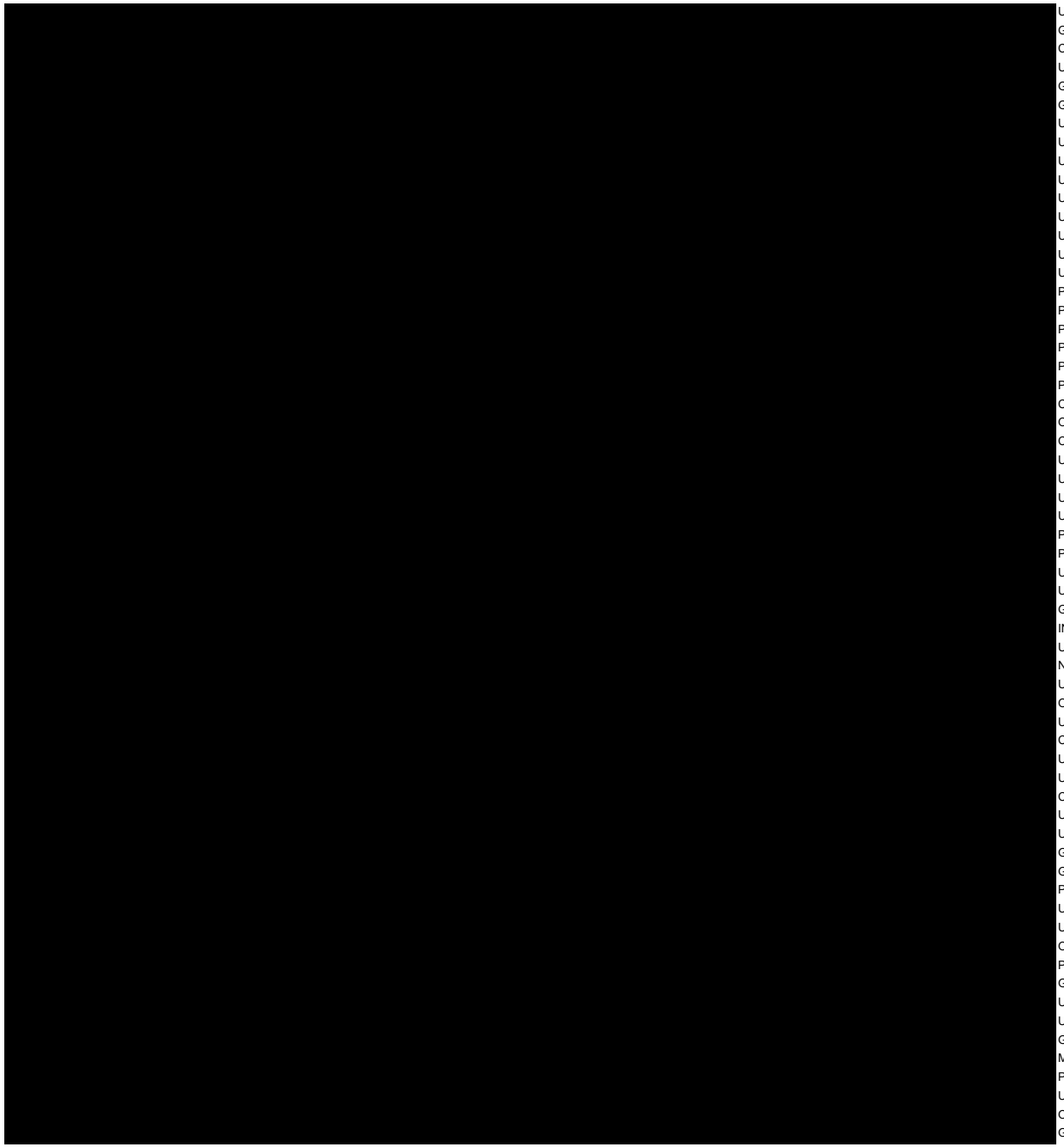
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
ANESTHESIOLO	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	YES	N/A
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLO	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES



MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	NO
UROLOGY	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	NO	NO
UROLOGY	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
CERTIFIED ORTH	Professional	Wellwise Active	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
OCCUPATIONAL	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO



OPTOMETRIST	Professional	Wellwise Active	NO	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
SURGERY CRITI	Professional	Wellwise Active	NO	NO
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	NO	NO
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
PHYSICIANS ASS	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
NEUROLOGY	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
GENERAL SURGI	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	NO	NO
OPHTHALMOLOG	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO



UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHARMACY	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORALMAXILLOFA	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	NO	NO
PHYSICIANS ASS	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	N/A
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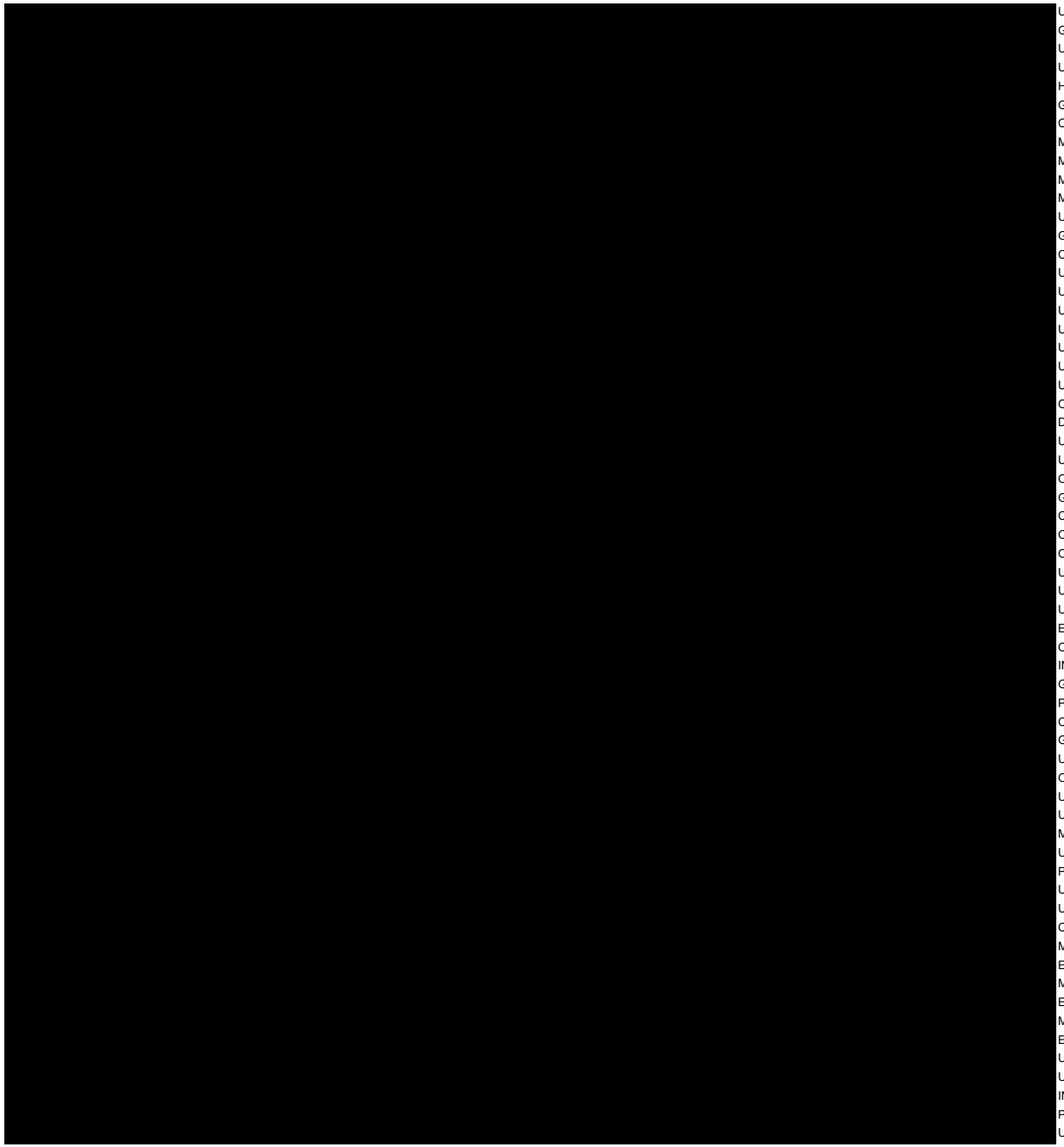
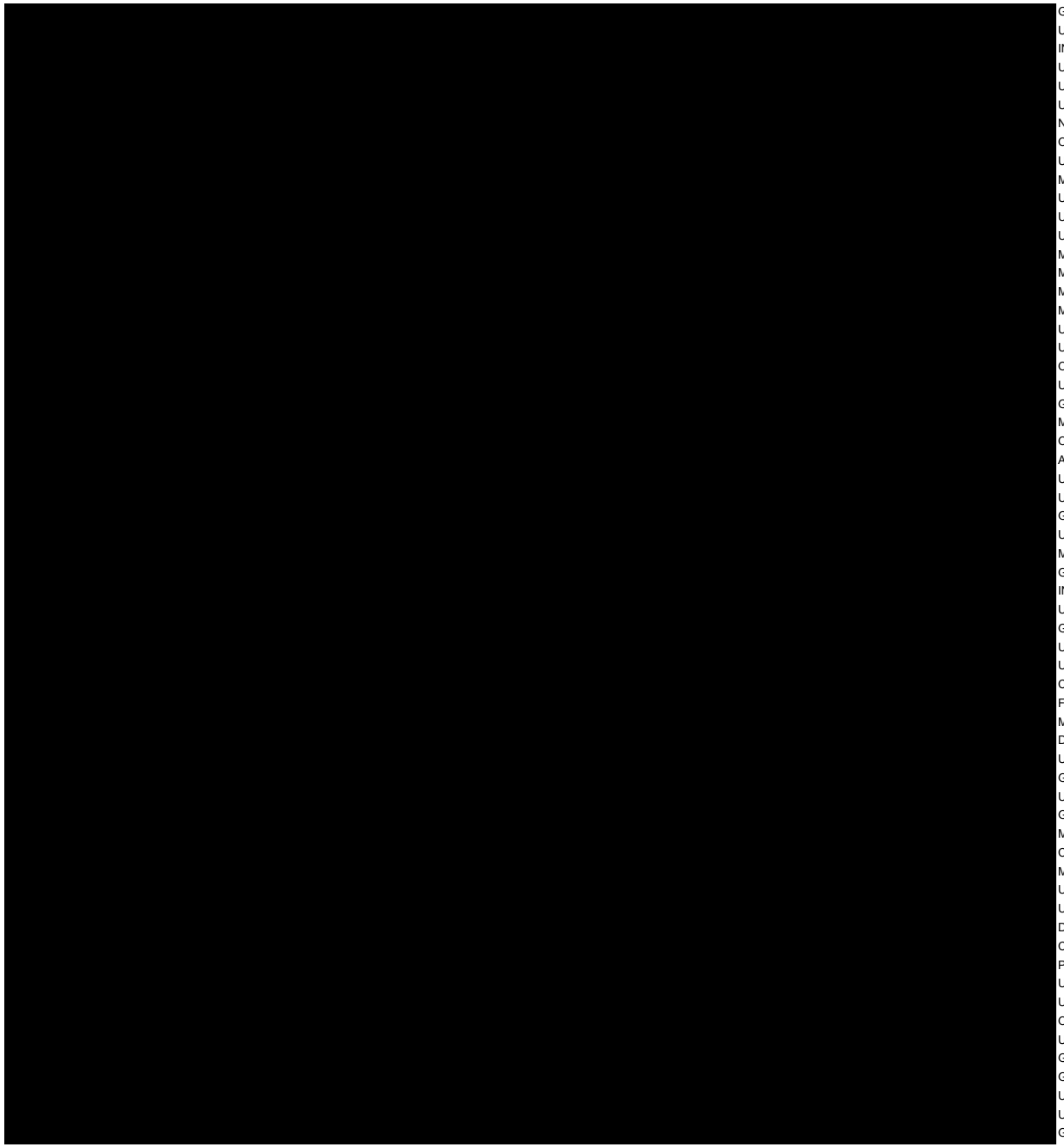
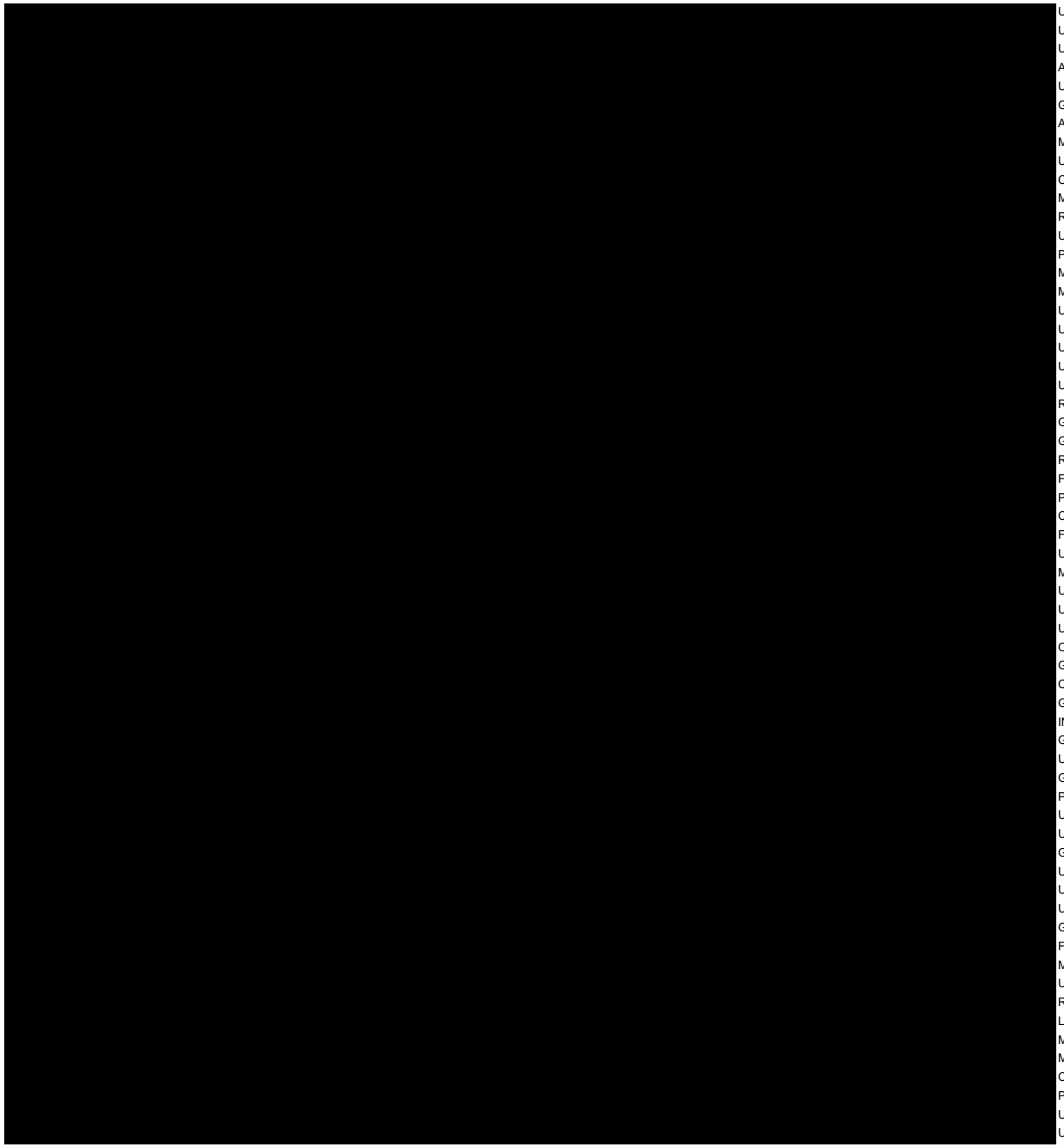
OTOLARYNGOLO	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
HEMATOLOGY A	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CARDIOLOGY	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRIC RE	Professional	Wellwise Active	N/A	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
PEDIATRIC CARI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A



GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
ALLERGY & IMMU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INDEPENDENT L	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Active	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
GASTROENTERC	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY	Professional	Wellwise Active	NO	NO
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CERTIFIED NURS	Professional	Wellwise Active	N/A	N/A
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
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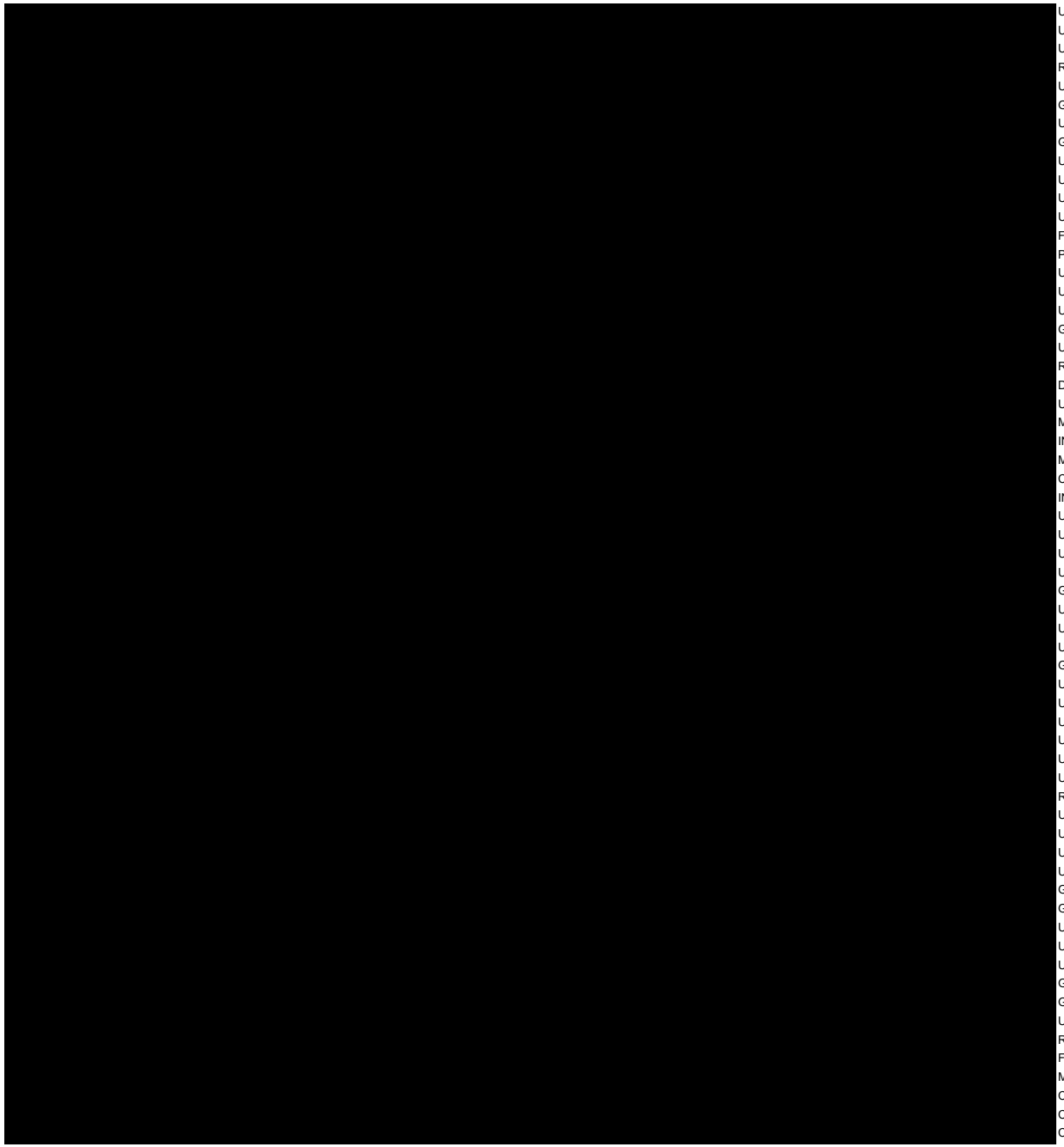

UNDEFINED	Professional	Wellwise Active	YES	N/A
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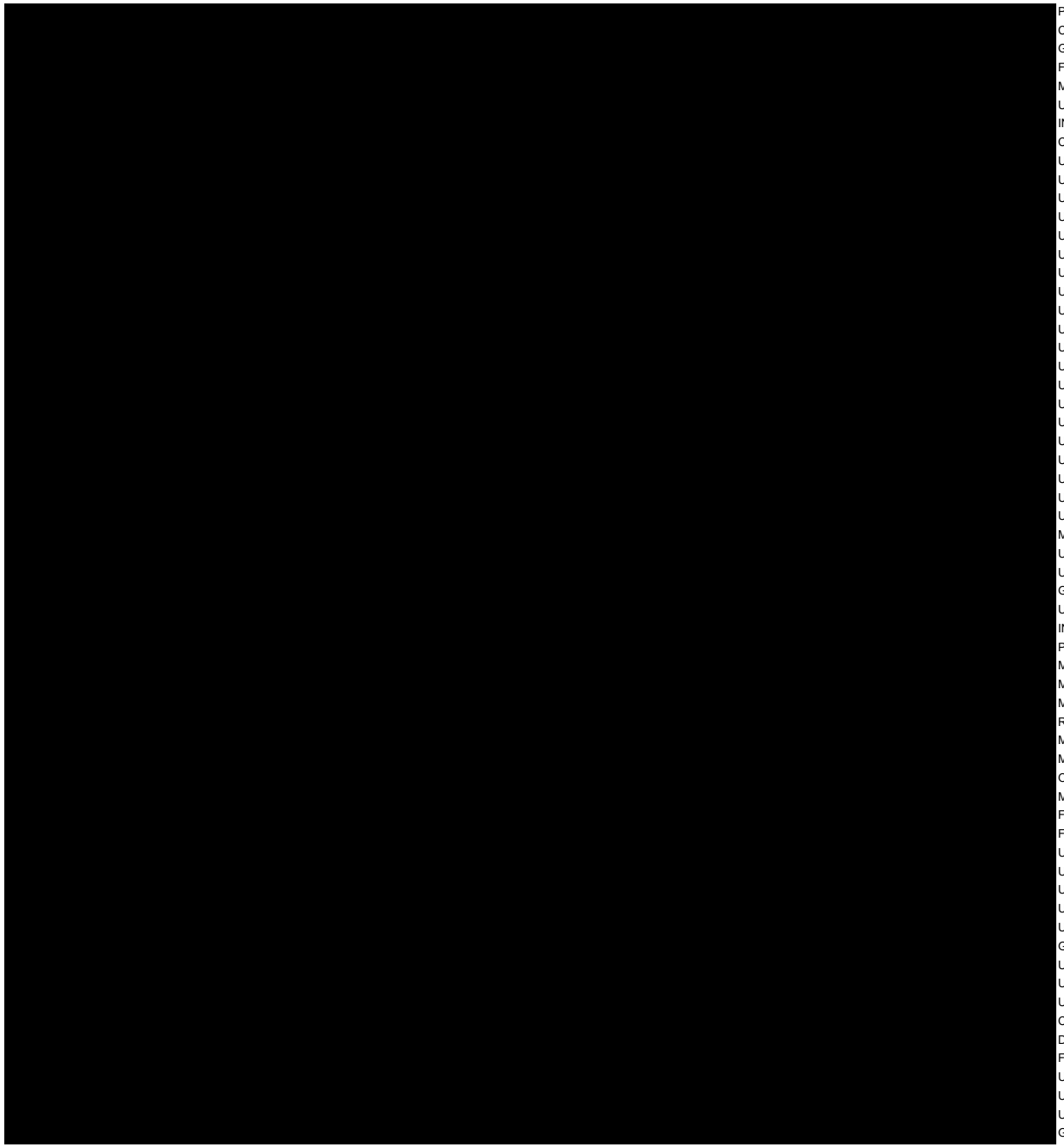
RESEARCH PSY(	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES



PODIATRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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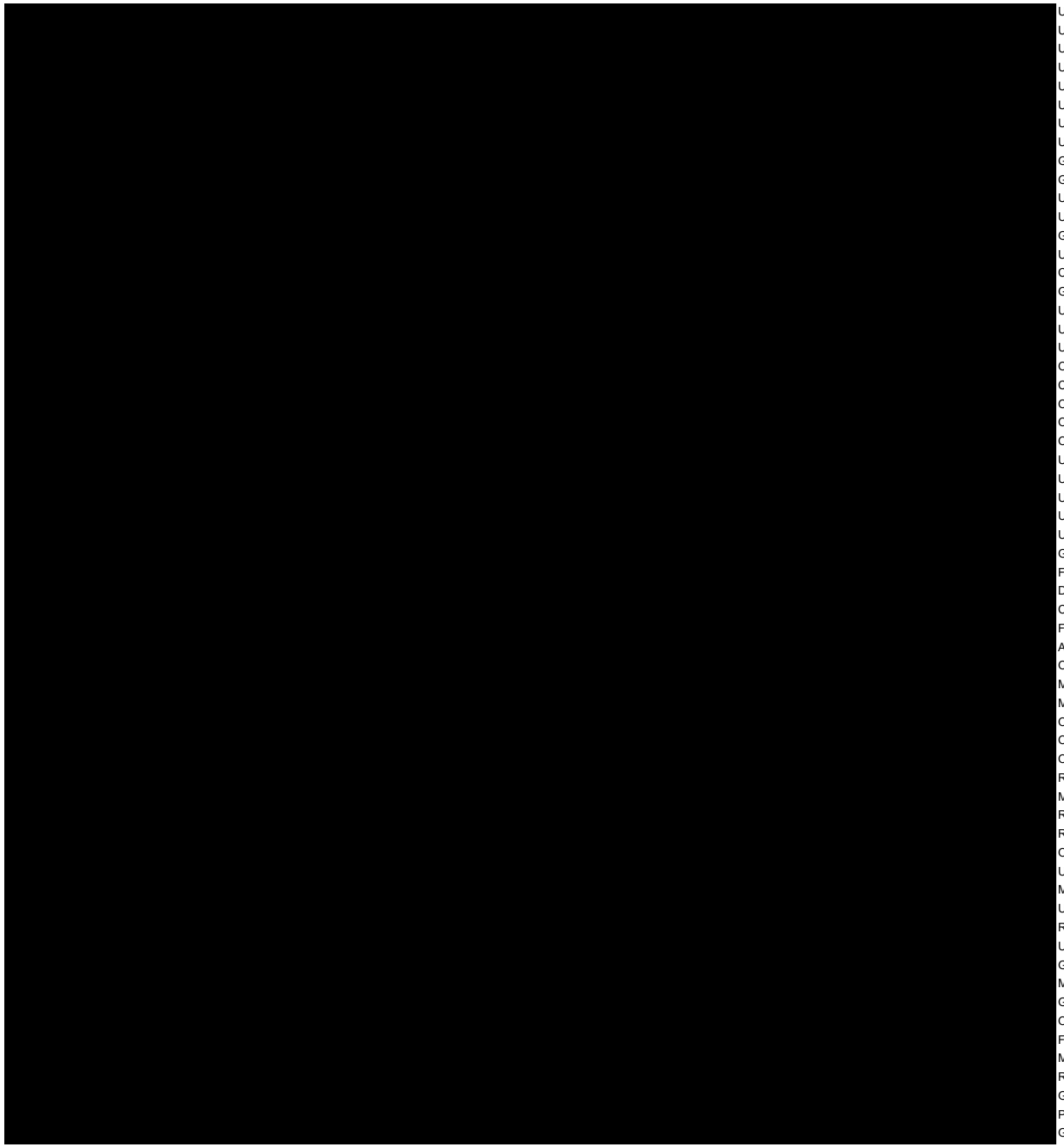
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PLASTIC SURGE	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



UNDEFINED	Professional	Wellwise Active	YES	N/A
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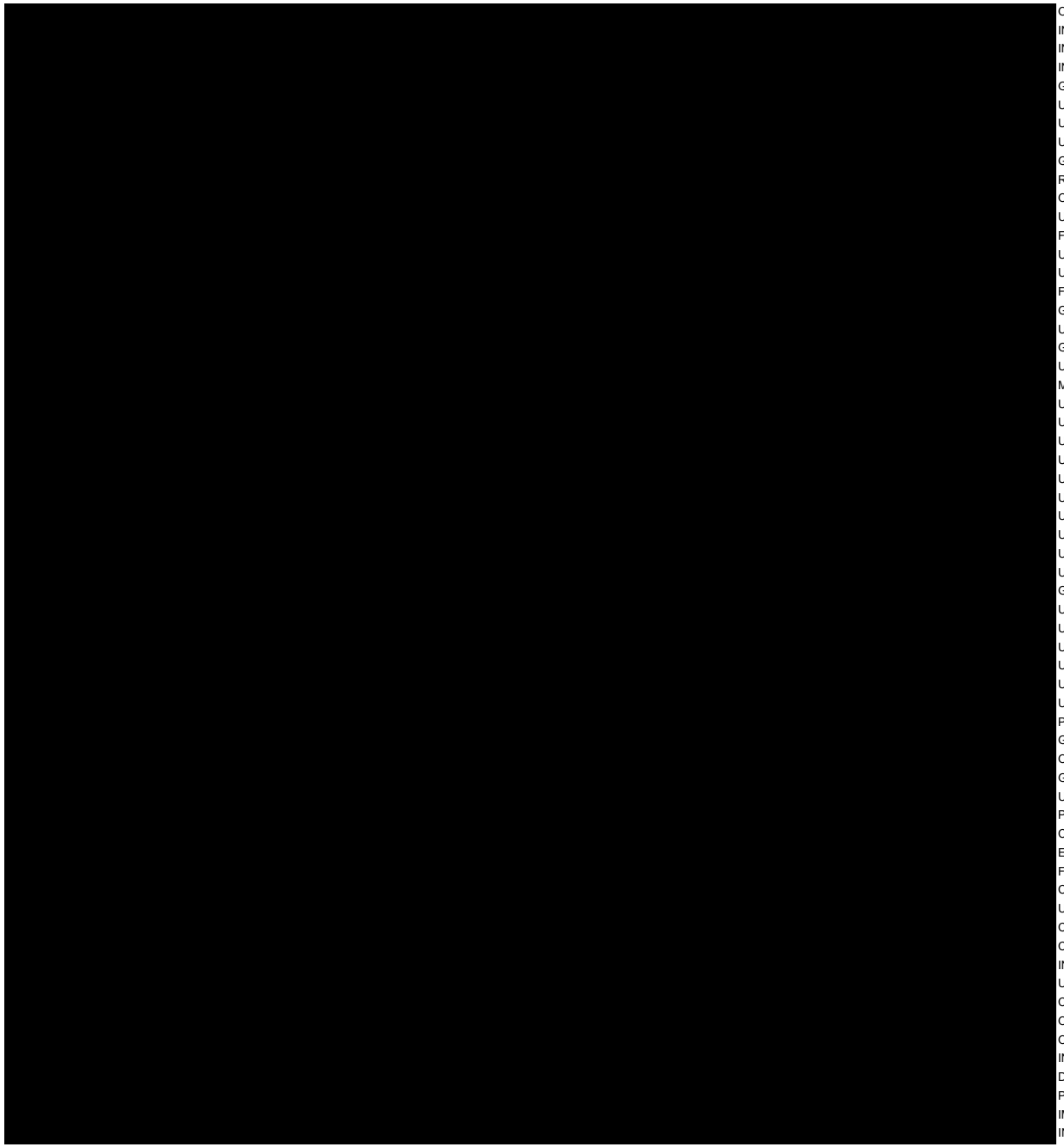
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CARDIOVASCULA	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
CERTIFIED ACUP	Professional	Wellwise Active	YES	YES
OTOLARYNGOLG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
O.B. - GYNECOLG	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
CARDIOVASCULA	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ANESTHESIOLOG	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
RHEUMATOLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
OPHTHALMOLOG	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RHEUMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOLG	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
CLINICAL NEURC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Active	N/A	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
OPTOMETRIST	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
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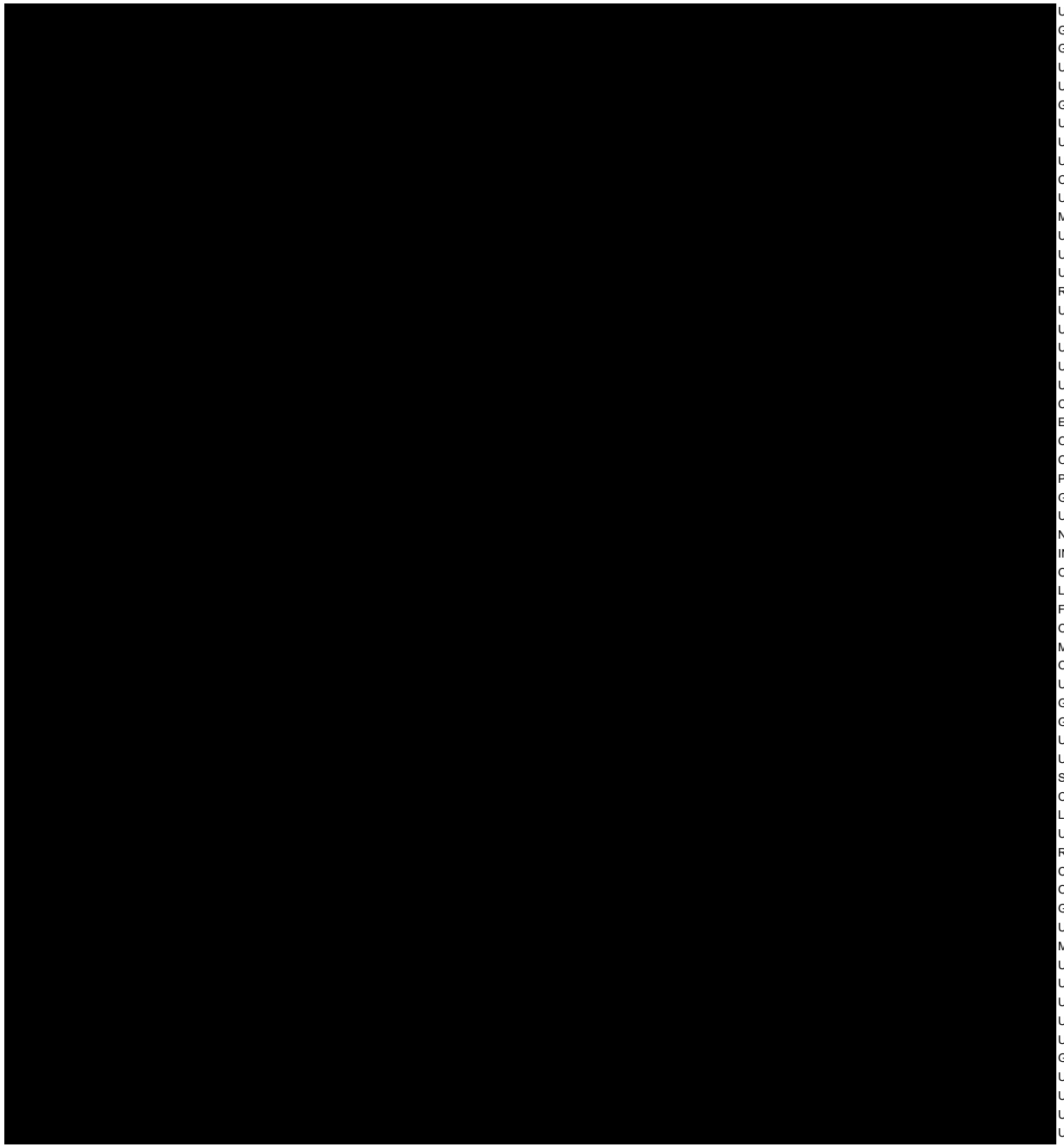
IMAGING CENTE	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO



UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	NO	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
ORALMAXILLOFA	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
SLEEP STUDY CI	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UROLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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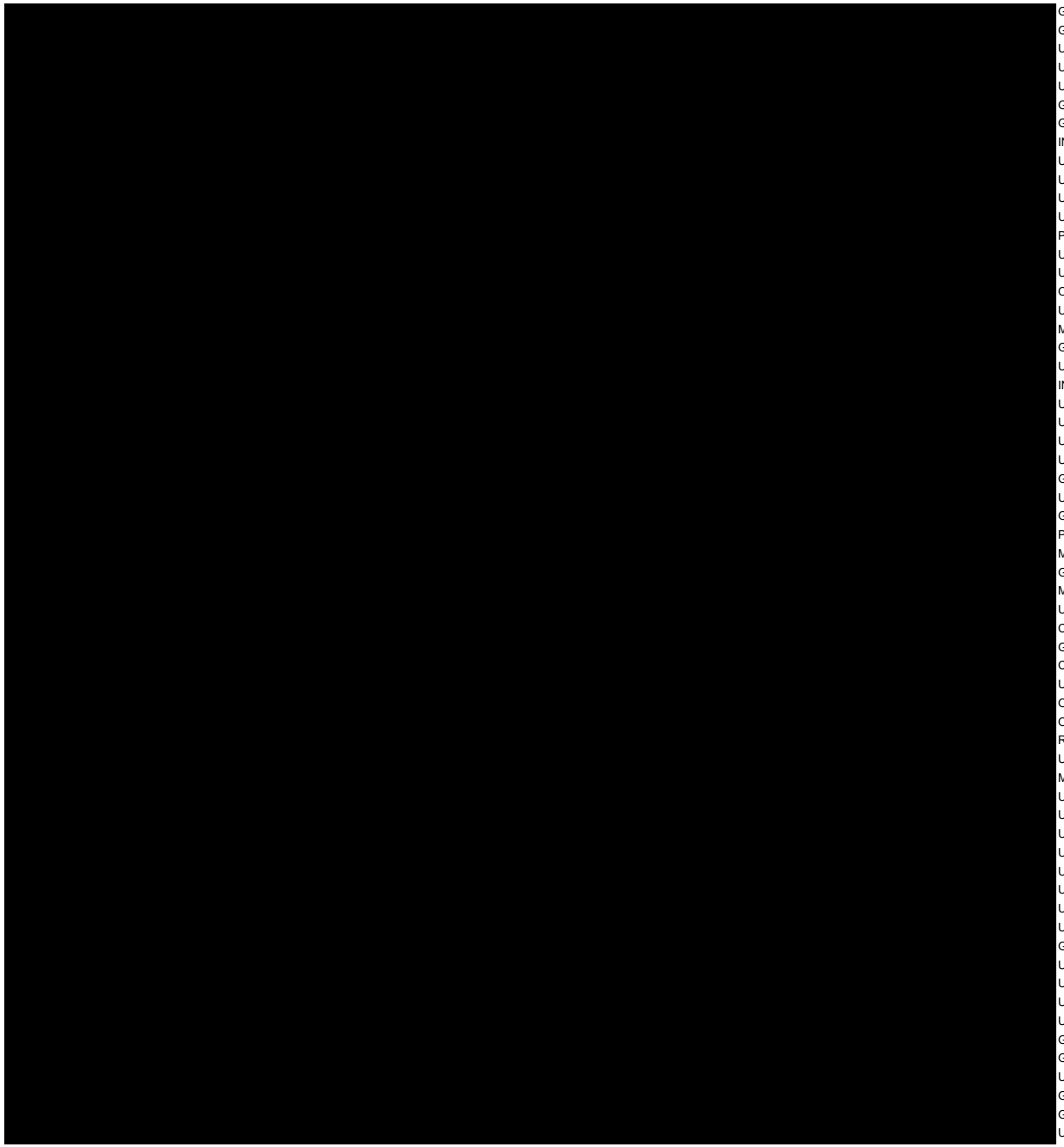
UNDEFINED	Professional	Wellwise Active	YES	N/A



GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GASTROENTERC	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PEDIATRICS	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
INDEPENDENT L	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	NO	NO
RESPIRATORY T	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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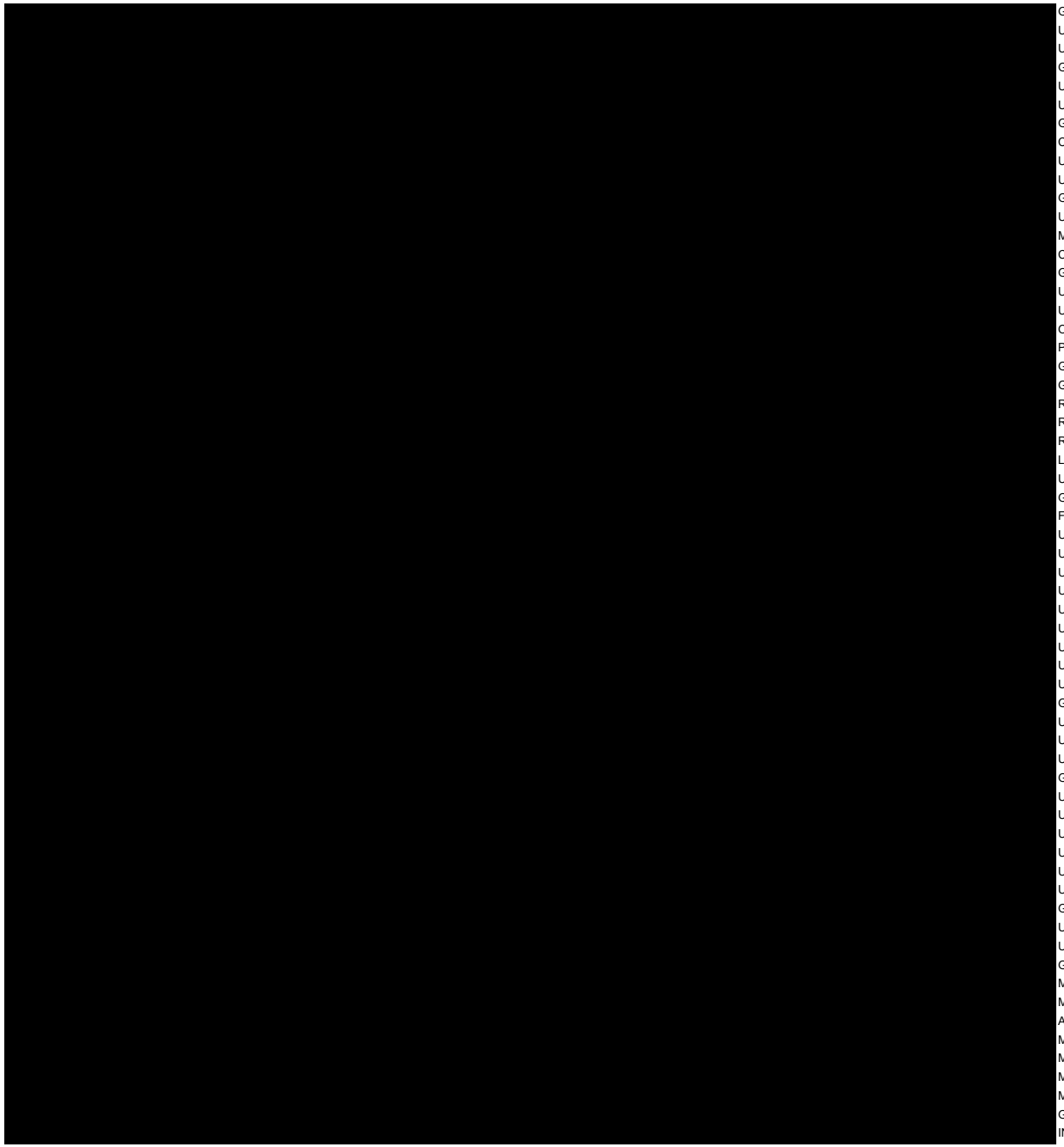
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A



GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
LPCC-LIC PROF (	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL DENTI	Professional	Wellwise Active	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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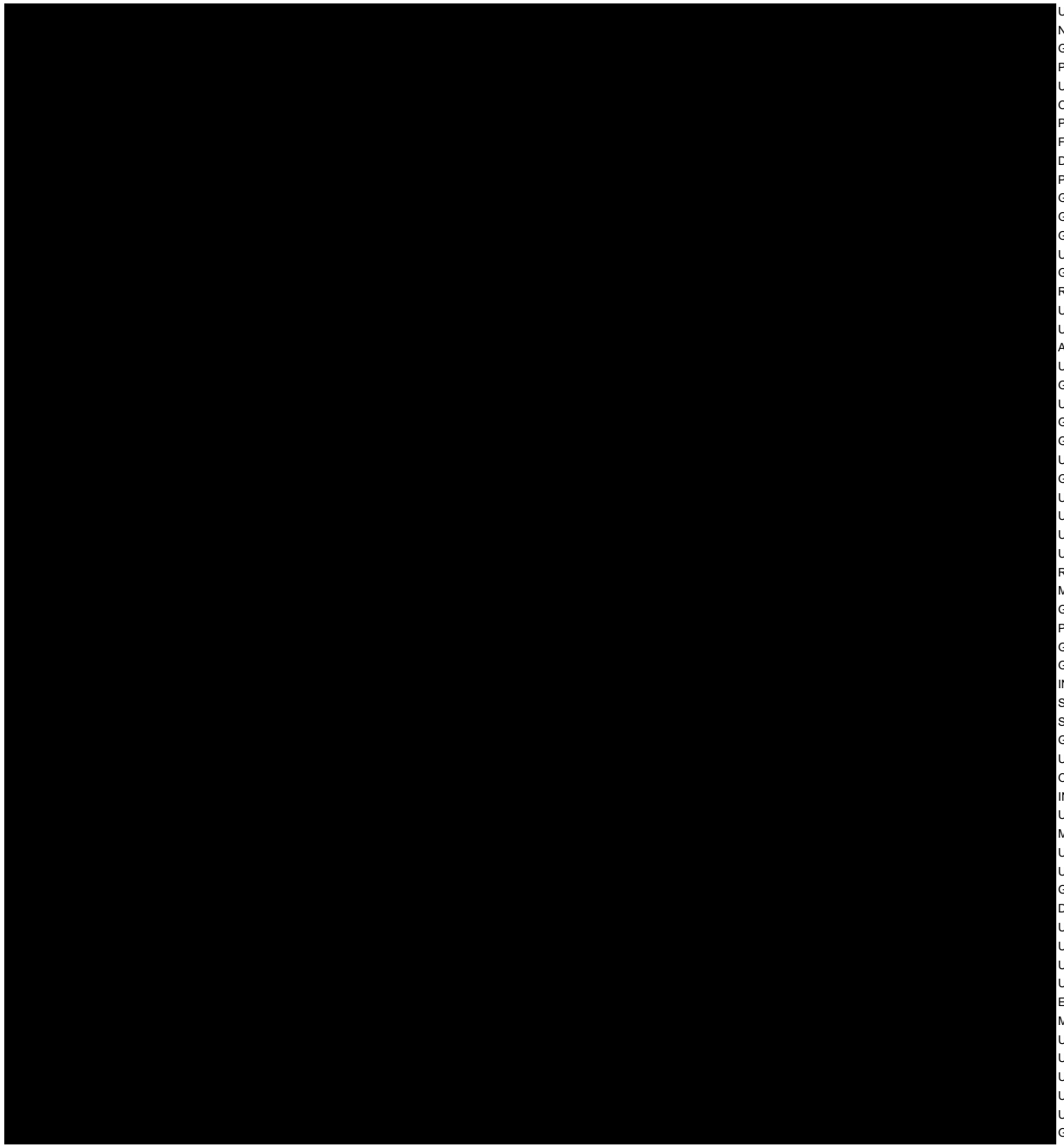
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AUDIOLOGIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES



UNDEFINED	Professional	Wellwise Active	YES	N/A
NEUROLOGY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
PHARMACY	Professional	Wellwise Active	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PORTABLE X-RA	Professional	Wellwise Active	N/A	N/A
GASTROENTERC	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
GENERAL PRACT	Professional	Wellwise Active	NO	NO
PSYCHIATRY	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPTOMETRIST	Professional	Wellwise Active	NO	NO
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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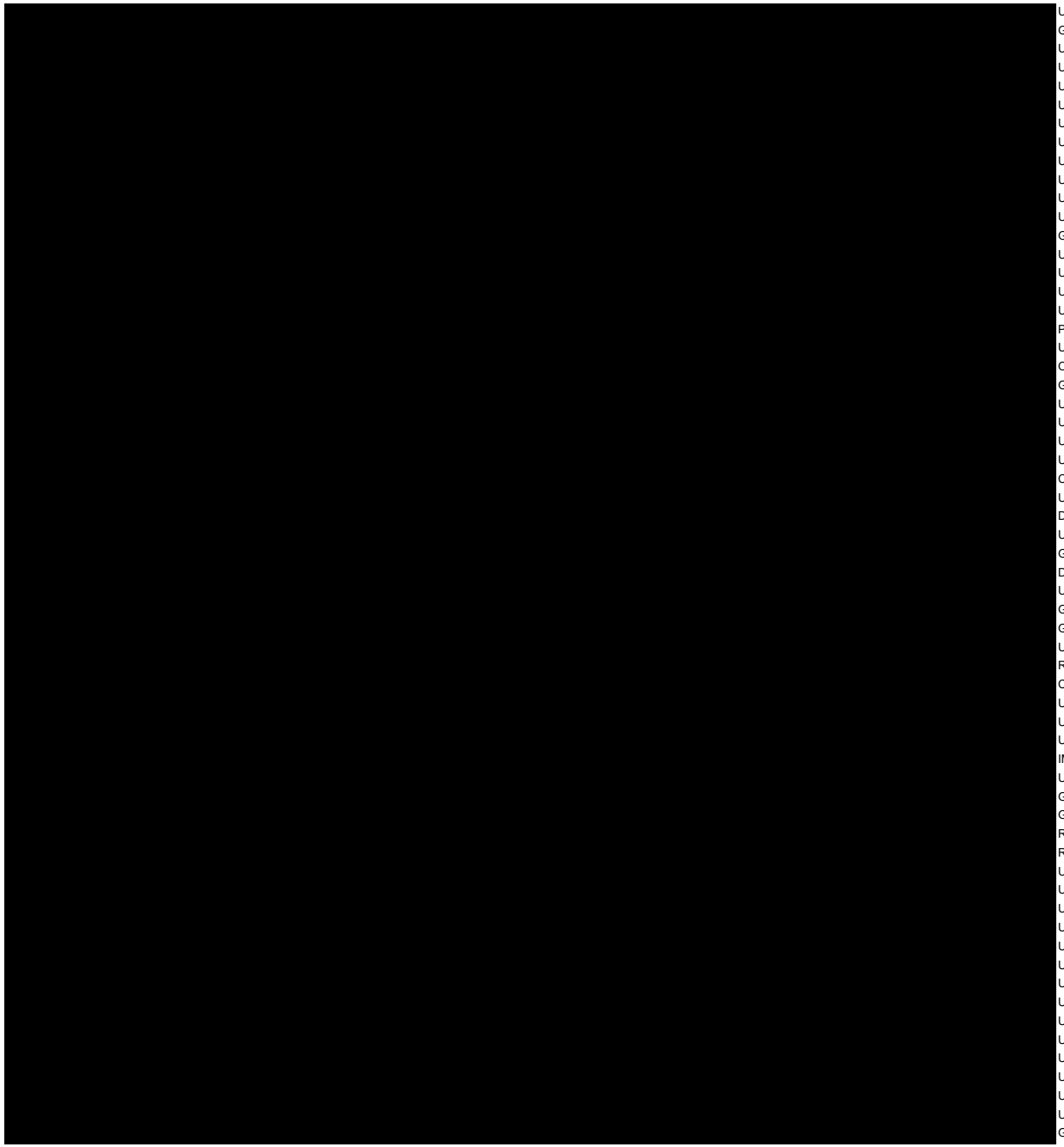
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	NO
GENERAL PRACT	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
IMAGING CENTE	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
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UNDEFINED	Professional	Wellwise Active	YES	N/A
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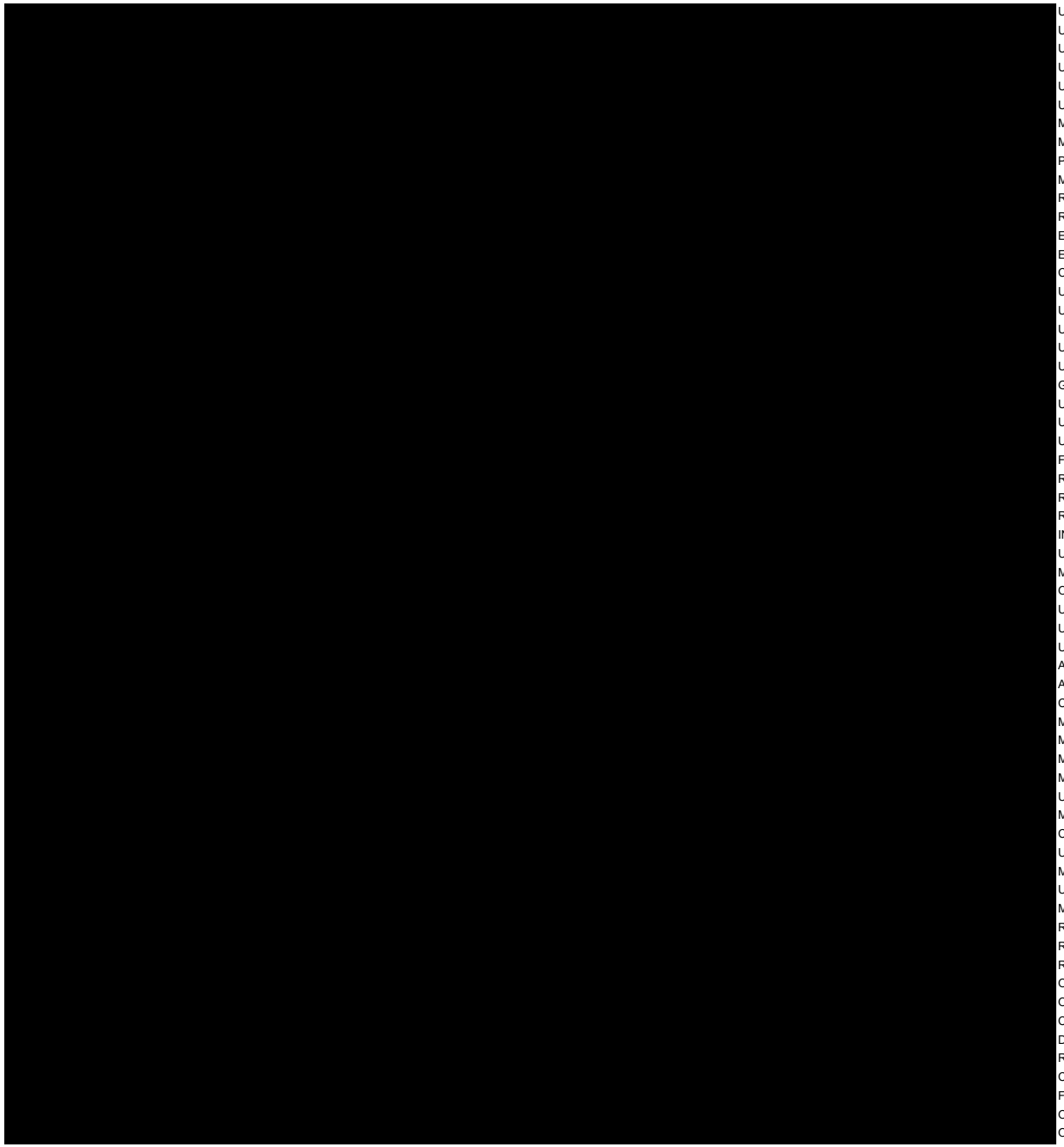
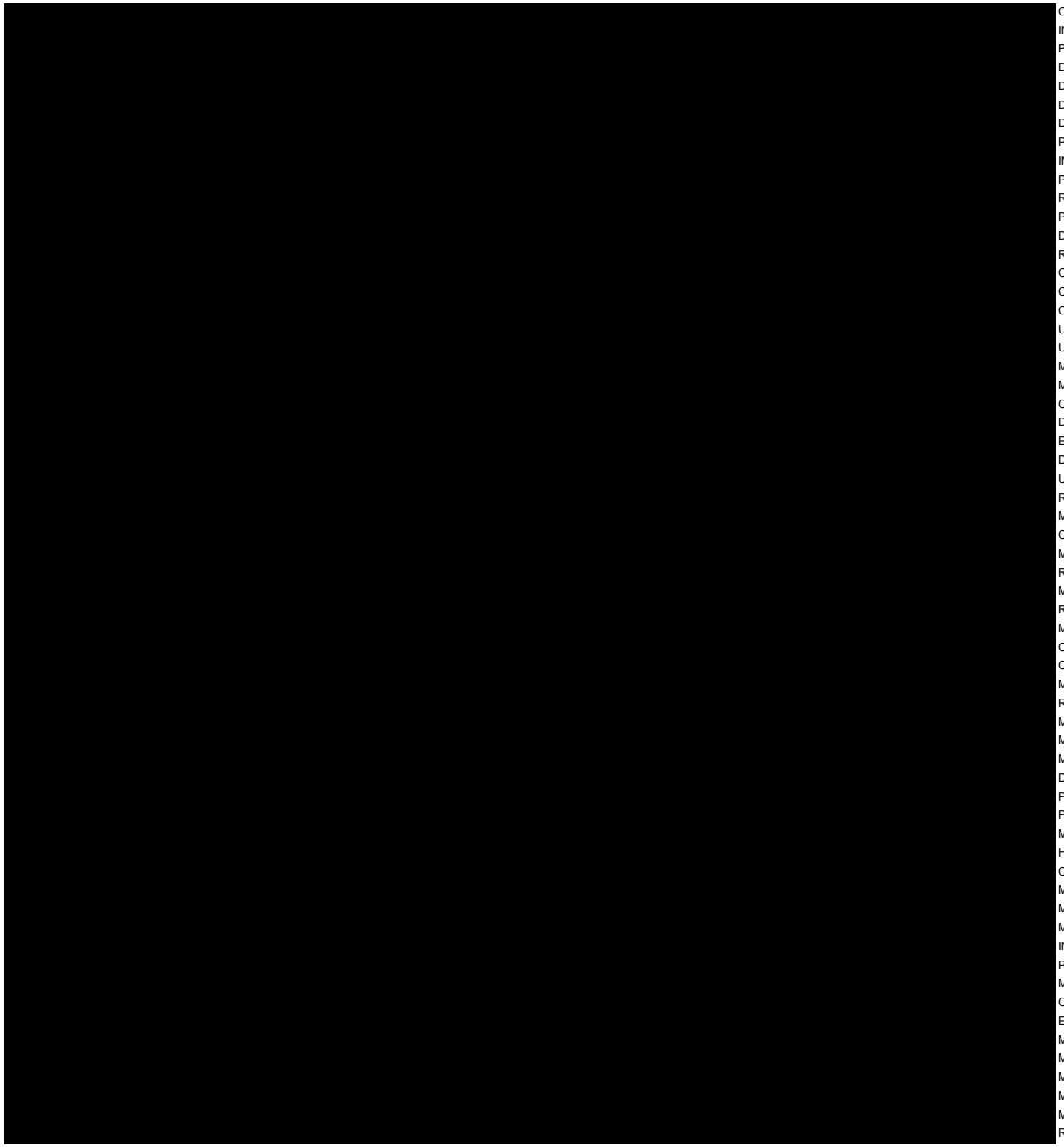
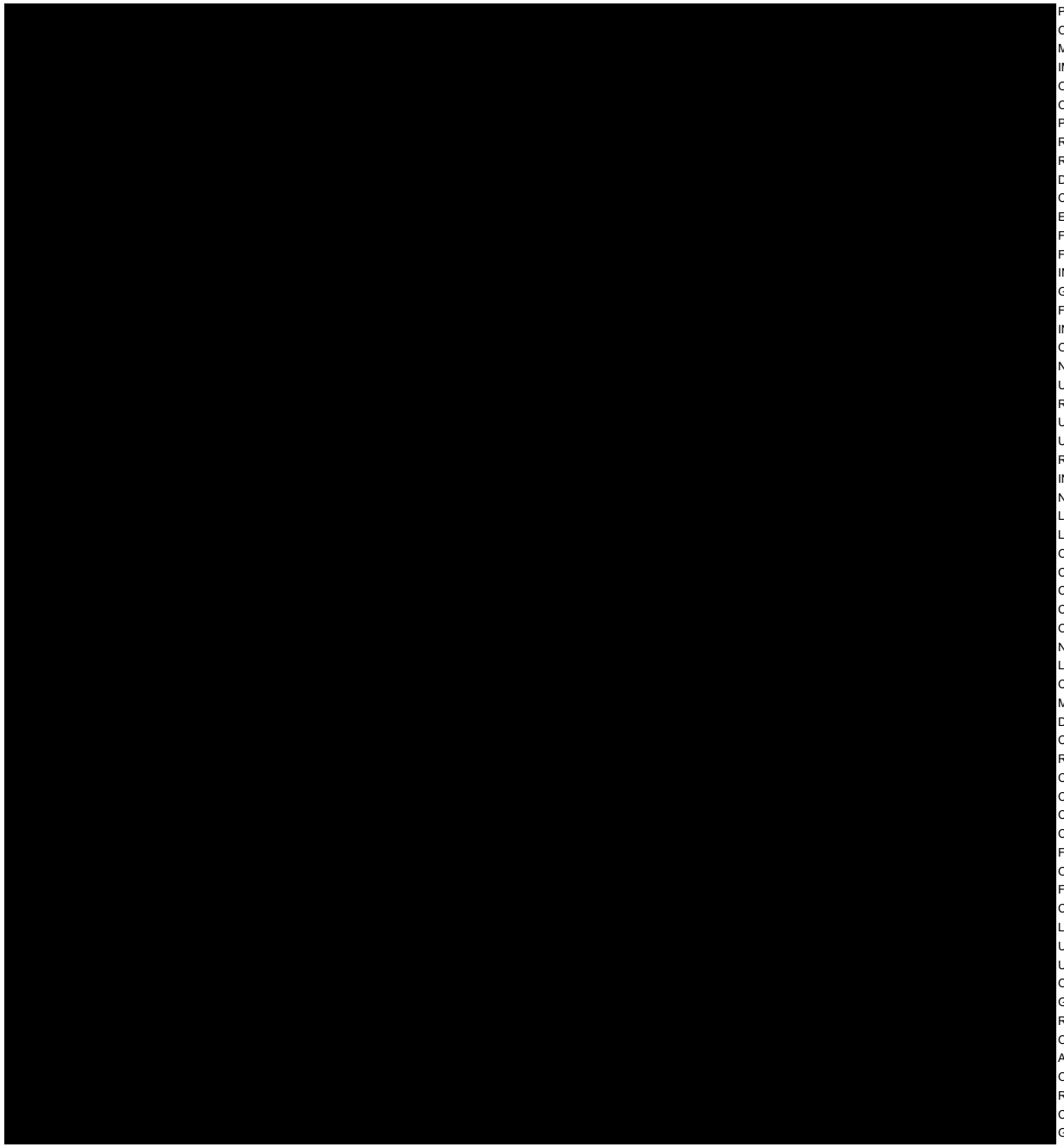
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRACT	Professional	Wellwise Active	YES	N/A



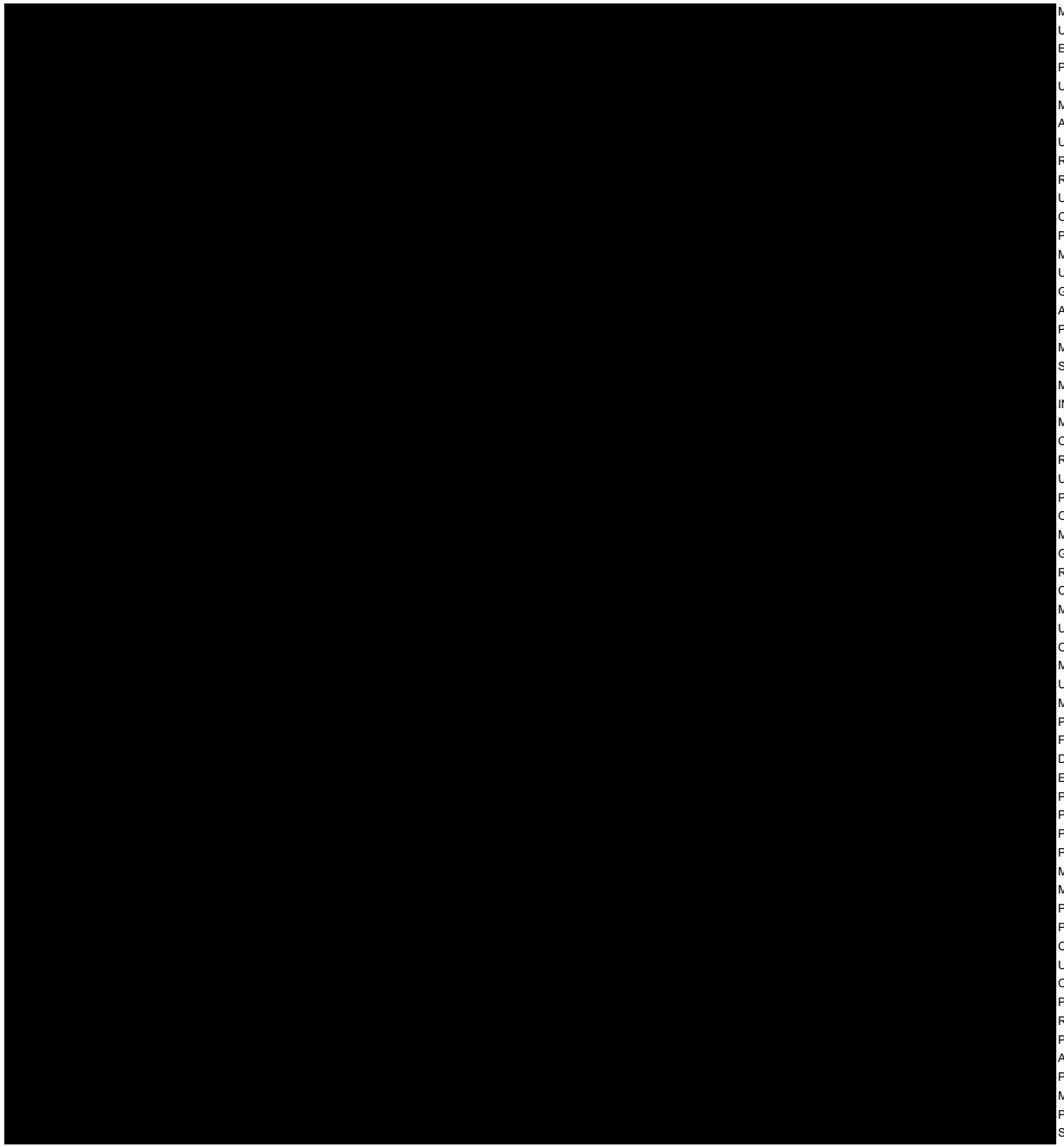
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PATHOLOGY, AN	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	NO	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
AMBULANCE, AD	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UROLOGY	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED NURS	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OTOLARYNGOLO	Professional	Wellwise Active	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB MI	Professional	Wellwise Active	YES	YES
FQHC PROVIDER	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES



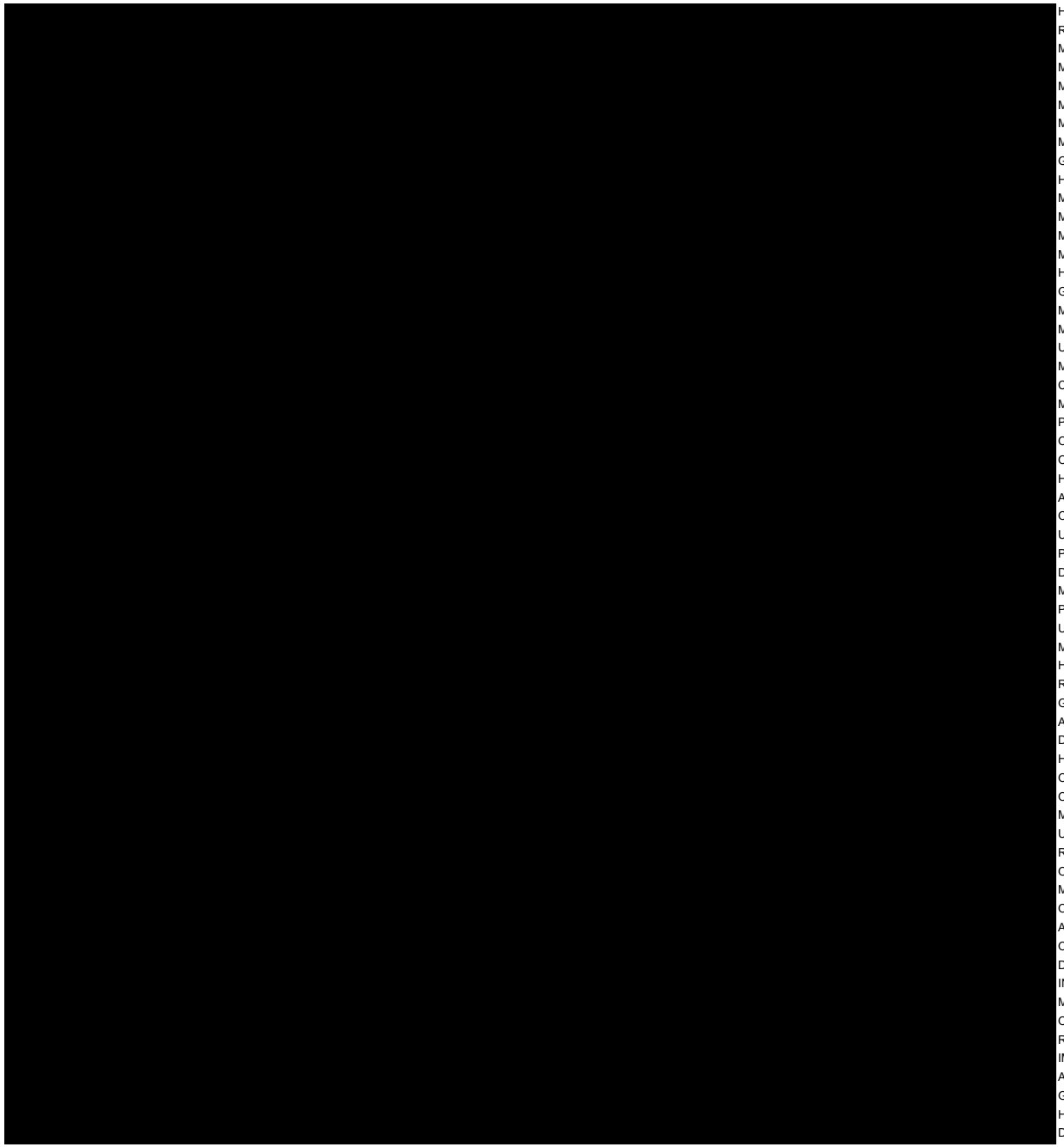
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	NO	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	YES
PORTABLE X-RA	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
PHARMACY	Professional	Wellwise Active	N/A	N/A
DERMATOLOGY	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
ENDOCRINOLOG	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	YES
REGISTERED DIE	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CERTIFIED PROS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
PHARMACY	Professional	Wellwise Active	N/A	N/A
PHARMACY	Professional	Wellwise Active	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
HOSPICE/PALLIA	Professional	Wellwise Active	YES	YES
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	NO
PEDIATRICS	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
OUTPATIENT CLI	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES



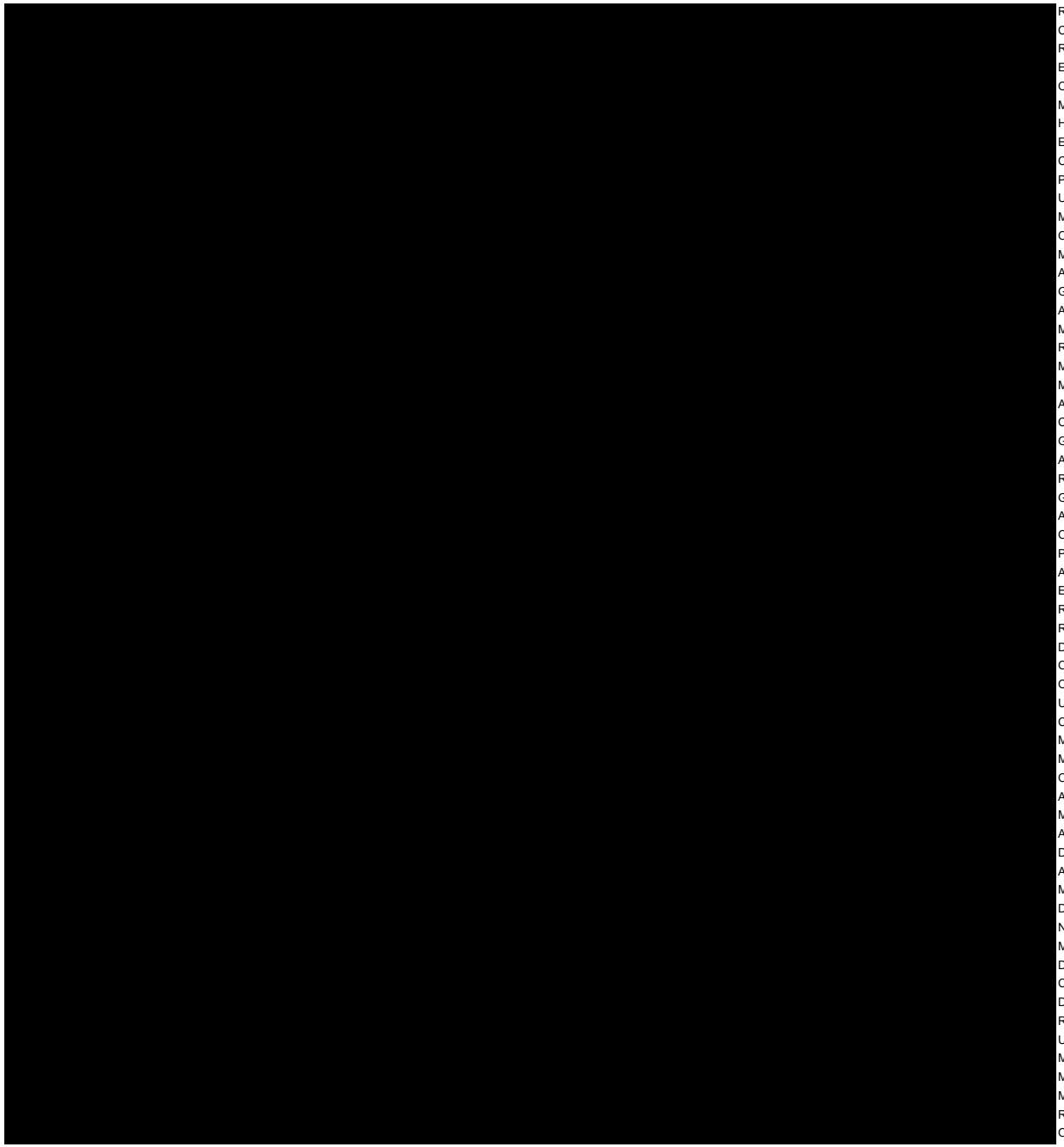
PEDIATRICS	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
IMAGING CENTE	Professional	Wellwise Active	NO	NO
OPHTHALMOLOC	Professional	Wellwise Active	YES	NO
OPTOMETRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
INFECTIOUS DIS	Professional	Wellwise Active	YES	YES
GENERAL SURGI	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
INTERNAL MEDIC	Professional	Wellwise Active	NO	NO
OUTPATIENT CLI	Professional	Wellwise Active	NO	NO
NONCLASSIFIED	Professional	Wellwise Active	N/A	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	N/A	N/A
REGISTERED PH	Professional	Wellwise Active	YES	YES
INTERNAL MEDIC	Professional	Wellwise Active	YES	YES
NEUROLOGICAL	Professional	Wellwise Active	YES	NO
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	YES	YES
OPTOMETRIST	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	YES
NEUROLOGY	Professional	Wellwise Active	YES	YES
LPCC-LIC PROF (	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
MARRIAGE FAMI	Professional	Wellwise Active	YES	YES
DERMATOLOGY	Professional	Wellwise Active	YES	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
RHEUMATOLOG\	Professional	Wellwise Active	YES	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	NO	NO
CHIROPRACTOR	Professional	Wellwise Active	NO	NO
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
OTOLARYNGOLC	Professional	Wellwise Active	YES	NO
FAMILY PRACTIC	Professional	Wellwise Active	YES	YES
CHIROPRACTOR	Professional	Wellwise Active	YES	YES
LICENSED CLIN S	Professional	Wellwise Active	NO	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
UNDEFINED	Professional	Wellwise Active	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Active	YES	YES
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
ANESTHESIOLOC	Professional	Wellwise Active	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Active	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	N/A



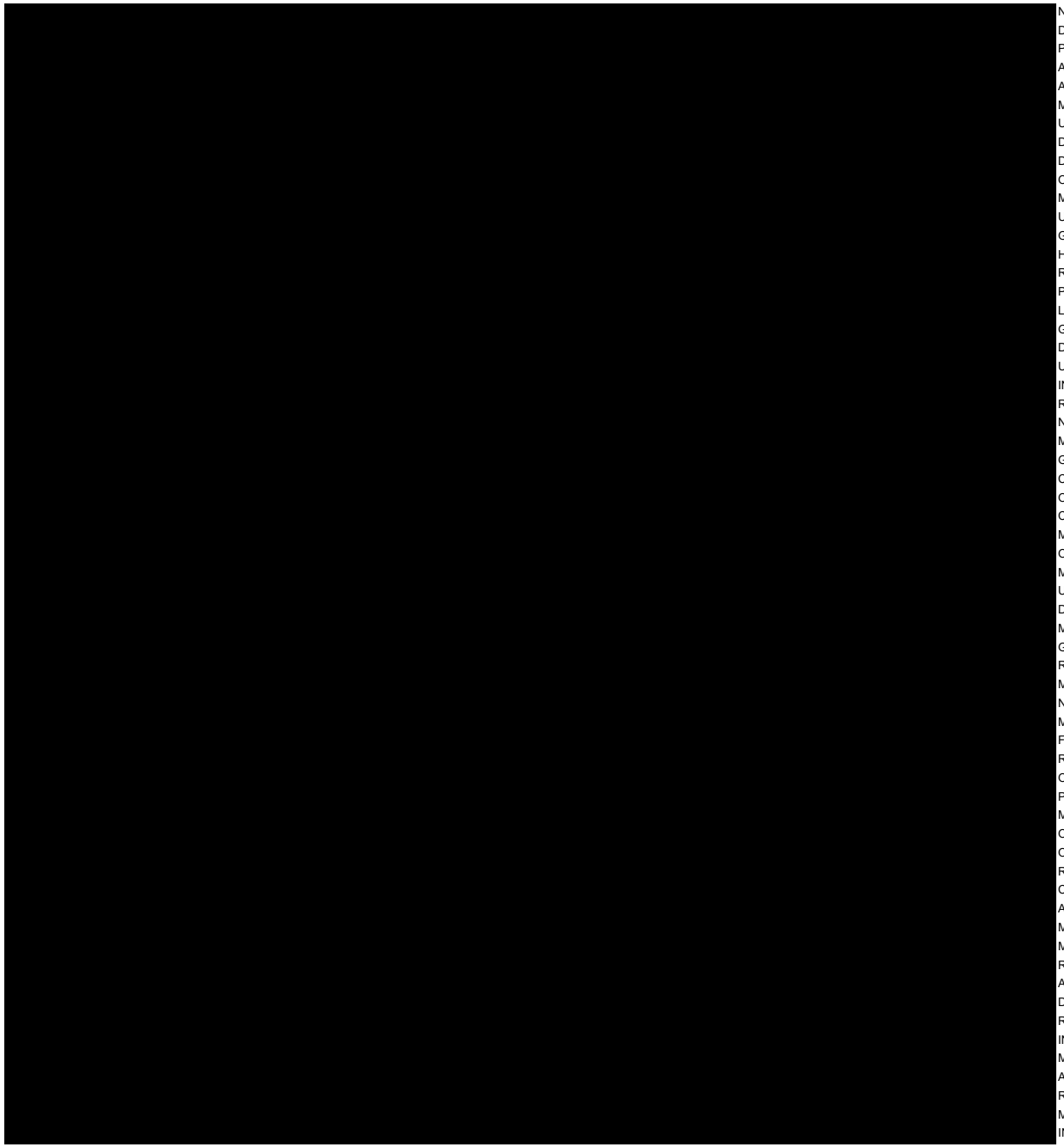
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
EMERGENCY ME	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
RESEARCH PSY(	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Active	YES	YES
PHYSICAL MEDI(	Professional	Wellwise Active	NO	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
GENERAL PRAC1	Professional	Wellwise Active	YES	YES
AMBULANCE, BA	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
SPEECH PATHOL	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
INTERNAL MEDI(	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
CARDIOLOGY	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Active	YES	N/A
PODIATRIST	Professional	Wellwise Active	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	NO	NO
GENERAL SURGI	Professional	Wellwise Active	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
CERTIFIED RN AI	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
FAMILY PRACTIC	Professional	Wellwise Active	YES	NO
DERMATOLOGY	Professional	Wellwise Active	YES	YES
EMERGENCY ME	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
CERTIFIED ACUF	Professional	Wellwise Active	YES	YES
UNDEFINED	Professional	Wellwise Active	YES	N/A
CLINICAL CARE I	Professional	Wellwise Active	NO	NO
PODIATRIST	Professional	Wellwise Active	YES	YES
REGISTERED PH	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
ANESTHESIOLO(	Professional	Wellwise Active	YES	YES
PODIATRIST	Professional	Wellwise Active	YES	YES
MEDICAL SUPPL	Professional	Wellwise Active	YES	YES
PEDIATRICS	Professional	Wellwise Active	YES	NO
SURGICAL ONC(	Professional	Wellwise Active	YES	YES



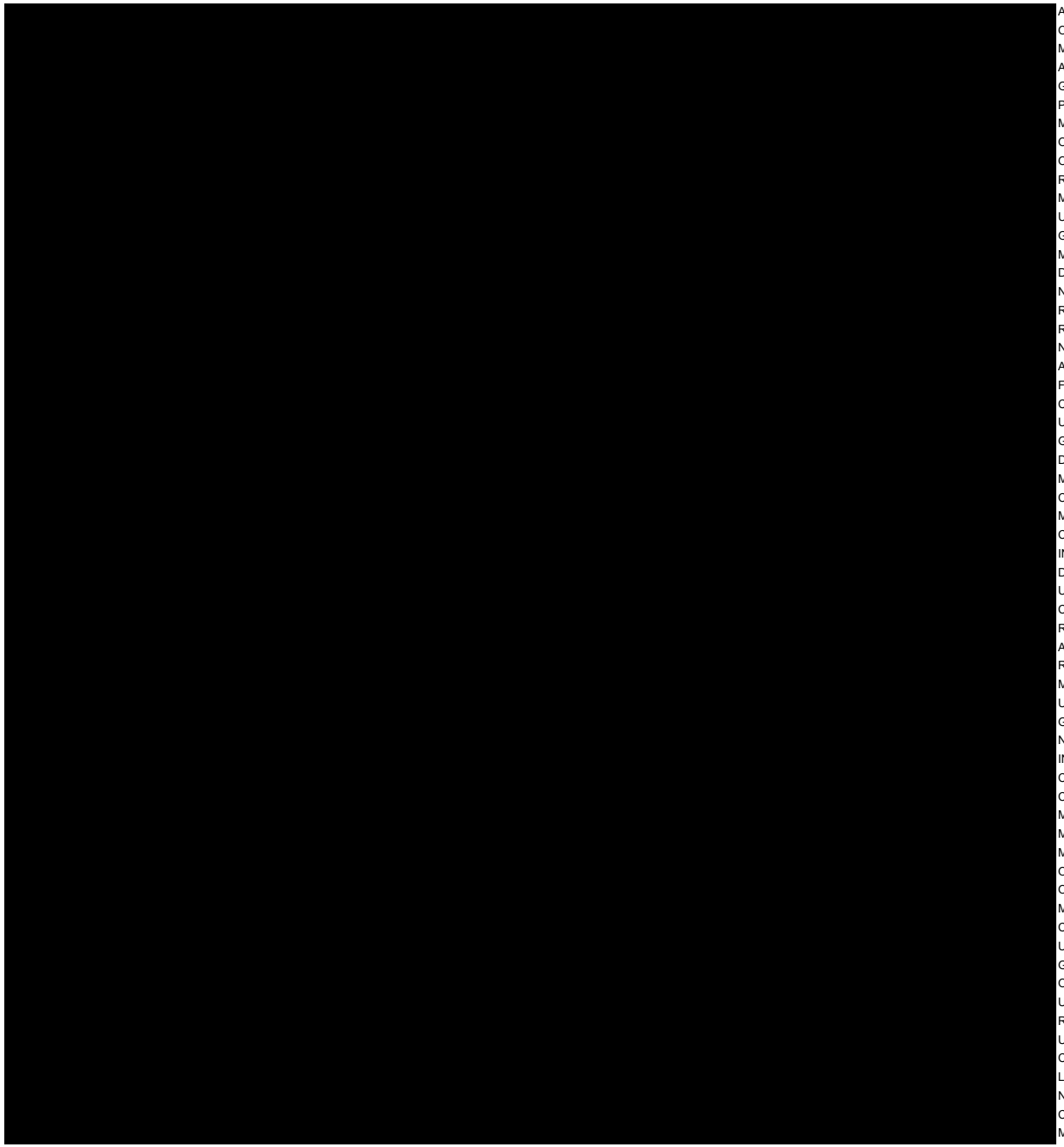
HOME HEALTH C	Professional	Wellwise Active	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Active	YES	NO
MULTI-SPECIALT	Professional	Wellwise Active	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL ONCOL	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	NO	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES



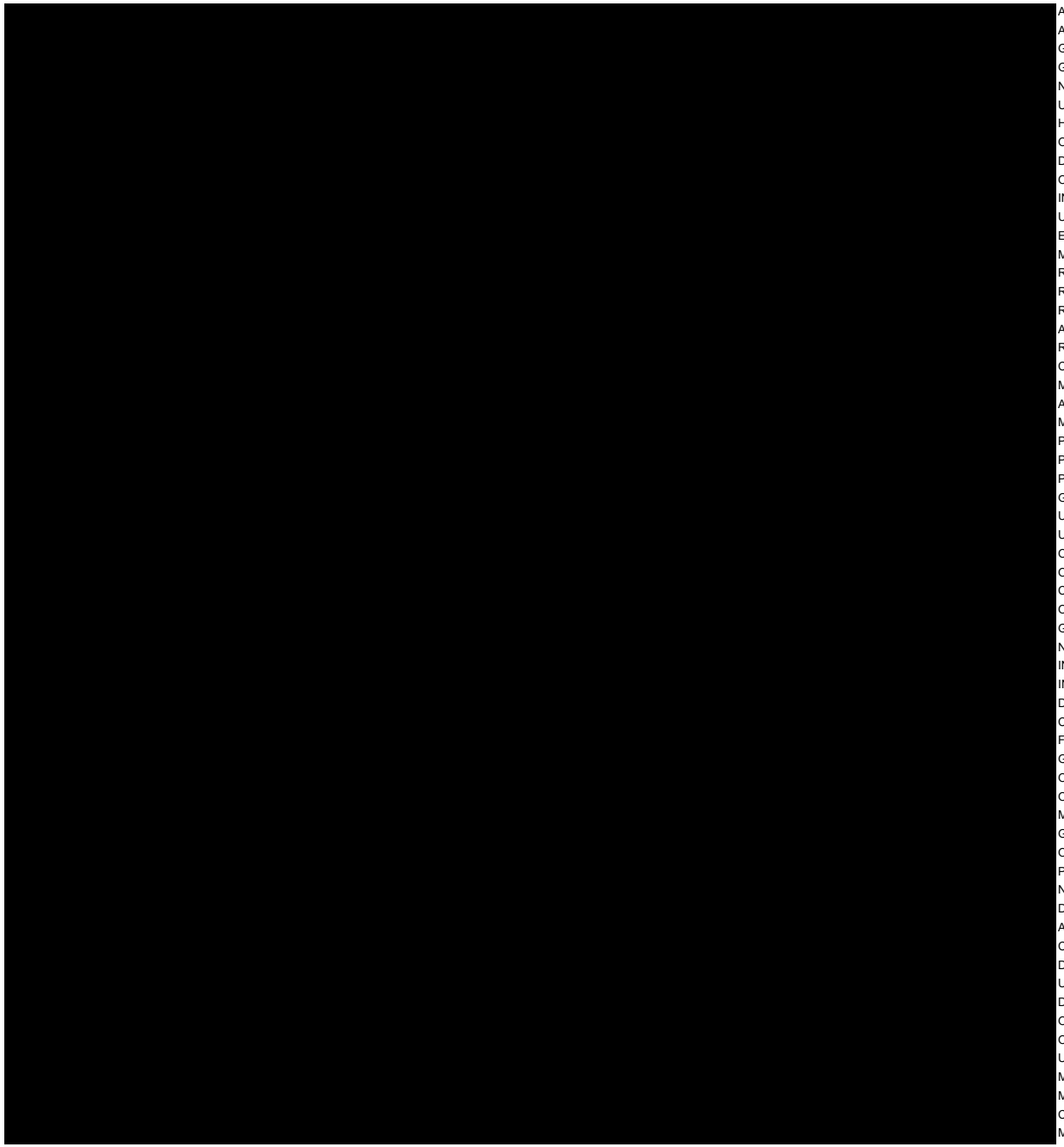
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	NO	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES



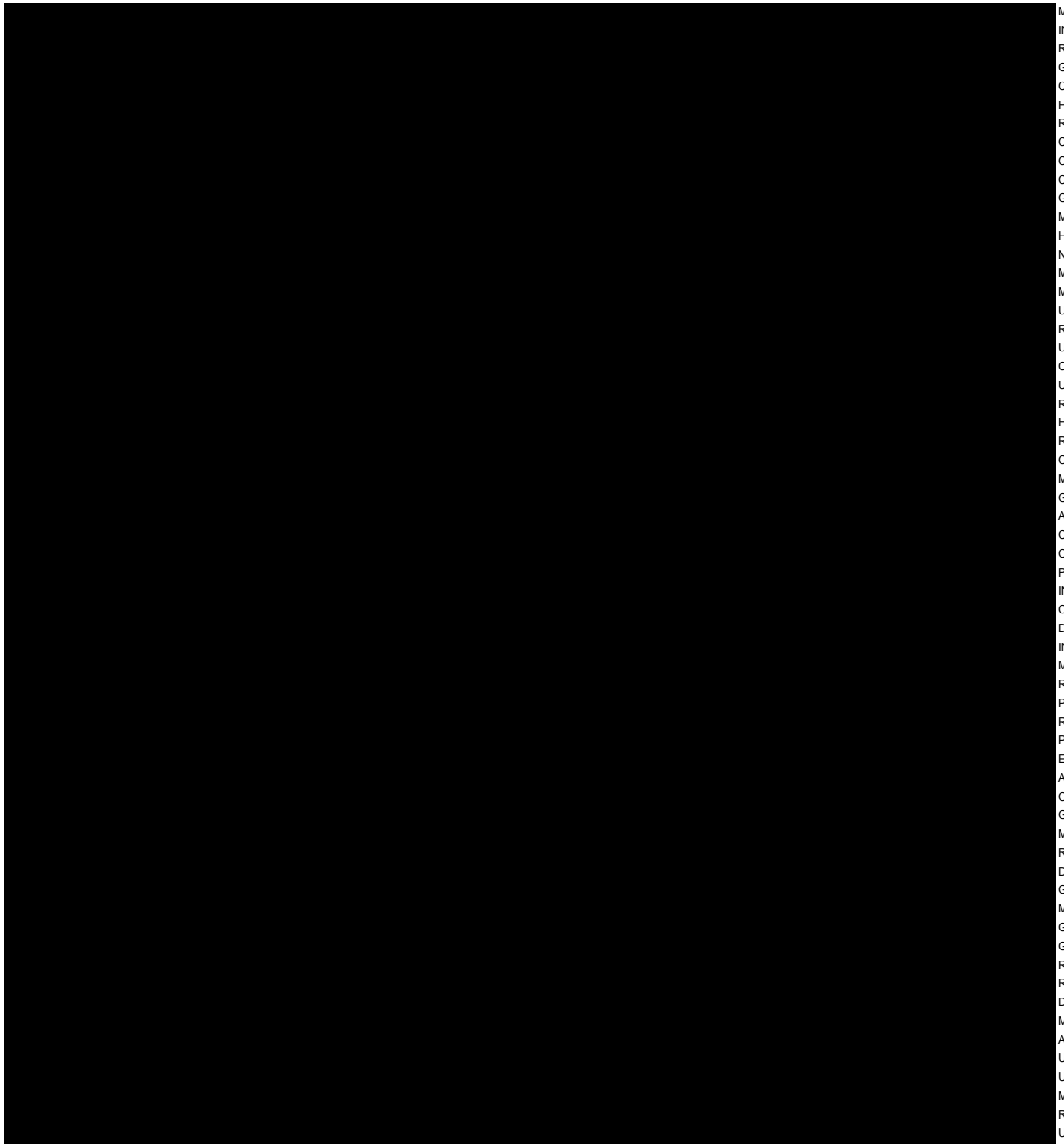
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
MISCELLANEOU:	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
HOME HEALTH C	Professional	Wellwise Retiree	N/A	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
UROLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
MARRIAGE FAMI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES



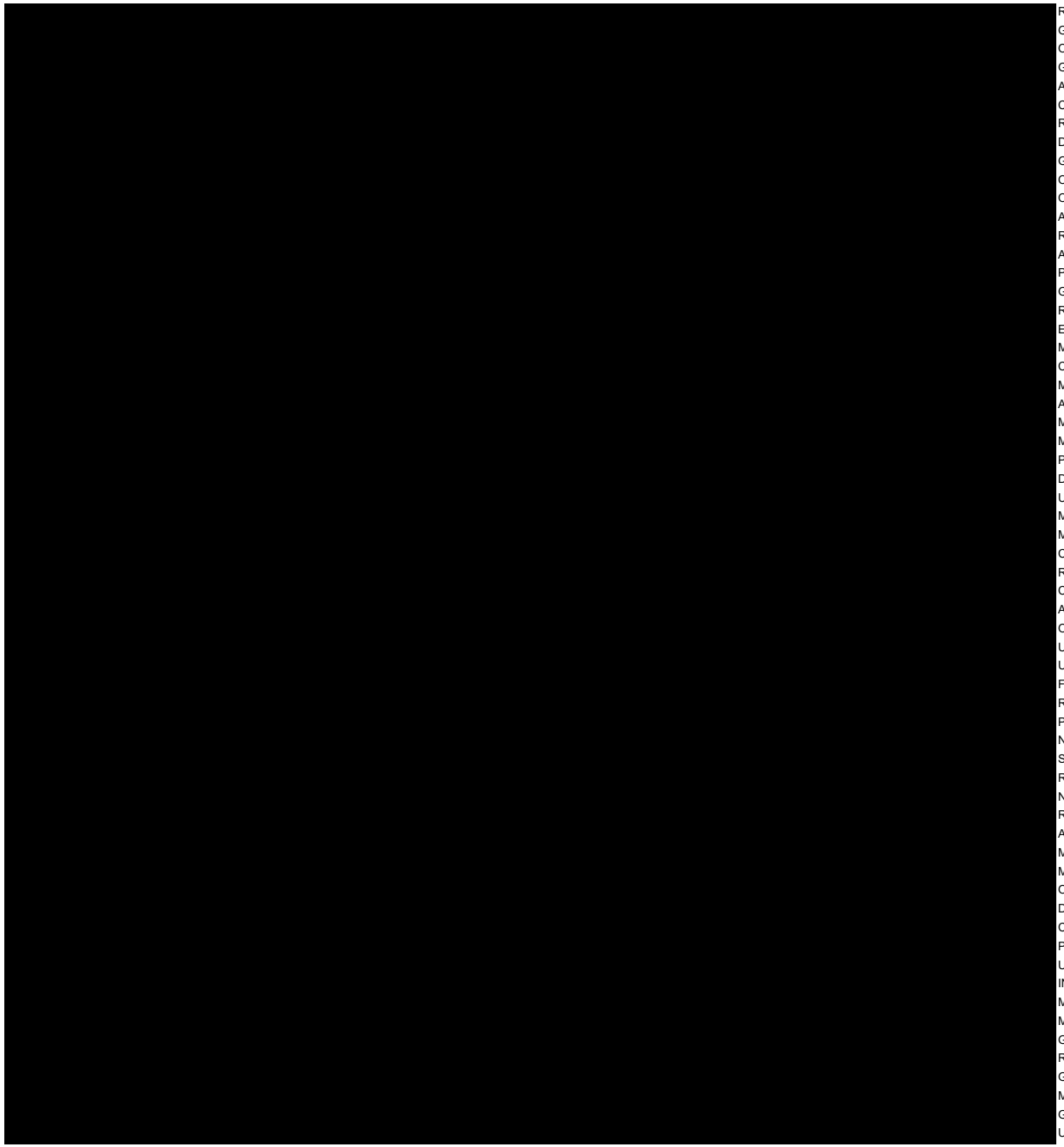
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	NO	NO
MARRIAGE FAMI	Professional	Wellwise Retiree	YES	YES
OCCUPATIONAL	Professional	Wellwise Retiree	NO	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
NUCLEAR MEDIC	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
INDEPENDENT L	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
LICENSED CLIN S	Professional	Wellwise Retiree	NO	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



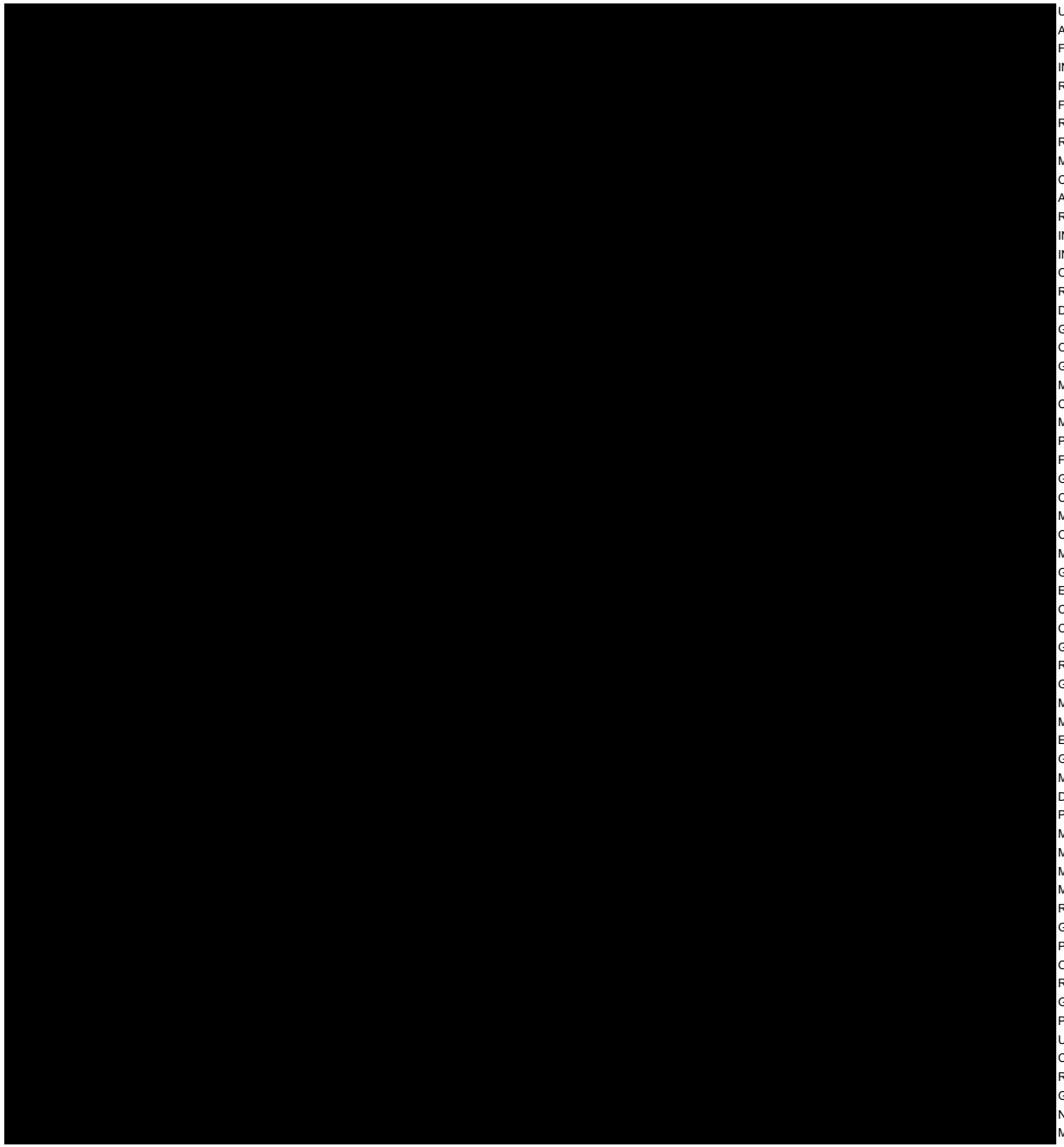
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NONCLASSIFIED	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
ALLERGY & IMM	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
PLASTIC SURGE	Professional	Wellwise Retiree	YES	NO
PHYSICAL MEDI	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
OCCUPATIONAL	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CAPITATED GRO	Professional	Wellwise Retiree	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A



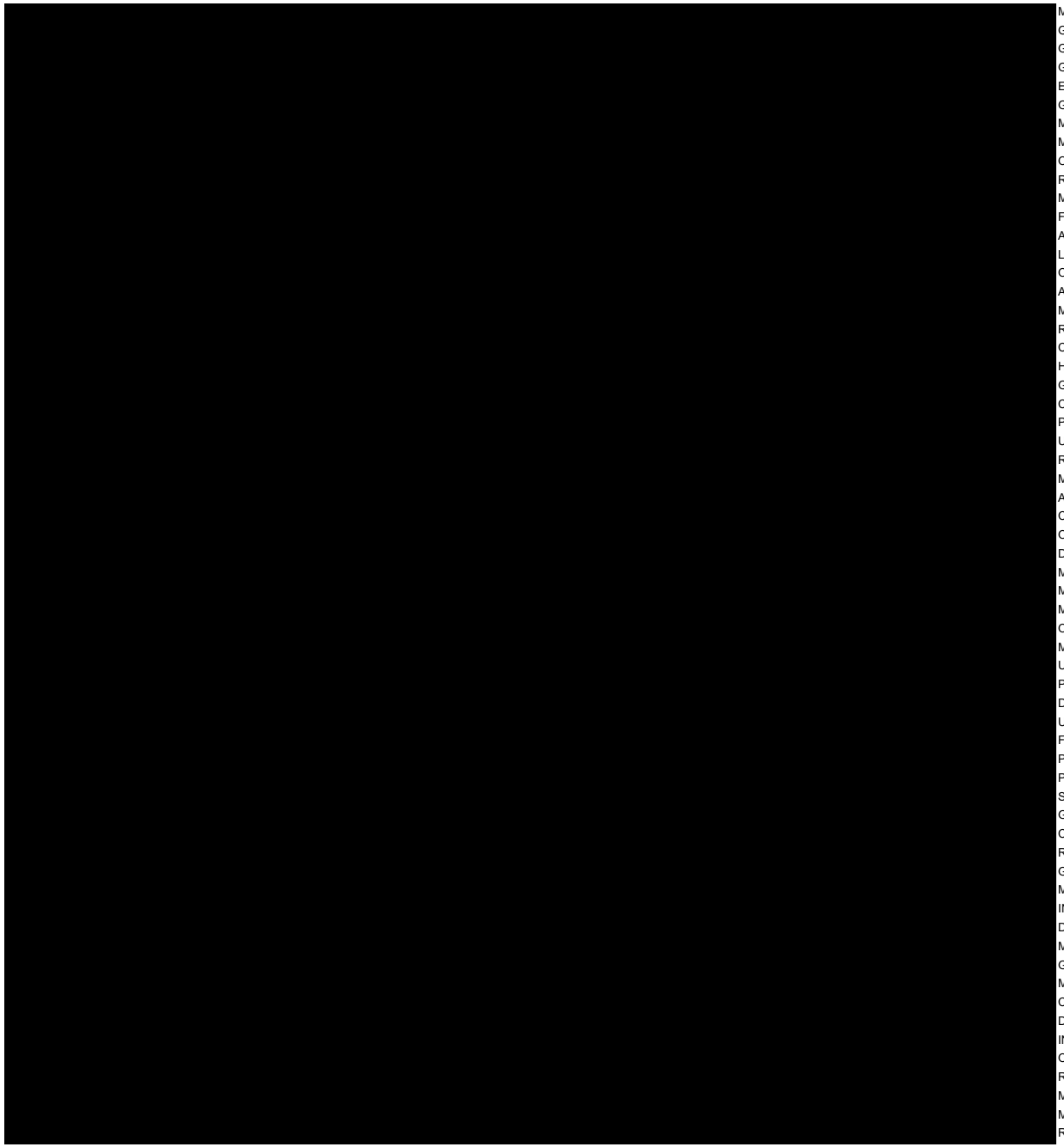
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	NO	NO
HOME HEALTH C	Professional	Wellwise Retiree	N/A	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OCCUPATIONAL	Professional	Wellwise Retiree	NO	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
PHYS MED/ REH/	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
RADIATION ONC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



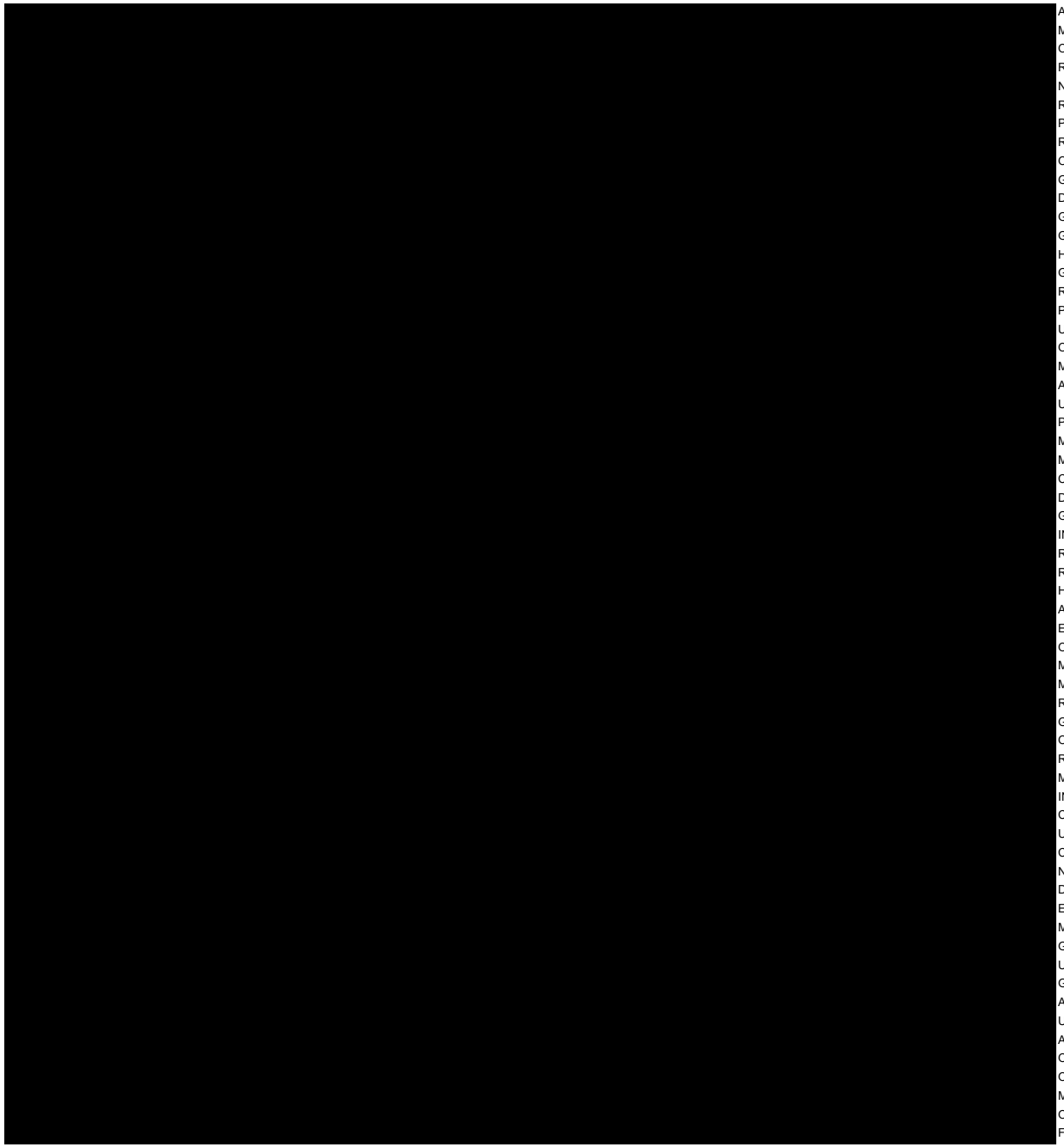
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY	Professional	Wellwise Retiree	NO	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLO	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
SURGERY CRITI	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLO	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	NO



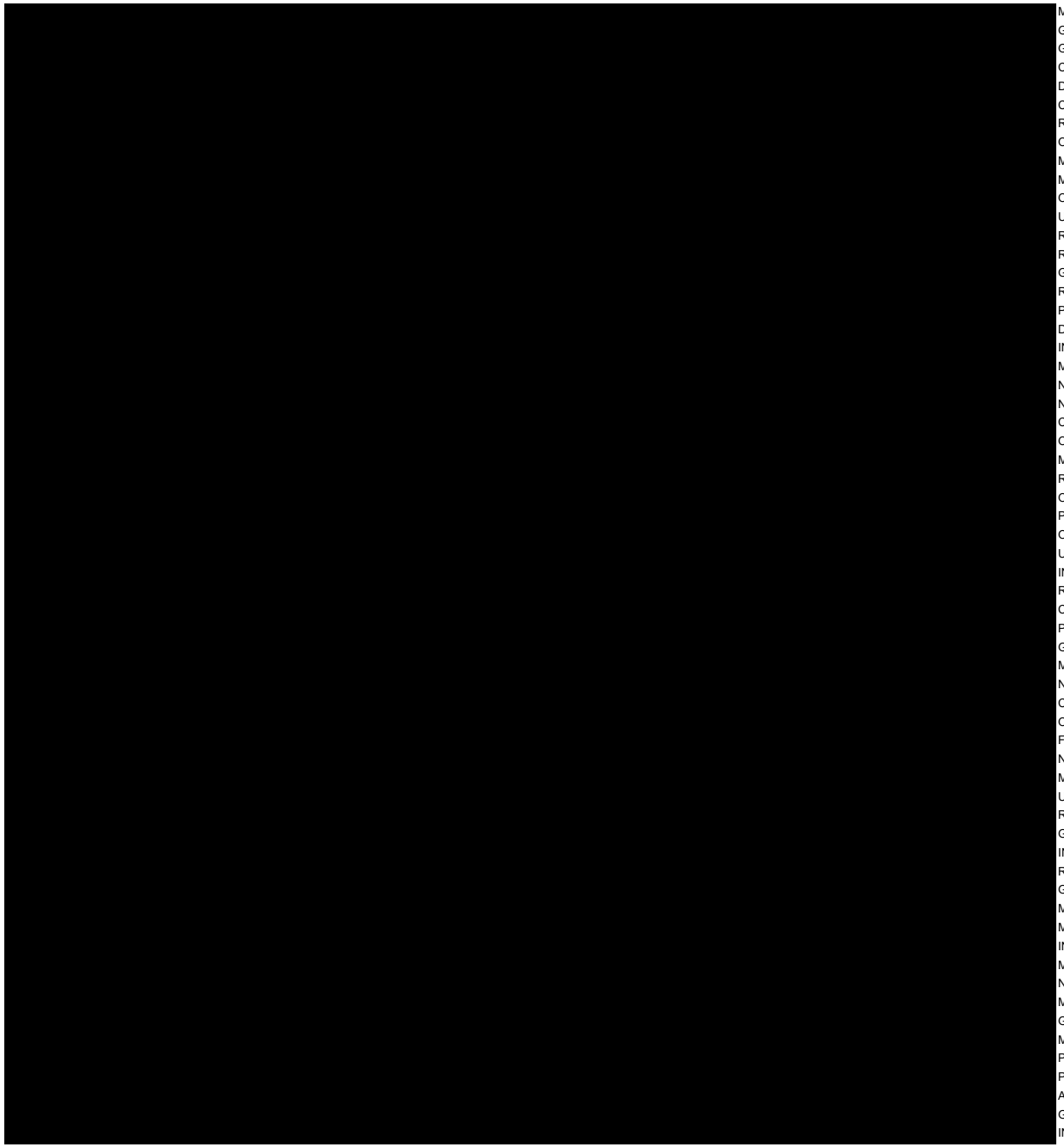
UNDEFINED	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	NO	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
PET SCAN CENT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



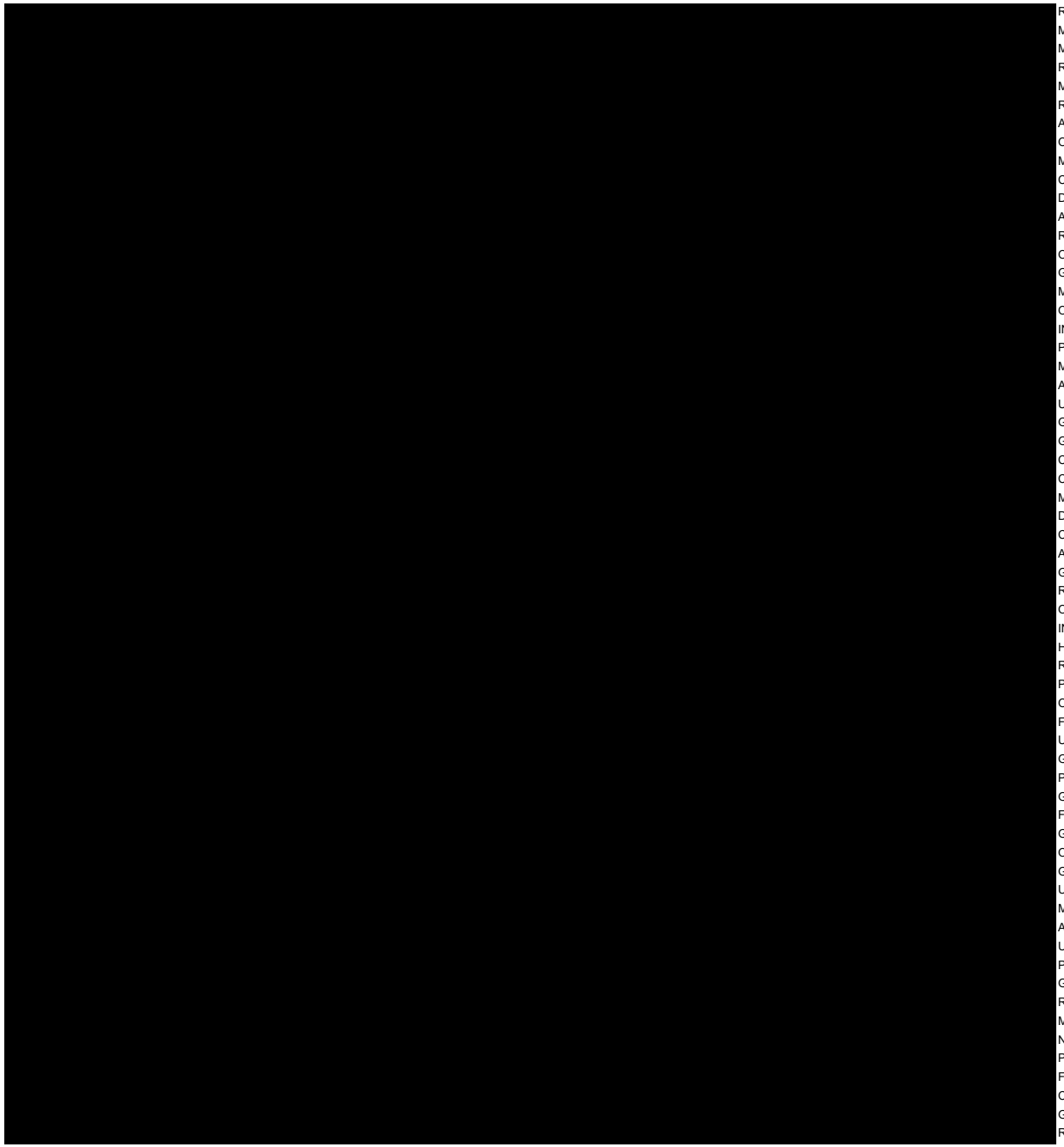
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
HOME HEALTH C	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
SURGERY COLO	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
RADIATION ONC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MARRIAGE FAMI	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY	Professional	Wellwise Retiree	NO	NO



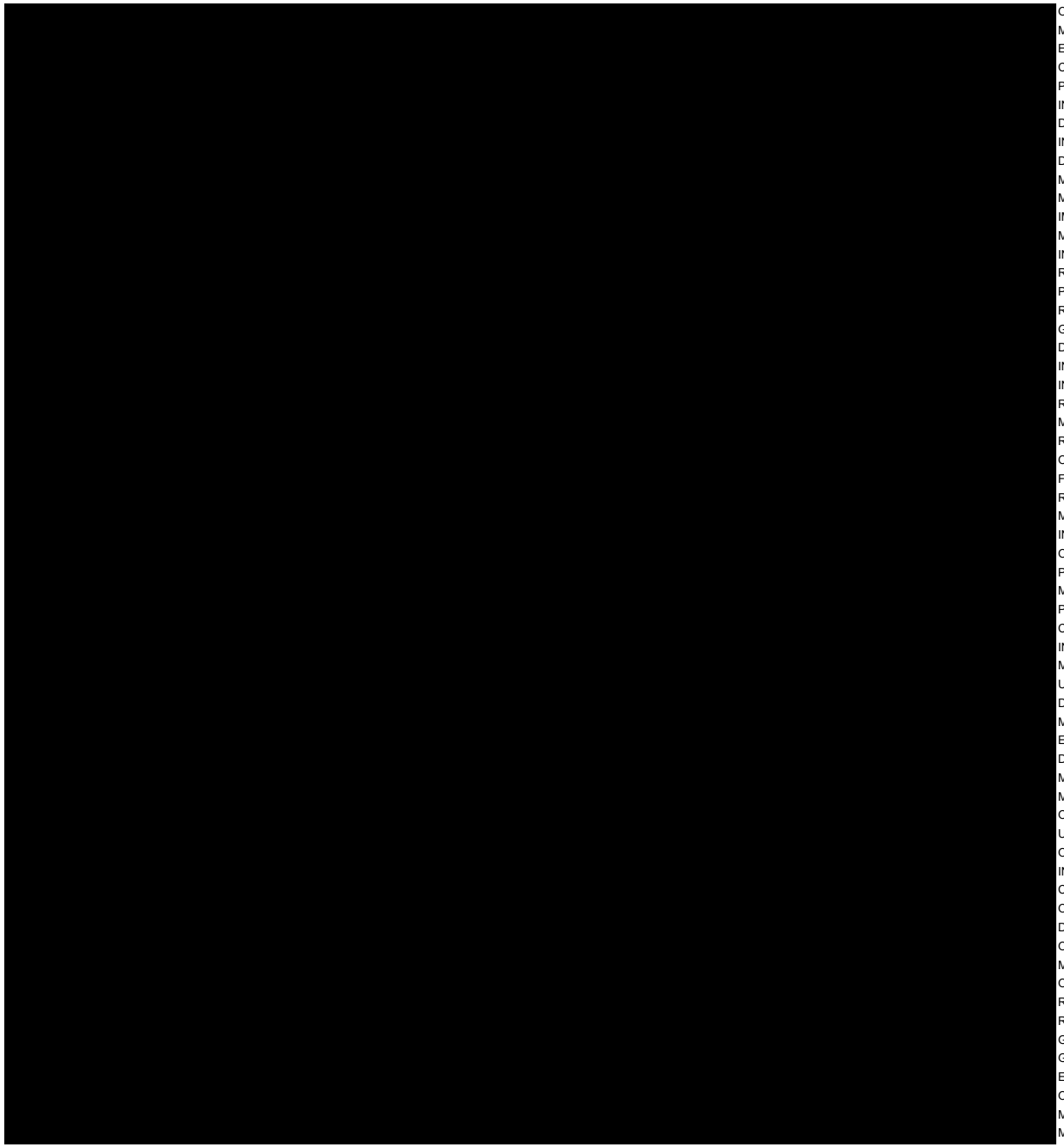
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES - Hospital Based	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
HOME HEALTH C	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
OUTPATIENT ME	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES



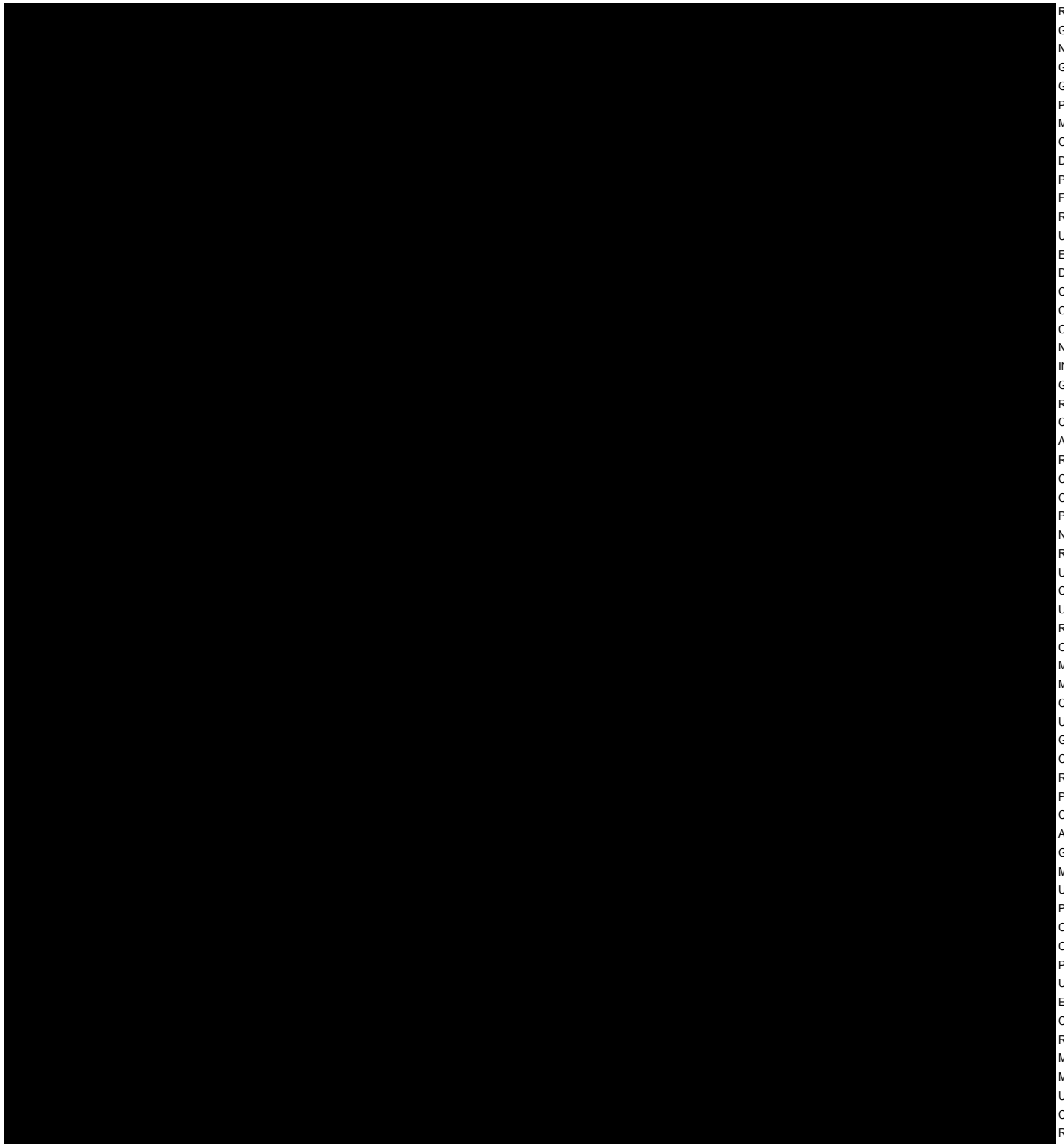
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES



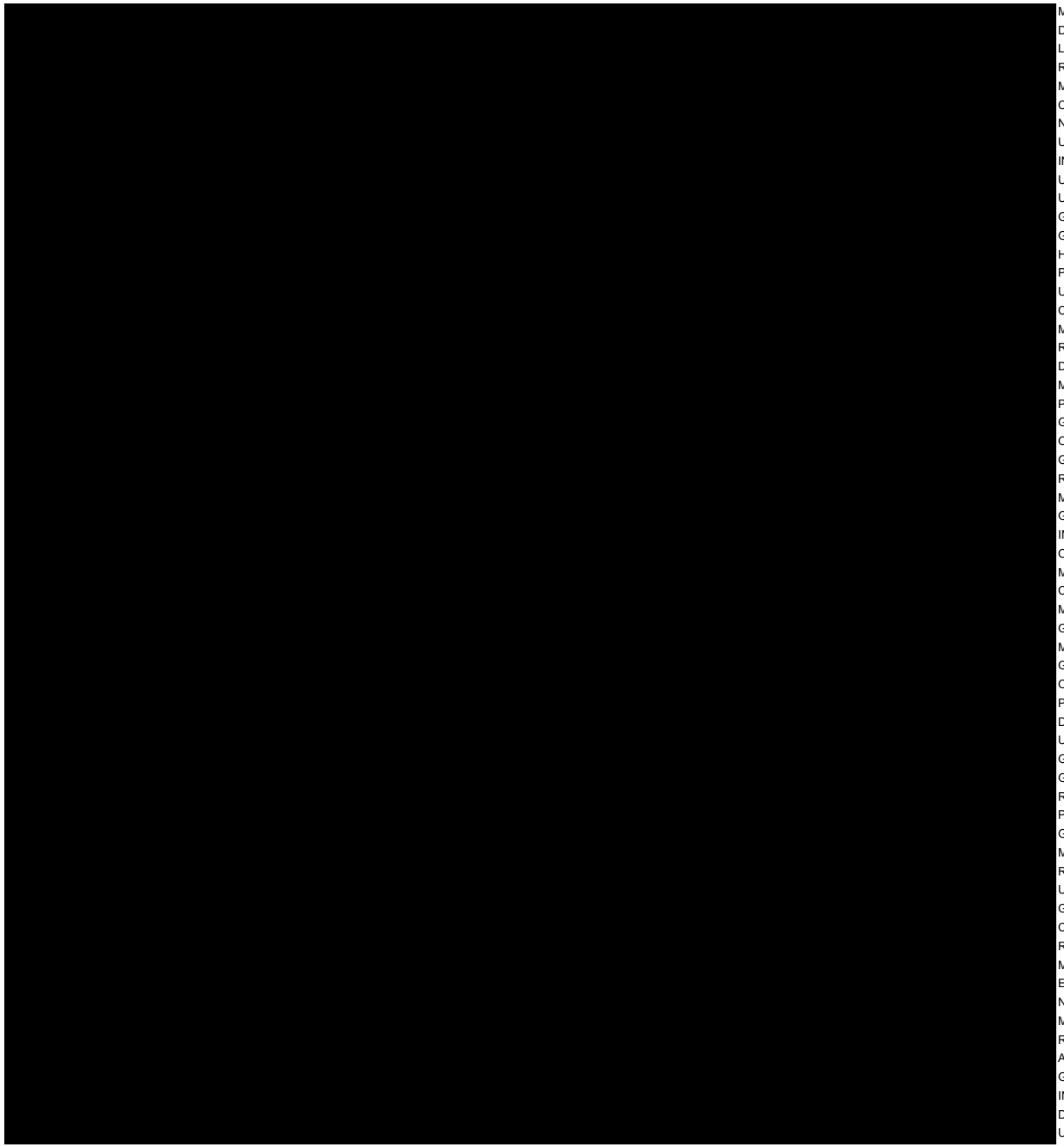
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDI(	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CERTIFIED ORTH	Professional	Wellwise Retiree	N/A	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLO(	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	NO	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PEDIATRICS	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	N/A



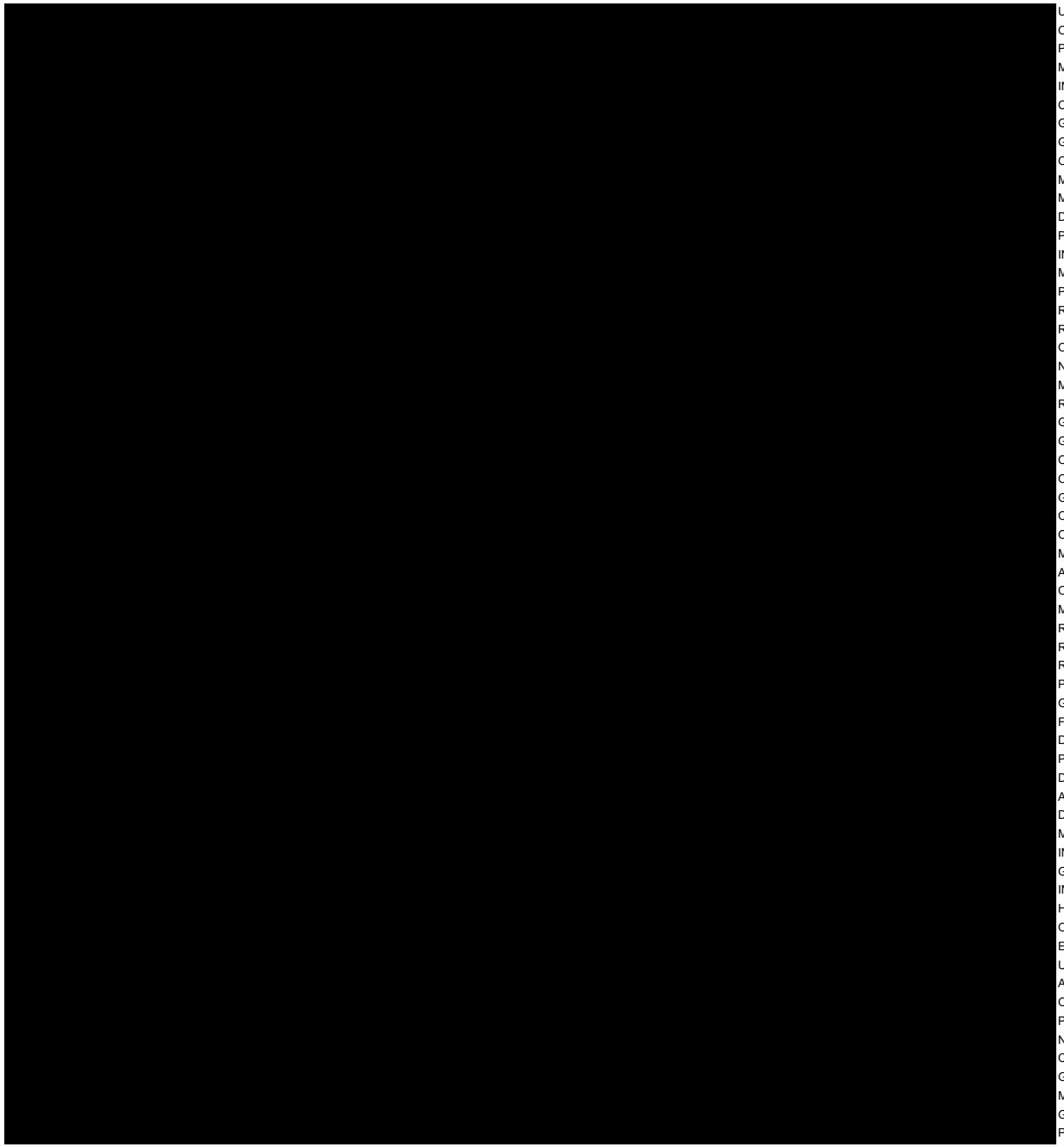
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
IMAGING CENTE	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	NO	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLG	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A



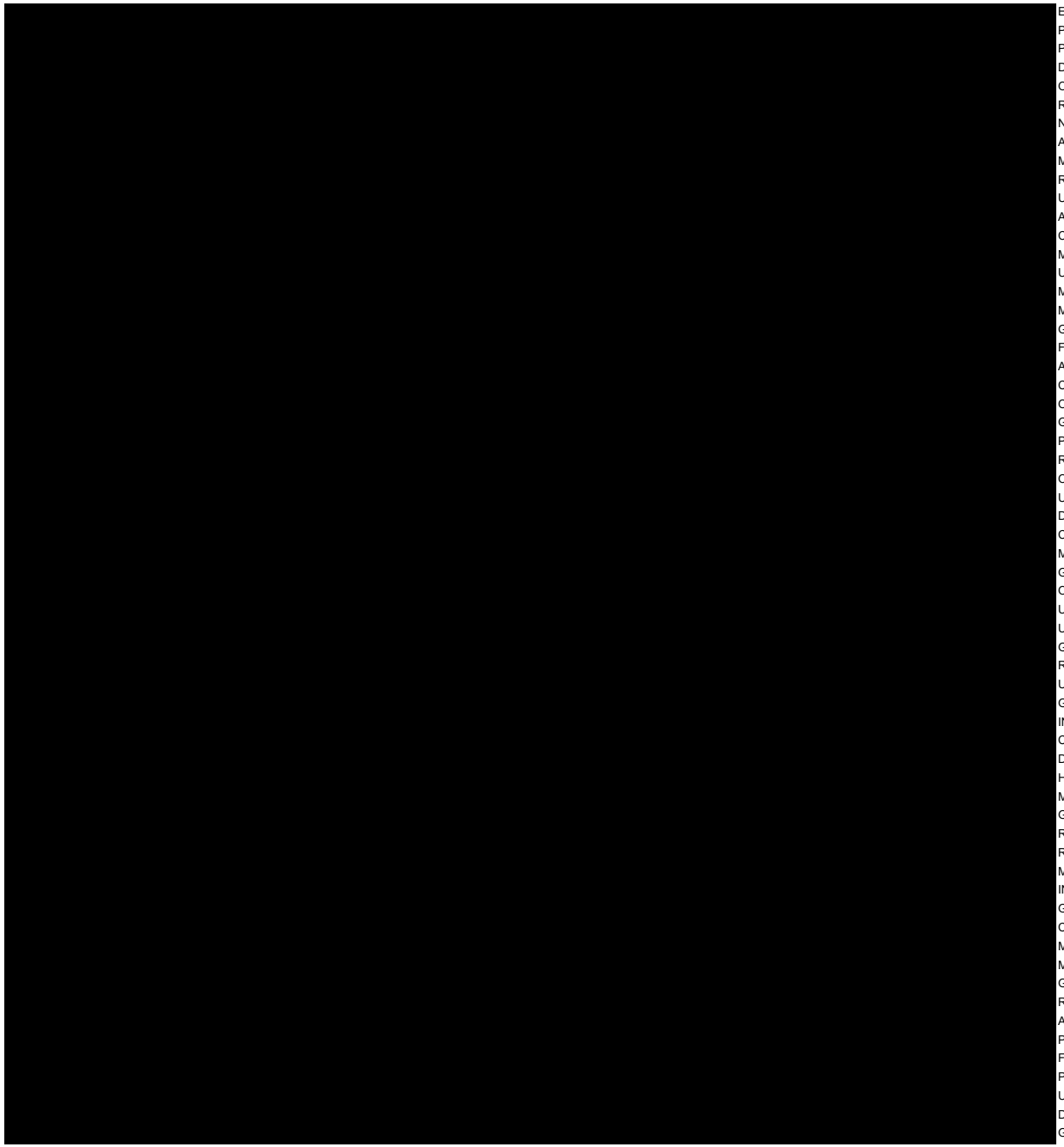
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	NO	NO
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES



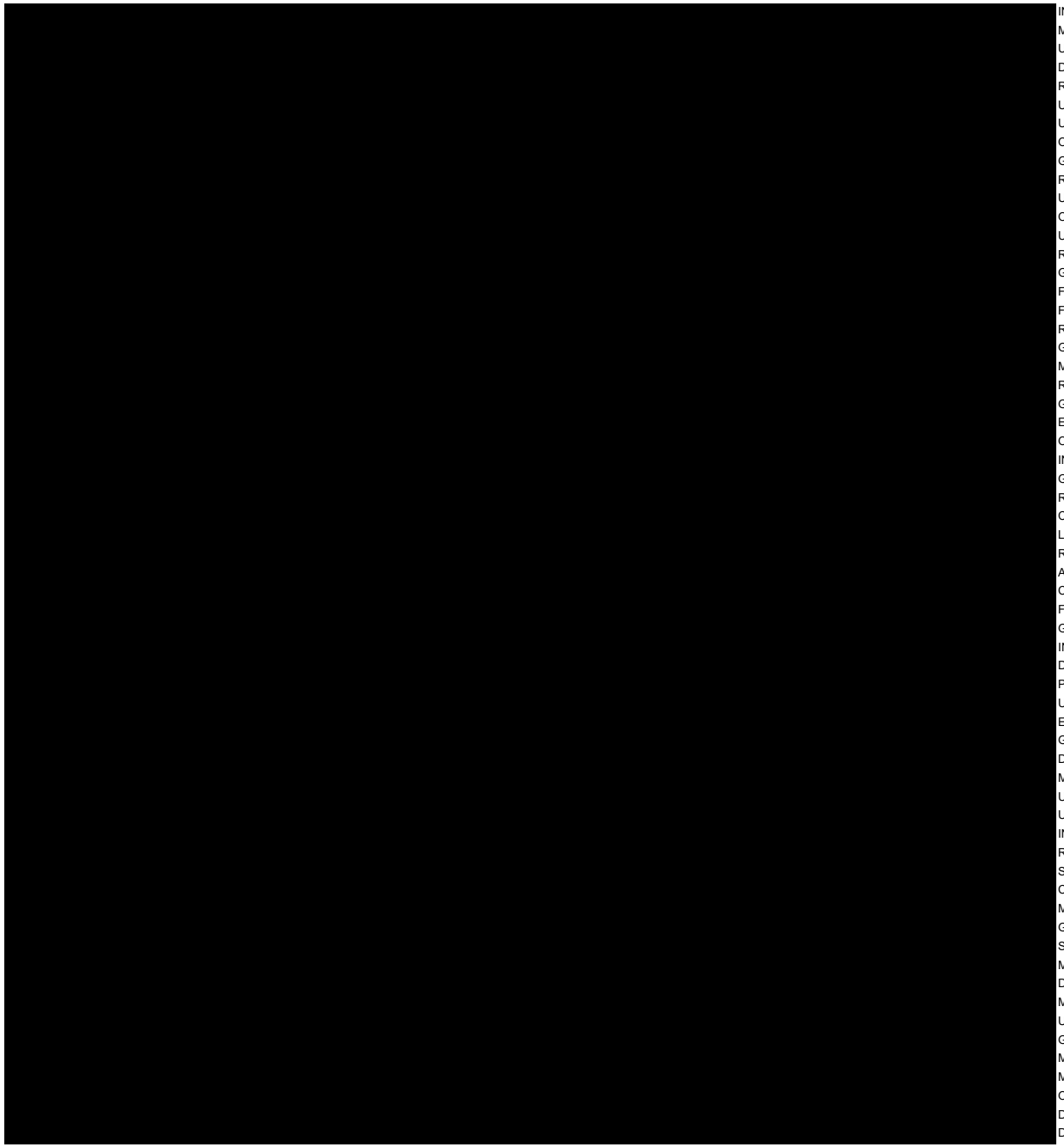
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL DENTI	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
HOME HEALTH C	Professional	Wellwise Retiree	N/A	N/A
PHARMACY	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	NO	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
PAIN MGMT ANE	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES



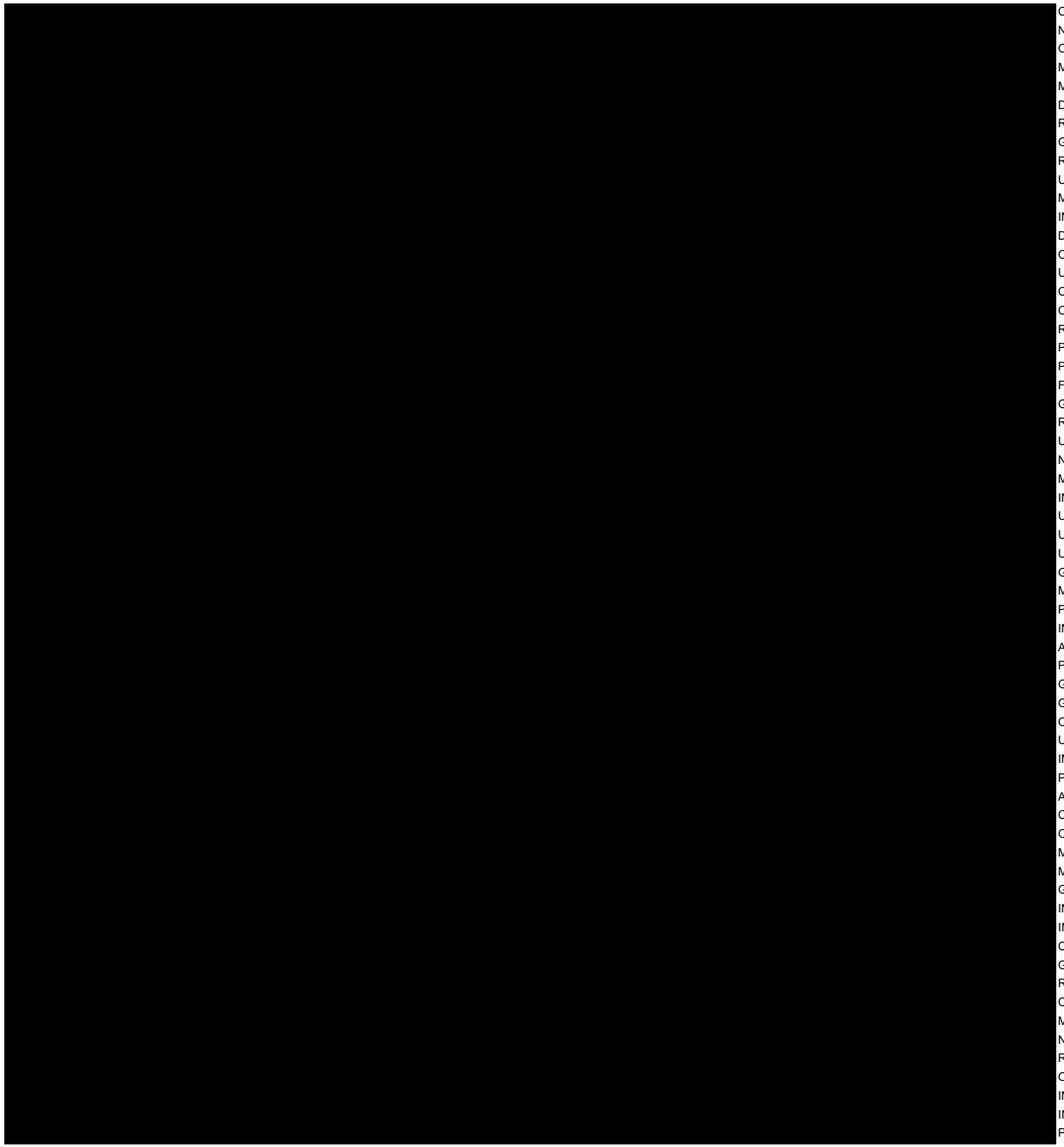
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MEDICAL ONCOL	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
NEUROLOGICAL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
RADIATION ONC	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES



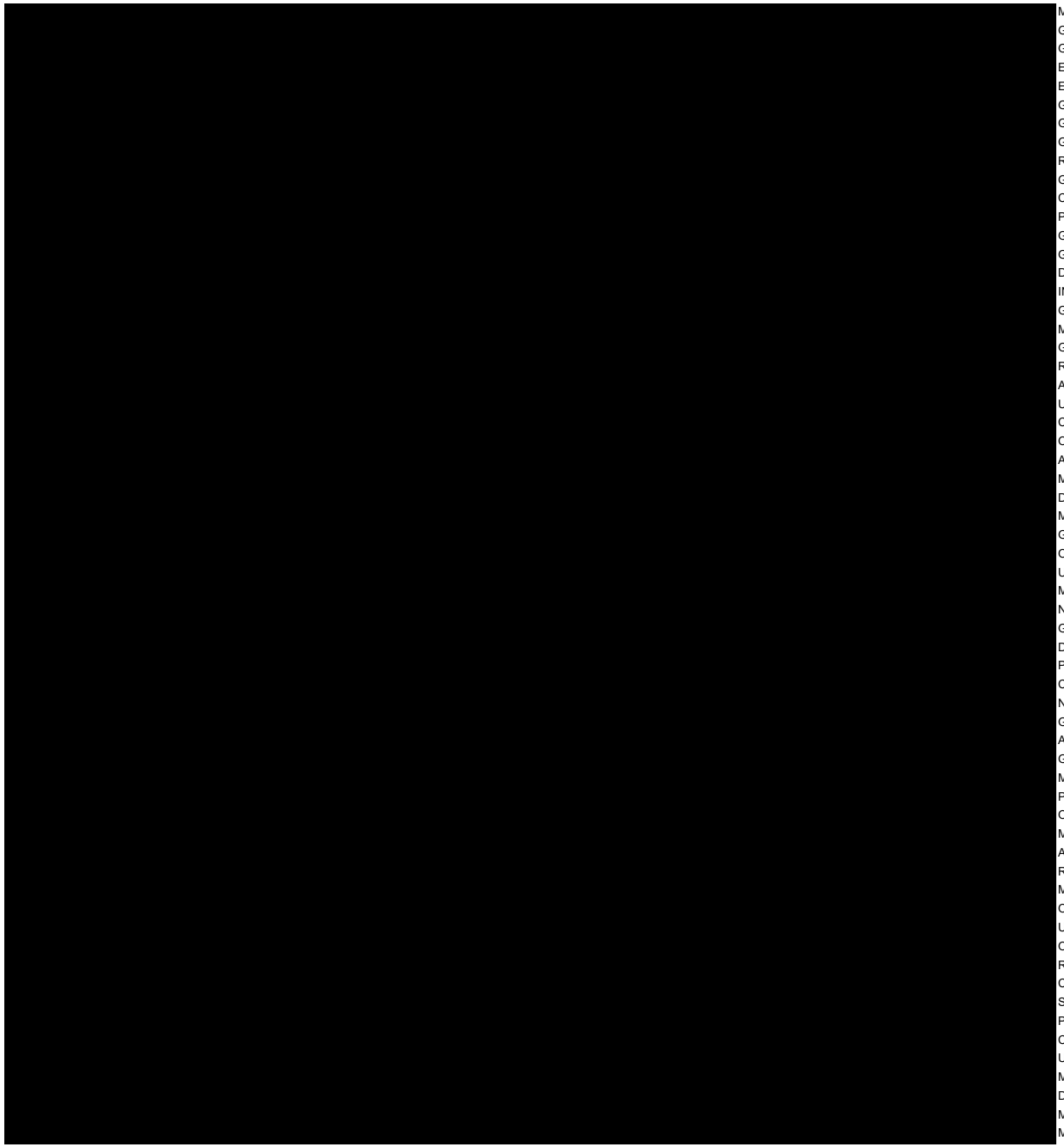
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	NO	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDI	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
CARDIOLOGY	Professional	Wellwise Retiree	NO	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
HOSPICE/PALLIA	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIATION ONC	Professional	Wellwise Retiree	YES	NO
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A



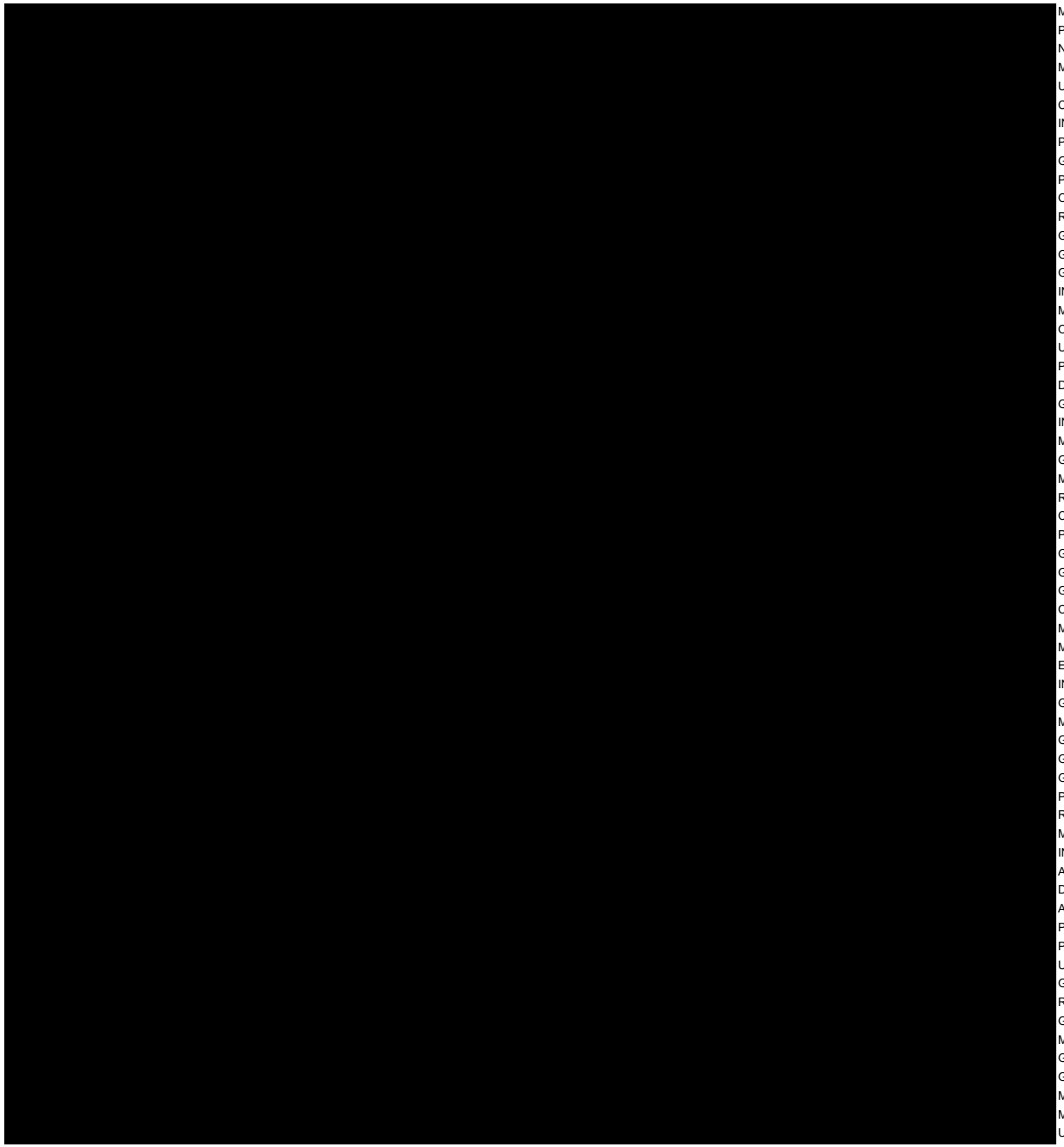
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	NO	NO
RHEUMATOLOG	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	NO	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INDIVIDUAL CER	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
SURGERY, THOR	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	N/A	N/A
SURGERY COLO	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	NO	NO



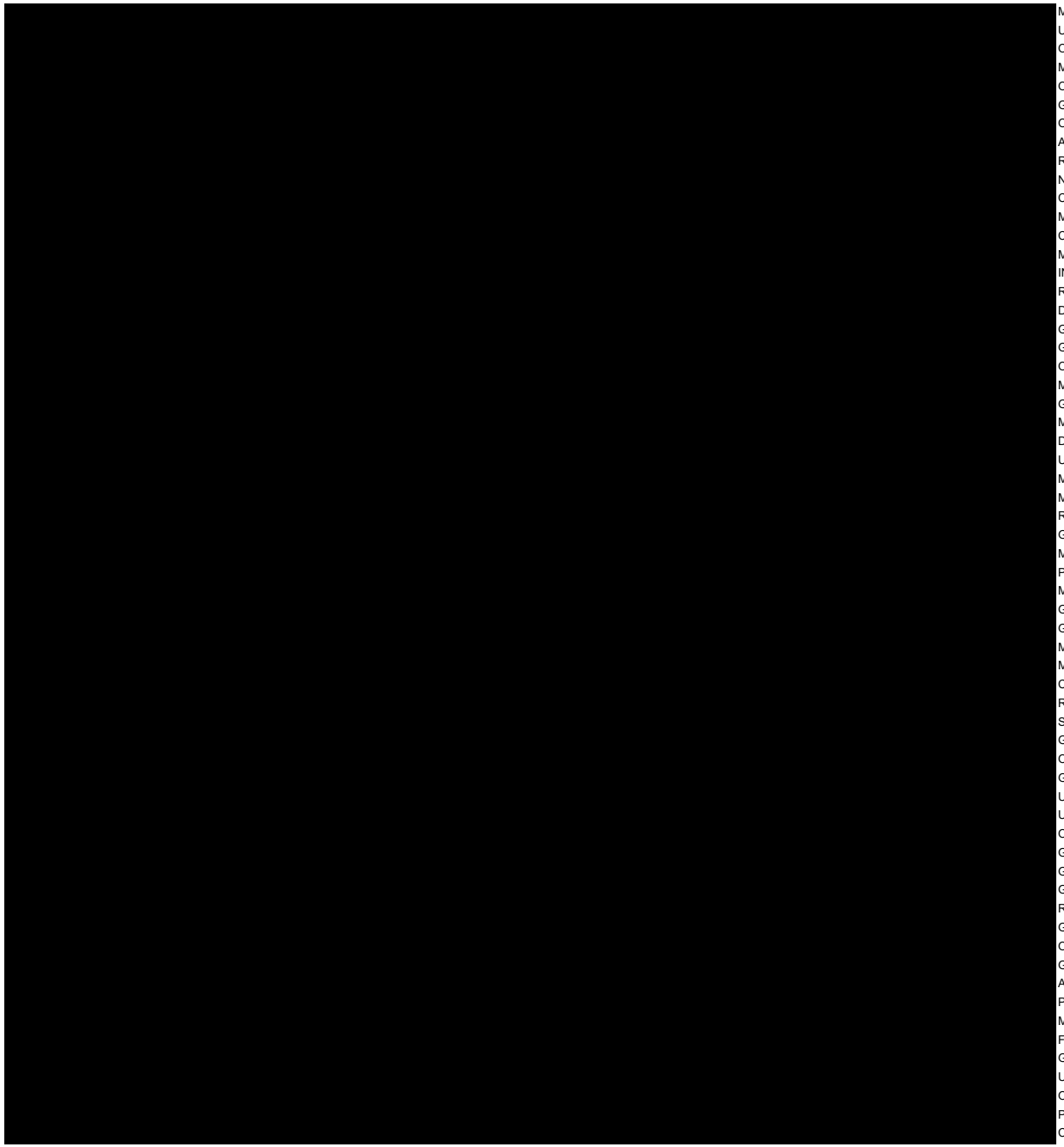
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	NO	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
REGISTERED DIE	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
INDEPENDENT L	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES



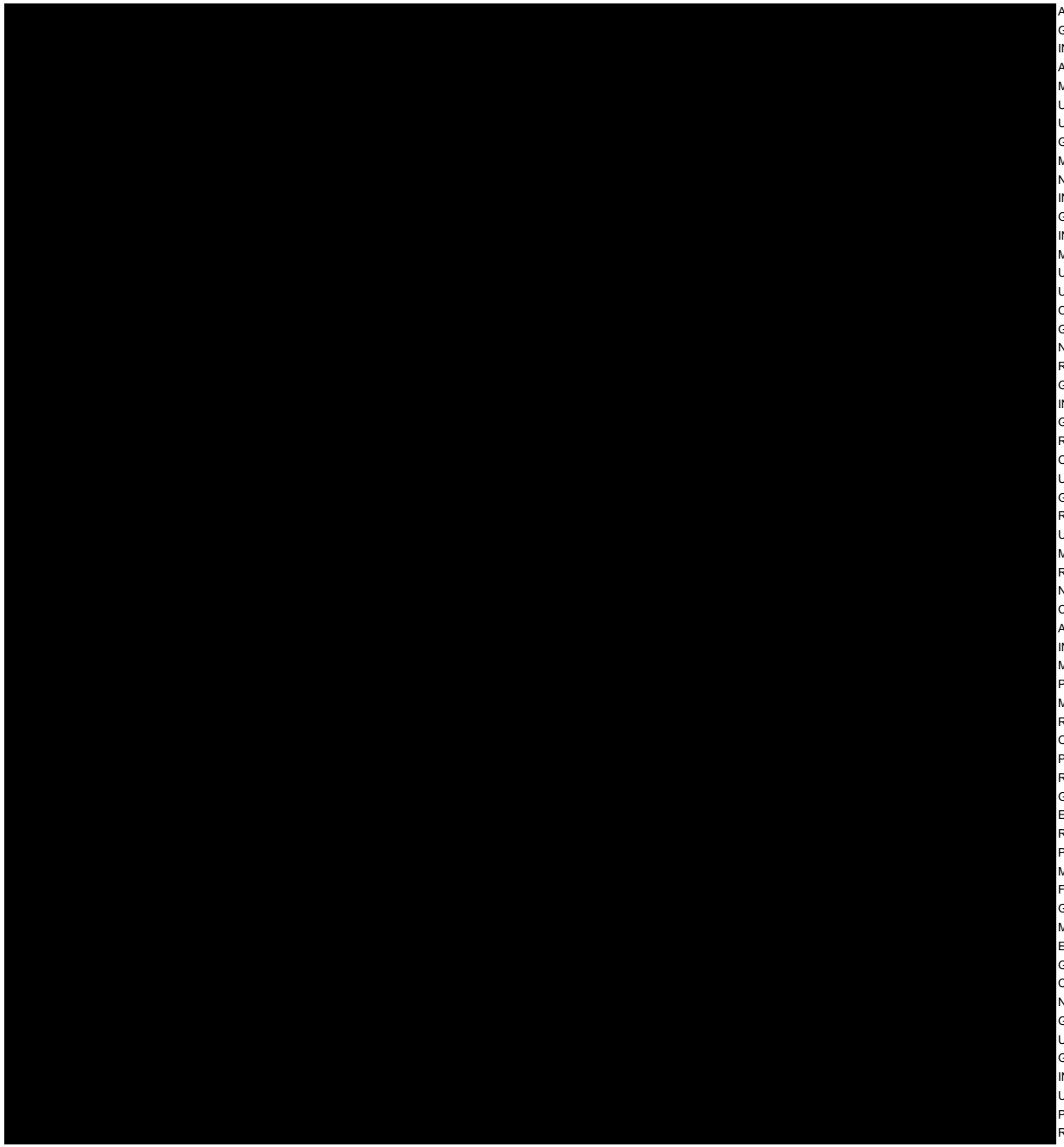
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
INTERVENTIONA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL DENTI	Professional	Wellwise Retiree	N/A	N/A
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLO	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDI	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
SURGICAL ONC	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO



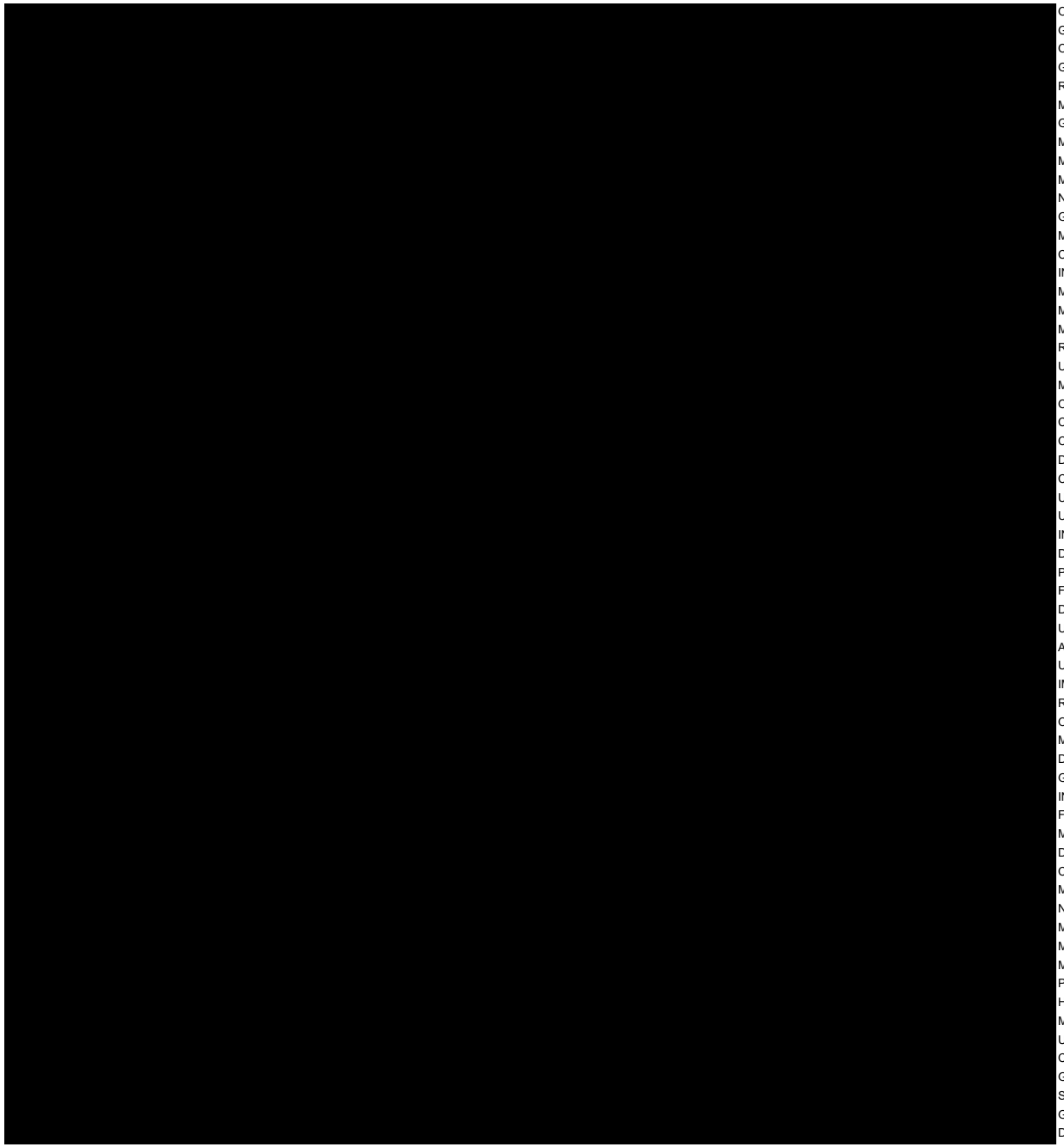
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Retiree	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
RHEUMATOLOG	Professional	Wellwise Retiree	YES	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES - Hospital Based	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	N/A	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES



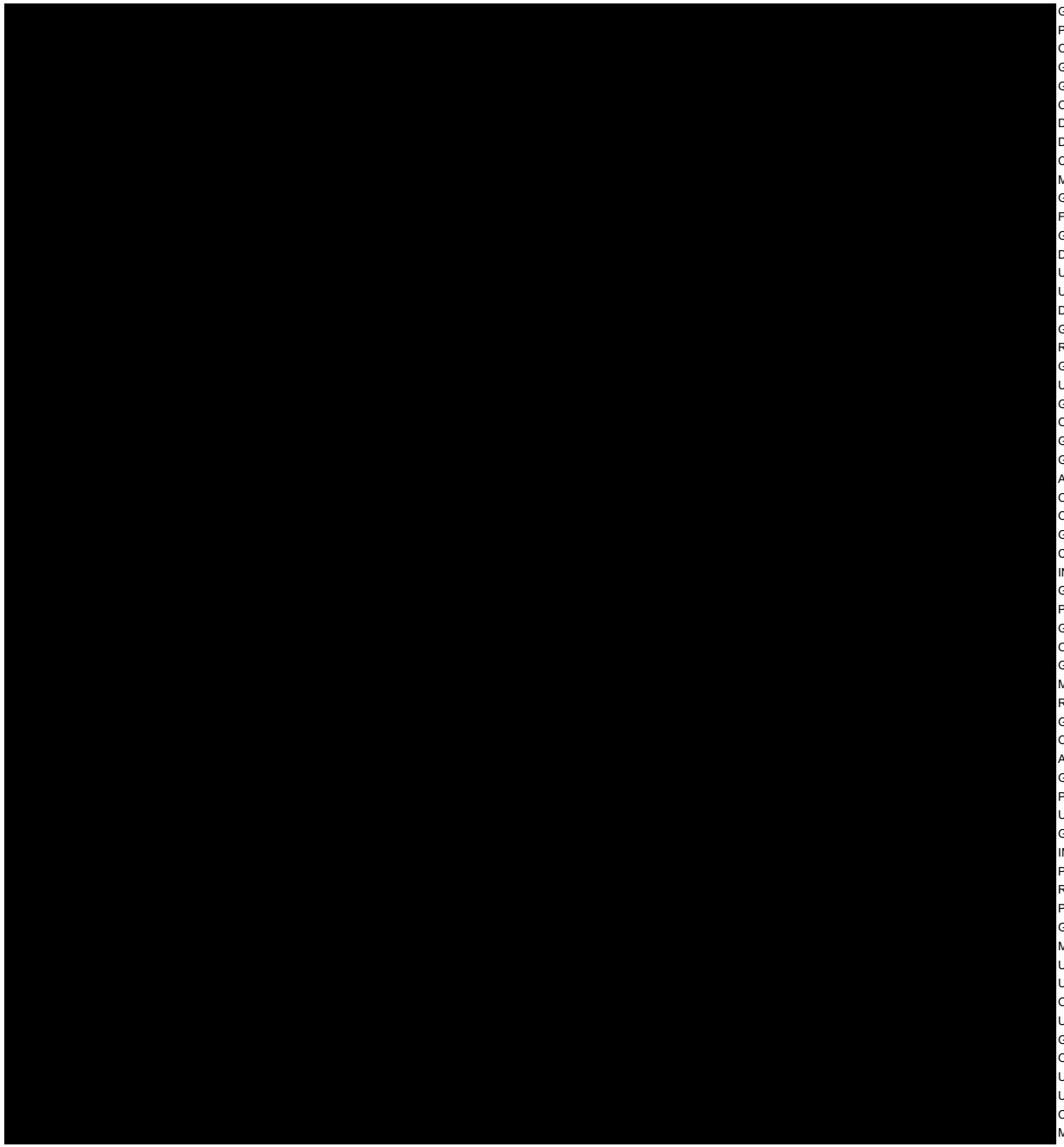
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	NO
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
CERTIFIED PROS	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	NO	NO
RADIATION ONC(	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	NO	NO
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Retiree	N/A	N/A
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
SLEEP STUDY CI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	NO
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
PHYSICAL MEDI(	Professional	Wellwise Retiree	YES	NO
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES



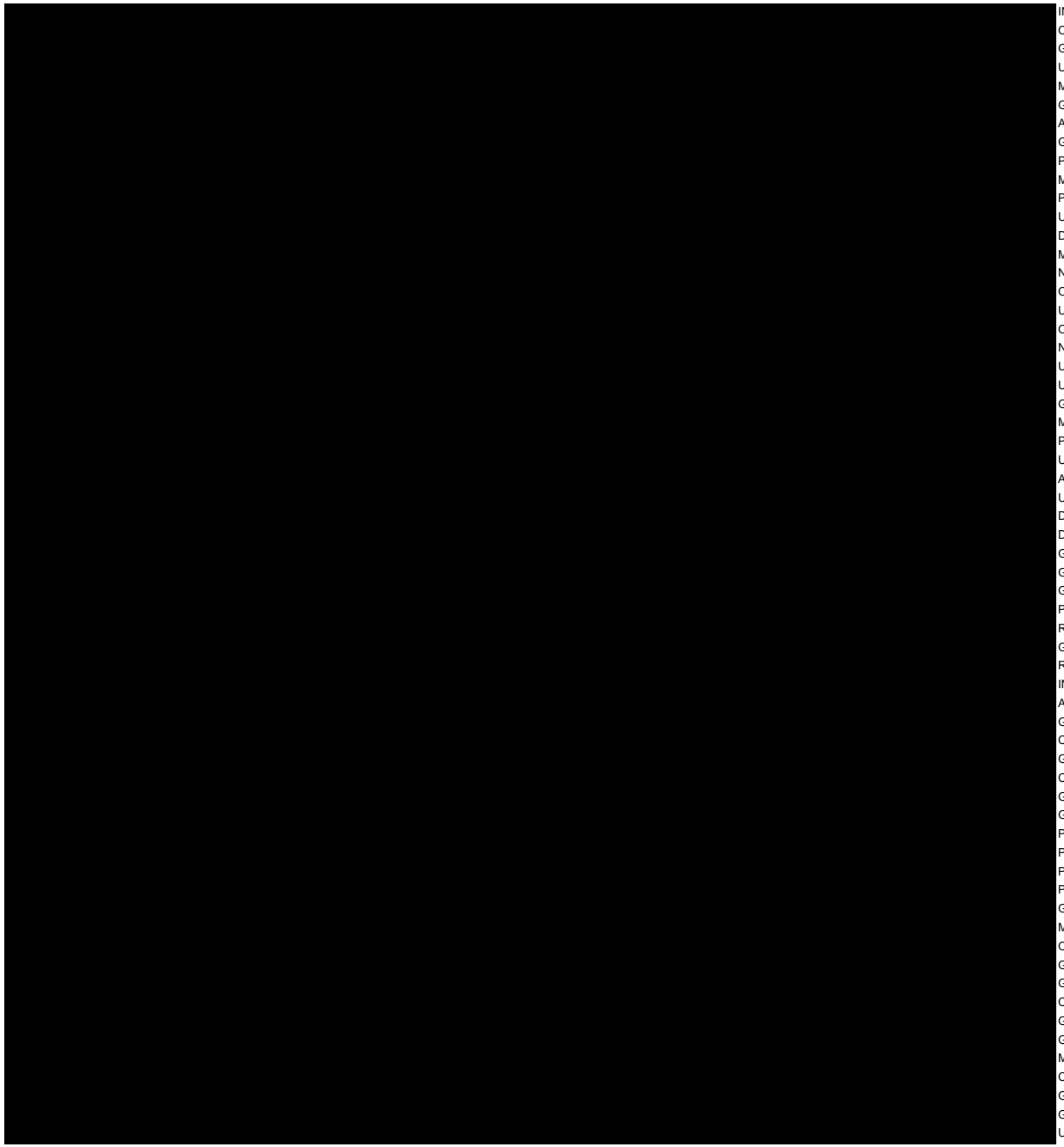
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
GYNECOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	NO
PHYSIOLOGICAL	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	NO	NO
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



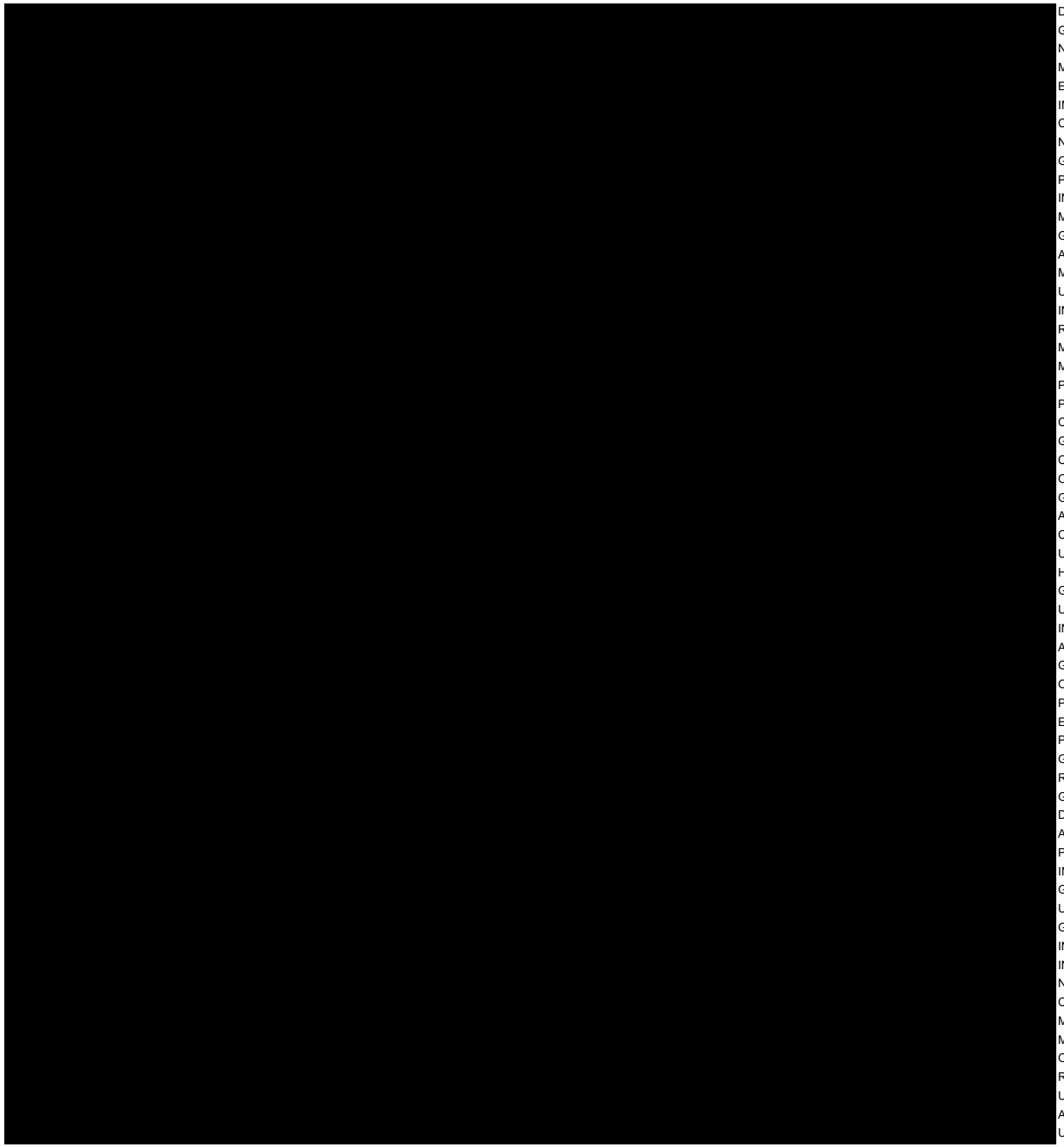
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OCCUPATIONAL	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Retiree	NO	NO
HOME INFUSION	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
SLEEP STUDY CI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO



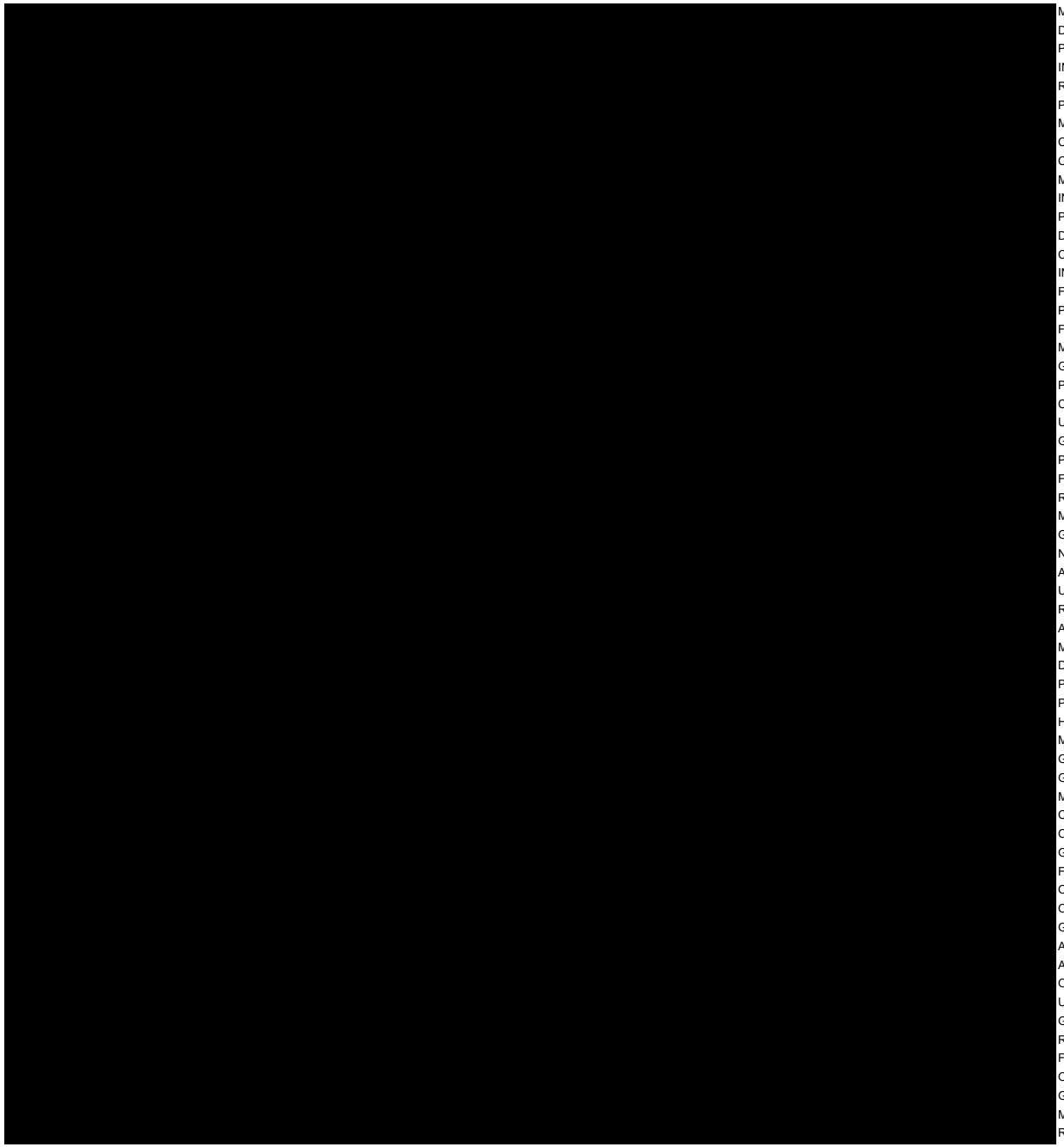
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
OCCUPATIONAL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO



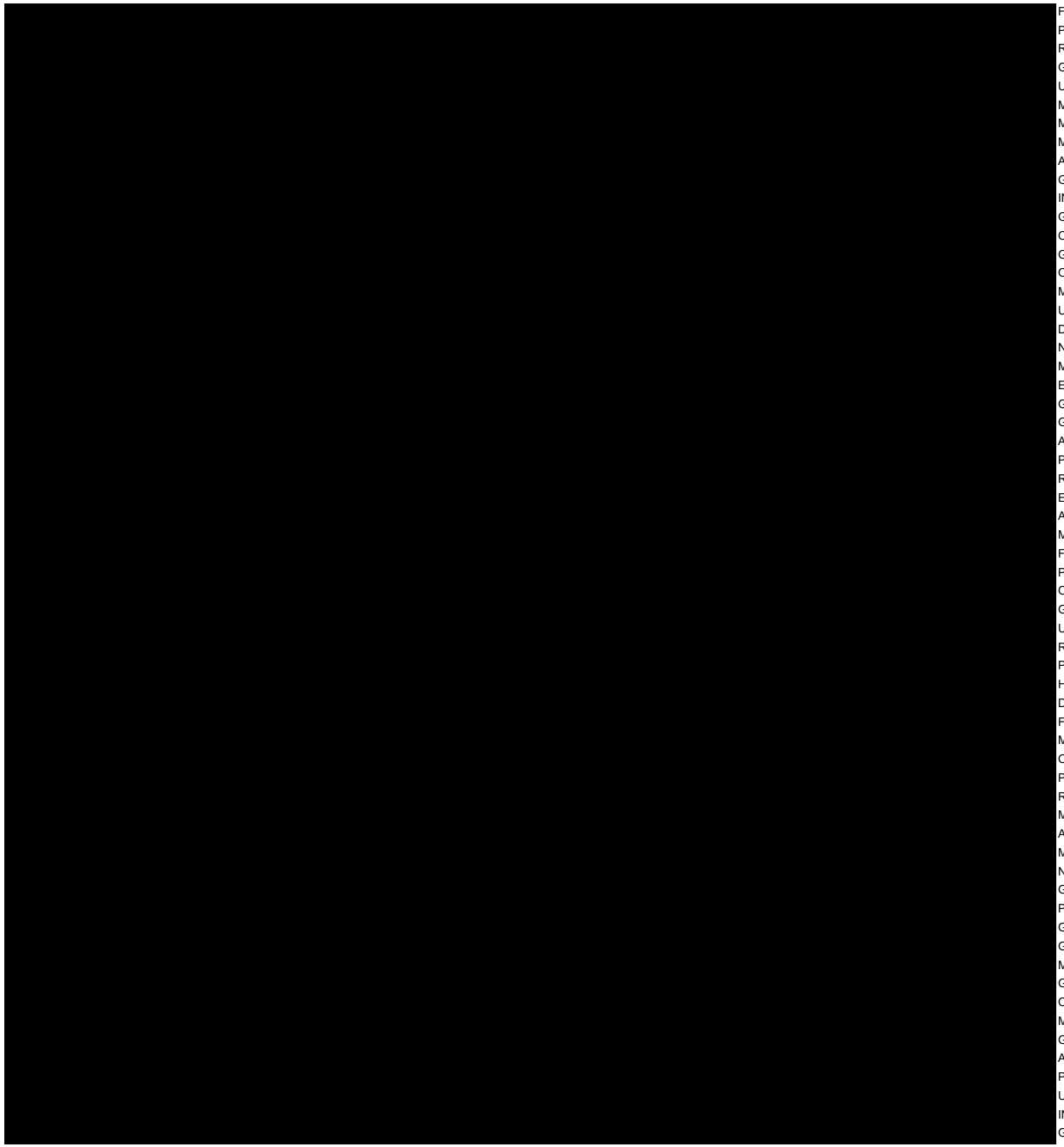
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL	Professional	Wellwise Retiree	YES	NO
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES



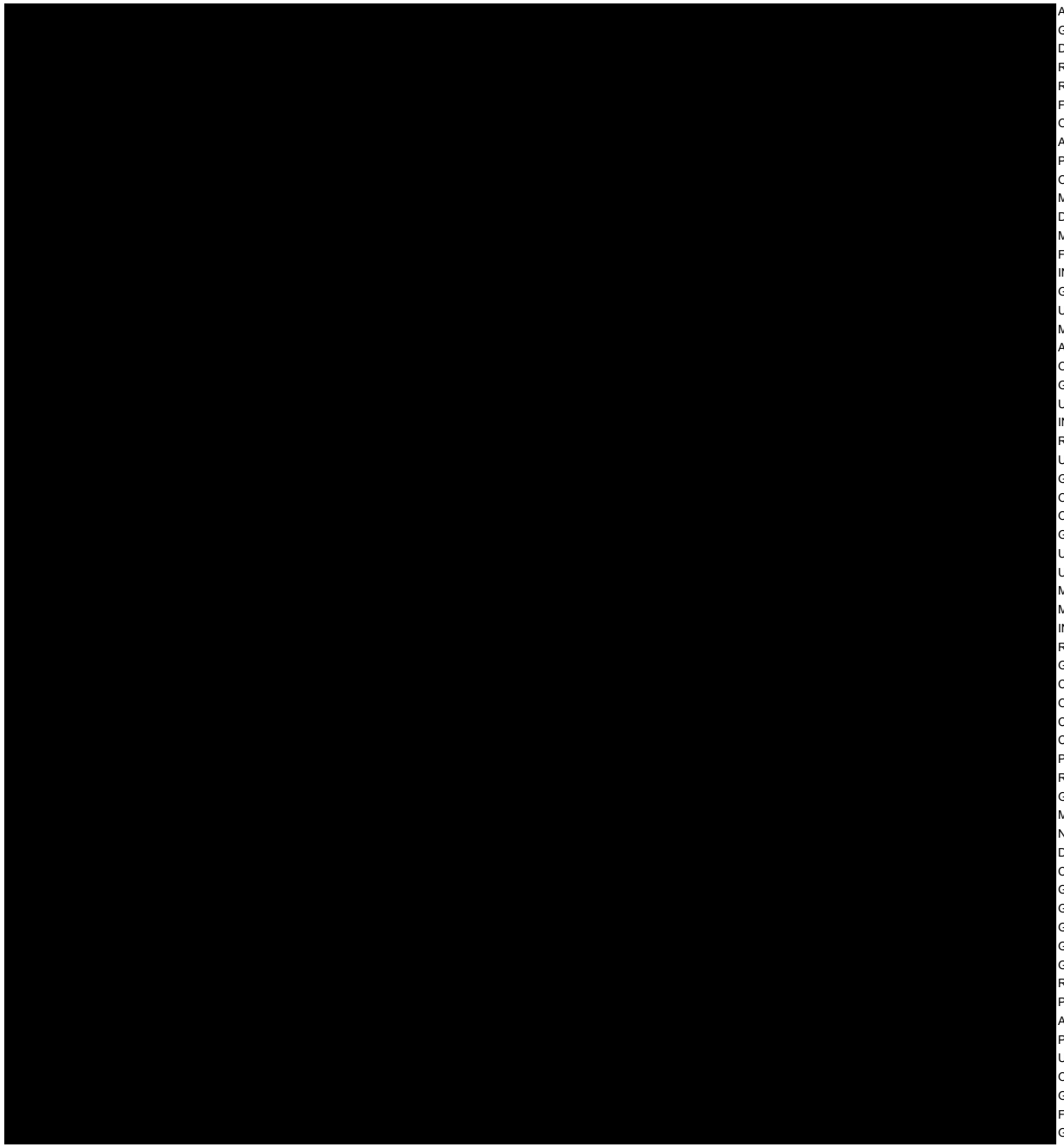
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	NO
HEMATOLOGY A	Professional	Wellwise Retiree	NO	NO
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



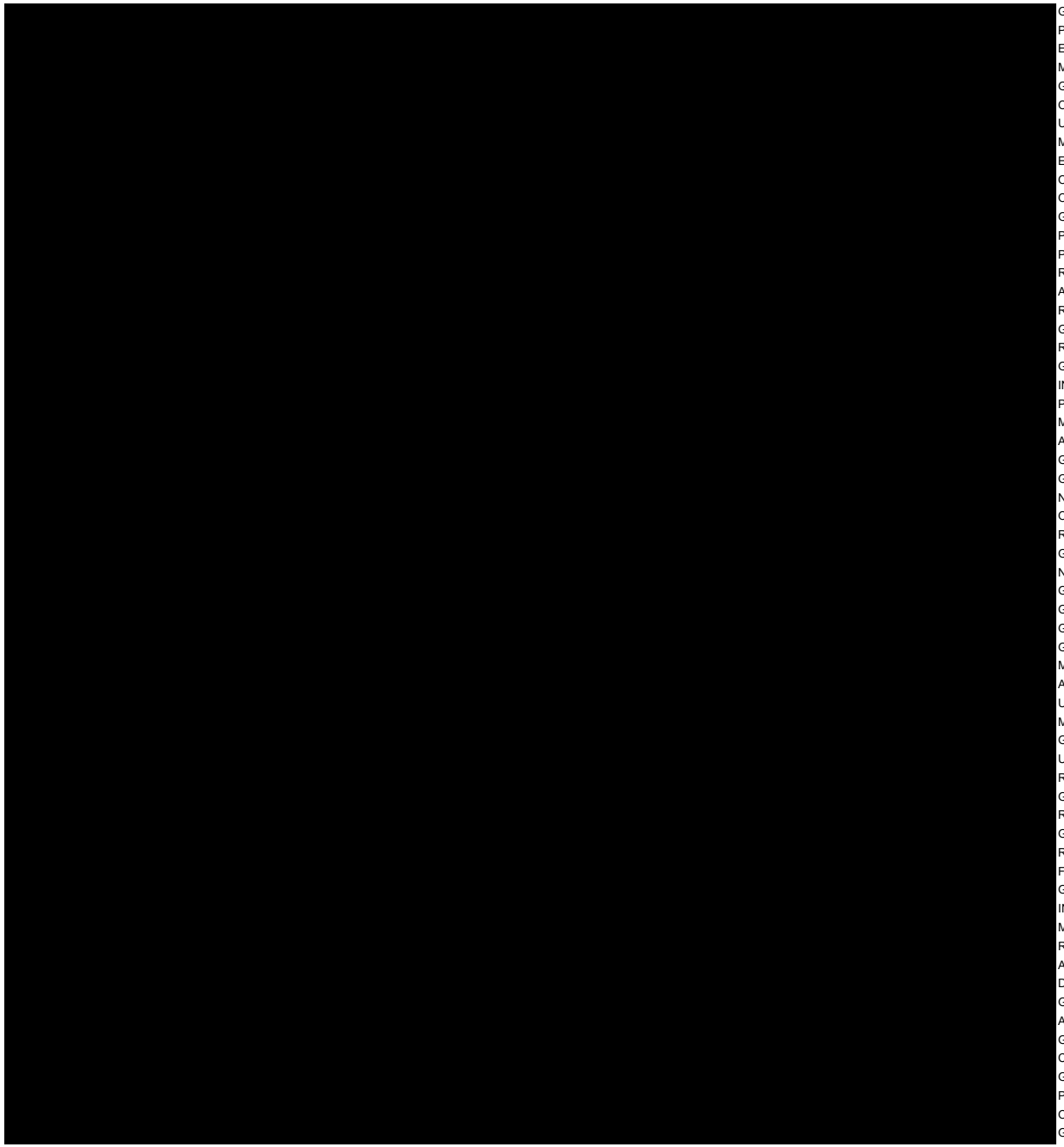
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INDEPENDENT L	Professional	Wellwise Retiree	YES	N/A
PAIN MGMT ANE	Professional	Wellwise Retiree	YES	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES



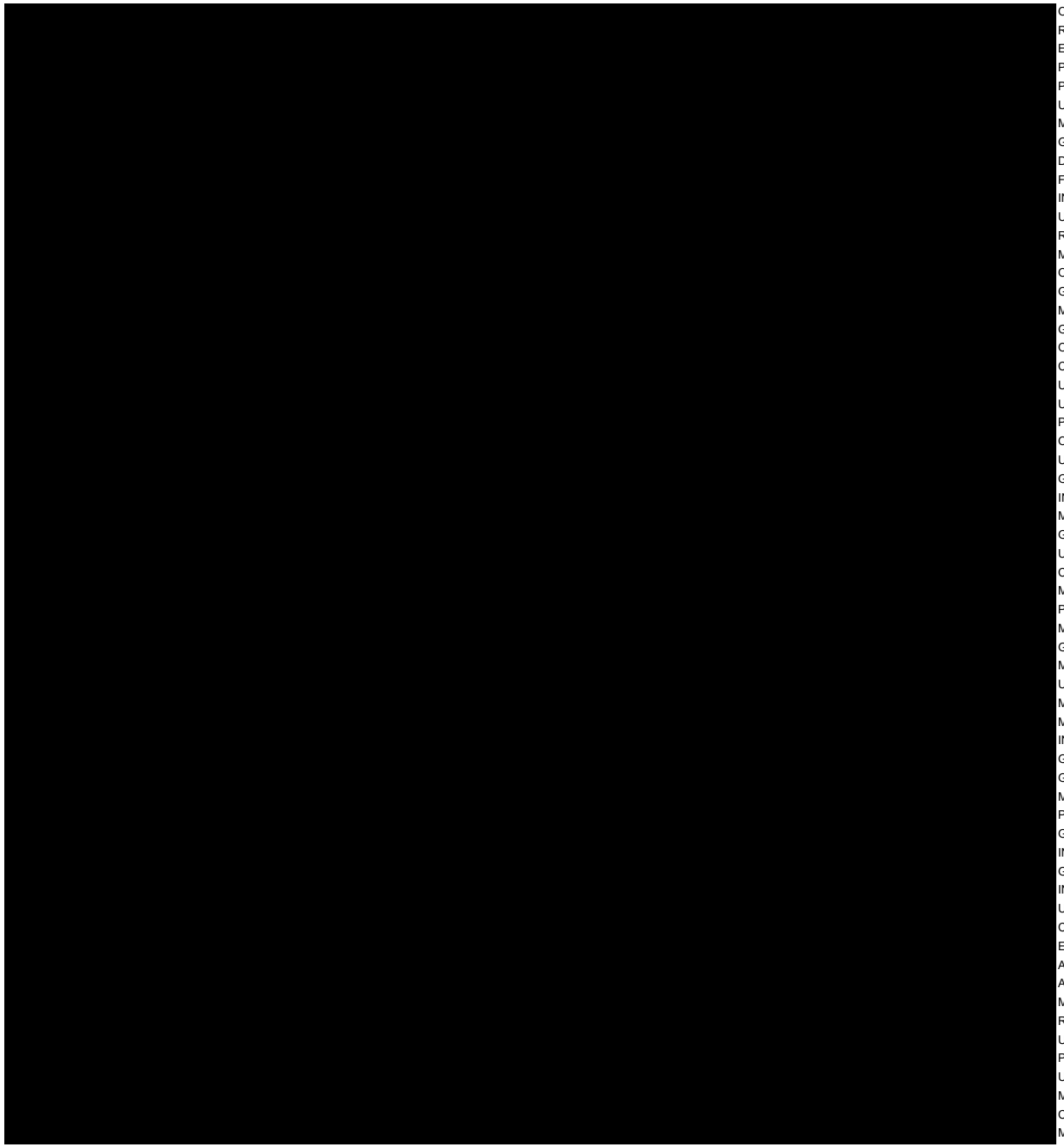
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
NEPHROLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
HOME HEALTH C	Professional	Wellwise Retiree	N/A	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
GASTROENTERC	Professional	Wellwise Retiree	YES	NO



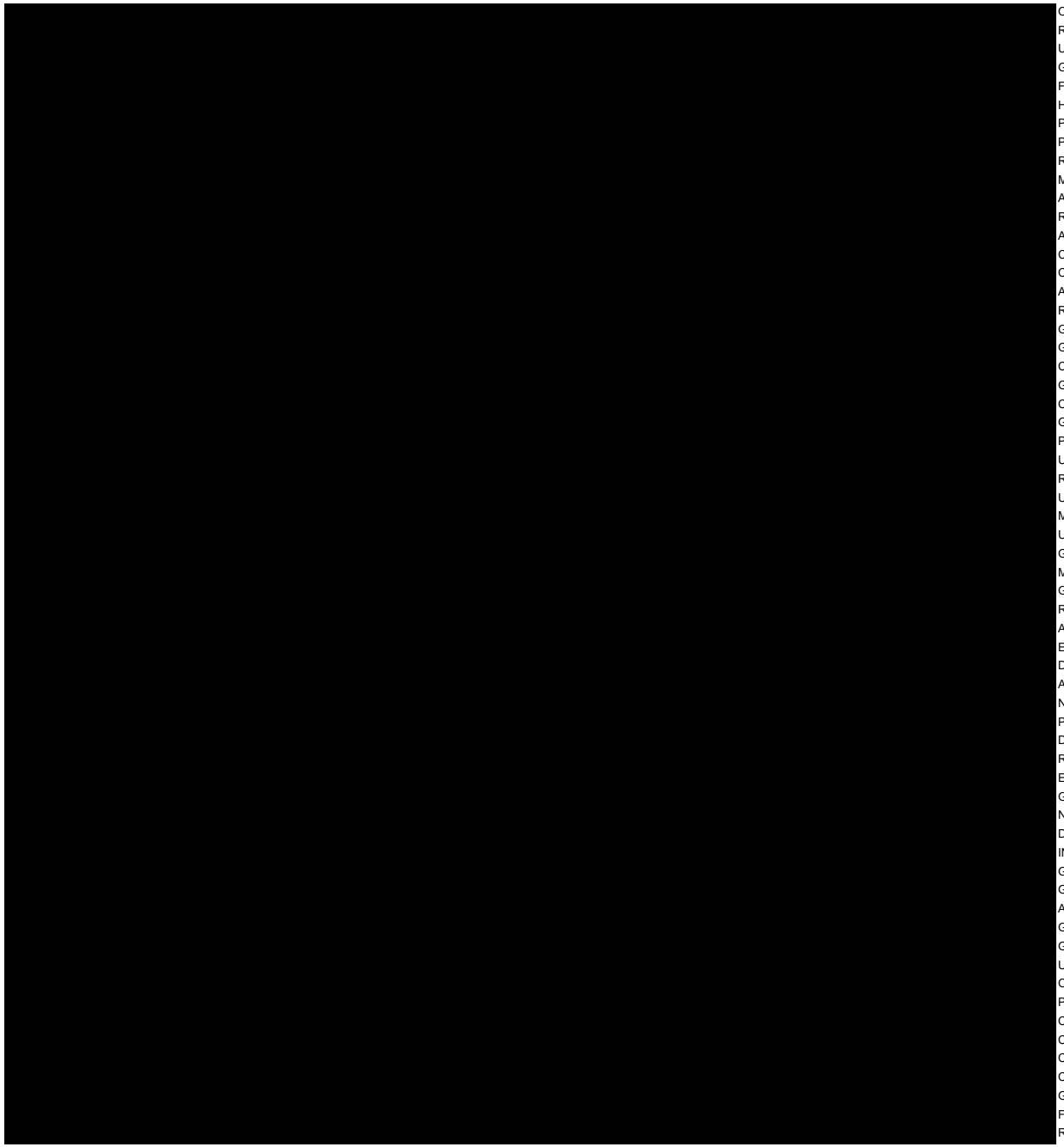
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	NO	NO
INDIIVIDUAL CER	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A



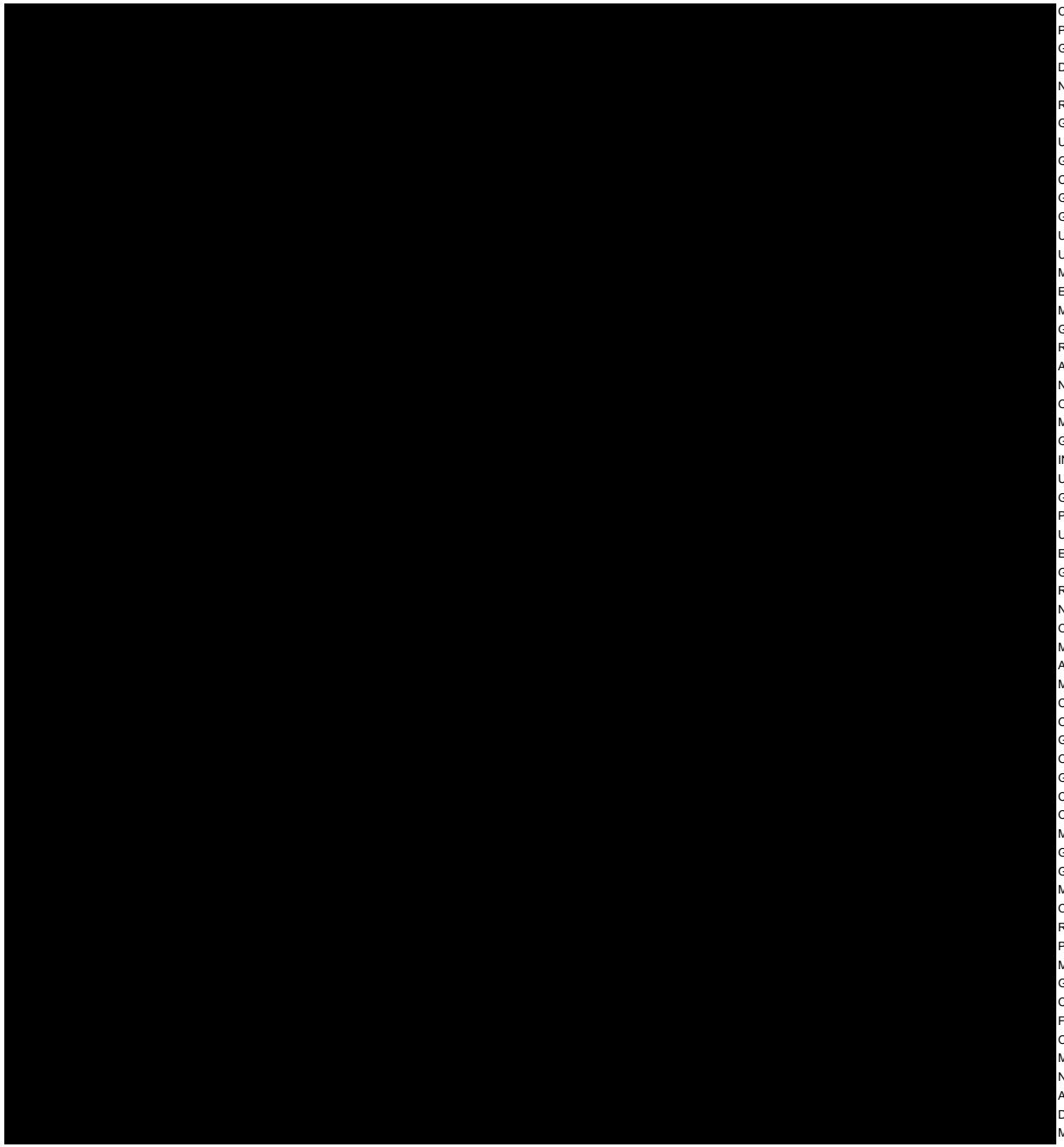
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES - Hospital Based	N/A
O.B. - GYNECOL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
GERIATRIC MED	Professional	Wellwise Retiree	NO	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A



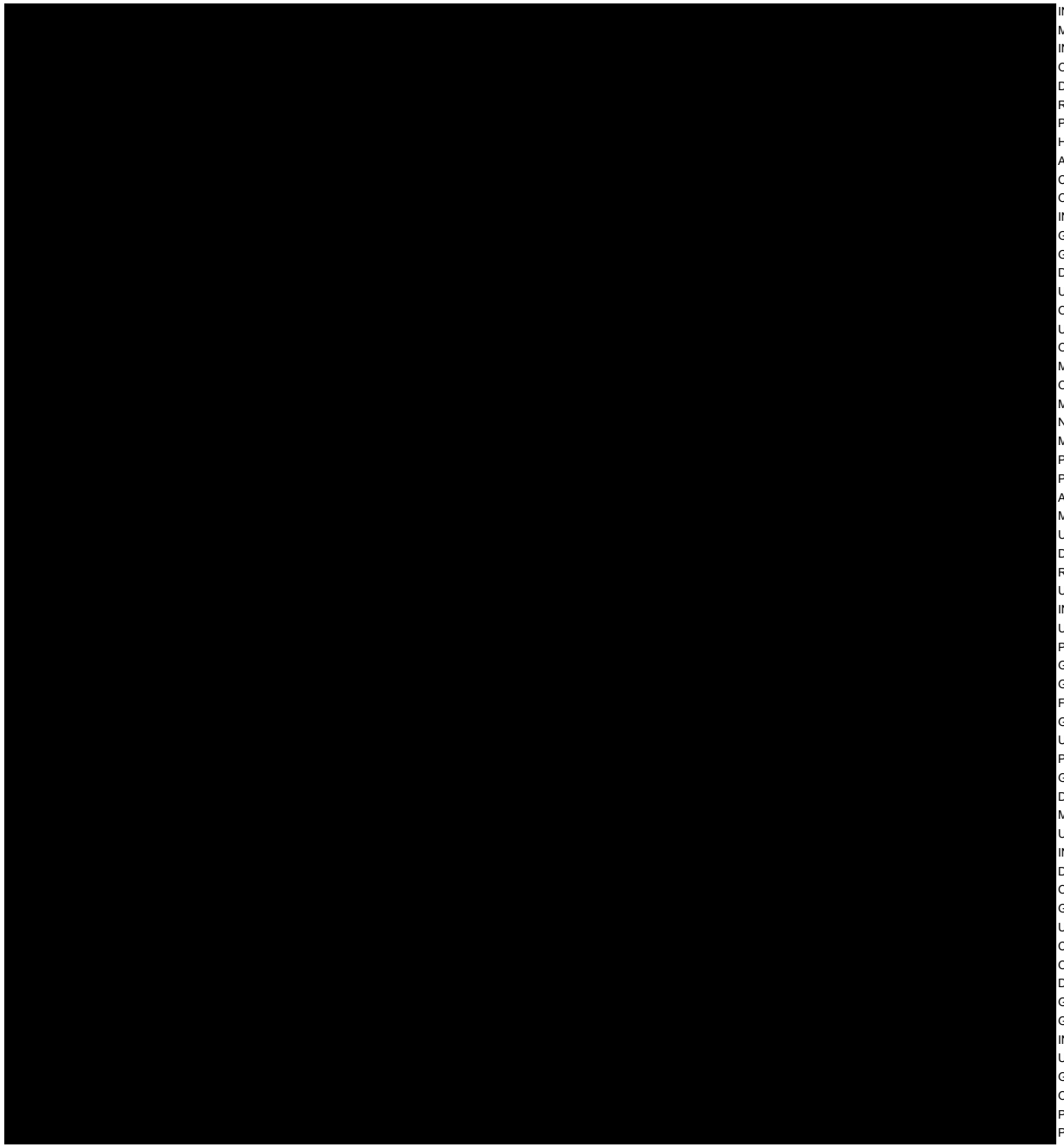
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
INDEPENDENT L	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
MRI CENTER	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	N/A



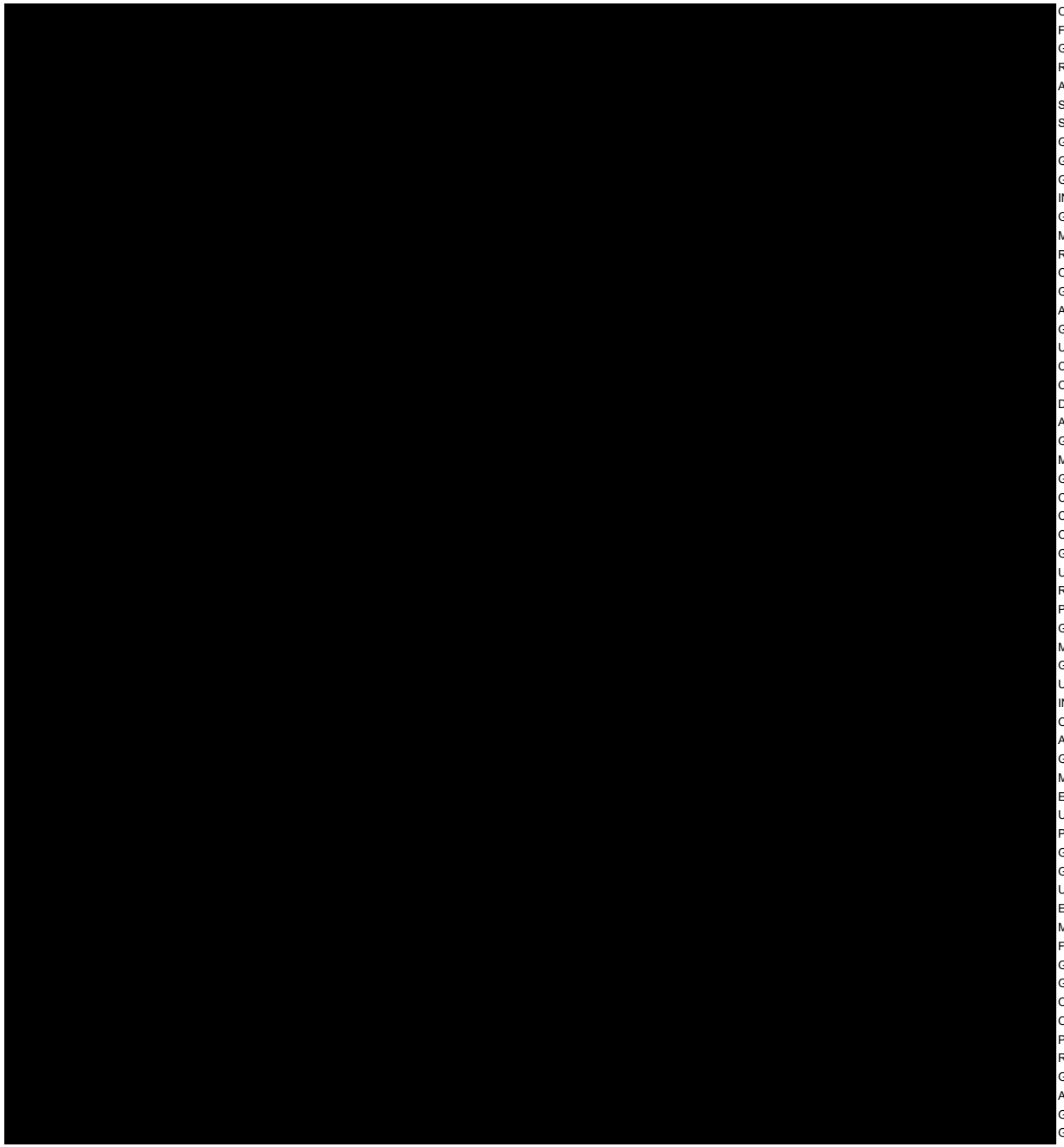
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
HOSPITALIST MI	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLO	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CLINICAL LAB M	Professional	Wellwise Retiree	NO	NO
CLINICAL LAB M	Professional	Wellwise Retiree	YES	YES
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB M	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB M	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB M	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB M	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



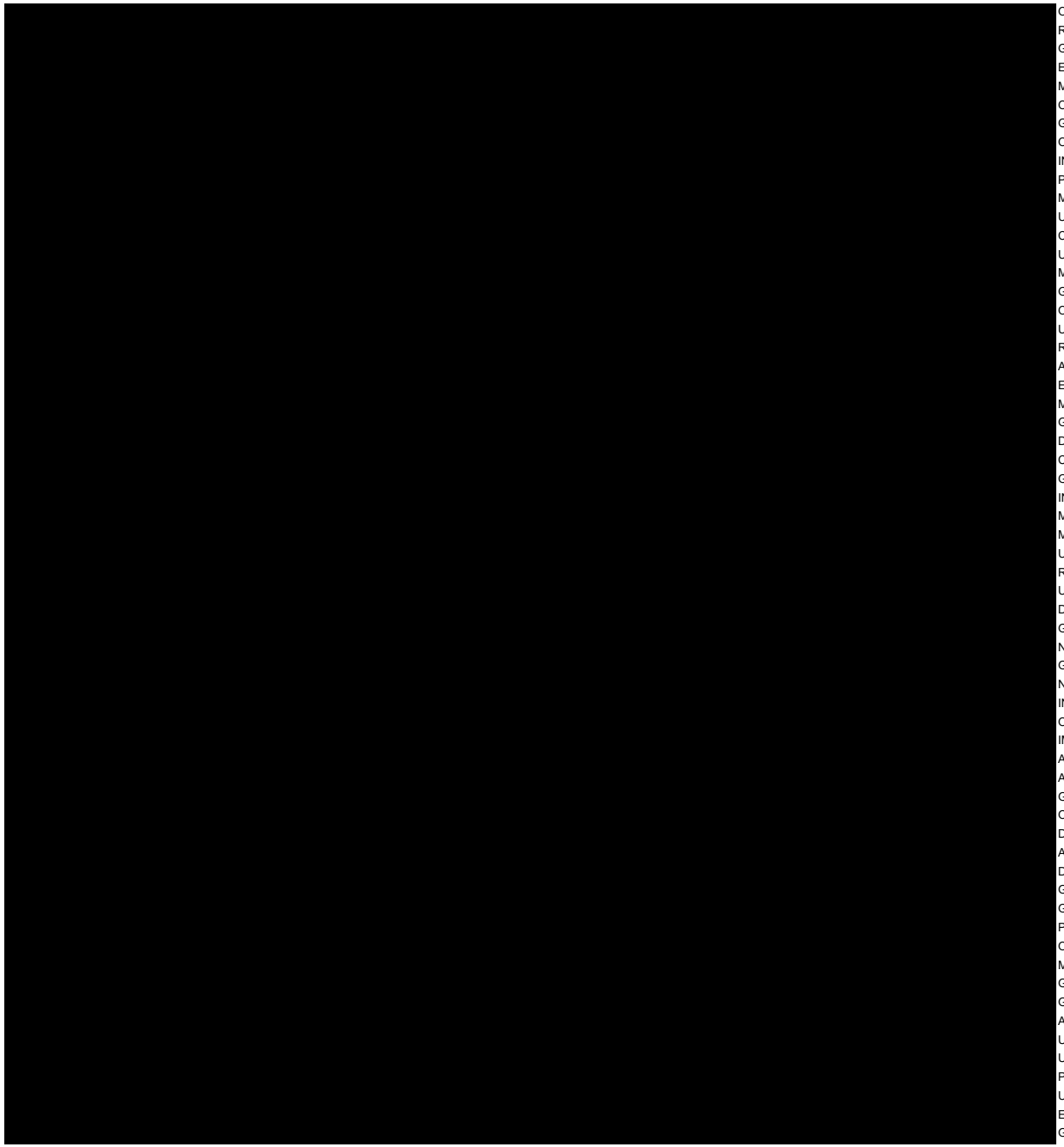
CERTIFIED RN AI	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
OUTPATIENT ME	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO



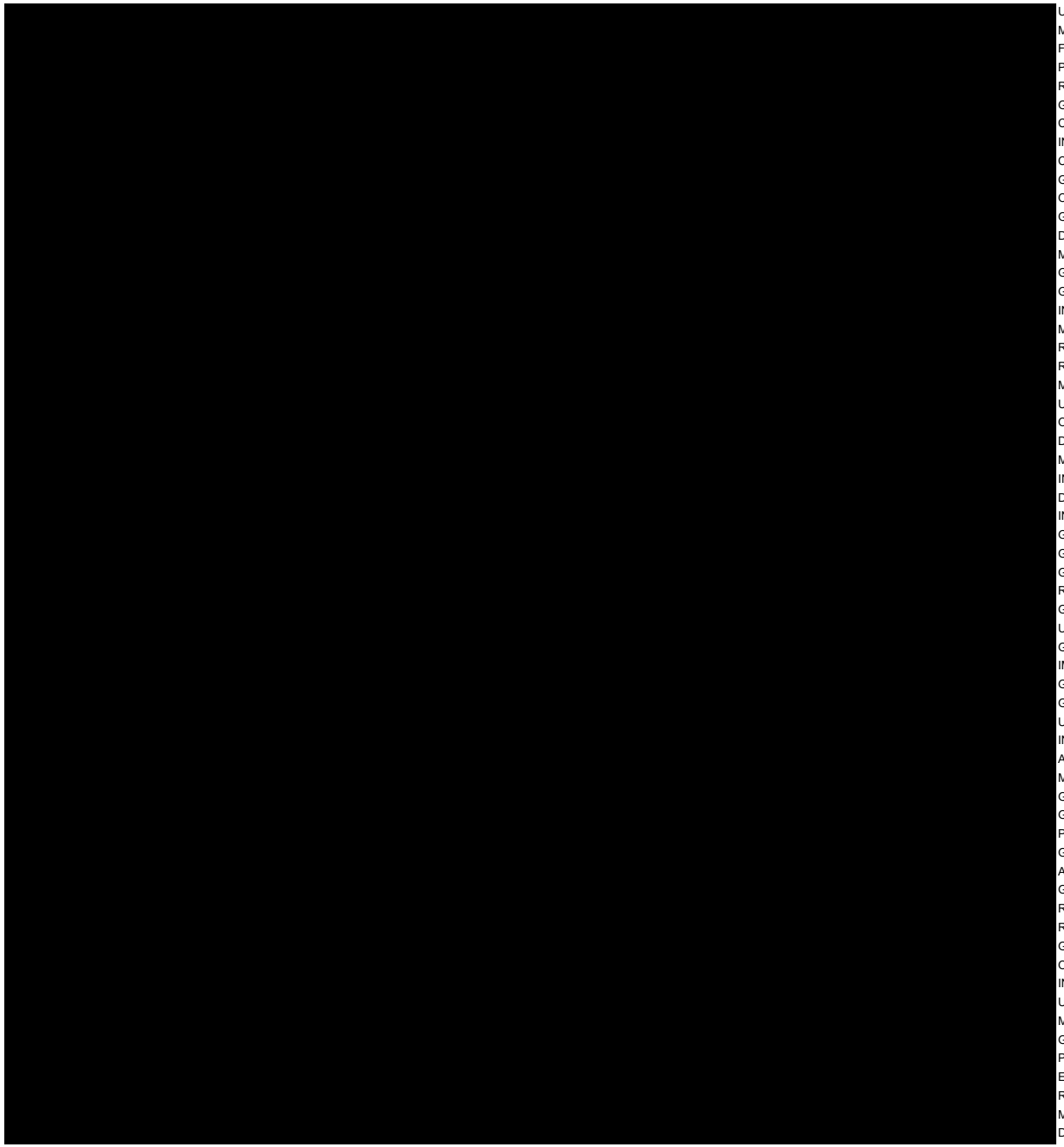
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	NO	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
ALLERGY & IMMU	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	NO
CARDIOVASCULA	Professional	Wellwise Retiree	YES	NO
O.B. - GYNECOLC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	N/A



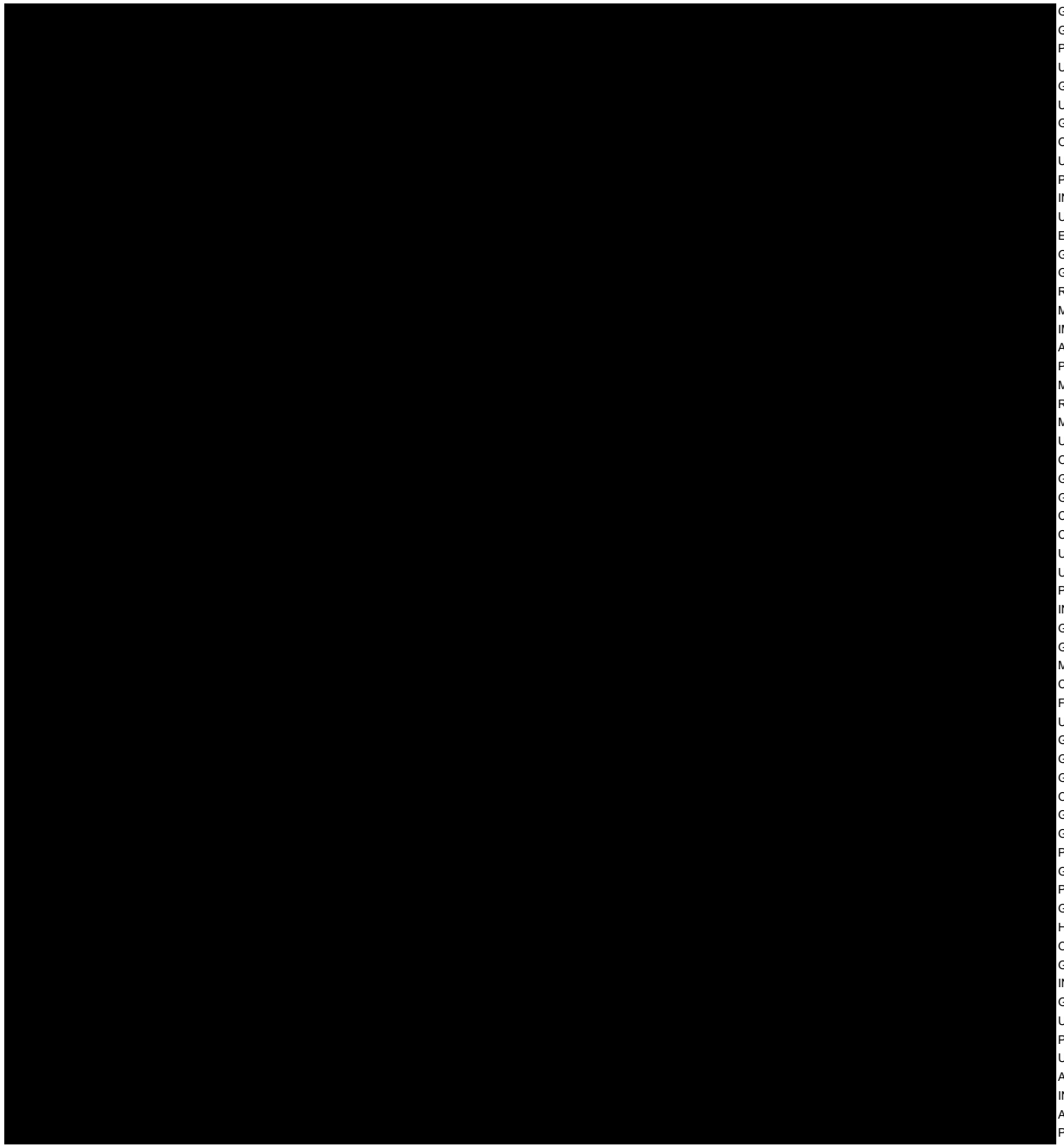
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
SLEEP STUDY CI	Professional	Wellwise Retiree	YES	YES
SLEEP STUDY CI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	NO	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	NO	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INDEPENDENT L	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A



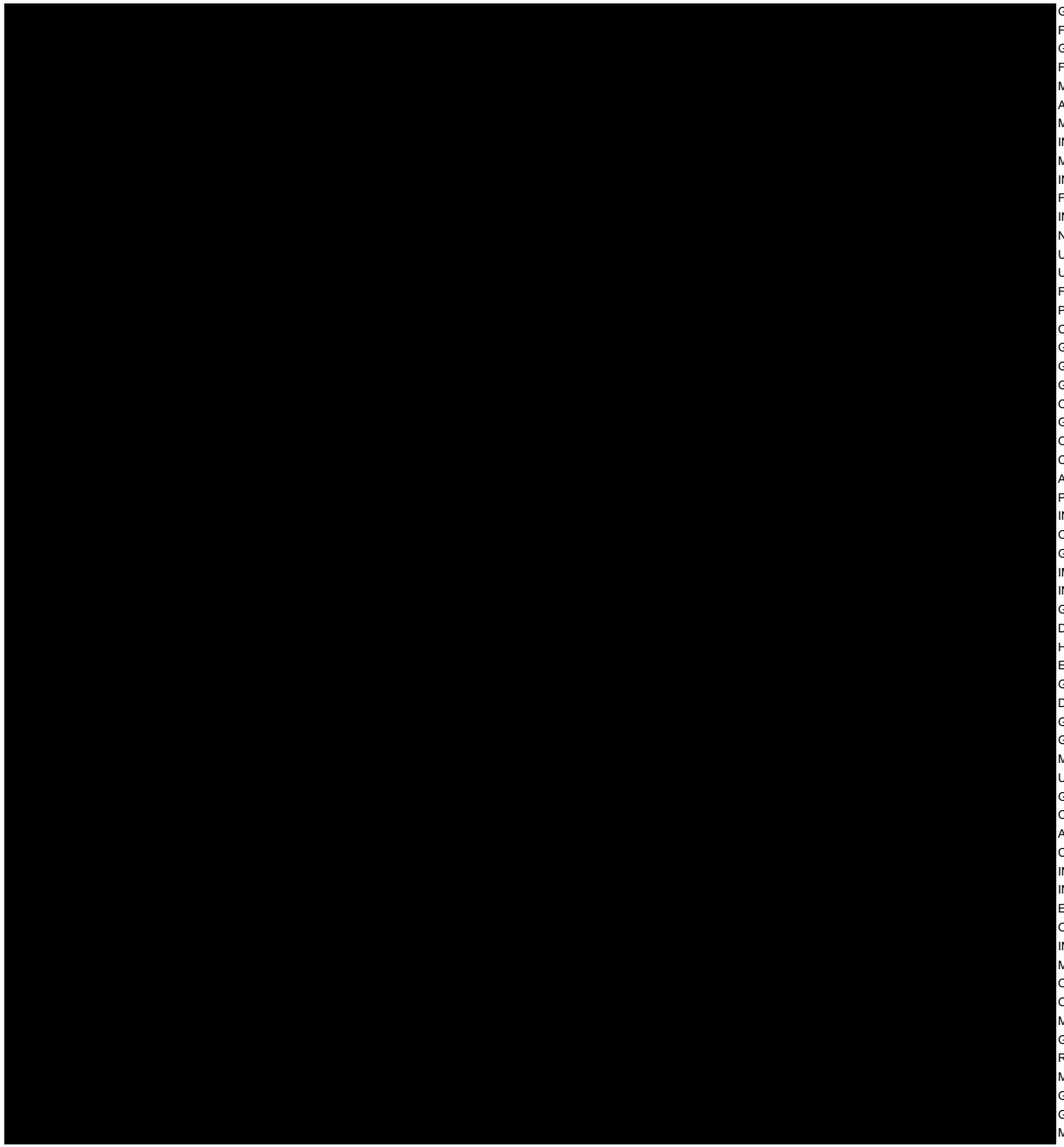
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDI(	Professional	Wellwise Retiree	NO	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
INFECTIOUS DIS	Professional	Wellwise Retiree	NO	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ALLERGY & IMM(	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A



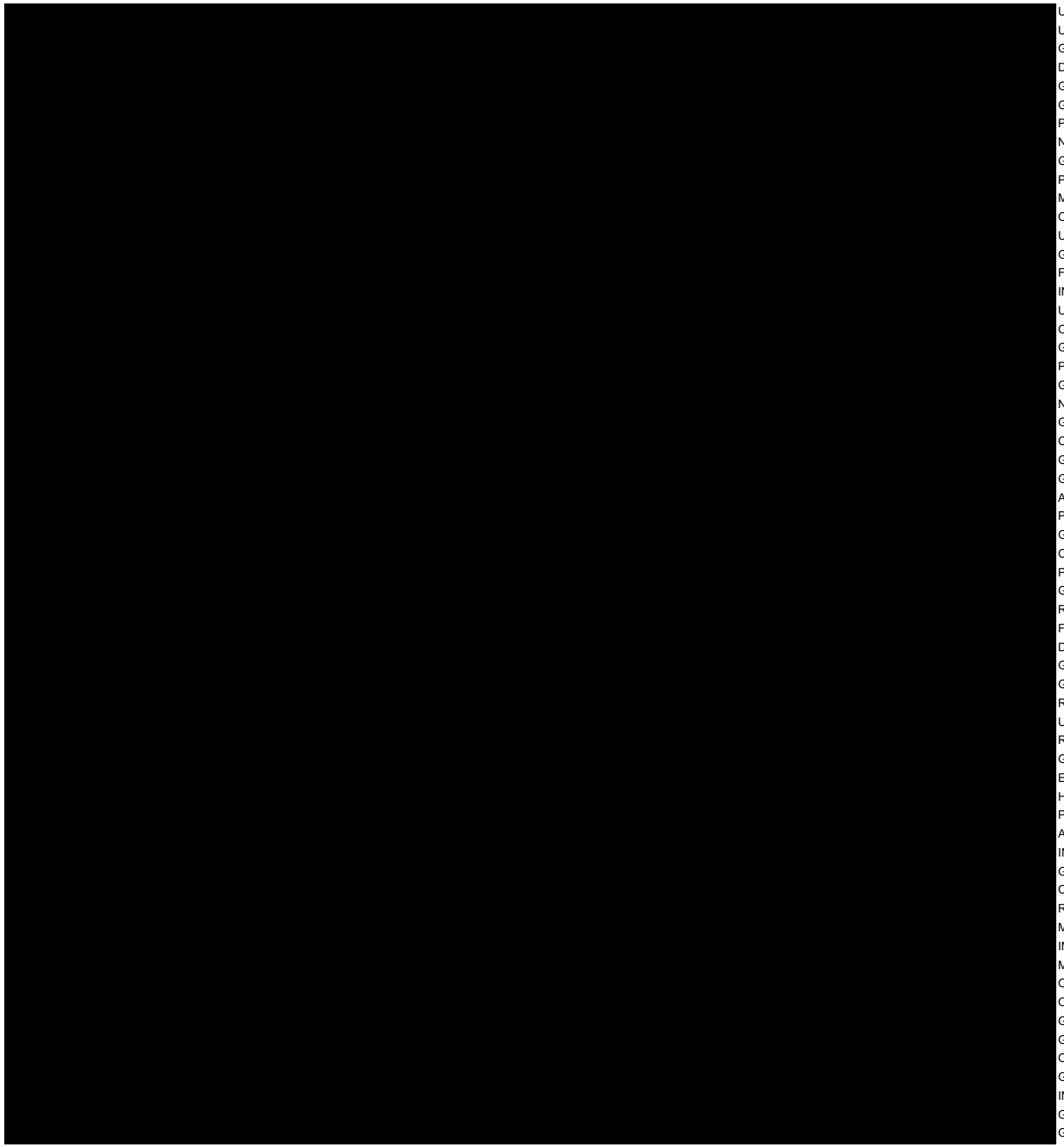
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDI(	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	YES
RETAIL HEALTH '	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLO(	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PLASTIC SURGE	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES



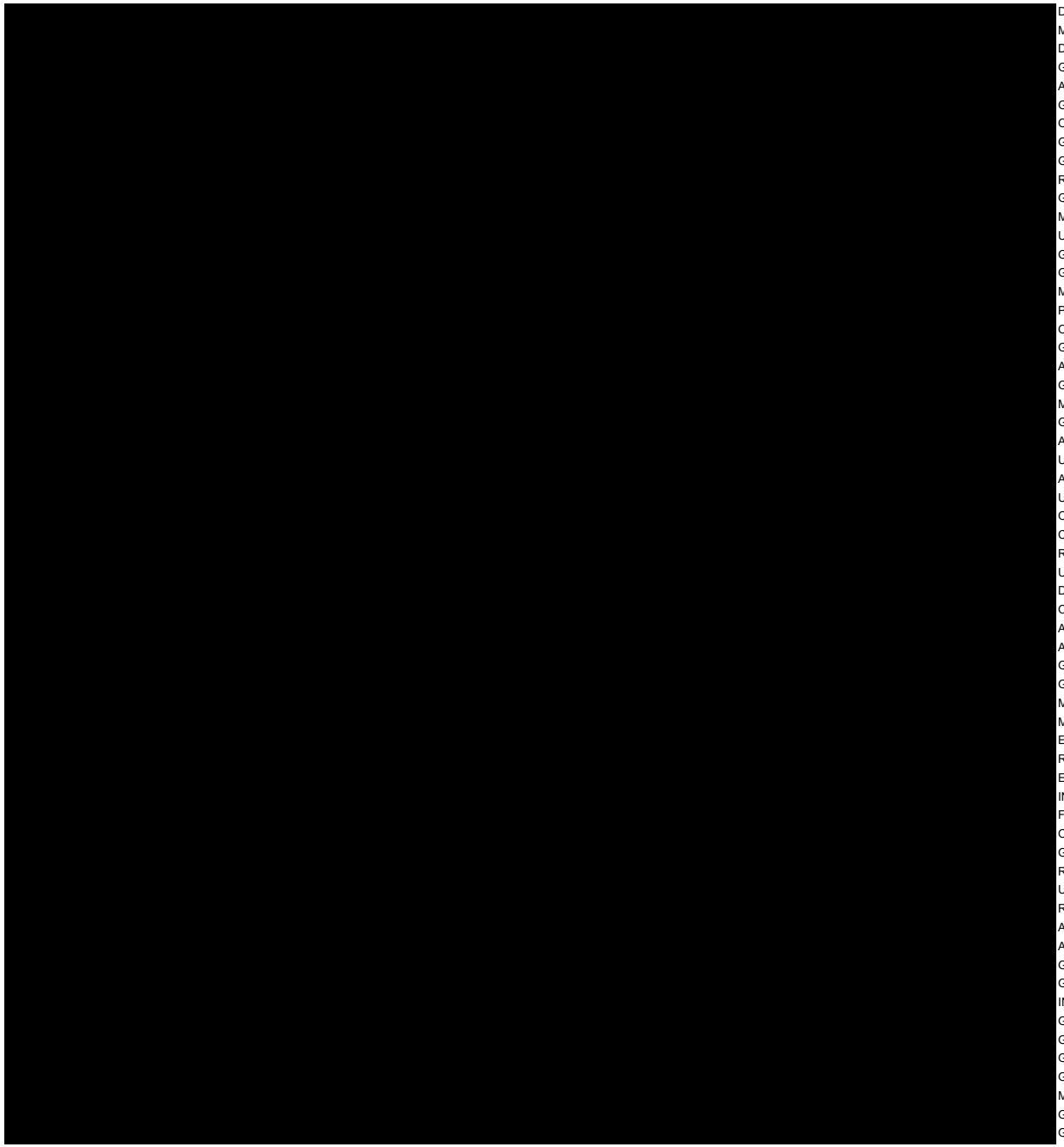
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	NO	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES - Hospital Based	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
HOSPITALIST MI	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES



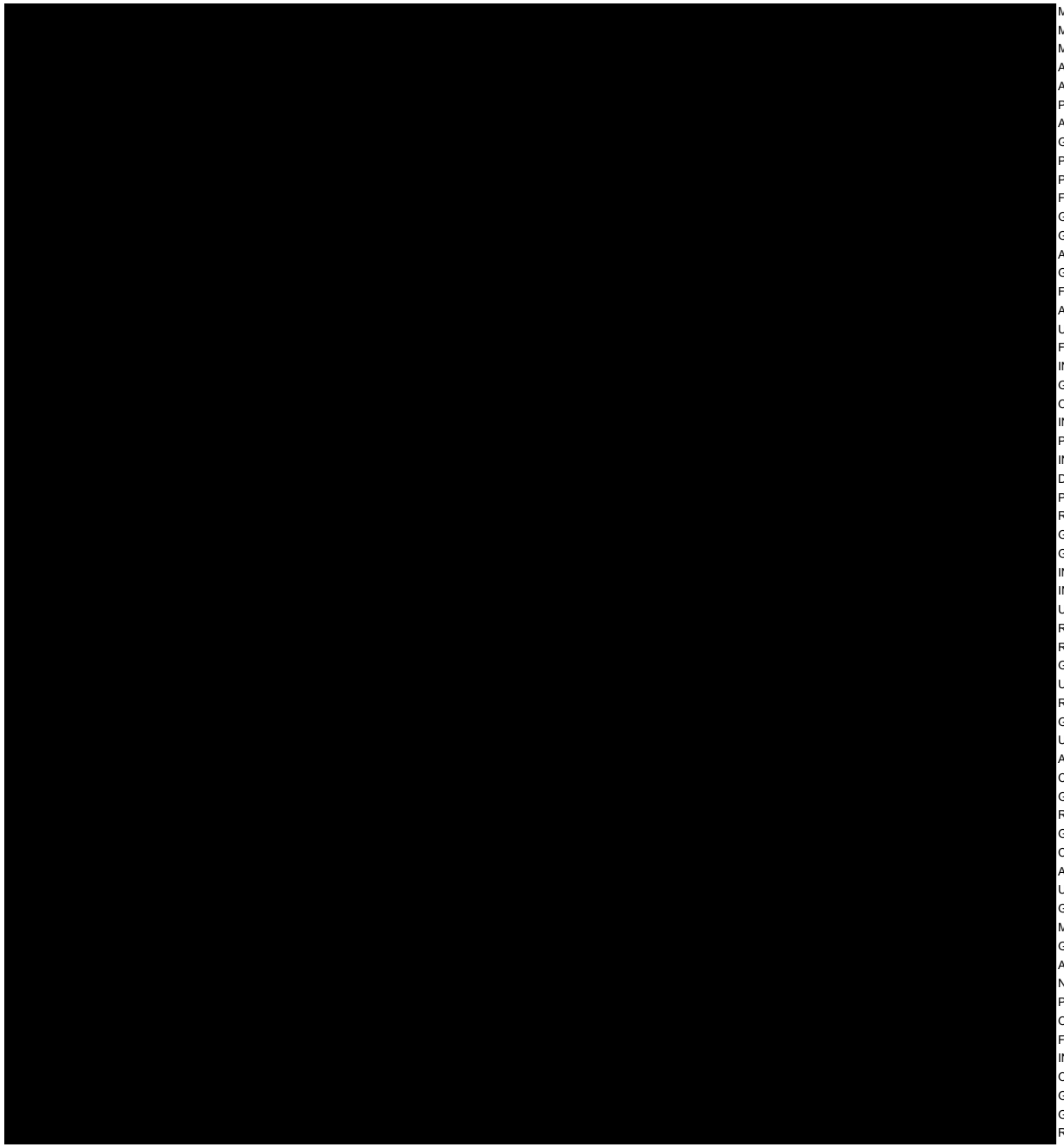
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



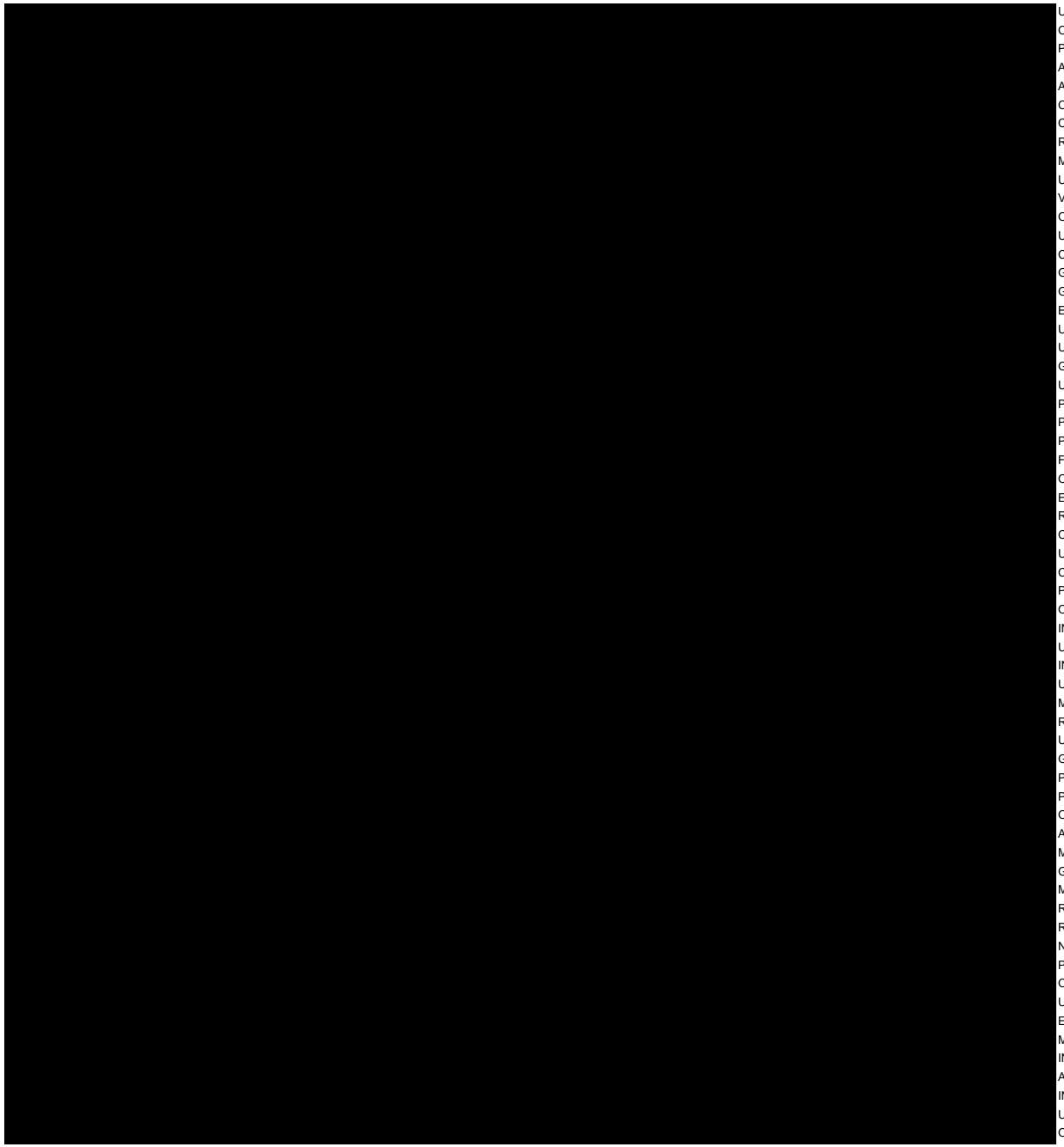
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
INDEPENDENT L	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES - Hospital Based	N/A
OTOLARYNGOL	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB M	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
PEDIATRICS	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED DI	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIATION ONC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A



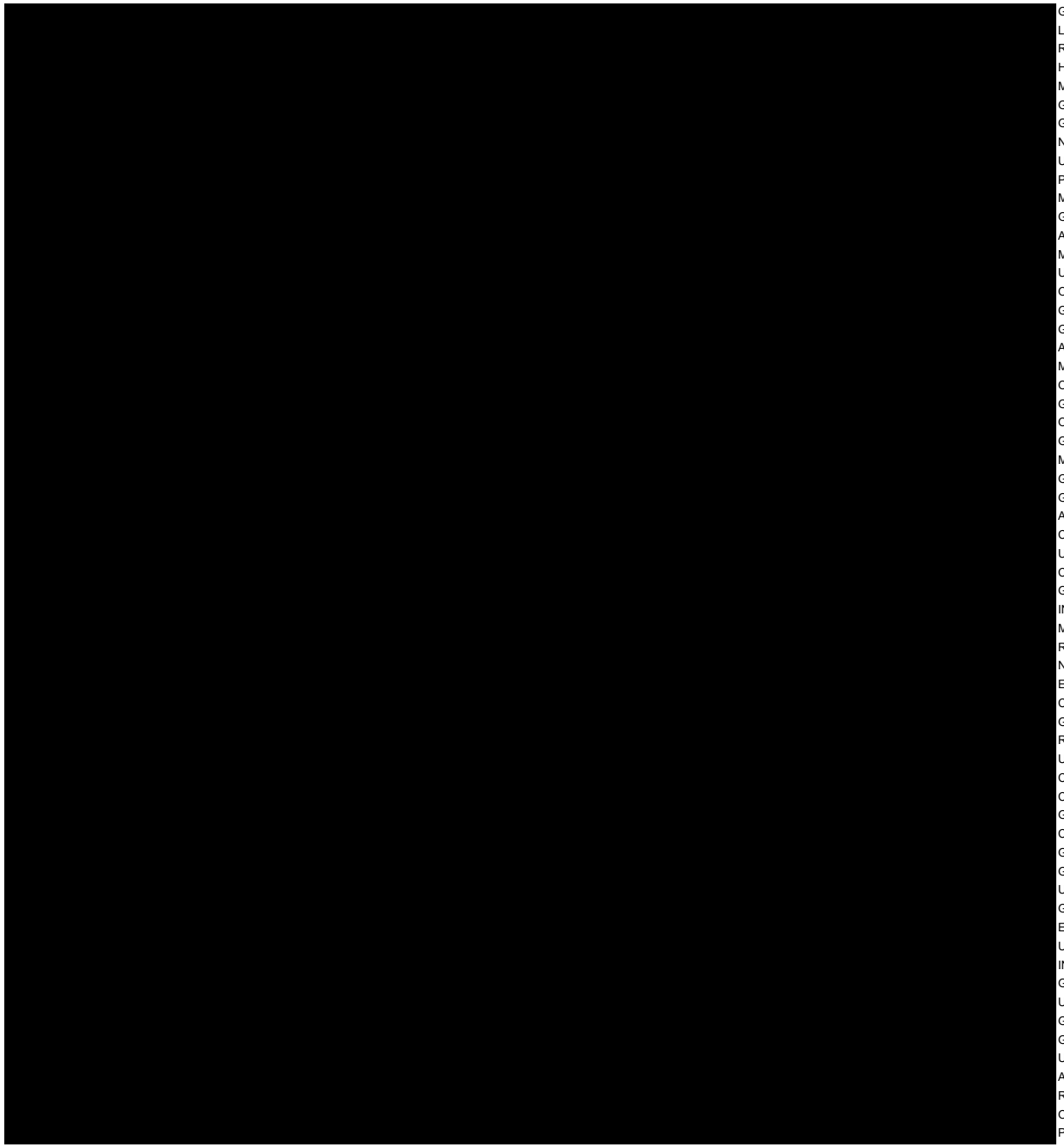
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
CARDIOVASCULA	Professional	Wellwise Retiree	YES	NO
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A



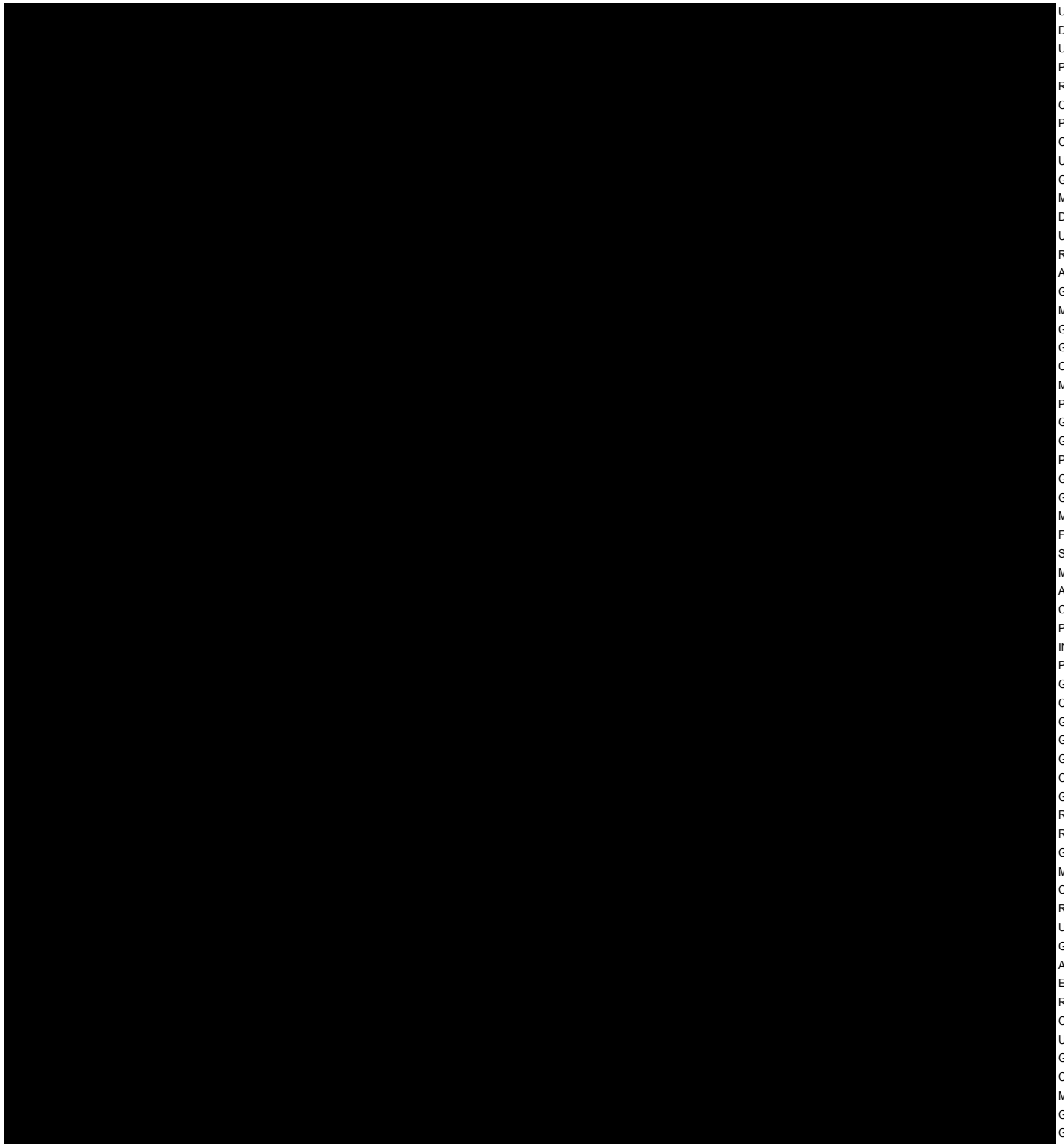
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
INTERVENTIONA	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
PEDIATRICS	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES



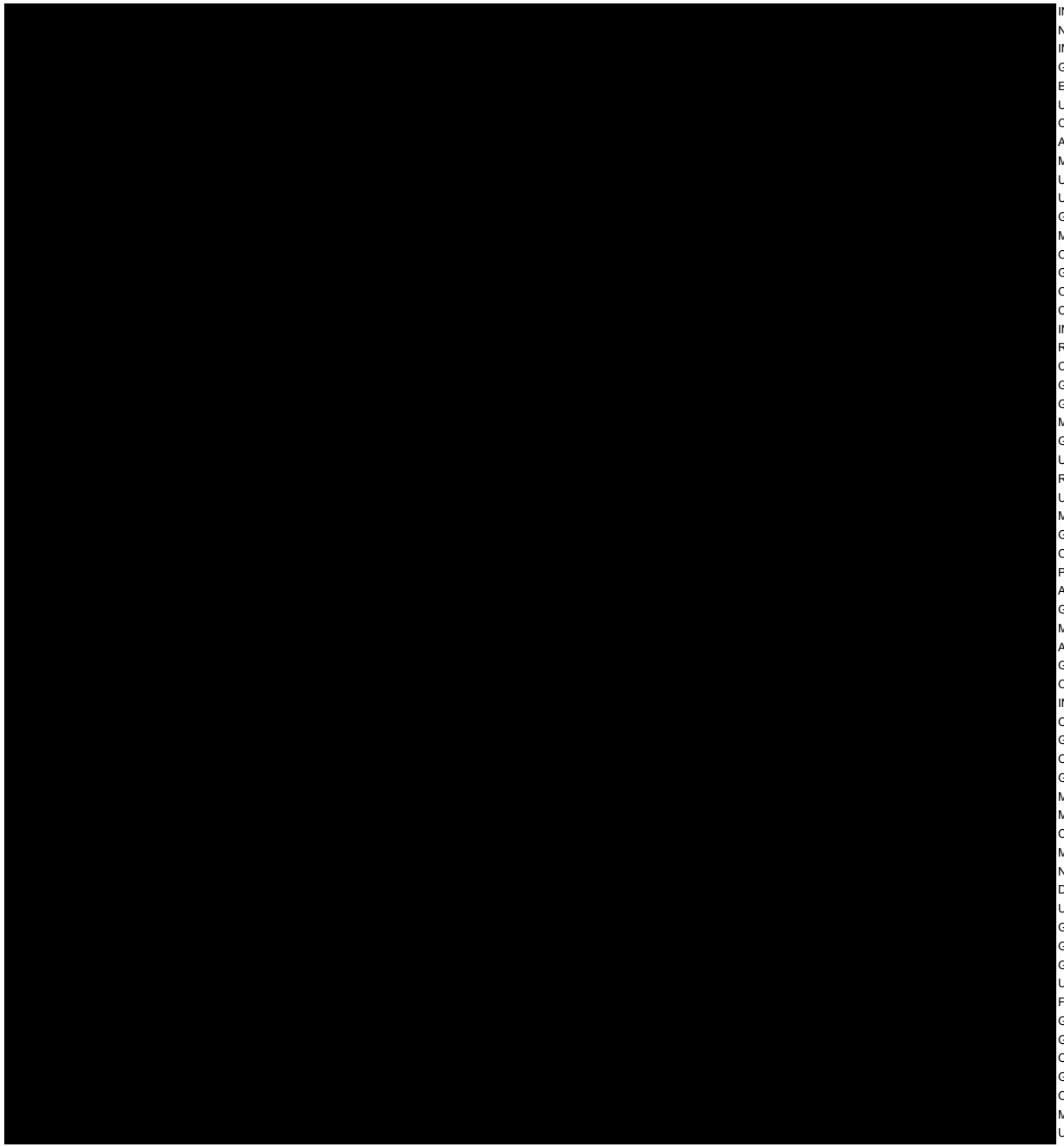
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
VA CLINIC	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
REGISTERED DIE	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	NO	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERVENTIONA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
OTOLARYNGOL(	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES



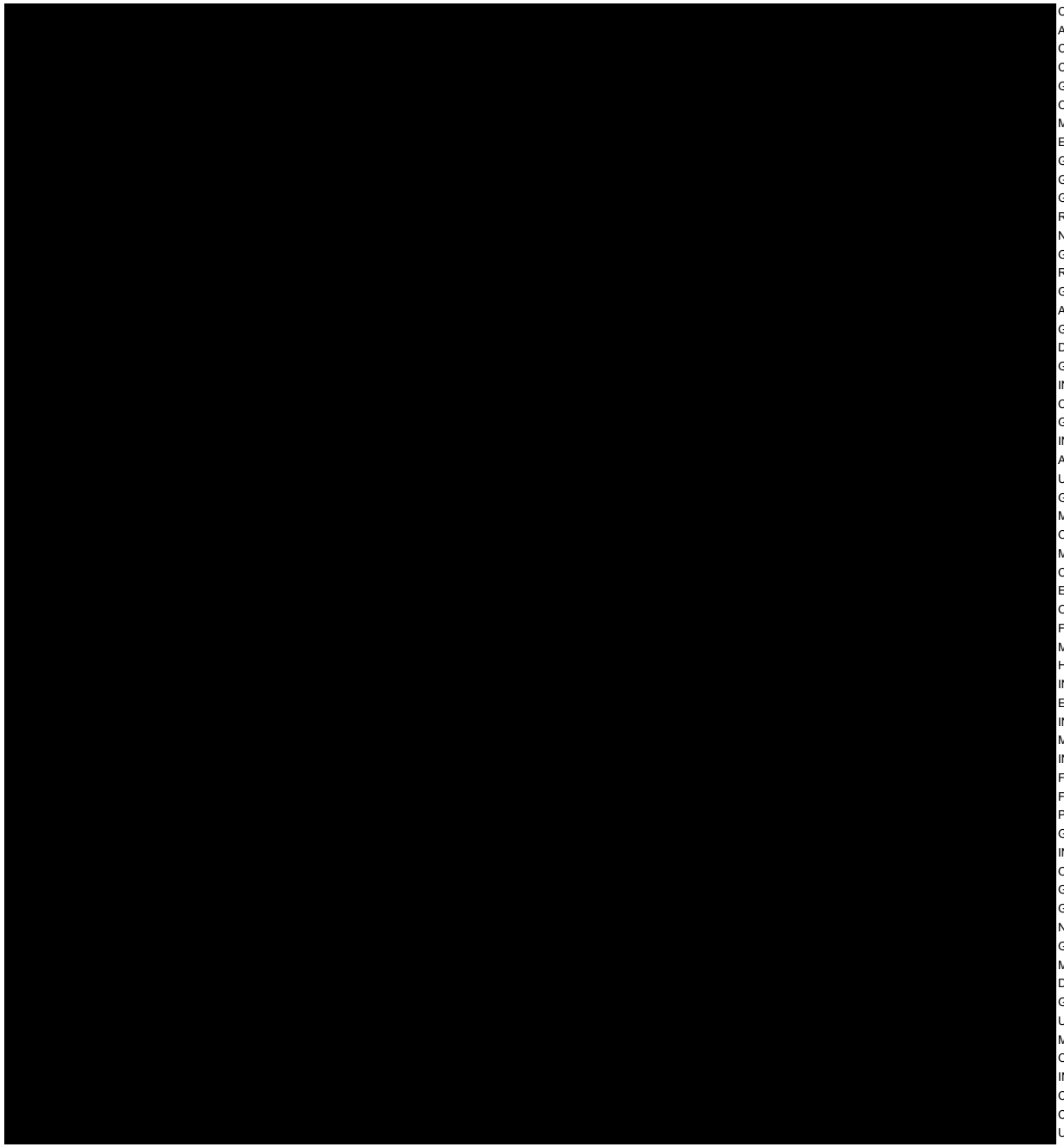
GENERAL PRAC	Professional	Wellwise Retiree	YES - Hospital Based	N/A
LICENSED CLIN	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
HEMATOLOGY A	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLG	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB M	Professional	Wellwise Retiree	NO	N/A
CLINICAL LAB M	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
CLINICAL LAB M	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES



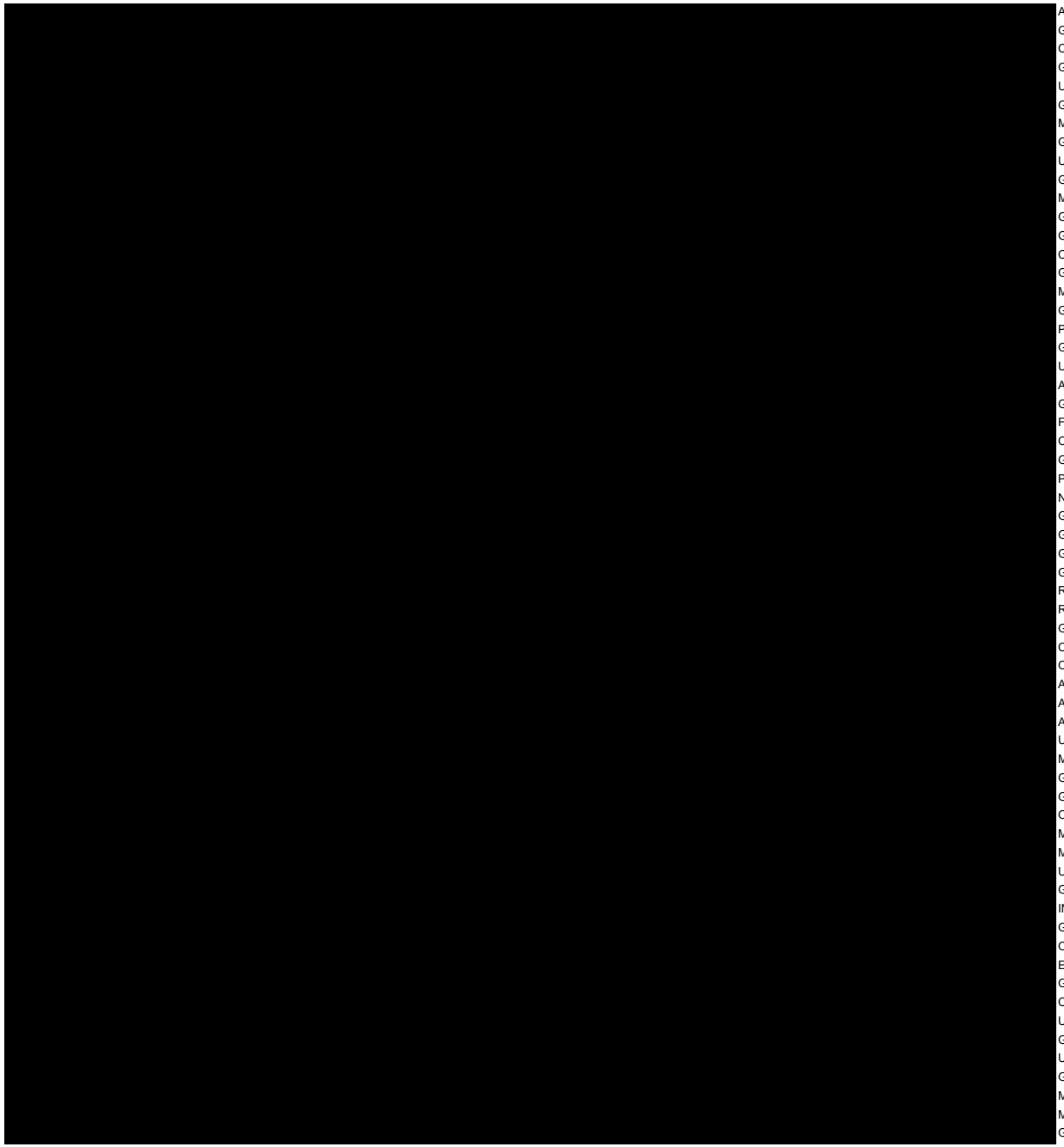
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	NO
PORTABLE X-RA	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
SURGERY, THOF	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	N/A
RURAL INDIAN H	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
ALLERGY & IMM	Professional	Wellwise Retiree	YES	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A



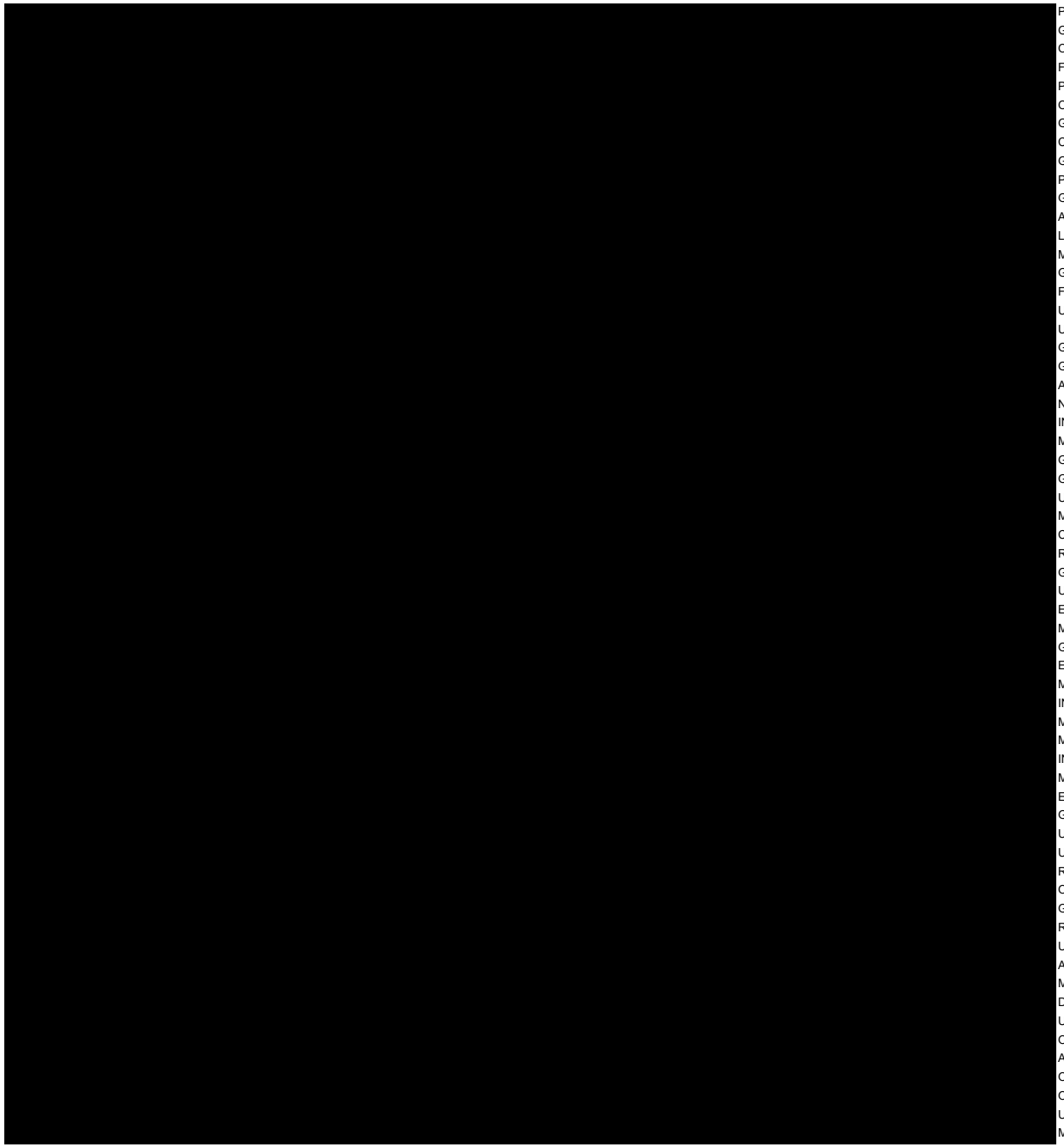
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
CARDIOVASCULA	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL ONCOL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



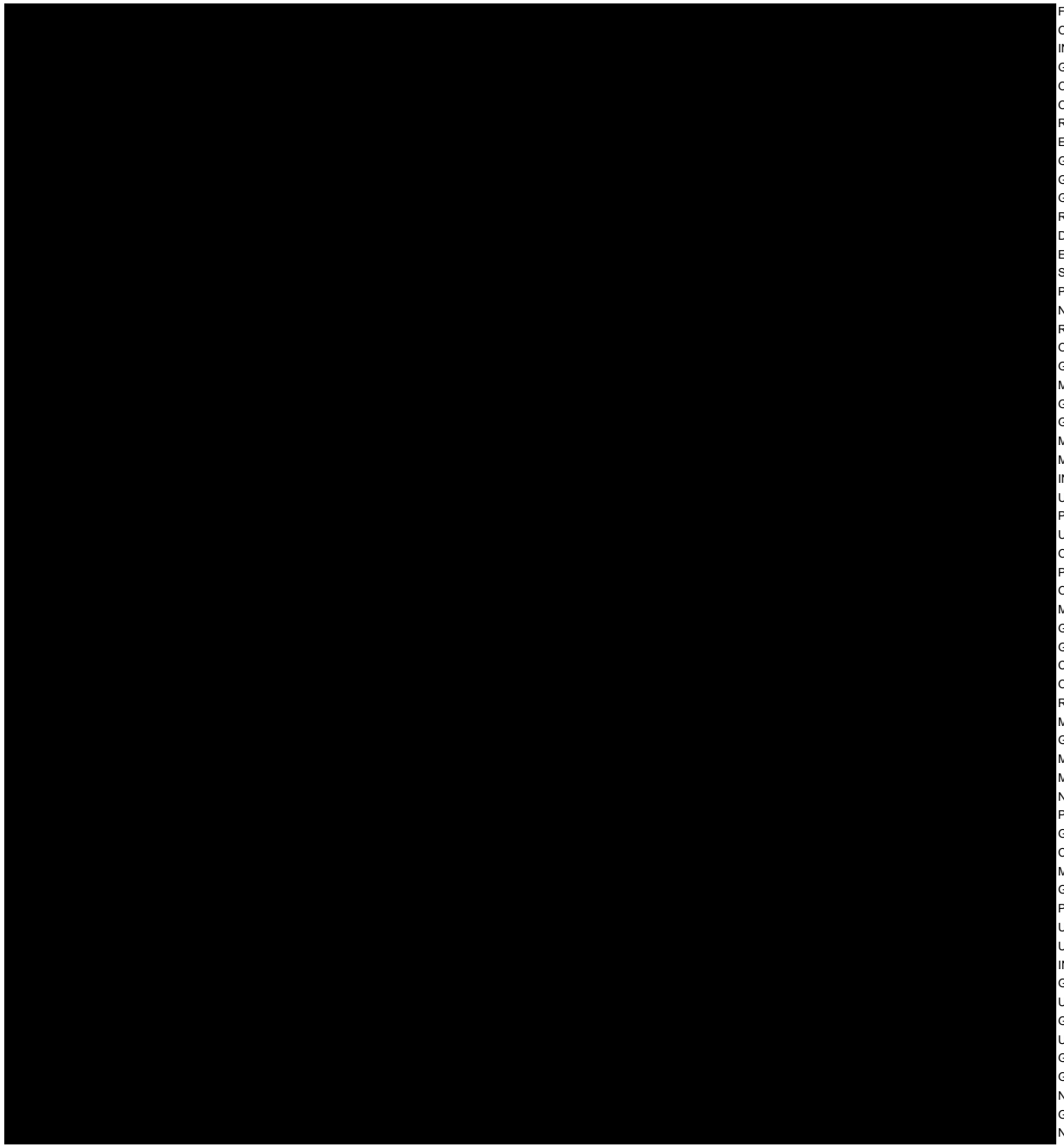
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	NO
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
REGISTERED DIE	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ADDICTIVE MEDI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES - Hospital Based	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INDEPENDENT L	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
GYNECOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



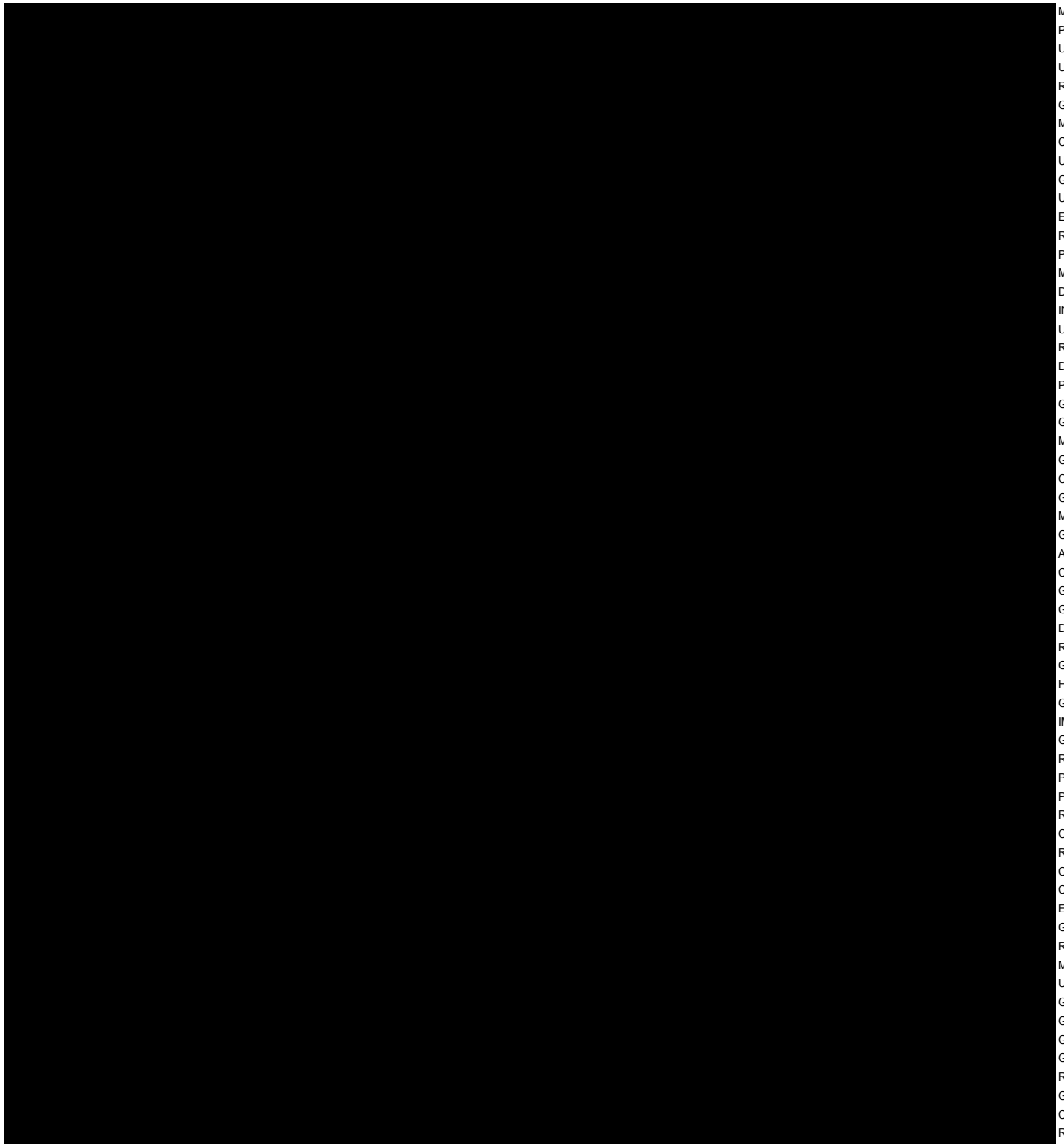
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLO(	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO
GENERAL DENTI	Professional	Wellwise Retiree	N/A	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A



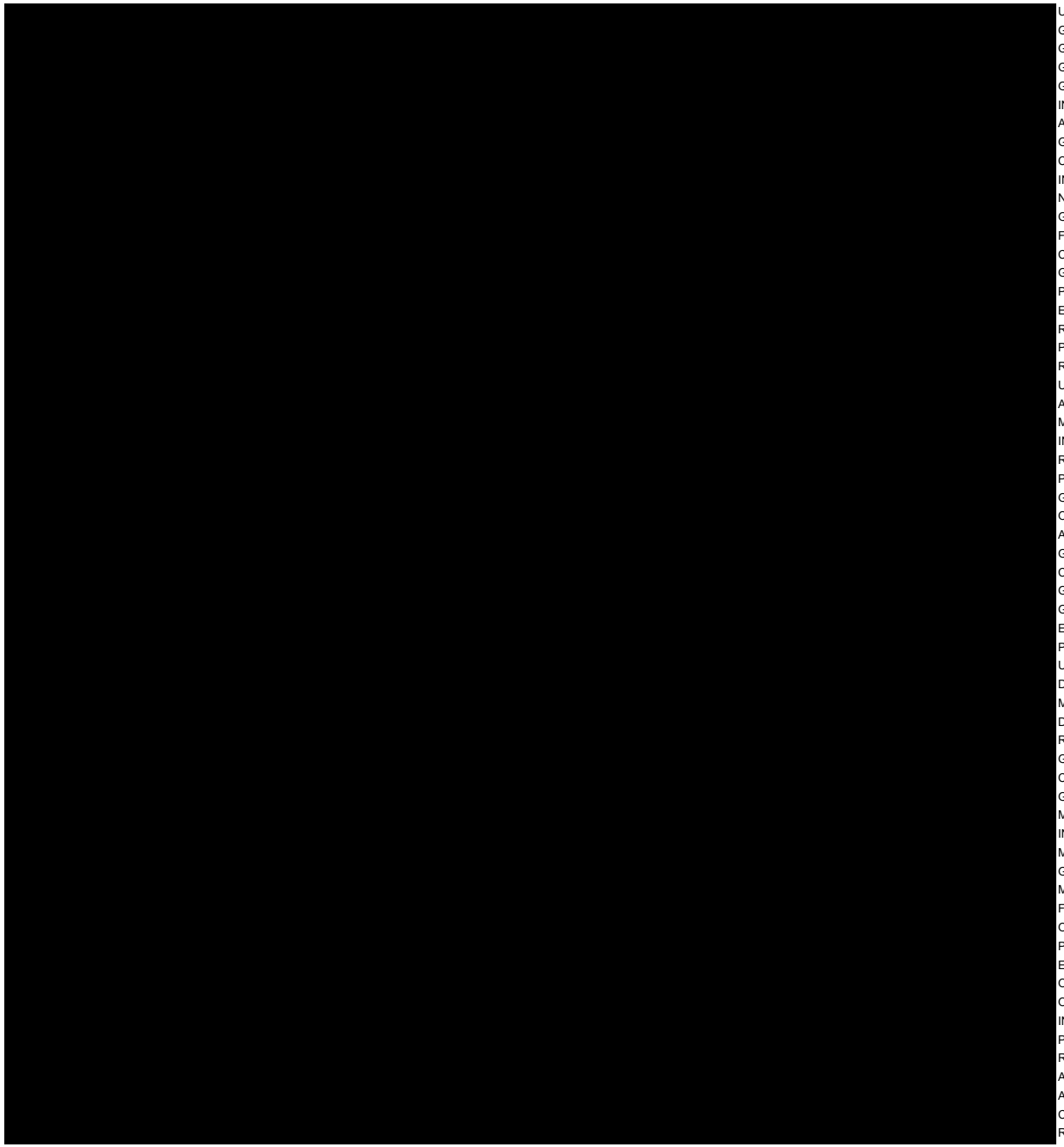
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	N/A	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



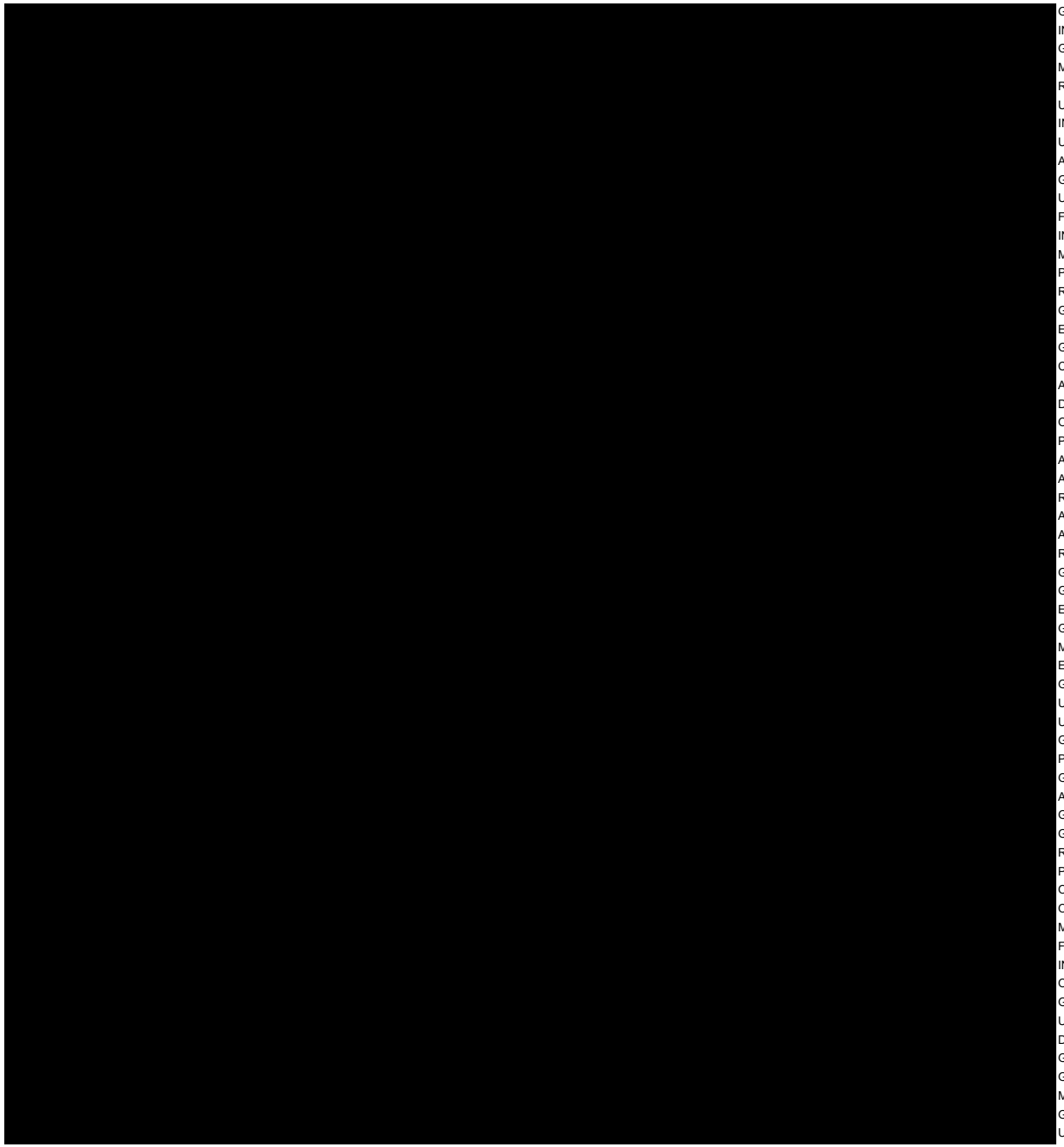
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLG	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
SLEEP STUDY CI	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OTOLARYNGOLG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES



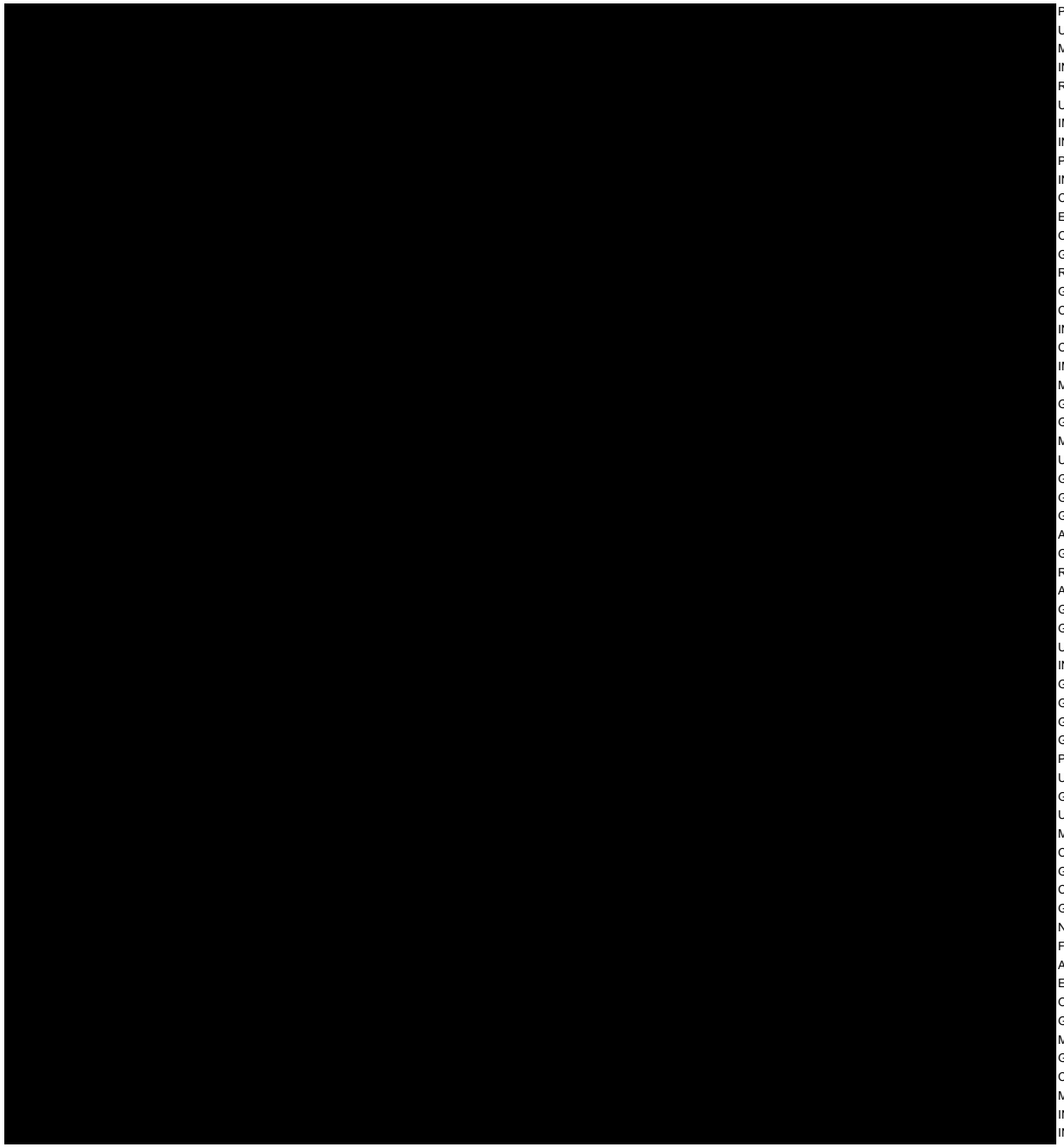
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GYNECOLOGY	Professional	Wellwise Retiree	YES	NO
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES	YES
CERTIFIED NURS	Professional	Wellwise Retiree	N/A	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
HOME INFUSION	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
REGISTERED DIE	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



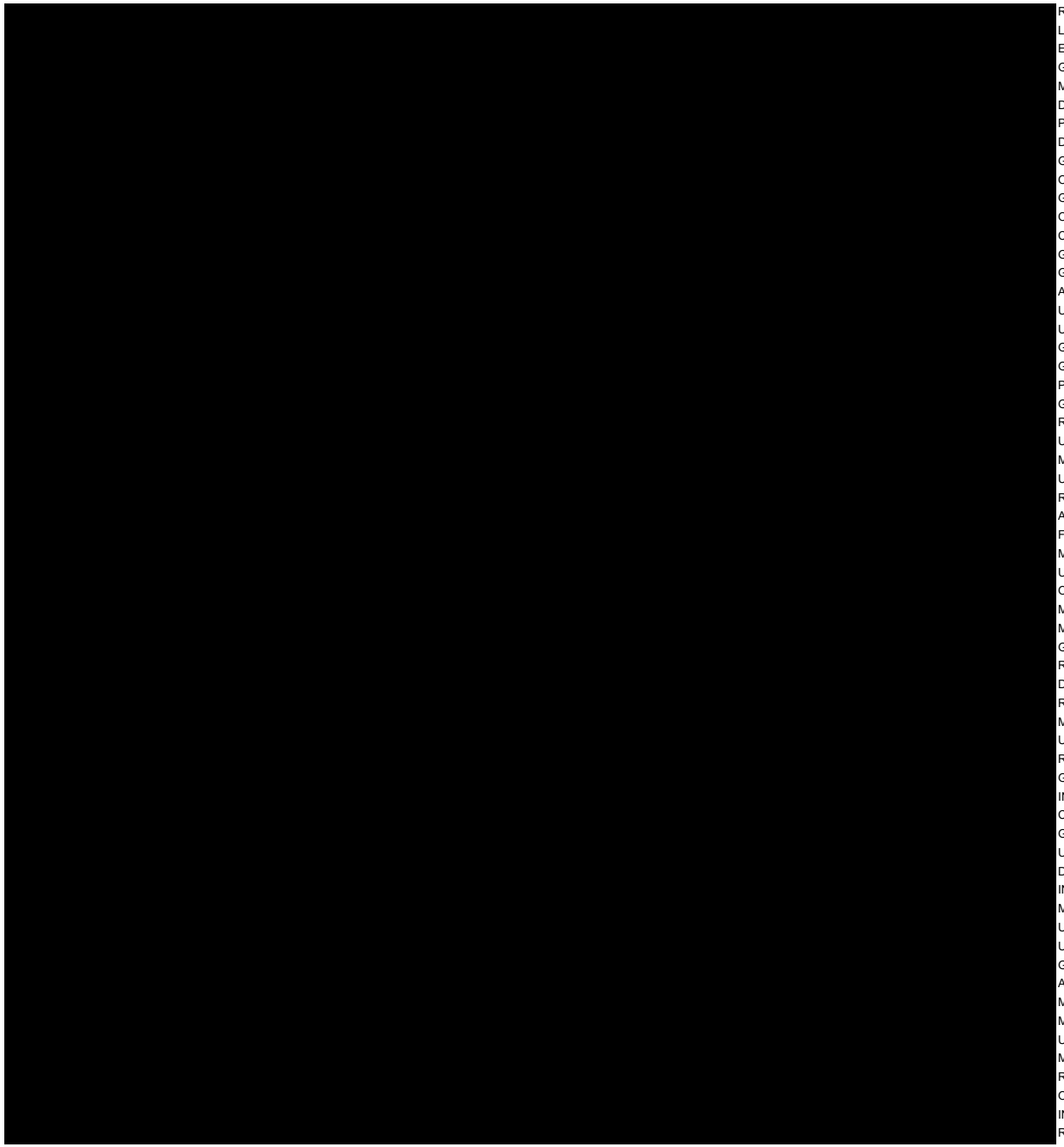
UROLOGY	Professional	Wellwise Retiree	YES	NO
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	NO	NO
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INDEPENDENT L	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	NO	NO
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
PAIN MGMT ANE	Professional	Wellwise Retiree	YES	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY	Professional	Wellwise Retiree	YES	YES



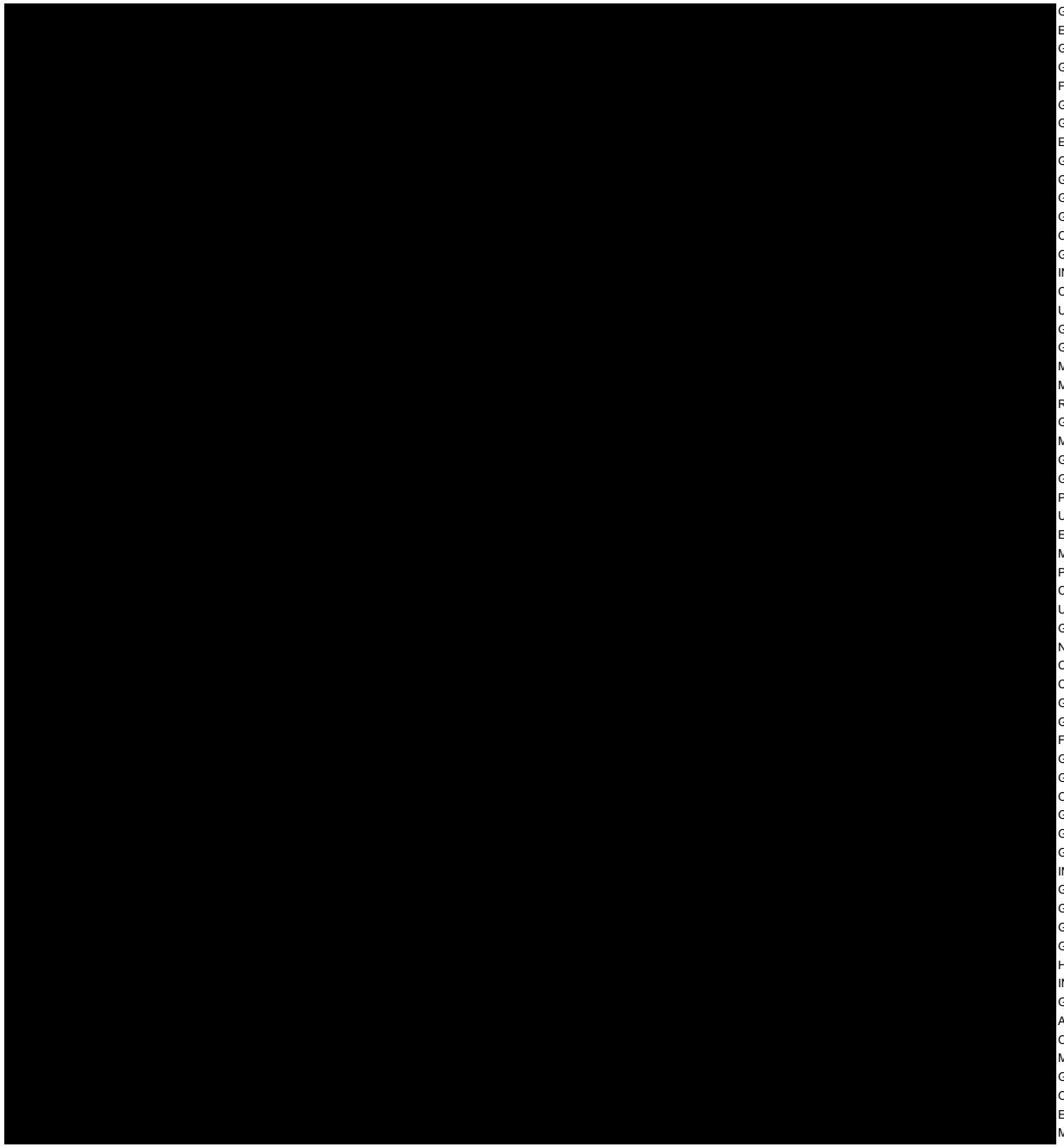
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL ONCOL	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ALLERGY & IMMU	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
GASTROENTERO	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDI	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
PLASTIC SURGE	Professional	Wellwise Retiree	NO	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	YES



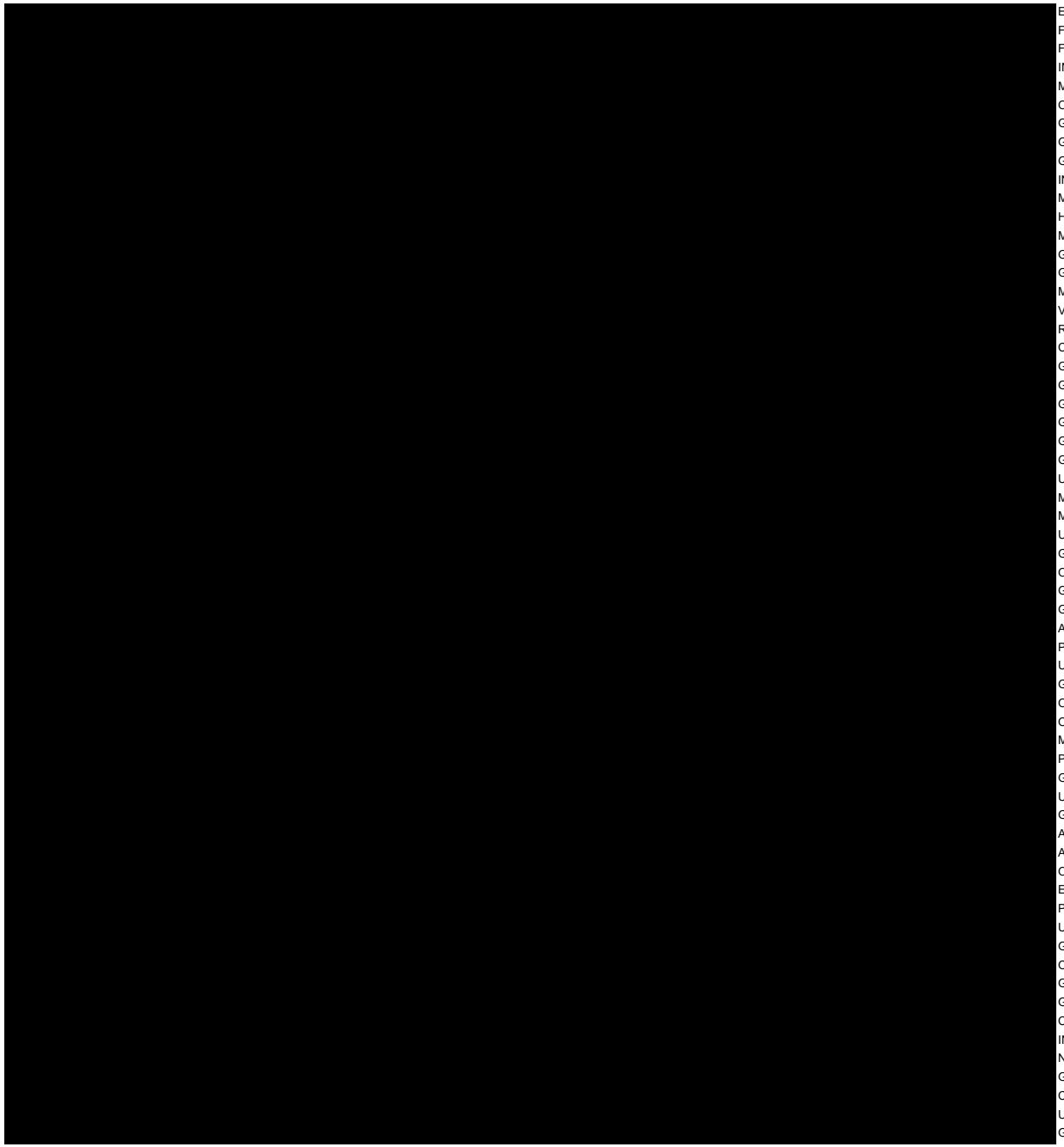
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	NO	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	N/A	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, AD	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERVENTIONA	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES



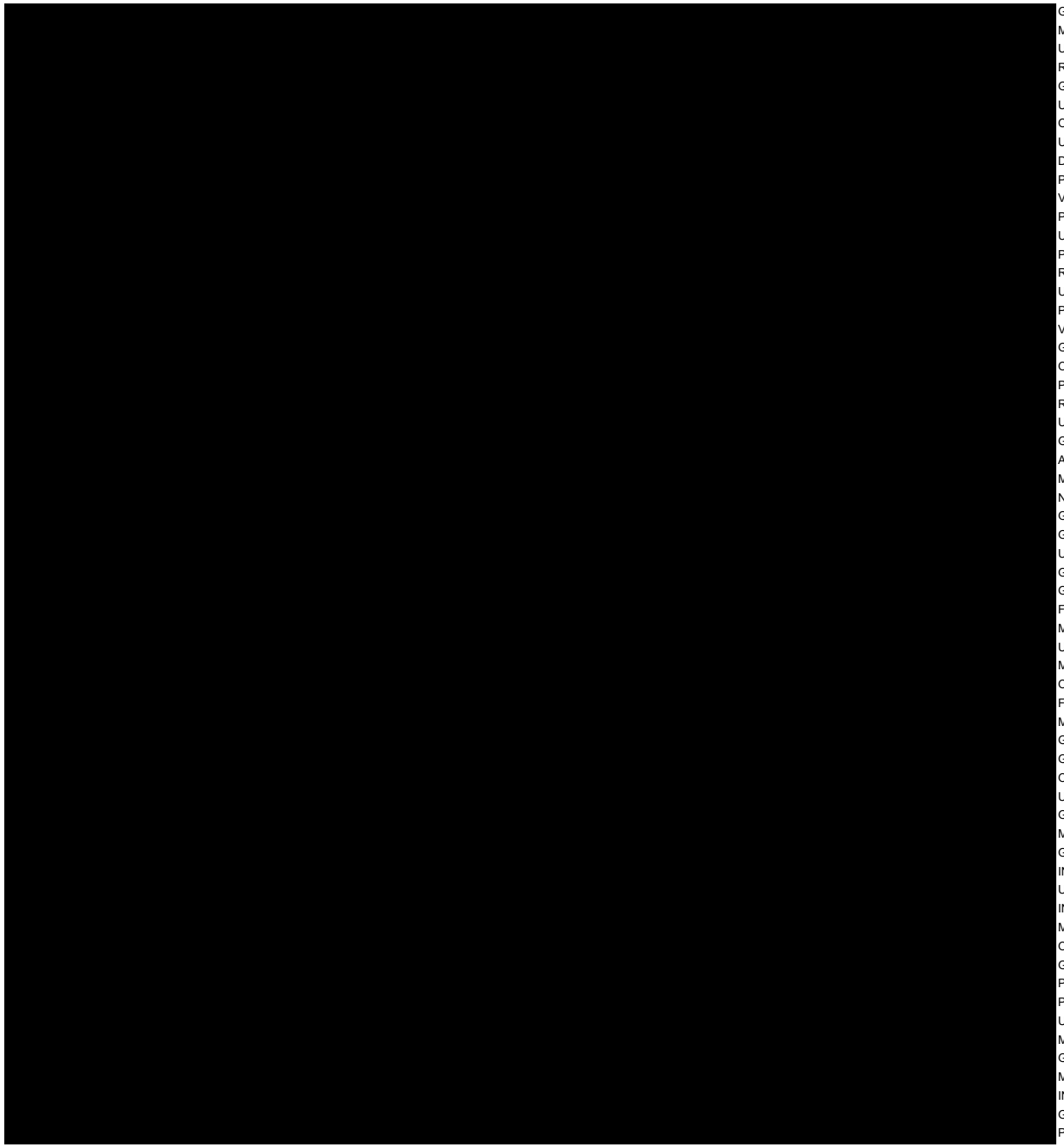
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MEDICAL ONCOL	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OCCUPATIONAL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MARRIAGE FAMI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Wellwise Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



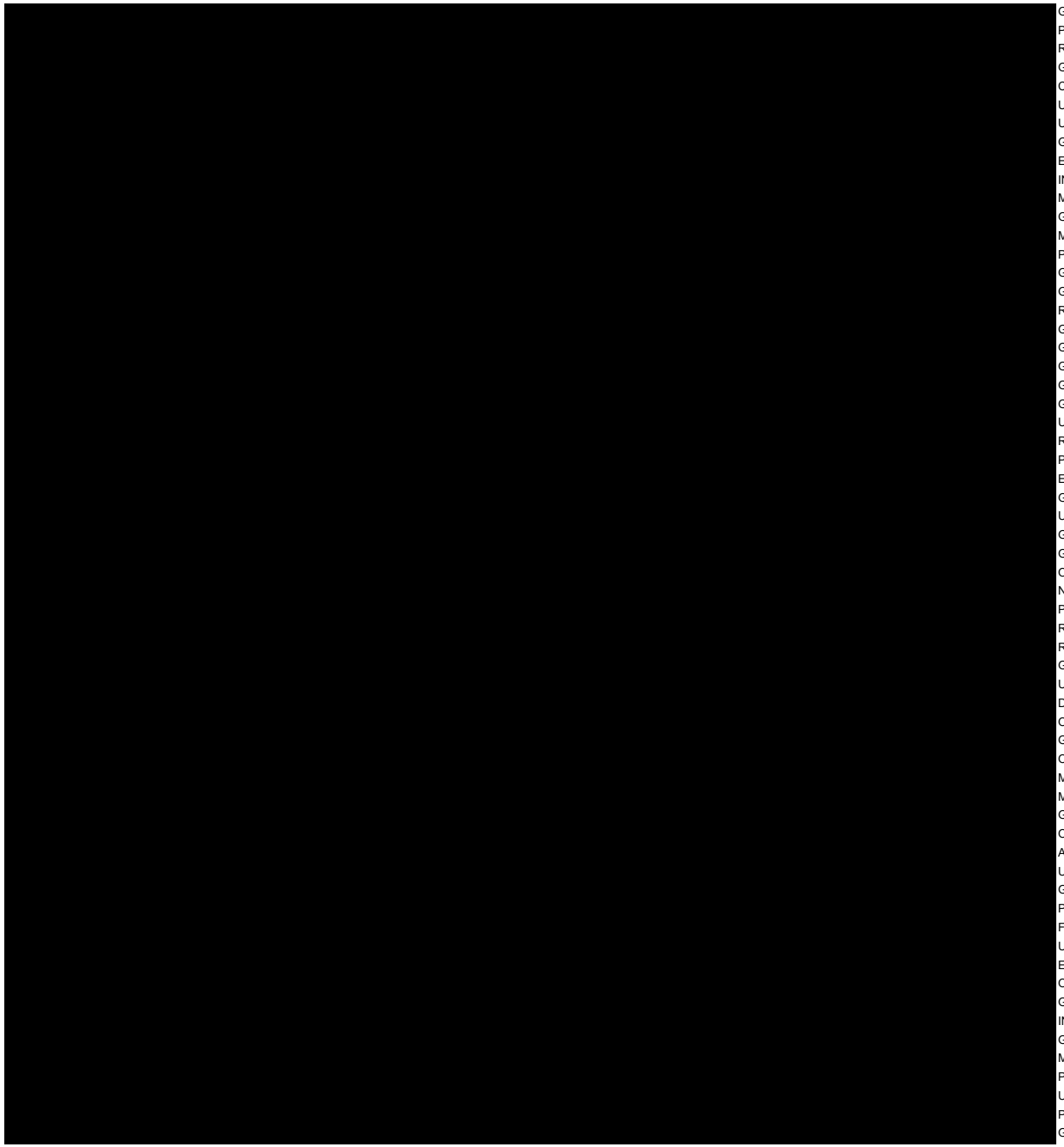
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
RETAIL HEALTH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
CERTIFIED NURS	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
HOSPITALIST MI	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



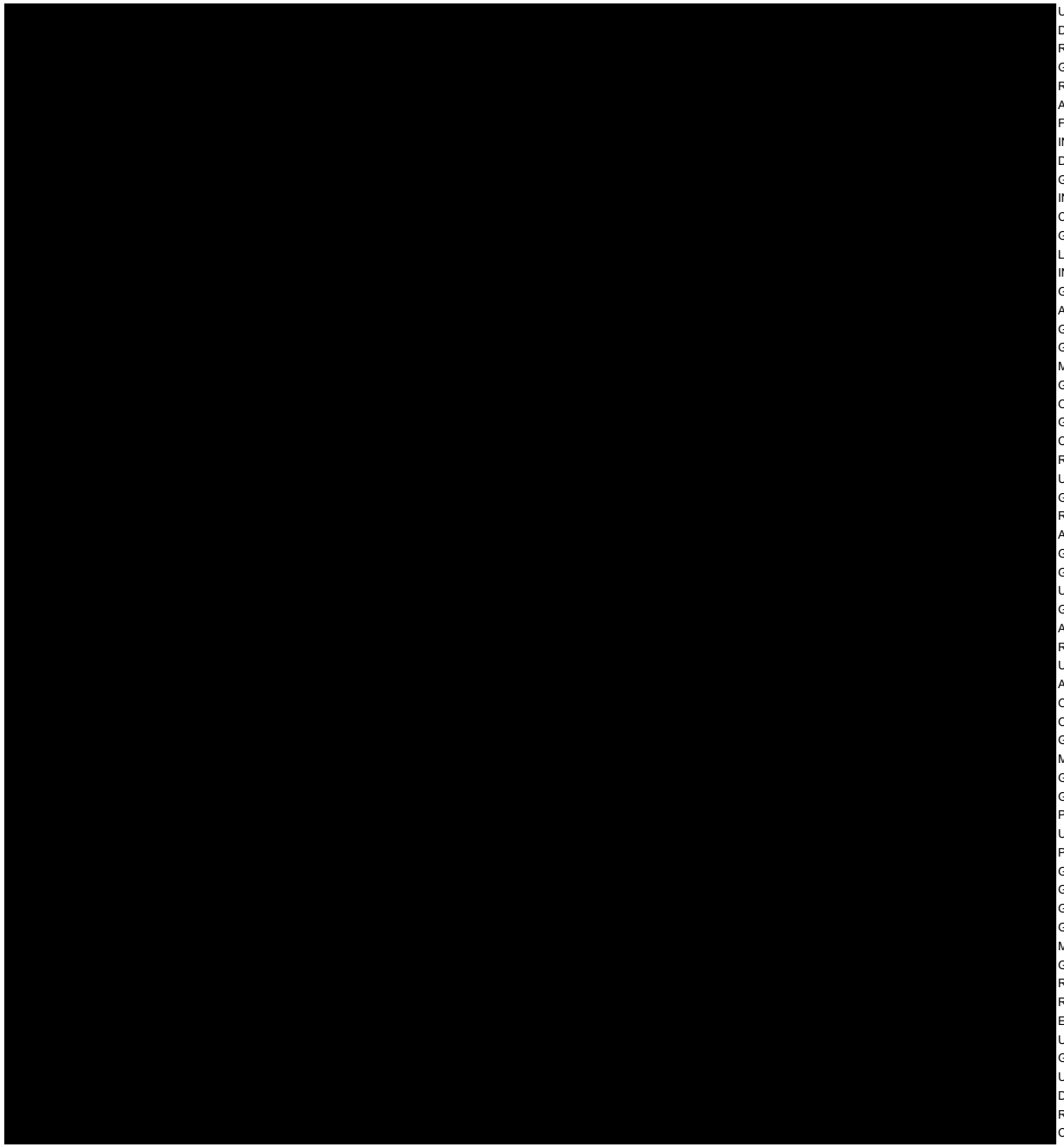
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
INTERVENTIONA	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
HEMATOLOGY A	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
VA CLINIC	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	NO	NO
OCCUPATIONAL	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
AMBULANCE, AD	Professional	Wellwise Retiree	YES - Hospital Based	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A



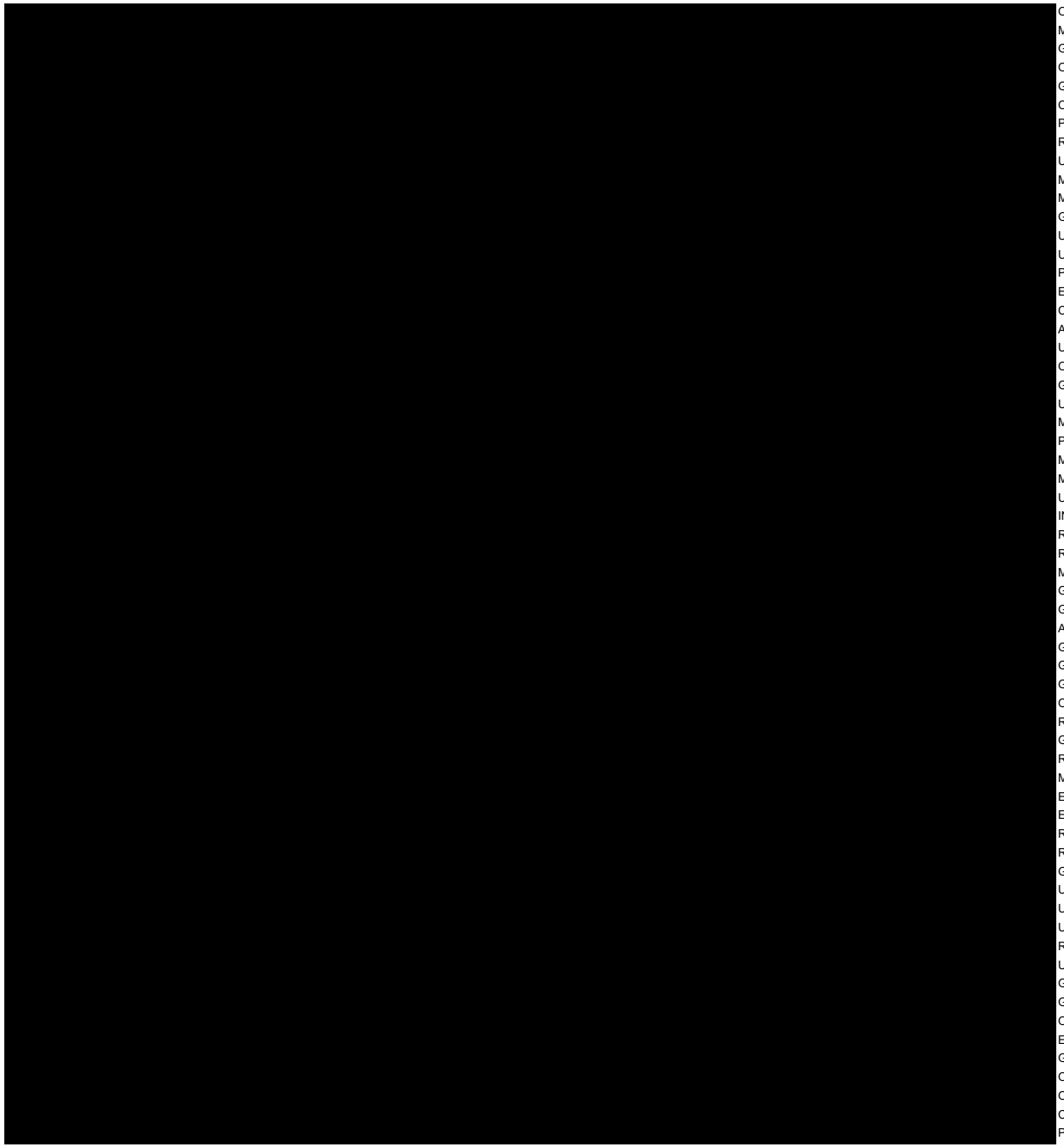
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
VA CLINIC	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
VA CLINIC	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES



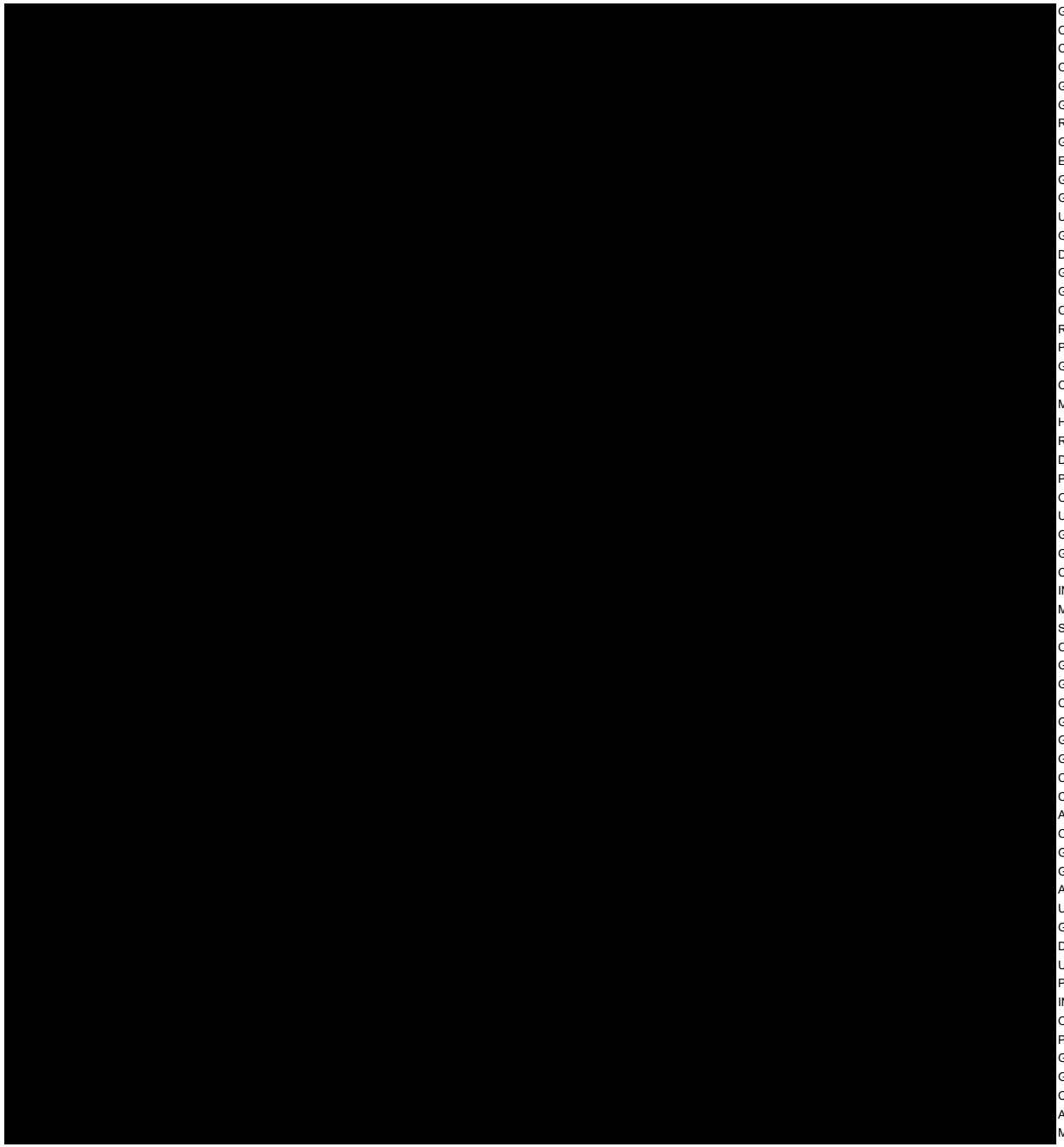
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY, CH	Professional	Wellwise Retiree	NO	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT ME	Professional	Wellwise Retiree	NO	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MRI CENTER	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
GYNECOLOGY	Professional	Wellwise Retiree	NO	NO



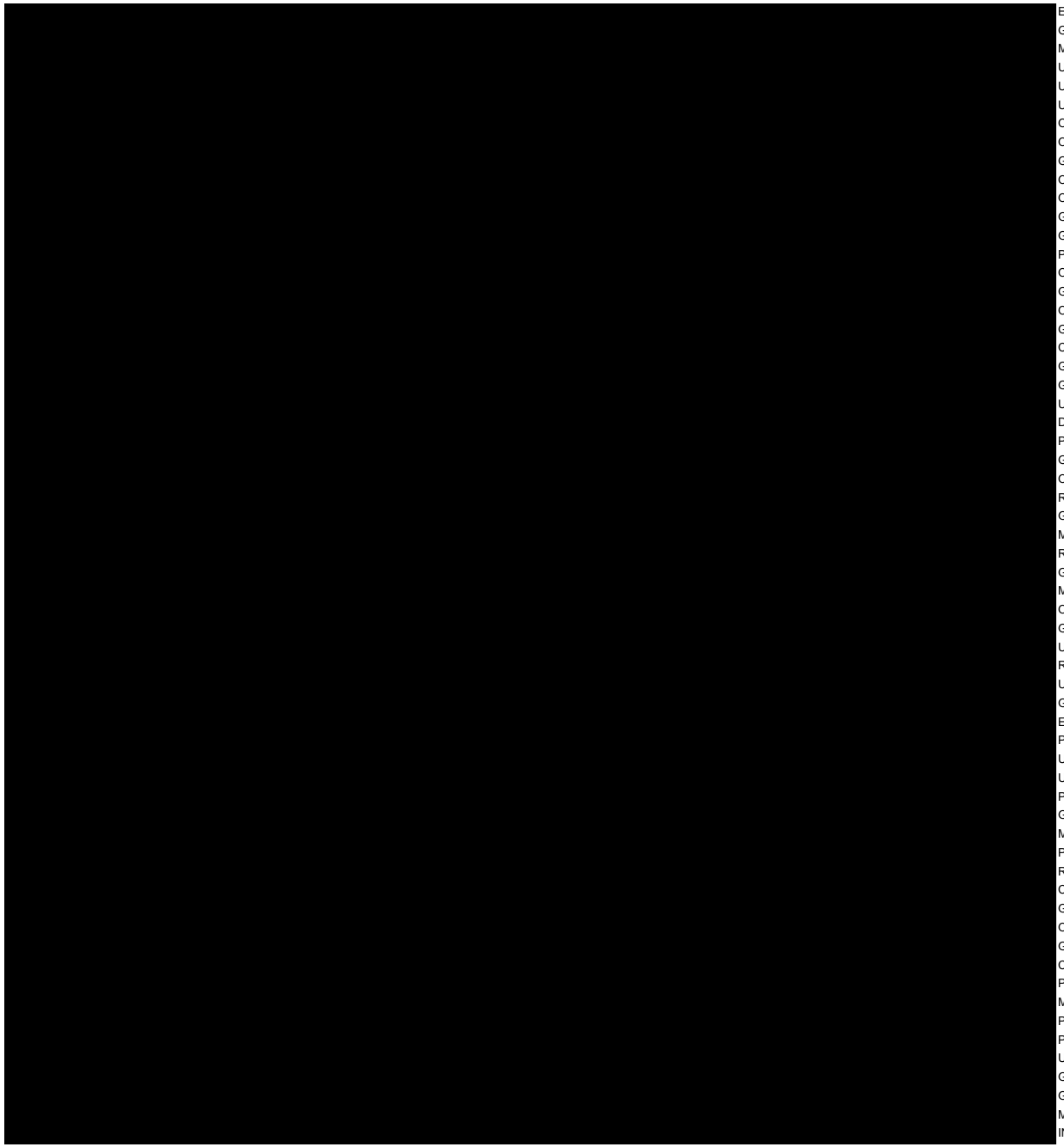
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	NO	NO
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ALLERGY & IMM(	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES



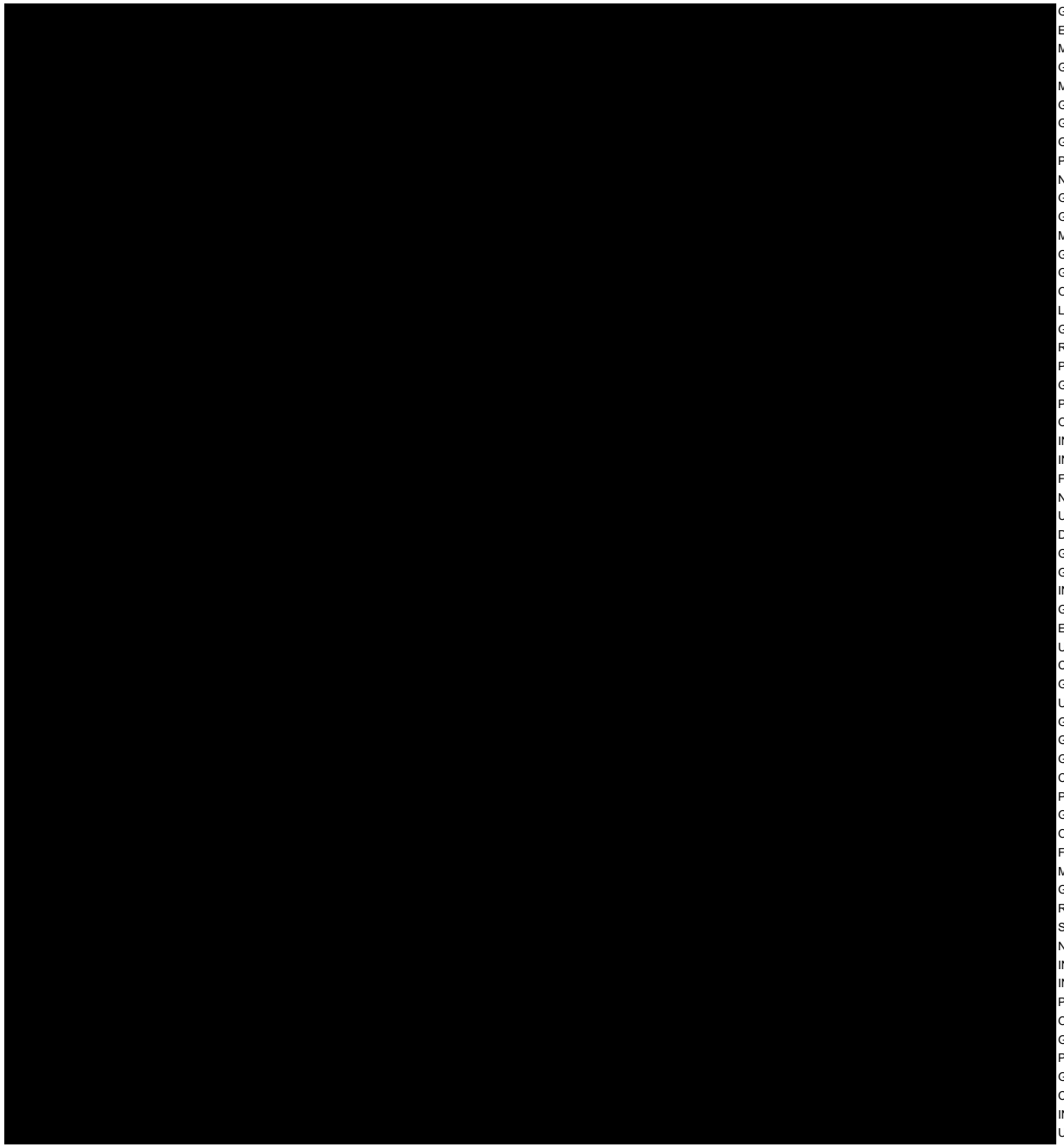
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MRI CENTER	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
ALLERGY & IMM	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	NO	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDI	Professional	Wellwise Retiree	YES	YES



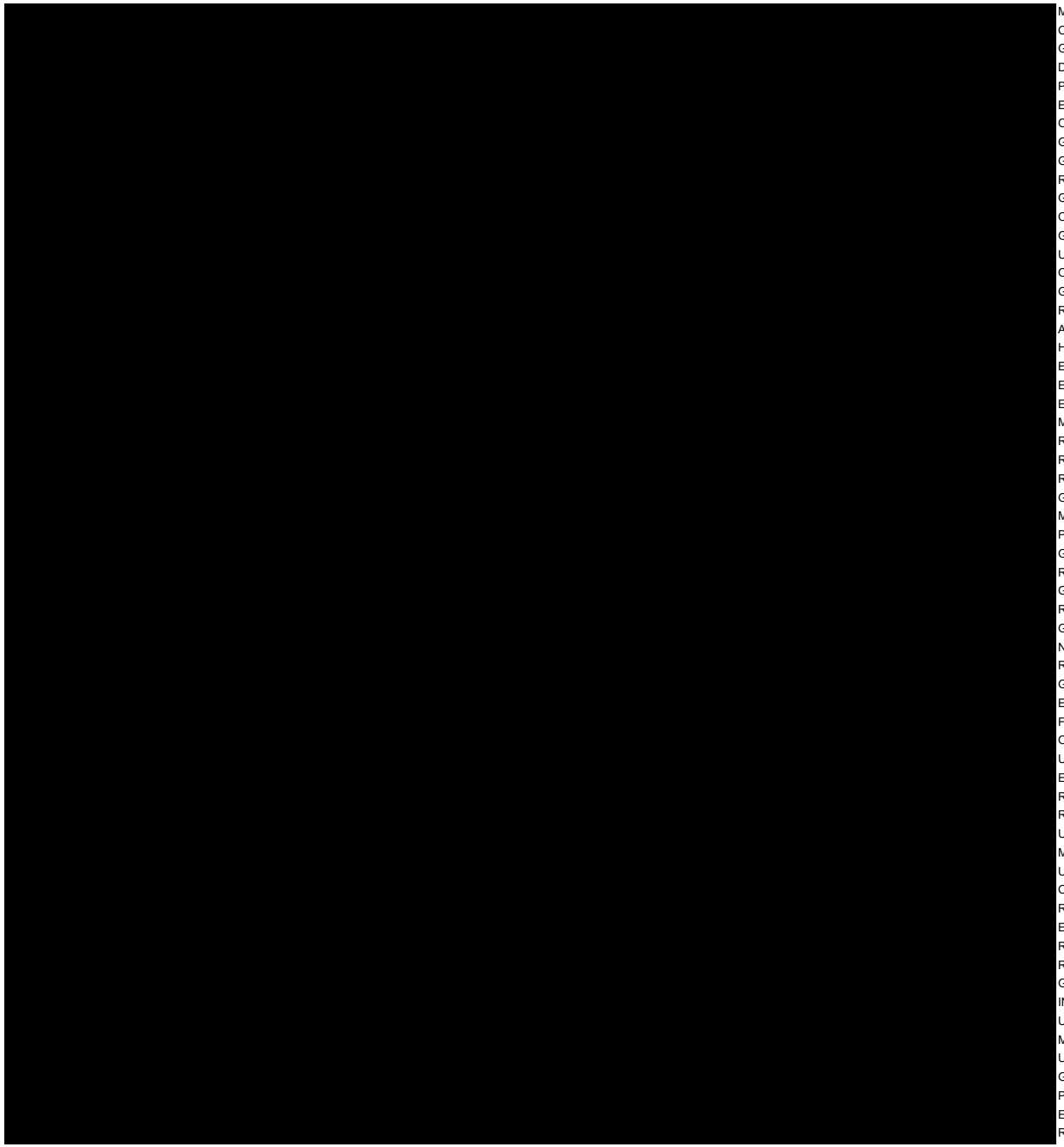
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
HOSPICE/PALLIA	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
SURGERY GENE	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
ADDICTIVE MEDI	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



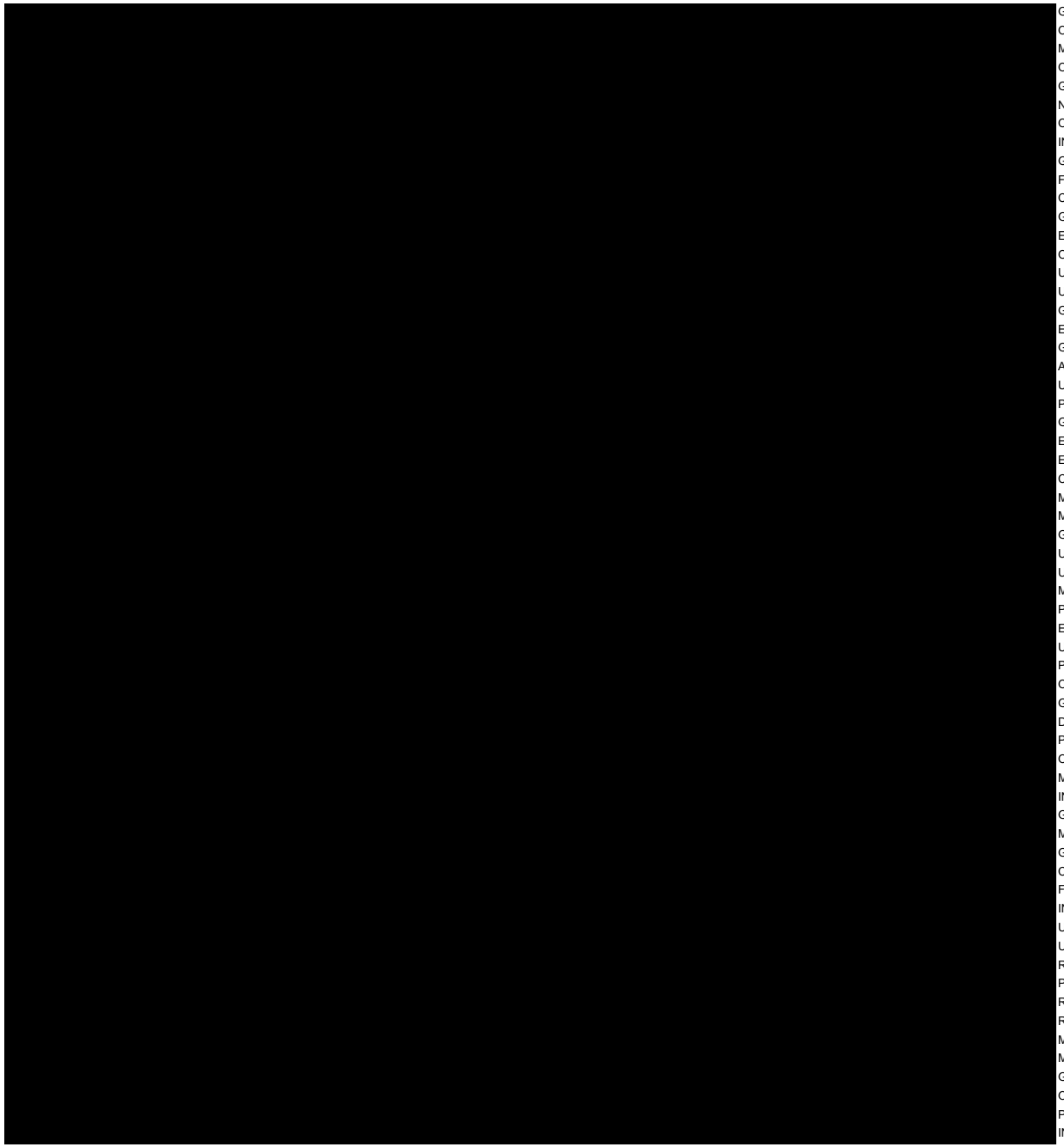
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT ME	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
DERMATOLOGY	Professional	Wellwise Retiree	NO	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RETAIL HEALTH I	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
RETAIL HEALTH I	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO



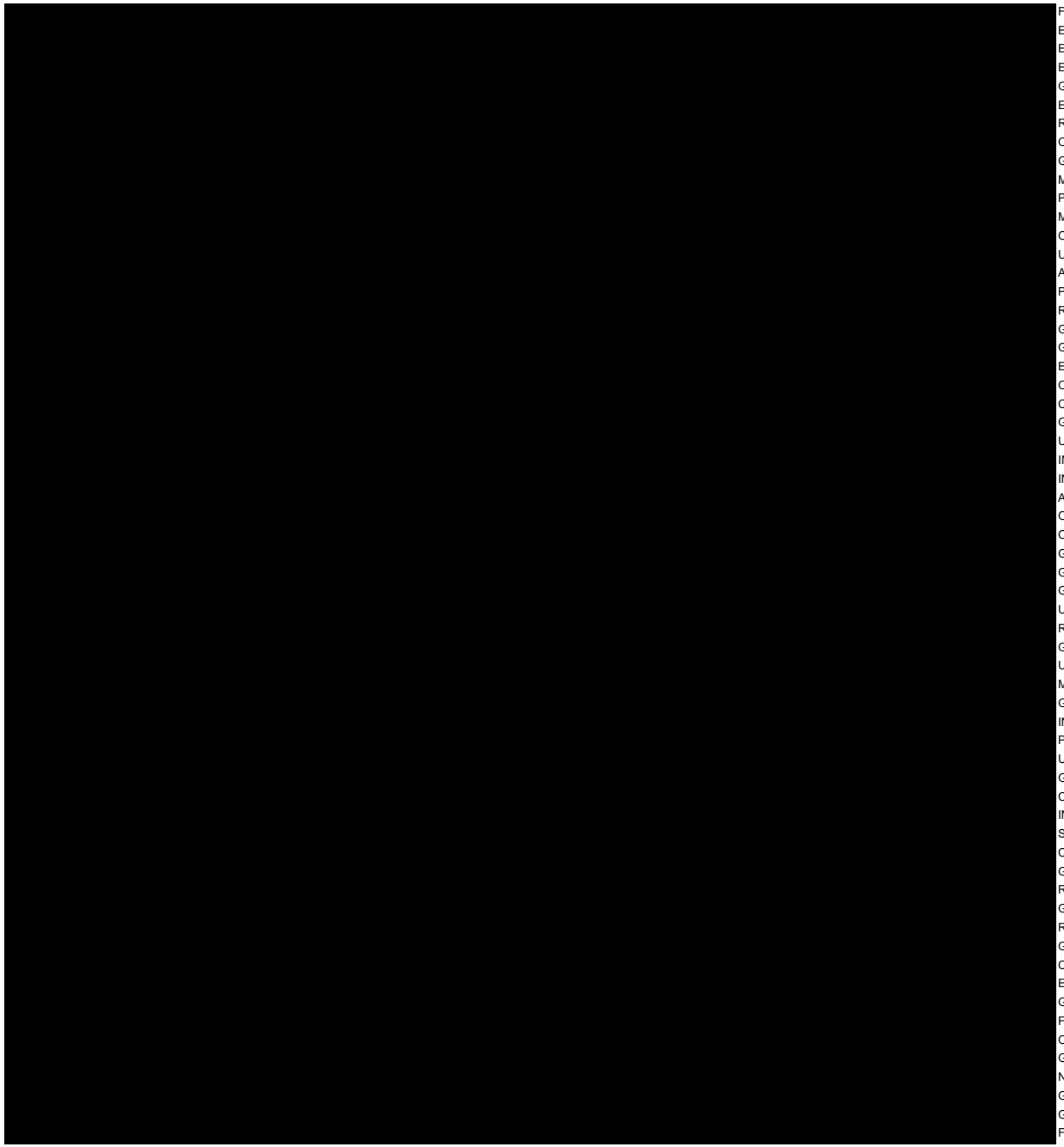
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
LICENSED CLIN S	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
PAIN MGMT ANE	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
SURGICAL ONCO	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



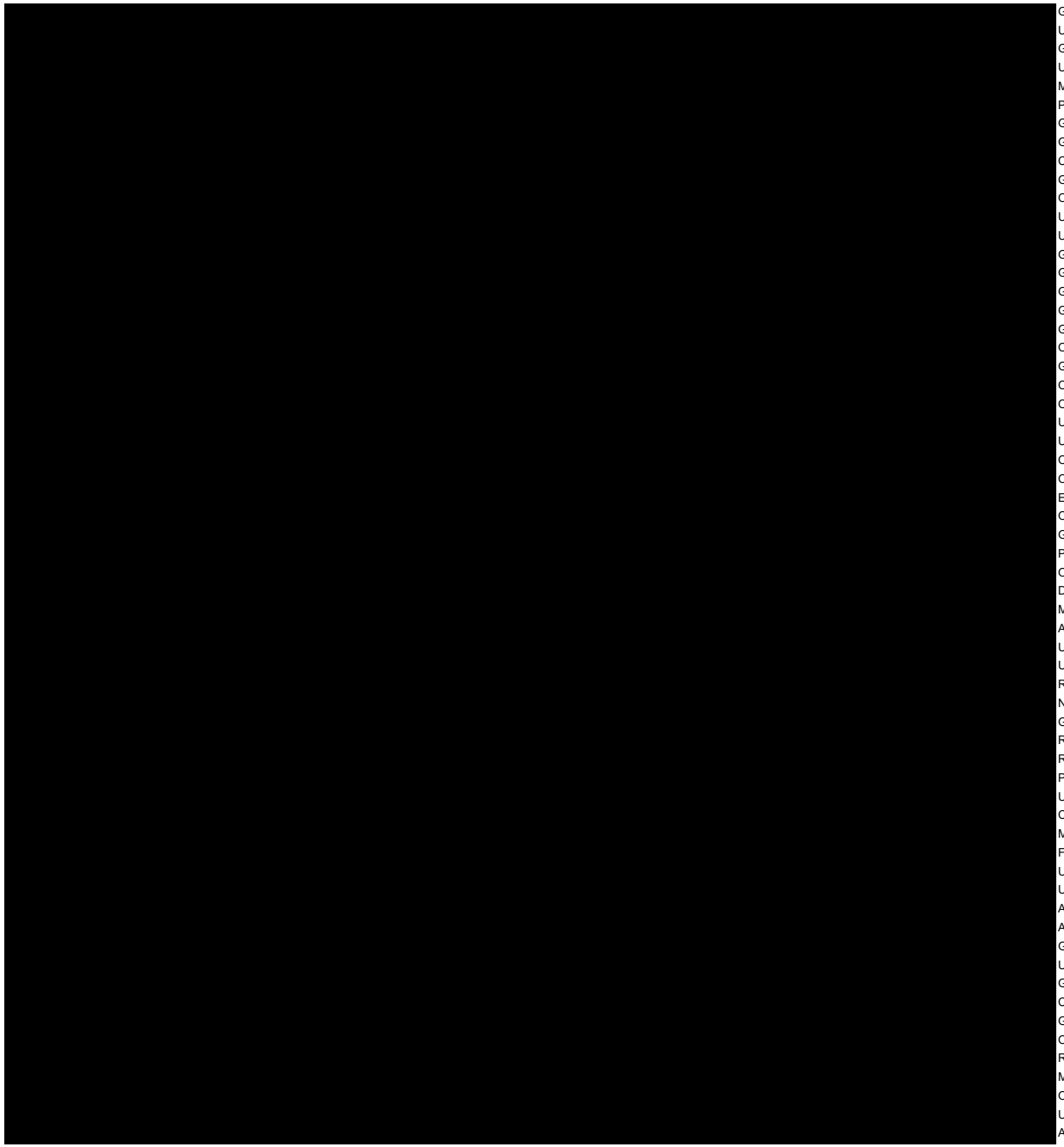
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
HOME INFUSION	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
RADIATION ONC(	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	NO	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PLASTIC SURGE	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



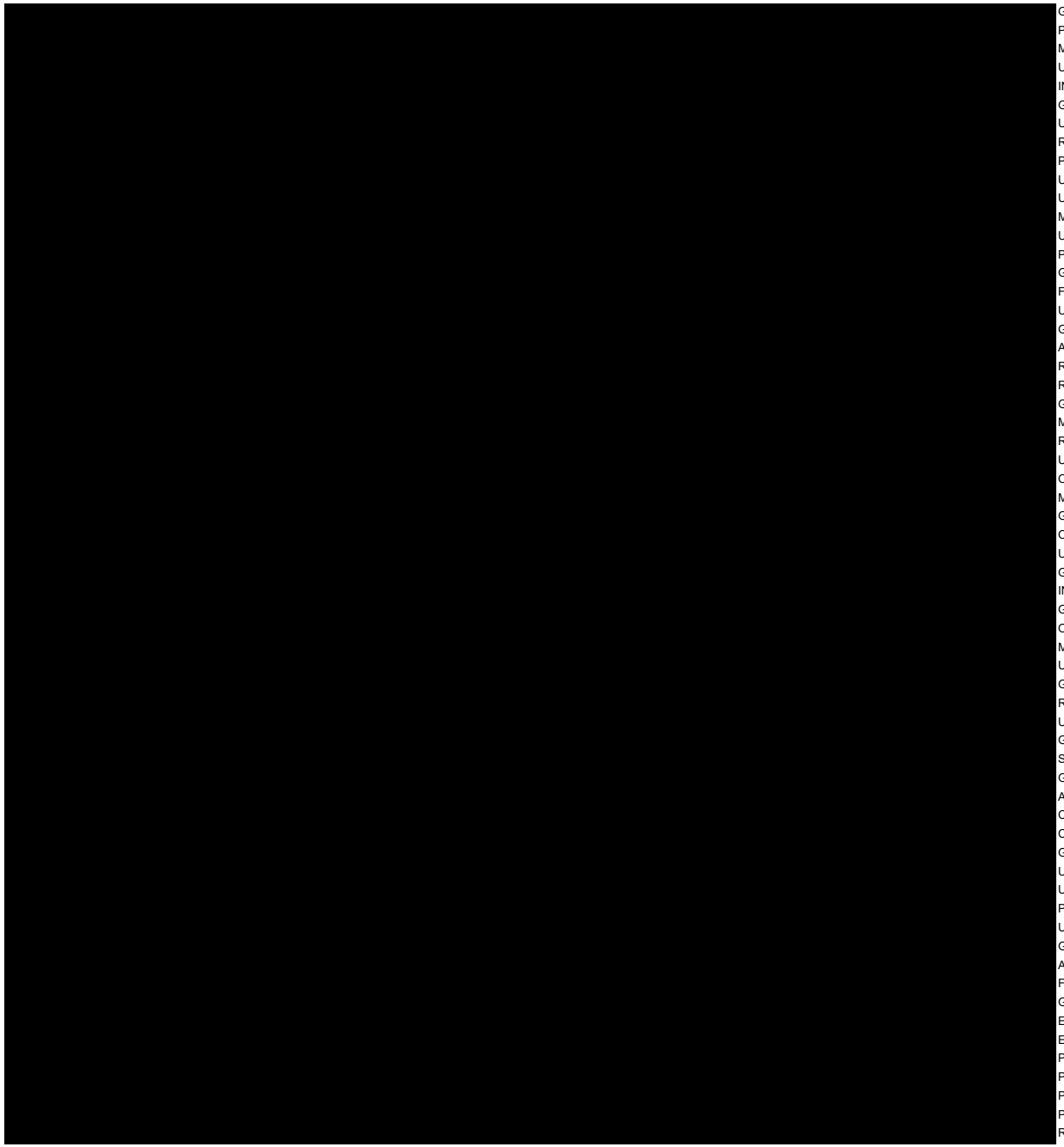
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PLASTIC SURGE	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	NO	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	NO	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	NO	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO



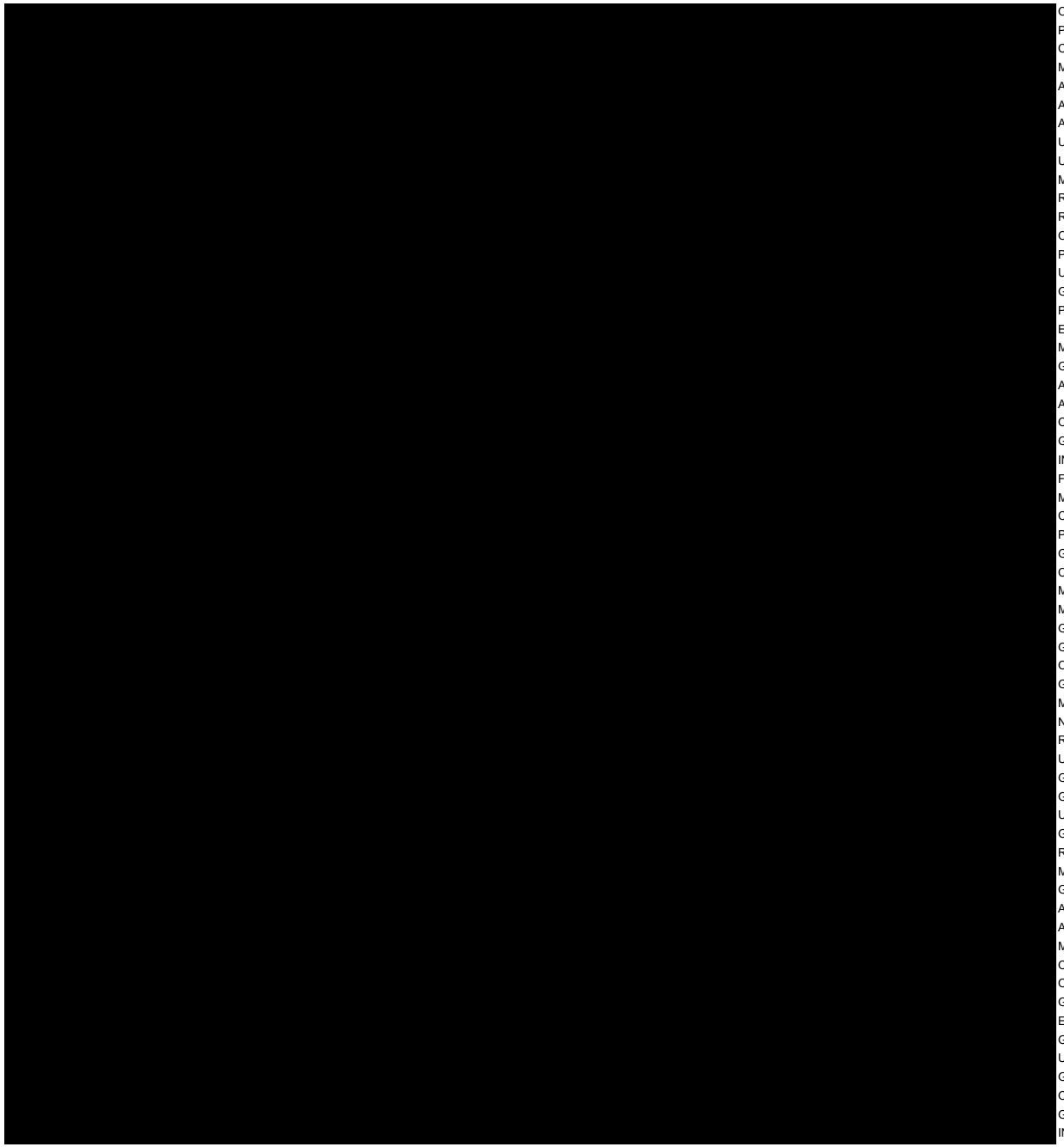
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES - Hospital Based	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA	Professional	Wellwise Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
SLEEP STUDY CI	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES



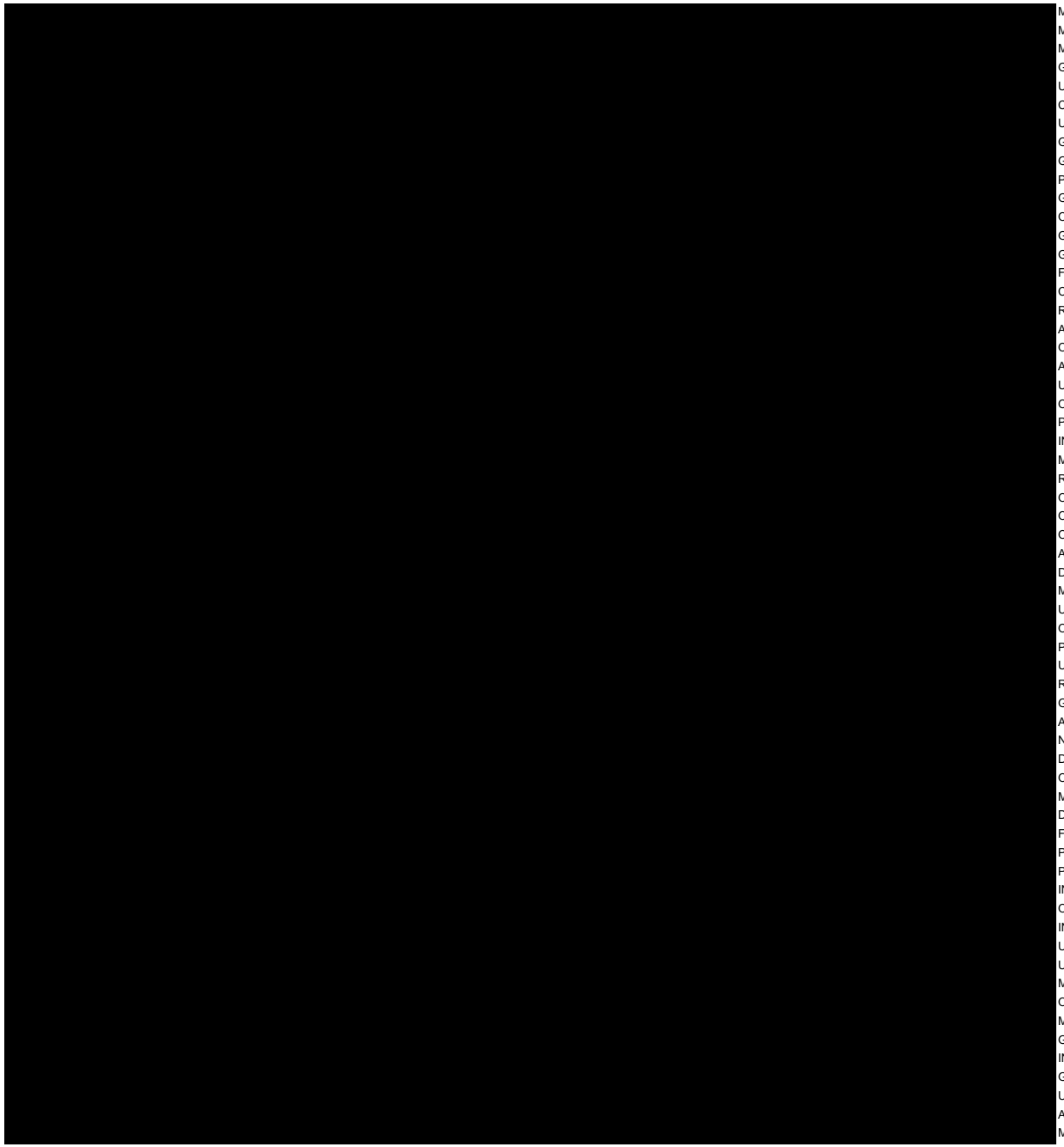
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
ALLERGY & IMMU	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CERTIFIED RN AI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OBSTETRICS	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES



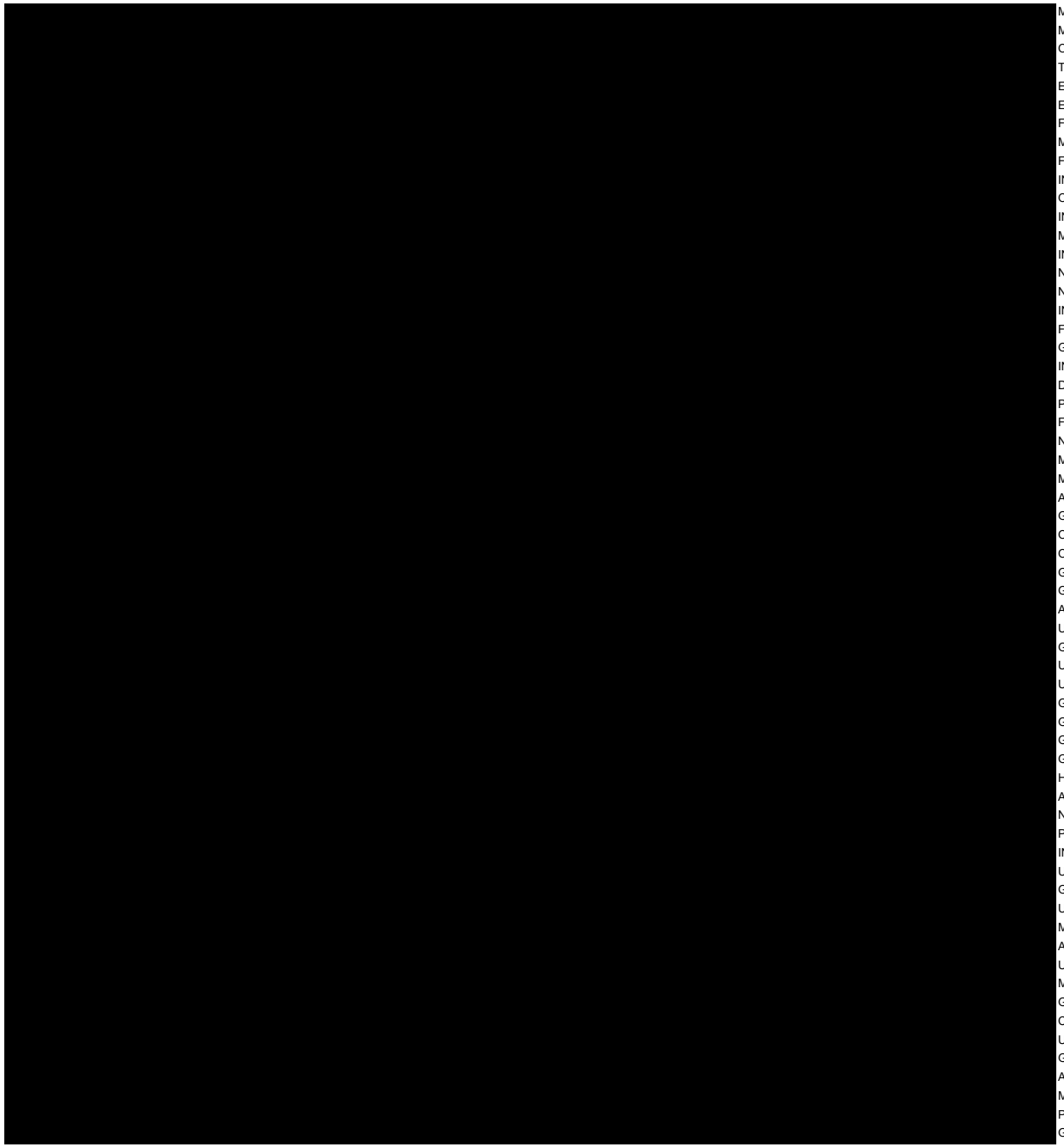
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLO	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
OTOLARYNGOL	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOL	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
SURGERY, THOF	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



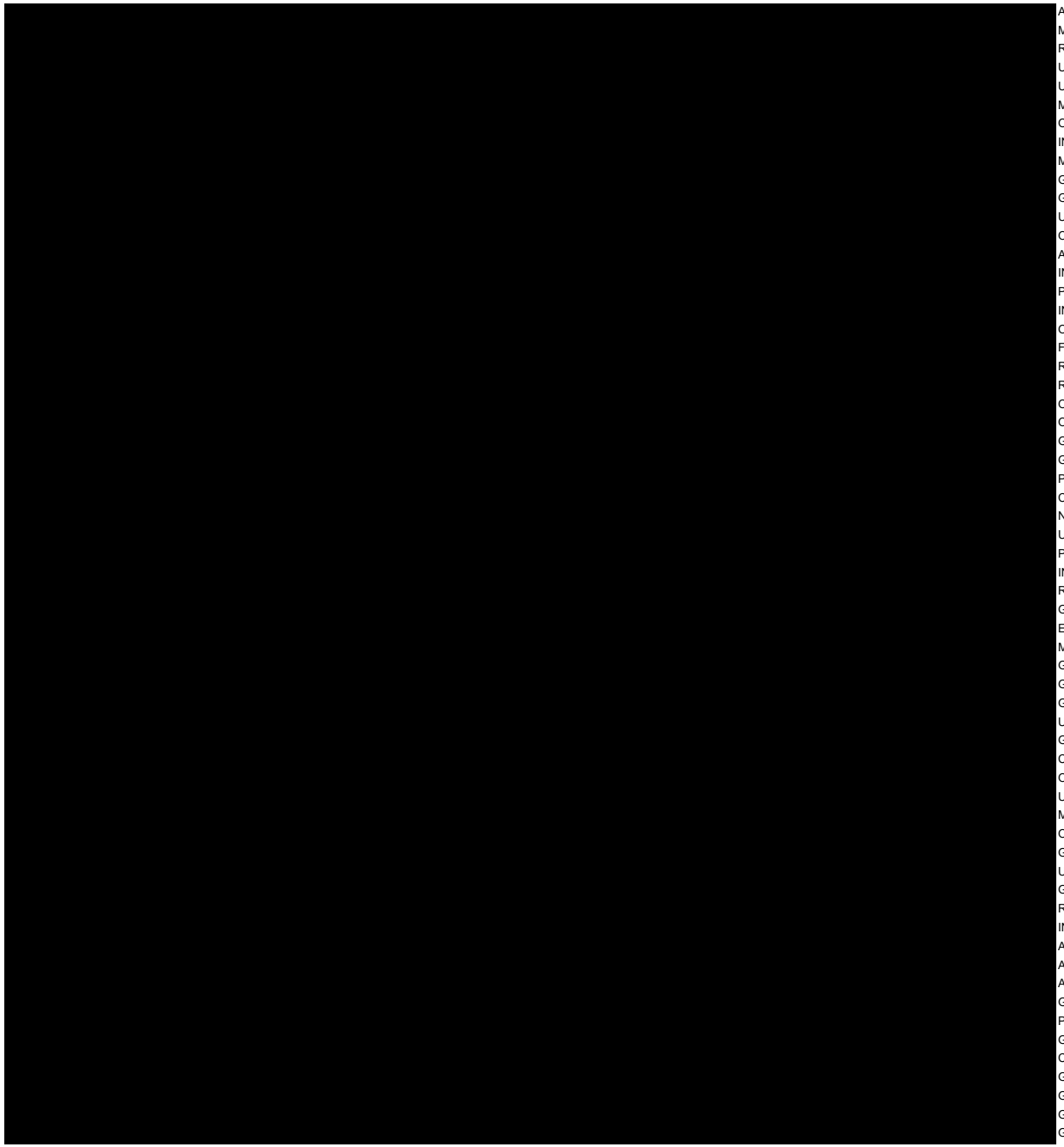
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
CERTIFIED RN AI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RESEARCH PSY(	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLG	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOG	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO



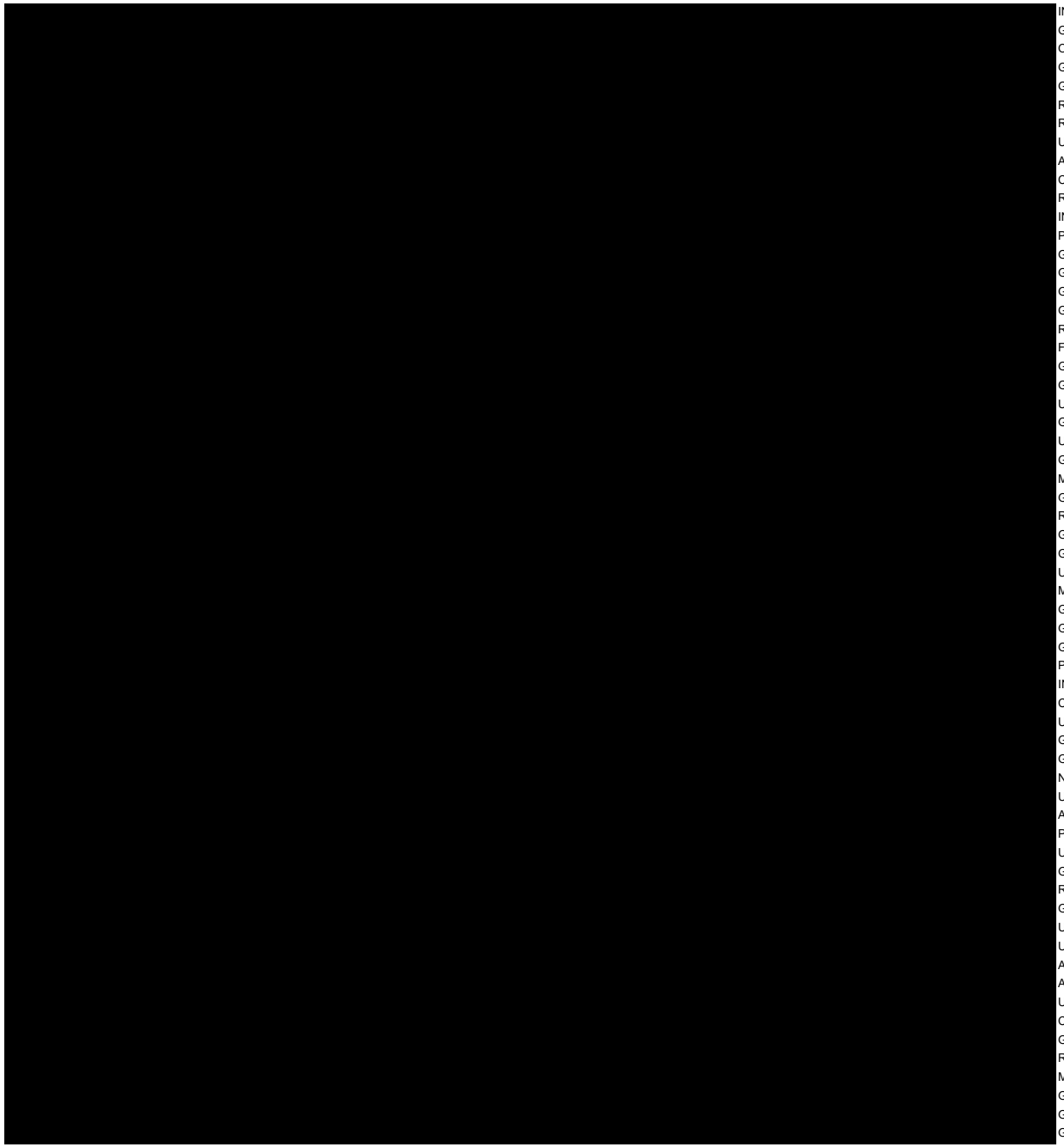
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PULMONARY DIS	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	NO
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	NO
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



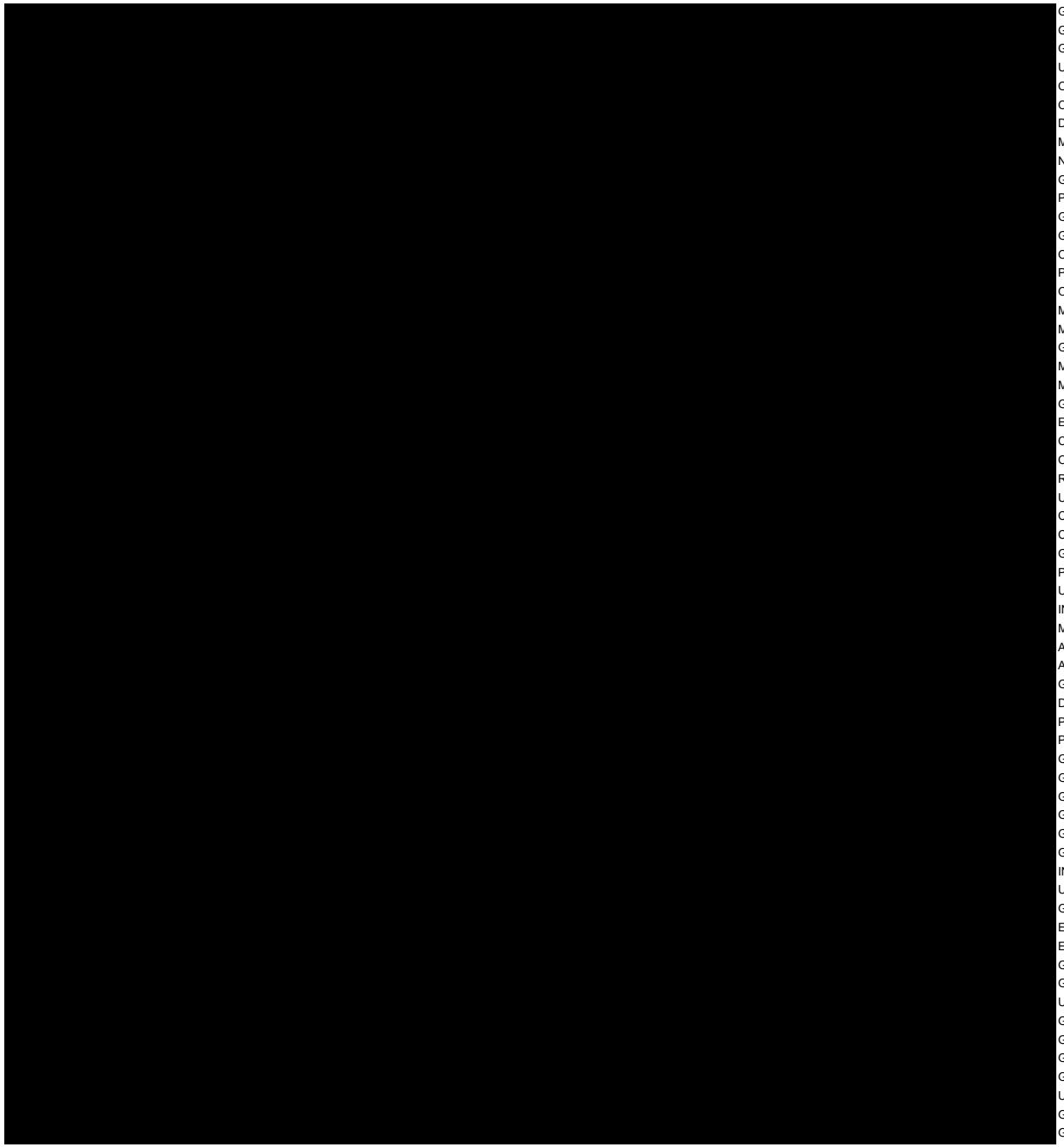
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
TRANSPLANT SU	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOLC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MEDICAL ONCOL	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	NO
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
PAIN MGMT ANE	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
HEMATOLOGY A	Professional	Wellwise Retiree	YES	NO
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CERTIFIED NURS	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	NO
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A



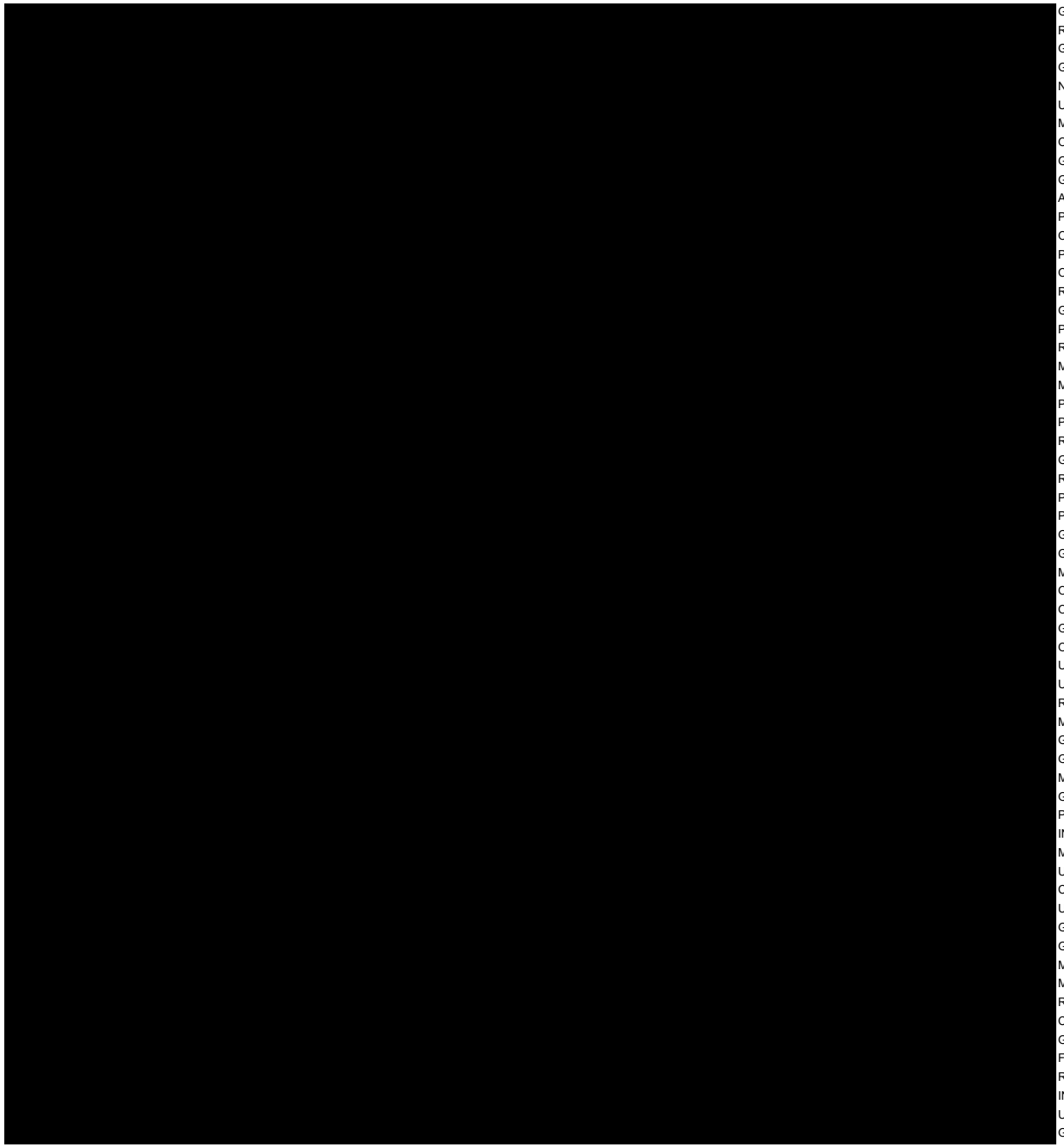
ANESTHESIOLO(	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	YES
RADIATION ONC(	Professional	Wellwise Retiree	YES	NO
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDI(	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A



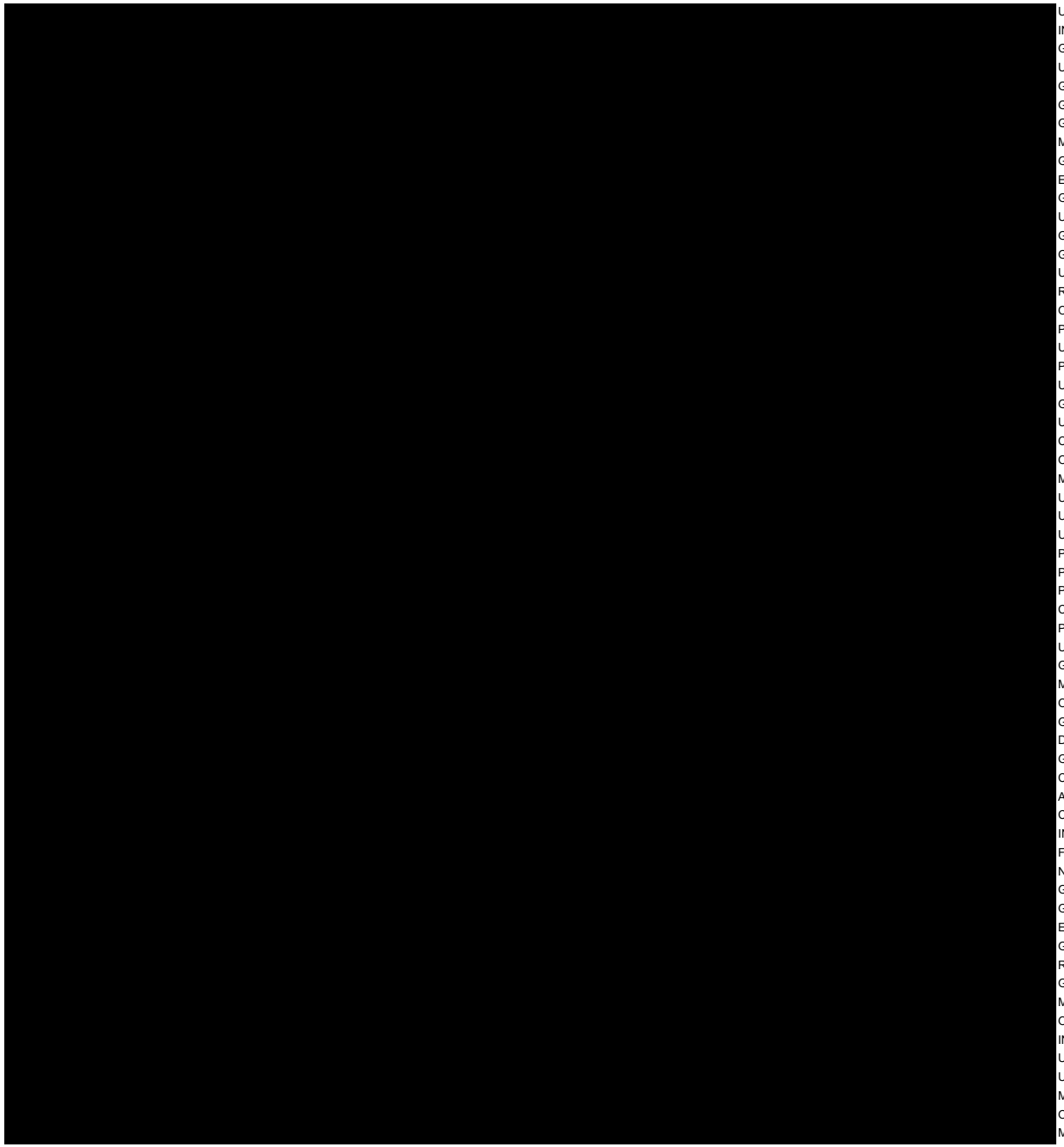
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	N/A
ORALMAXILLOFA	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
PULMONARY DIS	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG\	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
NEPHROLOGY	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES - Hospital Based
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A



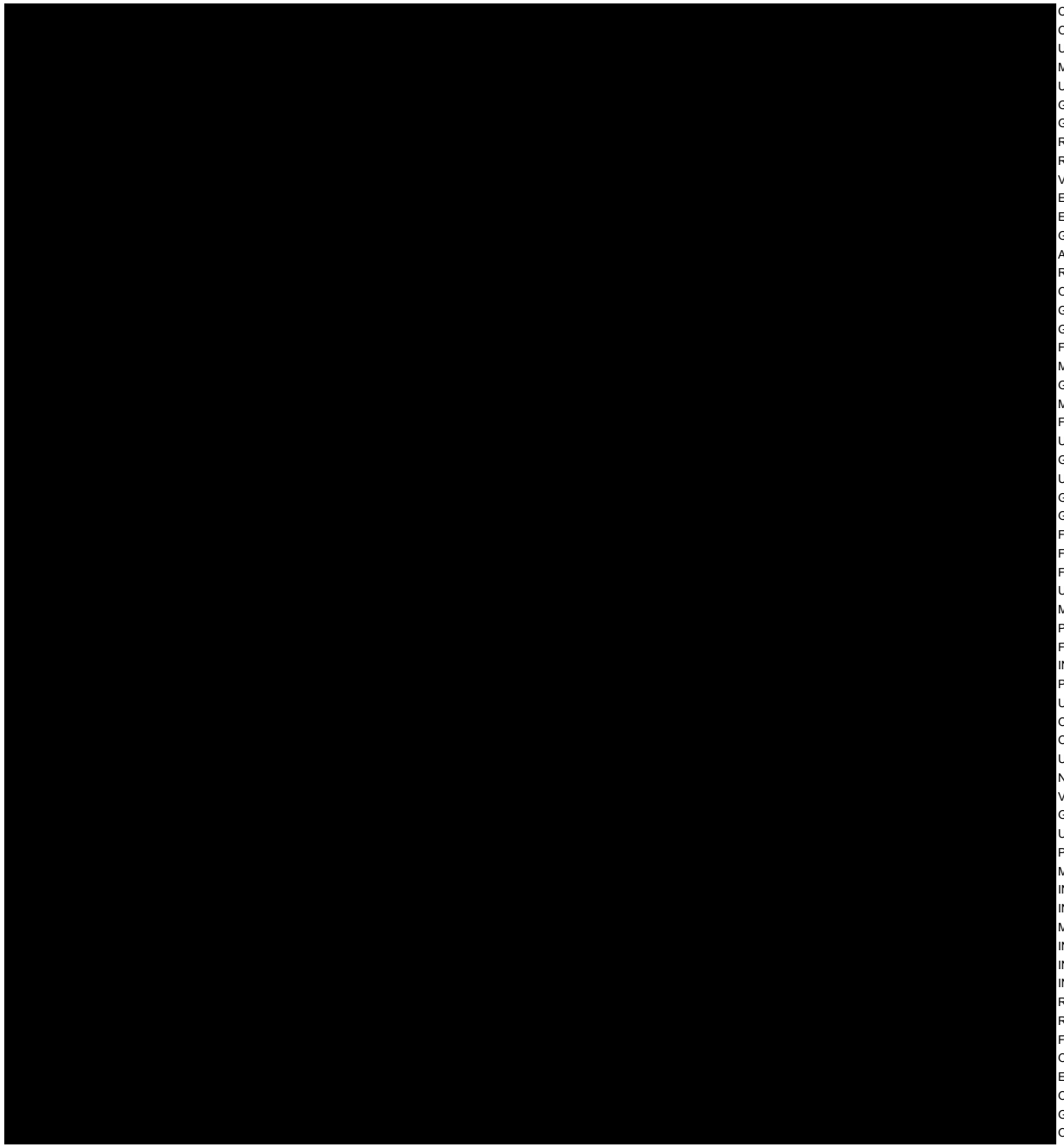
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GASTROENTERC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
NEUROLOGICAL	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PAIN MGMT ANE	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A



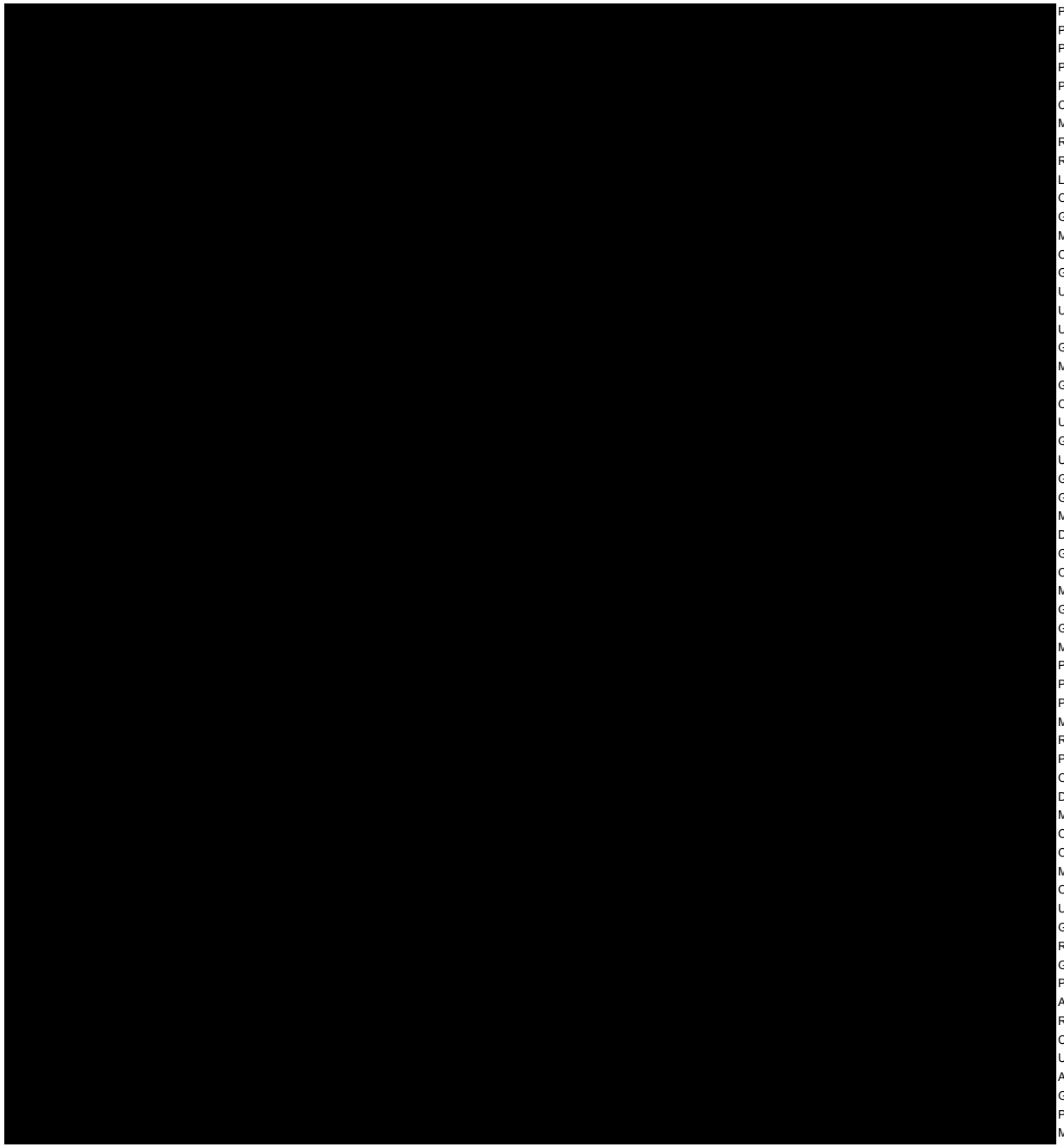
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
PLASTIC SURGE	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A



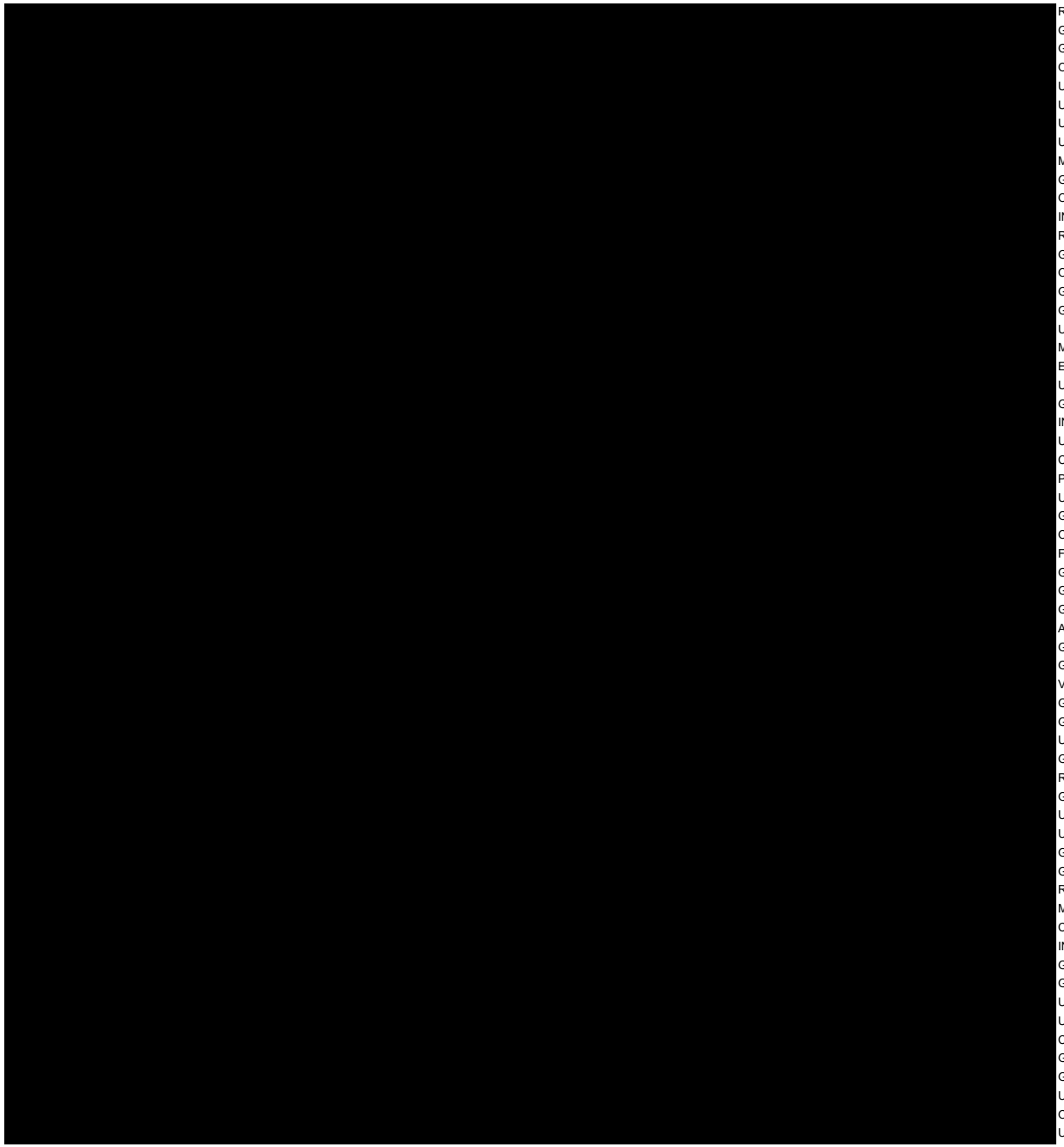
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
OUTPATIENT ME	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
CERTIFIED RN AI	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLOC	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOLC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



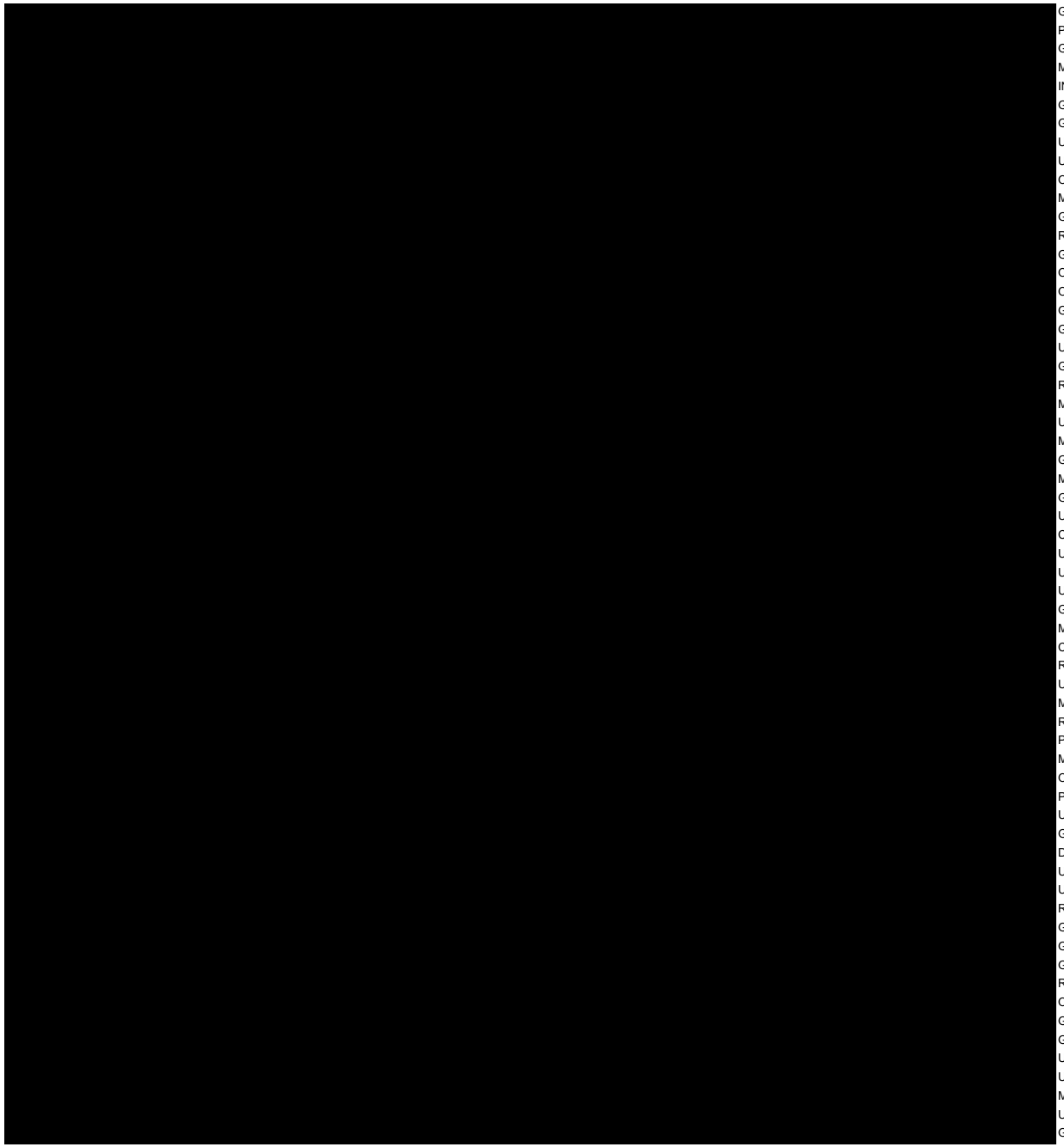
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
UROLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RESEARCH PSY(	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
VA CLINIC	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO(	Professional	Wellwise Retiree	YES	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
UROLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
PODIATRIST	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
UROLOGY	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
VA CLINIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
RADIATION ONC(	Professional	Wellwise Retiree	YES	NO
RADIATION ONC(	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	NO
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOL(	Professional	Wellwise Retiree	YES	NO



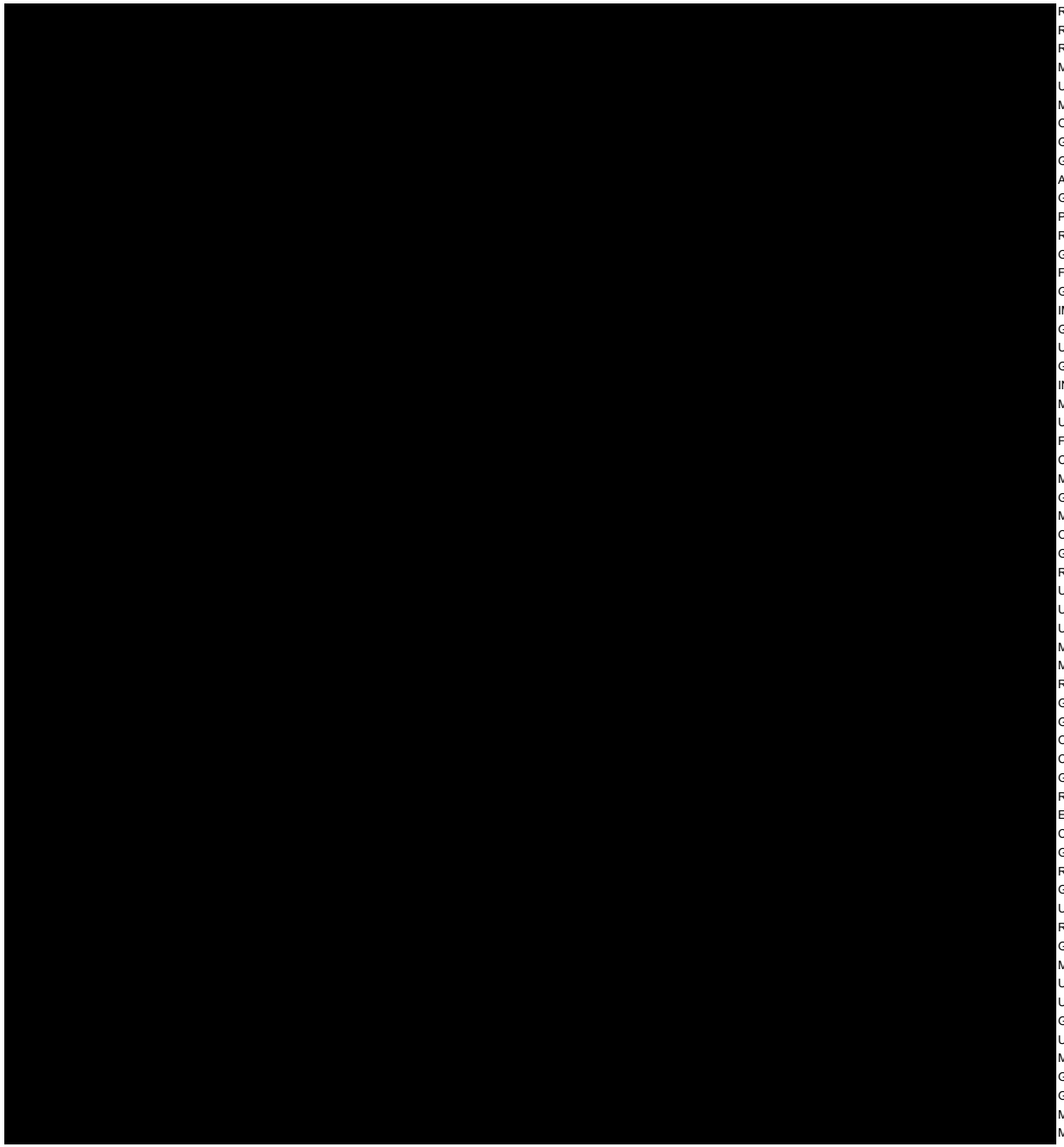
PODIATRIST	Professional	Wellwise Retiree	NO	NO
PAIN MGMT ANE	Professional	Wellwise Retiree	YES	YES
PLASTIC SURGE	Professional	Wellwise Retiree	YES	NO
PHARMACY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
LICENSED CLIN S	Professional	Wellwise Retiree	NO	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	NO	NO
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
ALLERGY & IMM	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



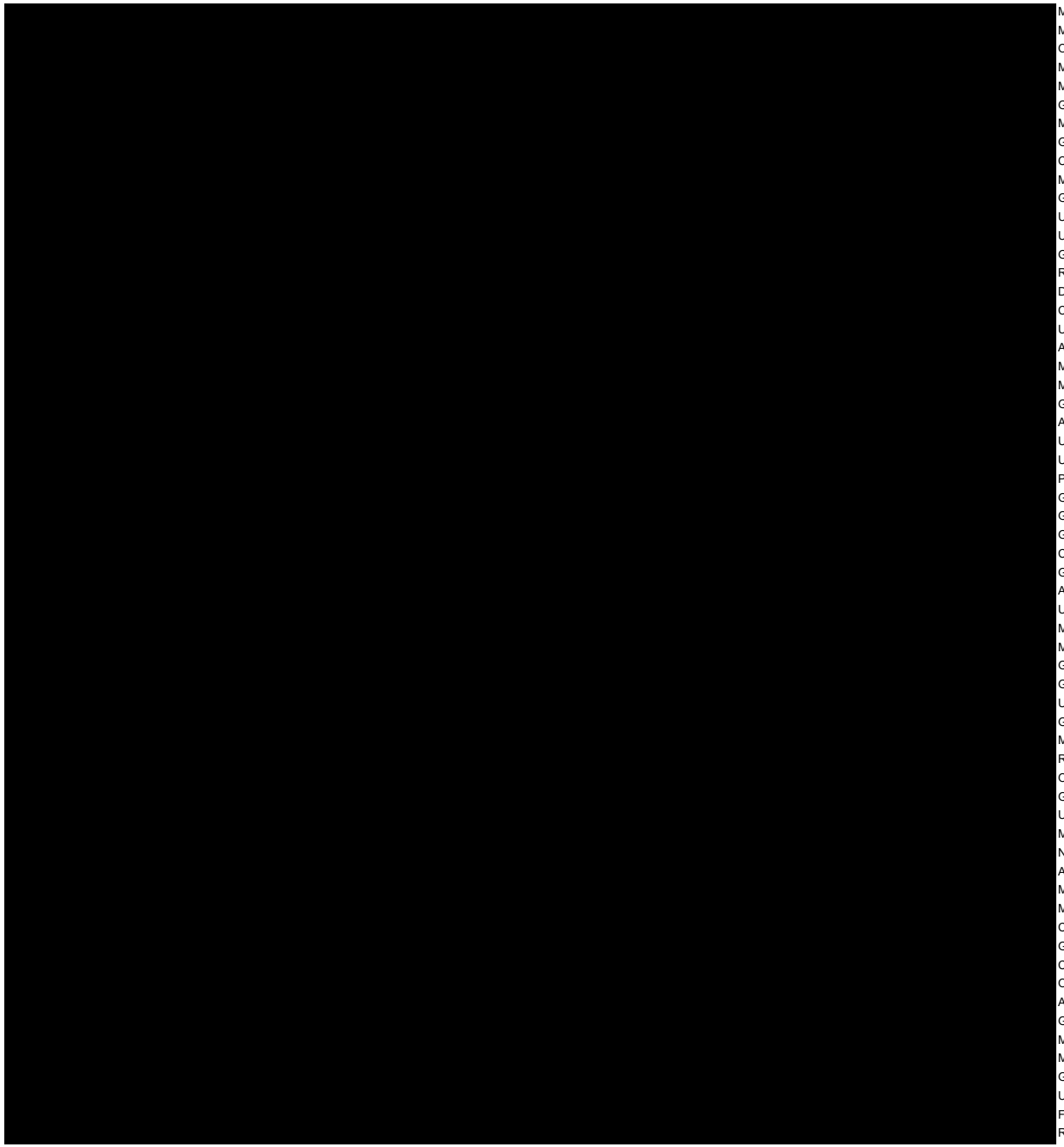
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ORTH	Professional	Wellwise Retiree	N/A	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
VA CLINIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



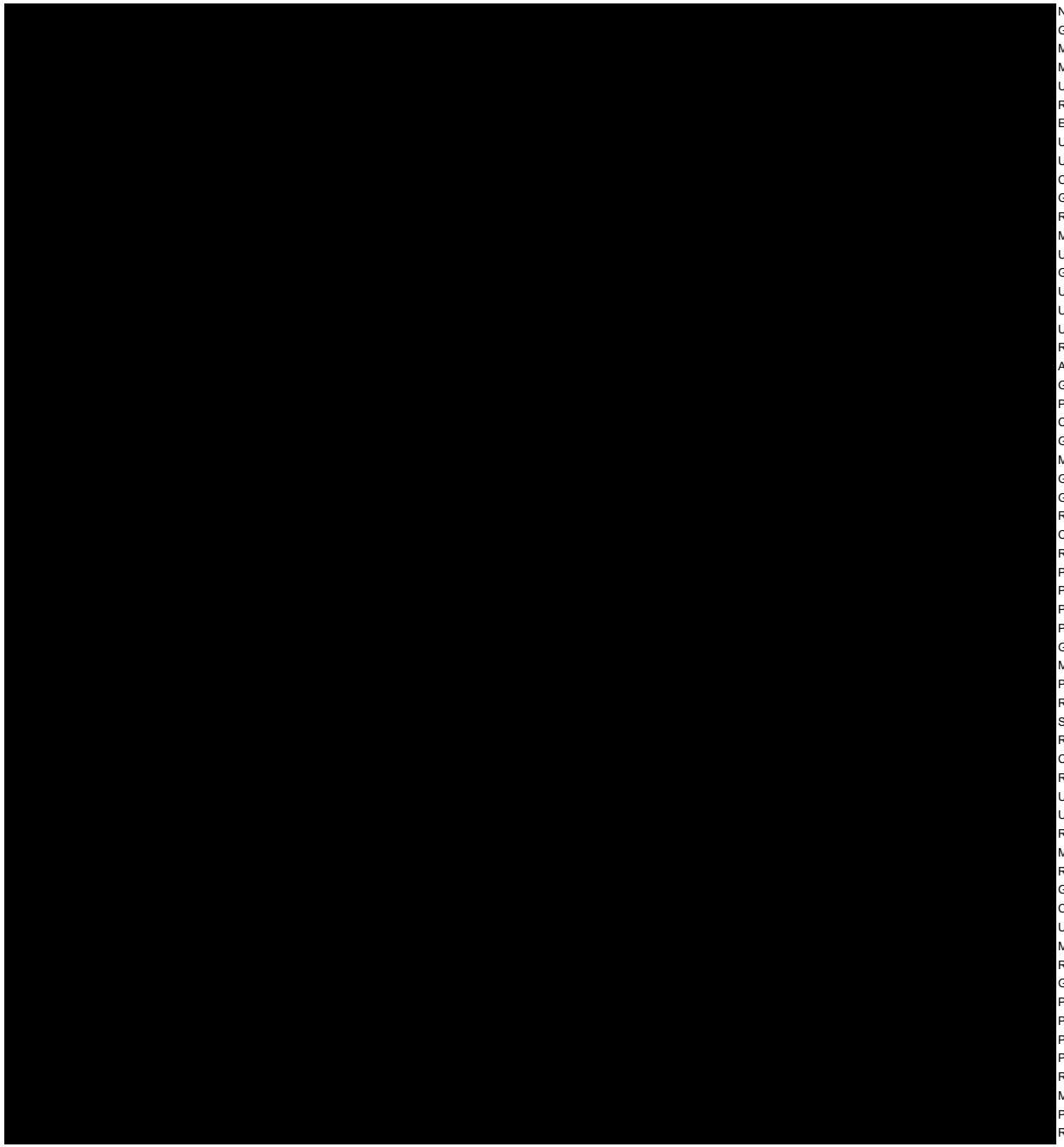
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RETAIL HEALTH	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	N/A	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A



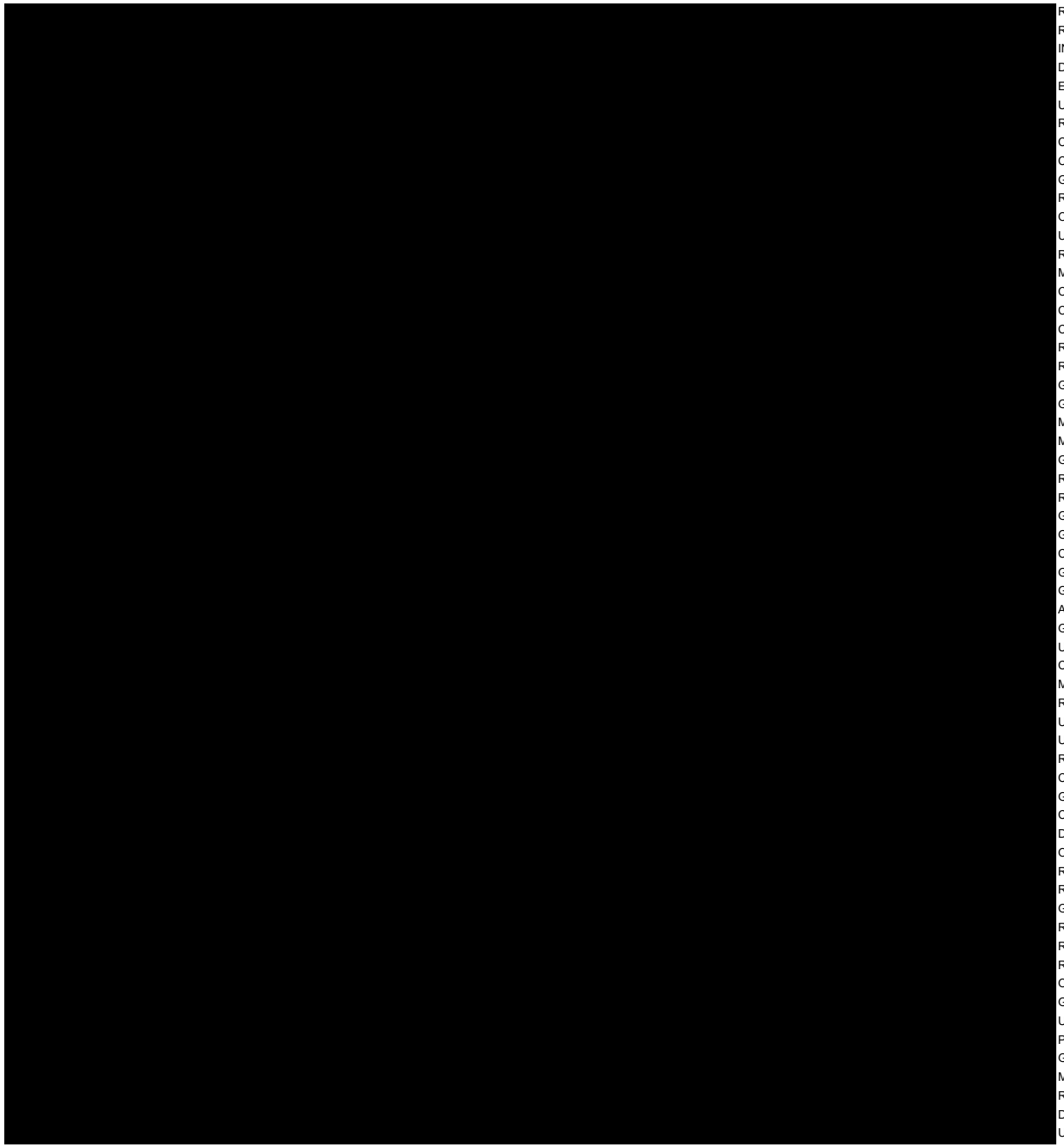
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



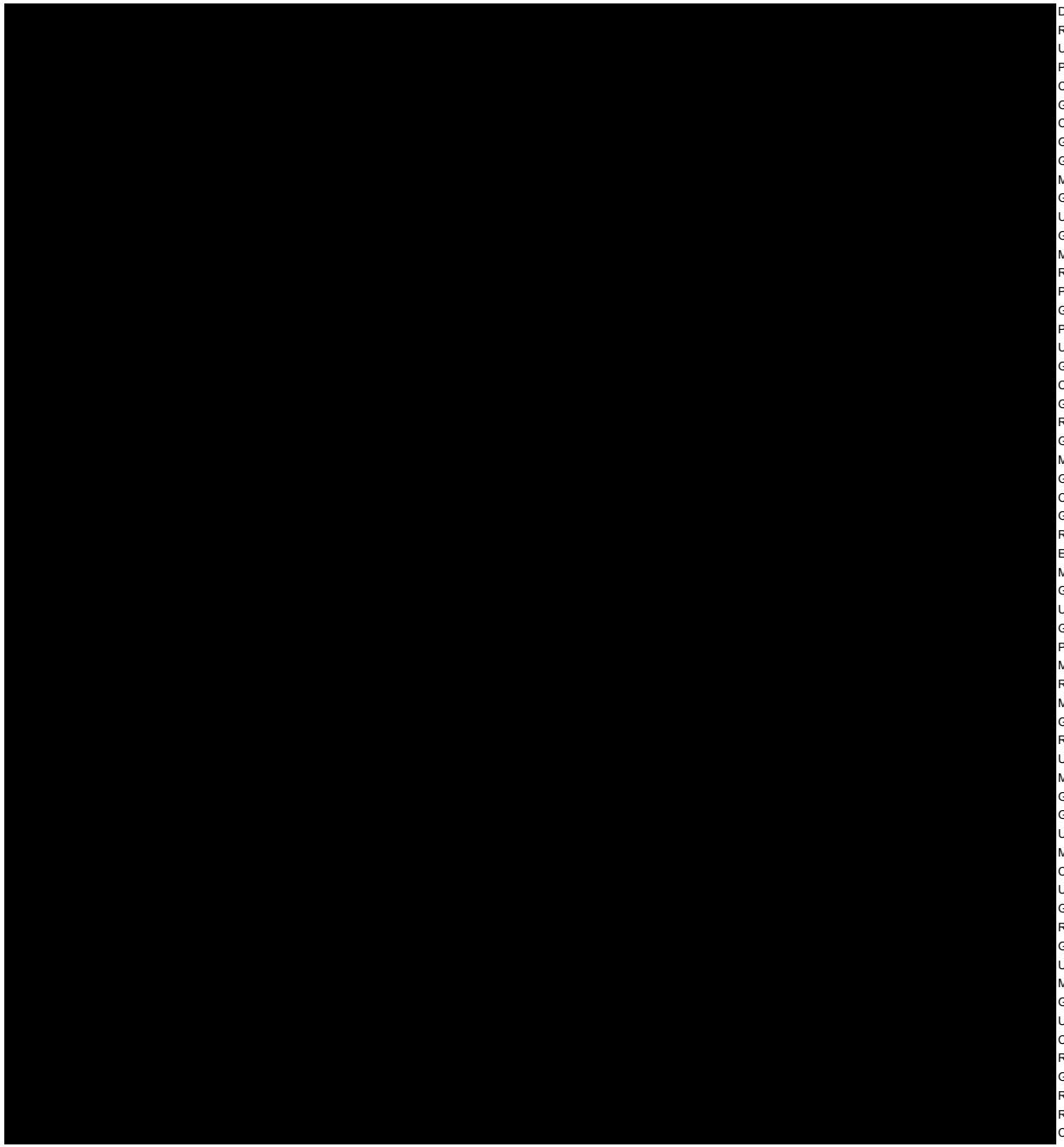
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	NO	NO
AUDIOLOGIST	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CAPITATED GRO	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLO	Professional	Wellwise Retiree	YES	NO
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



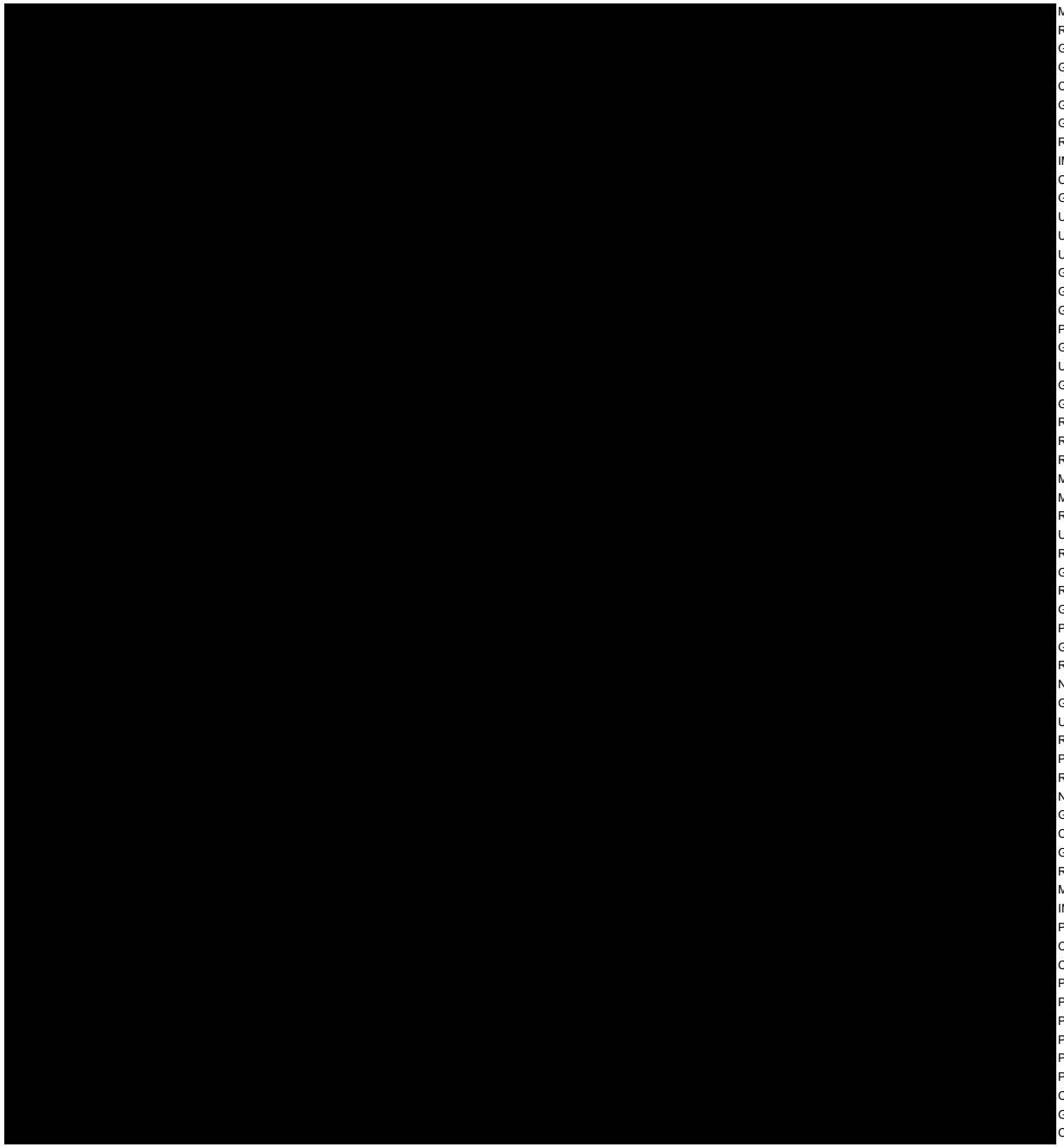
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
AUDIOLOGIST	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CERTIFIED ORTH	Professional	Wellwise Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	NO	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
SLEEP STUDY CI	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CERTIFIED RN AI	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	NO
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES



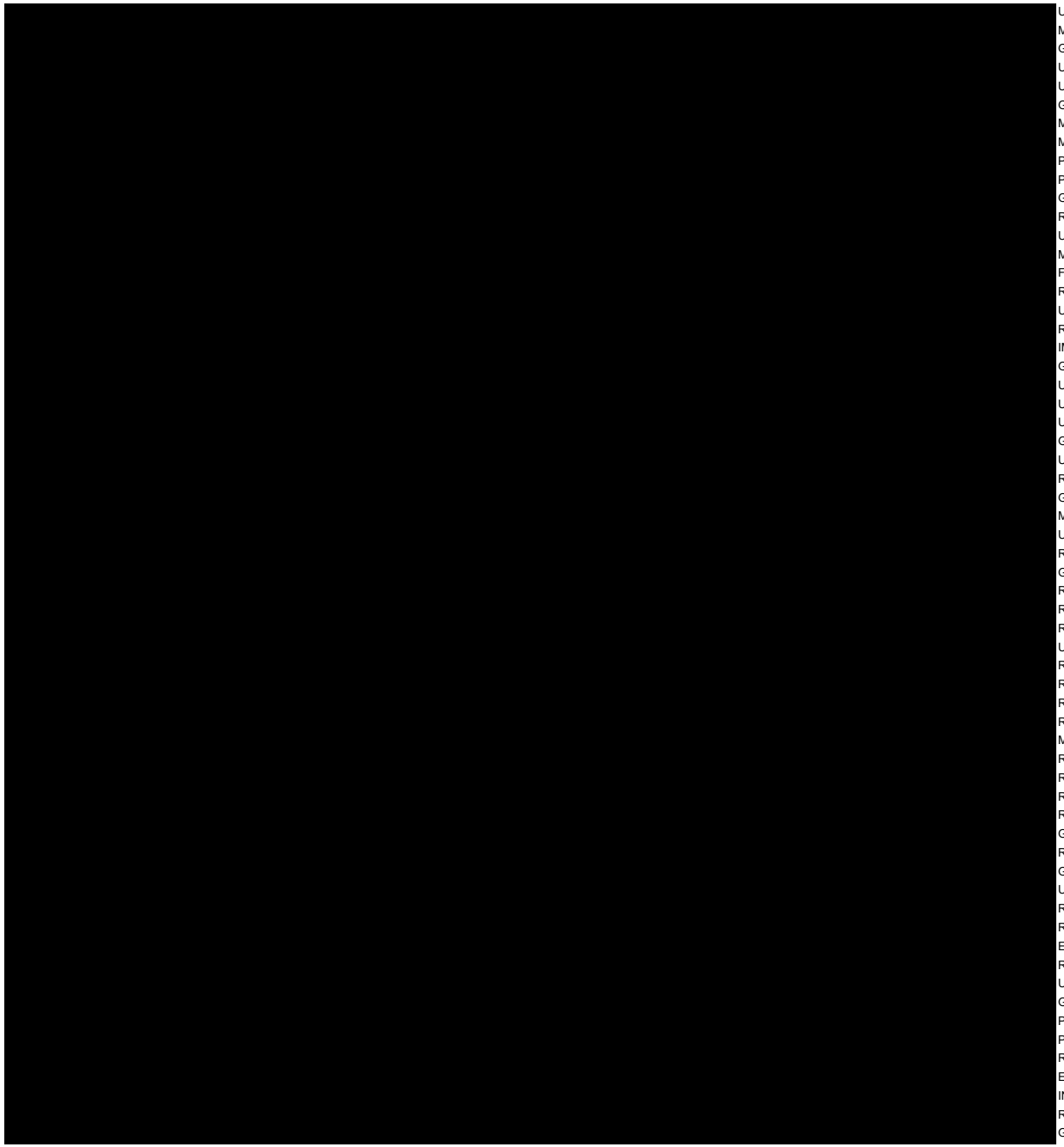
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
UROLOGY	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC1	Professional	Wellwise Retiree	NO	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
AUDIOLOGIST	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC1	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



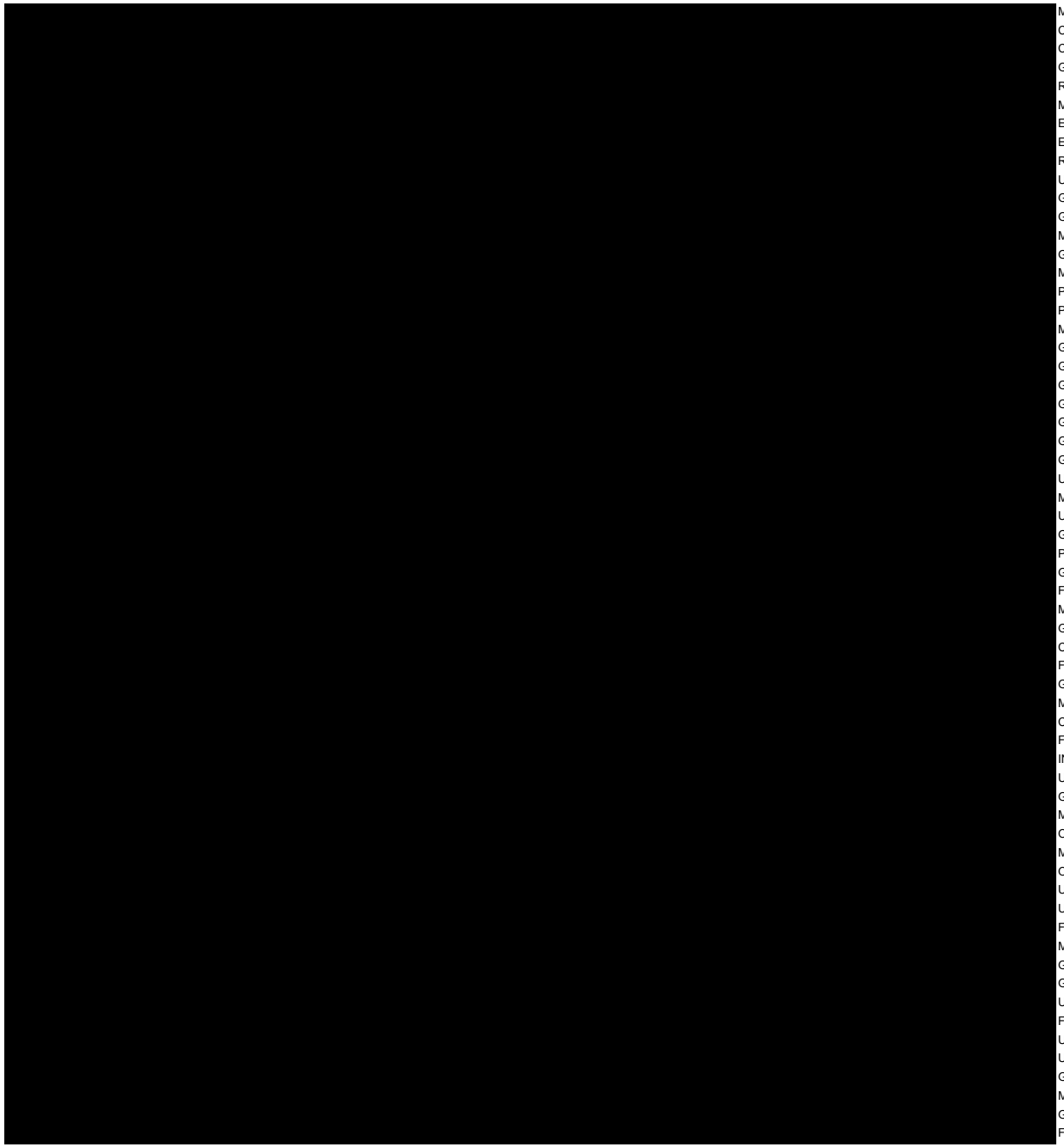
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
GENERAL SURGI	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO



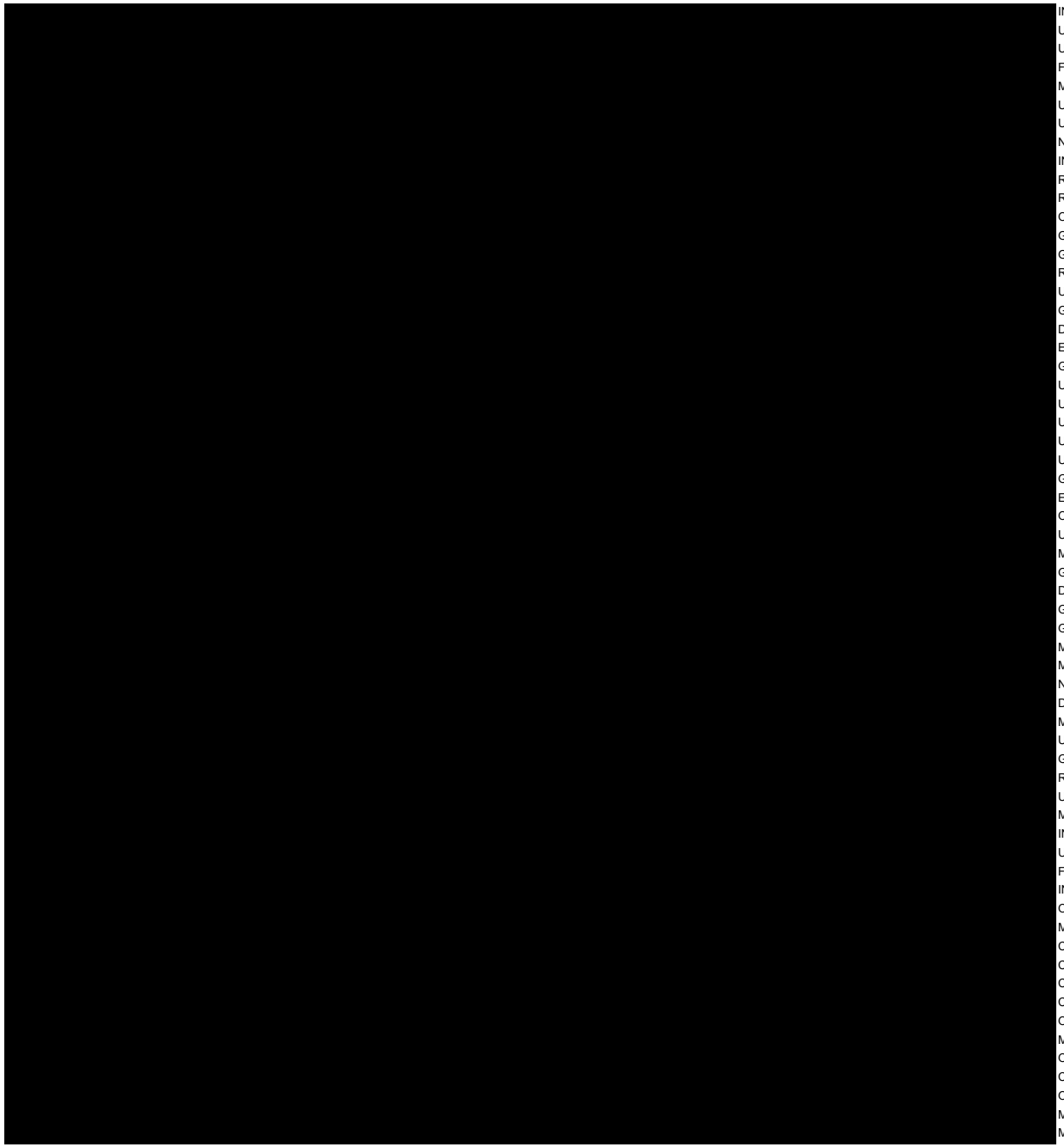
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES - Hospital Based	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
IMAGING CENTE	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEUROLOGY	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
NEPHROLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	NO	NO
CARDIOVASCUL	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
CARDIOVASCUL	Professional	Wellwise Retiree	YES	NO



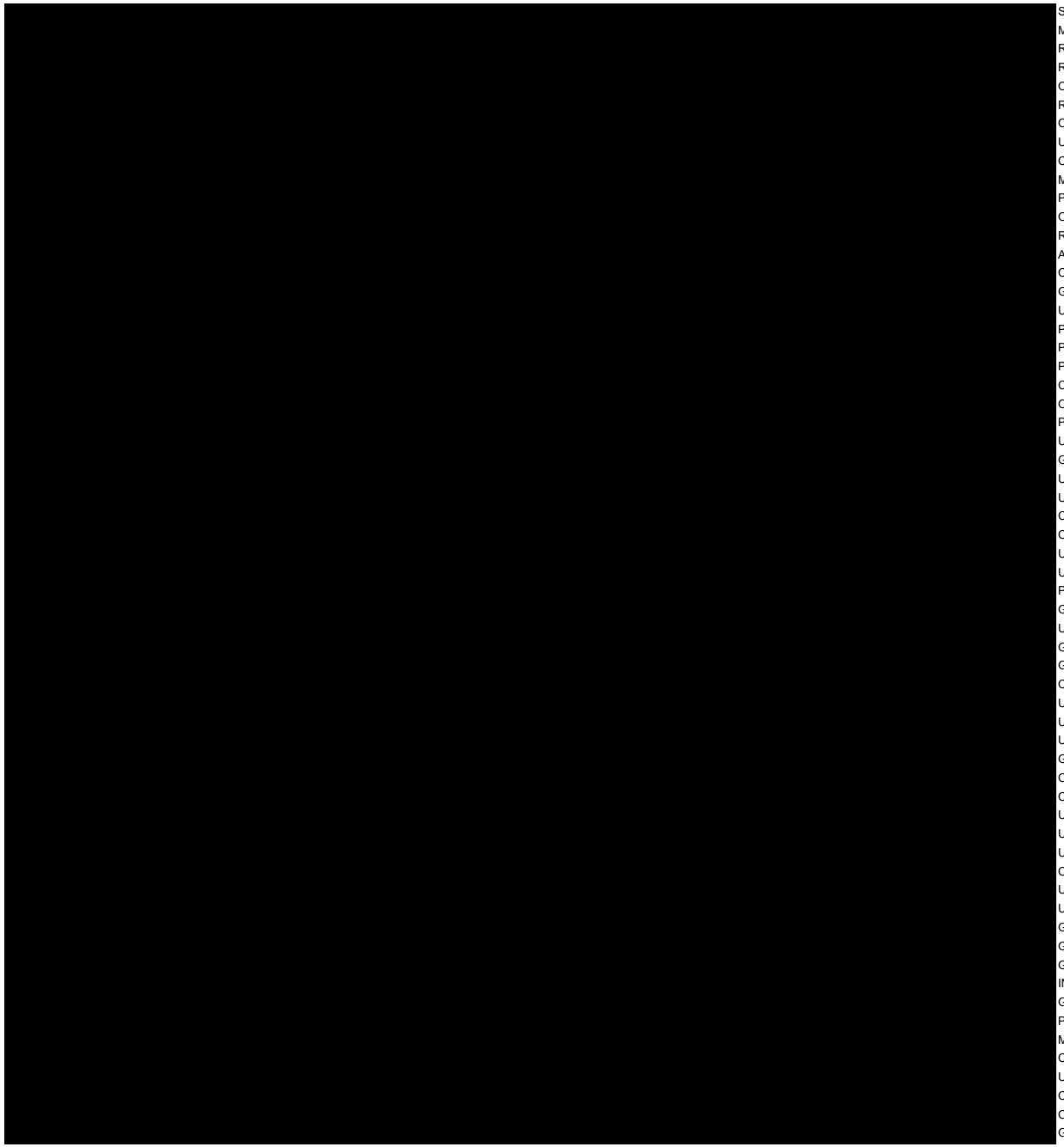
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
IMAGING CENTE	Professional	Wellwise Retiree	NO	NO
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
RHEUMATOLOG	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	YES	N/A
PORTABLE X-RA	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
INTERVENTIONA	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A



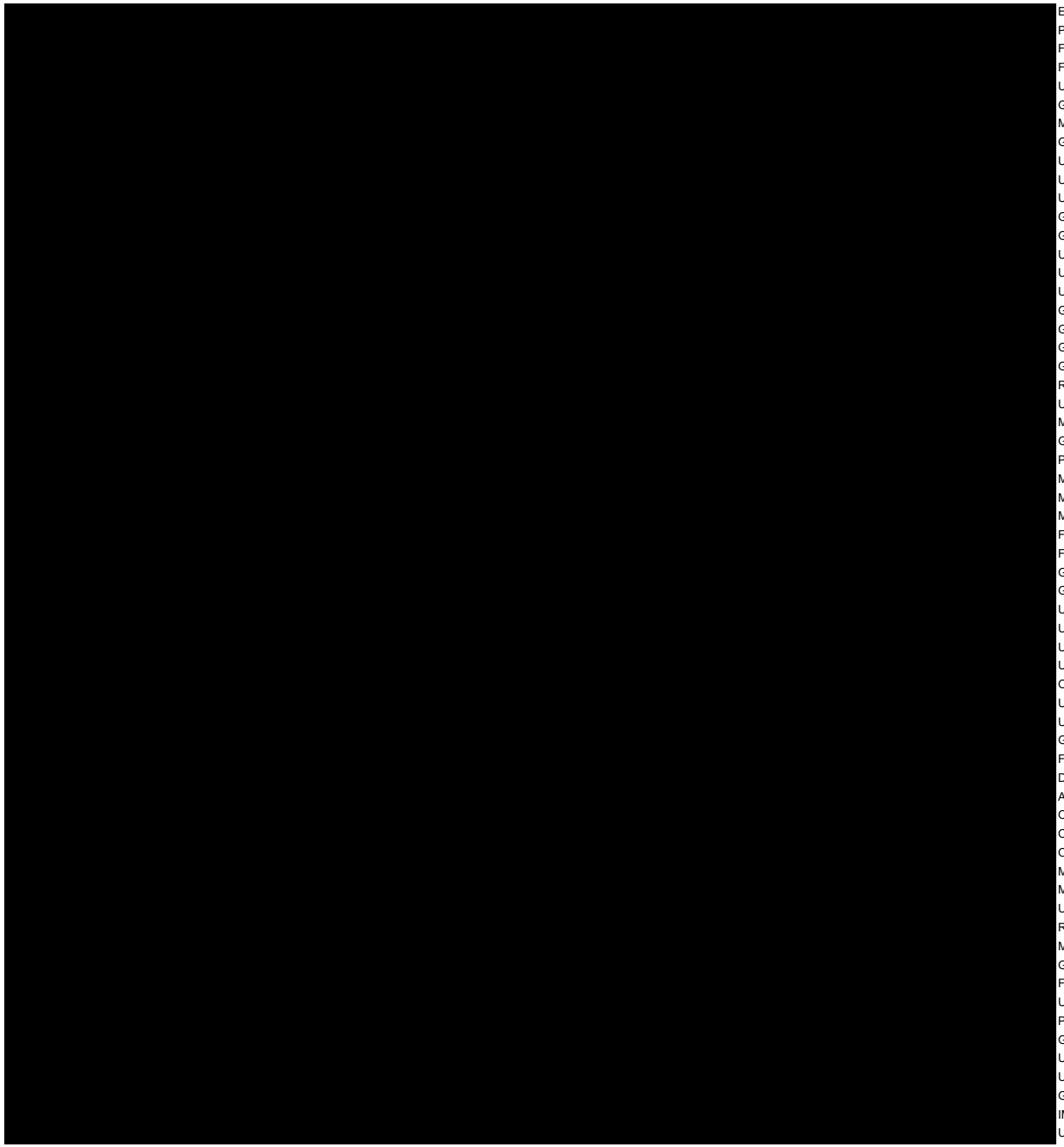
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES - Hospital Based	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
MEDICAL SUPPL`	Professional	Wellwise Retiree	N/A	N/A
PHARMACY	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
PATHOLOGY, AN	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL`	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI(	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
MARRIAGE FAMI	Professional	Wellwise Retiree	NO	NO
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
MEDICAL SUPPL`	Professional	Wellwise Retiree	N/A	N/A
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC`	Professional	Wellwise Retiree	NO	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC`	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO



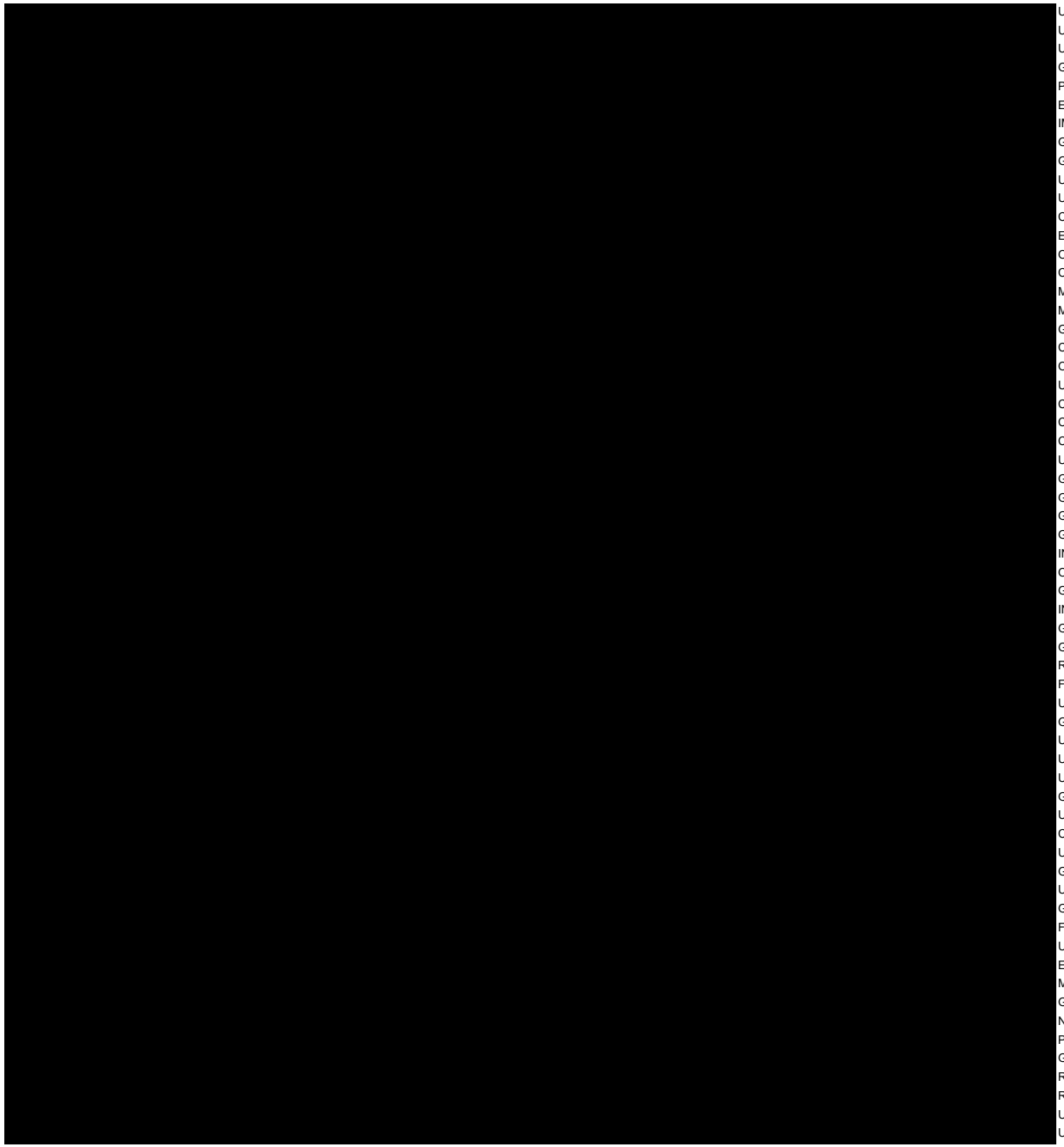
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
NEUROLOGICAL	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
RETAIL HEALTH I	Professional	Wellwise Retiree	YES	YES
RETAIL HEALTH I	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
DERMATOLOGY	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	N/A	N/A
NEUROLOGICAL	Professional	Wellwise Retiree	YES	NO
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
INFECTIOUS DIS	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	NO
O.B. - GYNECOLO	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES



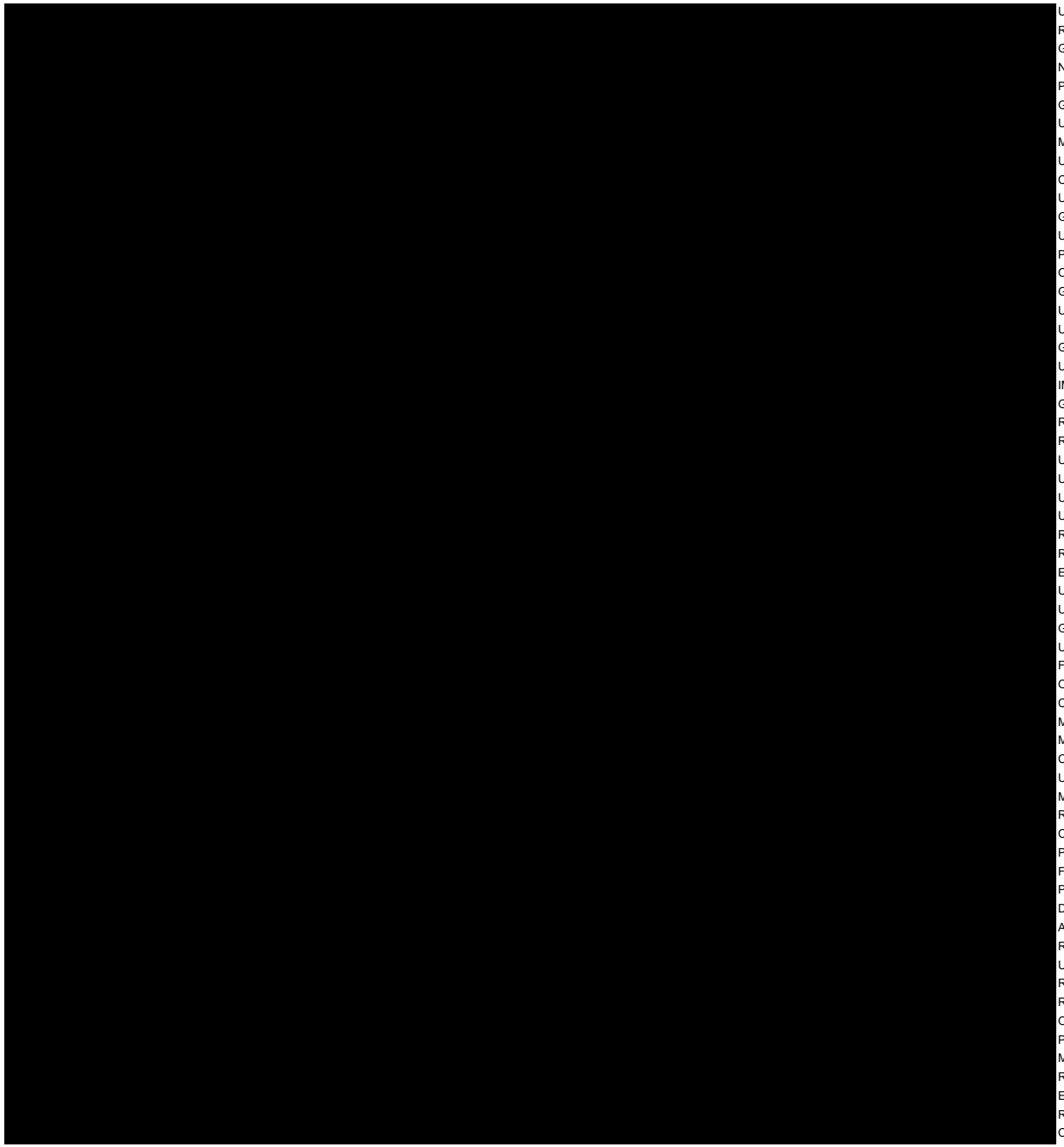
SURGERY HAND	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
REGISTERED PH	Professional	Wellwise Retiree	NO	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
CERTIFIED NURS	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PHYSICIANS ASS	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
CARDIOLOGY	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
CARDIOVASCUL/	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CERTIFIED ACUF	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	YES
GENERAL DENTI	Professional	Wellwise Retiree	N/A	N/A



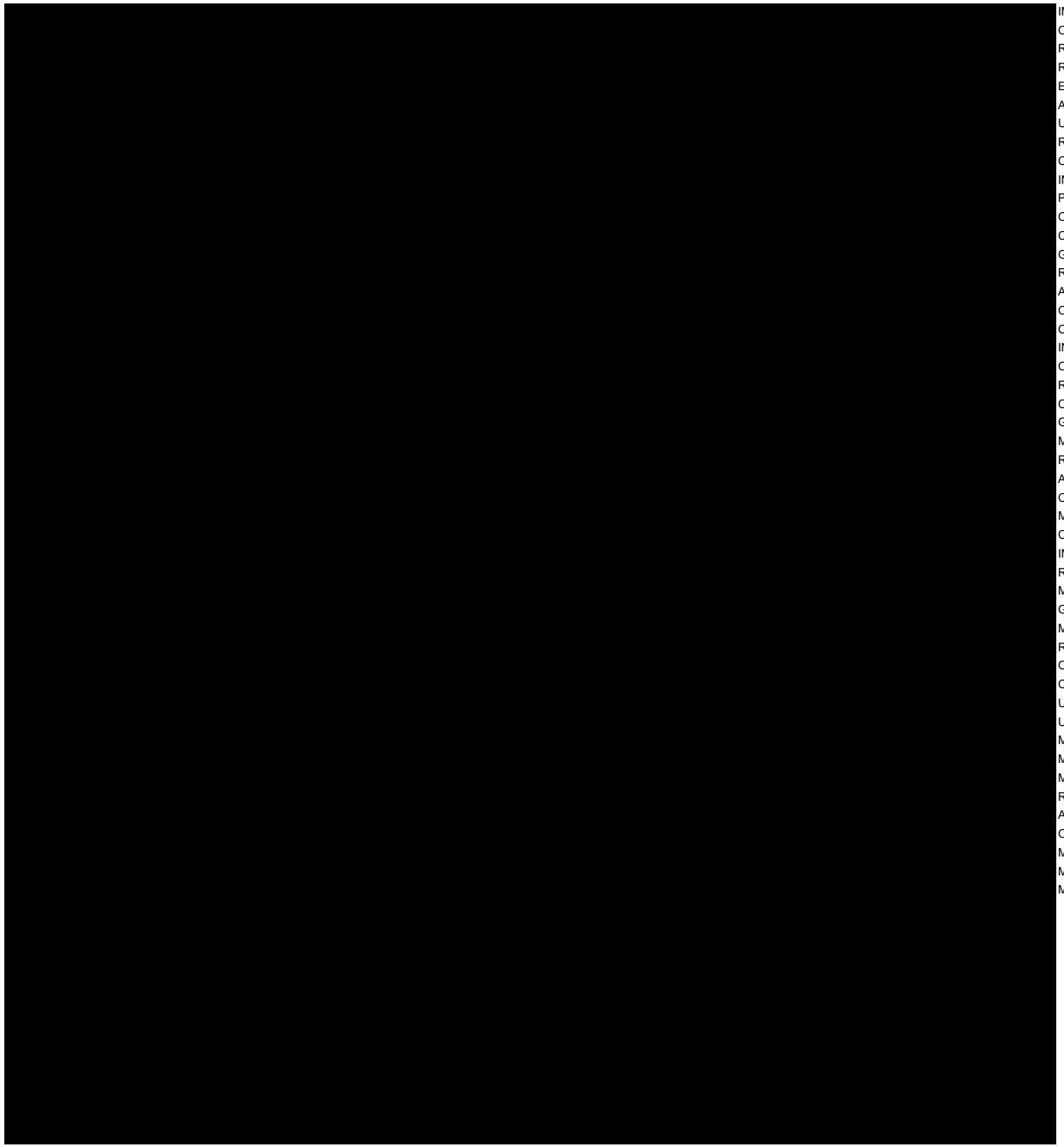
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
MRI CENTER	Professional	Wellwise Retiree	YES	YES
GASTROENTERC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	N/A	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PLASTIC SURGE	Professional	Wellwise Retiree	NO	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
O.B. - GYNECOL	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLO	Professional	Wellwise Retiree	YES	NO
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
MEDICAL SUPPL	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RHEUMATOLOG	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	NO	N/A



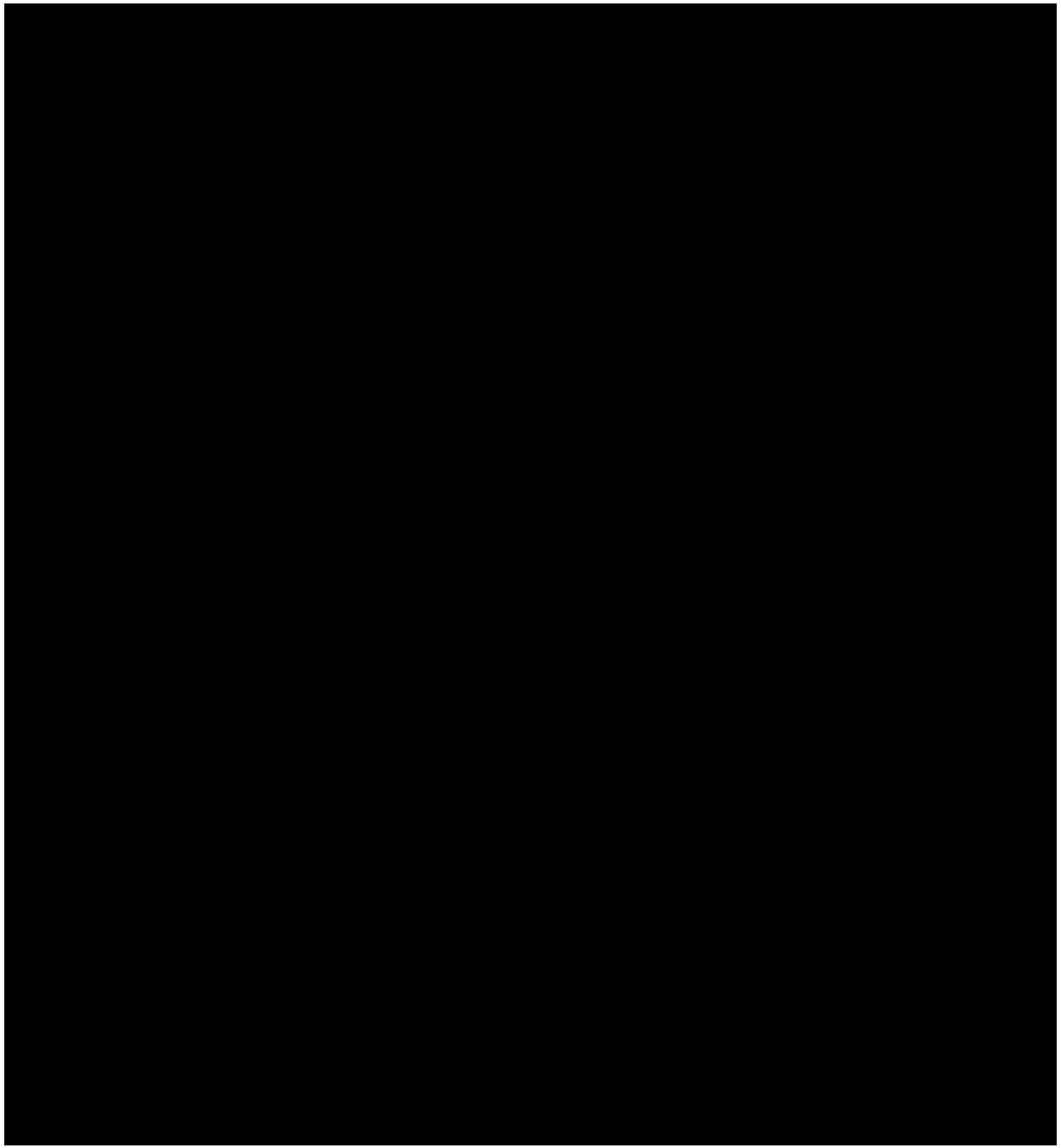
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
PODIATRIST	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	NO	NO
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	YES	YES
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
OPTOMETRIST	Professional	Wellwise Retiree	YES	YES
CERTIFIED RN AI	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
GENERAL PRACT	Professional	Wellwise Retiree	NO	NO
CERTIFIED ORTH	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
INTERNAL MEDIC	Professional	Wellwise Retiree	YES	N/A
OUTPATIENT CLI	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	NO
INDEPENDENT L	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RESPIRATORY T	Professional	Wellwise Retiree	NO	NO
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
NEUROLOGY	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA	Professional	Wellwise Retiree	N/A	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A



UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	NO
NEUROLOGY	Professional	Wellwise Retiree	NO	NO
PSYCHIATRY	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	NO	NO
UNDEFINED	Professional	Wellwise Retiree	YES	YES
CHIROPRACTOR	Professional	Wellwise Retiree	YES	NO
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
PHYSICAL MEDIC	Professional	Wellwise Retiree	YES	N/A
OTOLARYNGOLC	Professional	Wellwise Retiree	YES	N/A
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
IMAGING CENTE	Professional	Wellwise Retiree	YES	YES
GENERAL PRACT	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES - Hospital Based
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
GENERAL PRACT	Professional	Wellwise Retiree	NO	N/A
UNDEFINED	Professional	Wellwise Retiree	NO	N/A
FAMILY PRACTIC	Professional	Wellwise Retiree	NO	NO
OUTPATIENT CLI	Professional	Wellwise Retiree	NO	NO
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CERTIFIED NURS	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB ME	Professional	Wellwise Retiree	YES	YES
PORTABLE X-RA	Professional	Wellwise Retiree	YES	YES
FAMILY PRACTIC	Professional	Wellwise Retiree	YES	YES
PODIATRIST	Professional	Wellwise Retiree	YES	YES
DERMATOLOGY	Professional	Wellwise Retiree	YES	NO
AUDIOLOGIST	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
OPHTHALMOLOC	Professional	Wellwise Retiree	YES	NO
PHARMACY	Professional	Wellwise Retiree	N/A	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
RADIATION ONC	Professional	Wellwise Retiree	YES	NO
ENDOCRINOLOG	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB ME	Professional	Wellwise Retiree	NO	NO



IMAGING CENTE	Professional	Wellwise Retiree	NO	NO
OPHTHALMOLOG	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
EMERGENCY ME	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
AMBULANCE, BA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	N/A
CHIROPRACTOR	Professional	Wellwise Retiree	NO	NO
INTERNAL MEDI	Professional	Wellwise Retiree	YES	NO
PLASTIC SURGE	Professional	Wellwise Retiree	YES	NO
CERTIFIED ACUI	Professional	Wellwise Retiree	NO	NO
CERTIFIED ACUI	Professional	Wellwise Retiree	YES	YES
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES	N/A
ORTHOPEDIC SU	Professional	Wellwise Retiree	NO	NO
CERTIFIED ACUI	Professional	Wellwise Retiree	YES	YES
INDEPENDENT L	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES - Hospital Based	YES - Hospital Based
CERTIFIED RN AI	Professional	Wellwise Retiree	YES	N/A
GENERAL PRAC	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
AMBULANCE, BA	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
CLINICAL LAB MI	Professional	Wellwise Retiree	YES	YES
INTERNAL MEDI	Professional	Wellwise Retiree	YES	YES
RADIATION ONC	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
GENERAL SURGI	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
RADIOLOGY, DIA	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
CARDIOLOGY	Professional	Wellwise Retiree	YES	YES
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
UNDEFINED	Professional	Wellwise Retiree	YES	N/A
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
REGISTERED PH	Professional	Wellwise Retiree	YES	YES
ANESTHESIOLO	Professional	Wellwise Retiree	YES	YES
ORTHOPEDIC SU	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	NO
MULTI-SPECIALT	Professional	Wellwise Retiree	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	N/A
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES



--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	NO	NO
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--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Active	YES	YES
--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	N/A
--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	N/A
--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	YES
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--	Inpatient	Sharewell Retiree	YES	YES
--	Inpatient	Sharewell Retiree	YES	YES
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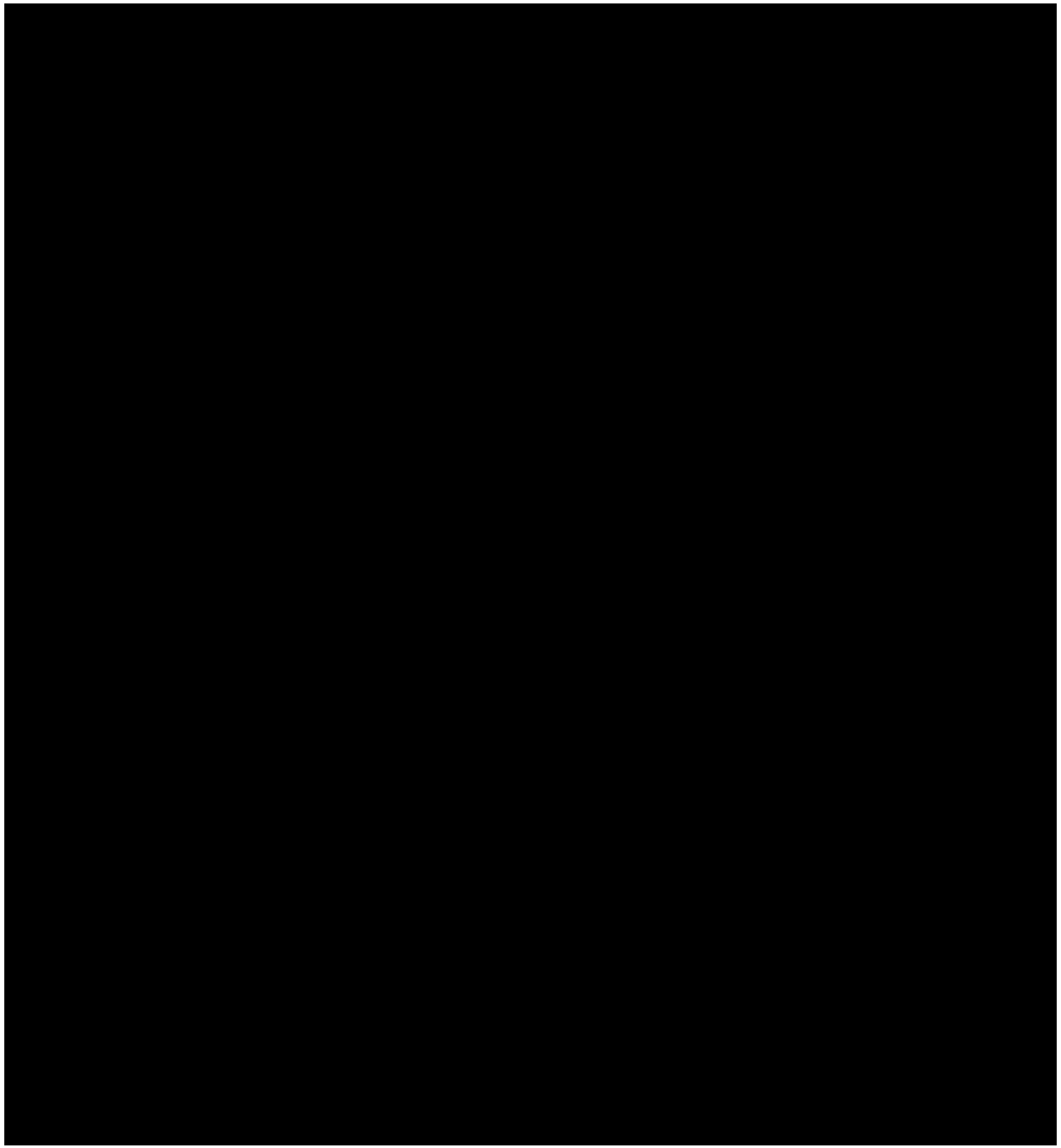

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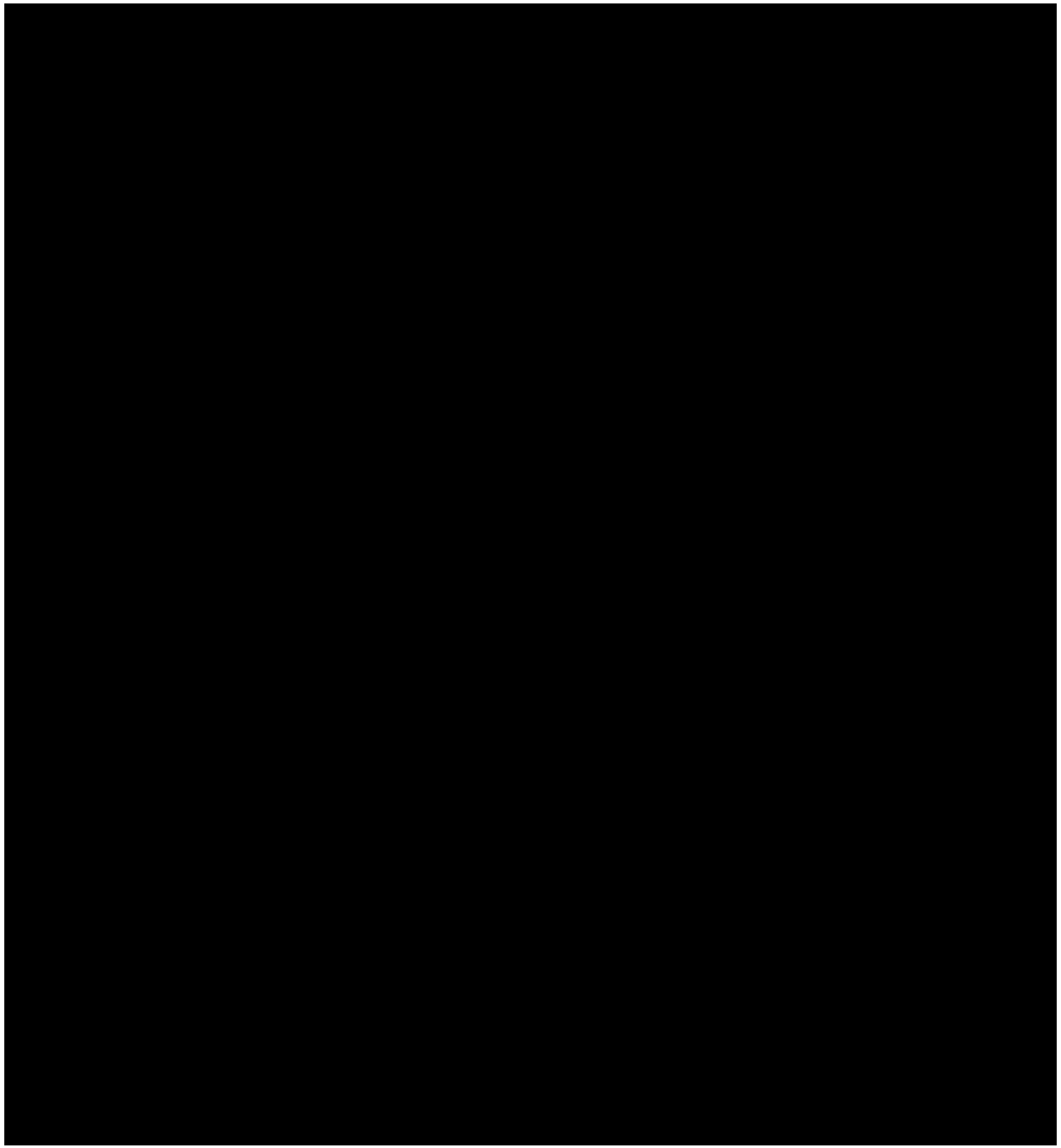

--	Inpatient	Wellwise Active	YES	YES
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--	Inpatient	Wellwise Active	YES	YES
--	Inpatient	Wellwise Active	NO	NO
--	Inpatient	Wellwise Active	YES	YES
--	Inpatient	Wellwise Retiree	YES	YES
--	Inpatient	Wellwise Retiree	YES	YES
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--	Inpatient	Wellwise Retiree	YES	YES
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--	Inpatient	Wellwise Retiree	YES	N/A
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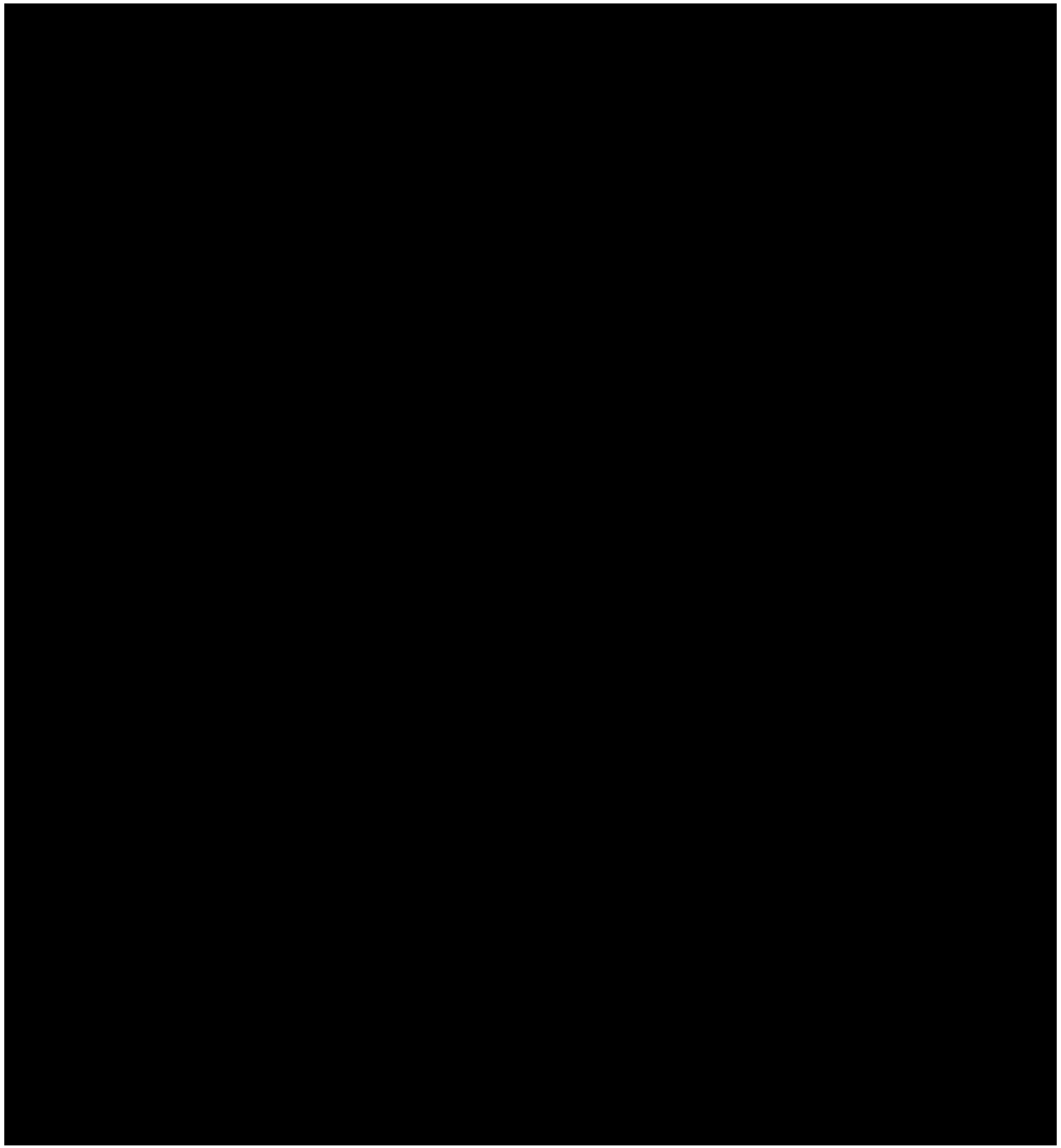

--	Inpatient	Wellwise Retiree	YES	YES
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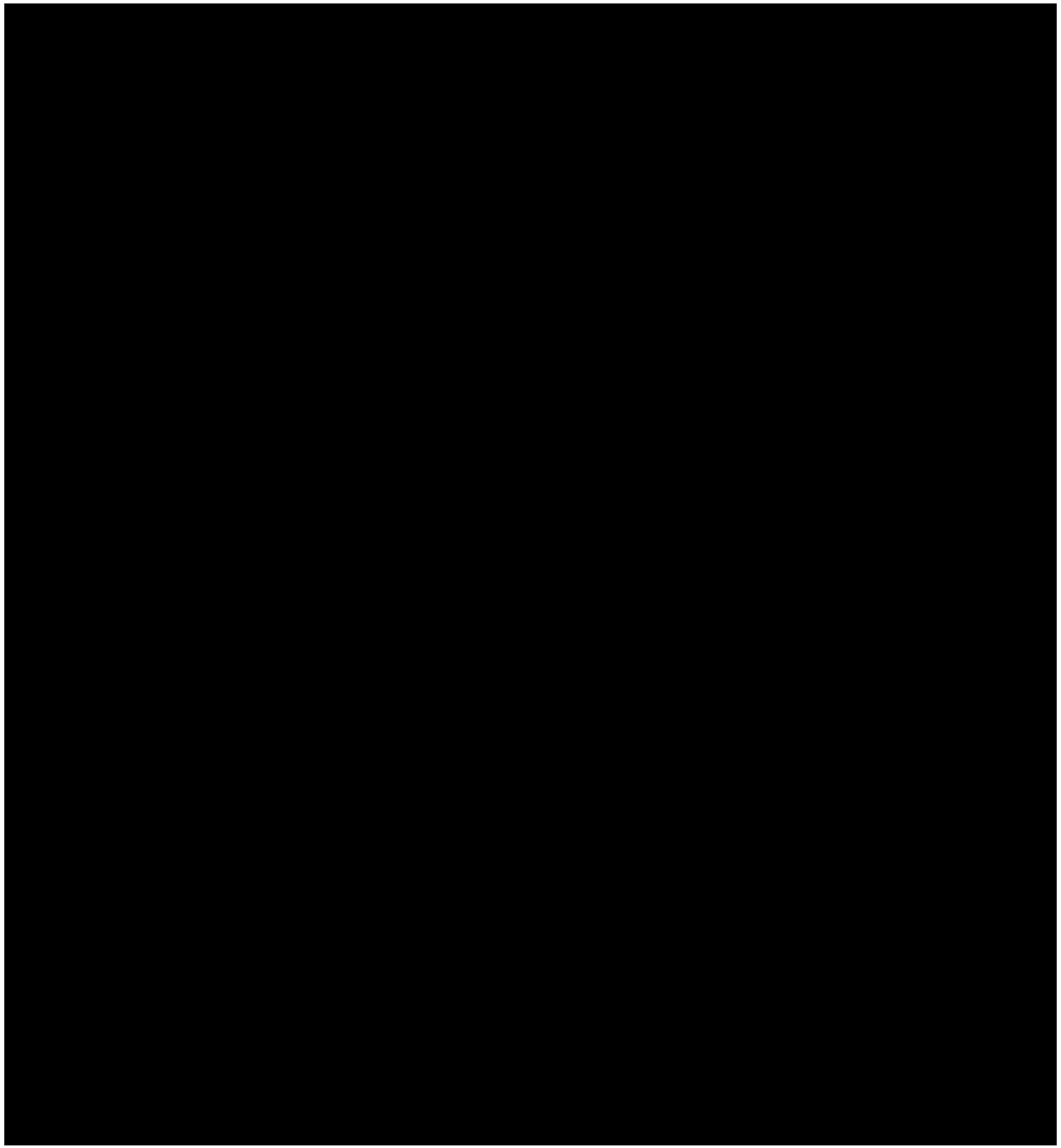

--	Inpatient	Wellwise Retiree	YES	YES
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--	Inpatient	Wellwise Retiree	YES	N/A
--	Inpatient	Wellwise Retiree	YES	YES
--	Inpatient	Wellwise Retiree	YES	N/A
--	Inpatient	Wellwise Retiree	YES	N/A
--	Inpatient	Wellwise Retiree	YES	N/A
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--	Inpatient	Wellwise Retiree	YES	YES
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--	Inpatient	Wellwise Retiree	YES	YES
--	Inpatient	Wellwise Retiree	NO	N/A
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--	Inpatient	Wellwise Retiree	NO	NO
--	Inpatient	Wellwise Retiree	YES	YES
--	Inpatient	Wellwise Retiree	YES	YES
--	Inpatient	Wellwise Retiree	YES	N/A

V. Geo Access

Instructions:
- Report must be run per these requirements.
- Please note: If your organization offers multiple networks, please be sure to break out accessibility results for each network being quoted (and indicate the network name where appropriate)
  - At a minimum, one row should be for a full network, and another row should be for an HPN network
  - Add more rows as needed
  - 2 participating primary care physicians within a 10-mile radius from the employee's home zip code
  - 2 participating specialty physicians within a 10-mile radius from the employee's home zip code
  - 1 participating hospital within a 20-mile radius from the employee's home zip code
  - 2 participating OB/GYNs within a 10-mile radius from the employee's home zip code
  - 2 participating pediatricians within a 10-mile radius from the employee's home zip code
  - Distance is to be calculated based on Estimated Driving Distance, not on an "as-the-crow-flies" distance
  - For zip codes not meeting the access standard, please provide a report that details the accessibility of all employees without desired access at the zip code and city levels
  - Please ensure to include the Accessibility Overview and Summary pages, and the report run Summary Information page (for us to validate your report's specifications per our requirements) in your report.
- Please attach additional, detailed PDF copies of the Geo Access reports to your proposal. It should include, for example, a break out of zip codes (and employees within each zip code) with access (and distance), and without access.

Geo Access Analysis - Medical

	Primary Care Physician			Specialty Physician			OB/GYN			Pediatrician			Hospital		
Network Name	% of EEs with Access	Avg Miles for Ees with Access to **2 doctors**	Avg Miles for Ees w/o Access	% of EEs with Access	Avg Miles for Ees with Access to **2 doctors**	Avg Miles for Ees w/o Access	% of EEs with Access	Avg Miles for Ees with Access to **2 doctors**	Avg Miles for Ees w/o Access	% of EEs with Access	Avg Miles for Ees with Access to **2 doctors**	Avg Miles for Ees w/o Access	% of EEs with Access	Avg Miles for Ees with Access to **1 hospital**	Avg Miles for Ees w/o Access
Full Network	99.5%	1.0	16.2	99.3%	1.0	16.3	98.1%	2.2	19.0	98.6%	1.6	22.7	99.6%	3.3	26.5
Tandem Network	99.8%	1.1	17.9	99.9%	0.8	20.3	99.2%	2.4	20.6	99.5%	1.8	20.4	99.9%	4.6	27.7

	Definition		PCP Count (2 in 10 miles)	Specialists Count (2 in 10 miles)	OB/GYN Count (2 in 10 miles)	Pediatrician Count (2 in 10 miles)	Hospital Count (1 in 20 miles)
Network	Providers	The count of provider records representing participating provider/location combination. Providers with multiple locations would be counted multiple times.	882,260	3,033,016	138,191	173,636	6,208
Full Network	Locations	The count of unique longitude/latitude combinations in the data. Providers may have offices in a common location, but that doesn't mean the providers are affiliated or in the same practice.	108,045	136,090	24,584	33,063	6,208
	Records	The count representing participating provider/location combination. Providers with multiple locations would be counted multiple times.	882,260	3,033,016	138,191	173,636	6,208
	Unique Providers	Providers with multiple locations would be counted one time	276,698	716,752	40,625	67,223	6,208

	Definition		PCP Count (2 in 10 miles)	Specialists Count (2 in 10 miles)	OB/GYN Count (2 in 10 miles)	Pediatrician Count (2 in 10 miles)	Hospital Count (1 in 20 miles)
Network	Providers	The count of provider records representing participating provider/location combination. Providers with multiple locations would be counted multiple times.	24,191	121,613	5,401	8,000	350
Tandem Network	Locations	The count of unique longitude/latitude combinations in the data. Providers may have offices in a common location, but that doesn't mean the providers are affiliated or in the same practice.	4,788	12,177	1,275	1,605	344
	Records	The count representing participating provider/location combination. Providers with multiple locations would be counted multiple times.	24,191	121,613	5,401	8,000	350
	Unique Providers	Providers with multiple locations would be counted one time	12,229	40,229	2,105	3,951	344

W. References

Instructions:

- Provide a list of five (5) references from recent verifiable clients for whom you provide services similar to those being proposed for the County. Examples include Counties, municipalities, large corporations, etc., sponsors of large, self-funded plans for whom you currently provide medical claims administration.

- Each reference listed should include all of the information listed below

Medical Claims Administration References

	Reference #1	Reference #2	Reference #3	Reference #4	Reference #5
Company/organization name	[redacted]				
Contact Name					
Title					
Address					
City, State, Zip					
Telephone number					
Email address					
Number of Participants	13,000	2,600	38,000	82,000	34,500
Description of Services Provided	ASO Medical with Accolade, RX carved out	ASO Medical	ASO Medical	Insured Minimum Premium HMO/Trio/PPO/HDHP/Tandem	Flex-Funded HMO and ASO PPO
Length of Time Services Provided	Since 1/2023	Since 1/2022	since 7/2016	Since 7/2006	HMO since 7/2001 and PPO since 1/2022
# of Actives Covered	9,000	1,600	18,000	40,000	14,630
# of Retirees Covered	0	0	200	0	2,520

Instructions:

- Provide information for two (2) organizations who have terminated their Claims Administration relationship with your company in the last five years. Include a full explanation of the reasons for termination of your services, organization name, number of years of service and contact name and phone number.

- Each reference listed should include all of the information listed below

Medical Claims Administration References

	Reference #1	Reference #2
Company/organization name	[redacted]	
Contact Name		
Title		
Address		
City, State, Zip		
Telephone number		
Email address		
Number of Participants	8,500 subscribers	10,000+
Description of Services Provided	ASO Medical and RX	HMO, self-insured PPO, stop loss
Length of Time Services Provided	30 years	30+ years
Reasons for Termination of Services	Merger	Pricing

COUNTY OF ORANGE

SHAREWELL CHOICE HEALTH PLAN PLAN DOCUMENT

Amended and Restated
Effective January 1, 2023

COUNTY OF ORANGE
SHAREWELL CHOICE HEALTH PLAN

PLAN DOCUMENT

The COUNTY OF ORANGE Sharewell Choice HEALTH PLAN (the "PLAN") assures the County of Orange employees during the period of this PLAN that all benefits hereinafter described shall be paid to them in the event that they and/or their eligible enrolled dependent(s) incur covered medical expenses.

The PLAN is subject to all the terms, provisions and conditions described within this document.

The COUNTY OF ORANGE has caused this PLAN and the terms and benefits described herein to take effect as of 12:01 a.m. Pacific Time on January 1, 2014 at Santa Ana, California 92701. The Second Amended and Restated PLAN became effective January 1, 2018. The Third Amended and Restated PLAN became effective January 1, 2020. The Fourth Amended and Restated PLAN became effective January 1, 2021. The Fifth Amended and Restated PLAN became effective January 1, 2022. This Sixth Amended and Restated PLAN becomes effective January 1, 2023.

All amendments to the PLAN implemented by this Sixth Amendment and related PLAN shall be effective January 1, 2023. Earlier provisions apply to expenses incurred before that date.

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ELIGIBILITY AND ENROLLMENT

ELIGIBILITY FOR COVERAGE

The Sharewell Choice Health Plan eligibility requirements for covered persons and their dependents are described in the definitions section of this document. For employees that are members of a collective bargaining unit with whom the County contracts, County provided Health Insurance provisions are described in the Memorandum of Understanding (MOU).

ENROLLING FOR COVERAGE

Procedures and guidelines for enrolling in the Sharewell Choice Health Plan are described in the Benefits Enrollment Guide provided to all County employees during the annual open enrollment period.

INDIVIDUAL PLAN COVERAGE EFFECTIVE DATES

a) All eligible employees upon initiation of the PLAN will be covered on the date of inception of the PLAN provided they are actively at work on that date or available for work if it is not a scheduled workday on the effective date; otherwise, they will be covered on the first day they are actively at work thereafter.

b) New employees shall be covered as explained under "Waiting Period" in Definitions Section.

c) Dependents shall be covered on the date application is approved for coverage for them as Dependents and any required contributions for coverage are made to the County. Newborn children are covered for first 30 days of newborn's life. Newborn will be covered starting on day 31 forward, provided enrollment is requested within 30 days following birth.

d) If application for coverage or for reinstatement is made by a person who is in an eligible status, but whose coverage had never become effective or had terminated because of failure to make the required contributions for Individual's Coverage, the coverage for such person shall take effect only in accordance with the conditions of eligibility as applied to a new employee and Dependents.

e) If additional Dependents are acquired while the individual is eligible for Dependent Coverage, the coverage for each such Dependent shall become effective on the date the Dependent qualifies in accordance with the Definition of Dependent provision and has been enrolled in the method determined by the Plan Administrator.

f) A new dependent will be deemed to have been enrolled on the date he becomes eligible for coverage providing formal application for coverage is submitted within 30 days of the dependent's eligibility.

ELIGIBILITY AND ENROLLMENT (continued)

INDIVIDUAL TERMINATION OF COVERAGE

Coverage under the PLAN shall terminate on the earliest of the following dates:

a) The date of termination of the PLAN; or

b) The last day of the month that membership ceases in an eligible class; or
c) The date all coverage or certain benefits are terminated on the Covered Person's particular class by modification of the PLAN; or

d) The date the Covered Person becomes a full-time member of the Armed Forces of any country; however, any Covered Person who is absent from work due to service in the uniformed services as defined by USERRA may elect to continue coverage, including their covered dependents, under the PLAN for up to 24 months as required under USERRA; or

e) The date the Covered Person fails to make a required contribution.

When coverage terminates because of a Leave of Absence during which premiums were not paid for coverage for the employee or Dependents, coverage will be reinstated upon return to work under terms and conditions applicable for the enrollment of a new employee and/or dependent.

Termination of PLAN eligibility is subject to regulations under the Consolidated Omnibus Budget Reconciliation Act and regulations requiring extension of benefit eligibility if applicable.

EXTENDED BENEFITS

If a Covered Person is totally disabled on the date his/her coverage terminates, the Medical Expense Benefits will be extended during the continuance of the Total Disability with respect to the Accidental Injury or Illness causing such Total Disability if such person is not or does not become covered under any other plan which entitles such person to any benefits for illness or injury. The benefits will be extended for the period of twelve months following the month in which the Total Disability commenced.

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are provided by this Plan and administered by the Claims Administrator. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Family Deductible, coinsurance, and other exclusions or limitations expressed herein.

When utilizing non-Network facilities and providers, the Covered Person is responsible for all charges incurred that are above the URC amount. This may include, but is not limited to, preventive care. Covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts as reflected in this schedule of benefits and will not be responsible for any out-of-network charges for any such services.

MEDICAL EXPENSE BENEFITS	**Network**	**Non-Network[1]**
LIFETIME MAXIMUM BENEFIT	None	
CALENDAR YEAR FAMILY DEDUCTIBLE [2]	$5,000 (combined for Network and Non-Network, medical and pharmacy claims)	
OUT-OF-POCKET MAXIMUM BENEFIT [2] – After all out-of-pocket expenses for covered services (including deductibles and coinsurance) incurred by a Covered Person within a Calendar Year have totaled the amount shown, the PLAN will pay 100% of the remaining Covered Medical Expenses incurred by that Covered Person for the remainder of the Calendar Year. If a Covered Person has a combination of Network and Non-Network services, the out-of-pocket expenses under both will be combined to determine whether the Out-of-Pocket Maximum Benefit has been met.	$6,000 Family	$12,000 Family Does not include the cost of services that are not covered by the PLAN, amounts in excess of Usual, Reasonable and Customary, the 20% coinsurance reduction for failure to obtain Pre-Admission approval, permissible balance billing charges, and/or if you chose a brand drug when a generic equivalent is available, the cost differential would be excluded
COINSURANCE	**The PLAN pays the following percentage of Covered Medical Expenses after the Covered Person pays the Deductible (except as noted below)**	
Preventive care services (Birth through 18 years of age)	100% (no Deductible)	
Preventive care services (19 years of age or older)	100% (no Deductible)	
Office Visit (includes Telehealth)	90%	70%
Telemedicine Visit 1-800-TELADOC	90%	Not covered
Urgent Care	90%	70%
Physical/Occupational Therapy Visit	90%	70%
Chiropractic and acupuncture services	90%	70%
	Combined Network and Non-Network maximum benefit of 25 visits per Calendar Year for chiropractic services and	

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
	25 visits per Calendar Year for acupuncture services.	
Emergency Services Non-network – covered person is responsible for all charges above the current UCR amount	90%	90%
Inpatient Hospital services: ▪ With Pre-Admission Review ▪ Without Pre-Admission Review	 90% 90%	 70% 50%
Outpatient surgery	90%	70%
Outpatient surgery – Ambulatory Surgery Center (facility charges)	90%	70% up to a maximum of $1,500/day
Radiology – Advance Imaging including MRI, CT PET Scans, X-Ray, and Ultrasound (Requires Prior Authorization for complex imaging, unless emergency)	90%	70%
Organ transplants [3]	90%	70%
Home health care (requires Prior Authorization)	90%	70%
	When home health care is authorized as an alternative to continued hospitalization in a Network Hospital, the home health care services will be reimbursed at 90%	
Ambulance services Non-network: Covered person is responsible for all charges above the current URC amount for Ground Ambulance but only responsible for in-network charges for air ambulance services	90%	90%
Durable Medical Equipment (DME) (Requires Prior Authorization for equipment over $5,000)	90%	70%
Skilled nursing facility (requires Prior Authorization)	90%	70%
	Combined Network and Non-Network maximum benefit of 100 days per Calendar Year	
Hospice (requires Prior Authorization)	90%	70%
	When Hospice residence immediately follows Inpatient services in a Network Hospital, the Hospice services will be reimbursed at 90%	
Dialysis Services (outpatient)	90%	Within California: 70% up to a maximum of $600 per day Outside California: 70%
Mental health and substance abuse treatment (severe and non-severe): ▪ Inpatient ▪ With Pre-Admission Review	 90%	 70%

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
▪ Without Pre-Admission Review	90%	50%
▪ Outpatient	90%	70%
	Preauthorization is required for Applied Behavioral Analysis services and other Outpatient services except for office visits. Failure to obtain preauthorization may result in non-payment of benefits	
Certain surgical procedures for treatment of morbid obesity (requires Prior Authorization) Must use designated facilities if surgery occurs within California.[4]	90%	Within California: Not Covered Outside California: 70%
All other Covered Medical Expenses	90%	70%

Notes:

[1] Covered Persons may be responsible for all out-of-network charges billed for certain services not obtained at an in-network facility.

2 Any amounts a Covered Person pays because the Pre-Admission Review requirements were not met do not apply to the Deductible or the Out-of-Pocket Maximum Benefit accumulation.

[3] Refer to Covered Medical Expenses for benefit limitations for organ procurement and travel expenses associated with a covered organ transplant.

[4] Refer to How the Plan Works – Centers of Distinction for benefit limitations for bariatric surgeries performed at non-Network facilities within California.

PRESCRIPTION DRUG CARD PROGRAM

The Prescription Drug Card Program is administered by the Pharmacy Benefit Manager.

COINSURANCE	THE PLAN PAYS	THE COVERED PERSON PAYS[1] (after calendar year deductible)
Covered drugs purchased through a Network Retail Pharmacy or approved Mail Order Service		
▪ Preventive Products (see Covered Prescription Drug Expenses of the Plan Document for reference)	100%	0%
▪ Generic drugs	80%	20%
▪ Brand name drugs	80%	20%
▪ Specialty Pharmacy Drugs[2,3] (see page 21 of the Plan Document for reference)	80%	20%
Covered Drugs prescribed for emergency treatment or for treatment received while traveling outside of the United States, and not purchased through the Prescription Drug Card Program	80%	20%

[1]When a generic drug option is available, and the member chooses a brand-name drug, the member pays the full cost differential between the generic and brand-name cost plus the coinsurance for the generic, unless their prescriber specifically requests the brand-name (dispense as written or do not substitute) on the prescription.

[2]All Specialty Drugs must be fulfilled by OptumRx Specialty Pharmacy in order to be covered.

[3]A 30-day member cost share will be applied to any unbreakable package of greater than 30 days. Stepped up copays will not apply for claims with unbreakable packaging resulting in a greater day supply.

The Prescription Drug Card Program does not provide benefits for prescription drugs and medications purchased at a Non-Network Retail Pharmacy, Non-OptumRx Specialty Pharmacy, or unapproved mail order service.

HOW THE PLAN WORKS

UTILIZATION REVIEW REQUIREMENTS

The PLAN requires pre-service review of certain covered services. This process is called Utilization Review and is conducted by the Claims Administrator. The purpose of Utilization Review is to assist the Covered Person in identifying the most appropriate and cost-effective course of treatment for which benefits will be provided under the PLAN, and to determine whether the services are Medically Necessary. The necessity of medical services is evaluated through:

- Inpatient Hospital Pre-Admission Review for elective Hospital confinements (including concurrent review and discharge planning), and
- Prior Authorization of specialty health care services.

All Inpatient hospitalizations for elective services and certain specialty health care services must be authorized and approved by the Claims Administrator. The Covered Person is responsible for ensuring that Pre-Admission review or Prior Authorization has occurred.

Services that are determined to be not Medically Necessary by the Claims Administrator, either through the Pre-Admission Review or Prior Authorization process, will not be covered by the PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

Pre-Admission Review – Hospital Admissions

If a Covered Person is to be admitted to a Hospital or Skilled Nursing Facility on an Inpatient basis for any reason other than childbirth, the Covered Person, his representative, or his Physician must contact the Claims Administrator prior to the hospital admission (or, in the case of an Emergency Hospital Confinement, within 48 hours of the commencement of such confinement, or within 72 hours of the commencement of such confinement if it commences on a Saturday, Sunday or statutory legal holiday).

After the Claims Administrator reviews the Covered Person's request for Pre-Admission Review and the Covered Person's Physician's suggested treatment program, the Covered Person, the Covered Person's Physician, and the Hospital will be notified of the Claims Administrator's determination.

If the Covered Person's stay is approved, the Claims Administrator will certify the length of stay and the level of care that is Medically Necessary based on professionally recognized quality standards. The Claims Administrator may also review the Covered Person's progress while hospitalized. Then, before the Covered Person is released from the Hospital, the Claims Administrator may make arrangements to authorize benefits for any necessary care after the Covered Person's discharge.

Effect of Pre-Admission Review on Benefits

1. Covered Medical Expenses shall not include any charges for Hospital Room and Board, or other services and supplies furnished by the Hospital that are incurred on any day of a Covered Person's Inpatient Hospital confinement determined by the Claims administrator not to be Medically Necessary.

2. If a Covered Person does not obtain Pre-Admission Review approval from the Claims Administrator for a Medically Necessary Hospital stay in a Non-Network Hospital or facility, the applicable coinsurance will be reduced from seventy percent (70%) to fifty percent (50%). Once the Out-of-

Pocket Maximum amount is reached, the applicable coinsurance will be seventy percent (70%). The additional twenty percent (20%) for which the Covered Person is responsible due to failure to obtain Pre-Admission Review approval does not apply to the Deductible or Out-of-Pocket Maximum Benefit amount. Emergency inpatient hospitalizations are excluded from the requirements of this paragraph as Pre-Admission Reviews are not required for services that meet the Emergency Service definition; however, the Claims Administrator must still be notified for emergency inpatient hospitalizations within the time frames specified on the prior page under Pre-Admission Review – Hospital Admissions.

Prior Authorization

The following medical services require Prior Authorization by the Claims Administrator, unless it meets the Emergency Services definition:

- Home health care if a Non-Network Provider;
- Hospice care in a Hospice facility or through a Hospice program;
- Purchase of durable medical equipment that costs more than $5,000;
- Surgical procedures for treatment of morbid obesity;
- Radiological and nuclear imaging procedures within California on an outpatient, non-emergency basis including, but not limited to, CT (computerized tomography) scan, MRI (magnetic resonance imaging), MRA (magnetic resonance angiography), PET (positive emission tomography scan), and diagnostic cardiac procedures utilizing nuclear medicine;
- Spine surgery and pain management procedures within the United States on a non-emergency basis including, but not limited to lumbar spine surgery, cervical spine surgery, injections, epidurals, and joint blocks;
- Behavioral Health Treatment as defined in Covered Medical Expenses - paragraph x) below.

If Prior Authorization is not obtained, and it is later determined by the Claims Administrator that the services are not Medically Necessary, the services will not be covered under this PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

CENTERS OF DISTINCTION

Bariatric surgery requires utilization of one of the Claims Administrator's Centers of Distinction facilities for Covered Persons receiving such outpatient services within the State of California:

If a Covered Person as specified above obtains such services within California from a facility that is not a Center of Distinction, the services will not be covered under this PLAN. Services received outside of the State of California are exempt from this requirement.

For a hip or knee replacement, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.
For an organ transplant, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

EMERGENCY SERVICES FACILITY AND PROVIDER

When a Covered Person obtains treatment for a condition that meets the "Emergency Services' definition stated in this Plan, the Plan pays the Network rate of ninety percent (90%) of the Usual, Reasonable and Customary (URC) amount (after Deductible) until the patient is considered to be medically stable. Covered Person may be responsible for all out-of-network charges billed for certain services not obtained

in the emergency facility (e.g., ground ambulance) above the URC amount. Covered Persons who receive Emergency Services at any emergency facility (including hospital emergency departments) or air ambulance will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUTPATIENT DIALYSIS

If a Covered Person receives outpatient dialysis services at a non-Network facility within California, the Claims Administrator will pay a maximum of $600 per day to the provider. The Covered Person may be billed for any difference in cost.

OUTPATIENT AMBULATORY SURGERY CENTERS

If a Covered Person receives services at a Non-Network Ambulatory Surgery Center within California, the Claims Administrator will pay a maximum of $1,500 per day for the facility charges. The Covered Person may be billed for any difference in cost.

CASE MANAGEMENT

Upon identification by the Claims Administrator that a Covered Person is incurring services for treatment of an Illness or Accidental Injury that have the potential for substantial claims, the case may be referred for Case Management. With the concurrence of the primary attending Physician and the Covered Person, the case manager may authorize services and expenses not covered by the PLAN. The purpose of Case Management shall be to provide for a treatment plan and services designed to achieve the earliest and most complete recovery of the patient in the most cost-effective manner. Services authorized by the case manager may include supportive expenses of family members and non-medical expenses necessary to execute the treatment plan. Any such payment, although a valid charge against the PLAN, will not be considered to be a precedent in the disposition of other claims.

THE CALENDAR YEAR FAMILY DEDUCTIBLE

Annually each family must satisfy the Calendar Year Family Deductible of $5,000 before most Covered Medical and Pharmacy Expenses are reimbursed by the PLAN. For the purposes of this provision, a "family" means an enrolled employee and his enrolled Dependents.

Expenses That Do Not Apply Toward the Family Deductible

The following expenses do not apply toward the Family Deductible:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- The cost differential between a Brand-Name vs. Generic prescription, that a Covered Person must pay when a Generic Drug equivalent is available; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Wellwise, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Wellwise Plan. Contact the Claims Administrator or the Plan Administrator for more information.

NETWORK AND NON-NETWORK BENEFITS

The PLAN includes network and non-network benefits. Each time medical care is needed, the Covered Person decides whether to use a Network Provider or Non-Network Provider.

When medical care is received from a Network Provider, the PLAN pays ninety percent (90%) of the Network Contract Rate for most Covered Medical Expenses (after the Family Deductible). Network Providers agree to not bill the Covered Person for any charges in excess of the Network Contract Rate. The Covered Person pays the Deductible and ten percent (10%) of the Network Contract Rate, plus any charges that do not qualify as a Covered Medical Expense or are otherwise excluded or limited by the PLAN.

Except as otherwise specified in the Centers of Distinction, Emergency Hospital Emergency Room Care, Outpatient Dialysis, and Outpatient Ambulatory Surgery Center sections above, when medical care is received from a Non-Network Provider, the PLAN pays seventy percent (70%) of the Usual, Reasonable and Customary (URC) amount (after the Family Deductible), except Preventive Care which is covered at 100% regardless of network. The Covered Person pays the Deductible, thirty percent (30%) of the URC amount, plus any amounts the non-Network provider charges that exceed URC, any charges that do not qualify as a Covered Medical Expenses or are otherwise excluded or limited by the PLAN, and the twenty percent (20%) coinsurance reduction for failure to follow the Pre-Admission Review and Prior Authorization requirements of the PLAN. Dollar and/or visits limits may apply for non-Network care as well (e.g., ambulatory surgery, dialysis, chiropractic treatments, and acupuncture). Notwithstanding the foregoing, covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUT-OF-POCKET MAXIMUM BENEFIT

The Out-of-Pocket Maximum Benefit limits the amount a Covered Person pays for Covered Medical and Pharmacy Expenses in a Calendar Year. The Out-of-Pocket Maximum Benefit amounts are different for network and non-network expenses. After a Covered Person's out-of-pocket costs, including the Deductible, have totaled $6,000 family network and $12,000 family non-network, the PLAN will pay one hundred percent (100%) of the remaining Covered Medical and Pharmacy Expenses incurred by the Covered Person within the Calendar Year.

If the Covered Person has a combination of network and non-network expenses, the Covered Person's out-of-pocket costs under both will be combined to determine whether the Out-of-Pocket Maximum Benefit amount has been met.

Expenses That Do Not Apply Toward the Out-of-Pocket Maximum Benefit

The following expenses do not apply toward the Out-of-Pocket Maximum Benefit amount:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- The differential in cost between a Brand-Name vs. Generic prescription, that the Covered Person must pay when a Generic equivalent is available; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Wellwise, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Wellwise Plan. Contact the Claims Administrator or the Plan Administrator for more information.

COVERED MEDICAL EXPENSES

The PLAN covers preventive services, certain wellness services and other Medically Necessary services and supplies described below which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Family Deductible and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges for the services and supplies described below.

Covered Medical Expenses include:

a) Hospital care for room, board and other Hospital services required for purposes of treatment, but not to exceed for Hospital Room and Board the cost of the most common semi-private room or other accommodations deemed Medically Necessary by the attending Physician.

   The PLAN will allow up to the Network Negotiated Rate or URC amounts charged by the Hospital for necessary Hospital Room and Board, services, medicines, blood plasma that is not replaced, and supplies for diagnosis or treatment of the Illness or Accidental Injury, for which the Covered Person is confined (except services of a Physician, dentist, special nursing in any form, or supplies not used in the Hospital) provided the Covered Person is Hospital confined as a registered bed patient; or the Covered Person has surgery performed in the Hospital; or, the Covered Person received necessary emergency treatment for an Illness or as a result and within seventy-two (72) hours of the time of an accident

   Hospital care associated with dental procedures is covered only under the following circumstances:

   1. The Covered Person is a child, up to 6 years old, with a dental condition (such as baby bottle syndrome) that requires administration of general anesthesia in a hospital setting for dental repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combinations of these noted or other dental procedures); *or*

   2. The Covered Person exhibits physical, intellectual, or medically compromising conditions, is in need of dental treatment that requires administration of general anesthesia, and for whom administration of a general anesthesia can only be safely performed in a hospital setting. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems, and hyperactivity (verified by appropriate medical documentation).

   Such coverage is limited to the charges by the hospital and the anesthesiologist. The actual dental procedure performed by a dentist or oral surgeon during the Hospital stay is not covered.

   For services received at a Non-Network Hospital, benefits will be reduced as described in the Schedule of Medical Expense Benefits if a Pre-Admission Review is not obtained.

   Benefits shall not be payable with respect to charges made by any institution or facility for the care of the sick or injured which does not qualify as a Hospital as defined in the section "Definitions."

b) Inpatient newborn well-baby care following birth, including:
   - Inpatient routine nursery care provided to a newborn well-baby while the mother is Hospital confined,
   - Physician services for the initial pediatric examination of a newborn child in the Hospital, and
   - Circumcision.

c) Medical or surgical services by a Physician;

d) Mental health and substance abuse treatment by a Physician (M.D.; Psychiatrist (M.D.); Psychologist (Ph.D.); Licensed Clinical Social Worker (L.C.S.W.); or Marriage, Family and Child Counselor (M.F.C.C.) upon referral by a Physician. Expenses incurred for Severe Mental Illnesses of a person of any age, and of serious emotional disturbances of a child as defined under (AB88) (1999) will be covered on the same basis as any other medical condition;

e) Professional services, recommended by a Physician, and provided by a graduate Registered Nurse (R.N.), a Licensed Vocational Nurse (L.V.N.) or an audiologist. Such services shall include a California Registered Nurse Midwife acting within the scope of his license;

f) The following medical services or supplies that are recommended by a Physician:

   1) Covered Drugs requiring a Physician's prescription that are prescribed by a Physician for emergency treatment or treatment while traveling outside of the United States and are not purchased through the Prescription Drug Card Program. All other eligible drugs and medicines requiring a Physician's prescription must be obtained through the PLAN's Prescription Drug Card Program;

   2) Anesthesia, including the charge for administration;

   3) Diagnostic and laboratory tests, x-ray services, routine pap tests and blood pressure tests;

   4) Oxygen and/or rental of equipment required for its administration;

   5) X-ray, radium and radioactive isotope therapy;

   6) Braces, crutches, casts, splints, blood and blood plasma (if not replaced) including the cost of blood, blood plasma and blood processing, or other fluids actually injected into the circulatory system;

   7) Initial purchase and fitting of artificial limbs or eyes or other prosthetic appliances;

   8) Authorized purchase of durable medical equipment prescribed by a Physician; however, only rental will be authorized for temporary therapeutic use in the treatment of an active Illness or Accidental Injury when rental charges do not exceed the purchase price of the equipment. Temporary use is generally defined as use not to exceed a length of time of six (6) months;

   9) Necessary emergency transportation of the Covered Person by a professional ambulance, to or returning from the nearest Hospital or other medical institution equipped and staffed to treat the Illness or Accidental Injury, for Medically Necessary medical treatment that qualifies as a Covered Medical Expense under the PLAN;

g) **Preventive Care at No Cost**:
Preventive Health Services mean those primary preventive medical Covered Services, including related laboratory services, for early detection of disease as specifically listed below:

1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF);

2) Immunizations that have in effect a recommendation from either the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or the most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians;

3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration;

4) With respect to women, such additional preventive care and screenings not described in paragraph 1, as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration.

Preventive Health Services include, but are not limited to, cancer screening (including, but not limited to, colorectal cancer screening, cervical cancer and HPV screening, breast cancer screening and prostate cancer screening), breast cancer susceptibility gene (BRCA 1 and BRCA2) testing, osteoporosis screening, screening for blood lead levels in children at risk for lead poisoning, and health education. When a covered preventative screening or service is limited by frequency, a year is considered to be a twelve (12) month period. More information regarding covered Preventive Health Services is available at the Claim Administrator's web site or by calling the Claim Administrator's Customer Service.

In the event there is a new recommendation or guideline in any of the resources described in paragraphs 1 through 4 above, the new recommendation will be covered as a Preventive Health Service as of the first plan year that begins twelve (12) months following the issuance of the recommendation.

5) Preventive care services for children (birth through 18 years of age) provided by a Network Physician or the appropriately designated medical professional within that Physician's office. Preventive care service for children will be reimbursed at one hundred percent (100%) of the Network Contract Rate. The Calendar Year Deductible will not apply to these services.

Covered preventive care services for children will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 1 and 3 above and will include but not be limited to:

- Physical and medical history
- Height and weight evaluation
- Head circumference
- Ocular prophylaxis
- Hemoglobin blood test
- Preventive health counseling and education
- Vision and hearing screening
- Developmental screening
- Injury prevention
- Blood pressure evaluation

- Screening for diabetes; Chlamydia; syphilis; HIV; and rubella susceptibility

Covered immunizations for children will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 2 above and will include but not be limited to:

- Diphtheria, Tetanus, acellular Pertussis (DTaP)
- Haemophilus Influenza type b (Hib)
- Measles, Mumps, Rubella (MMR)
- Chicken pox (Varicella)
- Hepatitis B (HBV)
- Influenza
- Hepatitis A (HepA)
- Inactivated Poliovirus Vaccine (IPV)
- Pneumococcal Conjugate Vaccine (PCV)
- Rotavirus
- Meningococcal

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

6) Preventive care services for adults (19 years of age or older) provided by a Network Physician or the appropriately designated medical professional within that Physician's office. Preventive care services for adults will be reimbursed at one hundred percent (100%) of the Network Contract Rate. The Calendar Year Deductible will not apply to these services.

Covered preventive care services for adults will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraphs 1 and 4 above and will include but not be limited to:

- Preventive health education and counseling
- Height and weight evaluation
- Blood pressure check
- Blood cholesterol examination (Total and HDL)
- Clinical breast examination
- Mammogram
- Well-woman exam, including pap smear
- Prostate examination, including PSA
- Hemoccult test
- Flexible sigmoidoscopy or colonoscopy
- Vision screening
- Testicular examination
- Liver tests
- Screening for diabetes; breast cancer; cervical cancer; Chlamydia; syphilis; osteoporosis; HIV; abdominal aortic aneurysm; or rubella susceptibility

Covered immunizations for adults will follow the age criteria and service frequency as recommended by the organizations in g) paragraph 2 above and will include but not be limited to:

- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal
- Pneumococcal vaccine
- Measles, Mumps, Rubella (MMR)
- Rubella (German Measles)

- Tetanus, Diptheria (Td) booster (every 10 years)
- Chicken Pox (Varicella)
- Shingles, age 60 and over (Zostavax)

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

h) Short-term physical or occupational therapy by a licensed Registered Physical Therapist (R.P.T.) or Occupational Therapist (O.T.) pursuant to a written treatment plan and when therapy is expected to result in a near-term significant improvement, based on a review by the Claims Administrator;

i) Skilled nursing facility for room, board, and other services, not to exceed for Room and Board the most common average semi-private room rate. Coverage is limited to a maximum of 100 days in any one Calendar Year;

j) Pregnancy-related services;

k) Elective abortions only when the life of the employee or an eligible spouse is in danger;

l) Services for voluntary sterilization;

m) Speech therapy by a speech pathologist to restore loss of speech following Illness or Accidental Injury only;

n) Services by a Home Health Care Agency for continued care and treatment of the Covered Person pursuant to a written treatment plan established and approved in writing by the attending Physician;

o) Hospice services for care and treatment of a terminal Illness or Accidental Injury certified by the attending Physician when the life expectancy of the Covered Person does not exceed six (6) months;

p) Chiropractic manipulations performed by a Doctor of Chiropractic (D.C.) or Doctor of Medicine (M.D.), but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year;

q) Charges for the use of a free standing or outpatient surgical facility, Physician's office surgical suite, or a Hospital for outpatient surgery;

r) Charges for a Second Surgical Opinion by a specialist in the field for which the Covered Person is considering surgery;

s) Charges for medical treatment of Temporomandibular Joint (TMJ) Dysfunction. Dental procedures for treatment of TMJ Dysfunction are excluded;

t) Charges for organ transplants. Covered Medical Expenses include the following when incurred for an organ transplant that has been approved for coverage under the PLAN:
   1) The cost of organ procurement. When the organ is harvested from a living donor, the PLAN will cover the medical expenses incurred by the organ donor for the surgical procedure and associated Hospital stay for harvesting of the donated organ, to the extent such expenses exceed any benefits available through another plan. Such expenses are limited to the donor's Inpatient Hospital stay for the organ harvesting, and related follow-up care for sixty (60) days following the organ harvesting.

The medical expenses incurred by a Covered Person in connection with the Covered Person's donation of an organ to an individual who is not a Covered Person under this PLAN are not covered.

2) The cost of a donor search limited to a maximum benefit of $15,000 per organ transplant when the search is conducted by a Special Transplant Facility or $5,000 per organ transplant when the search is conducted by other facilities.

3) Travel expenses, limited to a maximum lifetime benefit of $10,000 for organ transplants performed at a Special Transplant Facility, or $5,000 for organ transplants performed at other facilities. Travel expenses associated with an organ transplant are covered if the facility at which the transplant is performed is more than 100 ground miles from the organ recipient's home address. Benefits will be based on actual incurred costs. Covered travel expenses include:

   a. Coach airfare on a public airline for the organ recipient and one companion (two companions if the organ recipient is a minor child) to travel to and from the site of the transplant. A "companion" includes the organ recipient's legal spouse, legal parent(s) or legal guardian(s).

   b. Reimbursement for mileage at the then federal maximum rate for use of a personal car or rental car used to travel to and from the site of the transplant.

   c. Up to $200 per day for reasonable and necessary lodging and meals for the organ recipient (while not confined) and companion(s). The $200 per day maximum applies to the organ recipient and companion(s) collectively, not individually.

   The following types of living expenses do not qualify as covered travel expenses:
   - Childcare
   - Charges for house sitting
   - Kennel boarding
   - Reimbursement of any lost wages by the companion(s) during the Covered Person's stay at the transplant facility
   - Charges for the purchase or shipping of home furnishings, automobiles, or personal belongings.

u) Acupuncture when performed by a Doctor of Medicine (M.D.) or a certified acupuncturist, but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year. A certified acupuncturist includes providers with the following licenses: Doctor of Osteopathy (D.O.), Doctor of Oriental Medicine (D.O.M.), and Certified Acupuncturist (C.A.).

v) Certain surgical procedures for treatment of severe obesity if the Covered Person meets the National Institute of Health's criteria for surgical intervention and the Claims Administrator's internal guidelines for approval of coverage. **Surgical procedures for treatment of morbid obesity are not covered unless Prior Authorization is obtained and the Covered Person obtains such services at one of the Claims Administrator's Centers of Distinction, if within California;** and

w) Dental treatment for an Accidental Injury to natural teeth.

x) Behavioral Health Treatment (BHT) – professional services and treatment programs, including Applied Behavior Analysis (ABA) and evidence-based intervention programs, which develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism. BHT is covered when prescribed by a physician or licensed psychologist and provided under a treatment plan approved by the Claims Administrator and when services are provided by a participating network provider. Treatment used for the purposes of

providing respite, day care, or educational services, or to reimburse a parent for participation in the treatment is not covered. Applied Behavioral Analysis services are covered when rendered by participating network providers who have met established qualifications for certification by the Behavior Analyst Certification Board (known as "certified providers") or participating network providers who perform services under supervision with a certified provider (known as "therapy assistants").

y) Telehealth for covered services that are appropriately provided through telehealth, subject to the terms and conditions of the plan. In-person contact between a health care provider and the patient is not required for these services, and the type of setting where these services are provided is not limited. “Telehealth” is the means of providing health care services using information and communication technologies in the consultation, diagnosis, treatment, education, care management and self-management of a patient’s physical and mental health care when the patient is located at a distance from the health care provider. Telehealth does not include consultations between the patient and the health care provider, or between health care providers, by facsimile machine, or electronic mail.

z) Telemedicine consultation for clinical services provided by the Claims Administrator’s vendor. Telemedicine consultations for clinical services provide confidential consultation using a network of U.S. board certified Physicians who are available 24 hours a day by telephone and from 7 a.m. to 9 p.m. by secure online video, 7 days a week (subject to change). Telemedicine Physicians can provide diagnosis and treatment for urgent and routine non-emergency medical conditions and can also issue prescriptions for certain medications. Note: If medications are prescribed, the applicable co-insurance and other requirements of the Prescription Drug Card Program apply. Telemedicine consultation services are optional and are not intended to replace services from a Covered Person’s Physician but are a supplemental service to assist Covered Persons when their Physician is not available, and they need quick access to a Physician. Telemedicine consultation services are not available for specialist services or mental health and Substance Use Disorder Services. Before Telemedicine services can be accessed, the Covered Person must complete and submit a Medical History Disclosure form to the Telemedicine service organization. The Telemedicine consultation fee is considered a network benefit subject to network deductibles and coinsurance. The Plan Administrator may modify, add, or delete this service or components of the service based on an analysis of service results, cost effectiveness, and risk as needed.

Charges for all Covered Medical Expenses shall be deemed incurred on the latest of the following:

a) The date a purchase is contracted;

b) The date delivery is made;

c) The actual date a service is rendered.

PRESCRIPTION DRUG CARD PROGRAM

The Sharewell Choice Health Plan includes benefits for Covered Drugs. These benefits are administered by the Pharmacy Benefit Manager.

HOW THE PLAN WORKS

Covered Drugs can be purchased from:

- A Network Retail Pharmacy (up to a 30-day supply);
- A Network Retail Pharmacy participating in the Pharmacy Benefit Manager's Retail90 program (up to a 90-day supply for maintenance medications for chronic or long-term health conditions); and
- The Pharmacy Benefit Manager's Mail Order Service (up to a 90-day supply for maintenance medications for chronic or long-term health conditions).
- The Pharmacy Benefit Manager's Specialty Pharmacy (up to a 30-day supply). All Specialty Drugs must be fulfilled by OptumRx Specialty Pharmacy in order to be covered.

Covered Drugs purchased from a Non-Network Retail Pharmacy or unapproved mail order service are not covered by the Prescription Drug Card Program.

FORMULARY INCLUDING PREFERRED DRUGS

The Prescription Drug Card and Mail Order Program (hereinafter referred to as the Prescription Drug Card Program) has a Formulary. The County's Formulary will change from time to time. The most up-to-date Formulary is available on the Pharmacy Benefit Manager's Web site. The list includes only the most frequently used Generic Drugs. However, all Generic Drugs are included in the Formulary unless specifically excluded by the PLAN.

If the Covered Person requests a Brand-Name Drug when a Generic Drug equivalent is available, the Covered Person is responsible for paying the difference between the Participating Pharmacy contracted rate for the Brand-Name Drug and its Generic Drug equivalent, as well as the applicable Drug coinsurance. This differential in cost (Brand-Name vs. Generic) that the Covered Person must pay is not included in the Calendar Year maximum out-of-pocket prescription drug benefit. If the prescription specifies a Brand-Name Drug and the prescriber has written "Dispense as Written" or "Do Not Substitute" on the prescription, or if a Generic Drug equivalent is not available, the Covered Person is only responsible for paying the applicable Brand-Name Drug co-insurance.

FORMULARY EXCLUSIONS

The County's Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a lower cost therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. If the Covered Person or their prescriber believe that it is Medically Necessary for the Covered Person to take the excluded drug, a Prior Authorization request can be submitted to the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details.

PLAN BENEFITS

The PLAN pays a percentage of the cost of covered drugs, as shown in the Schedule of Benefits, after the annual family deductible has been met.

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program can be used to satisfy the Plan's Out-of-Pocket Maximum Benefit.

COVERED PRESCRIPTION DRUG EXPENSES

The Prescription Drug Card Program covers only those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug; and
- Prescription strength vitamins; and
- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or blindness.

  Note: Insulin pumps and cartridges are not available through the Pharmacy Benefit Manager. These items may be covered as durable medical equipment through the Medical Expense Benefits of this PLAN.

- Preventive products that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) or such additional preventive products provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration. (Covered under the Patient Protection and Affordable Care Act) These drugs and products, when prescribed by a licensed prescriber, currently include but are not limited to aspirin, prenatal vitamins, folic acid, contraceptives, smoking cessation, bowel preps (when used in conjunction with a colonoscopy), drugs used for cancer prevention, and low-dose statin medications (for use in patients with cardiovascular risk factors) and are subject to change. The preventive products may be subject to specific clinical criteria or requirements which may include but are not limited to age requirements, medical risk factors, and medical history. The preventive products may require Prior Authorization by the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details. The preventative product cost is 100% covered by the Plan with no cost for the Covered Person. More information regarding covered Preventive products is available by calling the Pharmacy Benefit Manager's Customer Service.

QUANTITY LIMITS

In addition to the quantity limits described above for medications purchased at a Network Retail Pharmacy and through the Pharmacy Benefit Manager's Mail Order Service, quantity limits may apply to certain medications, as determined by the Pharmacy Benefit Manager. These quantity restrictions are based on manufacturer and/or clinically approved guidelines and are subject to periodic review and change. Some examples include anti-migraine drugs, flu medications, and pain management drugs. If a Covered Person or a Covered Person's Physician has any questions, they should contact the Pharmacy Benefit Manager.

If a Covered Person's prescription is denied due to quantity limitations and the Covered Person or their Physician believe that it is Medically Necessary for the Covered Person to take a larger quantity of this medication, a Prior Authorization request can be made. Refer to the "Prior Authorization Requirements" section below for details.

AGE LIMITS

Age limits may apply to certain drug categories or medications, as determined by the Pharmacy Benefit Manager, including but not limited to the following:

- Topical acne medications;
- Flu medications; and
- Central Nervous system (e.g., attention deficit disorder).

PRIOR AUTHORIZATION REQUIREMENTS

Certain drugs require Prior Authorization, as determined by the Pharmacy Benefit Manager before they can be covered by the Program. The Pharmacy Benefit Manager will review and determine Medical Necessity on those medications and may require the submission of a medical diagnosis for the prescribed medication. Some medications may require information in addition to the medical diagnosis (for example, lab values). The Pharmacy Benefit Manager will review new FDA approved drugs when they become available to determine if a Prior Authorization is appropriate.

Drug categories or medications that may require Prior Authorization include but are not limited to:

- Cardiology (for example high cholesterol and heart failure);
- Central Nervous System (for example attention deficit disorder, pain, and weight loss);
- Endocrinology (for example testosterone and diabetes);
- Gastroenterology (for example nausea and constipation);
- Oncology (for example cancer);
- Respiratory (for example asthma and COPD); and
- Impotency medications, which may only be covered for the treatment of benign prostatic hyperplasia or pulmonary arterial hypertension.

The criteria for the Prior Authorization program are based on nationally recognized guidelines, FDA-approved indications, and accepted standards of practice.

How to Obtain a Prior Authorization

Prior Authorization can be initiated by the Network Pharmacy, the Physician, or the Covered Person by calling the Pharmacy Benefit Manager. All Prior Authorization requests are reviewed by a Pharmacy Benefit Manager pharmacist, who will approve or deny the request based on established protocols. If the Prior Authorization request is approved, a Pharmacy Benefit Manager representative will communicate the approval via a telephone call or fax to the person who initiated the request. If the Prior Authorization request is denied, a Pharmacy Benefit Manager pharmacist will communicate the denial via a telephone call or fax to the person who initiated the request and send a denial letter to the Covered Person explaining the reason for denial. The letter will include instructions for requesting a review of the claim denial. For more information about requesting a review of a claim denial, see the Claims Review Procedure section of this Plan Document.

To confirm whether a Prior Authorization is needed or to request a Prior Authorization, call the Pharmacy Benefit Manager's Customer Services.

MEDICATION MONITORING

The Pharmacy Benefit Manager will utilize its medication monitoring program to review medications filled under the plan in order to work with Covered Persons and their health care providers to ensure safe and appropriate medication use. Specifically, this program evaluates the following for Covered Persons who take certain medications and/or who are at high-risk for complex conditions:

- Appropriateness of Therapy
- Inappropriate Medications in the Elderly
- Compliance and Persistency
- Comprehensive Pharmacy Review (Polypharmacy)

Covered Persons may receive a call or offer for consultation from a clinically trained pharmacist who will provide targeted, one-on-one counseling about their medications.

In addition, the Pharmacy Benefit Manager will monitor all Covered Persons through daily medication evaluation to help prevent them from joining the most at-risk group. The Pharmacy Benefit Manager may discuss medication options with the Covered Person's pharmacy and/or the prescriber.

The Plan Administrator may annually modify, add, or delete this program or components of the program based on an analysis of program results, cost effectiveness, and risk as needed.

STEP CARE THERAPY

The Pharmacy Benefit Manager will apply its Step Care Therapy Program. This Program requires that one or more prerequisite medications must be tried first before other medications will be covered unless medical exception authorization is received. Current step care therapy categories may include but are not limited to drugs used in the treatment of:

- Anti-infectives (for example antibiotics)
- Cardiovascular conditions (for example blood pressure and chest pain);
- Central Nervous System disorders (for example attention deficit disorder, pain, anticonvulsants, and antidepressants;
- Dermatology (for example rosacea and eczema);
- Endocrinology (for example diabetes);
- Gastrointestinal disorders (for example constipation, gout, and heartburn);
- Ophthalmology (for example allergy)
- Respiratory conditions (for example asthma and COPD); and
- Urological conditions (for example prostate).

The Pharmacy Benefit Manager and Plan Administrator may agree to revise the Step Care Therapy program list as required.

SPECIALTY PHARMACY PROGRAM

In addition to the Prior Authorization requirement, the Prescription Drug Card Program also includes a Specialty Pharmacy Program administered by the Pharmacy Benefit Manager. This Program provides assistance and patient education to Covered Persons who require certain medications for treating chronic or complex health conditions including but not limited to the following:

- Acromegaly (e.g., Sandostatin)
- Alpha-1 deficiency (e.g., Aralast, Prolastin)
- Anticoagulants (e.g., Enoxaparin)
- Asthma (e.g., Xolair)

- Biologic response modulator (e.g., Proleukine)
- Botulinum toxins (e.g., Botox)
- Cateplexy in patients with narcolepsy (e.g., Xyrem)
- Chronic granulamatous (e.g., Actimmune)
- Condylomata acuminata (e.g., Alferon)
- Cryopyrin associated periodic syndromes (e.g., Ilaris)
- Cystic fibrosis (e.g., Bethkis, Kalydeco, Pulmozyme)
- Enzyme deficiency or Lysosomal storage disease (e.g., Cerezyme, Fabrazyme)
- Growth hormone and related disorders (e.g., Norditropin, Nutropin)
- Hematopoietics (e.g., Procrit)
- Hemophilia and related bleeding disorders (e.g., Humate-P)
- Hepatitis B (e.g., Hepsera)
- Hepatitis C (e.g., Harvoni, Epclusa)
- Hereditary angioedema (e.g., Cinryze)
- Hormonal therapies (e.g., Lupron Depot, Trelstar)
- IGF-1 deficiency (e.g., Increlex)
- Immune deficiency & related disorders (e.g., Gammagard, Gamunex)
- Immune thrombocytopenic purpura (e.g., Nplate)
- Iron overload (e.g., Exjade, Ferriprox)
- Macular degeneration (e.g., Lucentis)
- Multiple sclerosis (e.g., Copaxone, Tecfidera)
- Oncology, injectable (e.g., Carboplatin, Gemcitabine)
- Oncology, oral (e.g., Imatinib Mesylate, Afinitor)
- Oncology, supportive care (e.g., Aredia)
- Osteoarthritis (e.g., Euflexxa, Synvisc)
- Osteoporosis (e.g., Prolia)
- Plaque psoriasis (e.g., Stelara, Humira)
- Psoriatic arthritis (e.g., Stelara, Humira)
- Pulmonary arterial hypertension (e.g., Letairis, Tracleer)
- Respiratory syncytial virus (e.g., Synagis)
- Transplant (e.g., Rapamune, Sandimmune)

Medications through the Specialty Pharmacy Program may require Prior Authorization and are limited to supplies of 30 days or less. All Specialty Drugs must be fulfilled by OptumRx Specialty Pharmacy in order to be covered. The Plan Administrator and Pharmacy Benefit Manager may mutually agree to add or delete medications from this list as clinically appropriate.

PRESCRIPTION DRUGS THAT ARE NOT COVERED

No benefits shall be provided under the Prescription Drug Card and Mail Order Program with respect to:

a) Drugs and medications purchased from a Non-Network Retail Pharmacy or from a mail order service other than that operated by the Pharmacy Benefit Manager;

b) Any drug that is not on the preventive medication list and can be purchased legally without a prescription;

c) Any Specialty Drug not fulfilled by OptumRx Specialty Pharmacy;

d) Over-the-counter medications and other over-the-counter items, except those Preventive Products allowed under the Covered Prescription Expenses section above on page 23;

e) Drugs used for cosmetic purposes, including, but not limited to, certain anti-fungals, hair loss treatments, products used as wrinkle reducers, and those used for pigmenting/depigmenting;

f) Fertility drugs (oral and injectable);

g) Impotence drugs (except as specifically noted in the Prior Authorization requirements section);

h) Legend vitamins, except prescription strength vitamins and those prenatal legend vitamins covered under the Patient Protection and Affordable Care Act;

i) Nutritional and diet supplements;

j) Certain injectables obtainable through and administered by a Physician in an office setting. If the medication is available to and administered through the Covered Person's Physician's office, then it may be covered through the Medical Expense Benefits of this PLAN;

k) Charges for that portion of the purchase of Covered Drugs that exceeds the PLAN limit (either days supply, age, or quantity limit);

l) Charges to administer or inject any drug;

m) Certain self-injectable drugs;

n) Charges for delivering any drugs except through the Pharmacy Benefit Manager's mail order service. Express or overnight delivery costs are not covered;

o) Prescription drugs purchased from an institutional pharmacy for use while the Covered Person is an Inpatient of that institution (Hospital, skilled nursing facility or alternate facility), regardless of the level of care;

p) Prescription drugs furnished by a local, state, or federal government;

q) Biological prescription drug products (such as immunizations and allergy serum) which, due to their characteristics as determined by the Pharmacy Benefit Manager, must typically be administered, or supervised by a qualified provider or licensed/certified health professional in an outpatient setting;

r) Drugs specifically excluded from the County's Formulary. See more information in the Formulary Exclusions paragraph above on page 21;

s) New to market drugs are excluded for up to six months following market launch while the Pharmacy Benefit Manager clinically evaluates the new drug and establishes utilization management requirements (such as prior authorization, quantity limits, or Formulary exclusion); and

t) Drugs excluded by the Pharmacy Benefit Manager's cost control programs that identify drugs for exclusion where lower cost therapeutically equivalent (comparable clinical effectiveness and safety) alternatives exist. The excluded drugs may include but are not limited to i) non-FDA approved products; ii) products considered out-of-scope of the PLAN's pharmacy benefit; iii) high-cost Brand-Name drugs with chemically similar generic alternatives; iv) high-cost pain patches and creams; and v) DESI 5 and 6 products which are products with questionable effectiveness. The Pharmacy Benefit Manager and Plan Administrator may mutually agree to revise the cost control programs as required.

See the PLAN Limitations and Exclusions section for other limitations and exclusions that apply to the Prescription Drug Card Program.

PLAN LIMITATIONS AND EXCLUSIONS

No benefits shall be payable under this PLAN with respect to:

a) Any services not Medically Necessary for diagnosis or treatment of the Covered Person's active Illness or Accidental Injury except as provided for under preventive care services or wellness services; or

b) Any treatment or service not prescribed or recommended by a "Physician" as defined in the "Definitions" section; or

c) Any charges for services rendered by a relative by birth, adoption or marriage will not be eligible; or

d) Any charges for hearing aids, glasses, or eye examinations or correction of vision or fitting of glasses and any charges related to orthoptics, vision therapy, or other special vision procedures, except as provided for under preventive care services; or

e) Any charges for dental services or treatment except for treatment of Accidental Injury to natural teeth, and no payment will be made for dentures or other oral appliances; or

f) Any condition, disability or expense resulting from or sustained as a result of being engaged in an illegal occupation, commission of or attempted commission of an assault or a felonious act; or

g) Any condition, disability or expense resulting from or sustained as a result of being engaged in duty as a member of the Armed Forces of any state or country, war or act of war declared or undeclared; or

h) Any services for care or treatment provided or furnished by the United States Government or the government of any country except as furnished by the Veterans Health Administration; or

i) Any services for which a charge would not have been made in the absence of coverage; or

j) Any condition, disability or expense resulting from injury caused by participating in civil insurrection or a riot; or

k) Any benefit under Workers' Compensation Act or similar legislation, which is due to injury arising out of or in the course of any occupation or employment for wage or profit, except as specifically provided in the PLAN; or

l) Vaccinations, inoculations, preventive shots, routine physical examinations, vitamins and nutritional food or mineral supplements, except prescription strength vitamins and as provided for under preventive care services or preventive products; or

m) Expense incurred for the treatment of corns, calluses, or toenails, unless the charges are for the removal of nail roots or for the treatment of a metabolic or peripheral-vascular disease; or

n) Expenses incurred for orthopedic shoes and other supportive appliances for the feet including orthotics applied to shoes; or

o) Expenses incurred for the treatment of weak, strained, or flat feet, or any metatarsalgia or bunion; unless the charges are for an open cutting operation; or

p) Any charges for cosmetic surgery except as the charges relate to such surgery to correct a congenital defect in a covered newborn or to repair the effects of an accident which occurred while the individual is covered under this PLAN; or

q) Any charges related to services for reproductive voluntary sterilization reversal, fertility or infertility, and any charges for artificial insemination, embryo and fetal implants, or charges arising from or related to in vitro fertilization (test-tube baby) other than childbirth; and any charges for genetic testing related to these assisted reproductive technologies; or

PLAN LIMITATIONS AND EXCLUSIONS (continued)

r) Any charges for medical or surgical weight control, weight reduction or weight controlling drugs or counseling except as provided for under Covered Medical Expenses; or

s) Charges related to treatment of learning disabilities; or

t) Charges related to bariatric surgery when not performed at one of the Claims Administrator's Centers of Distinction, if surgery occurred within California.

u) Any charges for convenience items for comfort (e.g., telephone, television, guest trays, and personal hygiene items).

v) Any charges related to long-term care

w) Charges related to Private-duty nursing

COORDINATION OF BENEFITS

This provision shall apply to all sections of the PLAN providing benefits for Covered Medical Expenses, including coverage for those individuals covered under Medicare.

Section I. Definitions Applicable To This Provision

The term "Plan" as used in this provision means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by (a) group, blanket or franchise insurance coverage under a labor/management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan, including any Federal or State or other governmental plan or law, toward the cost of which any employer shall have made payroll deductions, or (b) coverage under any plan solely or largely tax-supported or otherwise provided for by or through action of any government.

The term "Plan'' shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services separately with respect to that portion of any such policy, contract, or other arrangement, which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

"This PLAN" as used in this provision means that portion of the contract by name referred to in this document which provides the benefits that are subject to this provision.

"Allowable Expense" means any necessary, reasonable, and customary item of expense at least a portion of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services or supplies rather than cash payments, the reasonable cash value of each service rendered, or supply furnished shall be deemed to be both an Allowable Expense and a benefit paid.

The "Order of Benefit Determination" rules are the rules that determine whether this PLAN pays benefits first (the primary plan) or second (the secondary plan) when compared to another Plan covering the Covered Person.

Section II. Effect on Benefits

A. This provision shall apply in determining the benefits as to a person covered under this PLAN for a claim submission, if for the Allowable Expenses incurred as to such person, the sum of:

   1. the benefits that would be payable under this PLAN in the absence of this provision, and

   2. the benefits that would be payable under all other Plans in the absence therein of provisions of similar purpose to this provision, would exceed such Allowable Expenses.

B. As to any claim submission with respect to which this provision is applicable, the benefits that would be payable under this PLAN in the absence of this provision for the Allowable Expenses incurred as to such person shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits payable for such Allowable Expenses under all other Plans shall not exceed the total of such Allowable Expenses. Benefits payable under another Plan include the benefits that would have been payable had claim been duly made, therefore.

COORDINATION OF BENEFITS (continued)

C. For the purposes of item (B), the rules establishing the order of benefit determination are:

1. A Plan that does not contain a coordination of benefits provision shall be considered the primary plan.

2. When benefits are provided under this PLAN and another Plan which also has a coordination provision, the first of the following rules that describes which Plan pays its benefits before another Plan will be used to determine which Plan is primary.

a) **Non-Dependent or Dependent.** The Plan that covers the person other than as a dependent, for example as an employee, member, subscriber, or retiree, is primary and the Plan that covers the person as a dependent is secondary. However, if the person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent; and primary to the Plan covering the person as other than a dependent (e.g., a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the person as an employee, member, subscriber, or retiree is secondary and the other Plan is primary.

b) **Child Covered Under More Than One Plan.** The order of benefits when a child is covered by more than one Plan is:

1) The Primary Plan is the Plan of the parent whose birthday is earlier in the year if:

i. The parents are married;

ii. The parents are not separated (whether or not they ever have been married); or

iii. A court decree awards joint custody without specifying that one party has the responsibility to provide health care coverage.

If both parents have the same birthday, the Plan that covered either of the parents longer is primary.

2) If the specific terms of a court decree state that one of the parents is responsible for the child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to PLAN years commencing after the Plan is given notice of the court decree.

3) If the parents are not married, or are separated (whether or not they ever have been married) or are divorced, the order of benefits is:

i. The Plan of the custodial parent;

ii. The Plan of the spouse of the custodial parent;

iii. The Plan of the non-custodial parent; and then

iv. The Plan of the spouse of the non-custodial parent.

c) **Active or inactive employee.** Another Plan that covers a person as an employee who is neither laid off nor retired is primary. The same would hold true if a person is a dependent of a person covered as a retiree and an employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored. Coverage provided an individual as a retired worker and as a dependent of an actively working spouse will be determined under the rule labeled 2(a).

d) **Continuation coverage.** If a person whose coverage is provided under a right of continuation provided by federal or state law also is covered under another Plan, the Plan covering the person as an employee, member, subscriber, or retiree (or as that person's

COORDINATION OF BENEFITS (continued)

dependent) is primary, and the continuation coverage is secondary. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored.

e) **Longer or shorter length of coverage.** The Plan that covered the person as an employee, member, subscriber, or retiree longer is primary.

f) If a husband or wife is covered under this PLAN both as an active employee and as an enrolled Dependent, the dependent benefits will be coordinated as if they were provided under another Plan. This means the active employee's benefit will pay first.

g) If the preceding rules do not determine the primary Plan, the Allowable Expenses shall be shared equally between the Plans meeting the definition of Plan under this provision. In addition, this PLAN will not pay more than it would have paid had it been primary.

Section III. Right to Receive and Release Necessary Information

For the purposes of determining the applicability of and implementing the terms of this provision of this PLAN or any provision of similar purpose of any other Plan, the PLAN may, without the consent of or notice to any person, release to, or obtain from any Insurance Company or other organization or person any information, with respect to any person, which the deems to be necessary for such purposes. Any person claiming benefits under this PLAN shall furnish to the PLAN such information as may be necessary to implement this provision.

Section IV. Facility of Payment

Whenever payments which should have been made under this PLAN in accordance with this provision have been made under any other Plan(s), the PLAN shall have the right, exercisable alone and in its sole discretion, to pay over to any organizations making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision and amounts so paid shall be deemed to be benefits paid under this PLAN and, to the extent of such payments, the County or Fund shall be fully discharged from liability under this PLAN.

Section V. Recovery of Excess Payments

Whenever payments have been made by the Fund with respect to Allowable Expense in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, the Fund shall have the right to recover such payments, to the extent of such excess, from among one or more of the following, as the Fund shall determine: any persons to or for or with respect to whom such payments were made, any insurance companies, any other organizations.

GENERAL PROVISIONS

CLAIM PAYMENT DETERMINATION

Claims will be processed and paid in the order they are received by the Claims Administrator without regard to sequence of dates incurred. Adjustments will not be made for claims received later but with an earlier incurred date to be applied to the Deductible or maximum payment level.

PLAN EXCEPTIONS

Any service or treatment excluded by the PLAN which is deemed to be Medically Necessary for the health of the Covered Person and cannot be accomplished through a covered benefit may be submitted to the Plan Administrator for exception. The submission and request for review must be accompanied by a detailed description by the attending Physician justifying the medical necessity and a concurrence by a second opinion Physician at the Covered Person's expense. Requests for exception must be filed within fifteen (15) days of claim denial.

DETERMINATION OF PAYMENT

If, in the opinion of the Claims Administrator, a valid release cannot be rendered for the payment of any benefit payable, under this PLAN, the Claims Administrator may, at its option, make such payment to the individual or individuals as have, in the Claims Administrator's opinion, assumed the care and principal support of the Covered Person and are, therefore, equitably entitled thereto. In the event of the death of the Covered Person prior to such time as all benefit payments due him have been made, the Claims Administrator, may at its sole discretion and option, honor benefit assignments, if any, made prior to the death of such Covered Person.

Any payment made by the Claims Administrator in accordance with the above provisions shall fully discharge the Fund to the extent of such payments.

PLAN DOCUMENT

The Plan Administrator will make available to each Covered Person under this PLAN this Sharewell Choice Health Plan Document which shall summarize the benefits to which the person is entitled, to whom benefits are payable, and the provisions of the PLAN principally affecting the Covered Person.

ASSIGNMENT

The Covered Person's benefits may not be assigned except by consent of the Plan Administrator.

CONFORMITY WITH STATE AND FEDERAL STATUTES AND REGULATIONS

Any provision of the PLAN, which on its Effective Date, is in conflict with the statutes or regulations of the jurisdiction of California or the Federal government, which relate to Self-Funded Plans of public entities is hereby amended to conform to the minimum requirements of such statutes or regulations.

PLAN AMENDMENT AND TERMINATION

The County reserves the unlimited right to amend, terminate or merge the Plan in any way. Any amendment, termination or merger to the Plan shall be in writing and shall be adopted by the County in accordance with its normal procedures. However, the Plan Administrator shall have the authority to amend the Plan to comply with applicable law or regulation or to reflect the County's intent.

GENERAL PROVISIONS (continued)

Any amendment or termination of the Plan shall be effective at such date as the County shall determine except that no amendment or termination shall reduce benefits payable for covered expenses incurred prior to the later of the date the amendment or termination is effective or adopted, except as required or permitted by law.

CHANGE IN FUNDING MECHANISM

The County reserves the unlimited right to change, modify, cancel, or otherwise terminate the Plan's funding arrangements, including, by way of example and not by way of limitation, the right to change insurance carriers and the right to provide previously self-insured benefits on a partially insured or fully uninsured basis.

NOTICE AND PROOF OF CLAIM

Written notice of claim hereunder must be given to the PLAN at the claims address printed on the health plan identification card provided to the Covered Person following their enrollment in the PLAN, with particulars sufficient to identify the Covered Person, within 365 days following the date such claim was incurred.

The Claims Administrator upon receipt of notice required by the PLAN will furnish to the Covered Person or to any other person notifying the Fund of claim on such forms as are usually furnished by it for filing proof of loss. Note: Communication regarding pharmacy claims should be addressed by contacting the Prescription Benefits Manager, not the medical plan, by calling the phone number on the identification card.

If such forms are not furnished within fifteen (15) days after receipt of such notice, the Covered Person shall be deemed to have complied with the requirements of the PLAN, as to proof of loss, upon submitting written proof fully describing the occurrence for which claim is made.

Failure to furnish notice or proof of claim within the time provided in the PLAN shall not invalidate or reduce any claims if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as possible.

CLAIM-RELATED DEFINITIONS

Claim

Any request for plan benefits made in accordance with the plan's claims-filing procedures, including any request for a service that must be pre-approved.

The Plan recognizes four categories of health benefit claims:

Urgent Care Claims

"Urgent care claims" are claims (other than post-service claims) for which the application of non-urgent care time frames could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function or, in the judgment of a physician, would subject the patient to severe pain that could not be adequately managed otherwise. The Plan will defer to the attending Physician to determine if a claim for Medical benefits is urgent.

Pre-service Claims

"Pre-service claims" are claims for approval of a benefit if the approval is required to be obtained before a patient receives health care (for example, claims involving preauthorization or referral requirements).

GENERAL PROVISIONS (continued)

Post-Service Claims

"Post-service claims" are claims involving the payment or reimbursement of costs for health care that has already been provided.

Concurrent Care Claims

"Concurrent care claims" are claims for which the Plan previously has approved a course of treatment over a period of time or for a specific number of treatments, and the Plan later reduces or terminates coverage for those treatments. A concurrent care claim may be treated as an "urgent care claim," "pre-service claim," or "post-service claim," depending on when during the course of the Covered Person care the Covered Person file the claim. However, the Plan must give the Covered Person sufficient advance notice of the initial claims determination so that the Covered Person may appeal the claim before a concurrent care claims determination takes effect.

Adverse Benefit Determination

If the Plan does not fully agree with the Covered Person's claim, the Covered Person will receive an "adverse benefit determination" — a denial, reduction, or termination of a benefit, or failure to provide or pay for (in whole or in part) a benefit. An adverse benefit determination includes a decision to deny benefits based on:

- An individual being ineligible to participate in the Plan;
- Utilization review;
- A service being characterized as experimental or investigational or not medically necessary or appropriate;
- A concurrent care decision; and
- Certain retroactive terminations of coverage (rescission of coverage), whether or not there is an adverse effect on any particular benefit at that time.
- Failure to provide additional information as requested by the Plan.

INITIAL CLAIM DETERMINATION

For each of the Plan options, the Plan has a specific amount of time to evaluate and respond to claims for benefits. The period of time the Plan has to evaluate and respond to a claim begins on the date the Plan receives the claim. If the Covered Person has any questions regarding how to file or appeal a claim, contact the Claims Administrator for the benefit at issue.

The timeframes on the following pages apply to the various types of claims that the Covered Person may make under the Plan, depending on the benefit at issue.

In the event of an adverse benefit determination, the claimant will receive notice of the determination. The notice will include:

- The specific reasons for the adverse determination;
- The specific plan provisions on which the determination is based;
- A request for any additional information needed to reconsider the claim and the reason this information is needed;
- A description of the plan's review procedures and the time limits applicable to such procedures;
- A statement of the Covered Person's right to bring a civil action following an adverse benefit determination on review;
- If any internal rules, guidelines, protocols, or similar criteria was used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;

GENERAL PROVISIONS (continued)

- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For adverse determinations involving urgent care, a description of the expedited review process for such claims. This notice can be provided orally within the timeframe for the expedited process, as long as written notice is provided no later than 3 days after the oral notice;
- For medical claims, information sufficient to identify the claim involved including date of service, healthcare provider, claims amount (if applicable), and denial code;
- For medical claims, upon request the applicable diagnosis and treatment codes used and their meanings;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal in a foreign language.
- As applicable, a description of the Plan's internal appeal procedures and external review processes; and
- Contact information for certain governmental entities that may assist claimants with appeals and external review.

TIME FRAMES FOR INITIAL CLAIM DECISIONS

Time frames generally start when the Plan receives a claim. (See the special rule for "concurrent care" decisions to limit previously approved treatments.) Notices of benefit determinations generally may be provided through in-hand delivery, mail, or electronic delivery, before the period expires, though oral notices may be permitted in limited cases. A reference to "days" means calendar days.

GENERAL PROVISIONS (continued)

	Urgent Care Claims	Non-Urgent "Pre-Service" Claims	Non-Urgent "Post-Service" Claims	"Concurrent Care" Decision to Reduce Benefits
Time frame for Providing Notice	Notice of determination (*whether adverse or not*) must be provided by the Plan as soon as possible considering medical exigencies, but no later than 72 hours If the Covered Person requests in advance to extend concurrent care, the Plan shall provide notice as soon as possible taking into account medical exigencies, but no later than 24 hours of receipt of the claim, provided that any such claim is made to the Plan at least 24 hours prior to the expiration of the prescribed period of time or number of treatments.	Notice of determination (whether adverse or not) must be provided by the Plan within a reasonable period of time appropriate to the medical circumstances, but no later than 15 days.	Notice of adverse determination must be provided within a reasonable period of time, but no later than 30 days.	Notice of adverse determination must be provided by the Plan enough in advance to give the Covered Person an opportunity to appeal and obtain decision before the benefit at issue is reduced or terminated.

GENERAL PROVISIONS (continued)

Extensions	If the Covered Person claim is missing information, the Plan has up to 48 hours (subject to decision being made as soon as possible) from the earlier of the Plan's receipt of the missing information, or the end of the period afforded to the Covered Person to provide the missing information, to provide notice of determination.	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before initial 15-day period ends.*	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before the initial 30-day period ends.*	N/A
Period for Claimant to Complete Claim	The Covered Person has a reasonable period of time to provide missing information (no less than 48 hours from when the Covered Person is notified by the Plan that the Covered Person's claim is missing information).	The Covered Person has at least 45 days to provide any missing information.	The Covered Person has at least 45 days to provide any missing information.	N/A
Other Related Notices	Notice that the Covered Person's claim is improperly filed or that information is missing must be provided by the Plan as soon as possible (no later than 24 hours after receipt of the claim by the Plan).	Notice that the Covered Person's claim is improperly filed must be provided by the Plan as soon as possible (no later than 5 days after receipt of the claim by the Plan).	N/A	N/A

**15- or 30-day extension period (whichever is applicable) is measured from the time that the claimant responds to the notice from the Plan that the claim is missing information.*

CLAIM APPEAL PROCEDURES – MEDICAL EXPENSES AND PRESCRIPTION DRUGS

If the Covered Person receives notice of an adverse benefit determination and disagrees with the decision, the Covered Person is entitled to apply for a full and fair internal review of the claim and the adverse benefit determination. Appeals are not automatic; the Covered Person (or an appointed representative) can appeal by requesting a claim review in accordance with the time frames described in the chart below. The request must be made in writing, except for urgent care claims which the Covered Person may file orally or in writing, and should be filed with the appropriate Claims Administrator.

If the Covered Person's internal appeal of a Medical or Prescription Drug claim involves an urgent care claim, such that the timeframe for completing an appeal would seriously jeopardize the Covered Person's life or health, the Covered Person may initiate an external review at the same time as the Covered Person's internal appeal.

If the Covered Person files an internal appeal for Medical or Prescription Drug benefits, the Covered Person will continue to be covered, pending the outcome of the internal appeal. This means that the Plan can't terminate or reduce any ongoing course of treatment without providing advance notice and the opportunity for review.

For Medical and Prescription Drug claims, if the Plan fails to meet the requirements of the internal claims and appeals process for the Covered Person's claim, the Covered Person are deemed to have exhausted the internal process, and the Covered Person may begin an external review request immediately. However, this will not apply if the error was de minimus, if the error does not cause harm to the Covered Person, if the error was due to good cause or to matters beyond the Plan's control, if it occurs in context of good faith exchaneg of information, or if the error des not reflect a pattern or practice of noncompliance. In that case, Covered Person may resubmit the claim for internal review and ask the Plan to explain why the error is minor and why it meets this exception.

The Claims Administrator or Pharmacy Benefit Manager will forward the appeal request to the appropriate named fiduciary for review. The review will be conducted by the Claims Administrator (if serving as the reviewer for appeals) or other appropriate named fiduciary of the Plan. In either case, the reviewer will not be the same individual who made the initial adverse benefit determination that is the subject of the review, nor the subordinate of such individual (including any physicians involved in making the decision on appeal if medical judgment is involved). Where the adverse determination is based in whole or in part on a medical judgment, the reviewer will consult with an appropriate health care professional. No deference will be afforded to the initial adverse benefit determination.

The Claims Administrator or Pharmacy Benefit Manager will ensure that all claims and internal appeals for Medical or Prescription Drug benefits are handled impartially. The persons involved in making the decision won't receive compensation, promotion, continued employment, or other similar items based upon the likelihood he or she will support a denial of Plan benefits. The Claims Administrator will ensure that health care professionals consulted are not chosen based on the expert's reputation for outcomes in contested cases, rather than based on the professional's qualifications.

The Covered Person will have the opportunity to submit written comments, documents, records, and other information relating to the claim; and the Covered Person will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits. Whether a document, record, or other information is relevant to the claim will be determined in accordance with the applicable regulations. The Covered Person also is entitled to the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the Covered Person's adverse benefit determination. The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim

GENERAL PROVISIONS (continued)

without regard to whether such information was submitted or considered in the initial benefit determination.

In connection with the Covered Person's internal appeal of a Medical or Prescription Drug claim, the Covered Person will be able to review the Covered Person's file and present information as part of the review. Before making a benefit determination on review, the Claims Administrator will provide the Covered Person with any new or additional evidence considered or generated by the Plan, as well as any new or additional rationale to be used in reaching the decision. The Covered Person will be given this information in advance of the date on which the notice of final appeal decision is made to give the Covered Person a reasonable opportunity to respond.

The time periods for providing notice of the benefit determination on review depends on the type of claim, as provided in the following chart.

If the Plan fails to meet the requirements of the internal claims and appeals process for a claim and the plan's error is not de-minimus, the Covered Person shall be deemed to have exhausted the internal process and may begin an external review immediately.

The Claims Administrator or Pharmacy Benefit Manager will provide the Covered Person with written notification of the Plan's determination on review, within the applicable time frames. For urgent care, all necessary information, including the benefit determination on review, will be transmitted between the Plan and the claimant by telephone, fax, or other available similarly expeditious method. In the case of an adverse benefit determination, such notice will indicate:

- The specific reason for the adverse determination on review;
- Reference to the specific provisions of the Plan on which the determination is based;
- A statement that the Covered Person are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- A description of the Covered Person's right to bring a civil action following an adverse determination on review;
- If any internal rules, guidelines, protocols, or similar criteria were used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For medical claims, information sufficient to identify the claim including date of service, healthcare provider, claim amount (if applicable), and denial code;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- For medical claims, upon a request the applicable diagnosis codes and treatment codes used and their meanings;
- A description of the Plan's external review process, including how to initiate an appeal;
- Contact information for certain governmental entities that may assist claimants with appeals and external review;
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal denial in a foreign language; and

GENERAL PROVISIONS (continued)

- A description of the voluntary appeals procedure under the Plan, if any, and the Covered Person's right to obtain additional information upon request about such procedures.

All decisions are final and binding unless determined to be arbitrary and capricious by a court of competent jurisdiction.

TIME FRAMES FOR INTERNAL APPEALS PROCESS

The time frame for filing an appeal starts when the Covered Person receive written notice of adverse benefit determination. The time frame for providing a notice of the appeal decision (a "notice of benefit determination on review") starts when the appeal is filed in accordance with the Plan's procedures. The notice of appeals decision may be provided through in-hand delivery, mail, or electronic delivery before the period expires. Urgent care decisions may have to be delivered by telephone, facsimile, or other available expeditious method. References to "days" mean calendar days. The Plan can require two levels of mandatory appeal review.

	*Urgent Care Claims**	*Non-Urgent Care Pre-Service Claims**	*Non-Urgent Care Post-Service Claims**
Period for Filing Appeal	The Covered Person must file an appeal within 180 days.	The Covered Person must file an appeal within 180 days.	The Covered Person must file an appeal within 180 days.
Time frame for Providing Notice of Benefit Determination on Review	As soon as possible taking into account medical exigencies, but not later than 72 hours after receipt of request for review.	Within a reasonable period of time appropriate to medical circumstances, but not later than 30 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 15 days of each appeal.	Within a reasonable period of time, but not later than 60 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 30 days of each appeal.
Extensions	None.	None.	None.

** An appeal of a concurrent care decision to reduce or terminate previously approved benefits may be an urgent care, pre-service, or post-service claim, depending on the facts.*

LEVEL TWO APPEAL PROCESS (COUNTY)

If the Covered Person is dissatisfied with the Claims Administrator's Internal Appeal decision, he may submit a written request for a level two appeal to the Plan Administrator within **180 calendar days** of receipt of the Claims Administrator's written response to the Internal Appeal decision. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the level two appeal. The Covered Person will be notified promptly of the findings, but not later than 15 calendar days for pre-service claims and 30 calendar days for post-service claims after receipt of the Covered Person's appeal and a properly executed HIPAA release form. A second level of appeal is not available for urgent claims. The Plan Administrator may, at its discretion, waive the level two appeal process and submit the Covered Person's request directly to the External Review Process, as described below.

GENERAL PROVISIONS (continued)

EXTERNAL REVIEW PROCESS

If the Covered Person's appeal is denied or if the County advises the Covered Person to seek an external review during the Level Two appeal, the Covered Person may request an external review of the Covered Person's claim within four months after being notified of a denied claim. External review is not automatic; the Covered Person must request it. The external review is conducted by an independent review organization (IRO) and its decision is binding on the Covered Person and the Plan, except to the extent other remedies are available under federal law. The procedures for filing an appeal under the external review process are outlined below.

The external review process does not apply to an adverse benefit determination or final internal adverse benefit determination that relates to a participant's or beneficiary's failure to meet the requirements for eligibility under the terms of a group health Plan (for example, worker classification and similar issues). The external review process is only available if the adverse benefit determination involves medical judgment (as determined by the external reviewer) or a rescission of coverage or is otherwise required by applicable law.

Within five days of receiving the Covered Person's request, the Plan will conduct a "preliminary review" to ensure the request can be sent for external review (for example, to ensure the denied claim or appeal doesn't relate to Plan eligibility and that the request is complete). The Plan will notify the Covered Person in writing once the preliminary review is complete; the Covered Person will be informed then if the Covered Person needs to submit additional information and the deadline for doing so.

The IRO assigned to conduct the Covered Person's external review will notify the Covered Person of its acceptance of the assignment and the Covered Person will have 10 business days to submit any additional written information for the IRO to consider. (Within one business day of receiving the Covered Person's additional information, the IRO must share the new material with the Plan. After considering the new information, the Plan *may* reconsider and reverse its claim or appeal denial, stopping the external review procedure.)

The IRO must conduct its external review without giving any weight to the Plan's earlier conclusions or decisions. IROs may consider information beyond the denied claim's records, such as the claimant's medical history, appropriate practice guidelines and Plan terms. The IRO must complete its external review and send notice of its decision to the Covered Person and the Plan within 45 days.

If the IRO reverses the Plan's earlier decision to deny a claim or appeal, the Plan will immediately provide coverage or payment for the claim.

APPEALS OF CLAIMS INVOLVING ELIGIBILITY MATTERS

Appeals involving eligibility matters (that is, eligibility to participate or changes in coverage elections such as the addition or deletion of dependents) should be sent in writing to the Plan Administrator for consideration within **60 calendar days** from the claim payment date or the date of the notice of denial of benefits. The Plan Administrator, or an agent appointed by the Plan Administrator will review all matters pertaining to the appeal. The Covered Person will be notified promptly of the findings, but not later than 120 calendar days after receipt of the Covered Person's appeal.

ACTS OF THIRD PARTIES

If a Covered Person is injured through the act or omission of another person (a "third party"), the PLAN shall, with respect to services required as a result of that injury, provide the benefits of the PLAN and have an equitable right to restitution or other available remedy to recover the reasonable costs of the services provided to the Covered Person that are paid by the PLAN.

GENERAL PROVISIONS (continued)

The Covered Person is required to:

1. Notify the Claims Administrator in writing of any actual or potential claim or legal action which such Covered Person anticipates bringing or has brought against the third party arising from the alleged acts or omissions causing the injury or Illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and
2. Agree to fully cooperate with the PLAN to execute any forms or documents needed to assist the PLAN in exercising its equitable right to restitution or other available remedies; and
3. Provide the PLAN with a lien, in the amount of costs of benefits provided, calculated in accordance with California Civil Code section 3040. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law.

A Covered Person's failure to comply with 1 through 3, above, shall not in any way act as a waiver, release, or relinquishment of the rights of the PLAN.

HIPAA PRIVACY AND HIPAA SECURITY

The Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), and the regulations issued thereunder at 45 CFR Parts 160 and 164 ("the HIPAA regulations"), impose privacy and security obligations on group health plans that restrict the use and disclosure of protected health information ("PHI") and electronic protected health information ("ePHI"). The County of Orange as PLAN Sponsor, and/or its representative agents (collectively the "County"), desires to permit the PLAN (including its Business Associates, health insurance issuers, HMOs, and their agents) to disclose or to provide for or permit the disclosure of protected health information to the County from time to time.

1. **Uses and Disclosures of PHI**
   The plan may disclose a plan participant's phi to the county, for the plan administration functions under 45 cfr 164.504(a), to the extent not inconsistent with HIPPA regulations. This includes summary health information for the purposes set forth in section 164.504(f)(1)(ii) and (iii) of the privacy rule.

2. **Restriction on Plan Disclosure to the County of Orange**
   Neither the plan nor any of its business associates will disclose phi to the county except upon the plan's receipt of the county certification that the plan incorporates the agreements of the county under paragraph 4, except as otherwise permitted or required by law.

3. **Privacy Agreements of the County of Orange**
   As a condition for obtaining phi from the plan and its business associates, the county agrees it will:

   a. Not use or further disclose such PHI other than as permitted by paragraph 2 of this provision, as permitted by 45 CFR 164.508, 45 CFR 164.512, and other sections of the HIPAA regulations, or as required by law;

   b. Ensure that any of its agents, including a subcontractor, to whom it provides the PHI agree to the same restrictions and conditions that apply to the County with respect to such information;

   c. Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the County;

GENERAL PROVISIONS (continued)

d. Report to the PLAN any use or disclosure of the PHI that is inconsistent with the uses or disclosures provided for of which the County becomes aware;

e. Make the PHI of a particular Participant available for purposes of the Participant's requests for inspection, copying and amendment, including the incorporation of any amendments to PHI, and to carry out such requests in accordance with HIPAA regulation 45 CFR 164.524 and 164.526;

f. Make the PHI of a particular Participant available for purposes of required accounting of disclosures by the County pursuant to the Participant's request for such an accounting in accordance with HIPAA regulation 45 CFR §164.528;

g. Make the County internal practices, books, and records relating to the use and disclosure of PHI received from the PLAN available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the PLAN with HIPAA regulation 45 CFR §164.501(f);

h. If feasible, return or destroy all PHI received from the PLAN that the County maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, the County agrees to limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible; and

i. Ensure that there is adequate separation between the PLAN and the County by implementing the terms of subparagraphs 5.i. (1) through (3), below:

(1) *Employees With Access to PHI*: The employees or other individuals under the control of the County that are the individuals that may access PHI received from the PLAN are referenced within section 6.02 (c) in the HIPAA Policies and Procedures Manual, including but not limited to County Benefits staff and select Human Resources staff members.

(2) *Use Limited to Plan Administration*: The access to and use of PHI by the individuals described in (1), above, is limited to Plan Administration functions as defined in HIPAA regulation 45 CFR §164.504(a) that are performed by the County for the PLAN.

(3) *Mechanism for Resolving Noncompliance*: If the County determines that any person described in (1), above, has violated any of the restrictions described in this provision, then such individual shall be subject to discipline or sanctions in accordance with the practices of the County, taking into account the Privacy Rules standards. The County shall document such discipline or sanctions as required under the Privacy Rules, including the requirement that such documentation be retained for six years.

4. **Security Agreements of the County of Orange**

As a condition of obtaining e-PHI from the plan, its business associates, insurers and HMOs, the county agrees it will:

a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the County creates, receives, maintains, or transmits on behalf of the Plan;

GENERAL PROVISIONS (continued)

b. Ensure that the adequate separation between the Plan and County as set forth in 45 CFR 164.504(f)(2)(iii) is supported by reasonable and appropriate security measures.

c. Ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information.

d. Report to the Plan any Security Incident of which it becomes aware. "Security Amendment" shall mean unauthorized access to, use, disclosure, modification, or destruction of, or interference with ePHI.

e. Upon request from the Plan, the County agrees to provide information on unsuccessful unauthorized access, use, disclosure, modification, or destruction of ePHI, to the extent such information is available to the County.

5. **Breach Notifications**

Following the discovery of a Breach of unsecured PHI caused by the County or its agents, the County or its agents shall provide a written notification in plain language of the breach to all individuals whose unsecured PHI has been breached in accordance with 45 CFR § 164.404. A breach is the same definition as stated in 45 CFR 164.402. The County or its agent's notification must include the following information, to the extent possible:

a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
b. A description of the types of Unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
c. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
d. A brief description of what the County or its agent is doing to investigate the breach, to mitigate harm to individual, and to protect against any further breaches; and
e. Contact procedures for individual to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

6. **Definitions**

All capitalized terms within this provision not otherwise defined by the provisions of this provision shall have the meaning given them in the PLAN or, if no other meaning is provided in the PLAN, the term shall have the meaning provided under HIPAA Privacy Rule or the HIPAA Security Rule.

DEFINITIONS

Whenever any of the following terms are capitalized in this Plan Document, they will have the meaning stated below:

ACCIDENTAL INJURY

A bodily injury which results independently of an Illness as a result of external force or impact including, but not limited to, lacerations, breaks, bruises, and strains. Excluded as "accidental injuries" are injuries as a result of, but not limited to, lifting, turning, stretching, reaching, pulling, pushing, exercising, blisters and injuries while chewing.

AMBULATORY SURGERY CENTERS (ASC)

Health care facilities where surgical procedures not requiring an overnight hospital stay are performed. ASC's can be either general surgery centers that perform various outpatient procedures or an ASC can provide only specialized services.

CALENDAR YEAR

A period of one year beginning with January 1.

CASE MANAGEMENT

Services of the Case Management department of the Claims Administrator under contract with the County, to review medical treatment plans for Illness or Accidental Injury where there is probability of substantial medical expenses. With the concurrence of the primary Physician and the Covered Person, Case Management may authorize services and expenses not specifically addressed in the PLAN. Case Management may also be authorized by the Plan Administrator to provide cost effective alternatives to in-patient psychiatric, alcohol and drug abuse services.

CENTER OF DISTINCTION

One of the Claims Administrator's designated facilities for specified surgical procedures within California.

CLAIMS ADMINISTRATOR

A third-party administrator under contract with the County to administer claims for the Medical Expense Benefits of the PLAN.

COVERED DRUGS

Those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug; and
- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or blindness.

DEFINITIONS (continued)

COVERED MEDICAL EXPENSES

Those services covered by the PLAN, including preventive services, certain wellness services and other Medically Necessary services and supplies described herein which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges.

COVERED PERSON

A person, enrolled in this PLAN, who is a regular or limited-term employee of the County averaging 20 hours or more of work per week and enrolled eligible Dependents, who meet the requirements in the "Individual Plan Coverage Effective Dates" section, or an employee on an approved Leave of Absence paying full premiums, and persons enrolled under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985.

CUSTODIAL CARE

Care that provides a level of routine maintenance for the purpose of meeting personal needs or helping with the functions or activities of daily living. This is care that can be provided by a layperson that does not have professional qualifications, skills, or training.

DEPENDENTS

a) Shall be the enrolled legally married spouse or Domestic Partner of the Covered Person and enrolled Children between the ages of birth and 26 years. The term "children" shall include natural children, adopted children, and foster children for whom Covered Person has legal responsibility for medical care. The term "children" shall not include any legally married spouse or Domestic Partner or children of the Covered Person's dependent child.

b) Shall be a dependent child after their 26th birthday provided the child (1) was incapable of self-sustaining employment by reason of mental retardation or physical handicap prior to age 26, and (2) is chiefly dependent upon the Covered Person for support and maintenance. Proof of such incapacity and dependency must be furnished to the Fund by the Covered Person within 31 days following the dependent's 26th birthday. Eligibility for handicapped dependent status will be determined by the Claims Administrator. The Claims Administrator may require, at reasonable intervals during the two (2) years following the Dependent's 26th birthday, subsequent proof of the child's disability and dependency. After such two (2) year period, the Fund may require subsequent proof not more than once each year. The Fund reserves the right to have such dependent examined by a doctor of the Fund's choice to determine the existence of such incapacity.

Excluded as Dependents under a and b are:

1) A spouse that is legally divorced from the Covered Person; and

2) Any person(s) while on active duty in any military of any country; however, any person meeting the requirements for service in the uniformed services as defined by USERRA may elect to continue coverage under the PLAN for up to 24 months, as required under USERRA; and

3) Any legally married spouse or Domestic Partner or children of the Covered Person's eligible dependent child.

DEFINITIONS (continued)

DOMESTIC PARTNER

An opposite or same sex individual who has legally registered as a domestic partner with a County employee.

EMERGENCY HOSPITAL CONFINEMENT

An Inpatient Hospital confinement for a condition which, unless immediately treated on an Inpatient basis, would jeopardize the patient's life, or cause serious impairment to the patient's bodily functions.

EMERGENCY SERVICES

Services provided to stabilize the patient for an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious jeopardy to the health of an unborn child.

EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

Services or supplies as determined by the Claims Administrator to be experimental or investigational because:

a) There are insufficient outcomes data available from controlled clinical trials published in peer reviewed literature to substantiate its safety and effectiveness in treatment of the disease or injury involved; or

b) If required by the FDA, approval has not been granted for marketing; or

c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or

d) The written protocols or written informed consent used by the treating facility or any other facility studying substantially the same drug, device, procedure or treatment, states that it is experimental, investigational or for research purposes.

However, this exclusion will not apply with respect to routine patient care services (including drugs) associated with a clinical trial if the Claims Administrator determines the clinical trial meets the following criteria:

Phase I, II, III, or IV level clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

i) federally funded through a variety of entities or departments of the federal government; or

ii) is conducted in connection with an investigational new drug application reviewed by the Food and Drug Administration; or

iii) is exempt from investigational new drug application requirements.

DEFINITIONS (continued)

Routine patient services do not include, and the Plan will not cover:

- the investigational service or supply itself;
- services and supplies listed herein as Exclusion;
- services or supplies related to data collection for the clinical trial;
- services or supplies which, in the absence of private health care coverage, are provided by a clinical trial sponsor or other party, e.g., device, drug, item or service supplied by the manufacturer and not yet FDA approved, without charge to the trial participant.

FAMILY DEDUCTIBLE

The amount of Covered Medical Expenses that must be paid by the Covered Person's family before the PLAN will begin reimbursing most Covered Medical Expenses. For the purposes of this provision, a "family" means an "individual" and his "covered qualified Dependents."

FORMULARY

A list of prescription drugs that includes Generic, Preferred, and Non-Preferred Drugs. The Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a less-expensive therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. The Pharmacy Benefit Manager determines which drugs are included on the Formulary and which drugs are excluded.

GENERIC DRUG

A prescription drug that is introduced into the market after the Brand-Name Drug loses patent protection.

HOME HEALTH CARE AGENCY

A public or private agency or organization that specializes in providing medical care and treatment in the home. Such a provider must meet all of the following conditions:

a) It is primarily engaged in and duly licensed, if such licensing is required, by the appropriate licensing authority to provide skilled nursing services and other therapeutic services.

b) It has policies established by a professional group associated with the agency or organization. This professional group must include at least one Physician and at least one registered graduate nurse (R.N.) to govern the services provided, and it must provide for full-time supervision of such services by a Physician or registered graduate nurse.

c) It maintains a complete medical record on each individual.

d) It has a full-time administrator.

HOSPITAL

An institution constituted, licensed and operated in accordance with the laws pertaining to hospitals, which maintains on its premises all the facilities needed to diagnose and treat injury and Illness. It is an institution that qualifies as a hospital and a provider of services under Medicare and is accredited as a hospital by the Joint Commission on the Accreditation of Hospitals.

A hospital can specialize in the treatment of mental illness, alcoholism, drug addiction, or other related Illness. It can also provide residential treatment programs, but only if it is constituted, licensed and operated in accordance with laws of legally authorized agencies responsible for medical institutions. It provides all treatment for a fee, by or under the supervision of Physicians with continuous 24-hour nursing services by qualified nurses.

DEFINITIONS (continued)

The definition of "Hospital" shall also include Christian Science Sanatoriums.

An institution that is, other than incidentally, a place of rest, a place for the aged, or a nursing home will not be considered a hospital.

Hospitals will also include the following:

- Ambulatory surgical facility – a facility approved by the Claims Administrator as meeting established criteria for handling surgical cases on a same-day basis. This may also include a birthing center.
- Skilled nursing facility – an institution that is primarily engaged in providing Inpatient skilled nursing care and related services for patients who require medical or nursing care. A skilled nursing facility may also provide physical rehabilitation services for injured or sick persons. To do so, it must be constituted, licensed and operated in accordance with the laws of legally authorized agencies and must maintain on its premises all the facilities needed to provide medical treatment of injury or Illness. It must not be, other than incidentally, a place for rest or domiciliary care; for the aged, blind, deaf, mentally deficient, or those suffering from tuberculosis; or a hotel or motel. All skilled nursing care must be provided for a fee by or under the supervision of Physicians with skilled nursing services by nurses.

ILLNESS

Bodily sickness or disease, psychiatric disorders, and congenital abnormalities of a newborn child who is covered as an eligible dependent child. Illness must be medically diagnosed.

INPATIENT

Confinement in a Hospital for which Room and Board charges are made by the Hospital or that exceeds 24 consecutive hours.

MEDICAL EXPENSE BENEFITS

The benefits of the PLAN, including those available through the Prescription Drug Card Program.

MEDICALLY NECESSARY

Services or supplies to the extent that they are needed for the diagnosis of an Illness or Accidental Injury or for the medical care of a diagnosed Illness or Accidental Injury. To be considered "Medically Necessary" a service or supply must be determined by the Claims Administrator to meet all of these tests:

- It is ordered by a Physician.
- It is recognized throughout the Physician's profession as safe and effective, is required for the diagnosis or treatment of an Illness or injury, and is employed appropriately in a manner and setting consistent with generally accepted United States medical standards.
- It is not educational in nature (that is, the primary purpose of the service or supply must not be to provide the patient with any of the following: training in the activities of daily living, instruction in scholastic skills such as reading and writing, preparation for an occupation, or treatment for learning disabilities).
- It is not Experimental or Investigational.
- It is not Custodial Care.

DEFINITIONS (continued)

For purposes of the PLAN, services or supplies that are provided only because an unnecessary service or supply is being provided will also be considered not Medically Necessary.
In the case of an Inpatient Hospital stay, in addition to meeting the above tests, the length of the stay and Hospital services and supplies will be considered Medically Necessary only to the extent that the Claims Administrator determines them to be not allocable to the scholastic education or vocational training of the patient.

MEDICARE

Title XVIII (Health Insurance for the Aged) of the United States Social Security Act as amended by Social Security Amendment of 1965 or as later amended.

NETWORK CONTRACT RATE

The discounted amount a Network Provider agrees to charge a Covered Person, based on the Network Provider's contract with the Claims Administrator or Preferred Provider Organization.

NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates. Non-network radiologists, anesthesiologists, and pathologists that are Network Hospital-based will be considered Network Providers if a Covered Person utilizes a Network Hospital. A listing of Network Providers shall be maintained by the Claims Administrator.

NETWORK RETAIL PHARMACY

A retail pharmacy that has entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered person at discounted rates. A listing of Network Pharmacies shall be maintained by the Pharmacy Benefit Manager.

NON-NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has not entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates.

NON-PREFERRED DRUGS

These are mostly higher cost Brand-Name drugs that are selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Non-Preferred Drugs. Some higher cost Generic drugs may also be included in the Non-Preferred Drug category. The PLAN provides a lower benefit for Non-Preferred Drugs than for Preferred Drugs.

NON-NETWORK RETAIL PHARMACY

A retail pharmacy that has not entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered Person at discounted rates.

OUT-OF-POCKET COSTS

The amount a Covered Person pays for Medical and Pharmacy Expense Benefits, including the Deductible

DEFINITIONS (continued)

OUTPATIENT

A Covered Person shall be considered to be an "Outpatient" if treated at a Hospital on a basis other than as a registered bed patient. For purposes of this definition, a stay in the Hospital whether as a registered bed patient or not shall not be considered an "Outpatient" stay if the Hospital stay extends beyond 24 consecutive hours.

PHARMACY BENEFIT MANAGER

A third-party administrator under contract with the County to administer the Prescription Drug Card Program of the PLAN.

PHYSICIAN

A licensed medical practitioner who is practicing within the scope of his/her license and who is licensed to prescribe and administer drugs or to perform surgery.

Licensed medical practitioners include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Chiropractor (D.C.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Christian Science Practitioner who is authorized by the Mother Church, the First Church of Christ Scientist in Boston, Massachusetts, and is listed in the Christian Science Journal at the time a service is rendered
- Psychologist (Ph.D., Ed.D., or Psy.D.)
- Clinical social worker (C.S.W. or L.C.S.W.)

The following are considered covered medical professionals when they are referred by a Physician, licensed to practice where the care is given, rendering a service within the scope of that license, and providing a service for which benefits are specified in the PLAN:

- Nurse – a nurse is a registered graduate nurse, a licensed practical nurse, or a licensed vocational nurse. A nurse is a professional who has the right the use the respective title and the respective abbreviation R.N., L.P.N., or L.V.N.
- Audiologist
- Occupational therapist (O.T.)
- Physical therapist (R.P.T.)
- Speech pathologist or therapist
- Marriage, family, and child counselor (M.F.C.C. or L.M.F.T.)
- Home health aide – a person who provides medical or therapeutic care and who reports to and is under the direct supervision of a Home Health Care Agency.

PLAN

The benefits and provisions for payment as described herein as the County of Orange Sharewell Choice Health Plan.

PLAN ADMINISTRATOR

Chief Human Resources Officer or his/her designee

County of Orange
Human Resource Services/Employee Benefits
400 Civic Center Dr.
Santa Ana, California 92701

PRE-ADMISSION REVIEW

An evaluation made by the Claims Administrator to determine the number of days of Inpatient Hospital confinement and level of care that will be considered Medically Necessary for the care or treatment of a Covered Person's diagnosed Illness or Accidental Injury. **However, the Covered Person and his Physician make the final decision concerning treatment.**

PREFERRED DRUGS

These are mostly common Brand-Name drugs selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Preferred Drugs.

PRIOR AUTHORIZATION

An evaluation made by the Claims Administrator to determine the Medical Necessity of certain health care services before the services are rendered in order to determine whether and to what extent the services will be covered by the PLAN. Prior Authorization is required for certain services as identified in this Plan Document. **However, the Covered Person and his Physician make the final decision concerning treatment.**

ROOM AND BOARD

All charges commonly made by a Hospital on its own behalf for room and meals and all general services and activities needed for the care of registered bed patients.

SEMI-PRIVATE CHARGE

The most common charge made by a Hospital for a room containing two beds, but does not include the charge made by the Hospital for Intensive Care.

SEVERE MENTAL ILLNESS

Severe Mental Illness as defined under California Assembly Bill 88 (AB88) (1999) includes the following conditions:

a) Schizophrenia
b) Bipolar disorder
c) Panic disorder
d) Pervasive developmental disorder or autism
e) Bulimia nervosa
f) Schizoaffective disorder
g) Major depressive disorders
h) Obsessive-compulsive disorder
i) Anorexia nervosa

Serious emotional disturbance of a child is defined under (AB88) (1999) as a condition that is:

a) identified in the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and

DEFINITIONS (continued)

b) that meets stringent criteria in Section 5600.3(a)(2) of the Welfare and Institutions guide, which includes the child's inability to function in certain environments.

SPECIAL TRANSPLANT FACILITY

A Network Provider that contracts with the Claims Administrator for certain organ transplants.

THE COUNTY

The County is the County of Orange, California.

THE FUND

The County of Orange Indemnity Health Plans Internal Service Fund (292).

TOTAL DISABILITY

"Total Disability" shall mean that the Covered Person, if an employee, is prevented, solely because of a non-occupational injury or non-occupational disease, from engaging in his regular or customary occupation and is performing no work of any kind for compensation or profit, or if a Dependent, is prevented solely because of a non-occupational injury or non-occupational disease, from engaging in all of the normal activities of a person of like age and sex in good health. Certification of Total Disability must be made by a Physician.

USUAL, REASONABLE AND CUSTOMARY (URC)

The maximum charge that the PLAN will reimburse for an eligible medical care expense received from a Non-Network Provider. The URC is determined from a collective data base of actual charges in the geographical area in which the services are delivered. Any amount charged that exceeds URC will be considered ineligible under this PLAN. URC charges are adjusted periodically to reflect the current costs being incurred for medical services.

URC is determined by Claim Administrator's methodology.

UTILIZATION REVIEW

Services provided by the Claims Administrator through contract with the County to review, in coordination with the attending Physician, Hospital admissions for alternatives of outpatient services, medical necessity of the treatment plan, proposed length of Hospital stay and level of care, post Hospital service alternatives and alternate treatment plans. **However, the Covered Person and his Physician make the final decision concerning treatment.**

WAITING PERIOD

All regular and limited-term employees who are regularly scheduled to work 20 hours or more per week are eligible for benefits on the first day of the month following enrollment in the PLAN under the terms and conditions prescribed for the representation unit to which their employment classification is assigned and defined in the Memorandum of Understanding for the unit or in the Personnel and Salary Resolution for non-represented employees and officials. The Board of Supervisors may also define employees of other public agencies and jurisdictions as eligible.

Terminated employees electing deferred retirement are not eligible beyond the last day of the month in which they terminate employment.

SIGNATURE PAGE

The effective date of benefits, as described in this Plan Document is January 1, 2023.

It is agreed by the County of Orange that the provisions contained in this Plan Document are acceptable and will be the basis for the administration of said County Sharewell Choice Health Plan described herein.

IN WITNESS WHEREOF, the County of Orange has executed this Plan Document this nineteenth day of July 2022.

COUNTY OF ORANGE

By: 

Title: Kim Derrick, Director of Employee Benefits – Human Resource Services



COUNTY OF ORANGE

WELLWISE CHOICE HEALTH PLAN
PLAN DOCUMENT

Amended and Restated
Effective January 1, 2023

COUNTY OF ORANGE
WELLWISE CHOICE HEALTH PLAN

PLAN DOCUMENT

The COUNTY OF ORANGE Wellwise Choice HEALTH PLAN (the "PLAN") assures the County of Orange employees during the period of this PLAN that all benefits hereinafter described shall be paid to them in the event that they and/or their eligible enrolled dependent(s) incur covered medical expenses.

The PLAN is subject to all the terms, provisions and conditions described within this document.

The COUNTY OF ORANGE caused this PLAN and the terms and benefits described herein to take effect as of 12:01 a.m. Pacific Time on January 1, 2014 at Santa Ana, California 92701. The Third Amended and Restated PLAN became effective January 1, 2018. The Fourth Amended and Restated PLAN became effective January 1, 2020. The Fifth Amended and Restated PLAN became effective January 1, 2021. The Sixth Amended and Restated PLAN became effective January 1, 2022. This Seventh Amended and Restated PLAN becomes effective January 1, 2023.

All amendments to the PLAN implemented by the Seventh Amended and Restated PLAN shall be effective January 1, 2023. Earlier provisions apply to expenses incurred before that date.

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ELIGIBILITY AND ENROLLMENT

ELIGIBILITY FOR COVERAGE

The Wellwise Choice Health Plan eligibility requirements for covered persons and their dependents are described in the definitions section of this document. For employees that are members of a collective bargaining unit with whom the County contracts, County provided Health Insurance provisions are described in the Memorandum of Understanding (MOU).

ENROLLING FOR COVERAGE

Procedures and guidelines for enrolling in the Wellwise Choice Health Plan are described in the Benefits Enrollment Guide provided to all County employees during the annual open enrollment period.

INDIVIDUAL PLAN COVERAGE EFFECTIVE DATES

a) All eligible employees upon initiation of the PLAN will be covered on the date of inception of the PLAN provided they are actively at work on that date or available for work if it is not a scheduled workday on the effective date; otherwise, they will be covered on the first day they are actively at work thereafter.

b) New employees shall be covered as explained under "Waiting Period" in Definitions Section.

c) Dependents shall be covered on the date application is approved for coverage for them as Dependents and any required contributions for coverage are made, to the County. Newborn children are covered for first 30 days of newborn's life. Newborn will be covered starting on day 31 forward, provided enrollment is requested within 30 days following birth.

d) If application for coverage or for reinstatement is made by a person who is in an eligible status, but whose coverage had never become effective or had terminated because of failure to make the required contributions for Individual's Coverage, the coverage for such person shall take effect only in accordance with the conditions of eligibility as applied to a new employee and Dependents.

e) If additional Dependents are acquired while the individual is eligible for Dependent Coverage, the coverage for each such Dependent shall become effective on the date the Dependent qualifies in accordance with the Definition of Dependent provision and has been enrolled in the method determined by the Plan Administrator.

f) A new dependent will be deemed to have been enrolled on the date he becomes eligible for coverage providing formal application for coverage is submitted within 30 days of the dependent's eligibility.

ELIGIBILITY AND ENROLLMENT (continued)

INDIVIDUAL TERMINATION OF COVERAGE

Coverage under the PLAN shall terminate on the earliest of the following dates:

a) The date of termination of the PLAN; or

b) The last day of the month that membership ceases in an eligible class; or

c) The date all coverage or certain benefits are terminated on the Covered Person's particular class by modification of the PLAN; or

d) The date the Covered Person becomes a full-time member of the Armed Forces of any country; however, any Covered Person who is absent from work due to service in the uniformed services as defined by USERRA may elect to continue coverage, including their covered dependents, under the PLAN for up to 24 months as required under USERRA; or

e) The date the Covered Person fails to make a required contribution.

When coverage terminates because of a Leave of Absence during which premiums were not paid for coverage for the employee or Dependents, coverage will be reinstated upon return to work under terms and conditions applicable for the enrollment of a new employee and/or dependent.

Termination of PLAN eligibility is subject to regulations under the Consolidated Omnibus Budget Reconciliation Act and regulations requiring extension of benefit eligibility if applicable.

EXTENDED BENEFITS

If a Covered Person is totally disabled on the date his/her coverage terminates, the Medical Expense Benefits will be extended during the continuance of the Total Disability with respect to the Accidental Injury or Illness causing such Total Disability if such person is not or does not become covered under any other plan which entitles such person to any benefits for illness or injury. The benefits will be extended for the period of twelve months following the month in which the Total Disability commenced.

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are provided by this Plan and administered by the Claims Administrator. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductible, coinsurance and other exclusions or limitations expressed herein.

When utilizing non-Network facilities and providers, the Covered Person is responsible for all charges incurred that are above the URC amount. This may include, but is not limited to, preventive care. Covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts as reflected in this schedule of benefits and will not be responsible for any out-of-network charges for any such services.

MEDICAL EXPENSE BENEFITS	**Network**	**Non-Network[1]**
LIFETIME MAXIMUM BENEFIT	None	
CALENDAR YEAR DEDUCTIBLE[2] ▪ Individual ▪ Family	 $500 $1,000	 $750 $1,500
	All Covered Medical Expenses accumulate toward both the Network Deductible and the Non-Network Deductible. Once the Non-Network Deductible is met, the Network Deductible will have been considered to be met for that Calendar Year. The total Deductible amount for the Calendar Year will not exceed the Non-Network Deductible amount.	
OUT-OF-POCKET MEDICAL MAXIMUM BENEFIT[2] –After all medical out-of-pocket expenses (including deductibles and coinsurance) incurred by a Covered Person within a Calendar Year have totaled the amount shown, the PLAN will pay 100% of the remaining Covered Medical Expenses incurred by that Covered Person for the remainder of the Calendar Year. If a Covered Person has a combination of Network and Non-Network services, the out-of-pocket expenses under both will be combined to determine whether the Out-of-Pocket Maximum Benefit has been met.	MEDICAL Individual: $2,500 Family: $5,000	MEDICAL Individual: $5,000 Family: $10,000 Does not include the cost of services that are not covered by the PLAN, amounts in excess of Usual, Reasonable and Customary, the 20% coinsurance reduction for failure to obtain Pre-Admission approval, permissible balance billing charges, and/or if you chose a brand drug when a generic equivalent is available, the cost differential would be excluded
COINSURANCE	**The PLAN pays the following percentage of Covered Medical Expenses after the Covered Person pays the Deductible (except as noted below)**	
Preventive care services: • Children (birth through 18 years of age) • Adults (19 years of age or older)	100% (no Deductible)	
Office Visit (includes Telehealth)	90%	70%
Telemedicine Visit 1-800-TELADOC	90%	Not Covered
Physical/Occupational Therapy Visit	90%	70%

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
Urgent Care	90%	70%
MEDICAL EXPENSE BENEFITS	**Network**	**Non-Network[1]**
Chiropractic services and acupuncture services	90%	70%
	Combined Network and Non-Network maximum benefit of 25 visits per Calendar Year for chiropractic services and 25 visits per Calendar Year for acupuncture services.	
Emergency Services • Non-network – covered person is responsible for all charges above the current UCR amount	90%	90%
Inpatient Hospital services: • With Pre-Admission Review • Without Pre-Admission Review	 90% 90%	 70% 50%
Outpatient surgery - hospital	90%	70%
Outpatient surgery – Ambulatory Surgery Center (facility charges)	90%	70% up to a maximum of $1,500/day
Radiology - Advance Imaging including MRI, CT PET Scans, X-Ray, and Ultrasound (Requires Prior Authorization for complex imaging, unless emergency)	90%	70%
Organ transplants[3]	90%	70%
Home health care (requires Prior Authorization)	90%	70%
	When home health care is authorized as an alternative to continued hospitalization in a Network Hospital, the home health care services will be reimbursed at 90%	
Ambulance services Non-network: Covered person is responsible for all charges above the current URC amount for Ground Ambulance but only responsible for in-network charges for air ambulance services	90%	90%
Durable Medical Equipment (DME) (requires Prior Authorization for equipment over $5,000)	90%	70%
Skilled nursing facility (requires Prior Authorization)	90%	70%
	Combined Network and Non-Network maximum benefit of 100 days per Calendar Year	
Hospice (requires Prior Authorization)	90%	70%
	When Hospice residence immediately follows Inpatient services in a Network Hospital, the Hospice services will be reimbursed at 90%	

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
Dialysis Services (outpatient)	90%	Within California: 70% up to a maximum of $600 per day Outside California: 70%
MEDICAL EXPENSE BENEFITS	**Network**	**Non-Network[1]**
Mental health and substance abuse treatment (severe and non-severe): ▪ Inpatient ▪ With Pre-Admission Review ▪ Without Pre-Admission Review ▪ Outpatient	 90% 90% 90%	 70% 50% 70%
	Preauthorization is required for Applied Behavioral Analysis services and other Outpatient services except for office visits. Failure to obtain preauthorization may result in non-payment of benefits	
Covered Drugs prescribed for emergency treatment or for treatment received while traveling outside of the United States, and not purchased through the Prescription Drug Card Program	80%	
Certain surgical procedures for treatment of morbid obesity (requires Prior Authorization). Must use designated facilities if surgery occurs within California.[3]	90%	Within California: Not Covered Outside California: 70%
All other Covered Medical Expenses	90%	70%

Notes:

[1] Covered Persons may be responsible for all out-of-network charges billed for certain services not obtained at an in-network facility.

[2] Any amounts the Covered Person pays because the Pre-Admission Review requirements were not met do not apply to the Deductible or the Out-of-Pocket Medical Maximum Benefit accumulation. Out-of-Pocket prescription drug expenses do not apply to the Out-of-Pocket Medical Maximum Benefit accumulation.

[3] Refer to Covered Medical Expenses for benefit limitations for organ procurement and travel expenses associated with a covered organ transplant.

[4] Refer to How the Plan Works – Centers of Distinction for benefit limitations for bariatric surgeries performed at non-Network facilities within California.

SCHEDULE OF BENEFITS

PRESCRIPTION DRUG CARD PROGRAM

The Prescription Drug Card Program is administered by the Pharmacy Benefit Manager.

LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR DEDUCTIBLE	None	
OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT: The maximum amount of Prescription Drug coinsurance for which a Covered Person is responsible during a Plan Year.	$4,100 individual $8,200 family	
COINSURANCE	**THE PLAN PAYS**	**THE COVERED PERSON PAYS**
Covered drugs purchased through a Network Retail Pharmacy or approved Mail Order Service		
▪ Preventive Products[1]	100%	0%
▪ Tier 1 – Lower cost/commonly used Generic drugs[2]. May also include some low-cost brand-name drugs.	80%	20%
▪ Tier 2 – Preferred Drugs (many common brand-name drugs): When a generic equivalent does not exist, or the prescriber specifically requests the brand-name drug.	75%	25%
▪ Tier 2 - Preferred Drugs (many common brand-name drugs): When a generic equivalent exists, but Covered Person requests the brand-name drug.	80% of generic cost	20% of generic cost, plus cost differential[3]
▪ Tier 3 - Non-Preferred Drugs (mostly higher cost brand-name drugs): When a generic equivalent does not exist, or the prescriber specifically requests the brand-name drug.	70%	30%
▪ Tier 3 - Non-Preferred Drugs (mostly higher cost Brand Name drugs): When a generic equivalent exists, but Covered Person requests the brand-name drug.	80% of generic cost	20% of generic cost, plus cost differential[3]
▪ Specialty Pharmacy Drugs (see page 26 of the Plan Document for reference)	The remaining percentage of the cost of the covered drug	The percentage of the cost and any cost differential[3] required of the covered person for Specialty Drugs as stated directly above for the respective covered Tier 1 - Generic, Tier 2 – Preferred or Tier 3 - Non-Preferred up to a maximum of $150 required of the covered person per 30-day supply.[4]

Notes:

[1] See information about Preventive Products under Covered Prescription Expenses section on page 23.

[2] Some higher cost Generic Drugs may be placed in the Preferred Drug or Non-Preferred Drug Tiers.

SCHEDULE OF BENEFITS

PRESCRIPTION DRUG CARD PROGRAM (continued)

[3] If the Covered Person requests a Brand-Name Drug when a Generic Drug equivalent is available, the Covered Person is responsible for paying the difference between the Participating Pharmacy contracted rate for the Brand-Name Drug and its Generic Drug equivalent, as well as the applicable Drug co-insurance. This differential in cost (Brand-Name vs. Generic) that the Covered Person must pay is not included in the Calendar Year maximum out-of-pocket prescription drug benefit. If the prescription specifies a Brand-Name Drug and the prescriber has written "Dispense as Written" or "Do Not Substitute" on the prescription, or if a Generic Drug equivalent is not available, the Covered Person is only responsible for paying the applicable Brand-Name Drug co-insurance.

[4] A 30-day member cost share will be applied to any unbreakable package of greater than 30 days. Stepped up copays will not apply for claims with unbreakable packaging resulting in a greater day supply.

The Prescription Drug Card Program does not provide benefits for prescription drugs and medications purchased at a Non-Network Retail Pharmacy or unapproved mail order service. Limited coverage is available under the Medical Expense Benefits for such expenses.

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program can be used to satisfy the Out-of-Pocket Prescription Drug Maximum Benefit. Prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program cannot be used to satisfy the Medical Expense Benefits Deductible or Out-of-Pocket Medical Maximum Benefit amount.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS

CLAIMS ADMINISTRATOR

The Claims Administrator provides claims administration services for the PLAN's Medical Expense Benefits.

UTILIZATION REVIEW REQUIREMENTS

The PLAN requires pre-service review of certain covered services. This process is called Utilization Review and is conducted by the Claims Administrator. The purpose of Utilization Review is to assist the Covered Person in identifying the most appropriate and cost-effective course of treatment for which benefits will be provided under the PLAN, and to determine whether the services are Medically Necessary. The necessity of medical services is evaluated through:

- Inpatient Hospital Pre-Admission Review for elective Hospital confinements (including concurrent review and discharge planning), and
- Prior Authorization of specialty health care services.

All Inpatient hospitalizations for elective services and certain specialty health care services must be authorized and approved by the Claims Administrator. The Covered Person is responsible for ensuring that Pre-Admission review or Prior Authorization has occurred.

Services that are determined to be not Medically Necessary by the Claims Administrator, either through the Pre-Admission Review or Prior Authorization process, will not be covered by the PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

Pre-Admission Review – Hospital Admissions

If a Covered Person is to be admitted to a Hospital or Skilled Nursing Facility on an Inpatient basis for any reason other than childbirth, the Covered Person, his representative, or his Physician must contact the Claims Administrator prior to the hospital admission (or, in the case of an Emergency Hospital Confinement, within 48 hours of the commencement of such confinement, or within 72 hours of the commencement of such confinement if it commences on a Saturday, Sunday or statutory legal holiday).

After the Claims Administrator reviews the Covered Person's request for Pre-Admission Review and the Covered Person's Physician's suggested treatment program, the Covered Person, the Covered Person's Physician, and the Hospital will be notified of the Claims Administrator's determination.

If the Covered Person's stay is approved, the Claims Administrator will certify the length of stay and the level of care that is Medically Necessary based on professionally recognized quality standards. The Claims Administrator may also review the Covered Person's progress while hospitalized. Then, before the Covered Person is released from the Hospital, the Claims Administrator may make arrangements to authorize benefits for any necessary care after the Covered Person's discharge.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

Effect of Pre-Admission Review on Benefits

1. Covered Medical Expenses shall not include any charges for Hospital Room and Board, or other services and supplies furnished by the Hospital that are incurred on any day of a Covered Person's Inpatient Hospital confinement determined by the Claims administrator not to be Medically Necessary.

2. If a Covered Person does not obtain Pre-Admission Review approval from the Claims Administrator for a Medically Necessary Hospital stay in a Non-Network Hospital or facility, the applicable coinsurance will be reduced from seventy percent (70%) to fifty percent (50%). Once the Out-of-Pocket Medical Maximum Benefit amount is reached, the applicable coinsurance will be eighty percent (80%). The additional twenty percent (20%) for which the Covered Person is responsible due to failure to obtain Pre-Admission Review approval does not apply to the Deductible or Out-of-Pocket Medical Maximum Benefit amount. Emergency inpatient hospitalizations are excluded from the requirements of this paragraph as Pre-Admission Reviews are not required for services that meet the Emergency Service definition; however, the Claims Administrator must still be notified for emergency inpatient hospitalizations within the time frames specified on the prior page under Pre-Admission Review – Hospital Admissions.

Prior Authorization

The following medical services require Prior Authorization by the Claims Administrator, unless it meets the Emergency Services definition:

- Home health care if a Non-Network Provider;
- Hospice care in a Hospice facility or through a Hospice program;
- Purchase of durable medical equipment that costs more than $5,000;
- Surgical procedures for treatment of morbid obesity;
- Radiological and nuclear imaging procedures within California on an outpatient, non-emergency basis including, but not limited to, CT (computerized tomography) scan, MRI (magnetic resonance imaging), MRA (magnetic resonance angiography), PET (positive emission tomography scan), and diagnostic cardiac procedures utilizing nuclear medicine;
- Spine surgery and pain management procedures within the United States on a non-emergency basis including, but not limited to lumbar spine surgery, cervical spine surgery, injections, epidurals, and joint blocks;
- Behavioral Health Treatment as defined in Covered Medical Expenses - paragraph x) below.

If Prior Authorization is not obtained, and it is later determined by the Claims Administrator that the services are not Medically Necessary, the services will not be covered under this PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

CENTERS OF DISTINCTION

Bariatric surgery requires utilization of one of the Claims Administrator's Centers of Distinction facilities for Covered Persons receiving such outpatient services within the State of California:

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

If a Covered Person as specified above obtains such services within California from a facility that is not a Center of Distinction, the services will not be covered under this PLAN. Services received outside of the State of California are exempt from this requirement.

For a hip or knee replacement, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.
For an organ transplant, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

EMERGENCY SERVICES FACILITY AND PROVIDER

When a Covered Person obtains treatment for a condition that meets the "Emergency Services' definition stated in this Plan, the Plan pays the Network rate of ninety percent (90%) of the Usual, Reasonable and Customary (URC) amount (after Deductible) until the patient is considered to be medically stable. Covered Person may be responsible for all out-of-network charges billed for certain services not obtained in the emergency facility (e.g., ground ambulance) above the URC amount. Covered Persons who receive Emergency Services at any emergency facility (including hospital emergency departments) or air ambulance will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUTPATIENT DIALYSIS

If a Covered Person receives outpatient dialysis services at a Non-Network facility within California, the Claims Administrator will pay a maximum of $600 per day to the provider. The Covered Person may be billed for any difference in cost.

OUTPATIENT AMBULATORY SURGERY CENTERS

If a Covered Person receives services at a Non-Network Ambulatory Surgery Center within California, the Claims Administrator will pay a maximum of $1,500 per day for the facility charges. The Covered Person may be billed for any difference in cost.

CASE MANAGEMENT

Upon identification by the Claims Administrator that a Covered Person is incurring services for treatment of an Illness or Accidental Injury that have the potential for substantial claims, the case may be referred for Case Management. With the concurrence of the primary attending Physician and the Covered Person, the case manager may authorize services and expenses not covered by the PLAN. The purpose of Case Management shall be to provide for a treatment plan and services designed to achieve the earliest and most complete recovery of the patient in the most cost-effective manner. Services authorized by the case manager may include supportive expenses of family members and non-medical expenses necessary to execute the treatment plan. Any such payment, although a valid charge against the PLAN, will not be considered to be a precedent in the disposition of other claims.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

THE CALENDAR YEAR DEDUCTIBLE

Annually, each Covered Person must satisfy the Calendar Year Deductible before most Covered Medical Expenses are reimbursed by the PLAN. The Calendar Year Deductible is different for network and non-network expenses — see chart below.

The Calendar Year Deductible		
	Network Providers	**Non-Network Providers**
Individual Deductible	$500	$750
Family Deductible	$1,000	$1,500

All covered expenses accumulate toward both the Network Deductible and the Non-Network Deductible. Once the Non-Network Deductible is met, the Network Deductible will have been considered to be met for that Calendar Year. The total Deductible amount for the Calendar Year will not exceed the Non-Network Deductible amount.

If, during a Calendar Year, the Deductible amount has been satisfied, as provided in the preceding chart, by Covered Persons who are members of the same family, and if the sum of such Deductibles is equal to the Family Deductible shown in the Schedule of Medical Expense Benefits, the cash Deductible requirement is waived from that point in time with respect to any remaining members of that family for the remainder of such Calendar Year. For the purposes of this provision, a "family" means an enrolled employee and his enrolled Dependents.

Expenses That Do Not Apply Toward the Deductible

The following expenses do not apply toward the Deductible:

a) Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
b) Any Covered Drugs that qualify for coverage under the Prescription Drug Card Program;
c) Any amounts over the URC amount;
d) Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
e) Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Sharewell, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Sharewell Plan. Contact the Claims Administrator or the Plan Administrator for more information.

NETWORK AND NON-NETWORK BENEFITS

The PLAN includes network and non-network benefits. Each time medical care is needed, the Covered Person decides whether to use a Network Provider or Non-Network Provider.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

When medical care is received from a Network Provider, the PLAN pays ninety percent (90%) of the Network Contract Rate for most Covered Medical Expenses (after the Network Deductible). Network Providers agree to not bill the Covered Person for any charges in excess of the Network Contract Rate. The Covered Person pays the Network Deductible and ten percent (10%) of the Network Contract Rate, plus any charges that do not qualify as a Covered Medical Expense or are otherwise excluded or limited by the PLAN. Dollar or visits limits may apply for non-Network care as well (e.g., ambulatory surgery, dialysis, chiropractic treatments, and acupuncture).

Except as otherwise specified in the Centers of Distinction, Emergency Hospital Emergency Room Care, Outpatient Dialysis, and Outpatient Ambulatory Surgery Center sections above, when medical care is received from a Non-Network Provider, the PLAN pays seventy percent (70%) of the Usual, Reasonable and Customary (URC) amount (after the Non-Network Deductible), except Preventive Care which is covered at 100% regardless of network. The Covered Person pays the Non-Network Deductible, thirty percent (30%) of the URC amount, plus any amounts the non-Network provider charges that exceed URC, any charges that do not qualify as a Covered Medical Expenses or are otherwise excluded or limited by the PLAN, and the twenty percent (20%) coinsurance reduction for failure to follow the Pre-Admission Review and Prior Authorization requirements of the PLAN. Notwithstanding the foregoing, covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUT-OF-POCKET MEDICAL MAXIMUM BENEFIT

The Out-of-Pocket Medical Maximum Benefit limits the amount a Covered Person pays for Covered Medical Expenses in a Calendar Year. The Out-of-Pocket Medical Maximum Benefit amounts are different for network and non-network expenses. After a Covered Person's medical out-of-pocket costs, including the Deductible, have totaled $2,500 individual and $5,000 family for network expenses or $5,000 individual and $10,000 family for non-network expenses, the PLAN will pay one hundred percent (100%) of the remaining Covered Medical Expenses incurred by the Covered Person within the Calendar Year.

If the Covered Person has a combination of network and non-network expenses, the Covered Person's out-of-pocket costs under both will be combined to determine whether the Out-of-Pocket Medical Maximum Benefit amount has been met.

Expenses That Do Not Apply Toward the Out-of-Pocket Medical Maximum Benefit

The following expenses do not apply toward the Out-of-Pocket Medical Maximum Benefit amount:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any Covered Drugs that qualify for coverage under the Prescription Drug Card Program;
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT

The Out-of-Pocket Prescription Drug Maximum Benefit limits the amount a Covered Person pays for Covered Prescription Drug Expenses in a Calendar Year. After a Covered Person's prescription drug out-of-pocket costs (i.e., coinsurance) have totaled $4,100 individual or $8,200 family, the PLAN will pay one hundred percent (100%) of the remaining Covered Prescription Drug Expenses incurred by the Covered Person within the Calendar Year.

The following expenses do not apply toward the Out-of-Pocket Prescription Drug Maximum Benefit amount:

- Preventive Products specified in Covered Prescription Drug Expenses section below on page 23 that are reimbursed by the PLAN at one hundred percent (100%).
- This cost differential (brand-name vs. generic) paid by the Covered Person when the Covered Person requests a Brand-Name Drug when a Generic Drug equivalent is available as specified in note[3] on page 22 below.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Sharewell, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Sharewell Plan. Contact the Claims Administrator or the Plan Administrator for more information.

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES

The PLAN covers preventive services and other Medically Necessary services and supplies described below which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges for the services and supplies described below.

Covered Medical Expenses include:

a) Hospital care for room, board and other Hospital services required for purposes of treatment, but not to exceed for Hospital Room and Board the cost of the most common semi-private room or other accommodations deemed Medically Necessary by the attending Physician.

   The PLAN will allow up to the Network Negotiated Rate or URC amounts charged by the Hospital for necessary Hospital Room and Board, services, medicines, blood plasma that is not replaced, and supplies for diagnosis or treatment of the Illness or Accidental Injury, for which the Covered Person is confined (except services of a Physician, dentist, special nursing in any form, or supplies not used in the Hospital) provided the Covered Person is Hospital confined as a registered bed patient; or the Covered Person has surgery performed in the Hospital; or, the Covered Person received necessary emergency treatment for an Illness or as a result and within seventy-two (72) hours of the time of an accident

   Hospital care associated with dental procedures is covered only under the following circumstances:

   1. The Covered Person is a child, up to 6 years old, with a dental condition (such as baby bottle syndrome) that requires administration of general anesthesia in a hospital setting for dental repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combinations of these noted or other dental procedures); *or*

   2. The Covered Person exhibits physical, intellectual, or medically compromising conditions, is in need of dental treatment that requires administration of general anesthesia, and for whom administration of a general anesthesia can only be safely performed in a hospital setting. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems and hyperactivity (verified by appropriate medical documentation);

   Such coverage is limited to the charges by the hospital and the anesthesiologist. The actual dental procedure performed by a dentist or oral surgeon during the Hospital stay is not covered.

   For services received at a Non-Network Hospital, benefits will be reduced as described in the Schedule of Medical Expense Benefits if a Pre-Admission Review is not obtained.

   Benefits shall not be payable with respect to charges made by any institution or facility for the care of the sick or injured which does not qualify as a Hospital as defined in the section "Definitions."

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

b) Inpatient newborn well-baby care following birth, including:
- Inpatient routine nursery care provided to a newborn well-baby while the mother is Hospital confined,
- Physician services for the initial pediatric examination of a newborn child in the Hospital, and
- Circumcision;

c) Medical or surgical services by a Physician;

d) Mental health and substance abuse treatment by a Physician (M.D.; Psychiatrist (M.D.); Psychologist (Ph.D.); Licensed Clinical Social Worker (L.C.S.W.); or Marriage, Family and Child Counselor (M.F.C.C.) upon referral by a Physician. Expenses incurred for Severe Mental Illnesses of a person of any age, and of serious emotional disturbances of a child as defined under (AB88) (1999) will be covered on the same basis as any other medical condition;

e) Professional services, recommended by a Physician, and provided by a graduate Registered Nurse (R.N.), a Licensed Vocational Nurse (L.V.N.) or an audiologist. Such services shall include a California Registered Nurse Midwife acting within the scope of his license;

f) The following medical services or supplies that are recommended by a Physician:

1) Covered Drugs requiring a Physician's prescription that are prescribed by a Physician for emergency treatment or treatment while traveling outside of the United States and are not purchased through the Prescription Drug Card Program. All other eligible drugs and medicines requiring a Physician's prescription must be obtained through the PLAN's Prescription Drug Card Program;

2) Anesthesia, including the charge for administration;

3) Diagnostic and laboratory tests, x-ray services, routine pap tests and blood pressure tests;

4) Oxygen and/or rental of equipment required for its administration;

5) X-ray, radium and radioactive isotope therapy;

6) Braces, crutches, casts, splints, blood, and blood plasma (if not replaced) including the cost of blood, blood plasma and blood processing, or other fluids actually injected into the circulatory system;

7) Initial purchase and fitting of artificial limbs or eyes or other prosthetic appliances;

8) Authorized purchase of durable medical equipment prescribed by a Physician; however, only rental will be authorized for temporary therapeutic use in the treatment of an active Illness or Accidental Injury when rental charges do not exceed the purchase price of the equipment. Temporary use is generally defined as use not to exceed a length of time of six (6) months;

9) Necessary emergency transportation of the Covered Person by a professional ambulance, to or returning from the nearest Hospital or other medical institution equipped and staffed to treat the Illness or Accidental Injury, for Medically Necessary medical treatment that qualifies as a Covered Medical Expense under the PLAN;

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

g) **Preventive Care at No Cost**:
Preventive Health Services mean those primary preventive medical Covered Services, including related laboratory services, for early detection of disease as specifically listed below:

1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF);

2) Immunizations that have in effect a recommendation from either the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or the most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians;

3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration;

4) With respect to women, such additional preventive care and screenings not described in paragraph 1, as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration.

Preventive Health Services include, but are not limited to, cancer screening (including, but not limited to, colorectal cancer screening, cervical cancer and HPV screening, breast cancer screening and prostate cancer screening), breast cancer susceptibility gene (BRCA 1 and BRCA 2) testing, osteoporosis screening, screening for blood lead levels in children at risk for lead poisoning, and health education. When a covered preventative screening or service is limited by frequency, a year is considered to be a twelve (12) month period. More information regarding covered Preventive Health Services is available at the Claim Administrator's web site or by calling the Claim Administrator's Customer Service.

In the event there is a new recommendation or guideline in any of the resources described in paragraphs 1 through 4 above, the new recommendation will be covered as a Preventive Health Service as of the first plan year that begins twelve (12) months following the issuance of the recommendation.

5) **Preventive care services for children** (birth through 18 years of age) provided by a network or non-network Physician or the appropriately designated medical professional within that Physician's office. Preventive care service for children will be reimbursed at one hundred percent (100%) of covered expenses. The Calendar Year Deductible will not apply to these services.

   Covered preventive care services for children in a Physician's office will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 1 and 3 above and will include but not be limited to:
   - Physical and medical history
   - Height and weight evaluation
   - Head circumference
   - Ocular prophylaxis
   - Hemoglobin blood test

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

- Preventive health counseling and education
- Vision and hearing screening
- Developmental screening
- Injury prevention
- Blood pressure evaluation
- Screening for diabetes; Chlamydia; syphilis; HIV; and rubella susceptibility

Covered immunizations for children will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 2 above and will include but not be limited to:

- Diphtheria, Tetanus, acellular Pertussis (DTaP)
- Haemophilus Influenza type b (Hib)
- Measles, Mumps, Rubella (MMR)
- Chicken pox (Varicella)
- Hepatitis B (HBV)
- Influenza
- Hepatitis A (HepA)
- Inactivated Poliovirus Vaccine (IPV)
- Pneumoccocal Conjugate Vaccine (PCV)
- Rotavirus
- Meningococcal

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

6) Expenses incurred for **preventive care services for adults** (19 years of age or older) provided by a network or non-network Physician or the appropriately designated medical professional within that Physician's office. Preventive care services for adults will be reimbursed at one hundred percent (100%) of covered expenses. The Calendar Year Deductible will not apply to these services.

   Covered preventive care services for adults will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraphs 1 and 4 above and will include but not be limited to:

   - Preventive health education and counseling
   - Height and weight evaluation
   - Blood pressure check
   - Blood cholesterol examination (Total and HDL)
   - Clinical breast examination
   - Mammogram
   - Well-woman exam, including pap smear
   - Prostate examination, including PSA
   - Hemoccult test
   - Flexible sigmoidoscopy or colonoscopy
   - Vision screening
   - Testicular examination
   - Liver tests

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

- Screening for diabetes; breast cancer; cervical cancer; Chlamydia; syphilis; osteoporosis; HIV; abdominal aortic aneurysm; or rubella susceptibility

Covered immunizations for adults will follow the age criteria and service frequency as recommended by the organizations in g) paragraph 2 above and will include but not be limited to:

- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal
- Pneumococcal vaccine
- Measles, Mumps, Rubella (MMR)
- Rubella (German Measles)
- Tetanus, Diphtheria (Td) booster (every 10 years)
- Chicken Pox (Varicella)
- Shingles, age 60 and over (Zostavax)

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

h) Short-term physical or occupational therapy by a licensed Registered Physical Therapist (R.P.T.) or Occupational Therapist (O.T.) pursuant to a written treatment plan and when therapy is expected to result in a near-term significant improvement, based on a review by the Claims Administrator;

i) Skilled nursing facility for room, board, and other services, not to exceed for Room and Board the most common average semi-private room rate. Coverage is limited to a maximum of 100 days in any one Calendar Year;

j) Pregnancy-related services;

k) Elective abortions only when the life of the employee or an eligible spouse is in danger;

l) Services for voluntary sterilization;

m) Speech therapy by a speech pathologist to restore loss of speech following Illness or Accidental Injury only;

n) Services by a Home Health Care Agency for continued care and treatment of the Covered Person pursuant to a written treatment plan established and approved in writing by the attending Physician;

o) Hospice services for care and treatment of a terminal Illness or Accidental Injury certified by the attending Physician when the life expectancy of the Covered Person does not exceed six (6) months;

p) Chiropractic manipulations performed by a Doctor of Chiropractic (D.C.) or Doctor of Medicine (M.D.), but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year;

q) Charges for the use of a free standing or outpatient surgical facility, Physician's office surgical suite, or a Hospital for outpatient surgery;

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

r) Charges for a Second Surgical Opinion by a specialist in the field for which the Covered Person is considering surgery;

s) Charges for medical treatment of Temporomandibular Joint (TMJ) Dysfunction. Dental procedures for treatment of TMJ Dysfunction are excluded;

t) Charges for organ transplants. Covered Medical Expenses include the following:

1) The cost of organ procurement. When the organ is harvested from a living donor, the PLAN will cover the medical expenses incurred by the organ donor for the surgical procedure and associated Hospital stay for harvesting of the donated organ, to the extent such expenses exceed any benefits available through another plan. Such expenses are limited to the donor's Inpatient Hospital stay for the organ harvesting, and related follow-up care for sixty (60) days following the organ harvesting.

   The medical expenses incurred by a Covered Person in connection with the Covered Person's donation of an organ to an individual who is not a Covered Person under this PLAN are not covered.

2) The cost of a donor search, limited to a maximum benefit of $15,000 per organ transplant when the search is conducted by a Special Transplant Facility or $5,000 per organ transplant when the search is conducted by other facilities.

3) Travel expenses, limited to a maximum lifetime benefit of $10,000 for organ transplants performed at a Special Transplant Facility, or $5,000 for organ transplants performed at other facilities. Travel expenses associated with an organ transplant are covered if the facility at which the transplant is performed is more than 100 ground miles from the organ recipient's home address. Benefits will be based on actual incurred costs. Covered travel expenses include:

   a. Coach airfare on a public airline for the organ recipient and one companion (two companions if the organ recipient is a minor child) to travel to and from the site of the transplant. A "companion" includes the organ recipient's legal spouse, legal parent(s) or legal guardian(s).

   b. Reimbursement for mileage at the then federal maximum rate for use of a personal car or rental car used to travel to and from the site of the transplant.

   c. Up to $200 per day for reasonable and necessary lodging and meals for the organ recipient (while not confined) and companion(s). The $200 per day maximum applies to the organ recipient and companion(s) collectively, not individually.

   The following types of living expenses do not qualify as covered travel expenses:
   - Childcare
   - Charges for house sitting
   - Kennel boarding
   - Reimbursement of any lost wages by the companion(s) during the Covered Person's stay at the transplant facility
   - Charges for the purchase or shipping of home furnishing, automobiles, or personal belongings.

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

u) Acupuncture when performed by a Doctor of Medicine (M.D.) or a certified acupuncturist, but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year. A certified acupuncturist includes providers with the following licenses: Doctor of Osteopathy (D.O.), Doctor of Oriental Medicine (D.O.M.), and Certified Acupuncturist (C.A.).

v) Certain surgical procedures for treatment of severe obesity if the Covered Person meets the National Institute of Health's criteria for surgical intervention and the Claims Administrator's internal guidelines for approval of coverage. **Surgical procedures for treatment of morbid obesity are not covered unless Prior Authorization is obtained and the Covered Person obtains such services at one of the Claims Administrator's Centers of Distinction, if within California;** and

w) Dental treatment for an Accidental Injury to natural teeth.

x) Behavioral Health Treatment (BHT) – professional services and treatment programs, including Applied Behavior Analysis (ABA) and evidence-based intervention programs, which develop or restore, to the maximum extent practicable, the functioning of an individual with pervasive developmental disorder or autism. BHT is covered when prescribed by a physician or licensed psychologist and provided under a treatment plan approved by the Claims Administrator and when services are provided by a participating network provider. Treatment used for the purposes of providing respite, day care, or educational services, or to reimburse a parent for participation in the treatment is not covered. Applied Behavioral Analysis services are covered when rendered by participating network providers who have met established qualifications for certification by the Behavior Analyst Certification Board (known as "certified providers") or participating network providers who perform services under supervision with a certified provider (known as "therapy assistants").

y) Telehealth for covered services that are appropriately provided through telehealth, subject to the terms and conditions of the plan. In-person contact between a health care provider and the patient is not required for these services, and the type of setting where these services are provided is not limited. "Telehealth" is the means of providing health care services using information and communication technologies in the consultation, diagnosis, treatment, education, care management and self-management of a patient's physical and mental health care when the patient is located at a distance from the health care provider. Telehealth does not include consultations between the patient and the health care provider, or between health care providers, by facsimile machine, or electronic mail.

z) Telemedicine consultation for clinical services provided by the Claims Administrator's vendor. Telemedicine consultations for clinical services provide confidential consultation using a network of U.S. board certified Physicians who are available 24 hours a day by telephone and from 7 a.m. to 9 p.m. by secure online video, 7 days a week (subject to change). Telemedicine Physicians can provide diagnosis and treatment for urgent and routine non-emergency medical conditions and can also issue prescriptions for certain medications. Note: If medications are prescribed, the applicable co-insurance and other requirements of the Prescription Drug Card Program apply. Telemedicine consultation services are optional and are not intended to replace services from a Covered Person's Physician but are a supplemental service to assist Covered Persons when their Physician is not available and they need quick access to a Physician. Telemedicine consultation services are not available for specialist services or mental health and Substance Use Disorder Services. Before Telemedicine services can be accessed, the Covered Person must complete and submit a Medical History Disclosure form to the

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

Telemedicine service organization. The Telemedicine consultation fee is considered a network benefit subject to network deductibles and coinsurance. The Plan Administrator may modify, add, or delete this service or components of the service based on an analysis of service results, cost effectiveness, and risk as needed.

Charges for all Covered Medical Expenses shall be deemed incurred on the latest of the following:

a) The date a purchase is contracted;

b) The date delivery is made;

c) The actual date a service is rendered.

PRESCRIPTION DRUG CARD PROGRAM

The Wellwise Choice Health Plan includes benefits for Covered Drugs. These benefits are administered by the Pharmacy Benefit Manager.

HOW THE PLAN WORKS

Covered Drugs can be purchased from:

- A Network Retail Pharmacy (up to a 30-day supply);
- A Network Retail Pharmacy participating in the Pharmacy Benefit Manager's Retail90 program (up to a 90-day supply for maintenance medications for chronic or long-term health conditions); and
- The Pharmacy Benefit Manager's Mail Order Service (up to a 90-day supply for maintenance medications for chronic or long-term health conditions).
- The Pharmacy Benefit Manager's Specialty Pharmacy (up to a 30-day supply). Specialty drugs may be obtained through both the Specialty Pharmacy, as well as network retail pharmacies, subject to availability.

Covered Drugs purchased from a Non-Network Retail Pharmacy or unapproved mail order service are not covered by the Prescription Drug Card Program.

FORMULARY INCLUDING PREFERRED DRUGS

The Prescription Drug Card and Mail Order Program (hereinafter referred to as the Prescription Drug Card Program) has a Formulary. The County's Formulary includes Tier 1 – lower cost/commonly used Generic Drugs (may also include some lower cost Brand-Name drugs) and Tier 2 - Preferred Drugs (many common Brand-Name drugs) that can meet a patient's clinical needs, and in those cases where multiple Brand-Name drugs of comparable clinical effectiveness and safety exist, at a lower cost than other similar Tier 3 - Non-Preferred drugs. The County's Formulary will change from time to time and some high-cost Generic Drugs may be included in Tier 2 and Tier 3.

The PLAN pays a larger portion of the cost of Tier 1 - Generic Drugs and some low-cost brand-name drugs and Tier 2 - Preferred Drugs included on the Formulary than for Tier 3 - Non-Preferred Drugs. Also, the Covered Person pays a larger portion of the cost (including differential in cost between the Brand-Name Drug and its equivalent generic) if they request a Brand-Name Drug (Preferred or Non-Preferred) when a generic equivalent exists. See Plan Benefits chart below for details.

The most up-to-date Formulary (including list of Preferred and Non-Preferred Drugs) is available on the Pharmacy Benefit Manager's Web site. The list includes only the most frequently used Generic Drugs. However, all Generic Drugs are included in the Formulary unless specifically excluded by the PLAN.

FORMULARY EXCLUSIONS

The County's Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a lower cost therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. If the Covered Person or their prescriber believe that it is Medically Necessary for the Covered Person to take the excluded drug, a Prior Authorization request can be submitted to the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details.

PRESCRIPTION DRUG CARD PROGRAM (continued)

Out-of-Pocket Prescription Drug Maximum Benefit

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program can be used to satisfy the Out-of-Pocket Prescription Drug Maximum Benefit. The costs of drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program cannot be used to satisfy the Medical Expense Benefits Deductible or Out-of-Pocket Medical Maximum Benefit amount.

COVERED PRESCRIPTION DRUG EXPENSES

The Prescription Drug Card Program covers only those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug;
- Prescription strength vitamins; and
- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or blindness.

  Note: Insulin pumps and cartridges are not available through the Pharmacy Benefit Manager. These items may be covered as durable medical equipment through the Medical Expense Benefits of this PLAN.

- Preventive products that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) or such additional preventive products provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration.(Covered under the Patient Protection and Affordable Care Act These drugs and products, when prescribed by a licensed prescriber, currently include but are not limited to aspirin, prenatal vitamins, folic acid, contraceptives, smoking cessation, bowel preps (when used in conjunction with a colonoscopy), drugs used for cancer prevention, and low-dose statin medications (for use in patients with cardiovascular risk factors) and are subject to change. The preventive products may be subject to specific clinical criteria or requirements which may include but are not limited to age requirements, medical risk factors, and medical history. The preventive products may require Prior Authorization by the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details. The preventative product cost is 100% covered by the Plan with no cost for the Covered Person. More information regarding covered Preventive products is available by calling the Pharmacy Benefit Manager's Customer Service.

QUANTITY LIMITS

In addition to the quantity limits described above for medications purchased at a Network Retail Pharmacy and through the Pharmacy Benefit Manager's Mail Order Service, quantity limits may apply to certain medications, as determined by the Pharmacy Benefit Manager. These quantity restrictions are based on manufacturer and/or clinically approved guidelines and are subject to periodic review and change. Some examples include anti-migraine drugs, flu medications, and pain management drugs. If a Covered Person or a Covered Person's Physician has any questions, they should contact the Pharmacy Benefit Manager.

PRESCRIPTION DRUG CARD PROGRAM (continued)

If a Covered Person's prescription is denied due to quantity limitations and the Covered Person or their Physician believe that it is Medically Necessary for the Covered Person to take a larger quantity of this medication, a Prior Authorization request can be made. Refer to the "Prior Authorization Requirements" section below for details.

AGE LIMITS

Age limits may apply to certain drug categories or medications, as determined by the Pharmacy Benefit Manager, including but not limited to the following:

-
- Topical acne medications;
- Flu medications; and
- Central Nervous system (e.g., attention deficit disorder).

PRIOR AUTHORIZATION REQUIREMENTS

Certain drugs require Prior Authorization, as determined by the Pharmacy Benefit Manager, before they can be covered by the Program. The Pharmacy Benefit Manager will review and determine Medical Necessity on those medications and may require the submission of a medical diagnosis for the prescribed medication. Some medications may require information in addition to the medical diagnosis (for example, lab values). The Pharmacy Benefit Manager will review new FDA approved drugs when they become available to determine if a Prior Authorization is appropriate.

Drug categories or medications that may require Prior Authorization include but are not limited to:

- Cardiology (for example high cholesterol and heart failure);
- Central Nervous System (for example attention deficit disorder, pain, and weight loss);
- Endocrinology (for example testosterone and diabetes);
- Gastroenterology (for example nausea and constipation);
- Oncology (for example cancer);
- Respiratory (for example asthma and COPD); and
- Impotency medications, which may only be covered for the treatment of benign prostatic hyperplasia or pulmonary arterial hypertension.

The criteria for the Prior Authorization program are based on nationally recognized guidelines, FDA-approved indications, and accepted standards of practice.

How to Obtain a Prior Authorization

Prior Authorization can be initiated by the Network Pharmacy, the Physician, or the Covered Person by calling the Pharmacy Benefit Manager. All Prior Authorization requests are reviewed by a Pharmacy Benefit Manager pharmacist, who will approve or deny the request based on established protocols. If the Prior Authorization request is approved, a Pharmacy Benefit Manager representative will communicate the approval via a telephone call or fax to the person who initiated the request. If the Prior Authorization request is denied, a Pharmacy Benefit Manager pharmacist will communicate the denial via a telephone call or fax to the person who initiated the request and send a denial letter to the Covered Person explaining the reason for denial. The letter will include instructions for requesting a review of the claim denial. For more information about requesting a review of a claim denial, see the Claims Review Procedure section of this Plan Document.

PRESCRIPTION DRUG CARD PROGRAM (continued)

To confirm whether a Prior Authorization is needed or to request a Prior Authorization, call the Pharmacy Benefit Manager's Customer Services.

MEDICATION MONITORING

The Pharmacy Benefit Manager will utilize its medication monitoring program to review medications filled under the plan in order to work with Covered Persons and their health care providers to ensure safe and appropriate medication use. Specifically, this program evaluates the following for Covered Persons who take certain medications and/or who are at high-risk for complex conditions:

- Appropriateness of Therapy
- Inappropriate Medications in the Elderly
- Compliance and Persistency
- Comprehensive Pharmacy Review (Polypharmacy)

Covered Persons may receive a call or offer for consultation from a clinically trained pharmacist who will provide targeted, one-on-one counseling about their medications.

In addition, the Pharmacy Benefit Manager will monitor all Covered Persons through daily medication evaluation to help prevent them from joining the most at-risk group. The Pharmacy Benefit Manager may discuss medication options with the Covered Person's pharmacy and/or the prescriber.

The Plan Administrator may annually modify, add, or delete this program or components of the program based on an analysis of program results, cost effectiveness, and risk as needed.

STEP CARE THERAPY

The Pharmacy Benefit Manager will apply its Step Care Therapy Program. This Program requires that one or more prerequisite medications must be tried first before other medications will be covered unless medical exception authorization is received. Current step care therapy categories may include but are not limited to drugs used in the treatment of:

- Anti-infectives (for example antibiotics)
- Cardiovascular conditions (for example blood pressure and chest pain);
- Central Nervous System disorders (for example attention deficit disorder, pain, anticonvulsants, and antidepressants;
- Dermatology (for example rosacea and eczema);
- Endocrinology (for example diabetes);
- Gastrointestinal disorders (for example constipation, gout, and heartburn);
- Ophthalmology (for example allergy)
- Respiratory conditions (for example asthma and COPD); and
- Urological conditions (for example prostate).

The Pharmacy Benefit Manager and Plan Administrator may agree to revise the Step Care Therapy program list as required.

SPECIALTY PHARMACY PROGRAM

In addition to the Prior Authorization requirement, the Prescription Drug Card Program also includes a Specialty Pharmacy Program administered by the Pharmacy Benefit Manager. This Program provides assistance and patient education to Covered Persons who require certain medications for treating chronic or complex health conditions including but not limited to the following:

- Acromegaly (e.g., Sandostatin)

PRESCRIPTION DRUG CARD PROGRAM (continued)

- Alpha-1 deficiency (e.g., Aralast, Prolastin)
- Anticoagulants (e.g., Enoxaparin)
- Asthma (e.g., Xolair)
- Biologic response modulator (e.g., Proleukine)
- Botulinum toxins (e.g., Botox)
- Cateplexy in patients with narcolepsy (e.g., Xyrem)
- Chronic granulamatous (e.g., Actimmune)
- Condylomata acuminata (e.g., Alferon)
- Cryopyrin associated periodic syndromes (e.g., Ilaris)
- Cystic fibrosis (e.g., Bethkis, Kalydeco, Pulmozyme)
- Enzyme deficiency or Lysosomal storage disease (e.g., Cerezyme, Fabrazyme)
- Growth hormone and related disorders (e.g., Norditropin, Nutropin)
- Hematopoietics (e.g., Procrit)
- Hemophilia and related bleeding disorders (e.g., Humate-P)
- Hepatitis B (e.g., Hepsera)
- Hepatitis C (e.g., Harvoni, Epclusa)
- Hereditary angioedema (e.g., Cinryze)
- Hormonal therapies (e.g., Lupron Depot, Trelstar)
- IGF-1 deficiency (e.g., Increlex)
- Immune deficiency & related disorders (e.g., Gammagard, Gamunex)
- Immune thrombocytopenic purpura (e.g., Nplate)
- Iron overload (e.g., Exjade, Ferriprox)
- Macular degeneration (e.g., Lucentis)
- Multiple sclerosis (e.g., Copaxone, Tecfidera)
- Oncology, injectable (e.g., Carboplatin, Gemcitabine)
- Oncology, oral (e.g., Imatinib Mesylate, Afinitor)
- Oncology, supportive care (e.g., Aredia)
- Osteoarthritis (e.g., Euflexxa, Synvisc)
- Osteoporosis (e.g., Prolia)
- Plaque psoriasis (e.g., Stelara, Humira)
- Psoriatic arthritis (e.g., Stelara, Humira)
- Pulmonary arterial hypertension (e.g., Letairis, Tracleer)
- Respiratory syncytial virus (e.g., Synagis)
- Transplant (e.g., Rapamune, Sandimmune)

Medications through the Specialty Pharmacy Program may require Prior Authorization and are limited to supplies of 30 days or less. They can be obtained through a Network Retail Pharmacy or the Pharmacy Benefit Manager's Specialty Pharmacy. The Plan Administrator and Pharmacy Benefit Manager may mutually agree to add or delete medications from this list as clinically appropriate.

PRESCRIPTION DRUGS THAT ARE NOT COVERED

No benefits shall be provided under the Prescription Drug Card and Mail Order Program with respect to:

a) Drugs and medications purchased from a Non-Network Retail Pharmacy or from a mail order service other than that operated by the Pharmacy Benefit Manager;

b) Any drug that is not on the preventive medication list and can be purchased legally without a prescription;

c) Over-the-counter medications and other over-the-counter items, except those Preventive Products allowed under the Covered Prescription Expenses section above on page 23;

PRESCRIPTION DRUG CARD PROGRAM (continued)

d) Drugs used for cosmetic purposes, including, but not limited to, certain anti-fungals, hair loss treatments, products used as wrinkle reducers, and those used for pigmenting/depigmenting;

e) Fertility drugs (oral and injectable);

f) Impotence drugs (except as specifically noted in the Prior Authorization requirements section);

g) Legend vitamins, except prescription strength vitamins and those prenatal legend vitamins covered under the Patient Protection and Affordable Care Act;

h) Nutritional and diet supplements;

i) Certain injectables obtainable through and administered by a Physician in an office setting. If the medication is available to and administered through the Covered Person's Physician's office, then it may be covered through the Medical Expense Benefits of this PLAN;

j) Charges for that portion of the purchase of Covered Drugs that exceeds the PLAN limit (either days supply, age, or quantity limit);

k) Charges to administer or inject any drug;

l) Certain self-injectable drugs;

m) Charges for delivering any drugs except through the Pharmacy Benefit Manager's mail order service. Express or overnight delivery costs are not covered;

n) Prescription drugs purchased from an institutional pharmacy for use while the Covered Person is an Inpatient of that institution (Hospital, skilled nursing facility or alternate facility), regardless of the level of care;

o) Prescription drugs furnished by a local, state, or federal government;

p) Biological prescription drug products (such as immunizations and allergy serum) which, due to their characteristics as determined by the Pharmacy Benefit Manager, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting;

q) Drugs specifically excluded from the County's Formulary. See more information in the Formulary Exclusions paragraph above on page 21;

r) New to market drugs are excluded for up to six months following market launch while the Pharmacy Benefit Manager clinically evaluates the new drug and establishes utilization management requirements (such as prior authorization, quantity limits, or Formulary exclusion); and

s) Drugs excluded by the Pharmacy Benefit Manager's cost control programs that identify drugs for exclusion where lower cost therapeutically equivalent (comparable clinical effectiveness and safety) alternatives exist. The excluded drugs may include but are not limited to i) non-FDA approved products; ii) products considered out-of-scope of the PLAN's pharmacy benefit; iii) high-cost Brand-Name drugs with chemically similar generic alternatives; iv) high-cost pain patches and creams; and v) DESI 5 and 6 products which are products with questionable effectiveness. The Pharmacy Benefit Manager and Plan Administrator may mutually agree to revise the cost control programs as required.

See the PLAN Limitations and Exclusions section for other limitations and exclusions that apply to the Prescription Drug Card Program.

PLAN LIMITATIONS AND EXCLUSIONS

No benefits shall be payable under this PLAN with respect to:

a) Any services not Medically Necessary for diagnosis or treatment of the Covered Person's active Illness or Accidental Injury except as provided for under preventive care services; or

b) Any treatment or service not prescribed or recommended by a "Physician" as defined in the "Definitions" section; or

c) Any charges for services rendered by a relative by birth, adoption or marriage will not be eligible; or

d) Any charges for hearing aids, glasses, or eye examinations or correction of vision or fitting of glasses and any charges related to orthoptics, vision therapy, or other special vision procedures, except as provided for under preventive care services; or

e) Any charges for dental services or treatment except for treatment of Accidental Injury to natural teeth, and no payment will be made for dentures or other oral appliances; or

f) Any condition, disability or expense resulting from or sustained as a result of being engaged in an illegal occupation, commission of or attempted commission of an assault or a felonious act; or

g) Any condition, disability or expense resulting from or sustained as a result of being engaged in duty as a member of the Armed Forces of any state or country, war or act of war declared or undeclared; or

h) Any services for care or treatment provided or furnished by the United States Government or the government of any country except as furnished by the Veterans Health Administration; or

i) Any services for which a charge would not have been made in the absence of coverage; or

j) Any condition, disability or expense resulting from injury caused by participating in civil insurrection or a riot; or

k) Any benefit under Workers' Compensation Act or similar legislation, which is due to injury arising out of or in the course of any occupation or employment for wage or profit, except as specifically provided in the PLAN; or

l) Vaccinations, inoculations, preventive shots, routine physical examinations, vitamins and nutritional food or mineral supplements, except prescription strength vitamins and as provided for under preventive care services or preventive products; or

m) Expense incurred for the treatment of corns, calluses, or toenails, unless the charges are for the removal of nail roots or for the treatment of a metabolic or peripheral-vascular disease; or

n) Expenses incurred for orthopedic shoes and other supportive appliances for the feet including orthotics applied to shoes; or

o) Expenses incurred for the treatment of weak, strained, or flat feet, or any metatarsalgia or bunion; unless the charges are for an open cutting operation; or

p) Any charges for cosmetic surgery except as the charges relate to such surgery to correct a congenital defect in a covered newborn or to repair the effects of an accident which occurred while the individual is covered under this PLAN; or

PLAN LIMITATIONS AND EXCLUSIONS (continued)

q) Any charges related to services for reproductive voluntary sterilization reversal, fertility or infertility, and any charges for artificial insemination, embryo and fetal implants, or charges arising from or related to in vitro fertilization (test-tube baby) other than childbirth; and any charges for genetic testing related to these assisted reproductive technologies; or

r) Any charges for medical or surgical weight control, weight reduction or weight controlling drugs or counseling except as provided for under Covered Medical Expenses; or

s) Charges related to treatment of learning disabilities; or

t) Charges related to bariatric surgery when not performed at one of the Claims Administrator's Centers of Distinction, if surgery occurred within California.

u) Any charges for convenience items for comfort (e.g., telephone, television, guest trays, and personal hygiene items).

v) Any charges related to long-term care

w) Charges related to Private-duty nursing

COORDINATION OF BENEFITS

This provision shall apply to all sections of the PLAN providing benefits for Covered Medical Expenses and Covered Drugs including coverage for those individuals covered under Medicare.

DEFINITIONS APPLICABLE TO THIS PROVISION

The term "Plan" as used in this provision means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by (a) group, blanket or franchise insurance coverage under a labor/management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan, including any Federal or State or other governmental plan or law, toward the cost of which any employer shall have made payroll deductions, or (b) coverage under any plan solely or largely tax-supported or otherwise provided for by or through action of any government.

The term "Plan'' shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services separately with respect to that portion of any such policy, contract, or other arrangement, which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

"This PLAN" as used in this provision means that portion of the contract by name referred to in this document which provides the benefits that are subject to this provision.

"Allowable Expense" means any necessary, reasonable, and customary item of expense at least a portion of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services or supplies rather than cash payments, the reasonable cash value of each service rendered, or supply furnished shall be deemed to be both an Allowable Expense and a benefit paid.

The "Order of Benefit Determination" rules are the rules that determine whether this PLAN pays benefits first (the primary plan) or second (the secondary plan) when compared to another Plan covering the Covered Person.

EFFECT ON BENEFITS

A. This provision shall apply in determining the benefits as to a person covered under this PLAN for a claim submission, if for the Allowable Expenses incurred as to such person, the sum of:

   1. the benefits that would be payable under this PLAN in the absence of this provision, and

   2. the benefits that would be payable under all other Plans in the absence therein of provisions of similar purpose to this provision, would exceed such Allowable Expenses.

B. As to any claim submission with respect to which this provision is applicable, the benefits that would be payable under this PLAN in the absence of this provision for the Allowable Expenses incurred as to such person shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits payable for such Allowable Expenses under all other Plans shall not exceed the total of such Allowable Expenses. Benefits payable under another Plan include the benefits that would have been payable had claim been duly made, therefore.

COORDINATION OF BENEFITS (continued)

C. For the purposes of item (B), the rules establishing the order of benefit determination are:

1. A Plan that does not contain a coordination of benefits provision shall be considered the primary plan.

2. When benefits are provided under this PLAN and another Plan which also has a coordination provision, the first of the following rules that describes which Plan pays its benefits before another Plan will be used to determine which Plan is primary.

a) **Non-Dependent or Dependent.** The Plan that covers the person other than as a dependent, for example as an employee, member, subscriber, or retiree, is primary and the Plan that covers the person as a dependent is secondary. However, if the person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent; and primary to the Plan covering the person as other than a dependent (e.g., a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the person as an employee, member, subscriber, or retiree is secondary and the other Plan is primary.

b) **Child Covered Under More Than One Plan.** The order of benefits when a child is covered by more than one Plan is:

1) The Primary Plan is the Plan of the parent whose birthday is earlier in the year if:

i. The parents are married;

ii. The parents are not separated (whether or not they ever have been married); or

iii. A court decree awards joint custody without specifying that one party has the responsibility to provide health care coverage.

If both parents have the same birthday, the Plan that covered either of the parents longer is primary.

2) If the specific terms of a court decree state that one of the parents is responsible for the child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to PLAN years commencing after the Plan is given notice of the court decree.

3) If the parents are not married, or are separated (whether or not they ever have been married) or are divorced, the order of benefits is:

i. The Plan of the custodial parent;

ii. The Plan of the spouse of the custodial parent;

iii. The Plan of the non-custodial parent; and then

iv. The Plan of the spouse of the non-custodial parent.

c) **Active or inactive employee.** Another Plan that covers a person as an employee who is neither laid off nor retired is primary. The same would hold true if a person is a dependent of a person covered as a retiree and an employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored. Coverage provided an individual as a retired worker and as a dependent of an actively working spouse will be determined under the rule labeled 2(a).

d) **Continuation coverage.** If a person whose coverage is provided under a right of continuation provided by federal or state law also is covered under another Plan, the Plan

COORDINATION OF BENEFITS (continued)

covering the person as an employee, member, subscriber, or retiree (or as that person's dependent) is primary, and the continuation coverage is secondary. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored.

e) **Longer or shorter length of coverage.** The Plan that covered the person as an employee, member, subscriber, or retiree longer is primary.

f) If a husband or wife is covered under this PLAN both as an active employee and as an enrolled Dependent, the dependent benefits will be coordinated as if they were provided under another Plan. This means the active employee's benefit will pay first.

g) If the preceding rules do not determine the primary Plan, the Allowable Expenses shall be shared equally between the Plans meeting the definition of Plan under this provision. In addition, this PLAN will not pay more than it would have paid had it been primary.

RIGHT TO RECEIVE AND RELEASE NECESSARY INFORMATION

For the purposes of determining the applicability of and implementing the terms of this provision of this PLAN or any provision of similar purpose of any other Plan, the PLAN may, without the consent of or notice to any person, release to, or obtain from any Insurance Company or other organization or person any information, with respect to any person, which the deems to be necessary for such purposes. Any person claiming benefits under this PLAN shall furnish to the PLAN such information as may be necessary to implement this provision.

FACILITY OF PAYMENT

Whenever payments which should have been made under this PLAN in accordance with this provision have been made under any other Plan(s), the PLAN shall have the right, exercisable alone and in its sole discretion, to pay over to any organizations making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision and amounts so paid shall be deemed to be benefits paid under this PLAN and, to the extent of such payments, the County or Fund shall be fully discharged from liability under this PLAN.

RECOVERY OF EXCESS PAYMENTS

Whenever payments have been made by the Fund with respect to Allowable Expense in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, the Fund shall have the right to recover such payments, to the extent of such excess, from among one or more of the following, as the Fund shall determine: any persons to or for or with respect to whom such payments were made, any insurance companies, any other organizations.

GENERAL PROVISIONS

CLAIM PAYMENT DETERMINATION

Claims will be processed and paid in the order they are received by the Claims Administrator without regard to sequence of dates incurred. Adjustments will not be made for claims received later but with an earlier incurred date to be applied to Deductibles or maximum payment level.

PLAN EXCEPTIONS

Any service or treatment excluded by the PLAN which is deemed to be Medically Necessary for the health of the Covered Person and cannot be accomplished through a covered benefit may be submitted to the Plan Administrator for exception. The submission and request for review must be accompanied by a detailed description by the attending Physician justifying the medical necessity and a concurrence by a second opinion Physician at the Covered Person's expense. Requests for exception must be filed within fifteen (15) days of claim denial.

DETERMINATION OF PAYMENT

If, in the opinion of the Claims Administrator, a valid release cannot be rendered for the payment of any benefit payable, under this PLAN, the Claims Administrator may, at its option, make such payment to the individual or individuals as have, in the Claims Administrator's opinion, assumed the care and principal support of the Covered Person and are, therefore, equitably entitled thereto. In the event of the death of the Covered Person prior to such time as all benefit payments due him have been made, the Claims Administrator, may at its sole discretion and option, honor benefit assignments, if any, made prior to the death of such Covered Person.

Any payment made by the Claims Administrator in accordance with the above provisions shall fully discharge the Fund to the extent of such payments.

PLAN DOCUMENT

The Plan Administrator will make available to each Covered Person under this PLAN this Wellwise Choice Health Plan Document which shall summarize the benefits to which the person is entitled, to whom benefits are payable, and the provisions of the PLAN principally affecting the Covered Person.

ASSIGNMENT

The Covered Person's benefits may not be assigned except by consent of the Plan Administrator.

CONFORMITY WITH STATE AND FEDERAL STATUTES AND REGULATIONS

Any provision of the PLAN, which on its Effective Date, is in conflict with the statutes or regulations of the jurisdiction of California or the Federal government, which relate to Self-Funded Plans of public entities is hereby amended to conform to the minimum requirements of such statutes or regulations.

GENERAL PROVISIONS (continued)

PLAN AMENDMENT AND TERMINATION

The County reserves the unlimited right to amend, terminate or merge the Plan in any way. Any amendment, termination or merger to the Plan shall be in writing and shall be adopted by the County in accordance with its normal procedures. However, the Plan Administrator shall have the authority to amend the Plan to comply with applicable law or regulation or to reflect the County's intent.

Any amendment or termination of the Plan shall be effective at such date as the County shall determine except that no amendment or termination shall reduce benefits payable for covered expenses incurred prior to the later of the date the amendment or termination is effective or adopted, except as required or permitted by law.

CHANGE IN FUNDING MECHANISM

The County reserves the unlimited right to change, modify, cancel or otherwise terminate the Plan's funding arrangements, including, by way of example and not by way of limitation, the right to change insurance carriers and the right to provide previously self-insured benefits on a partially insured or fully uninsured basis

NOTICE AND PROOF OF CLAIM

Written notice of claim hereunder must be given to the PLAN at the claims address printed on the health plan identification card provided to the Covered Person following their enrollment in the PLAN, with particulars sufficient to identify the Covered Person, within 365 days following the date such claim was incurred. Note: Communication regarding pharmacy claims should be addressed by contacting the Prescription Benefits Manager, not the medical plan, by calling the phone number on the identification card.

The Claims Administrator upon receipt of notice required by the PLAN will furnish to the Covered Person or to any other person notifying the Fund of claim on such forms as are usually furnished by it for filing proof of loss.

If such forms are not furnished within fifteen (15) days after receipt of such notice, the Covered Person shall be deemed to have complied with the requirements of the PLAN, as to proof of loss, upon submitting written proof fully describing the occurrence for which claim is made.

Failure to furnish notice or proof of claim within the time provided in the PLAN shall not invalidate or reduce any claims if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as possible.

CLAIM-RELATED DEFINITIONS

Claim

Any request for plan benefits made in accordance with the plan's claims-filing procedures, including any request for a service that must be pre-approved.

The Plan recognizes four categories of health benefit claims:

GENERAL PROVISIONS (continued)

Urgent Care Claims

"Urgent care claims" are claims (other than post-service claims) for which the application of non-urgent care time frames could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function or, in the judgment of a physician, would subject the patient to severe pain that could not be adequately managed otherwise. The Plan will defer to the attending Physician to determine if a claim for Medical benefits is urgent.

Pre-service Claims

"Pre-service claims" are claims for approval of a benefit if the approval is required to be obtained before a patient receives health care (for example, claims involving preauthorization or referral requirements).

Post-Service Claims

"Post-service claims" are claims involving the payment or reimbursement of costs for health care that has already been provided.

Concurrent Care Claims

"Concurrent care claims" are claims for which the Plan previously has approved a course of treatment over a period of time or for a specific number of treatments, and the Plan later reduces or terminates coverage for those treatments. A concurrent care claim may be treated as an "urgent care claim," "pre-service claim," or "post-service claim," depending on when during the course of the Covered Person care the Covered Person file the claim. However, the Plan must give the Covered Person sufficient advance notice of the initial claims determination so that the Covered Person may appeal the claim before a concurrent care claims determination takes effect.

Adverse Benefit Determination

If the Plan does not fully agree with the Covered Person's claim, the Covered Person will receive an "adverse benefit determination" — a denial, reduction, or termination of a benefit, or failure to provide or pay for (in whole or in part) a benefit. An adverse benefit determination includes a decision to deny benefits based on:

- An individual being ineligible to participate in the Plan;
- Utilization review;
- A service being characterized as experimental or investigational or not medically necessary or appropriate;
- A concurrent care decision; and
- Certain retroactive terminations of coverage (rescission of coverage), whether or not there is an adverse effect on any particular benefit at that time.
- Failure to provide additional information as requested by the Plan.

INITIAL CLAIM DETERMINATION – MEDICAL EXPENSES

For each of the Plan options, the Plan has a specific amount of time to evaluate and respond to claims for benefits. The period of time the Plan has to evaluate and respond to a claim begins on the date the Plan receives the claim. If the Covered Person has any questions regarding how to file or appeal a claim, contact the Claims Administrator for the benefit at issue.

The timeframes on the following pages apply to the various types of claims that the Covered Person may make under the Plan, depending on the benefit at issue.

In the event of an adverse benefit determination, the claimant will receive notice of the determination. The notice will include:

- The specific reasons for the adverse determination;

GENERAL PROVISIONS (continued)

- The specific plan provisions on which the determination is based;
- A request for any additional information needed to reconsider the claim and the reason this information is needed;
- A description of the plan's review procedures and the time limits applicable to such procedures;
- A statement of the Covered Person's right to bring a civil action following an adverse benefit determination on review;
- If any internal rules, guidelines, protocols, or similar criteria was used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For adverse determinations involving urgent care, a description of the expedited review process for such claims. This notice can be provided orally within the timeframe for the expedited process, as long as written notice is provided no later than 3 days after the oral notice;
- For medical claims, information sufficient to identify the claim involved including date of service, healthcare provider, claim amount (if applicable), and denial code;
- For medical claims, upon request the applicable diagnosis and treatment codes used and their meanings;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal in a foreign language.
- As applicable, a description of the Plan's internal appeal procedures and external review processes; and
- Contact information for certain governmental entities that may assist claimants with appeals and external review.

TIME FRAMES FOR INITIAL CLAIM DECISIONS

Time frames generally start when the Plan receives a claim. (See the special rule for "concurrent care" decisions to limit previously approved treatments.) Notices of benefit determinations generally may be provided through in-hand delivery, mail, or electronic delivery, before the period expires, though oral notices may be permitted in limited cases. A reference to "days" means calendar days.

GENERAL PROVISIONS (continued)

	Urgent Care Claims	Non-Urgent "Pre-Service" Claims	Non-Urgent "Post-Service" Claims	"Concurrent Care" Decision to Reduce Benefits
Time frame for Providing Notice	Notice of determination (*whether adverse or not*) must be provided by the Plan as soon as possible considering medical exigencies, but no later than 72 hours. If the Covered Person request in advance to extend concurrent care, the Plan shall provide notice as soon as possible taking into account medical exigencies, but no later than 24 hours of receipt of the claim, provided that any such claim is made to the Plan at least 24 hours prior to the expiration of the prescribed period of time or number of treatments.	Notice of determination (whether adverse or not) must be provided by the Plan within a reasonable period of time appropriate to the medical circumstances, but no later than 15 days.	Notice of adverse determination must be provided within a reasonable period of time, but no later than 30 days.	Notice of adverse determination must be provided by the Plan enough in advance to give the Covered Person an opportunity to appeal and obtain decision before the benefit at issue is reduced or terminated.

GENERAL PROVISIONS (continued)

Extensions	If the Covered Person claim is missing information, the Plan has up to 48 hours (subject to decision being made as soon as possible) from the earlier of the Plan's receipt of the missing information, or the end of the period afforded to the Covered Person to provide the missing information, to provide notice of determination.	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before initial 15-day period ends.*	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before the initial 30-day period ends.*	N/A
Period for Claimant to Complete Claim	The Covered Person has a reasonable period of time to provide missing information (no less than 48 hours from when the Covered Person is notified by the Plan that the Covered Person's claim is missing information).	The Covered Person has at least 45 days to provide any missing information.	The Covered Person has at least 45 days to provide any missing information.	N/A
Other Related Notices	Notice that the Covered Person's claim is improperly filed or that information is missing must be provided by the Plan as soon as possible (no later than 24 hours after receipt of the claim by the Plan).	Notice that the Covered Person's claim is improperly filed must be provided by the Plan as soon as possible (no later than 5 days after receipt of the claim by the Plan).	N/A	N/A

**15- or 30-day extension period (whichever is applicable) is measured from the time that the claimant responds to the notice from the Plan that the claim is missing information.*

GENERAL PROVISIONS (continued)

CLAIM APPEAL PROCEDURES – MEDICAL EXPENSES AND PRESCRIPTION DRUGS

If the Covered Person receives notice of an adverse benefit determination and disagrees with the decision, the Covered Person is entitled to apply for a full and fair internal review of the claim and the adverse benefit determination. Appeals are not automatic; the Covered Person (or an appointed representative) can appeal by requesting a claim review in accordance with the time frames described in the chart below. The request must be made in writing, except for urgent care claims which the Covered Person may file orally or in writing, and should be filed with the appropriate Claims Administrator.

If the Covered Person's internal appeal of a Medical or Prescription Drug claim involves an urgent care claim, such that the timeframe for completing an appeal would seriously jeopardize the Covered Person's life or health, the Covered Person may initiate an external review at the same time as the Covered Person's internal appeal.

If the Covered Person files an internal appeal for Medical or Prescription Drug benefits, the Covered Person will continue to be covered, pending the outcome of the internal appeal. This means that the Plan can't terminate or reduce any ongoing course of treatment without providing advance notice and the opportunity for review.

For Medical and Prescription Drug claims, if the Plan fails to meet the requirements of the internal claims and appeals process for the Covered Person's claim, the Covered Person are deemed to have exhausted the internal process, and the Covered Person may begin an external review request immediately. However, this will not apply if the error was de minimus, if the error does not cause harm to the Covered Person, if the error was due to good cause or to matters beyond the Plan's control, if it occurs in context of good faith exchaneg of information, or if the error des not reflect a pattern or practice of noncompliance. In that case, Covered Person may resubmit the claim for internal review and ask the Plan to explain why the error is minor and why it meets this exception.

The Claims Administrator or Pharmacy Benefit Manager will forward the appeal request to the appropriate named fiduciary for review. The review will be conducted by the Claims Administrator (if serving as the reviewer for appeals) or other appropriate named fiduciary of the Plan. In either case, the reviewer will not be the same individual who made the initial adverse benefit determination that is the subject of the review, nor the subordinate of such individual (including any physicians involved in making the decision on appeal if medical judgment is involved). Where the adverse determination is based in whole or in part on a medical judgment, the reviewer will consult with an appropriate health care professional. No deference will be afforded to the initial adverse benefit determination.

The Claims Administrator or Pharmacy Benefit Manager will ensure that all claims and internal appeals for Medical or Prescription Drug benefits are handled impartially. The persons involved in making the decision won't receive compensation, promotion, continued employment or other similar items based upon the likelihood he or she will support a denial of Plan benefits. The Claims Administrator will ensure that health care professionals consulted are not chosen based on the expert's reputation for outcomes in contested cases, rather than based on the professional's qualifications.

The Covered Person will have the opportunity to submit written comments, documents, records, and other information relating to the claim; and the Covered Person will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits. Whether a document, record, or other information is relevant to the claim will be determined in accordance with the applicable regulations. The Covered Person also is entitled to the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the Covered Person's adverse benefit determination. The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim

without regard to whether such information was submitted or considered in the initial benefit determination.

In connection with the Covered Person's internal appeal of a Medical or Prescription Drug claim, the Covered Person will be able to review the Covered Person's file and present information as part of the review. Before making a benefit determination on review, the Claims Administrator will provide the Covered Person with any new or additional evidence considered or generated by the Plan, as well as any new or additional rationale to be used in reaching the decision. The Covered Person will be given this information in advance of the date on which the notice of final appeal decision is made to give the Covered Person a reasonable opportunity to respond.

The time periods for providing notice of the benefit determination on review depends on the type of claim, as provided in the following chart.

If the Plan fails to meet the requirements of the internal claims and appeals process for a claim and the plan's error is not de-minimus, the Covered Person shall be deemed to have exhausted the internal process and may begin an external review immediately.

The Claims Administrator or Pharmacy Benefit Manager will provide the Covered Person with written notification of the Plan's determination on review, within the applicable time frames. For urgent care, all necessary information, including the benefit determination on review, will be transmitted between the Plan and the claimant by telephone, fax, or other available similarly expeditious method. In the case of an adverse benefit determination, such notice will indicate:

- The specific reason for the adverse determination on review;
- Reference to the specific provisions of the Plan on which the determination is based;
- A statement that the Covered Person are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- A description of the Covered Person's right to bring a civil action following an adverse determination on review;
- If any internal rules, guidelines, protocols or similar criteria were used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For medical claims, information sufficient to identify the claim including date of service, healthcare provider, claim amount (if applicable), and denial code;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- For medical claims, upon a request the applicable diagnosis codes and treatment codes used and their meanings;
- A description of the Plan's external review process, including how to initiate an appeal;
- Contact information for certain governmental entities that may assist claimants with appeals and external review;
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal denial in a foreign language; and

GENERAL PROVISIONS (continued)

- A description of the voluntary appeals procedure under the Plan, if any, and the Covered Person's right to obtain additional information upon request about such procedures.

All decisions are final and binding unless determined to be arbitrary and capricious by a court of competent jurisdiction.

Time Frames for Internal Appeals Process

The time frame for filing an appeal starts when the Covered Person receives written notice of adverse benefit determination. The time frame for providing a notice of the appeal decision (a "notice of benefit determination on review") starts when the appeal is filed in accordance with the Plan's procedures. The notice of appeals decision may be provided through in-hand delivery, mail, or electronic delivery before the period expires. Urgent care decisions may have to be delivered by telephone, facsimile, or other available expeditious method. References to "days" mean calendar days. The Plan can require two levels of mandatory appeal review.

	*Urgent Care Claims**	*Non-Urgent Care Pre-Service Claims**	*Non-Urgent Care Post-Service Claims**
Period for Filing Appeal	The Covered Person must file an appeal within180 days.	The Covered Person must file an appeal within180 days.	The Covered Person must file an appeal within 180 days.
Time frame for Providing Notice of Benefit Determination on Review	As soon as possible taking into account medical exigencies, but not later than 72 hours after receipt of request for review.	Within a reasonable period of time appropriate to medical circumstances, but not later than 30 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 15 days of each appeal.	Within a reasonable period of time, but not later than 60 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 30 days of each appeal.
Extensions	None.	None.	None.

** An appeal of a concurrent care decision to reduce or terminate previously approved benefits may be an urgent care, pre-service, or post-service claim, depending on the facts.*

Level Two Appeal Process (County)

If the Covered Person is dissatisfied with the Claims Administrator's Internal Appeal decision, he may submit a written request for a level two appeal to the Plan Administrator within **180 calendar days** of receipt of the Claims Administrator's written response to the Internal Appeal decision. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the level two appeal. The Covered Person will be notified promptly of the findings, but not later than 15 calendar days for pre-service claims and 30 calendar days for post-service claims after receipt of the Covered Person's appeal and a properly executed HIPAA release form. A second level of appeal is not available for urgent claims. The Plan Administrator may, at its discretion, waive the level two appeal

process and submit the Covered Person's request directly to the External Review Process, as described below.

External Review Process

If the Covered Person's appeal is denied or if the County advises the Covered Person to seek an external review during the second level of appeal, the Covered Person may request an external review of the Covered Person's claim within four months after being notified of a denied claim. External review is not automatic; the Covered Person must request it. The external review is conducted by an independent review organization (IRO) and its decision is binding on the Covered Person and the Plan, except to the extent other remedies are available under federal law. The procedures for filing an appeal under the external review process are outlined below.

The external review process does not apply to an adverse benefit determination or final internal adverse benefit determination that relates to a participant's or beneficiary's failure to meet the requirements for eligibility under the terms of a group health Plan (for example, worker classification and similar issues). The external review process is only available if the adverse benefit determination involves medical judgment (as determined by the external reviewer) or a rescission of coverage or is otherwise required by applicable law.

Within five days of receiving the Covered Person's request, the Plan will conduct a "preliminary review" to ensure the request can be sent for external review (for example, to ensure the denied claim or appeal doesn't relate to Plan eligibility and that the request is complete). The Plan will notify the Covered Person in writing once the preliminary review is complete; the Covered Person will be informed then if the Covered Person needs to submit additional information and the deadline for doing so.

The IRO assigned to conduct the Covered Person's external review will notify the Covered Person of its acceptance of the assignment and the Covered Person will have 10 business days to submit any additional written information for the IRO to consider. (Within one business day of receiving the Covered Person's additional information, the IRO must share the new material with the Plan. After considering the new information, the Plan *may* reconsider and reverse its claim or appeal denial, stopping the external review procedure.)

The IRO must conduct its external review without giving any weight to the Plan's earlier conclusions or decisions. IROs may consider information beyond the denied claim's records, such as the claimant's medical history, appropriate practice guidelines and Plan terms. The IRO must complete its external review and send notice of its decision to the Covered Person and the Plan within 45 days.

If the IRO reverses the Plan's earlier decision to deny a claim or appeal, the Plan will immediately provide coverage or payment for the claim.

APPEALS OF CLAIMS INVOLVING ELIGIBILITY MATTERS

Appeals involving eligibility matters (that is, eligibility to participate or changes in coverage elections such as the addition or deletion of dependents) should be sent in writing to the Plan Administrator for consideration within **60 calendar days** from the claim payment date or the date of the notice of denial of benefits. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the appeal. The Covered Person will be notified promptly of the findings, but not later than 120 calendar days after receipt of the Covered Person's appeal.

GENERAL PROVISIONS (continued)

ACTS OF THIRD PARTIES

If a Covered Person is injured through the act or omission of another person (a "third party"), the PLAN shall, with respect to services required as a result of that injury, provide the benefits of the PLAN and have an equitable right to restitution or other available remedy to recover the reasonable costs of the services provided to the Covered Person that are paid by the PLAN.

The Covered Person is required to:

1. Notify the Claims Administrator in writing of any actual or potential claim or legal action which such Covered Person anticipates bringing or has brought against the third party arising from the alleged acts or omissions causing the injury or Illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and
2. Agree to fully cooperate with the PLAN to execute any forms or documents needed to assist the PLAN in exercising its equitable right to restitution or other available remedies; and
3. Provide the PLAN with a lien, in the amount of costs of benefits provided, calculated in accordance with California Civil Code section 3040. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law.

A Covered Person's failure to comply with 1 through 3, above, shall not in any way act as a waiver, release, or relinquishment of the rights of the PLAN.

HIPAA PRIVACY AND HIPAA SECURITY

The Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), and the regulations issued thereunder at 45 CFR Parts 160 and 164 ("the HIPAA regulations"), impose privacy and security obligations on group health plans that restrict the use and disclosure of protected health information ("PHI") and electronic protected health information ("ePHI"). The County of Orange as PLAN Sponsor, and/or its representative agents (collectively the "County"), desires to permit the PLAN (including its Business Associates, health insurance issuers, HMOs, and their agents) to disclose or to provide for or permit the disclosure of protected health information to the County from time to time.

1. **Uses and Disclosures of PHI.** The PLAN may disclose a PLAN Participant's PHI to the County, for the PLAN administration functions under 45 CFR 164.504(a), to the extent not inconsistent with HIPAA regulations. This includes summary health information for the purposes set forth in Section 164.504(f)(1)(ii) and (iii) of the Privacy Rule.

2. **Restriction on PLAN Disclosure to the County of Orange.** Neither the PLAN nor any of its Business Associates will disclose PHI to the County except upon the PLAN's receipt of the County certification that the PLAN incorporates the agreements of the County under paragraph 4, except as otherwise permitted or required by law.

3. **Privacy Agreements of the County of Orange.** As a condition for obtaining PHI from the PLAN and its Business Associates, the County agrees it will not use or further disclose such PHI other than as permitted by paragraph 2 of this provision, as permitted by 45 CFR 164.508, 45 CFR 164.512, and other sections of the HIPAA regulations, or as required by law;

    a. Ensure that any of its agents, including a subcontractor, to whom it provides the PHI agree to the same restrictions and conditions that apply to the County with respect to such information;

GENERAL PROVISIONS (continued)

b. Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the County;

c. Report to the PLAN any use or disclosure of the PHI that is inconsistent with the uses or disclosures provided for of which the County becomes aware;

d. Make the PHI of a particular Participant available for purposes of the Participant's requests for inspection, copying and amendment, including the incorporation of any amendments to PHI, and to carry out such requests in accordance with HIPAA regulation 45 CFR 164.524 and 164.526;

e. Make the PHI of a particular Participant available for purposes of required accounting of disclosures by the County pursuant to the Participant's request for such an accounting in accordance with HIPAA regulation 45 CFR §164.528;

g. Make the County internal practices, books, and records relating to the use and disclosure of PHI received from the PLAN available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the PLAN with HIPAA regulation 45 CFR §164.501(f);

h. If feasible, return or destroy all PHI received from the PLAN that the County maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, the County agrees to limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible; and

i. Ensure that there is adequate separation between the PLAN and the County by implementing the terms of subparagraphs 5.i. (1) through (3), below:

(1) *Employees With Access to PHI*: The employees or other individuals under the control of the County that are the individuals that may access PHI received from the PLAN are referenced within section 6.02 (c) in the HIPAA Polices and Procedures Manual, including but not limited to County Benefits staff and select Human Resources staff members.

(2) *Use Limited to Plan Administration*: The access to and use of PHI by the individuals described in (1), above, is limited to Plan Administration functions as defined in HIPAA regulation 45 CFR §164.504(a) that are performed by the County for the PLAN.

(3) *Mechanism for Resolving Noncompliance*: If the County determines that any person described in (1), above, has violated any of the restrictions described in this provision, then such individual shall be subject to discipline or sanctions in accordance with the practices of the County, taking into account the Privacy Rules standards. The County shall document such discipline or sanctions as required under the Privacy Rules, including the requirement that such documentation be retained for six years.

4. **Security Agreements of the County of Orange.** As a condition of obtaining e-PHI from the Plan, its Business Associates, Insurers and HMOs, the County agrees it will:

a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the County creates, receives, maintains, or transmits on behalf of the Plan;

GENERAL PROVISIONS (continued)

b. Ensure that the adequate separation between the Plan and County as set forth in 45 CFR 164.504(f)(2)(iii) is supported by reasonable and appropriate security measures.

c. Ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information.

d. Report to the Plan any Security Incident of which it becomes aware. "Security Amendment" shall mean unauthorized access to, use, disclosure, modification, or destruction of, or interference with ePHI.

e. Upon request from the Plan, the County agrees to provide information on unsuccessful unauthorized access, use, disclosure, modification, or destruction of ePHI, to the extent such information is available to the County.

5. **Breach Notifications.** Following the discovery of a Breach of unsecured PHI caused by the County or its agents, the County or its agents shall provide a written notification in plain language of the breach to all individuals whose unsecured PHI has been breached in accordance with 45 CFR § 164.404. A breach is the same definition as stated in 45 CFR 164.402. The County or its agent's notification must include the following information, to the extent possible:

   a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
   b. A description of the types of Unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
   c. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
   d. A brief description of what the County or its agent is doing to investigate the breach, to mitigate harm to individual, and to protect against any further breaches; and
   e. Contact procedures for individual to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

6. **Definitions**. All capitalized terms within this provision not otherwise defined by the provisions of this provision shall have the meaning given them in the PLAN or, if no other meaning is provided in the PLAN, the term shall have the meaning provided under HIPAA Privacy Rule or the HIPAA Security Rule.

DEFINITIONS

Whenever any of the following terms are capitalized in this Plan Document, they will have the meaning stated below:

ACCIDENTAL INJURY

A bodily injury which results independently of an Illness as a result of external force or impact including, but not limited to, lacerations, breaks, bruises, and strains. Excluded as "accidental injuries" are injuries as a result of, but not limited to, lifting, turning, stretching, reaching, pulling, pushing, exercising, blisters and injuries while chewing.

AMBULATORY SURGERY CENTERS (ASC)

Health care facilities where surgical procedures not requiring an overnight hospital stay are performed. ASC's can be either general surgery centers that perform various outpatient procedures or an ASC can provide only specialized services.

BRAND-NAME DRUG

Name identifying a drug as the product of a specific pharmaceutical company. Also known as the proprietary trademark name.

CALENDAR YEAR

A period of one year beginning with January 1.

CASE MANAGEMENT

Services of the Case Management department of the Claims Administrator under contract with the County, to review medical treatment plans for Illness or Accidental Injury where there is probability of substantial medical expenses. With the concurrence of the primary Physician and the Covered Person, Case Management may authorize services and expenses not specifically addressed in the PLAN. Case Management may also be authorized by the Plan Administrator to provide cost effective alternatives to in-patient psychiatric, alcohol and drug abuse services.

CENTER OF DISTINCTION

One of the Claims Administrator's designated facilities for specified surgical procedures within California.

CLAIMS ADMINISTRATOR

A third-party administrator under contract with the County to administer claims for the Medical Expense Benefits of the PLAN.

COVERED DRUGS

Those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug; and
- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or blindness.

DEFINITIONS (continued)

COVERED MEDICAL EXPENSES

Those services covered by the PLAN, including preventive services and other Medically Necessary services and supplies described herein which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges.

COVERED PERSON

A person, enrolled in this PLAN, who is a regular or limited-term employee of the County averaging 20 hours or more of work per week and enrolled eligible Dependents, who meet the requirements in the "Individual Plan Coverage Effective Dates" section, or an employee on an approved Leave of Absence paying full premiums, and persons enrolled under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985.

CUSTODIAL CARE

Care that provides a level of routine maintenance for the purpose of meeting personal needs or helping with the functions or activities of daily living. This is care that can be provided by a layperson that does not have professional qualifications, skills, or training.

DEDUCTIBLE

The amount of Covered Medical Expenses that must be paid by the Covered Person before the PLAN will begin reimbursing most Covered Medical Expenses.

DEPENDENTS

a) Shall be the legally married spouse or Domestic Partner of the Covered Person and enrolled Children between the ages of birth and 26 years. The term "children" shall include natural children, adopted children, and foster children for whom Covered Person has legal responsibility for medical care. The term "children" shall not include any legally married spouse or Domestic Partner or children of the Covered Person's dependent child.

b) Shall be a dependent child after their 26th birthday provided the child (1) was incapable of self-sustaining employment by reason of mental retardation or physical handicap prior to age 26, and (2) is chiefly dependent upon the Covered Person for support and maintenance. Proof of such incapacity and dependency must be furnished to the Fund by the Covered Person within 31 days following the dependent's 26th birthday. Eligibility for handicapped dependent status will be determined by the Claims Administrator. The Claims Administrator may require, at reasonable intervals during the two (2) years following the Dependent's 26th birthday, subsequent proof of the child's disability and dependency. After such two (2) year period, the Fund may require subsequent proof not more than once each year. The Fund reserves the right to have such dependent examined by a doctor of the Fund's choice to determine the existence of such incapacity.

Excluded as Dependents under a) and b) are:

1) A spouse that is legally divorced from the Covered Person; and

DEFINITIONS (continued)

2) Any person(s) while on active duty in any military of any country; however, any person meeting the requirements for service in the uniformed services as defined by USERRA may elect to continue coverage under the PLAN for up to 24 months, as required under USERRA; and

3) Any legally married spouse or Domestic Partner or children of the Covered Person's eligible dependent child.

DOMESTIC PARTNER

An opposite or same sex individual who has legally registered as a domestic partner with a County employee.

EMERGENCY HOSPITAL CONFINEMENT

An Inpatient Hospital confinement for a condition which, unless immediately treated on an Inpatient basis, would jeopardize the patient's life, or cause serious impairment to the patient's bodily functions.

EMERGENCY SERVICES

Services provided to stabilize the patient for an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the patient's health in serious jeopardy.
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious jeopardy to the health of an unborn child.

EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

Services or supplies as determined by the Claims Administrator or Pharmacy Benefit Manager to be experimental or investigational because:

a) There are insufficient outcomes data available from controlled clinical trials published in peer reviewed literature to substantiate its safety and effectiveness in treatment of the disease or injury involved; or

b) If required by the FDA, approval has not been granted for marketing; or

c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or

d) The written protocols or written informed consent used by the treating facility or any other facility studying substantially the same drug, device, procedure or treatment, states that it is experimental, investigational or for research purposes.

However, this exclusion will not apply with respect to routine patient care services (including drugs) associated with a clinical trial if the Claims Administrator determines the clinical trial meets the following criteria:

Phase I, II, III, or IV level clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

i) federally funded through a variety of entities or departments of the federal government; or

DEFINITIONS (continued)

ii) is conducted in connection with an investigational new drug application reviewed by the Food and Drug Administration; or

iii) is exempt from investigational new drug application requirements.

Routine patient care services generally include items and services that typically would be covered under the Plan for an individual not enrolled in a clinical trial such as radiological services, laboratory services, intravenous therapy, anesthesia services, hospital services, physician services, office visits, and medical supplies.

Routine patient services do not include, and the Plan will not cover:

- the investigational service or supply itself;
- services and supplies listed herein as Exclusion;
- services or supplies related to data collection for the clinical trial;
- services or supplies which, in the absence of private health care coverage, are provided by a clinical trial sponsor or other party, e.g., device, drug, item or service supplied by the manufacturer and not yet FDA approved, without charge to the trial participant.

FORMULARY

A list of prescription drugs that includes Generic, Preferred, and Non-Preferred Drugs. The Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a less-expensive therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. The Pharmacy Benefit Manager determines which drugs are included on the Formulary within the Preferred or Non-Preferred tiers and which drugs are excluded.

GENERIC DRUG

A prescription drug that is introduced into the market after the Brand-Name Drug loses patent protection.

HOME HEALTH CARE AGENCY

A public or private agency or organization that specializes in providing medical care and treatment in the home. Such a provider must meet all of the following conditions:

a) It is primarily engaged in and duly licensed, if such licensing is required, by the appropriate licensing authority to provide skilled nursing services and other therapeutic services.

b) It has policies established by a professional group associated with the agency or organization. This professional group must include at least one Physician and at least one registered graduate nurse (R.N.) to govern the services provided, and it must provide for full-time supervision of such services by a Physician or registered graduate nurse.

c) It maintains a complete medical record on each individual.

d) It has a full-time administrator.

HOSPITAL

An institution constituted, licensed and operated in accordance with the laws pertaining to hospitals, which maintains on its premises all the facilities needed to diagnose and treat injury and Illness. It is an institution that qualifies as a hospital and a provider of services under Medicare and is accredited as a hospital by the Joint Commission on the Accreditation of Hospitals.

DEFINITIONS (continued)

A hospital can specialize in the treatment of mental illness, alcoholism, drug addiction, or other related Illness. It can also provide residential treatment programs, but only if it is constituted, licensed and operated in accordance with laws of legally authorized agencies responsible for medical institutions. It provides all treatment for a fee, by or under the supervision of Physicians with continuous 24-hour nursing services by qualified nurses.

The definition of "Hospital" shall also include Christian Science Sanatoriums.

An institution that is, other than incidentally, a place of rest, a place for the aged, or a nursing home will not be considered a hospital.

Hospitals will also include the following:

- Ambulatory surgical facility – a facility approved by the Claims Administrator as meeting established criteria for handling surgical cases on a same-day basis. This may also include a birthing center.
- Skilled nursing facility – an institution that is primarily engaged in providing Inpatient skilled nursing care and related services for patients who require medical or nursing care. A skilled nursing facility may also provide physical rehabilitation services for injured or sick persons. To do so, it must be constituted, licensed and operated in accordance with the laws of legally authorized agencies and must maintain on its premises all the facilities needed to provide medical treatment of injury or Illness. It must not be, other than incidentally, a place for rest or domiciliary care; for the aged, blind, deaf, mentally deficient, or those suffering from tuberculosis; or a hotel or motel. All skilled nursing care must be provided for a fee by or under the supervision of Physicians with skilled nursing services by nurses.

ILLNESS

Bodily sickness or disease, psychiatric disorders, and congenital abnormalities of a newborn child who is covered as an eligible dependent child. Illness must be medically diagnosed.

INPATIENT

Confinement in a Hospital for which Room and Board charges are made by the Hospital or that exceeds 24 consecutive hours.

MEDICAL EXPENSE BENEFITS

Those benefits of the PLAN other than that available through the Prescription Drug Card Program.

MEDICALLY NECESSARY

Services or supplies to the extent that they are needed for the diagnosis of an Illness or Accidental Injury or for the medical care of a diagnosed Illness or Accidental Injury. To be considered "Medically Necessary" a service or supply must be determined by the Claims Administrator to meet all of these tests:

- It is ordered by a Physician.
- It is recognized throughout the Physician's profession as safe and effective, is required for the diagnosis or treatment of an Illness or injury and is employed appropriately in a manner and setting consistent with generally accepted United States medical standards.
- It is not educational in nature (that is, the primary purpose of the service or supply must not be to provide the patient with any of the following: training in the activities of daily living, instruction in

DEFINITIONS (continued)

scholastic skills such as reading and writing, preparation for an occupation, or treatment for learning disabilities).

- It is not Experimental or Investigational.
- It is not Custodial Care.

For purposes of the PLAN, services or supplies that are provided only because an unnecessary service or supply is being provided will also be considered not Medically Necessary.

In the case of an Inpatient Hospital stay, in addition to meeting the above tests, the length of the stay and Hospital services and supplies will be considered Medically Necessary only to the extent that the Claims Administrator determines them to be not allocable to the scholastic education or vocational training of the patient.

MEDICARE

Title XVIII (Health Insurance for the Aged) of the United States Social Security Act as amended by Social Security Amendment of 1965 or as later amended.

NETWORK CONTRACT RATE

The discounted amount a Network Provider agrees to charge a Covered Person, based on the Network Provider's contract with the Claims Administrator or Preferred Provider Organization.

NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates. Non-network radiologists, anesthesiologists, and pathologists that are Network Hospital-based will be considered Network Providers if a Covered Person utilizes a Network Hospital. A listing of Network Providers shall be maintained by the Claims Administrator.

NETWORK RETAIL PHARMACY

A retail pharmacy that has entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered person at discounted rates. A listing of Network Pharmacies shall be maintained by the Pharmacy Benefit Manager.

NON-NETWORK RETAIL PHARMACY

A retail pharmacy that has not entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered Person at discounted rates.

NON-NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has not entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates.

NON-PREFERRED DRUGS

These are mostly higher cost Brand-Name drugs that are selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Non-Preferred Drugs (Tier 3). Some higher cost Generic drugs may also be

DEFINITIONS (continued)

included in the Non-Preferred Drug tier. The PLAN provides a lower benefit for Non-Preferred Drugs than for Preferred Drugs.

OUT-OF-POCKET EXPENSES

The amount a Covered Person pays for Medical Expense Benefits, including the Deductible or Prescription Drug Expenses.

OUTPATIENT

A Covered Person shall be considered to be an "Outpatient" if treated at a Hospital on a basis other than as a registered bed patient. For purposes of this definition, a stay in the Hospital whether as a registered bed patient or not shall not be considered an "Outpatient" stay if the Hospital stay extends beyond 24 consecutive hours.

PHARMACY BENEFIT MANAGER

A third-party administrator under contract with the County to administer the Prescription Drug Card Program of the PLAN.

PHYSICIAN

A licensed medical practitioner who is practicing within the scope of his/her license and who is licensed to prescribe and administer drugs or to perform surgery.

Licensed medical practitioners include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Chiropractor (D.C.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Christian Science Practitioner who is authorized by the Mother Church, the First Church of Christ Scientist in Boston, Massachusetts, and is listed in the Christian Science Journal at the time a service is rendered
- Psychologist (Ph.D., Ed.D., or Psy.D.)
- Clinical social worker (C.S.W. or L.C.S.W.)

The following are considered covered medical professionals when they are referred by a Physician, licensed to practice where the care is given, rendering a service within the scope of that license, and providing a service for which benefits are specified in the PLAN:

- Nurse – a nurse is a registered graduate nurse, a licensed practical nurse, or a licensed vocational nurse. A nurse is a professional who has the right the use the respective title and the respective abbreviation R.N., L.P.N., or L.V.N.
- Audiologist
- Occupational therapist (O.T.)
- Physical therapist (R.P.T.)
- Speech pathologist or therapist
- Marriage, family, and child counselor (M.F.C.C. or L.M.F.T.)

DEFINITIONS (continued)

- Home health aide – a person who provides medical or therapeutic care and who reports to and is under the direct supervision of a Home Health Care Agency.

PLAN

The benefits and provisions for payment as described herein as the County of Orange Wellwise Choice Health Plan.

PLAN ADMINISTRATOR

Chief Human Resources Officer or his/her designee
County of Orange
Human Resource Services/Employee Benefits
400 Civic Center Dr.
Santa Ana, California 92701

PRE-ADMISSION REVIEW

An evaluation made by the Claims Administrator to determine the number of days of Inpatient Hospital confinement and level of care that will be considered Medically Necessary for the care or treatment of a Covered Person's diagnosed Illness or Accidental Injury. **However, the Covered Person and his Physician make the final decision concerning treatment.**

PREFERRED DRUGS

These are mostly common Brand-Name drugs selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Preferred Drugs (Tier 2). Some Generic drugs may also be included in the Preferred Drug tier. The PLAN provides a higher benefit for Preferred Drugs than for Non-Preferred Drugs.

PRESCRIBER

Licensed medical practitioners who may prescribe medications within the scope of their practice include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Physician's Assistant (P.A.)
- Registered Nurse Practitioner (R.N.P.)

PRIOR AUTHORIZATION

An evaluation made by the Claims Administrator or Pharmacy Benefit Manager to determine the Medical Necessity of certain health care services, including drugs and medicines, before the services are rendered in order to determine whether and to what extent the services will be covered by the PLAN. Prior Authorization is required for certain services, drugs and medicines as identified in this Plan Document. **However, the Covered Person and his Physician make the final decision concerning treatment.**

DEFINITIONS (continued)

ROOM AND BOARD

All charges commonly made by a Hospital on its own behalf for room and meals and all general services and activities needed for the care of registered bed patients.

SEMI-PRIVATE CHARGE

The most common charge made by a Hospital for a room containing two beds but does not include the charge made by the Hospital for Intensive Care.

SEVERE MENTAL ILLNESS

Severe Mental Illness as defined under California Assembly Bill 88 (AB88) (1999) includes the following conditions:

a) Schizophrenia
b) Bipolar disorder
c) Panic disorder
d) Pervasive developmental disorder or autism
e) Bulimia nervosa
f) Schizoaffective disorder
g) Major depressive disorders
h) Obsessive-compulsive disorder
i) Anorexia nervosa

Serious emotional disturbance of a child is defined under (AB88) (1999) as a condition that is:

a) identified in the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and

b) that meets stringent criteria in Section 5600.3(a)(2) of the Welfare and Institutions guide, which includes the child's inability to function in certain environments.

SPECIAL TRANSPLANT FACILITY

A Network Provider that contracts with the Claims Administrator for certain organ transplants.

THE COUNTY

The County is the County of Orange, California.

THE FUND

The County of Orange Indemnity Health Plans Internal Service Fund (292).

TOTAL DISABILITY

"Total Disability" shall mean that the Covered Person, if an employee, is prevented, solely because of a non-occupational injury or non-occupational disease, from engaging in his regular or customary occupation and is performing no work of any kind for compensation or profit, or if a Dependent, is prevented solely because of a non-occupational injury or non-occupational disease, from engaging in all of the normal activities of a person of like age and sex in good health. Certification of Total Disability must be made by a Physician.

DEFINITIONS (continued)

USUAL, REASONABLE AND CUSTOMARY (URC)

The maximum charge that the PLAN will reimburse for an eligible medical care expense received from a Non-Network Provider. The URC is determined from a collective data base of actual charges in the geographical area in which the services are delivered. Any amount charged that exceeds URC will be considered ineligible under this PLAN. URC charges are adjusted periodically to reflect the current costs being incurred for medical services.

URC is determined by Claim Administrator's methodology.

UTILIZATION REVIEW

Services provided by the Claims Administrator through contract with the County to review, in coordination with the attending Physician, Hospital admissions for alternatives of outpatient services, medical necessity of the treatment plan, proposed length of Hospital stay and level of care, post Hospital service alternatives and alternate treatment plans. **However, the Covered Person and his Physician make the final decision concerning treatment.**

WAITING PERIOD

All regular and limited-term employees who are regularly scheduled to work 20 hours or more per week are eligible for benefits on the first day of the month following enrollment in the PLAN under the terms and conditions prescribed for the representation unit to which their employment classification is assigned and defined in the Memorandum of Understanding for the unit or in the Personnel and Salary Resolution for non-represented employees and officials. The Board of Supervisors may also define employees of other public agencies and jurisdictions as eligible.

Terminated employees electing deferred retirement are not eligible beyond the last day of the month in which they terminate employment.

SIGNATURE PAGE

The effective date of benefits, as described in this Plan Document is January 1, 2023.

It is agreed by the County of Orange that the provisions contained in this Plan Document are acceptable and will be the basis for the administration of said County Wellwise Choice Health Plan described herein.

IN WITNESS WHEREOF, the County of Orange has executed this Plan Document this nineteenth day of July 2022.

COUNTY OF ORANGE

By: 

Title: Kim Derrick, Director of Employee Benefits – Human Resource Services

COUNTY OF ORANGE

SHAREWELL
RETIREE HEALTH PLAN
PLAN DOCUMENT

Amended and Restated
Effective January 1, 2023

COUNTY OF ORANGE
SHAREWELL RETIREE HEALTH PLAN

PLAN DOCUMENT

The COUNTY OF ORANGE Sharewell Retiree HEALTH PLAN (the "PLAN") assures the County of Orange retirees during the period of this PLAN that all benefits hereinafter described shall be paid to them in the event that they and/or their eligible enrolled dependent(s) incur covered medical expenses.

The PLAN is subject to all the terms, provisions and conditions described within this document.

The COUNTY OF ORANGE has caused this PLAN and the terms and benefits described herein to take effect as of 12:01 a.m. Pacific Time on January 1, 2012 at Santa Ana, California 92701. The Third Amended and Restated PLAN became effective January 1, 2018. The Fourth Amended and Restated PLAN became effective January 1, 2020. The Fifth Amended and Restated PLAN became effective January 1, 2021. The Sixth Amended and Restated PLAN became effective January 1, 2022. This Seventh Amended and Restated PLAN becomes effective January 1, 2023.

All amendments to the PLAN implemented by Seventh Amended and Restated PLAN shall be effective January 1, 2023. Earlier provisions apply to expenses incurred before that date.

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ELIGIBILITY AND ENROLLMENT

ELIGIBILITY FOR COVERAGE

The Sharewell Retiree Health Plan eligibility requirements for covered persons and their dependents are described in the definitions section of this document.

ENROLLING FOR COVERAGE

Procedures and guidelines for enrolling in the Sharewell Retiree Health Plan are described in the Benefits Enrollment Guide provided to all County retirees during the annual open enrollment period.

INDIVIDUAL PLAN COVERAGE EFFECTIVE DATES

a) All eligible retirees upon initiation of the PLAN will be covered on the date of inception of the PLAN provided they were enrolled in the Premier Sharewell Health Plan effective January 1, 2012.

b) Retirees and their Dependents shall be eligible for coverage immediately upon their loss of eligibility as an employee provided the retiree was eligible and the dependent was eligible and covered under a County of Orange employee health plan at the time of retirement.

c) Dependents shall be covered on the date application is approved for coverage for them as Dependents and any required contributions for coverage are made, to the County. Newborn children are covered for first 30 days of newborn's life. Newborn will be covered starting on day 31 forward, provided enrollment is requested within 30 days following birth.

d) If application for coverage or for reinstatement is made by a person who is in an eligible status, but whose coverage had never become effective or had terminated because of failure to make the required contributions for Individual's Coverage, the coverage for such person shall take effect as determined by the Plan Administrator.

e) If additional Dependents are acquired while the individual is eligible for Dependent Coverage, the coverage for each such Dependent shall become effective on the date the Dependent qualifies in accordance with the Definition of Dependent provision and has been enrolled in the method determined by the Plan Administrator.

f) A new dependent will be deemed to have been enrolled on the date he becomes eligible for coverage providing formal application for coverage is submitted within 30 days of the dependent's eligibility.

ELIGIBILITY AND ENROLLMENT (continued)

INDIVIDUAL TERMINATION OF COVERAGE

Coverage under the PLAN shall terminate on the earliest of the following dates:

a) The date of termination of the PLAN; or

b) The last day of the month that membership ceases in an eligible class; or

c) The date all coverage or certain benefits are terminated on the Covered Person's particular class by modification of the PLAN; or

d) The date the Covered Person becomes a full-time member of the Armed Forces of any country; however, any Covered Person who is absent from work due to service in the uniformed services as defined by USERRA may elect to continue coverage, including their covered dependents, under the PLAN for up to 24 months as required under USERRA; or

e) The date the Covered Person fails to make a required contribution.

Termination of PLAN eligibility is subject to regulations under the Consolidated Omnibus Budget Reconciliation Act and regulations requiring extension of benefit eligibility if applicable.

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are provided by this Plan and administered by the Claims Administrator. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Family Deductible, coinsurance, and other exclusions or limitations expressed herein.

When utilizing non-Network facilities and providers, the Covered Person is responsible for all charges incurred that are above the URC amount. This may include, but is not limited to, preventive care. Covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts as reflected in this schedule of benefits and will not be responsible for any out-of-network charges for any such services.

MEDICAL EXPENSE BENEFITS	**Network**	**Non-Network[1]**
LIFETIME MAXIMUM BENEFIT	None	
CALENDAR YEAR FAMILY DEDUCTIBLE [2]	$5,000 (combined for Network and Non-Network, medical and pharmacy claims)	
OUT-OF-POCKET MAXIMUM BENEFIT [2] – After all out-of-pocket expenses for covered services (including deductibles and coinsurance) incurred by a Covered Person within a Calendar Year have totaled the amount shown, the PLAN will pay 100% of the remaining Covered Medical Expenses incurred by that Covered Person for the remainder of the Calendar Year. If a Covered Person has a combination of Network and Non-Network services, the out-of-pocket expenses under both will be combined to determine whether the Out-of-Pocket Maximum Benefit has been met.	$6,000 Family	$12,000 Family Does not include the cost of services that are not covered by the PLAN, amounts in excess of Usual, Reasonable and Customary, and the 20% coinsurance reduction for failure to obtain Pre-Admission approval, permissible balance billing charges and/or if you chose a brand drug when a generic equivalent is available, the cost differential would be excluded
COINSURANCE	**The PLAN pays the following percentage of Covered Medical Expenses after the Covered Person pays the Deductible (except as noted below)**	
Preventive care services (Birth through 18 years of age)	100% (no Deductible)	
Preventive care services (19 years of age or older)	100% (no Deductible)	
Office Visit (includes Telehealth)	90%	70%
Telemedicine Visit 1-800-TELADOC	90%	Not Covered
Urgent Care	90%	70%
Physical/Occupational Therapy Visit	90%	70%
Chiropractic and acupuncture services	90%	70%
	Combined Network and Non-Network maximum benefit of 25 visits per Calendar Year for chiropractic services and 25 visits per Calendar Year for acupuncture services.	

SCHEDULE OF BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
Emergency Services • Non-network – covered person is responsible for all charges above the current URC amount	90%	90%
Inpatient Hospital services: ▪ With Pre-Admission Review ▪ Without Pre-Admission Review	 90% 90%	 70% 50%
Outpatient surgery - hospital	90%	70%
Outpatient surgery – Ambulatory Surgery Center (facility charges)	90%	70% up to a maximum of $1,500/day
Radiology – Advance Imaging including MRI, CT PET Scans, X-Ray, and Ultrasound (Requires Prior Authorization for complex imaging, unless emergency)	90%	70%
Organ transplants [2][3]	90%	70%
Home health care (requires Prior Authorization)	90%	70%
	When home health care is authorized as an alternative to continued hospitalization in a Network Hospital, the home health care services will be reimbursed at 90%	
Ambulance services Non-network: Covered person is responsible for all charges above the current URC amount for Ground Ambulance but only responsible for in-network charges for air ambulance services	90%	90%
Skilled nursing facility	90%	70%
	Combined Network and Non-Network maximum benefit of 100 days per Calendar Year	
Hospice (requires Prior Authorization)	90%	70%
	When Hospice residence immediately follows Inpatient services in a Network Hospital, the Hospice services will be reimbursed at 90%	
Durable Medical Equipment (DME) (Requires Prior Authorization for equipment over $5,000)	90%	70%
Dialysis Services (outpatient)	90%	Within California: 70% up to a maximum of $600 per day Outside California: 70%

SCHEDULE OF BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
Mental health and substance abuse treatment (severe and non-severe): ▪ Inpatient ▪ With Pre-Admission Review ▪ Without Pre-Admission Review ▪ Outpatient	90% 90% 90%	70% 50% 70%
	Preauthorization is required for Applied Behavioral Analysis services and other Outpatient services except for office visits. Failure to obtain preauthorization may result in non-payment of benefits	
Certain surgical procedures for treatment of morbid obesity (requires Prior Authorization) Must use designated facilities if surgery occurs within California.[4]	90%	Within California: Not Covered Outside California: 70%
All other Covered Medical Expenses	90%	70%

Notes:

[1] Covered Persons may be responsible for all out-of-network charges billed for certain services not obtained at an in-network facility.

2 Any amounts a Covered Person pays because the Pre-Admission Review requirements were not met do not apply to the Deductible or the Out-of-Pocket Maximum Benefit accumulation.

[3] Refer to Covered Medical Expenses for benefit limitations for organ procurement and travel expenses associated with a covered organ transplant.

[4] Refer to How the Plan Works – Centers of Distinction for benefit limitations for bariatric surgeries performed at non-Network facilities within California.

SCHEDULE OF BENEFITS (continued)

PRESCRIPTION DRUG CARD PROGRAM

The Prescription Drug Card Program is administered by the Pharmacy Benefit Manager.

COINSURANCE	THE PLAN PAYS	THE COVERED PERSON PAYS[1] (after calendar year deductible)
Covered drugs purchased through a Network Retail Pharmacy or approved Mail Order Service		
▪ Preventive Products (see Covered Prescription Drug Expenses of the Plan Document for reference)	100%	0%
▪ Generic drugs	80%	20%
▪ Brand name drugs	80%	20%
▪ Specialty Pharmacy Drugs[2,3] (see page 23 of the Plan Document for reference)	80%	20%
Covered Drugs prescribed for emergency treatment or for treatment received while traveling outside of the United States, and not purchased through the Prescription Drug Card Program	80%	20%

[1]When a generic drug option is available, and the member chooses a brand-name drug, the member pays the full cost differential between the generic and brand-name cost plus the coinsurance for the generic, unless their prescriber specifically requests the brand-name (dispense as written or do not substitute) on the prescription.
[2]All Specialty Drugs must be fulfilled by OptumRx Specialty Pharmacy in order to be covered.

[3]A 30-day member cost share will be applied to any unbreakable package of greater than 30 days. Stepped up copays will not apply for claims with unbreakable packaging resulting in a greater day supply.

The Prescription Drug Card Program does not provide benefits for prescription drugs and medications purchased at a Non-Network Retail Pharmacy, Non-OptumRx Specialty Pharmacy, or unapproved mail order service.

HOW THE PLAN WORKS

UTILIZATION REVIEW REQUIREMENTS

The PLAN requires pre-service review of certain covered services. This process is called Utilization Review and is conducted by the Claims Administrator. The purpose of Utilization Review is to assist the Covered Person in identifying the most appropriate and cost-effective course of treatment for which benefits will be provided under the PLAN, and to determine whether the services are Medically Necessary. The necessity of medical services is evaluated through:

- Inpatient Hospital Pre-Admission Review for elective Hospital confinements (including concurrent review and discharge planning), and
- Prior Authorization of specialty health care services.

All Inpatient hospitalizations for elective and certain specialty health care services must be authorized and approved by the Claims Administrator. The Covered Person is responsible for ensuring that Pre-Admission review or Prior Authorization has occurred.

Services that are determined to be not Medically Necessary by the Claims Administrator, either through the Pre-Admission Review or Prior Authorization process, will not be covered by the PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

Pre-Admission Review – Hospital Admissions

If a Covered Person is to be admitted to a Hospital or Skilled Nursing Facility on an Inpatient basis for any reason other than childbirth, the Covered Person, his representative, or his Physician must contact the Claims Administrator prior to the hospital admission (or, in the case of an Emergency Hospital Confinement, within 48 hours of the commencement of such confinement, or within 72 hours of the commencement of such confinement if it commences on a Saturday, Sunday or statutory legal holiday).

After the Claims Administrator reviews the Covered Person's request for Pre-Admission Review and the Covered Person's Physician's suggested treatment program, the Covered Person, the Covered Person's Physician, and the Hospital will be notified of the Claims Administrator's determination.

If the Covered Person's stay is approved, the Claims Administrator will certify the length of stay and the level of care that is Medically Necessary based on professionally recognized quality standards. The Claims Administrator may also review the Covered Person's progress while hospitalized. Then, before the Covered Person is released from the Hospital, the Claims Administrator may make arrangements to authorize benefits for any necessary care after the Covered Person's discharge.

Effect of Pre-Admission Review on Benefits

1. Covered Medical Expenses shall not include any charges for Hospital Room and Board, or other services and supplies furnished by the Hospital that are incurred on any day of a Covered Person's Inpatient Hospital confinement determined by the Claims administrator not to be Medically Necessary.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

2. If a Covered Person does not obtain Pre-Admission Review approval from the Claims Administrator for a Medically Necessary Hospital stay in a Non-Network Hospital or facility, the applicable coinsurance will be reduced from seventy percent (70%) to fifty percent (50%). Once the Out-of-Pocket Maximum Benefit amount is reached, the applicable coinsurance will be seventy percent (70%). The additional twenty percent (20%) for which the Covered Person is responsible due to failure to obtain Pre-Admission Review approval does not apply to the Deductible or Out-of-Pocket Maximum Benefit amount. Emergency inpatient hospitalizations are excluded from the requirements of this paragraph as Pre-Admission Reviews are not required for services that meet the Emergency Service definition; however, the Claims Administrator must still be notified for emergency inpatient hospitalizations within the time frames specified on the prior page under Pre-Admission Review – Hospital Admissions.

Prior Authorization

The following medical services require Prior Authorization by the Claims Administrator, unless it meets the Emergency Services definition:

- Home health care if a Non-Network Provider;
- Hospice care in a Hospice facility or through a Hospice program;
- Purchase of durable medical equipment that costs more than $5,000;
- Surgical procedures for treatment of morbid obesity;
- Radiological and nuclear imaging procedures within California on an outpatient, non-emergency basis including, but not limited to, CT (computerized tomography) scan, MRI (magnetic resonance imaging), MRA (magnetic resonance angiography), PET (positive emission tomography scan), and diagnostic cardiac procedures utilizing nuclear medicine;
- Spine surgery and pain management procedures within the United States on a non-emergency basis including, but not limited to lumbar spine surgery, cervical spine surgery, injections, epidurals, and joint blocks.

If Prior Authorization is not obtained, and it is later determined by the Claims Administrator that the services are not Medically Necessary, the services will not be covered under this PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

CENTERS OF DISTINCTION

Bariatric surgery requires utilization of one of the Claims Administrator's Centers of Distinction facilities for Covered Persons receiving such outpatient services within the State of California:

If a Covered Person as specified above obtains such services within California from a facility that is not a Center of Distinction, the services will not be covered under this PLAN. Services received outside of the State of California are exempt from this requirement.

For a hip or knee replacement, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

For an organ transplant, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

EMERGENCY SERVICES FACILITY AND PROVIDER

When a Covered Person obtains treatment for a condition that meets the "Emergency Services' definition stated in this Plan, the Plan pays the Network rate of ninety percent (90%) of the Usual, Reasonable and Customary (URC) amount (after Deductible) until the patient is considered to be medically stable. Covered Person may be responsible for all out-of-network charges billed for certain services not obtained in the emergency facility (e.g., ground ambulance) above the URC amount. Covered Persons who receive Emergency Services at any emergency facility (including hospital emergency departments) or air ambulance will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUTPATIENT DIALYSIS

If a Covered Person receives outpatient dialysis services at a non-Network facility within California, the Claims Administrator will pay a maximum of $600 per day to the provider. The Covered Person may be billed for any difference in cost.

OUTPATIENT AMBULATORY SURGERY CENTERS

If a Covered Person receives services at a Non-Network Ambulatory Surgery Center within California, the Claims Administrator will pay a maximum of $1,500 per day for the facility charges. The Covered Person may be billed for any difference in cost.

CASE MANAGEMENT

Upon identification by the Claims Administrator that a Covered Person is incurring services for treatment of an Illness or Accidental Injury that have the potential for substantial claims, the case may be referred for Case Management. With the concurrence of the primary attending Physician and the Covered Person, the case manager may authorize services and expenses not covered by the PLAN. The purpose of Case Management shall be to provide for a treatment plan and services designed to achieve the earliest and most complete recovery of the patient in the most cost-effective manner. Services authorized by the case manager may include supportive expenses of family members and non-medical expenses necessary to execute the treatment plan. Any such payment, although a valid charge against the PLAN, will not be considered to be a precedent in the disposition of other claims.

THE CALENDAR YEAR FAMILY DEDUCTIBLE

Annually each family must satisfy the Calendar Year Family Deductible of $5,000 before most Covered Medical and Pharmacy Expenses are reimbursed by the PLAN. For the purposes of this provision, a "family" means an enrolled retiree and his enrolled Dependents.

Expenses That Do Not Apply Toward the Family Deductible

The following expenses do not apply toward the Family Deductible:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any amounts over the URC amount;

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- The cost differential between a Brand-Name vs. Generic prescription, that a Covered Person must pay when a Generic Drug equivalent is available; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Wellwise, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Wellwise Plan. Contact the Claims Administrator or the Plan Administrator for more information.

NETWORK AND NON-NETWORK BENEFITS

The PLAN includes network and non-network benefits. Each time medical care is needed, the Covered Person decides whether to use a Network Provider or Non-Network Provider.

Except as otherwise specified in the Centers of Distinction, Emergency Hospital Emergency Room Care, Outpatient Dialysis, and Outpatient Ambulatory Surgery Center sections above, when medical care is received from a Network Provider, the PLAN pays ninety percent (90%) of the Network Contract Rate for most Covered Medical Expenses (after the Family Deductible), except Preventive Care which is covered at 100% regardless of network. Network Providers agree to not bill the Covered Person for any charges in excess of the Network Contract Rate. The Covered Person pays the Deductible and ten percent (10%) of the Network Contract Rate, plus any charges that do not qualify as a Covered Medical Expense or are otherwise excluded or limited by the PLAN.

When medical care is received from a Non-Network Provider, the PLAN pays seventy percent (70%) of the Usual, Reasonable and Customary (URC) amount (after the Family Deductible). The Covered Person pays the Deductible, thirty percent (30%) of the URC amount, plus any amounts the non-Network provider charges that exceed URC, any charges that do not qualify as a Covered Medical Expenses or are otherwise excluded or limited by the PLAN, and the twenty percent (20%) coinsurance reduction for failure to follow the Pre-Admission Review and Prior Authorization requirements of the PLAN. Dollar or visits limits may apply for non-Network care as well (e.g., ambulatory surgery, dialysis, chiropractic treatments, and acupuncture). Notwithstanding the foregoing, covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUT-OF-POCKET MAXIMUM BENEFIT

The Out-of-Pocket Maximum Benefit limits the amount a Covered Person pays for Covered Medical and Pharmacy Expenses in a Calendar Year. The Out-of-Pocket Maximum Benefit amounts are different for network and non-network expenses. After a Covered Person's out-of-pocket costs, including the Deductible, have totaled $6,000 family network and $12,000 family non-network, the PLAN will pay one hundred percent (100%) of the remaining Covered Medical and Pharmacy Expenses incurred by the Covered Person within the Calendar Year.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

If the Covered Person has a combination of network and non-network expenses, the Covered Person's out-of-pocket costs under both will be combined to determine whether the Out-of-Pocket Maximum Benefit amount has been met.

Expenses That Do Not Apply Toward the Out-of-Pocket Maximum Benefit

The following expenses do not apply toward the Major Expense Benefit amount:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- The differential in cost between a Brand-Name vs. Generic prescription, that the Covered Person must pay when a Generic equivalent is available; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Wellwise, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Wellwise Plan. Contact the Claims Administrator or the Plan Administrator for more information.

COVERED MEDICAL EXPENSES

The PLAN covers preventive services, certain wellness services and other Medically Necessary services and supplies described below which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Family Deductible and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges for the services and supplies described below.

Covered Medical Expenses include:

a) Hospital care for room, board and other Hospital services required for purposes of treatment, but not to exceed for Hospital Room and Board the cost of the most common semi-private room or other accommodations deemed Medically Necessary by the attending Physician.

   The PLAN will allow up to the Network Negotiated Rate or URC amounts charged by the Hospital for necessary Hospital Room and Board, services, medicines, blood plasma that is not replaced, and supplies for diagnosis or treatment of the Illness or Accidental Injury, for which the Covered Person is confined (except services of a Physician, dentist, special nursing in any form, or supplies not used in the Hospital) provided the Covered Person is Hospital confined as a registered bed patient; or the Covered Person has surgery performed in the Hospital; or, the Covered Person received necessary emergency treatment for an Illness or as a result and within seventy-two (72) hours of the time of an accident

   Hospital care associated with dental procedures is covered only under the following circumstances:

   1. The Covered Person is a child, up to 6 years old, with a dental condition (such as baby bottle syndrome) that requires administration of general anesthesia in a hospital setting for dental repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combinations of these noted or other dental procedures); *or*

   2. The Covered Person exhibits physical, intellectual, or medically compromising conditions, is in need of dental treatment that requires administration of general anesthesia, and for whom administration of a general anesthesia can only be safely performed in a hospital setting. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems, and hyperactivity (verified by appropriate medical documentation);

   Such coverage is limited to the charges by the hospital and the anesthesiologist. The actual dental procedure performed by a dentist or oral surgeon during the Hospital stay is not covered.

   For services received at a Non-Network Hospital, benefits will be reduced as described in the Schedule of Medical Expense Benefits if a Pre-Admission Review is not obtained.

   Benefits shall not be payable with respect to charges made by any institution or facility for the care of the sick or injured which does not qualify as a Hospital as defined in the section "Definitions."

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

b) Inpatient newborn well-baby care following birth, including:
   - Inpatient routine nursery care provided to a newborn well-baby while the mother is Hospital confined,
   - Physician services for the initial pediatric examination of a newborn child in the Hospital, and
   - Circumcision

c) Medical or surgical services by a Physician;

d) Mental health and substance abuse treatment by a Physician (M.D.; Psychiatrist (M.D.); Psychologist (Ph.D.); Licensed Clinical Social Worker (L.C.S.W.); or Marriage, Family and Child Counselor (M.F.C.C.) upon referral by a Physician. Expenses incurred for Severe Mental Illnesses of a person of any age, and of serious emotional disturbances of a child as defined under (AB88) (1999) will be covered on the same basis as any other medical condition;

e) Professional services, recommended by a Physician, and provided by a graduate Registered Nurse (R.N.), a Licensed Vocational Nurse (L.V.N.) or an audiologist. Such services shall include a California Registered Nurse Midwife acting within the scope of his license;

f) The following medical services or supplies that are recommended by a Physician:

   1) Covered Drugs requiring a Physician's prescription that are prescribed by a Physician for emergency treatment or treatment while traveling outside of the United States and are not purchased through the Prescription Drug Card Program. All other eligible drugs and medicines requiring a Physician's prescription must be obtained through the PLAN's Prescription Drug Card Program;

   2) Anesthesia, including the charge for administration;

   3) Diagnostic and laboratory tests, x-ray services, routine pap tests and blood pressure tests;

   4) Oxygen and/or rental of equipment required for its administration;

   5) X-ray, radium and radioactive isotope therapy;

   6) Braces, crutches, casts, splints, blood, and blood plasma (if not replaced) including the cost of blood, blood plasma and blood processing, or other fluids actually injected into the circulatory system;

   7) Initial purchase and fitting of artificial limbs or eyes or other prosthetic appliances;

   8) Authorized purchase of durable medical equipment prescribed by a Physician; however, only rental will be authorized for temporary therapeutic use in the treatment of an active Illness or Accidental Injury when rental charges do not exceed the purchase price of the equipment. Temporary use is generally defined as use not to exceed a length of time of six (6) months;

   9) Necessary emergency transportation of the Covered Person by a professional ambulance, to or returning from the nearest Hospital or other medical institution equipped and staffed to treat the

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

Illness or Accidental Injury, for Medically Necessary medical treatment that qualifies as a Covered Medical Expense under the PLAN;

g) **Preventive Care at No Cost**:
Preventive Health Services mean those primary preventive medical Covered Services, including related laboratory services, for early detection of disease as specifically listed below:

1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF);

2) Immunizations that have in effect a recommendation from either the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or the most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians;

3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration;

4) With respect to women, such additional preventive care and screenings not described in paragraph 1, as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration.

Preventive Health Services include, but are not limited to, cancer screening (including, but not limited to, colorectal cancer screening, cervical cancer and HPV screening, breast cancer screening and prostate cancer screening), breast cancer susceptibility gene (BRCA 1 and BRCA2) testing, osteoporosis screening, screening for blood lead levels in children at risk for lead poisoning, and health education. When a covered preventative screening or service is limited by frequency, a year is considered to be a twelve (12) month period. More information regarding covered Preventive Health Services is available at the Claim Administrator's web site or by calling the Claim Administrator's Customer Service.

In the event there is a new recommendation or guideline in any of the resources described in paragraphs 1 through 4 above, the new recommendation will be covered as a Preventive Health Service as of the first plan year that begins twelve (12) months following the issuance of the recommendation.

5) **Preventive care services for children** (birth through 18 years of age) provided by a Network Physician or the appropriately designated medical professional within that Physician's office. Preventive care service for children will be reimbursed at one hundred percent (100%) of the Network Contract Rate. The Calendar Year Deductible will not apply to these services.

   Covered preventive care services for children will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 1 and 3 above and will include but not be limited to:
   - Physical and medical history
   - Height and weight evaluation
   - Head circumference

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

- Ocular prophylaxis
- Hemoglobin blood test
- Preventive health counseling and education
- Vision and hearing screening
- Developmental screening
- Injury prevention
- Blood pressure evaluation
- Screening for diabetes; Chlamydia; syphilis; HIV; and rubella susceptibility

Covered immunizations for children will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 2 above and will include but not be limited to:

- Diphtheria, Tetanus, acellular Pertussis (DTaP)
- Haemophilus Influenza type b (Hib)
- Measles, Mumps, Rubella (MMR)
- Chicken pox (Varicella)
- Hepatitis B (HBV)
- Influenza
- Hepatitis A (HepA)
- Inactivated Poliovirus Vaccine (IPV)
- Pneumococcal Conjugate Vaccine (PCV)
- Rotavirus
- Meningococcal

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

6) **Preventive care services for adults** (19 years of age or older) provided by a Network Physician or the appropriately designated medical professional within that Physician's office. Preventive care services for adults will be reimbursed at one hundred percent (100%) of the Network Contract Rate. The Calendar Year Deductible will not apply to these services.

   Covered preventive care services for adults will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraphs 1 and 4 above and will include but not be limited to:

   - Preventive health education and counseling
   - Height and weight evaluation
   - Blood pressure check
   - Blood cholesterol examination (Total and HDL)
   - Clinical breast examination
   - Mammogram
   - Well-woman exam, including pap smear
   - Prostate examination, including PSA
   - Hemoccult test
   - Flexible sigmoidoscopy or colonoscopy
   - Vision screening
   - Testicular examination
   - Liver tests

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

- Screening for diabetes; breast cancer; cervical cancer; Chlamydia; syphilis; osteoporosis; HIV; abdominal aortic aneurysm; or rubella susceptibility

Covered immunizations for adults will follow the age criteria and service frequency as recommended by the organizations in g) paragraph 2 above and will include but not be limited to:

- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal
- Pneumococcal vaccine
- Measles, Mumps, Rubella (MMR)
- Rubella (German Measles)
- Tetanus, Diptheria (Td) booster (every 10 years)
- Chicken Pox (Varicella)
- Shingles, age 60 and over (Zostavax)

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

h) Short-term physical or occupational therapy by a licensed Registered Physical Therapist (R.P.T.) or Occupational Therapist (O.T.) pursuant to a written treatment plan and when therapy is expected to result in a near-term significant improvement, based on a review by the Claims Administrator;

i) Skilled nursing facility for room, board, and other services, not to exceed for Room and Board the most common average semi-private room rate. Coverage is limited to a maximum of 100 days in any one Calendar Year;

j) Pregnancy-related services;

k) Elective abortions only when the life of the retiree or an eligible spouse is in danger;

l) Services for voluntary sterilization;

m) Speech therapy by a speech pathologist to restore loss of speech following Illness or Accidental Injury only;

n) Services by a Home Health Care Agency for continued care and treatment of the Covered Person pursuant to a written treatment plan established and approved in writing by the attending Physician;

o) Hospice services for care and treatment of a terminal Illness or Accidental Injury certified by the attending Physician when the life expectancy of the Covered Person does not exceed six (6) months;

p) Chiropractic manipulations performed by a Doctor of Chiropractic (D.C.) or Doctor of Medicine (M.D.), but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year;

q) Charges for the use of a free standing or outpatient surgical facility, Physician's office surgical suite, or a Hospital for outpatient surgery;

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

r) Charges for a Second Surgical Opinion by a specialist in the field for which the Covered Person is considering surgery;

s) Charges for medical treatment of Temporomandibular Joint (TMJ) Dysfunction. Dental procedures for treatment of TMJ Dysfunction are excluded;

t) Charges for organ transplants. Covered Medical Expenses include the following when incurred for an organ transplant that has been approved for coverage under the PLAN:

1) The cost of organ procurement. When the organ is harvested from a living donor, the PLAN will cover the medical expenses incurred by the organ donor for the surgical procedure and associated Hospital stay for harvesting of the donated organ, to the extent such expenses exceed any benefits available through another plan. Such expenses are limited to the donor's Inpatient Hospital stay for the organ harvesting, and related follow-up care for sixty (60) days following the organ harvesting.

   The medical expenses incurred by a Covered Person in connection with the Covered Person's donation of an organ to an individual who is not a Covered Person under this PLAN are not covered.

2) The cost of a donor search limited to a maximum benefit of $15,000 per organ transplant when the search is conducted by a Special Transplant Facility or $5,000 per organ transplant when the search is conducted by other facilities.

3) Travel expenses, limited to a maximum lifetime benefit of $10,000 for organ transplants performed at a Special Transplant Facility, or $5,000 for organ transplants performed at other facilities. Travel expenses associated with an organ transplant are covered if the facility at which the transplant is performed is more than 100 ground miles from the organ recipient's home address. Benefits will be based on actual incurred costs. Covered travel expenses include:

   a. Coach airfare on a public airline for the organ recipient and one companion (two companions if the organ recipient is a minor child) to travel to and from the site of the transplant. A "companion" includes the organ recipient's legal spouse, legal parent(s) or legal guardian(s).

   b. Reimbursement for mileage at the then federal maximum rate for use of a personal car or rental car used to travel to and from the site of the transplant.

   c. Up to $200 per day for reasonable and necessary lodging and meals for the organ recipient (while not confined) and companion(s). The $200 per day maximum applies to the organ recipient and companion(s) collectively, not individually.

   The following types of living expenses do not qualify as covered travel expenses:
   - Childcare
   - Charges for house sitting
   - Kennel boarding
   - Reimbursement of any lost wages by the companion(s) during the Covered Person's stay at the transplant facility
   - Charges for the purchase or shipping of home furnishings, automobiles, or personal belongings.

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

u) Acupuncture when performed by a Doctor of Medicine (M.D.) or by a certified acupuncturist, but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year. A certified acupuncturist includes providers with the following licenses: Doctor of Osteopathy (D.O.), Doctor of Oriental Medicine (D.O.M.), and Certified Acupuncturist (C.A.).

v) Certain surgical procedures for treatment of severe obesity if the Covered Person meets the National Institute of Health's criteria for surgical intervention and the Claims Administrator's internal guidelines for approval of coverage. **Surgical procedures for treatment of morbid obesity are not covered unless Prior Authorization is obtained and the Covered Person obtains such services at one of the Claims Administrator's Centers of Distinction, if within California;** and

w) Dental treatment for an Accidental Injury to natural teeth.

x) Telehealth for covered services that are appropriately provided through telehealth, subject to the terms and conditions of the plan. In-person contact between a health care provider and the patient is not required for these services, and the type of setting where these services are provided is not limited. "Telehealth" is the means of providing health care services using information and communication technologies in the consultation, diagnosis, treatment, education, care management and self-management of a patient's physical and mental health care when the patient is located at a distance from the health care provider. Telehealth does not include consultations between the patient and the health care provider, or between health care providers, by facsimile machine, or electronic mail.

y) Telemedicine consultation for clinical services provided by the Claims Administrator's vendor. Telemedicine consultations for clinical services provide confidential consultation using a network of U.S. board certified Physicians who are available 24 hours a day by telephone and from 7 a.m. to 9 p.m. by secure online video, 7 days a week (subject to change). Telemedicine Physicians can provide diagnosis and treatment for urgent and routine non-emergency medical conditions and can also issue prescriptions for certain medications. Note: If medications are prescribed, the applicable co-insurance and other requirements of the Prescription Drug Card Program apply. Telemedicine consultation services are optional and are not intended to replace services from a Covered Person's Physician but are a supplemental service to assist Covered Persons when their Physician is not available and they need quick access to a Physician. Telemedicine consultation services are not available for specialist services or mental health and Substance Use Disorder Services. Before Telemedicine services can be accessed, the Covered Person must complete and submit a Medical History Disclosure form to the Telemedicine service organization. The Telemedicine consultation fee is considered a network benefit subject to network deductibles and coinsurance. The Plan Administrator may modify, add, or delete this service or components of the service based on an analysis of service results, cost effectiveness, and risk as needed.

Charges for all Covered Medical Expenses shall be deemed incurred on the latest of the following:

a) The date a purchase is contracted;

b) The date delivery is made;

c) The actual date a service is rendered.

PRESCRIPTION DRUG CARD PROGRAM

The Sharewell Retiree Health Plan includes benefits for Covered Drugs. These benefits are administered by the Pharmacy Benefit Manager.

HOW THE PLAN WORKS

Covered Drugs can be purchased from:

- A Network Retail Pharmacy (up to a 30-day supply);
- A Network Retail Pharmacy participating in the Pharmacy Benefit Manager's Retail90 program (up to a 90-day supply for maintenance medications for chronic or long-term health conditions); and
- The Pharmacy Benefit Manager's Mail Order Service (up to a 90-day supply for maintenance medications for chronic or long-term health conditions).
- The Pharmacy Benefit Manager's Specialty Pharmacy (up to a 30-day supply). All Specialty Drugs must be fulfilled by OptumRx Specialty Pharmacy in order to be covered.

Covered Drugs purchased from a Non-Network Retail Pharmacy or unapproved mail order service are not covered by the Prescription Drug Card Program.

FORMULARY INCLUDING PREFERRED DRUGS

The Prescription Drug Card and Mail Order Program (hereinafter referred to as the Prescription Drug Card Program) has a Formulary. The County's Formulary will change from time to time. The most up-to-date Formulary is available on the Pharmacy Benefit Manager's Web site. The list includes only the most frequently used Generic Drugs. However, all Generic Drugs are included in the Formulary unless specifically excluded by the PLAN.

If the Covered Person requests a Brand-Name Drug when a Generic Drug equivalent is available, the Covered Person is responsible for paying the difference between the Participating Pharmacy contracted rate for the Brand-Name Drug and its Generic Drug equivalent, as well as the applicable Drug coinsurance. This differential in cost (Brand-Name vs. Generic) that the Covered Person must pay is not included in the Calendar Year maximum out-of-pocket prescription drug benefit. If the prescription specifies a Brand-Name Drug and the prescriber has written "Dispense as Written" or "Do Not Substitute" on the prescription, or if a Generic Drug equivalent is not available, the Covered Person is only responsible for paying the applicable Brand-Name Drug co-insurance.

FORMULARY EXCLUSIONS

The County's Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a lower cost therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. If the Covered Person or their prescriber believe that it is Medically Necessary for the Covered Person to take the excluded drug, a Prior Authorization request can be submitted to the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details.

PRESCRIPTION DRUG CARD PROGRAM (continued)

PLAN BENEFITS

The PLAN pays a percentage of the cost of covered drugs, as shown in the Schedule of Benefits, after the annual family deductible has been met.

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program can be used to satisfy the Plan's Out-of-Pocket Maximum Benefit.

COVERED PRESCRIPTION DRUG EXPENSES

The Prescription Drug Card Program covers only those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug;
- Prescription strength vitamins; and
- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or blindness.

  Note: Insulin pumps and cartridges are not available through the Pharmacy Benefit Manager. These items may be covered as durable medical equipment through the Medical Expense Benefits of this PLAN.

- Preventive products that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) or such additional preventive products provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration.(Covered under the Patient Protection and Affordable Care Act) These drugs and products, when prescribed by a licensed prescriber, currently include but are not limited to aspirin, prenatal vitamins, folic acid, contraceptives, smoking cessation, bowel preps (when used in conjunction with a colonoscopy), drugs used for cancer prevention, and low-dose statin medications (for use in patients with cardiovascular risk factors) and are subject to change. The preventive products may be subject to specific clinical criteria or requirements which may include but are not limited to age requirements, medical risk factors, and medical history. The preventive products may require Prior Authorization by the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details. The preventative product cost is 100% covered by the Plan with no cost for the Covered Person. More information regarding covered Preventive products is available by calling the Pharmacy Benefit Manager's Customer Service.

QUANTITY LIMITS

In addition to the quantity limits described above for medications purchased at a Network Retail Pharmacy and through the Pharmacy Benefit Manager's Mail Order Service, quantity limits may apply to certain medications, as determined by the Pharmacy Benefit Manager. These quantity restrictions are based on manufacturer and/or clinically approved guidelines and are subject to periodic review and change. Some examples include anti-migraine drugs, flu medications, and pain management drugs. If a

PRESCRIPTION DRUG CARD PROGRAM (continued)

Covered Person or a Covered Person's Physician has any questions, they should contact the Pharmacy Benefit Manager.

If a Covered Person's prescription is denied due to quantity limitations and the Covered Person or their Physician believe that it is Medically Necessary for the Covered Person to take a larger quantity of this medication, a Prior Authorization request can be made. Refer to the "Prior Authorization Requirements" section below for details.

AGE LIMITS

Age limits may apply to certain drug categories or medications, as determined by the Pharmacy Benefit Manager, including but not limited to the following:

- Topical acne medications;
- Flu medications; and
- Central Nervous system (e.g., attention deficit disorder).

PRIOR AUTHORIZATION REQUIREMENTS

Certain drugs require Prior Authorization, as determined by the Pharmacy Benefit Manager before they can be covered by the Program. The Pharmacy Benefit Manager will review and determine Medical Necessity on those medications and may require the submission of a medical diagnosis for the prescribed medication. Some medications may require information in addition to the medical diagnosis (for example, lab values). The Pharmacy Benefit Manager will review new FDA approved drugs when they become available to determine if a Prior Authorization is appropriate.

Drug categories or medications that may require Prior Authorization include but are not limited to:

- Cardiology (for example high cholesterol and heart failure);
- Central Nervous System (for example attention deficit disorder, pain, and weight loss);
- Endocrinology (for example testosterone and diabetes);
- Gastroenterology (for example nausea and constipation);
- Oncology (for example cancer);
- Respiratory (for example asthma and COPD); and
- Impotency medications, which may only be covered for the treatment of benign prostatic hyperplasia or pulmonary arterial hypertension.

The criteria for the Prior Authorization program are based on nationally recognized guidelines, FDA-approved indications, and accepted standards of practice.

How to Obtain a Prior Authorization

Prior Authorization can be initiated by the Network Pharmacy, the Physician, or the Covered Person by calling the Pharmacy Benefit Manager. All Prior Authorization requests are reviewed by a Pharmacy Benefit Manager pharmacist, who will approve or deny the request based on established protocols. If the Prior Authorization request is approved, a Pharmacy Benefit Manager representative will communicate the approval via a telephone call or fax to the person who initiated the request. If the Prior Authorization request is denied, a Pharmacy Benefit Manager pharmacist will communicate the denial via a telephone call or fax to the person who initiated the request and send a denial letter to the Covered Person explaining the reason for denial. The letter will include instructions for requesting a review of the claim

PRESCRIPTION DRUG CARD PROGRAM (continued)

denial. For more information about requesting a review of a claim denial, see the Claims Review Procedure section of this Plan Document.

To confirm whether a Prior Authorization is needed or to request a Prior Authorization, call the Pharmacy Benefit Manager's Customer Services.

MEDICATION MONITORING

The Pharmacy Benefit Manager will utilize its medication monitoring program to review medications filled under the plan in order to work with Covered Persons and their health care providers to ensure safe and appropriate medication use. Specifically, this program evaluates the following for Covered Persons who take certain medications and/or who are at high-risk for complex conditions:

- Appropriateness of Therapy
- Inappropriate Medications in the Elderly
- Compliance and Persistency
- Comprehensive Pharmacy Review (Polypharmacy)

Covered Persons may receive a call or offer for consultation from a clinically trained pharmacist who will provide targeted, one-on-one counseling about their medications.

In addition, the Pharmacy Benefit Manager will monitor all Covered Persons through daily medication evaluation to help prevent them from joining the most at-risk group. The Pharmacy Benefit Manager may discuss medication options with the Covered Person's pharmacy and/or the prescriber.

The Plan Administrator may annually modify, add, or delete this program or components of the program based on an analysis of program results, cost effectiveness, and risk as needed.

STEP CARE THERAPY

The Pharmacy Benefit Manager will apply its Step Care Therapy Program. This Program requires that one or more prerequisite medications must be tried first before other medications will be covered unless medical exception authorization is received. Current step care therapy categories may include but are not limited to drugs used in the treatment of:

- Anti-infectives (for example antibiotics)
- Cardiovascular conditions (for example blood pressure and chest pain);
- Central Nervous System disorders (for example attention deficit disorder, pain, anticonvulsants, and antidepressants;
- Dermatology (for example rosacea and eczema);
- Endocrinology (for example diabetes);
- Gastrointestinal disorders (for example constipation, gout, and heartburn);
- Ophthalmology (for example allergy)
- Respiratory conditions (for example asthma and COPD); and
- Urological conditions (for example prostate).

The Pharmacy Benefit Manager and Plan Administrator may agree to revise the Step Care Therapy program list as required.

SPECIALTY PHARMACY PROGRAM

In addition to the Prior Authorization requirement, the Prescription Drug Card Program also includes a Specialty Pharmacy Program administered by the Pharmacy Benefit Manager. This Program provides

PRESCRIPTION DRUG CARD PROGRAM (continued)

assistance and patient education to Covered Persons who require certain medications for treating chronic or complex health conditions including but not limited to the following:

- Acromegaly (e.g., Sandostatin)
- Alpha-1 deficiency (e.g., Aralast, Prolastin)
- Anticoagulants (e.g., Enoxaparin)
- Asthma (e.g., Xolair)
- Biologic response modulator (e.g., Proleukine)
- Botulinum toxins (e.g., Botox)
- Cateplexy in patients with narcolepsy (e.g., Xyrem)
- Chronic granulamatous (e.g., Actimmune)
- Condylomata acuminata (e.g., Alferon)
- Cryopyrin associated periodic syndromes (e.g., Ilaris)
- Cystic fibrosis (e.g., Bethkis, Kalydeco, Pulmozyme)
- Enzyme deficiency or Lysosomal storage disease (e.g., Cerezyme, Fabrazyme)
- Growth hormone and related disorders (e.g., Norditropin, Nutropin)
- Hematopoietics (e.g., Procrit)
- Hemophilia and related bleeding disorders (e.g., Humate-P)
- Hepatitis B (e.g., Hepsera)
- Hepatitis C (e.g., Harvoni, Epclusa)
- Hereditary angioedema (e.g., Cinryze)
- Hormonal therapies (e.g., Lupron Depot, Trelstar)
- IGF-1 deficiency (e.g., Increlex)
- Immune deficiency & related disorders (e.g., Gammagard, Gamunex)
- Immune thrombocytopenic purpura (e.g., Nplate)
- Iron overload (e.g., Exjade, Ferriprox)
- Macular degeneration (e.g., Lucentis)
- Multiple sclerosis (e.g., Copaxone, Tecfidera)
- Oncology, injectable (e.g., Carboplatin, Gemcitabine)
- Oncology, oral (e.g., Imatinib Mesylate, Afinitor)
- Oncology, supportive care (e.g., Aredia)
- Osteoarthritis (e.g., Euflexxa, Synvisc)
- Osteoporosis (e.g., Prolia)
- Plaque psoriasis (e.g., Stelara, Humira)
- Psoriatic arthritis (e.g., Stelara, Humira)
- Pulmonary arterial hypertension (e.g., Letairis, Tracleer)
- Respiratory syncytial virus (e.g., Synagis)
- Transplant (e.g., Rapamune, Sandimmune)

Medications through the Specialty Pharmacy Program may require Prior Authorization and are limited to supplies of 30 days or less. All Specialty Drugs must be fulfilled by OptumRx Specialty Pharmacy in order to be covered. The Plan Administrator and Pharmacy Benefit Manager may mutually agree to add or delete medications from this list as clinically appropriate.

PRESCRIPTION DRUGS THAT ARE NOT COVERED

No benefits shall be provided under the Prescription Drug Card and Mail Order Program with respect to:

a) Drugs and medications purchased from a Non-Network Retail Pharmacy or from a mail order service other than that operated by the Pharmacy Benefit Manager;

PRESCRIPTION DRUG CARD PROGRAM (continued)

b) Any drug that is not on the preventive medication list and can be purchased legally without a prescription;

c) Over-the-counter medications and other over-the-counter items, except those Preventive Products allowed under the Covered Prescription Expenses section above on page 23;

d) Any Specialty Drug not fulfilled by OptumRx Specialty Pharmacy;

e) Drugs used for cosmetic purposes, including, but not limited to, certain anti-fungals, hair loss treatments, products used as wrinkle reducers, and those used for pigmenting/depigmenting;

f) Fertility drugs (oral and injectable);

g) Impotence drugs (except as specifically noted in the Prior Authorization requirements section);

h) Legend vitamins, except prescription strength vitamins and those prenatal legend vitamins covered under the Patient Protection and Affordable Care Act;

i) Nutritional and diet supplements;

j) Certain injectables obtainable through and administered by a Physician in an office setting. If the medication is available to and administered through the Covered Person's Physician's office, then it may be covered through the Medical Expense Benefits of this PLAN;

k) Charges for that portion of the purchase of Covered Drugs that exceeds the PLAN limit (either days supply, age, or quantity limit);

l) Charges to administer or inject any drug;

m) Certain self-injectable drugs;

n) Charges for delivering any drugs except through the Pharmacy Benefit Manager's mail order service. Express or overnight delivery costs are not covered;

o) Prescription drugs purchased from an institutional pharmacy for use while the Covered Person is an Inpatient of that institution (Hospital, skilled nursing facility or alternate facility), regardless of the level of care;

p) Prescription drugs furnished by a local, state, or federal government;

q) Biological prescription drug products (such as immunizations and allergy serum) which, due to their characteristics as determined by the Pharmacy Benefit Manager, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting;

r) Drugs specifically excluded from the County's Formulary. See more information in the Formulary Exclusions paragraph above on page 21;

s) New to market drugs are excluded for up to six months following market launch while the Pharmacy Benefit Manager clinically evaluates the new drug and establishes utilization management requirements (such as prior authorization, quantity limits, or Formulary exclusion); and

t) Drugs excluded by the Pharmacy Benefit Manager's cost control programs that identify drugs for exclusion where lower cost therapeutically equivalent (comparable clinical effectiveness and safety) alternatives exist. The excluded drugs may include but are not limited to i) non-FDA approved products; ii) products considered out-of-scope of the PLAN's pharmacy benefit; iii) high-cost Brand-Name drugs with chemically similar generic alternatives; iv) high-cost pain patches and creams; and v) DESI 5 and 6 products which are products with questionable effectiveness. The Pharmacy Benefit Manager and Plan Administrator may mutually agree to revise the cost control programs as required.

PRESCRIPTION DRUG CARD PROGRAM (continued)

See the PLAN Limitations and Exclusions section for other limitations and exclusions that apply to the Prescription Drug Card Program

PLAN LIMITATIONS AND EXCLUSIONS

No benefits shall be payable under this PLAN with respect to:

a) Any services not Medically Necessary for diagnosis or treatment of the Covered Person's active Illness or Accidental Injury except as provided for under preventive care services or wellness services; or

b) Any treatment or service not prescribed or recommended by a "Physician" as defined in the "Definitions" section; or

c) Any charges for services rendered by a relative by birth, adoption or marriage will not be eligible; or

d) Any charges for hearing aids, glasses, or eye examinations or correction of vision or fitting of glasses and any charges related to orthoptics, vision therapy, or other special vision procedures, except as provided for under preventive care services; or

e) Any charges for dental services or treatment except for treatment of Accidental Injury to natural teeth, and no payment will be made for dentures or other oral appliances; or

f) Any condition, disability or expense resulting from or sustained as a result of being engaged in an illegal occupation, commission of or attempted commission of an assault or a felonious act; or

g) Any condition, disability or expense resulting from or sustained as a result of being engaged in duty as a member of the Armed Forces of any state or country, war or act of war declared or undeclared; or

h) Any services for care or treatment provided or furnished by the United States Government or the government of any country except as furnished by the Veterans Health Administration; or

i) Any services for which a charge would not have been made in the absence of coverage; or

j) Any condition, disability or expense resulting from injury caused by participating in civil insurrection or a riot; or

k) Any benefit under Workers' Compensation Act or similar legislation, which is due to injury arising out of or in the course of any occupation or employment for wage or profit, except as specifically provided in the PLAN; or

l) Vaccinations, inoculations, preventive shots, routine physical examinations, vitamins and nutritional food or mineral supplements, except prescription strength vitamins and as provided for under preventive care services or preventive products; or

m) Expense incurred for the treatment of corns, calluses, or toenails, unless the charges are for the removal of nail roots or for the treatment of a metabolic or peripheral-vascular disease; or

n) Expenses incurred for orthopedic shoes and other supportive appliances for the feet including orthotics applied to shoes; or

o) Expenses incurred for the treatment of weak, strained, or flat feet, or any metatarsalgia or bunion; unless the charges are for an open cutting operation; or

p) Any charges for cosmetic surgery except as the charges relate to such surgery to correct a congenital defect in a covered newborn or to repair the effects of an accident which occurred while the individual is covered under this PLAN; or

PLAN LIMITATIONS AND EXCLUSIONS (continued)

q) Any charges related to services for reproductive voluntary sterilization reversal, fertility or infertility, and any charges for artificial insemination, embryo and fetal implants, or charges arising from or related to in vitro fertilization (test-tube baby) other than childbirth; and any charges for genetic testing related to these assisted reproductive technologies; or

r) Any charges for medical or surgical weight control, weight reduction or weight controlling drugs or counseling except as provided for under Covered Medical Expenses; or

s) Charges related to treatment of learning disabilities; or

t) Charges related to bariatric surgery when not performed at one of the Claims Administrator's Centers of Distinction, if surgery occurred within California.

u) Any charges for convenience items for comfort (e.g., telephone, television, guest trays, and personal hygiene items).

v) Any charges related to long-term care

w) Charges related to Private-duty nursing

COORDINATION OF BENEFITS

This provision shall apply to all sections of the PLAN providing benefits for Covered Medical Expenses, including coverage for those individuals covered under Medicare.

Section I. Definitions Applicable to this Provision

The term "Plan" as used in this provision means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by (a) group, blanket or franchise insurance coverage under a labor/management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan, including any Federal or State or other governmental plan or law, toward the cost of which any employer shall have made payroll deductions, or (b) coverage under any plan solely or largely tax-supported or otherwise provided for by or through action of any government.

The term "Plan'' shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services separately with respect to that portion of any such policy, contract, or other arrangement, which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

"This PLAN" as used in this provision means that portion of the contract by name referred to in this document which provides the benefits that are subject to this provision.

"Allowable Expense" means any necessary, reasonable, and customary item of expense at least a portion of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services or supplies rather than cash payments, the reasonable cash value of each service rendered, or supply furnished shall be deemed to be both an Allowable Expense and a benefit paid.

The "Order of Benefit Determination" rules are the rules that determine whether this PLAN pays benefits first (the primary plan) or second (the secondary plan) when compared to another Plan covering the Covered Person.

Section II. Effect on Benefits

A. This provision shall apply in determining the benefits as to a person covered under this PLAN for a claim submission, if for the Allowable Expenses incurred as to such person, the sum of:

   1. the benefits that would be payable under this PLAN in the absence of this provision, and

   2. the benefits that would be payable under all other Plans in the absence therein of provisions of similar purpose to this provision, would exceed such Allowable Expenses.

B. As to any claim submission with respect to which this provision is applicable, the benefits that would be payable under this PLAN in the absence of this provision for the Allowable Expenses incurred as to such person shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits payable for such Allowable Expenses under all other Plans shall not exceed the total of such Allowable Expenses. Benefits payable under another Plan include the benefits that would have been payable had claim been duly made, therefore.

C. For the purposes of item (B), the rules establishing the order of benefit determination are:

COORDINATION OF BENEFITS (continued)

1. A Plan that does not contain a coordination of benefits provision shall be considered the primary plan.

2. When benefits are provided under this PLAN and another Plan which also has a coordination provision, the first of the following rules that describes which Plan pays its benefits before another Plan will be used to determine which Plan is primary.

   a) **Non-Dependent or Dependent.** The Plan that covers the person other than as a dependent, for example as an employee, member, subscriber, or retiree, is primary and the Plan that covers the person as a dependent is secondary. However, if the person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent; and primary to the Plan covering the person as other than a dependent (e.g., a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the person as an employee, member, subscriber, or retiree is secondary and the other Plan is primary.

   b) **Child Covered Under More Than One Plan.** The order of benefits when a child is covered by more than one Plan is:

      1) The Primary Plan is the Plan of the parent whose birthday is earlier in the year if:

         i. The parents are married;

         ii. The parents are not separated (whether or not they ever have been married); or

         iii. A court decree awards joint custody without specifying that one party has the responsibility to provide health care coverage.

         If both parents have the same birthday, the Plan that covered either of the parents longer is primary.

      2) If the specific terms of a court decree state that one of the parents is responsible for the child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to PLAN years commencing after the Plan is given notice of the court decree.

      3) If the parents are not married, or are separated (whether or not they ever have been married) or are divorced, the order of benefits is:

         i. The Plan of the custodial parent;

         ii. The Plan of the spouse of the custodial parent;

         iii. The Plan of the non-custodial parent; and then

         iv. The Plan of the spouse of the non-custodial parent.

   c) **Active or inactive employee.** Another Plan that covers a person as an employee who is neither laid off nor retired is primary. The same would hold true if a person is a dependent of a person covered as a retiree and an employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored. Coverage provided an individual as a retired worker and as a dependent of an actively working spouse will be determined under the rule labeled 2(a).

   d) **Continuation coverage.** If a person whose coverage is provided under a right of continuation provided by federal or state law also is covered under another Plan, the Plan covering the person as an employee, member, subscriber, or retiree (or as that person's

COORDINATION OF BENEFITS (continued)

dependent) is primary, and the continuation coverage is secondary. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored.

e) **Longer or shorter length of coverage.** The Plan that covered the person as an employee, member, subscriber, or retiree longer is primary.

f) If a husband or wife is covered under this PLAN both as a retiree and as an enrolled Dependent, the dependent benefits will be coordinated as if they were provided under another Plan. This means the retiree's benefit will pay first.

g) If the preceding rules do not determine the primary Plan, the Allowable Expenses shall be shared equally between the Plans meeting the definition of Plan under this provision. In addition, this PLAN will not pay more than it would have paid had it been primary.

Section III. Right to Receive and Release Necessary Information

For the purposes of determining the applicability of and implementing the terms of this provision of this PLAN or any provision of similar purpose of any other Plan, the PLAN may, without the consent of or notice to any person, release to, or obtain from any Insurance Company or other organization or person any information, with respect to any person, which the deems to be necessary for such purposes. Any person claiming benefits under this PLAN shall furnish to the PLAN such information as may be necessary to implement this provision.

Section IV. Facility of Payment

Whenever payments which should have been made under this PLAN in accordance with this provision have been made under any other Plan(s), the PLAN shall have the right, exercisable alone and in its sole discretion, to pay over to any organizations making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision and amounts so paid shall be deemed to be benefits paid under this PLAN and, to the extent of such payments, the County or Fund shall be fully discharged from liability under this PLAN.

Section V. Recovery of Excess Payments

Whenever payments have been made by the Fund with respect to Allowable Expense in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, the Fund shall have the right to recover such payments, to the extent of such excess, from among one or more of the following, as the Fund shall determine: any persons to or for or with respect to whom such payments were made, any insurance companies, any other organizations.

GENERAL PROVISIONS

CLAIM PAYMENT DETERMINATION

Claims will be processed and paid in the order they are received by the Claims Administrator without regard to sequence of dates incurred. Adjustments will not be made for claims received later but with an earlier incurred date to be applied to the Deductible or maximum payment level.

PLAN EXCEPTIONS

Any service or treatment excluded by the PLAN which is deemed to be Medically Necessary for the health of the Covered Person and cannot be accomplished through a covered benefit may be submitted to the Plan Administrator for exception. The submission and request for review must be accompanied by a detailed description by the attending Physician justifying the medical necessity and a concurrence by a second opinion Physician at the Covered Person's expense. Requests for exception must be filed within fifteen (15) days of claim denial.

DETERMINATION OF PAYMENT

If, in the opinion of the Claims Administrator, a valid release cannot be rendered for the payment of any benefit payable, under this PLAN, the Claims Administrator may, at its option, make such payment to the individual or individuals as have, in the Claims Administrator's opinion, assumed the care and principal support of the Covered Person and are, therefore, equitably entitled thereto. In the event of the death of the Covered Person prior to such time as all benefit payments due him have been made, the Claims Administrator, may at its sole discretion and option, honor benefit assignments, if any, made prior to the death of such Covered Person.

Any payment made by the Claims Administrator in accordance with the above provisions shall fully discharge the Fund to the extent of such payments.

PLAN DOCUMENT

The Plan Administrator will make available to each Covered Person under this PLAN this Sharewell Retiree Health Plan Document which shall summarize the benefits to which the person is entitled, to whom benefits are payable, and the provisions of the PLAN principally affecting the Covered Person.

ASSIGNMENT

The Covered Person's benefits may not be assigned except by consent of the Plan Administrator.

CONFORMITY WITH STATE AND FEDERAL STATUTES AND REGULATIONS

Any provision of the PLAN, which on its Effective Date, is in conflict with the statutes or regulations of the jurisdiction of California of the Federal government, which relate to Self-Funded Plans of public entities is hereby amended to conform to the minimum requirements of such statutes or regulation.

GENERAL PROVISIONS (continued)

PLAN AMENDMENT AND TERMINATION

The County reserves the unlimited right to amend, terminate or merge the Plan in any way. Any amendment, termination or merger to the Plan shall be in writing and shall be adopted by the County in accordance with its normal procedures. However, the Plan Administrator shall have the authority to amend the Plan to comply with applicable law or regulation or to reflect the County's intent.

Any amendment or termination of the Plan shall be effective at such date as the County shall determine except that no amendment or termination shall reduce benefits payable for covered expenses incurred prior to the later of the date the amendment or termination is effective or adopted, except as required or permitted by law.

CHANGE IN FUNDING MECHANISM

The County reserves the unlimited right to change, modify, cancel, or otherwise terminate the Plan's funding arrangements, including, by way of example and not by way of limitation, the right to change insurance carriers and the right to provide previously self-insured benefits on a partially insured or fully uninsured basis.

NOTICE AND PROOF OF CLAIM

Written notice of claim hereunder must be given to the PLAN at the claims address printed on the health plan identification card provided to the Covered Person following their enrollment in the PLAN, with particulars sufficient to identify the Covered Person, within 365 days following the date such claim was incurred. Note: Communication regarding pharmacy claims should be addressed by contacting the Prescription Benefits Manager, not the medical plan, by calling the phone number on the identification card.

The Claims Administrator upon receipt of notice required by the PLAN will furnish to the Covered Person or to any other person notifying the Fund of claim on such forms as are usually furnished by it for filing proof of loss.

If such forms are not furnished within fifteen (15) days after receipt of such notice, the Covered Person shall be deemed to have complied with the requirements of the PLAN, as to proof of loss, upon submitting written proof fully describing the occurrence for which claim is made.

Failure to furnish notice or proof of claim within the time provided in the PLAN shall not invalidate or reduce any claims if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as possible.

CLAIM-RELATED DEFINITIONS

Claim

Any request for plan benefits made in accordance with the plan's claims-filing procedures, including any request for a service that must be pre-approved.

The Plan recognizes four categories of health benefit claims:

GENERAL PROVISIONS (continued)

Urgent Care Claims

"Urgent care claims" are claims (other than post-service claims) for which the application of non-urgent care time frames could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function or, in the judgment of a physician, would subject the patient to severe pain that could not be adequately managed otherwise. The Plan will defer to the attending Physician to determine if a claim for Medical benefits is urgent.

Pre-service Claims

"Pre-service claims" are claims for approval of a benefit if the approval is required to be obtained before a patient receives health care (for example, claims involving preauthorization or referral requirements).

Post-Service Claims

"Post-service claims" are claims involving the payment or reimbursement of costs for health care that has already been provided.

Concurrent Care Claims

"Concurrent care claims" are claims for which the Plan previously has approved a course of treatment over a period of time or for a specific number of treatments, and the Plan later reduces or terminates coverage for those treatments. A concurrent care claim may be treated as an "urgent care claim," "pre-service claim," or "post-service claim," depending on when during the course of the Covered Person care the Covered Person file the claim. However, the Plan must give the Covered Person sufficient advance notice of the initial claims determination so that the Covered Person may appeal the claim before a concurrent care claims determination takes effect.

Adverse Benefit Determination

If the Plan does not fully agree with the Covered Person's claim, the Covered Person will receive an "adverse benefit determination" — a denial, reduction, or termination of a benefit, or failure to provide or pay for (in whole or in part) a benefit. An adverse benefit determination includes a decision to deny benefits based on:

- An individual being ineligible to participate in the Plan;
- Utilization review;
- A service being characterized as experimental or investigational or not medically necessary or appropriate;
- A concurrent care decision; and
- Certain retroactive terminations of coverage (rescission of coverage), whether or not there is an adverse effect on any particular benefit at that time.
- Failure to provide additional information as requested by the Plan

INITIAL CLAIM DETERMINATION

For each of the Plan options, the Plan has a specific amount of time to evaluate and respond to claims for benefits. The period of time the Plan has to evaluate and respond to a claim begins on the date the Plan receives the claim. If the Covered Person has any questions regarding how to file or appeal a claim, contact the Claims Administrator for the benefit at issue.

The timeframes on the following pages apply to the various types of claims that the Covered Person may make under the Plan, depending on the benefit at issue.

In the event of an adverse benefit determination, the claimant will receive notice of the determination. The notice will include:

- The specific reasons for the adverse determination;

GENERAL PROVISIONS (continued)

- The specific plan provisions on which the determination is based;
- A request for any additional information needed to reconsider the claim and the reason this information is needed;
- A description of the plan's review procedures and the time limits applicable to such procedures;
- A statement of the Covered Person's right to bring a civil action following an adverse benefit determination on review;
- If any internal rules, guidelines, protocols, or similar criteria was used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For adverse determinations involving urgent care, a description of the expedited review process for such claims. This notice can be provided orally within the timeframe for the expedited process, as long as written notice is provided no later than 3 days after the oral notice;
- For medical claims, information sufficient to identify the claim involved including date of service, healthcare provider, claims amount (if applicable), and denial code;
- For medical claims, upon request the applicable diagnosis and treatment codes used and their meanings;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included); and
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal in a foreign language.
- As applicable, a description of the Plan's internal appeal procedures and external review processes; and
- Contact information for certain governmental entities that may assist claimants with appeals and external review.

TIME FRAMES FOR INITIAL CLAIM DECISIONS

Time frames generally start when the Plan receives a claim. (See the special rule for "concurrent care" decisions to limit previously approved treatments.) Notices of benefit determinations generally may be provided through in-hand delivery, mail, or electronic delivery, before the period expires, though oral notices may be permitted in limited cases. A reference to "days" means calendar days.

GENERAL PROVISIONS (continued)

	Urgent Care Claims	Non-Urgent "Pre-Service" Claims	Non-Urgent "Post-Service" Claims	"Concurrent Care" Decision to Reduce Benefits
Time frame for Providing Notice	Notice of determination (*whether adverse or not*) must be provided by the Plan as soon as possible considering medical exigencies, but no later than 72 hours If the Covered Person requests in advance to extend concurrent care, the Plan shall provide notice as soon as possible taking into account medical exigencies, but no later than 24 hours of receipt of the claim, provided that any such claim is made to the Plan at least 24 hours prior to the expiration of the prescribed period of time or number of treatments.	Notice of determination (whether adverse or not) must be provided by the Plan within a reasonable period of time appropriate to the medical circumstances, but no later than 15 days.	Notice of adverse determination must be provided within a reasonable period of time, but no later than 30 days.	Notice of adverse determination must be provided by the Plan enough in advance to give the Covered Person an opportunity to appeal and obtain decision before the benefit at issue is reduced or terminated.

GENERAL PROVISIONS (continued)

Extensions	If the Covered Person claim is missing information, the Plan has up to 48 hours (subject to decision being made as soon as possible) from the earlier of the Plan's receipt of the missing information, or the end of the period afforded to the Covered Person to provide the missing information, to provide notice of determination.	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before initial 15-day period ends.*	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before the initial 30-day period ends.*	N/A
Period for Claimant to Complete Claim	The Covered Person has a reasonable period of time to provide missing information (no less than 48 hours from when the Covered Person is notified by the Plan that the Covered Person's claim is missing information).	The Covered Person has at least 45 days to provide any missing information.	The Covered Person has at least 45 days to provide any missing information.	N/A
Other Related Notices	Notice that the Covered Person's claim is improperly filed or that information is missing must be provided by the Plan as soon as possible (no later than 24 hours after receipt of the claim by the Plan).	Notice that the Covered Person's claim is improperly filed must be provided by the Plan as soon as possible (no later than 5 days after receipt of the claim by the Plan).	N/A	N/A

**15- or 30-day extension period (whichever is applicable) is measured from the time that the claimant responds to the notice from the Plan that the claim is missing information.*

GENERAL PROVISIONS (continued)

CLAIM APPEAL PROCEDURES – MEDICAL EXPENSES AND PRESCRIPTION DRUGS

If the Covered Person receives notice of an adverse benefit determination and disagrees with the decision, the Covered Person is entitled to apply for a full and fair internal review of the claim and the adverse benefit determination. Appeals are not automatic; the Covered Person (or an appointed representative) can appeal by requesting a claim review in accordance with the time frames described in the chart below. The request must be made in writing, except for urgent care claims which the Covered Person may file orally or in writing and should be filed with the appropriate Claims Administrator.

If the Covered Person's internal appeal of a Medical or Prescription Drug claim involves an urgent care claim, such that the timeframe for completing an appeal would seriously jeopardize the Covered Person's life or health, the Covered Person may initiate an external review at the same time as the Covered Person's internal appeal.

If the Covered Person files an internal appeal for Medical or Prescription Drug benefits, the Covered Person will continue to be covered, pending the outcome of the internal appeal. This means that the Plan can't terminate or reduce any ongoing course of treatment without providing advance notice and the opportunity for review.

For Medical and Prescription Drug claims, if the Plan fails to meet the requirements of the internal claims and appeals process for the Covered Person's claim, the Covered Person are deemed to have exhausted the internal process, and the Covered Person may begin an external review request immediately. However, this will not apply if the error was de minimus, if the error does not cause harm to the Covered Person, if the error was due to good cause or to matters beyond the Plan's control, if it occurs in context of good faith exchaneg of information, or if the error des not reflect a pattern or practice of noncompliance. In that case, Covered Person may resubmit the claim for internal review and ask the Plan to explain why the error is minor and why it meets this exception.

The Claims Administrator or Pharmacy Benefit Manager will forward the appeal request to the appropriate named fiduciary for review. The review will be conducted by the Claims Administrator (if serving as the reviewer for appeals) or other appropriate named fiduciary of the Plan. In either case, the reviewer will not be the same individual who made the initial adverse benefit determination that is the subject of the review, nor the subordinate of such individual (including any physicians involved in making the decision on appeal if medical judgment is involved). Where the adverse determination is based in whole or in part on a medical judgment, the reviewer will consult with an appropriate health care professional. No deference will be afforded to the initial adverse benefit determination.

The Claims Administrator or Pharmacy Benefit Manager will ensure that all claims and internal appeals for Medical or Prescription Drug benefits are handled impartially. The persons involved in making the decision won't receive compensation, promotion, continued employment, or other similar items based upon the likelihood he or she will support a denial of Plan benefits. The Claims Administrator will ensure that health care professionals consulted are not chosen based on the expert's reputation for outcomes in contested cases, rather than based on the professional's qualifications.

The Covered Person will have the opportunity to submit written comments, documents, records, and other information relating to the claim; and the Covered Person will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits. Whether a document, record, or other information is relevant to the claim will be determined in accordance with the applicable regulations. The Covered Person also is entitled to the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the Covered Person's adverse benefit determination. The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim

GENERAL PROVISIONS (continued)

without regard to whether such information was submitted or considered in the initial benefit determination.

In connection with the Covered Person's internal appeal of a Medical or Prescription Drug claim, the Covered Person will be able to review the Covered Person's file and present information as part of the review. Before making a benefit determination on review, the Claims Administrator will provide the Covered Person with any new or additional evidence considered or generated by the Plan, as well as any new or additional rationale to be used in reaching the decision. The Covered Person will be given this information in advance of the date on which the notice of final appeal decision is made to give the Covered Person a reasonable opportunity to respond.

The time periods for providing notice of the benefit determination on review depends on the type of claim, as provided in the following chart.

If the Plan fails to meet the requirements of the internal claims and appeals process for a claim and the plan's error is not de-minimus, the Covered Person shall be deemed to have exhausted the internal process and may begin an external review immediately.

The Claims Administrator or Pharmacy Benefit Manager will provide the Covered Person with written notification of the Plan's determination on review, within the applicable time frames. For urgent care, all necessary information, including the benefit determination on review, will be transmitted between the Plan and the claimant by telephone, fax, or other available similarly expeditious method. In the case of an adverse benefit determination, such notice will indicate:

- The specific reason for the adverse determination on review;
- Reference to the specific provisions of the Plan on which the determination is based;
- A statement that the Covered Person are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- A description of the Covered Person's right to bring a civil action following an adverse determination on review;
- If any internal rules, guidelines, protocols or similar criteria were used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For medical claims, information sufficient to identify the claim including date of service, healthcare provider, claim amount (if applicable), and denial code;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- For medical claims, upon a request the applicable diagnosis codes and treatment codes used and their meanings;
- A description of the Plan's external review process, including how to initiate an appeal;
- Contact information for certain governmental entities that may assist claimants with appeals and external review;
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal denial in a foreign language; and

GENERAL PROVISIONS (continued)

- A description of the voluntary appeals procedure under the Plan, if any, and the Covered Person's right to obtain additional information upon request about such procedures.

All decisions are final and binding unless determined to be arbitrary and capricious by a court of competent jurisdiction.

TIME FRAMES FOR INTERNAL APPEALS PROCESS

The time frame for filing an appeal starts when the Covered Person receive written notice of adverse benefit determination. The time frame for providing a notice of the appeal decision (a "notice of benefit determination on review") starts when the appeal is filed in accordance with the Plan's procedures. The notice of appeals decision may be provided through in-hand delivery, mail, or electronic delivery before the period expires. Urgent care decisions may have to be delivered by telephone, facsimile, or other available expeditious method. References to "days" mean calendar days. The Plan can require two levels of mandatory appeal review.

	*Urgent Care Claims**	*Non-Urgent Care Pre-Service Claims**	*Non-Urgent Care Post-Service Claims**
Period for Filing Appeal	The Covered Person must file an appeal within 180 days.	The Covered Person must file an appeal within 180 days.	The Covered Person must file an appeal within 180 days.
Time frame for Providing Notice of Benefit Determination on Review	As soon as possible taking into account medical exigencies, but not later than 72 hours after receipt of request for review.	Within a reasonable period of time appropriate to medical circumstances, but not later than 30 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 15 days of each appeal.	Within a reasonable period of time, but not later than 60 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 30 days of each appeal.
Extensions	None.	None.	None.

** An appeal of a concurrent care decision to reduce or terminate previously approved benefits may be an urgent care, pre-service, or post-service claim, depending on the facts.*

LEVEL TWO APPEAL PROCESS (COUNTY)

If the Covered Person is dissatisfied with the Claims Administrator's Internal Appeal decision, he may submit a written request for a level two appeal to the Plan Administrator within **180 calendar days** of receipt of the Claims Administrator's written response to the Internal Appeal decision. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the level two appeal. The Covered Person will be notified promptly of the findings, but not later than 15 calendar days for pre-service claims and 30 calendar days for post-service claims after receipt of the Covered Person's appeal and a properly executed HIPAA release form. A second level of appeal is not available for urgent claims. The Plan Administrator may, at its discretion, waive the level two appeal

process and submit the Covered Person's request directly to the External Review Process, as described below.

EXTERNAL REVIEW PROCESS

If the Covered Person's appeal is denied or if the County advises the Covered Person to seek an external review during the Level Two appeal, the Covered Person may request an external review of the Covered Person's claim within four months after being notified of a denied claim. External review is not automatic; the Covered Person must request it. The external review is conducted by an independent review organization (IRO) and its decision is binding on the Covered Person and the Plan, except to the extent other remedies are available under federal law. The procedures for filing an appeal under the external review process are outlined below.

The external review process does not apply to an adverse benefit determination or final internal adverse benefit determination that relates to a participant's or beneficiary's failure to meet the requirements for eligibility under the terms of a group health Plan (for example, worker classification and similar issues). The external review process is only available if the adverse benefit determination involves medical judgment (as determined by the external reviewer) or a rescission of coverage or is otherwise required by applicable law.

Within five days of receiving the Covered Person's request, the Plan will conduct a "preliminary review" to ensure the request can be sent for external review (for example, to ensure the denied claim or appeal doesn't relate to Plan eligibility and that the request is complete). The Plan will notify the Covered Person in writing once the preliminary review is complete; the Covered Person will be informed then if the Covered Person needs to submit additional information and the deadline for doing so.

The IRO assigned to conduct the Covered Person's external review will notify the Covered Person of its acceptance of the assignment and the Covered Person will have 10 business days to submit any additional written information for the IRO to consider. (Within one business day of receiving the Covered Person's additional information, the IRO must share the new material with the Plan. After considering the new information, the Plan *may* reconsider and reverse its claim or appeal denial, stopping the external review procedure.)

The IRO must conduct its external review without giving any weight to the Plan's earlier conclusions or decisions. IROs may consider information beyond the denied claim's records, such as the claimant's medical history, appropriate practice guidelines and Plan terms. The IRO must complete its external review and send notice of its decision to the Covered Person and the Plan within 45 days. If the IRO reverses the Plan's earlier decision to deny a claim or appeal, the Plan will immediately provide coverage or payment for the claim.

Appeals of Claims Involving Eligibility Matters

Appeals involving eligibility matters (that is, eligibility to participate or changes in coverage elections such as the addition or deletion of dependents) should be sent in writing to the Plan Administrator for consideration within **60 calendar days** from the claim payment date or the date of the notice of denial of benefits. The Plan Administrator, or an agent appointed by the Plan Administrator will review all matters pertaining to the appeal. The Covered Person will be notified promptly of the findings, but not later than 120 calendar days after receipt of the Covered Person's appeal.

GENERAL PROVISIONS (continued)

ACTS OF THIRD PARTIES

If a Covered Person is injured through the act or omission of another person (a "third party"), the PLAN shall, with respect to services required as a result of that injury, provide the benefits of the PLAN and have an equitable right to restitution or other available remedy to recover the reasonable costs of the services provided to the Covered Person that are paid by the PLAN.

The Covered Person is required to:

1. Notify the Claims Administrator in writing of any actual or potential claim or legal action which such Covered Person anticipates bringing or has brought against the third party arising from the alleged acts or omissions causing the injury or Illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and
2. Agree to fully cooperate with the PLAN to execute any forms or documents needed to assist the PLAN in exercising its equitable right to restitution or other available remedies; and
3. Provide the PLAN with a lien, in the amount of costs of benefits provided, calculated in accordance with California Civil Code section 3040. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law.

A Covered Person's failure to comply with 1 through 3, above, shall not in any way act as a waiver, release, or relinquishment of the rights of the PLAN.

HIPAA PRIVACY AND HIPAA SECURITY

The Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), and the regulations issued thereunder at 45 CFR Parts 160 and 164 ("the HIPAA regulations"), impose privacy and security obligations on group health plans that restrict the use and disclosure of protected health information ("PHI") and electronic protected health information ("ePHI"). The County of Orange as PLAN Sponsor, and/or its representative agents (collectively the "County"), desires to permit the PLAN (including its Business Associates, health insurance issuers, HMOs, and their agents) to disclose or to provide for or permit the disclosure of protected health information to the County from time to time.

1. **Uses and Disclosures of PHI**
   The plan may disclose a plan participant's phi to the county, for the plan administration functions under 45 cfr 164.504(a), to the extent not inconsistent with HIPPA regulations. This includes summary health information for the purposes set forth in section 164.504(f)(1)(ii) and (iii) of the privacy rule.

2. **Restriction on Plan Disclosure to the County of Orange**
   Neither the plan nor any of its business associates will disclose phi to the county except upon the plan's receipt of the county certification that the plan incorporates the agreements of the county under paragraph 4, except as otherwise permitted or required by law.

3. **Privacy Agreements of the County of Orange**
   As a condition for obtaining phi from the plan and its business associates, the county agrees it will:

   a. Not use or further disclose such PHI other than as permitted by paragraph 2 of this provision, as permitted by 45 CFR 164.508, 45 CFR 164.512, and other sections of the HIPAA regulations, or as required by law;

GENERAL PROVISIONS (continued)

b. Ensure that any of its agents, including a subcontractor, to whom it provides the PHI agree to the same restrictions and conditions that apply to the County with respect to such information;

c. Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the County;

d. Report to the PLAN any use or disclosure of the PHI that is inconsistent with the uses or disclosures provided for of which the County becomes aware;

e. Make the PHI of a particular Participant available for purposes of the Participant's requests for inspection, copying and amendment, including the incorporation of any amendments to PHI, and to carry out such requests in accordance with HIPAA regulation 45 CFR 164.524 and 164.526;

f. Make the PHI of a particular Participant available for purposes of required accounting of disclosures by the County pursuant to the Participant's request for such an accounting in accordance with HIPAA regulation 45 CFR §164.528;

g. Make the County internal practices, books, and records relating to the use and disclosure of PHI received from the PLAN available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the PLAN with HIPAA regulation 45 CFR §164.501(f);

h. If feasible, return or destroy all PHI received from the PLAN that the County maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, the County agrees to limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible; and

i. Ensure that there is adequate separation between the PLAN and the County by implementing the terms of subparagraphs 5.i. (1) through (3), below:

(1) *Employees With Access to PHI*: The employees or other individuals under the control of the County that are the individuals that may access PHI received from the PLAN are referenced within section 6.02 (c) in the HIPAA Policies and Procedures Manual, including but not limited to County Benefits staff and select Human Resources staff members.

(2) *Use Limited to Plan Administration*: The access to and use of PHI by the individuals described in (1), above, is limited to Plan Administration functions as defined in HIPAA regulation 45 CFR §164.504(a) that are performed by the County for the PLAN.

(3) *Mechanism for Resolving Noncompliance*: If the County determines that any person described in (1), above, has violated any of the restrictions described in this provision, then such individual shall be subject to discipline or sanctions in accordance with the practices of the County, taking into account the Privacy Rules standards. The County shall document such discipline or sanctions as required under the Privacy Rules, including the requirement that such documentation be retained for six years.

4. **Security Agreements of the County of Orange**

As a condition of obtaining e-PHI from the plan, its business associates, insurers and HMOs, the county agrees it will:

GENERAL PROVISIONS (continued)

a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the County creates, receives, maintains, or transmits on behalf of the Plan;

b. Ensure that the adequate separation between the Plan and County as set forth in 45 CFR 164.504(f)(2)(iii) is supported by reasonable and appropriate security measures.

c. Ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information.

d. Report to the Plan any Security Incident of which it becomes aware. "Security Amendment" shall mean unauthorized access to, use, disclosure, modification, or destruction of, or interference with ePHI.

e. Upon request from the Plan, the County agrees to provide information on unsuccessful unauthorized access, use, disclosure, modification, or destruction of ePHI, to the extent such information is available to the County.

5. **Breach Notifications**

Following the discovery of a Breach of unsecured PHI caused by the County or its agents, the County or its agents shall provide a written notification in plain language of the breach to all individuals whose unsecured PHI has been breached in accordance with 45 CFR § 164.404. A breach is the same definition as stated in 45 CFR 164.402. The County or its agent's notification must include the following information, to the extent possible:

a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
b. A description of the types of Unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
c. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
d. A brief description of what the County or its agent is doing to investigate the breach, to mitigate harm to individual, and to protect against any further breaches; and
e. Contact procedures for individual to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

6. **Definitions**

All capitalized terms within this provision not otherwise defined by the provisions of this provision shall have the meaning given them in the PLAN or, if no other meaning is provided in the PLAN, the term shall have the meaning provided under HIPAA Privacy Rule or the HIPAA Security Rule.

DEFINITIONS

Whenever any of the following terms are capitalized in this Plan Document, they will have the meaning stated below:

ACCIDENTAL INJURY

A bodily injury which results independently of an Illness as a result of external force or impact including, but not limited to, lacerations, breaks, bruises, and strains. Excluded as "accidental injuries" are injuries as a result of, but not limited to, lifting, turning, stretching, reaching, pulling, pushing, exercising, blisters and injuries while chewing.

AMBULATORY SURGERY CENTERS (ASC)

Health care facilities where surgical procedures not requiring an overnight hospital stay are performed. ASC's can be either general surgery centers that perform various outpatient procedures or an ASC can provide only specialized services.

CALENDAR YEAR

A period of one year beginning with January 1.

CASE MANAGEMENT

Services of the Case Management department of the Claims Administrator under contract with the County, to review medical treatment plans for Illness or Accidental Injury where there is probability of substantial medical expenses. With the concurrence of the primary Physician and the Covered Person, Case Management may authorize services and expenses not specifically addressed in the PLAN. Case Management may also be authorized by the Plan Administrator to provide cost effective alternatives to in-patient psychiatric, alcohol and drug abuse services.

CENTER OF DISTINCTION

One of the Claims Administrator's designated facilities for specified surgical procedures within California.

CLAIMS ADMINISTRATOR

A third-party administrator under contract with the County to administer claims for the Medical Expense Benefits of the PLAN.

COVERED DRUGS

Those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug; and
- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or blindness.

DEFINITIONS (continued)

COVERED MEDICAL EXPENSES

Those services covered by the PLAN, including preventive services, certain wellness services and other Medically Necessary services and supplies described herein which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges.

COVERED PERSON

A person, enrolled in this PLAN, who is a retiree of the County and enrolled eligible Dependents, who meet the requirements in the "Individual Plan Coverage Effective Dates" section, and persons enrolled under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985, if applicable.

CUSTODIAL CARE

Care that provides a level of routine maintenance for the purpose of meeting personal needs or helping with the functions or activities of daily living. This is care that can be provided by a layperson that does not have professional qualifications, skills, or training.

DEPENDENTS

a) Shall be the enrolled legally married spouse or Domestic Partner of the Covered Person and enrolled Children between the ages of birth and 26 years. The term "children" shall include natural children, adopted children, and foster children for whom Covered Person has legal responsibility for medical care. The term "children" shall not include any legally married spouse or Domestic Partner or children of the Covered Person's dependent child.

b) Shall be a dependent child after their 26th birthday provided the child (1) was incapable of self-sustaining employment by reason of mental retardation or physical handicap prior to age 26, and (2) is chiefly dependent upon the Covered Person for support and maintenance. Such dependent must be enrolled in the health plan when an employee retires in order to be covered as the dependent of the retiree. Proof of such incapacity and dependency must be furnished to the Fund by the Covered Person within 31 days following the dependent's 26th birthday. Eligibility for handicapped dependent status will be determined by the Claims Administrator. The Claims Administrator may require, at reasonable intervals during the two (2) years following the Dependent's 26th birthday, subsequent proof of the child's disability and dependency. After such two (2) year period, the Fund may require subsequent proof not more than once each year. The Fund reserves the right to have such dependent examined by a doctor of the Fund's choice to determine the existence of such incapacity.

Excluded as Dependents under a) and b) are:

1) A spouse that is legally divorced from the Covered Person; and

2) Any person(s) while on active duty in any military of any country; however, any person meeting the requirements for service in the uniformed services as defined by USERRA may elect to continue coverage under the PLAN for up to 24 months, as required under USERRA; and

3) Any legally married spouse or Domestic Partner or children of the Covered Person's eligible dependent child.

DEFINITIONS (continued)

DOMESTIC PARTNER

An opposite or same sex individual who has legally registered as a domestic partner with a County employee.

EMERGENCY HOSPITAL CONFINEMENT

An Inpatient Hospital confinement for a condition which, unless immediately treated on an Inpatient basis, would jeopardize the patient's life, or cause serious impairment to the patient's bodily functions.

EMERGENCY SERVICES

Services provided to stabilize the patient for an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious jeopardy to the health of an unborn child.

EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

Services or supplies as determined by the Claims Administrator to be experimental or investigational because:

a) There are insufficient outcomes data available from controlled clinical trials published in peer reviewed literature to substantiate its safety and effectiveness in treatment of the disease or injury involved; or

b) If required by the FDA, approval has not been granted for marketing; or

c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or

d) The written protocols or written informed consent used by the treating facility or any other facility studying substantially the same drug, device, procedure or treatment, states that it is experimental, investigational or for research purposes.

However, this exclusion will not apply with respect to routine patient care services (including drugs) associated with a clinical trial if the Claims Administrator determines the clinical trial meets the following criteria:

Phase I, II, III, or IV level clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

i) federally funded through a variety of entities or departments of the federal government; or

ii) is conducted in connection with an investigational new drug application reviewed by the Food and Drug Administration; or

iii) is exempt from investigational new drug application requirements.

Routine patient services do not include, and the Plan will not cover:

DEFINITIONS (continued)

- the investigational service or supply itself;
- services and supplies listed herein as Exclusion;
- services or supplies related to data collection for the clinical trial;
- services or supplies which, in the absence of private health care coverage, are provided by a clinical trial sponsor or other party, e.g., device, drug, item or service supplied by the manufacturer and not yet FDA approved, without charge to the trial participant.

FAMILY DEDUCTIBLE

The amount of Covered Medical Expenses that must be paid by the Covered Person's family before the PLAN will begin reimbursing most Covered Medical Expenses. For the purposes of this provision, a "family" means an "individual" and his "covered qualified Dependents."

FORMULARY

A list of prescription drugs that includes Generic, Preferred, and Non-Preferred Drugs. The Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a less-expensive therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. The Pharmacy Benefit Manager determines which drugs are included on the Formulary and which drugs are excluded.

GENERIC DRUG

A prescription drug that is introduced into the market after the Brand-Name Drug loses patent protection.

HOME HEALTH CARE AGENCY

A public or private agency or organization that specializes in providing medical care and treatment in the home. Such a provider must meet all of the following conditions:

a) It is primarily engaged in and duly licensed, if such licensing is required, by the appropriate licensing authority to provide skilled nursing services and other therapeutic services.

b) It has policies established by a professional group associated with the agency or organization. This professional group must include at least one Physician and at least one registered graduate nurse (R.N.) to govern the services provided, and it must provide for full-time supervision of such services by a Physician or registered graduate nurse.

c) It maintains a complete medical record on each individual.

d) It has a full-time administrator.

HOSPITAL

An institution constituted, licensed and operated in accordance with the laws pertaining to hospitals, which maintains on its premises all the facilities needed to diagnose and treat injury and Illness. It is an institution that qualifies as a hospital and a provider of services under Medicare and is accredited as a hospital by the Joint Commission on the Accreditation of Hospitals.

A hospital can specialize in the treatment of mental illness, alcoholism, drug addiction, or other related Illness. It can also provide residential treatment programs, but only if it is constituted, licensed and operated in accordance with laws of legally authorized agencies responsible for medical institutions. It provides all treatment for a fee, by or under the supervision of Physicians with continuous 24-hour nursing services by qualified nurses.

DEFINITIONS (continued)

The definition of "Hospital" shall also include Christian Science Sanatoriums.

An institution that is, other than incidentally, a place of rest, a place for the aged, or a nursing home will not be considered a hospital.

Hospitals will also include the following:

- Ambulatory surgical facility – a facility approved by the Claims Administrator as meeting established criteria for handling surgical cases on a same-day basis. This may also include a birthing center.
- Skilled nursing facility – an institution that is primarily engaged in providing Inpatient skilled nursing care and related services for patients who require medical or nursing care. A skilled nursing facility may also provide physical rehabilitation services for injured or sick persons. To do so, it must be constituted, licensed and operated in accordance with the laws of legally authorized agencies and must maintain on its premises all the facilities needed to provide medical treatment of injury or Illness. It must not be, other than incidentally, a place for rest or domiciliary care; for the aged, blind, deaf, mentally deficient, or those suffering from tuberculosis; or a hotel or motel. All skilled nursing care must be provided for a fee by or under the supervision of Physicians with skilled nursing services by nurses.

ILLNESS

Bodily sickness or disease, psychiatric disorders, and congenital abnormalities of a newborn child who is covered as an eligible dependent child. Illness must be medically diagnosed.

INPATIENT

Confinement in a Hospital for which Room and Board charges are made by the Hospital or that exceeds 24 consecutive hours.

MEDICAL EXPENSE BENEFITS

The benefits of the PLAN, including those available through the Prescription Drug Card Program.

MEDICALLY NECESSARY

Services or supplies to the extent that they are needed for the diagnosis of an Illness or Accidental Injury or for the medical care of a diagnosed Illness or Accidental Injury. To be considered "Medically Necessary" a service or supply must be determined by the Claims Administrator to meet all of these tests:

- It is ordered by a Physician.
- It is recognized throughout the Physician's profession as safe and effective, is required for the diagnosis or treatment of an Illness or injury and is employed appropriately in a manner and setting consistent with generally accepted United States medical standards.
- It is not educational in nature (that is, the primary purpose of the service or supply must not be to provide the patient with any of the following: training in the activities of daily living, instruction in scholastic skills such as reading and writing, preparation for an occupation, or treatment for learning disabilities).
- It is not Experimental or Investigational.
- It is not Custodial Care.

DEFINITIONS (continued)

For purposes of the PLAN, services or supplies that are provided only because an unnecessary service or supply is being provided will also be considered not Medically Necessary.

In the case of an Inpatient Hospital stay, in addition to meeting the above tests, the length of the stay and Hospital services and supplies will be considered Medically Necessary only to the extent that the Claims Administrator determines them to be not allocable to the scholastic education or vocational training of the patient.

MEDICARE

Title XVIII (Health Insurance for the Aged) of the United States Social Security Act as amended by Social Security Amendment of 1965 or as later amended.

NETWORK CONTRACT RATE

The discounted amount a Network Provider agrees to charge a Covered Person, based on the Network Provider's contract with the Claims Administrator or Preferred Provider Organization.

NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates. Non-network radiologists, anesthesiologists, and pathologists that are Network Hospital-based will be considered Network Providers if a Covered Person utilizes a Network Hospital. A listing of Network Providers shall be maintained by the Claims Administrator.

A retail pharmacy that has entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered person at discounted rates. A listing of Network Pharmacies shall be maintained by the Pharmacy Benefit Manager.

NON-NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has not entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates.

NON-PREFERRED DRUGS

These are mostly higher cost Brand-Name drugs that are selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Non-Preferred Drugs.

NON-NETWORK RETAIL PHARMACY

A retail pharmacy that has not entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered Person at discounted rates.

OUT-OF-POCKET COSTS

The amount a Covered Person pays for Medical and Pharmacy Expense Benefits, including the Deductible

DEFINITIONS (continued)

OUTPATIENT

A Covered Person shall be considered to be an "Outpatient" if treated at a Hospital on a basis other than as a registered bed patient. For purposes of this definition, a stay in the Hospital whether as a registered bed patient or not shall not be considered an "Outpatient" stay if the Hospital stay extends beyond 24 consecutive hours.

PHARMACY BENEFIT MANAGER

A third-party administrator under contract with the County to administer the Prescription Drug Card Program of the PLAN.

PHYSICIAN

A licensed medical practitioner who is practicing within the scope of his/her license and who is licensed to prescribe and administer drugs or to perform surgery.

Licensed medical practitioners include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Chiropractor (D.C.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Christian Science Practitioner who is authorized by the Mother Church, the First Church of Christ Scientist in Boston, Massachusetts, and is listed in the Christian Science Journal at the time a service is rendered
- Psychologist (Ph.D., Ed.D., or Psy.D.)
- Clinical social worker (C.S.W. or L.C.S.W.)

The following are considered covered medical professionals when they are referred by a Physician, licensed to practice where the care is given, rendering a service within the scope of that license, and providing a service for which benefits are specified in the PLAN:

- Nurse – a nurse is a registered graduate nurse, a licensed practical nurse, or a licensed vocational nurse. A nurse is a professional who has the right the use the respective title and the respective abbreviation R.N., L.P.N., or L.V.N.
- Audiologist
- Occupational therapist (O.T.)
- Physical therapist (R.P.T.)
- Speech pathologist or therapist
- Marriage, family, and child counselor (M.F.C.C. or L.M.F.T.)
- Home health aide – a person who provides medical or therapeutic care and who reports to and is under the direct supervision of a Home Health Care Agency.

PLAN

The benefits and provisions for payment as described herein as the County of Orange Sharewell Retiree Health Plan.

DEFINITIONS (continued)

PLAN ADMINISTRATOR

Chief Human Resources Officer or his/her designee
County of Orange
Human Resource Services/Employee Benefits
400 Civic Center Dr.
Santa Ana, California 92701

PRE-ADMISSION REVIEW

An evaluation made by the Claims Administrator to determine the number of days of Inpatient Hospital confinement and level of care that will be considered Medically Necessary for the care or treatment of a Covered Person's diagnosed Illness or Accidental Injury. **However, the Covered Person and his Physician make the final decision concerning treatment.**

PREFERRED DRUGS

These are mostly common Brand-Name drugs selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Preferred Drugs.

PRIOR AUTHORIZATION

An evaluation made by the Claims Administrator to determine the Medical Necessity of certain health care services before the services are rendered in order to determine whether and to what extent the services will be covered by the PLAN. Prior Authorization is required for certain services as identified in this Plan Document. **However, the Covered Person and his Physician make the final decision concerning treatment.**

ROOM AND BOARD

All charges commonly made by a Hospital on its own behalf for room and meals and all general services and activities needed for the care of registered bed patients.

SEMI-PRIVATE CHARGE

The most common charge made by a Hospital for a room containing two beds but does not include the charge made by the Hospital for Intensive Care.

SEVERE MENTAL ILLNESS

Severe Mental Illness as defined under California Assembly Bill 88 (AB88) (1999) includes the following conditions:

a) Schizophrenia
b) Bipolar disorder
c) Panic disorder
d) Pervasive developmental disorder or autism
e) Bulimia nervosa
f) Schizoaffective disorder
g) Major depressive disorders
h) Obsessive-compulsive disorder
i) Anorexia nervosa

Serious emotional disturbance of a child is defined under (AB88) (1999) as a condition that is:

DEFINITIONS (continued)

a) identified in the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and

b) that meets stringent criteria in Section 5600.3(a)(2) of the Welfare and Institutions guide, which includes the child's inability to function in certain environments.

SPECIAL TRANSPLANT FACILITY

A Network Provider that contracts with the Claims Administrator for certain organ transplants.

THE COUNTY

The County of Orange, California.

THE FUND

The County of Orange Indemnity Health Plans Internal Service Fund (292).

USUAL, REASONABLE AND CUSTOMARY (URC)

The maximum charge that the PLAN will reimburse for an eligible medical care expense received from a Non-Network Provider. The URC is determined from a collective data base of actual charges in the geographical area in which the services are delivered. Any amount charged that exceeds URC will be considered ineligible under this PLAN. URC charges are adjusted periodically to reflect the current costs being incurred for medical services.

URC is determined by Claim Administrator's methodology.

UTILIZATION REVIEW

Services provided by the Claims Administrator through contract with the County to review, in coordination with the attending Physician, Hospital admissions for alternatives of outpatient services, medical necessity of the treatment plan, proposed length of Hospital stay and level of care, post Hospital service alternatives and alternate treatment plans. **However, the Covered Person and his Physician make the final decision concerning treatment.**

WAITING PERIOD

Retired employees are eligible upon active retirement. Terminated employees electing deferred retirement are not eligible beyond the last day of the month in which they terminate employment.

SIGNATURE PAGE

The effective date of benefits, as described in this Plan Document is January 1, 2023.

It is agreed by the County of Orange that the provisions contained in this Plan Document are acceptable and will be the basis for the administration of said County Sharewell Retiree Health Plan described herein.

IN WITNESS WHEREOF, the County of Orange has executed this Plan Document this nineteenth day of July 2022.

COUNTY OF ORANGE

By: 

Title: Kim Derrick, Director of Employee Benefits – Human Resource Services

COUNTY OF ORANGE

WELLWISE
NON-MEDICARE
RETIREE HEALTH PLAN
PLAN DOCUMENT

Effective January 1, 2023

COUNTY OF ORANGE
WELLWISE NON-MEDICARE RETIREE HEALTH PLAN

PLAN DOCUMENT

The COUNTY OF ORANGE Wellwise Non-Medicare Retiree HEALTH PLAN (the "PLAN") assures the County of Orange retirees during the period of this PLAN that all benefits hereinafter described shall be paid to them in the event that they and/or their eligible enrolled dependent(s) incur covered medical expenses.

The PLAN is subject to all the terms, provisions and conditions described within this document.

The COUNTY OF ORANGE caused this PLAN and the terms and benefits described herein to take effect as of 12:01 a.m. Pacific Time on January 1, 2023 at Santa Ana, California 92701

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ELIGIBILITY AND ENROLLMENT

ELIGIBILITY FOR COVERAGE

The Wellwise Non-Medicare Retiree Health Plan eligibility requirements for covered persons and their dependents are described in the definitions section of this document.

ENROLLING FOR COVERAGE

Procedures and guidelines for enrolling in the Wellwise Non-Medicare Retiree Health Plan are described in the Benefits Enrollment Guide provided to all County retirees during the annual open enrollment period.

INDIVIDUAL PLAN COVERAGE EFFECTIVE DATES

a) All eligible retirees upon initiation of the PLAN will be covered on the date of inception of the PLAN provided they were enrolled in the Premier Wellwise Health Plan effective January 1, 2023.

b) Retirees and their Dependents shall be eligible for coverage immediately upon their loss of eligibility as an employee provided the retiree was eligible and the dependent was eligible and covered under a County of Orange employee health plan at the time of retirement. If the Retiree or Dependent qualifies for Medicare, please refer to the Wellwise Medicare Retiree Plan Document for specific information regarding their benefits.

c) Dependents shall be covered on the date application is approved for coverage for them as Dependents and any required contributions for coverage are made, to the County. Newborn children are covered for the first 30 days of newborns' life. Newborn will be covered starting on day 31 forward, provided enrollment is requested within 30 days following birth.

d) If application for coverage or for reinstatement is made by a person who is in an eligible status, but whose coverage had never become effective or had terminated because of failure to make the required contributions for Individual's Coverage, the coverage for such person shall take effect as determined by the Plan Administrator.

e) If additional Dependents are acquired while the individual is eligible for Dependent Coverage, the coverage for each such Dependent shall become effective on the date the Dependent qualifies in accordance with the Definition of Dependent provision and has been enrolled in the method determined by the Plan Administrator.

f) A new dependent will be deemed to have been enrolled on the date he becomes eligible for coverage providing formal application for coverage is submitted within 30 days of the dependent's eligibility.

INDIVIDUAL TERMINATION OF COVERAGE

Coverage under the PLAN shall terminate on the earliest of the following dates:

a) The date of termination of the PLAN; or

ELIGIBILITY AND ENROLLMENT (continued)

b) The last day of the month that membership ceases in an eligible class; or

c) The date all coverage or certain benefits are terminated on the Covered Person's particular class by modification of the PLAN; or

d) The date the Covered Person becomes a full-time member of the Armed Forces of any country; however, any Covered Person who is absent from work due to service in the uniformed services as defined by USERRA may elect to continue coverage, including their covered dependents, under the PLAN for up to 24 months as required under USERRA; or

e) The date the Covered Person fails to make a required contribution.

Termination of PLAN eligibility is subject to regulations under the Consolidated Omnibus Budget Reconciliation Act and regulations requiring extension of benefit eligibility if applicable.

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are provided by this Plan and administered by the Claims Administrator. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductible, coinsurance and other exclusions or limitations expressed herein.

When utilizing Non-Network facilities and providers, the Covered Person is responsible for all charges incurred that are above the URC amount. This may include, but is not limited to, preventive care. Covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts as reflected in this schedule of benefits and will not be responsible for any out-of-network charges for any such services.

MEDICAL EXPENSE BENEFITS	**Network**	**Non-Network[1]**
LIFETIME MAXIMUM BENEFIT	None	
CALENDAR YEAR DEDUCTIBLE [2] ▪ Individual ▪ Family	 $500 $1,000	 $750 $1,500
	All Covered Medical Expenses accumulate toward both the Network Deductible and the Non-Network Deductible. Once the Non-Network Deductible is met, the Network Deductible will have been considered to be met for that Calendar Year. The total Deductible amount for the Calendar Year will not exceed the Non-Network Deductible amount.	
OUT-OF-POCKET MEDICAL MAXIMUM BENEFIT [2] – After all medical out-of-pocket expenses (including deductibles and coinsurance) incurred by a Covered Person within a Calendar Year have totaled the amount shown, the PLAN will pay 100% of the remaining Covered Medical Expenses incurred by that Covered Person for the remainder of the Calendar Year. If a Covered Person has a combination of Network and Non-Network services, the out-of-pocket expenses under both will be combined to determine whether the Out-of-Pocket Maximum Benefit has been met.	MEDICAL Individual: $2,500 Family: $5,000	MEDICAL Individual: $5,000 Family: $10,000 Does not include the cost of services that are not covered by the PLAN, amounts in excess of Usual, Reasonable and Customary, and the 20% coinsurance reduction for failure to obtain Pre-Admission approval, permissible balance billing charges and/or if you chose a brand drug when a generic equivalent is available, the cost differential would be excluded
COINSURANCE	**The PLAN pays the following percentage of Covered Medical Expenses after the Covered Person pays the Deductible (except as noted below)**	
Preventive care services for children (Birth through 18 years of age)	100% (no Deductible)	
Preventive care services for adults (19 years of age or older)	100% (no Deductible)	
Office Visit (includes Telehealth)	90%	70%
Telemedicine Visit 1-800-TELADOC	90%	Not Covered
Urgent Care	90%	70%

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
Chiropractic and acupuncture services	90%	70%
	Combined Network and Non-Network maximum benefit of 25 visits per Calendar Year for chiropractic services and 25 visits per Calendar Year for acupuncture services.	
Emergency Services • Non-network – covered person is responsible for all charges above the current UCR amount	90%	90%
Inpatient Hospital services: • With Pre-Admission Review • Without Pre-Admission Review	 90% 90%	 70% 50%
Outpatient surgery - hospital	90%	70%
Outpatient surgery – Ambulatory Surgery Center (facility charges)	90%	70% up to a maximum of $1,500/day
Radiology – Advance imaging including MRI, ST, PET Scans, X-ray, and Ultrasound (requires Prior Authorization for complex imaging, unless emergency)	90%	70%
Organ transplants [3]	90%	70%
Home health care (requires Prior Authorization)	90%	70%
	When home health care is authorized as an alternative to continued hospitalization in a Network Hospital, the home health care services will be reimbursed at 90%	
Ambulance services Non-network: Covered person is responsible for all charges above the current URC amount for Ground Ambulance but only responsible for in-network charges for air ambulance services	90%	90%
Durable Medical Equipment (DME) (requires Prior Authorization for equipment over $5,000)	90%	70%
Skilled nursing facility	90%	70%
(requires Prior Authorization)	Combined Network and Non-Network maximum benefit of 100 days per Calendar Year	
Hospice (requires Prior Authorization)	90%	70%
	When Hospice residence immediately follows Inpatient services in a Network Hospital, the Hospice services will be reimbursed at 90%	

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
Dialysis Services (outpatient)	90%	Within California: 70% up to a maximum of $600 per day Outside California: 70%
Mental health and substance abuse treatment (severe and non-severe): ▪ Inpatient ▪ With Pre-Admission Review	90%	70%
▪ Without Pre-Admission Review	90%	50%
▪ Outpatient	90%	70%
	Preauthorization is required for Applied Behavioral Analysis services and other Outpatient services except for office visits. Failure to obtain preauthorization may result in non-payment of benefits	
Covered Drugs prescribed for emergency treatment or for treatment received while traveling outside of the United States, and not purchased through the Prescription Drug Card Program	80%	
Certain surgical procedures for treatment of morbid obesity (requires Prior Authorization). Must use designated facilities if surgery occurs within California.[3]	90%	Within California: Not Covered Outside California: 70%
All other Covered Medical Expenses	90%	70%

Notes:

[1] Covered Persons may be responsible for all out-of-network charges billed for certain services not obtained at an in-network facility.

[2] Any amounts the Covered Person pays because the Pre-Admission Review requirements were not met do not apply to the Deductible or the Out-of-Pocket Medical Maximum Benefit accumulation. Out-of-Pocket prescription drug expenses do not apply to the Out-of-Pocket Medical Maximum Benefit accumulation.

[3] Refer to Covered Medical Expenses for benefit limitations for organ procurement and travel expenses associated with a covered organ transplant.

[4] Refer to How the Plan Works – Centers of Distinction for benefit limitations for bariatric surgeries performed at Non-Network facilities within California.

SCHEDULE OF BENEFITS

PRESCRIPTION DRUG CARD PROGRAM

The Prescription Drug Card Program is administered by the Pharmacy Benefit Manager.

LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR DEDUCTIBLE	None	
OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT: The maximum amount of Prescription Drug coinsurance for which a Covered Person is responsible during a Plan Year.	$4,100 individual $8,200 family	
COINSURANCE	**THE PLAN PAYS**	**THE COVERED PERSON PAYS**
Covered drugs purchased through a Network Retail Pharmacy or approved Mail Order Service		
▪ Preventive Products[1]	100%	0%
▪ Tier 1 – Lower cost/commonly used Generic drugs.[2] May also include some low-cost brand-name drugs.	80%	20%
▪ Tier 2 – Preferred Drugs (many common brand-name drugs): When a generic equivalent does not exist, or the prescriber specifically requests the brand-name drug.	75%	25%
▪ Tier 2 – Preferred Drugs (many common brand-name drugs): When a generic equivalent exists, but Covered Person requests the brand-name drug.	80% of generic cost	20% of generic cost, plus cost differential[3]
▪ Tier 3 – Non-Preferred Drugs (mostly higher cost brand-name drugs): When a generic equivalent does not exist, or the prescriber specifically requests the brand-name drug.	70%	30%
▪ Tier 3 – Non-Preferred Drugs (mostly higher cost brand-name drugs): When a generic equivalent exists, but Covered Person requests the brand-name drug.	80% of generic cost	20% of generic cost, plus cost differential[3]
▪ Specialty Pharmacy Drugs (see page 25 of the Plan Document for reference).	The remaining percentage of the cost of the covered drug	The percentage of the cost and any cost differential[3] required of the covered person for Specialty Drugs as stated directly above for the respective covered Tier 1 - Generic, Tier 2 - Preferred or Tier 3 Non-Preferred, up to a maximum of $150 required of the covered person per 30-day supply.[4]

Notes:

[1] See information about Preventive Products under Covered Prescription Expenses section on page 22.

[2] Some higher cost Generic Drugs may be placed in the Preferred Drug or Non-Preferred Drug Tiers.

[3] If the Covered Person requests a Brand-Name Drug when a Generic Drug equivalent is available, the Covered Person is responsible for paying the difference between the Participating Pharmacy contracted

SCHEDULE OF BENEFITS

PRESCRIPTION DRUG CARD PROGRAM (continued)

rate for the Brand-Name Drug and its Generic Drug equivalent, as well as the applicable Drug co-insurance. This differential in cost (Brand-Name vs. Generic) that the Covered Person must pay is not included in the Calendar Year maximum out-of-pocket prescription drug benefit. If the prescription specifies a Brand-Name Drug and the prescriber has written "Dispense as Written" or "Do Not Substitute" on the prescription, or if a Generic Drug equivalent is not available, the Covered Person is only responsible for paying the applicable Brand-Name Drug co-insurance.

[4] A 30-day member cost share will be applied to any unbreakable package of greater than 30 days. Stepped up copays will not apply for claims with unbreakable packaging resulting in a greater day supply.

The Prescription Drug Card Program does not provide benefits for prescription drugs and medications purchased at a Non-Network Retail Pharmacy or unapproved mail order service. Limited coverage is available under the Medical Expense Benefits for such expenses.

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program can be used to satisfy the Out-of-Pocket Prescription Drug Maximum Benefit. Prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program cannot be used to satisfy the Medical Expense Benefits Deductible or Out-of-Pocket Medical Maximum Benefit amount.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS

CLAIMS ADMINISTRATOR

The Claims Administrator provides claims administration services for the PLAN's Medical Expense Benefits.

UTILIZATION REVIEW REQUIREMENTS

The PLAN requires pre-service review of certain covered services. This process is called Utilization Review and is conducted by the Claims Administrator. The purpose of Utilization Review is to assist the Covered Person in identifying the most appropriate and cost-effective course of treatment for which benefits will be provided under the PLAN, and to determine whether the services are Medically Necessary. The necessity of medical services is evaluated through:

- Inpatient Hospital Pre-Admission Review for elective Hospital confinements (including concurrent review and discharge planning), and
- Prior Authorization of specialty health care services.

All Inpatient hospitalizations for elective services and certain specialty health care services must be authorized and approved by the Claims Administrator. The Covered Person is responsible for ensuring that Pre-Admission review or Prior Authorization has occurred.

Services that are determined to be not Medically Necessary by the Claims Administrator, either through the Pre-Admission Review or Prior Authorization process, will not be covered by the PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

Pre-Admission Review – Hospital Admissions

If a Covered Person is to be admitted to a Hospital or Skilled Nursing Facility on an Inpatient basis for any reason other than childbirth, the Covered Person, his representative, or his Physician must contact the Claims Administrator prior to the hospital admission (or, in the case of an Emergency Hospital Confinement, within 48 hours of the commencement of such confinement, or within 72 hours of the commencement of such confinement if it commences on a Saturday, Sunday or statutory legal holiday).

After the Claims Administrator reviews the Covered Person's request for Pre-Admission Review and the Covered Person's Physician's suggested treatment program, the Covered Person, the Covered Person's Physician, and the Hospital will be notified of the Claims Administrator's determination.

If the Covered Person's stay is approved, the Claims Administrator will certify the length of stay and the level of care that is Medically Necessary based on professionally recognized quality standards. The Claims Administrator may also review the Covered Person's progress while hospitalized. Then, before the Covered Person is released from the Hospital, the Claims Administrator may make arrangements to authorize benefits for any necessary care after the Covered Person's discharge.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

Effect of Pre-Admission Review on Benefits

1. Covered Medical Expenses shall not include any charges for Hospital Room and Board, or other services and supplies furnished by the Hospital that are incurred on any day of a Covered Person's Inpatient Hospital confinement determined by the Claims administrator not to be Medically Necessary.

2. If a Covered Person does not obtain Pre-Admission Review approval from the Claims Administrator for a Medically Necessary Hospital stay in a Non-Network Hospital or facility, the applicable coinsurance will be reduced from seventy percent (70%) to fifty percent (50%). Once the Out-of-Pocket Medical Maximum Benefit amount is reached, the applicable coinsurance will be eighty percent (80%). The additional twenty percent (20%) for which the Covered Person is responsible due to failure to obtain Pre-Admission Review approval does not apply to the Deductible or Out-of-Pocket Medical Maximum Benefit amount. Emergency inpatient hospitalizations are excluded from the requirements of this paragraph as Pre-Admission Reviews are not required for services that meet the Emergency Service definition; however, the Claims Administrator must still be notified for emergency inpatient hospitalizations within the time frames specified on the prior page under Pre-Admission Review – Hospital Admissions.

Prior Authorization

The following medical services require Prior Authorization by the Claims Administrator, unless it meets the Emergency Services definition:

- Home health care if a Non-Network provider;
- Hospice care in a Hospice facility or through a Hospice program;
- Purchase of durable medical equipment that costs more than $5,000;
- Surgical procedures for treatment of morbid obesity;
- Radiological and nuclear imaging procedures within California on an outpatient, non-emergency basis including, but not limited to, CT (computerized tomography) scan, MRI (magnetic resonance imaging), MRA (magnetic resonance angiography), PET (positive emission tomography scan), and diagnostic cardiac procedures utilizing nuclear medicine;
- Spine surgery and pain management procedures within the United States on a non-emergency basis including, but not limited to lumbar spine surgery, cervical spine surgery, injections, epidurals, and joint blocks.

If Prior Authorization is not obtained, and it is later determined by the Claims Administrator that the services are not Medically Necessary, the services will not be covered under this PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

CENTERS OF DISTINCTION

Bariatric surgery requires utilization of one of the Claims Administrator's Centers of Distinction facilities for Covered Persons receiving such outpatient services within the State of California:

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

If a Covered Person as specified above obtains such services within California from a facility that is not a Center of Distinction, the services will not be covered under this PLAN. Services received outside of the State of California are exempt from this requirement.

For a hip or knee replacement, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

For an organ transplant, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

EMERGENCY SERVICES FACILITY AND PROVIDER

When a Covered Person obtains treatment for a condition that meets the "Emergency Services' definition stated in this Plan, the Plan pays the Network rate of ninety percent (90%) of the Usual, Reasonable and Customary (URC) amount (after Deductible) until the patient is considered to be medically stable. Covered Person may be responsible for all out-of-network charges billed for certain services not obtained in the emergency facility (e.g., ground ambulance) above the URC amount. Covered Persons who receive Emergency Services at any emergency facility (including hospital emergency departments) or air ambulance will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUTPATIENT DIALYSIS

If a Covered Person receives outpatient dialysis services at a Non-Network facility within California, the Claims Administrator will pay a maximum of $600 per day to the provider. The Covered Person may be billed for any difference in cost.

OUTPATIENT AMBULATORY SURGERY CENTERS

If a Covered Person receives services at a Non-Network Ambulatory Surgery Center within California, the Claims Administrator will pay a maximum of $1,500 per day for the facility charges. The Covered Person may be billed for any difference in cost.

CASE MANAGEMENT

Upon identification by the Claims Administrator that a Covered Person is incurring services for treatment of an Illness or Accidental Injury that have the potential for substantial claims, the case may be referred for Case Management. With the concurrence of the primary attending Physician and the Covered Person, the case manager may authorize services and expenses not covered by the PLAN. The purpose of Case Management shall be to provide for a treatment plan and services designed to achieve the earliest and most complete recovery of the patient in the most cost-effective manner. Services authorized by the case manager may include supportive expenses of family members and non-medical expenses necessary to execute the treatment plan. Any such payment, although a valid charge against the PLAN, will not be considered to be a precedent in the disposition of other claims.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

THE CALENDAR YEAR DEDUCTIBLE

Annually, each Covered Person must satisfy the Calendar Year Deductible before most Covered Medical Expenses are reimbursed by the PLAN. The Calendar Year Deductible is different for network and non-network expenses — see chart below.

The Calendar Year Deductible		
	Network Providers	**Non-Network Providers**
Individual Deductible	$500	$750
Family Deductible	$1,000	$1,500

All covered expenses accumulate toward both the Network Deductible and the Non-Network Deductible. Once the Non-Network Deductible is met, the Network Deductible will have been considered to be met for that Calendar Year. The total Deductible amount for the Calendar Year will not exceed the Non-Network Deductible amount.

If, during a Calendar Year, the Deductible amount has been satisfied, as provided in the preceding chart, by Covered Persons who are members of the same family, and if the sum of such Deductibles is equal to the Family Deductible shown in the Schedule of Medical Expense Benefits, the cash Deductible requirement is waived from that point in time with respect to any remaining members of that family for the remainder of such Calendar Year. For the purposes of this provision, a "family" means an enrolled retiree and his enrolled Dependents.

Expenses That Do Not Apply Toward the Deductible

The following expenses do not apply toward the Deductible:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any Covered Drugs that qualify for coverage under the Prescription Drug Card Program;
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Sharewell, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Sharewell Plan. Contact the Claims Administrator or the Plan Administrator for more information.

NETWORK AND NON-NETWORK BENEFITS

The PLAN includes network and non-network benefits. Each time medical care is needed, the Covered Person decides whether to use a Network Provider or Non-Network Provider.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

When medical care is received from a Network Provider, the PLAN pays ninety percent (90%) of the Network Contract Rate for most Covered Medical Expenses (after the Network Deductible). Network Providers agree to not bill the Covered Person for any charges in excess of the Network Contract Rate. The Covered Person pays the Network Deductible and ten percent (10%) of the Network Contract Rate, plus any charges that do not qualify as a Covered Medical Expense or are otherwise excluded or limited by the PLAN. Dollar or visits limits may apply for Non-Network care as well (e.g., ambulatory surgery, dialysis, chiropractic treatments, and acupuncture).

Except as otherwise specified in the Centers of Distinction, Emergency Hospital Emergency Room Care, Outpatient Dialysis, and Outpatient Ambulatory Surgery Center sections above, when medical care is received from a Non-Network Provider, the PLAN pays seventy percent (70%) of the Usual, Reasonable and Customary (URC) amount (after the Non-Network Deductible), except Preventive Care which is covered at 100% regardless of network. The Covered Person pays the Non-Network Deductible, thirty percent (30%) of the URC amount, plus any amounts the Non-Network provider charges that exceed URC, any charges that do not qualify as a Covered Medical Expenses or are otherwise excluded or limited by the PLAN, and the twenty percent (20%) coinsurance reduction for failure to follow the Pre-Admission Review and Prior Authorization requirements of the PLAN. Notwithstanding the foregoing, covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUT-OF-POCKET MEDICAL MAXIMUM BENEFIT

The Out-of-Pocket Medical Maximum Benefit limits the amount a Covered Person pays for Covered Medical Expenses in a Calendar Year. The Out-of-Pocket Medical Maximum Benefit amounts are different for network and non-network expenses. After a Covered Person's medical out-of-pocket costs, including the Deductible, have totaled $2,500 individual and $5,000 family for network expenses or $5,000 individual and $10,000 family for non-network expenses, the PLAN will pay one hundred percent (100%) of the remaining Covered Medical Expenses incurred by the Covered Person within the Calendar Year.

If the Covered Person has a combination of network and non-network expenses, the Covered Person's out-of-pocket costs under both will be combined to determine whether the Out-of-Pocket Medical Maximum Benefit amount has been met.

Expenses That Do Not Apply Toward the Out-of-Pocket Medical Maximum Benefit

The following expenses do not apply toward the Out-of-Pocket Medical Maximum Benefit amount:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any Covered Drugs that qualify for coverage under the Prescription Drug Card Program;
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT

The Out-of-Pocket Prescription Drug Maximum Benefit limits the amount a Covered Person pays for Covered Prescription Drug Expenses in a Calendar Year. After a Covered Person's prescription drug out-of-pocket costs (i.e., coinsurance) have totaled $4,100 individual or $8,200 family, the PLAN will pay one hundred percent (100%) of the remaining Covered Prescription Drug Expenses incurred by the Covered Person within the Calendar Year.

The following expenses do not apply toward the Out-of-Pocket Prescription Drug Maximum Benefit amount:

- Preventive Products specified in Covered Prescription Drug Expenses section below on page 22 that are reimbursed by the PLAN at one hundred percent (100%).
- This cost differential (brand-name vs. generic) paid by the Covered Person when the Covered Person requests a Brand-Name Drug when a Generic Drug equivalent is available as specified in notes on page 22 below.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Sharewell, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Sharewell Plan. Contact the Claims Administrator or the Plan Administrator for more information.

COVERED MEDICAL EXPENSES

The PLAN covers preventive services and other Medically Necessary services and supplies described below which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges for the services and supplies described below.

Covered Medical Expenses include:

a) Hospital care for room, board and other Hospital services required for purposes of treatment, but not to exceed for Hospital Room and Board the cost of the most common semi-private room or other accommodations deemed Medically Necessary by the attending Physician.

   The PLAN will allow up to the Network Negotiated Rate or URC amounts charged by the Hospital for necessary Hospital Room and Board, services, medicines, blood plasma that is not replaced, and supplies for diagnosis or treatment of the Illness or Accidental Injury, for which the Covered Person is confined (except services of a Physician, dentist, special nursing in any form, or supplies not used in the Hospital) provided the Covered Person is Hospital confined as a registered bed patient; or the Covered Person has surgery performed in the Hospital; or, the Covered Person received necessary emergency treatment for an Illness or as a result and within seventy-two (72) hours of the time of an accident

   Hospital care associated with dental procedures is covered only under the following circumstances:

   1. The Covered Person is a child, up to 6 years old, with a dental condition (such as baby bottle syndrome) that requires administration of general anesthesia in a hospital setting for dental repairs of significant complexity (e.g., multiple amalgam and/or resin-based composite restorations, pulpal therapy, extractions, or any combinations of these noted or other dental procedures); *or*

   2. The Covered Person exhibits physical, intellectual, or medically compromising conditions, is in need of dental treatment that requires administration of general anesthesia, and for whom administration of a general anesthesia can only be safely performed in a hospital setting. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems, and hyperactivity (verified by appropriate medical documentation);

   Such coverage is limited to the charges by the hospital and the anesthesiologist. The actual dental procedure performed by a dentist or oral surgeon during the Hospital stay is not covered.

   For services received at a Non-Network Hospital, benefits will be reduced as described in the Schedule of Medical Expense Benefits if a Pre-Admission Review is not obtained.

   Benefits shall not be payable with respect to charges made by any institution or facility for the care of the sick or injured which does not qualify as a Hospital as defined in the section "Definitions."

b) Inpatient newborn well-baby care following birth, including:
   - Inpatient routine nursery care provided to a newborn well-baby while the mother is Hospital confined,

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

- Physician services for the initial pediatric examination of a newborn child in the Hospital, and
- Circumcision;

c) Medical or surgical services by a Physician;

d) Mental health and substance abuse treatment by a Physician (M.D.; Psychiatrist (M.D.); Psychologist (Ph.D.); Licensed Clinical Social Worker (L.C.S.W.); or Marriage, Family and Child Counselor (M.F.C.C.) upon referral by a Physician. Expenses incurred for Severe Mental Illnesses of a person of any age, and of serious emotional disturbances of a child as defined under (AB88) (1999) will be covered on the same basis as any other medical condition;

e) Professional services, recommended by a Physician, and provided by a graduate Registered Nurse (R.N.), a Licensed Vocational Nurse (L.V.N.) or an audiologist. Such services shall include a California Registered Nurse Midwife acting within the scope of his license;

f) The following medical services or supplies that are recommended by a Physician:

1) Covered Drugs requiring a Physician's prescription that are prescribed by a Physician for emergency treatment or treatment while traveling outside of the United States and are not purchased through the Prescription Drug Card Program. All other eligible drugs and medicines requiring a Physician's prescription must be obtained through the PLAN's Prescription Drug Card Program;

2) Anesthesia, including the charge for administration;

3) Diagnostic and laboratory tests, x-ray services, routine pap tests and blood pressure tests;

4) Oxygen and/or rental of equipment required for its administration;

5) X-ray, radium and radioactive isotope therapy;

6) Braces, crutches, casts, splints, blood, and blood plasma (if not replaced) including the cost of blood, blood plasma and blood processing, or other fluids actually injected into the circulatory system;

7) Initial purchase and fitting of artificial limbs or eyes or other prosthetic appliances;

8) Authorized purchase of durable medical equipment prescribed by a Physician; however, only rental will be authorized for temporary therapeutic use in the treatment of an active Illness or Accidental Injury when rental charges do not exceed the purchase price of the equipment. Temporary use is generally defined as use not to exceed a length of time of six (6) months;

9) Necessary emergency transportation of the Covered Person by a professional ambulance, to or returning from the nearest Hospital or other medical institution equipped and staffed to treat the Illness or Accidental Injury, for Medically Necessary medical treatment that qualifies as a Covered Medical Expense under the PLAN;

g) Preventive Care at No Cost:
Preventive Health Services mean those primary preventive medical Covered Services, including related laboratory services, for early detection of disease as specifically listed below:

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF);

2) Immunizations that have in effect a recommendation from either the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or the most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians;

3) With respect to infants, children, and adolescents, evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration;

4) With respect to women, such additional preventive care and screenings not described in paragraph 1, as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration.

Preventive Health Services include, but are not limited to, cancer screening (including, but not limited to, colorectal cancer screening, cervical cancer and HPV screening, breast cancer screening and prostate cancer screening), breast cancer susceptibility gene (BRCA 1 and BRCA 2) testing, osteoporosis screening, screening for blood lead levels in children at risk for lead poisoning, and health education. When a covered preventative screening or service is limited by frequency, a year is considered to be a twelve (12) month period. More information regarding covered Preventive Health Services is available at the Claim Administrator's web site or by calling the Claim Administrator's Customer Service.

In the event there is a new recommendation or guideline in any of the resources described in paragraphs 1 through 4 above, the new recommendation will be covered as a Preventive Health Service as of the first plan year than begins twelve (12) months following the issuance of the recommendation.

5) Preventive care services for children (birth through 18 years of age) provided by a network or non-network Physician or the appropriately designated medical professional within that Physician's office. Preventive care service for children will be reimbursed at one hundred percent (100%) of covered expenses. The Calendar Year Deductible will not apply to these services.

   Covered preventive care services for children in a Physician's office will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 1 and 3 above and will include but not be limited to:
   - Physical and medical history
   - Height and weight evaluation
   - Head circumference
   - Ocular prophylaxis
   - Hemoglobin blood test
   - Preventive health counseling and education
   - Vision and hearing screening
   - Developmental screening
   - Injury prevention

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

- Blood pressure evaluation
- Screening for diabetes; Chlamydia; syphilis; HIV; and rubella susceptibility

Covered immunizations for children will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraph 2 above and will include but not be limited to:

- Diphtheria, Tetanus, acellular Pertussis (DTaP)
- Haemophilus Influenza type b (Hib)
- Measles, Mumps, Rubella (MMR)
- Chicken pox (Varicella)
- Hepatitis B (HBV)
- Influenza
- Hepatitis A (HepA)
- Inactivated Poliovirus Vaccine (IPV)
- Pneumoccocal Conjugate Vaccine (PCV)
- Rotavirus
- Meningococcal

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

6) Expenses incurred for **preventive care services for adults** (19 years of age or older) provided by a network or non-network Physician or the appropriately designated medical professional within that Physician's office. Preventive care services for adults will be reimbursed at one hundred percent (100%) of covered expenses. The Calendar Year Deductible will not apply to these services.

   Covered preventive care services for adults will follow the age criteria and service frequency as recommended by the organizations specified in g) paragraphs 1 and 4 above and will include but not be limited to:

   - Preventive health education and counseling
   - Height and weight evaluation
   - Blood pressure check
   - Blood cholesterol examination (Total and HDL)
   - Clinical breast examination
   - Mammogram
   - Well-woman exam, including pap smear
   - Prostate examination, including PSA
   - Hemoccult test
   - Flexible sigmoidoscopy or colonoscopy
   - Vision screening
   - Testicular examination
   - Liver tests
   - Screening for diabetes; breast cancer; cervical cancer; Chlamydia; syphilis; osteoporosis; HIV; abdominal aortic aneurysm; or rubella susceptibility

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

Covered immunizations for adults will follow the age criteria and service frequency as recommended by the organizations in g) paragraph 2 above and will include but not be limited to:

- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal
- Pneumococcal vaccine
- Measles, Mumps, Rubella (MMR)
- Rubella (German Measles)
- Tetanus, Diphtheria (Td) booster (every 10 years)
- Chicken Pox (Varicella)
- Shingles, age 60 and over (Zostavax)

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

h) Short-term physical or occupational therapy by a licensed Registered Physical Therapist (R.P.T.) or Occupational Therapist (O.T.) pursuant to a written treatment plan and when therapy is expected to result in a near-term significant improvement, based on a review by the Claims Administrator;

i) Skilled nursing facility for room, board, and other services, not to exceed for Room and Board the most common average semi-private room rate. Coverage is limited to a maximum of 100 days in any one Calendar Year;

j) Pregnancy-related services;

k) Elective abortions only when the life of the retiree or an eligible spouse is in danger;

l) Services for voluntary sterilization;

m) Speech therapy by a speech pathologist to restore loss of speech following Illness or Accidental Injury only;

n) Services by a Home Health Care Agency for continued care and treatment of the Covered Person pursuant to a written treatment plan established and approved in writing by the attending Physician;

o) Hospice services for care and treatment of a terminal Illness or Accidental Injury certified by the attending Physician when the life expectancy of the Covered Person does not exceed six (6) months;

p) Chiropractic manipulations performed by a Doctor of Chiropractic (D.C.) or Doctor of Medicine (M.D.), but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year;

q) Charges for the use of a free standing or outpatient surgical facility, Physician's office surgical suite, or a Hospital for outpatient surgery;

r) Charges for a Second Surgical Opinion by a specialist in the field for which the Covered Person is considering surgery;

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

s) Charges for medical treatment of Temporomandibular Joint (TMJ) Dysfunction. Dental procedures for treatment of TMJ Dysfunction are excluded;

t) Charges for organ transplants. Covered Medical Expenses include the following:

1) The cost of organ procurement. When the organ is harvested from a living donor, the PLAN will cover the medical expenses incurred by the organ donor for the surgical procedure and associated Hospital stay for harvesting of the donated organ, to the extent such expenses exceed any benefits available through another plan. Such expenses are limited to the donor's Inpatient Hospital stay for the organ harvesting, and related follow-up care for sixty (60) days following the organ harvesting.

   The medical expenses incurred by a Covered Person in connection with the Covered Person's donation of an organ to an individual who is not a Covered Person under this PLAN are not covered.

2) The cost of a donor search, limited to a maximum benefit of $15,000 per organ transplant when the search is conducted by a Special Transplant Facility or $5,000 per organ transplant when the search is conducted by other facilities.

3) Travel expenses, limited to a maximum lifetime benefit of $10,000 for organ transplants performed at a Special Transplant Facility, or $5,000 for organ transplants performed at other facilities. Travel expenses associated with an organ transplant are covered if the facility at which the transplant is performed is more than 100 ground miles from the organ recipient's home address. Benefits will be based on actual incurred costs. Covered travel expenses include:

   a. Coach airfare on a public airline for the organ recipient and one companion (two companions if the organ recipient is a minor child) to travel to and from the site of the transplant. A "companion" includes the organ recipient's legal spouse, legal parent(s) or legal guardian(s).

   b. Reimbursement for mileage at the then federal maximum rate for use of a personal car or rental car used to travel to and from the site of the transplant.

   c. Up to $200 per day for reasonable and necessary lodging and meals for the organ recipient (while not confined) and companion(s). The $200 per day maximum applies to the organ recipient and companion(s) collectively, not individually.

   The following types of living expenses do not qualify as covered travel expenses:
   - Childcare
   - Charges for house sitting
   - Kennel boarding
   - Reimbursement of any lost wages by the companion(s) during the Covered Person's stay at the transplant facility
   - Charges for the purchase or shipping of home furnishing, automobiles, or personal belongings.

u) Acupuncture when performed by a Doctor of Medicine (M.D.) or by a certified acupuncturist, but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year. A certified

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

acupuncturist includes providers with the following licenses: Doctor of Osteopathy (D.O.), Doctor of Oriental Medicine (D.O.M.), and Certified Acupuncturist (C.A.).

v) Certain surgical procedures for treatment of severe obesity if the Covered Person meets the National Institute of Health's criteria for surgical intervention and the Claims Administrator's internal guidelines for approval of coverage. **Surgical procedures for treatment of morbid obesity are not covered unless Prior Authorization is obtained and the Covered Person obtains such services at one of the Claims Administrator's Centers of Distinction, if within California;** and

w) Dental treatment for an Accidental Injury to natural teeth.

x) Telehealth for covered services that are appropriately provided through telehealth, subject to the terms and conditions of the plan. In-person contact between a health care provider and the patient is not required for these services, and the type of setting where these services are provided is not limited. "Telehealth" is the means of providing health care services using information and communication technologies in the consultation, diagnosis, treatment, education, care management and self-management of a patient's physical and mental health care when the patient is located at a distance from the health care provider. Telehealth does not include consultations between the patient and the health care provider, or between health care providers, by facsimile machine, or electronic mail.

y) Telemedicine consultation for clinical services provided by the Claims Administrator's vendor. Telemedicine consultations for clinical services provide confidential consultation using a network of U.S. board certified Physicians who are available 24 hours a day by telephone and from 7 a.m. to 9 p.m. by secure online video, 7 days a week (subject to change). Telemedicine Physicians can provide diagnosis and treatment for urgent and routine non-emergency medical conditions and can also issue prescriptions for certain medications. Note: If medications are prescribed, the applicable co-insurance and other requirements of the Prescription Drug Card Program apply. Telemedicine consultation services are optional and are not intended to replace services from a Covered Person's Physician but are a supplemental service to assist Covered Persons when their Physician is not available, and they need quick access to a Physician. Telemedicine consultation services are not available for specialist services or mental health and Substance Use Disorder Services. Before Telemedicine services can be accessed, the Covered Person must complete and submit a Medical History Disclosure form to the Telemedicine service organization. The Telemedicine consultation fee is considered a network benefit subject to network deductibles and coinsurance. The Plan Administrator may modify, add, or delete this service or components of the service based on an analysis of service results, cost effectiveness, and risk as needed.

Charges for all Covered Medical Expenses shall be deemed incurred on the latest of the following:

a) The date a purchase is contracted;

b) The date delivery is made;

c) The actual date a service is rendered.

PRESCRIPTION DRUG CARD PROGRAM

The Wellwise Non-Medicare Retiree Health Plan includes benefits for Covered Drugs. These benefits are administered by the Pharmacy Benefit Manager.

HOW THE PLAN WORKS

Covered Drugs can be purchased from:

- A Network Retail Pharmacy (up to a 30-day supply);
- A Network Retail Pharmacy participating in the Pharmacy Benefit Manager's Retail90 program (up to a 90-day supply for maintenance medications for chronic or long-term health conditions); and
- The Pharmacy Benefit Manager's Mail Order Service (up to a 90-day supply for maintenance medications for chronic or long-term health conditions).
- The Pharmacy Benefit Manager's Specialty Pharmacy (up to a 30-day supply). Specialty drugs may be obtained through both the Specialty Pharmacy, as well as network retail pharmacies, subject to availability.

Covered Drugs purchased from a Non-Network Retail Pharmacy or unapproved mail order service are not covered by the Prescription Drug Card Program.

FORMULARY INCLUDING PREFERRED DRUGS

The Prescription Drug Card and Mail Order Program (hereinafter referred to as the Prescription Drug Card Program) has a Formulary. The County's Formulary includes Tier 1 – lower cost/commonly used Generic Drugs (may also include some lower cost Brand-Name drugs) and Tier 2 - Preferred Drugs (many common Brand-Name drugs) that can meet a patient's clinical needs, and in those cases where multiple Brand-Name drugs of comparable clinical effectiveness and safety exist, at a lower cost than other similar Tier 3 – Non-Preferred drugs. The County's Formulary will change from time to time and some high-cost Generic Drugs may be included in Tier 2 and Tier 3.

The PLAN pays a larger portion of the cost of Tier 1 - Generic Drugs and low-cost Brand-Name drugs and Tier 2 - Preferred Drugs included on the Formulary than for Tier 3 - Non-Preferred Drugs. Also, the Covered Person pays a larger portion of the cost (including differential in cost between the Brand-Name Drug and its equivalent generic) if they request a Brand-Name Drug (preferred or non-preferred) when a generic equivalent exists. See Plan Benefits chart below for details.

The most up-to-date Formulary including Preferred and Non-Preferred Drugs is available on the Pharmacy Benefit Manager's Website. The list includes only the most frequently used Generic Drugs. However, all Generic Drugs are included in the Formulary unless specifically excluded by the PLAN.

FORMULARY EXCLUSIONS

The County's Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a lower cost therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. If the Covered Person or their prescriber believe that it is Medically Necessary for the Covered Person to take the excluded drug, a Prior Authorization request can be submitted to the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details.

PLAN BENEFITS

The PLAN pays a percentage of the cost of covered Preventive Products, Tier 1 - Generic Drugs, Tier 2 - Preferred Drugs, and Tier 3 Non-Preferred Drugs, as shown in the following chart.

PRESCRIPTION DRUG CARD PROGRAM (continued)

Drug Type	The Plan Pays	The Covered Person Pays
Preventive Products[1]	100%	0%
Tier 1 – Lower cost/commonly used Generic Drugs[2]. May also include some low-cost brand-name drugs.	80%	20%
Tier 2 – Preferred Drugs (many common brand-name drugs): When a generic equivalent does not exist, or the prescriber specifically requests the brand-name drug.	75%	25%
Tier 2 – Preferred Drugs (many common brand-name drugs): When a generic equivalent exists, but Covered Person requests the brand-name drug.	80% of generic cost	20% of generic cost, plus cost differential[3]
Tier 3 – Non-Preferred Drugs (mostly higher cost brand-name drugs): When a generic equivalent does not exist, or prescriber specifically requests the brand-name drug.	70%	30%
Tier 3 – Mostly higher-cost Brand-Name drugs, known as Non-Preferred Drugs: When a generic equivalent exists, but Covered Person requests the brand drug.	80% of generic cost	20% of generic cost, plus cost differential[3]
Specialty Pharmacy Drugs (see Program description below)	The remaining percentage of the cost of the covered drug	The percentage of the cost and any cost differential[3] required of the covered person for Specialty Drugs as stated directly above for the respective covered Tier 1 - Generic, Tier 2 - Preferred or Tier 3 - Non-Preferred up to a maximum of $150 required of the covered person per 30-day supply.
OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT: The maximum amount of Prescription Drug coinsurance for which a Covered Person is responsible during a Plan Year.	$4,100 individual $8,200 family	

Notes:

[1] See information about Preventive Products under Covered Prescription Expenses section below.

[2] Some higher cost Generic Drugs may be placed in the Preferred Drug or Non-Preferred Drug Tiers.

[3] If the Covered Person requests a Brand-Name Drug when a Generic Drug equivalent is available, the Covered Person is responsible for paying the difference between the Participating Pharmacy contracted rate for the Brand-Name Drug and its Generic Drug equivalent, as well as the applicable Drug co-insurance. This differential in cost (brand-name vs. generic) that the Covered Person must pay is not included in the Calendar Year maximum out-of-pocket prescription drug benefit. If the prescription specifies a Brand-Name Drug and the prescriber has written "Dispense as Written" or "Do Not

PRESCRIPTION DRUG CARD PROGRAM (continued)

Substitute" on the prescription, or if a Generic Drug equivalent is not available, the Covered Person is only responsible for paying the applicable Brand-Name Drug co-insurance.

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program can be used to satisfy the Out-of-Pocket Prescription Drug Maximum Benefit. The costs of drugs and medications that qualify as Covered Drugs under the Prescription Drug Card Program cannot be used to satisfy the Medical Expense Benefits Deductible or Out-of-Pocket Medical Maximum Benefit amount.

COVERED PRESCRIPTION DRUG EXPENSES

The Prescription Drug Card Program covers only those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug;
- Prescription strength vitamins; and
- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or legal blindness.

  Note: Insulin pumps and cartridges are not available through the Pharmacy Benefit Manager. These items may be covered as durable medical equipment through the Medical Expense Benefits of this PLAN.

- Preventive products that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF) or such additional preventive products provided for in the comprehensive guidelines supported by the United States Health Resources and Services Administration. (Covered under the Patient Protection and Affordable Care Act) These drugs and products, when prescribed by a licensed prescriber, currently include but are not limited to aspirin, prenatal vitamins, folic acid, contraceptives, smoking cessation, bowel preps (when used in conjunction with a colonoscopy), drugs used for cancer prevention, and low-dose statin medications (for use in patients with cardiovascular risk factors) and are subject to change. The preventive products may be subject to specific clinical criteria or requirements which may include but are not limited to age requirements, medical risk factors, and medical history. The preventive products may require Prior Authorization by the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details. The preventative product cost is 100% covered by the Plan with no cost for the Covered Person. More information regarding covered Preventive products is available by calling the Pharmacy Benefit Manager's Customer Service.

QUANTITY LIMITS

In addition to the quantity limits described above for medications purchased at a Network Retail Pharmacy and through the Pharmacy Benefit Manager's Mail Order Service, quantity limits may apply to certain medications, as determined by the Pharmacy Benefit Manager. These quantity restrictions are based on manufacturer and/or clinically approved guidelines and are subject to periodic review and

PRESCRIPTION DRUG CARD PROGRAM (continued)

change. Some examples include anti-migraine drugs, flu medications, and pain management drugs. If a Covered Person or a Covered Person's Physician has any questions, they should contact the Pharmacy Benefit Manager.

If a Covered Person's prescription is denied due to quantity limitations, and the Covered Person or their Physician believe that it is Medically Necessary for the Covered Person to take a larger quantity of this medication, a Prior Authorization request can be made. Refer to the "Prior Authorization Requirements" section below for details.

AGE LIMITS

Age limits may apply to certain drug categories or medications, as determined by the Pharmacy Benefit Manager, including but not limited to the following:

- Topical acne medications;
- Flu medications; and
- Central nervous system (for example Attention Deficit Disorder).

PRIOR AUTHORIZATION REQUIREMENTS

Certain drugs require Prior Authorization, as determined by the Pharmacy Benefit Manager, before they can be covered by the Program. The Pharmacy Benefit Manager will review and determine Medical Necessity on those medications and may require the submission of a medical diagnosis for the prescribed medication. Some medications may require information in addition to the medical diagnosis (for example, lab values). The Pharmacy Benefit Manager will review new FDA approved drugs when they become available to determine if a Prior Authorization is appropriate.

Drug categories or medications that may require Prior Authorization include but are not limited to:
- Cardiology (for example high cholesterol and heart failure);
- Central Nervous System (for example attention deficit disorder, pain, and weight loss);
- Endocrinology (for example testosterone and diabetes);
- Gastroenterology (for example nausea and constipation);
- Oncology (for example cancer);
- Respiratory (for example asthma and COPD); and
- Impotency medications, which may only be covered for the treatment of benign prostatic hyperplasia or pulmonary arterial hypertension.

The criteria for the Prior Authorization program are based on nationally recognized guidelines, FDA-approved indications, and accepted standards of practice.

HOW TO OBTAIN A PRIOR AUTHORIZATION

Prior Authorization can be initiated by the Network Pharmacy, the Physician, or the Covered Person by calling the Pharmacy Benefit Manager. All Prior Authorization requests are reviewed by a Pharmacy Benefit Manager pharmacist, who will approve or deny the request based on established protocols. If the Prior Authorization request is approved, a Pharmacy Benefit Manager representative will communicate the approval via a telephone call or fax to the person who initiated the request. If the Prior Authorization request is denied, a Pharmacy Benefit Manager pharmacist will communicate the denial via a telephone call or fax to the person who initiated the request and send a denial letter to the Covered Person

PRESCRIPTION DRUG CARD PROGRAM (continued)

explaining the reason for denial. The letter will include instructions for requesting a review of the claim denial. For more information about requesting a review of a claim denial, see the Claims Review Procedure section of this Plan Document.

To confirm whether a Prior Authorization is needed or to request a Prior Authorization, call the Pharmacy Benefit Manager's Customer Services.

MEDICATION MONITORING

The Pharmacy Benefit Manager will utilize its medication monitoring program to review medications filled under the plan in order to work with Covered Persons and their health care providers to ensure safe and appropriate medication use. Specifically, this program evaluates the following for Covered Persons who take certain medications and/or who are at high-risk for complex conditions:

- Appropriateness of Therapy
- Inappropriate Medications in the Elderly
- Compliance and Persistency
- Comprehensive Pharmacy Review (Polypharmacy)

Covered Persons may receive a call or offer for consultation from a clinically trained pharmacist who will provide targeted, one-on-one counseling about their medications.

In addition, the Pharmacy Benefit Manager will monitor all Covered Persons through daily medication evaluation to help prevent them from joining the most at-risk group. The Pharmacy Benefit Manager may discuss medication options with the Covered Person's pharmacy and/or the prescriber.

The Plan Administrator may annually modify, add, or delete this program or components of the program based on an analysis of program results, cost effectiveness, and risk as needed.

STEP THERAPY

The Pharmacy Benefit Manager will apply its Step Therapy Program. This Program requires that one or more prerequisite medications must be tried first before other medications will be covered, unless medical necessity authorization is received. Current step therapy categories may include but are not limited to drugs used in the treatment of:

- Anti-infectives (for example antibiotics)
- Cardiovascular conditions (for example blood pressure and chest pain);
- Central Nervous System disorders (for example attention deficit disorder, pain, anticonvulsants, and antidepressants;
- Dermatology (for example rosacea and eczema);
- Endocrinology (for example diabetes);
- Gastrointestinal disorders (for example constipation, gout, and heartburn);
- Ophthalmology (for example allergy)
- Respiratory conditions (for example asthma and COPD); and
- Urological conditions (for example prostate).

The Pharmacy Benefit Manager and Plan Administrator may agree to revise the Step Therapy program list as required.

PRESCRIPTION DRUG CARD PROGRAM (continued)

SPECIALTY PHARMACY PROGRAM

In addition to the Prior Authorization requirement, the Prescription Drug Card Program also includes a Specialty Pharmacy Program administered by the Pharmacy Benefit Manager. This Program provides assistance and patient education to Covered Persons who require certain medications for treating chronic or complex health conditions including but not limited to the following:

- Acromegaly (e.g., Sandostatin)
- Alpha-1 deficiency (e.g., Aralast, Prolastin)
- Anticoagulants (e.g., Enoxaparin)
- Asthma (e.g., Xolair)
- Biologic response modulator (e.g., Proleukine)
- Botulinum toxins (e.g., Botox)
- Cateplexy in patients with narcolepsy (e.g., Xyrem)
- Chronic granulamatous (e.g., Actimmune)
- Condylomata acuminata (e.g., Alferon)
- Cryopyrin associated periodic syndromes (e.g., Ilaris)
- Cystic fibrosis (e.g., Bethkis, Kalydeco, Pulmozyme)
- Enzyme deficiency or Lysosomal storage disease (e.g., Fabrazyme, Cerezyme)
- Growth hormone and related disorders (e.g., Norditropin, Nutropin)
- Hemophilia and related bleeding disorders (e.g., Humate-P)
- Hepatitis B (e.g., Hepsera)
- Hepatitis C (e.g., Harvoni, Epclusa)
- Hereditary angioedema (e.g., Cinryze)
- Hormonal therapies (e.g., Lupron Depot, Trelstar)
- IGF-1 deficiency (e.g., Increlex)
- Immune deficiency & related disorders (e.g., Gammagard, Gamunex)
- Immune thrombocytopenic purpura (e.g., Nplate)
- Inflammatory Conditions (e.g., Humira, Stelara, Cimzia)
- Iron overload (e.g., Exjade, Ferriprox)
- Macular degeneration (e.g., Lucentis)
- Multiple sclerosis (e.g., Copaxone, Tecfidera)
- Oncology, injectable (e.g., Carboplatin, Gemcitabine)
- Oncology, oral (e.g., Imatinib Mesylate, Afinitor)
- Oncology, supportive care (e.g., Aredia)
- Osteoarthritis (e.g., Euflexxa, Synvisc)
- Osteoporosis (e.g., Prolia)
- Plaque psoriasis (e.g., Stelara, Humira)
- Psoriatic arthritis (e.g., Stelara, Humira)
- Pulmonary arterial hypertension (e.g., Letairis, Tracleer)
- Respiratory syncytial virus (e.g., Synagis)
- Transplant (e.g., Rapamune, Sandimmune)

Medications through the Specialty Pharmacy Program may require Prior Authorization and are limited to supplies of 30 days or less. They can be obtained through a Network Retail Pharmacy or the Pharmacy Benefit Manager's Specialty Pharmacy. The Plan Administrator and Pharmacy Benefit Manager may mutually agree to add or delete medications from this list as clinically appropriate.

PRESCRIPTION DRUG CARD PROGRAM (continued)

PRESCRIPTION DRUGS THAT ARE NOT COVERED

No benefits shall be provided under the Prescription Drug Card and Mail Order Program with respect to:

a) Drugs and medications purchased from a Non-Network Retail Pharmacy or from a mail order service other than that operated by the Pharmacy Benefit Manager;

b) Any drug that is not on the preventive medication list and can be purchased legally without a prescription;

c) Over-the-counter medications and other over-the-counter items except those Preventive Products allowed under the Covered Prescription Expenses section above on page 23;

d) Drugs used for cosmetic purposes, including, but not limited to, certain anti-fungals, hair loss treatments, products used as wrinkle reducers, and those used for pigmenting/depigmenting;

e) Fertility drugs (oral and injectable);

f) Impotence drugs (except as specifically noted in the Prior Authorization requirements section);

g) Legend vitamins, except prescription strength vitamins and those prenatal legend vitamins covered under the Patient Protection and Affordable Care Act;

h) Nutritional and diet supplements;

i) Certain injectables obtainable through and administered by a Physician in an office setting. If the medication is available to and administered through the Covered Person's Physician's office, then it may be covered through the Medical Expense Benefits of this PLAN;

j) Charges for that portion of the purchase of Covered Drugs that exceeds the PLAN limit (either days supply, age, or quantity limit);

k) Charges to administer or inject any drug;

l) Certain self-injectable drugs;

m) Charges for delivering any drugs except through the Pharmacy Benefit Manager's mail order service. Express or overnight delivery costs are not covered;

n) Prescription drugs purchased from an institutional pharmacy for use while the Covered Person is an Inpatient of that institution (Hospital, skilled nursing facility or alternate facility), regardless of the level of care;

o) Prescription drugs furnished by a local, state, or federal government;

p) Biological prescription drug products (such as immunizations and allergy serum) which, due to their characteristics as determined by the Pharmacy Benefit Manager, must typically be administered or supervised by a qualified provider or licensed/certified health professional in an outpatient setting;

q) Drugs specifically excluded from the County's Formulary. See more information in the Formulary Exclusions paragraph above on page 21;

r) New to market drugs are excluded for up to six months following market launch while the Pharmacy Benefit Manager clinically evaluates the new drug and establishes utilization management requirements (such as prior authorization, quantity limits, or Formulary exclusion); and

s) Drugs excluded by the Pharmacy Benefit Manager's cost control programs that identify drugs for exclusion where lower cost therapeutically equivalent (comparable clinical effectiveness and safety) alternatives exist. The excluded drugs may include but are not limited to i) non-FDA approved

PRESCRIPTION DRUG CARD PROGRAM (continued)

products; ii) products considered out-of-scope of the PLAN's pharmacy benefit; iii) high-cost Brand-Name drugs with chemically similar generic alternatives; iv) high-cost pain patches and creams; and v) DESI 5 and 6 products which are products with questionable effectiveness. The Pharmacy Benefit Manager and Plan Administrator may mutually agree to revise the cost control programs as required.

See the PLAN Limitations and Exclusions section for other limitations and exclusions that apply to the Prescription Drug Card Program.

PLAN LIMITATIONS AND EXCLUSIONS

No benefits shall be payable under this PLAN with respect to:

a) Any services not Medically Necessary for diagnosis or treatment of the Covered Person's active Illness or Accidental Injury except as provided for under preventive care services; or

b) Any treatment or service not prescribed or recommended by a "Physician" as defined in the "Definitions" section; or

c) Any charges for services rendered by a relative by birth, adoption or marriage will not be eligible; or

d) Any charges for hearing aids, glasses, or eye examinations or correction of vision or fitting of glasses and any charges related to orthoptics, vision therapy, or other special vision procedures, except as provided for under preventive care services; or

e) Any charges for dental services or treatment except for treatment of Accidental Injury to natural teeth, and no payment will be made for dentures or other oral appliances; or

f) Any condition, disability or expense resulting from or sustained as a result of being engaged in an illegal occupation, commission of or attempted commission of an assault or a felonious act; or

g) Any condition, disability or expense resulting from or sustained as a result of being engaged in duty as a member of the Armed Forces of any state or country, war or act of war declared or undeclared; or

h) Any services for care or treatment provided or furnished by the United States Government or the government of any country except as furnished by the Veterans Health Administration; or

i) Any services for which a charge would not have been made in the absence of coverage; or

j) Any condition, disability or expense resulting from injury caused by participating in civil insurrection or a riot; or

k) Any benefit under Workers' Compensation Act or similar legislation, which is due to injury arising out of or in the course of any occupation or employment for wage or profit, except as specifically provided in the PLAN; or

l) Vaccinations, inoculations, preventive shots, routine physical examinations, vitamins and nutritional food or mineral supplements, except prescription strength vitamins and as provided for under preventive care services or preventive products; or

m) Expense incurred for the treatment of corns, calluses, or toenails, unless the charges are for the removal of nail roots or for the treatment of a metabolic or peripheral-vascular disease; or

n) Expenses incurred for orthopedic shoes and other supportive appliances for the feet including orthotics applied to shoes; or

o) Expenses incurred for the treatment of weak, strained, or flat feet, or any metatarsalgia or bunion; unless the charges are for an open cutting operation; or

p) Any charges for cosmetic surgery except as the charges relate to such surgery to correct a congenital defect in a covered newborn or to repair the effects of an accident which occurred while the individual is covered under this PLAN; or

q) Any charges related to services for reproductive voluntary sterilization reversal, fertility or infertility, and any charges for artificial insemination, embryo and fetal implants, or charges arising from or related to in vitro fertilization (test-tube baby) other than childbirth; and any charges for genetic testing related to these assisted reproductive technologies; or

PLAN LIMITATIONS AND EXCLUSIONS (continued)

r) Any charges for medical or surgical weight control, weight reduction or weight controlling drugs or counseling except as provided for under Covered Medical Expenses; or

s) Charges related to treatment of learning disabilities; or

t) Charges related to bariatric surgery when not performed at one of the Claims Administrator's Centers of Distinction, if surgery occurred within California.

u) Any charges for convenience items for comfort (e.g., telephone, television, guest trays, and personal hygiene items).

v) Any charges related to long-term care

w) Charges related to Private-duty nursing

COORDINATION OF BENEFITS

This provision shall apply to all sections of the PLAN providing benefits for Covered Medical Expenses and Covered Drugs.

Section I. Definitions Applicable To This Provision

The term "Plan" as used in this provision means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by (a) group, blanket or franchise insurance coverage under a labor/management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan, including any Federal or State or other governmental plan or law, toward the cost of which any employer shall have made payroll deductions, or (b) coverage under any plan solely or largely tax-supported or otherwise provided for by or through action of any government.

The term "Plan'' shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services separately with respect to that portion of any such policy, contract, or other arrangement, which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

"This PLAN" as used in this provision means that portion of the contract by name referred to in this document which provides the benefits that are subject to this provision.

"Allowable Expense" means any necessary, reasonable, and customary item of expense at least a portion of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services or supplies rather than cash payments, the reasonable cash value of each service rendered, or supply furnished shall be deemed to be both an Allowable Expense and a benefit paid.

The "Order of Benefit Determination" rules are the rules that determine whether this PLAN pays benefits first (the primary plan) or second (the secondary plan) when compared to another Plan covering the Covered Person.

Section II. Effect on Benefits

A. This provision shall apply in determining the benefits as to a person covered under this PLAN for a claim submission, if for the Allowable Expenses incurred as to such person, the sum of:

   1. the benefits that would be payable under this PLAN in the absence of this provision, and

   2. the benefits that would be payable under all other Plans in the absence therein of provisions of similar purpose to this provision, would exceed such Allowable Expenses.

B. As to any claim submission with respect to which this provision is applicable, the benefits that would be payable under this PLAN in the absence of this provision for the Allowable Expenses incurred as to such person shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits payable for such Allowable Expenses under all other Plans shall not exceed the total of such Allowable Expenses. Benefits payable under another Plan include the benefits that would have been payable had claim been duly made, therefore.

COORDINATION OF BENEFITS (continued)

C. For the purposes of item (B), the rules establishing the order of benefit determination are:

1. A Plan that does not contain a coordination of benefits provision shall be considered the primary plan.

2. When benefits are provided under this PLAN and another Plan which also has a coordination provision, the first of the following rules that describes which Plan pays its benefits before another Plan will be used to determine which Plan is primary.

   a) **Non-Dependent or Dependent.** The Plan that covers the person other than as a dependent, for example as an employee, member, subscriber, or retiree, is primary and the Plan that covers the person as a dependent is secondary.

   b) **Child Covered Under More Than One Plan.** The order of benefits when a child is covered by more than one Plan is:

      1) The Primary Plan is the Plan of the parent whose birthday is earlier in the year if:

         i. The parents are married;

         ii. The parents are not separated (whether or not they ever have been married); or

         iii. A court decree awards joint custody without specifying that one party has the responsibility to provide health care coverage.

         If both parents have the same birthday, the Plan that covered either of the parents longer is primary.

      2) If the specific terms of a court decree state that one of the parents is responsible for the child's health care expenses or health care coverage and the Plan of that parent has actual knowledge of those terms, that Plan is primary. This rule applies to PLAN years commencing after the Plan is given notice of the court decree.

      3) If the parents are not married, or are separated (whether or not they ever have been married) or are divorced, the order of benefits is:

         i. The Plan of the custodial parent;

         ii. The Plan of the spouse of the custodial parent;

         iii. The Plan of the non-custodial parent; and then

         iv. The Plan of the spouse of the non-custodial parent.

   c) **Active or inactive employee.** Another Plan that covers a person as an employee who is neither laid off nor retired is primary. The same would hold true if a person is a dependent of a person covered as a retiree and an employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored. Coverage provided an individual as a retired worker and as a dependent of an actively working spouse will be determined under the rule labeled 2(a).

   d) **Continuation coverage.** If a person whose coverage is provided under a right of continuation provided by federal or state law also is covered under another Plan, the Plan covering the person as an employee, member, subscriber, or retiree (or as that person's dependent) is primary, and the continuation coverage is secondary. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored.

COORDINATION OF BENEFITS (continued)

e) **Longer or shorter length of coverage.** The Plan that covered the person as an employee, member, subscriber, or retiree longer is primary.

f) If a husband or wife is covered under this PLAN both as a retiree and as an enrolled Dependent, the dependent benefits will be coordinated as if they were provided under another Plan. This means the retiree's benefit will pay first.

g) If the preceding rules do not determine the primary Plan, the Allowable Expenses shall be shared equally between the Plans meeting the definition of Plan under this provision. In addition, this PLAN will not pay more than it would have paid had it been primary.

Section III. Right to Receive and Release Necessary Information

For the purposes of determining the applicability of and implementing the terms of this provision of this PLAN or any provision of similar purpose of any other Plan, the PLAN may, without the consent of or notice to any person, release to, or obtain from any Insurance Company or other organization or person any information, with respect to any person, which the deems to be necessary for such purposes. Any person claiming benefits under this PLAN shall furnish to the PLAN such information as may be necessary to implement this provision.

Section IV. Facility of Payment

Whenever payments which should have been made under this PLAN in accordance with this provision have been made under any other Plan(s), the PLAN shall have the right, exercisable alone and in its sole discretion, to pay over to any organizations making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision and amounts so paid shall be deemed to be benefits paid under this PLAN and, to the extent of such payments, the County or Fund shall be fully discharged from liability under this PLAN.

Section V. Recovery of Excess Payments

Whenever payments have been made by the Fund with respect to Allowable Expense in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, the Fund shall have the right to recover such payments, to the extent of such excess, from among one or more of the following, as the Fund shall determine: any persons to or for or with respect to whom such payments were made, any insurance companies, any other organizations.

NON-SMOKER INCENTIVE

An incentive of $50 may be claimed by retirees who declare by affidavit that they:

- Have not smoked tobacco during the entire calendar year during which they were enrolled regardless of enrollment date in the PLAN; or
- Smoked and sometime during the calendar year also participated in a smoking cessation program at some point in the calendar year.

GENERAL PROVISIONS

CLAIM PAYMENT DETERMINATION

Claims will be processed and paid in the order they are received by the Claims Administrator without regard to sequence of dates incurred. Adjustments will not be made for claims received later but with an earlier incurred date to be applied to Deductibles or maximum payment level.

PLAN EXCEPTIONS

Any service or treatment excluded by the PLAN which is deemed to be Medically Necessary for the health of the Covered Person and cannot be accomplished through a covered benefit may be submitted to the Plan Administrator for exception. The submission and request for review must be accompanied by a detailed description by the attending Physician justifying the medical necessity and a concurrence by a second opinion Physician at the Covered Person's expense. Requests for exception must be filed within fifteen (15) days of claim denial.

DETERMINATION OF PAYMENT

If, in the opinion of the Claims Administrator, a valid release cannot be rendered for the payment of any benefit payable, under this PLAN, the Claims Administrator may, at its option, make such payment to the individual or individuals as have, in the Claims Administrator's opinion, assumed the care and principal support of the Covered Person and are, therefore, equitably entitled thereto. In the event of the death of the Covered Person prior to such time as all benefit payments due him have been made, the Claims Administrator, may at its sole discretion and option, honor benefit assignments, if any, made prior to the death of such Covered Person.

Any payment made by the Claims Administrator in accordance with the above provisions shall fully discharge the Fund to the extent of such payments.

PLAN DOCUMENT

The Plan Administrator will make available to each Covered Person under this PLAN this Wellwise Non-Medicare Retiree Health Plan Document which shall summarize the benefits to which the person is entitled, to whom benefits are payable, and the provisions of the PLAN principally affecting the Covered Person.

ASSIGNMENT

The Covered Person's benefits may not be assigned except by consent of the Plan Administrator.

CONFORMITY WITH STATE AND FEDERAL STATUTES AND REGULATIONS

Any provision of the PLAN, which on its Effective Date, is in conflict with the statutes or regulations of the jurisdiction of California or the Federal government, which relate to Self-Funded Plans of public entities is hereby amended to conform to the minimum requirements of such statutes or regulations.

PLAN AMENDMENT AND TERMINATION

The County reserves the unlimited right to amend, terminate or merge the Plan in any way. Any amendment, termination or merger to the Plan shall be in writing and shall be adopted by the County in

GENERAL PROVISIONS (continued)

accordance with its normal procedures. However, the Plan Administrator shall have the authority to amend the Plan to comply with applicable law or regulation or to reflect the County's intent.

Any amendment or termination of the Plan shall be effective at such date as the County shall determine except that no amendment or termination shall reduce benefits payable for covered expenses incurred prior to the later of the date the amendment or termination is effective or adopted, except as required or permitted by law.

CHANGE IN FUNDING MECHANISM

The County reserves the unlimited right to change, modify, cancel or otherwise terminate the Plan's funding arrangements, including, by way of example and not by way of limitation, the right to change insurance carriers and the right to provide previously self-insured benefits on a partially insured or fully uninsured basis.

NOTICE AND PROOF OF CLAIM

Written notice of claim hereunder must be given to the PLAN at the claims address printed on the health plan identification card provided to the Covered Person following their enrollment in the PLAN, with particulars sufficient to identify the Covered Person, within 365 days following the date such claim was incurred. Note: Communication regarding pharmacy claims should be addressed by contacting the Prescription Benefits Manager, not the medical plan, by calling the phone number on the identification card.

The Claims Administrator upon receipt of notice required by the PLAN will furnish to the Covered Person or to any other person notifying the Fund of claim on such forms as are usually furnished by it for filing proof of loss.

If such forms are not furnished within fifteen (15) days after receipt of such notice, the Covered Person shall be deemed to have complied with the requirements of the PLAN, as to proof of loss, upon submitting written proof fully describing the occurrence for which claim is made.

Failure to furnish notice or proof of claim within the time provided in the PLAN shall not invalidate or reduce any claims if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as possible.

CLAIM-RELATED DEFINITIONS

Claim

Any request for plan benefits made in accordance with the plan's claims-filing procedures, including any request for a service that must be pre-approved.

The Plan recognizes four categories of health benefit claims:

Urgent Care Claims

"Urgent care claims" are claims (other than post-service claims) for which the application of non-urgent care time frames could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function or, in the judgment of a physician, would subject the patient to severe pain that

GENERAL PROVISIONS (continued)

could not be adequately managed otherwise. The Plan will defer to the attending Physician to determine if a claim for Medical benefits is urgent.

Pre-service Claims

"Pre-service claims" are claims for approval of a benefit if the approval is required to be obtained before a patient receives health care (for example, claims involving preauthorization or referral requirements).

Post-Service Claims

"Post-service claims" are claims involving the payment or reimbursement of costs for health care that has already been provided.

Concurrent Care Claims

"Concurrent care claims" are claims for which the Plan previously has approved a course of treatment over a period of time or for a specific number of treatments, and the Plan later reduces or terminates coverage for those treatments. A concurrent care claim may be treated as an "urgent care claim," "pre-service claim," or "post-service claim," depending on when during the course of the Covered Person care the Covered Person file the claim. However, the Plan must give the Covered Person sufficient advance notice of the initial claims determination so that the Covered Person may appeal the claim before a concurrent care claims determination takes effect.

Adverse Benefit Determination

If the Plan does not fully agree with the Covered Person's claim, the Covered Person will receive an "adverse benefit determination" — a denial, reduction, or termination of a benefit, or failure to provide or pay for (in whole or in part) a benefit. An adverse benefit determination includes a decision to deny benefits based on:

- An individual being ineligible to participate in the Plan;
- Utilization review;
- A service being characterized as experimental or investigational or not medically necessary or appropriate;
- A concurrent care decision; and
- Certain retroactive terminations of coverage (rescission of coverage), whether or not there is an adverse effect on any particular benefit at that time.
- Failure to provide additional information as requested by the Plan

INITIAL CLAIM DETERMINATION – MEDICAL EXPENSES

For each of the Plan options, the Plan has a specific amount of time to evaluate and respond to claims for benefits. The period of time the Plan has to evaluate and respond to a claim begins on the date the Plan receives the claim. If the Covered Person has any questions regarding how to file or appeal a claim, contact the Claims Administrator for the benefit at issue.

The timeframes on the following pages apply to the various types of claims that the Covered Person may make under the Plan, depending on the benefit at issue.

In the event of an adverse benefit determination, the claimant will receive notice of the determination. The notice will include:

- The specific reasons for the adverse determination;
- The specific plan provisions on which the determination is based;
- A request for any additional information needed to reconsider the claim and the reason this information is needed;

GENERAL PROVISIONS (continued)

- A description of the plan's review procedures and the time limits applicable to such procedures;
- A statement of the Covered Person's right to bring a civil action following an adverse benefit determination on review;
- If any internal rules, guidelines, protocols or similar criteria was used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For adverse determinations involving urgent care, a description of the expedited review process for such claims. This notice can be provided orally within the timeframe for the expedited process, as long as written notice is provided no later than 3 days after the oral notice;
- For medical claims, information sufficient to identify the claim involved including date of service, healthcare provider, claim amount (if applicable), and denial code;
- For medical claims, upon request the applicable diagnosis and treatment codes used and their meanings;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal in a foreign language.
- As applicable, a description of the Plan's internal appeal procedures and external review processes; and
- Contact information for certain governmental entities that may assist claimants with appeals and external review.

TIME FRAMES FOR INITIAL CLAIM DECISIONS

Time frames generally start when the Plan receives a claim. (See the special rule for "concurrent care" decisions to limit previously approved treatments.) Notices of benefit determinations generally may be provided through in-hand delivery, mail, or electronic delivery, before the period expires, though oral notices may be permitted in limited cases. A reference to "days" means calendar days.

GENERAL PROVISIONS (continued)

	Urgent Care Claims	Non-Urgent "Pre-Service" Claims	Non-Urgent "Post-Service" Claims	"Concurrent Care" Decision to Reduce Benefits
Time frame for Providing Notice	Notice of determination (*whether adverse or not*) must be provided by the Plan as soon as possible considering medical exigencies, but no later than 72 hours. If the Covered Person request in advance to extend concurrent care, the Plan shall provide notice as soon as possible taking into account medical exigencies, but no later than 24 hours of receipt of the claim, provided that any such claim is made to the Plan at least 24 hours prior to the expiration of the prescribed period of time or number of treatments.	Notice of determination (whether adverse or not) must be provided by the Plan within a reasonable period of time appropriate to the medical circumstances, but no later than 15 days.	Notice of adverse determination must be provided within a reasonable period of time, but no later than 30 days.	Notice of adverse determination must be provided by the Plan enough in advance to give the Covered Person an opportunity to appeal and obtain decision before the benefit at issue is reduced or terminated.

GENERAL PROVISIONS (continued)

Extensions	If the Covered Person claim is missing information, the Plan has up to 48 hours (subject to decision being made as soon as possible) from the earlier of the Plan's receipt of the missing information, or the end of the period afforded to the Covered Person to provide the missing information, to provide notice of determination.	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before initial 15-day period ends.*	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before the initial 30-day period ends.*	N/A
Period for Claimant to Complete Claim	The Covered Person has a reasonable period of time to provide missing information (no less than 48 hours from when the Covered Person is notified by the Plan that the Covered Person's claim is missing information).	The Covered Person has at least 45 days to provide any missing information.	The Covered Person has at least 45 days to provide any missing information.	N/A
Other Related Notices	Notice that the Covered Person's claim is improperly filed or that information is missing must be provided by the Plan as soon as possible (no later than 24 hours after receipt of the claim by the Plan).	Notice that the Covered Person's claim is improperly filed must be provided by the Plan as soon as possible (no later than 5 days after receipt of the claim by the Plan).	N/A	N/A

**15- or 30-day extension period (whichever is applicable) is measured from the time that the claimant responds to the notice from the Plan that the claim is missing information.*

GENERAL PROVISIONS (continued)

CLAIM APPEAL PROCEDURES – MEDICAL EXPENSES AND PRESCRIPTION DRUGS

If the Covered Person receives notice of an adverse benefit determination and disagrees with the decision, the Covered Person is entitled to apply for a full and fair internal review of the claim and the adverse benefit determination. Appeals are not automatic; the Covered Person (or an appointed representative) can appeal by requesting a claim review in accordance with the time frames described in the chart below. The request must be made in writing, except for urgent care claims which the Covered Person may file orally or in writing and should be filed with the appropriate Claims Administrator.

If the Covered Person's internal appeal of a Medical or Prescription Drug claim involves an urgent care claim, such that the timeframe for completing an appeal would seriously jeopardize the Covered Person's life or health, the Covered Person may initiate an external review at the same time as the Covered Person's internal appeal.

If the Covered Person files an internal appeal for Medical or Prescription Drug benefits, the Covered Person will continue to be covered, pending the outcome of the internal appeal. This means that the Plan can't terminate or reduce any ongoing course of treatment without providing advance notice and the opportunity for review.

For Medical and Prescription Drug claims, if the Plan fails to meet the requirements of the internal claims and appeals process for the Covered Person's claim, the Covered Person are deemed to have exhausted the internal process, and the Covered Person may begin an external review request immediately. However, this will not apply if the error was de minimus, if the error does not cause harm to the Covered Person, if the error was due to good cause or to matters beyond the Plan's control, if it occurs in context of good faith exchaneg of information, or if the error des not reflect a pattern or practice of noncompliance. In that case, Covered Person may resubmit the claim for internal review and ask the Plan to explain why the error is minor and why it meets this exception.

The Claims Administrator or Pharmacy Benefit Manager will forward the appeal request to the appropriate named fiduciary for review. The review will be conducted by the Claims Administrator (if serving as the reviewer for appeals) or other appropriate named fiduciary of the Plan. In either case, the reviewer will not be the same individual who made the initial adverse benefit determination that is the subject of the review, nor the subordinate of such individual (including any physicians involved in making the decision on appeal if medical judgment is involved). Where the adverse determination is based in whole or in part on a medical judgment, the reviewer will consult with an appropriate health care professional. No deference will be afforded to the initial adverse benefit determination.

The Claims Administrator or Pharmacy Benefit Manager will ensure that all claims and internal appeals for Medical or Prescription Drug benefits are handled impartially. The persons involved in making the decision won't receive compensation, promotion, continued employment or other similar items based upon the likelihood he or she will support a denial of Plan benefits. The Claims Administrator will ensure that health care professionals consulted are not chosen based on the expert's reputation for outcomes in contested cases, rather than based on the professional's qualifications.

The Covered Person will have the opportunity to submit written comments, documents, records, and other information relating to the claim; and the Covered Person will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits. Whether a document, record, or other information is relevant to the claim will be determined in accordance with the applicable regulations. The Covered Person also is entitled to the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the Covered Person's adverse benefit determination. The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim

without regard to whether such information was submitted or considered in the initial benefit determination.

In connection with the Covered Person's internal appeal of a Medical or Prescription Drug claim, the Covered Person will be able to review the Covered Person's file and present information as part of the review. Before making a benefit determination on review, the Claims Administrator will provide the Covered Person with any new or additional evidence considered or generated by the Plan, as well as any new or additional rationale to be used in reaching the decision. The Covered Person will be given this information in advance of the date on which the notice of final appeal decision is made to give the Covered Person a reasonable opportunity to respond.

The time periods for providing notice of the benefit determination on review depends on the type of claim, as provided in the following chart.

If the Plan fails to meet the requirements of the internal claims and appeals process for a claim and the plan's error is not de-minimus, the Covered Person shall be deemed to have exhausted the internal process and may begin an external review immediately.

The Claims Administrator or Pharmacy Benefit Manager will provide the Covered Person with written notification of the Plan's determination on review, within the applicable time frames. For urgent care, all necessary information, including the benefit determination on review, will be transmitted between the Plan and the claimant by telephone, fax, or other available similarly expeditious method. In the case of an adverse benefit determination, such notice will indicate:

- The specific reason for the adverse determination on review;
- Reference to the specific provisions of the Plan on which the determination is based;
- A statement that the Covered Person are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- A description of the Covered Person's right to bring a civil action following an adverse determination on review;
- If any internal rules, guidelines, protocols or similar criteria were used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For medical claims, information sufficient to identify the claim including date of service, healthcare provider, claim amount (if applicable), and denial code;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- For medical claims, upon a request the applicable diagnosis codes and treatment codes used and their meanings;
- A description of the Plan's external review process, including how to initiate an appeal;
- Contact information for certain governmental entities that may assist claimants with appeals and external review;
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal denial in a foreign language; and

GENERAL PROVISIONS (continued)

- A description of the voluntary appeals procedure under the Plan, if any, and the Covered Person's right to obtain additional information upon request about such procedures.

All decisions are final and binding unless determined to be arbitrary and capricious by a court of competent jurisdiction.

TIME FRAMES FOR INTERNAL APPEALS PROCESS

The time frame for filing an appeal starts when the Covered Person receives written notice of adverse benefit determination. The time frame for providing a notice of the appeal decision (a "notice of benefit determination on review") starts when the appeal is filed in accordance with the Plan's procedures. The notice of appeals decision may be provided through in-hand delivery, mail, or electronic delivery before the period expires. Urgent care decisions may have to be delivered by telephone, facsimile, or other available expeditious method. References to "days" mean calendar days. The Plan can require two levels of mandatory appeal review.

	*Urgent Care Claims**	*Non-Urgent Care Pre-Service Claims**	*Non-Urgent Care Post-Service Claims**
Period for Filing Appeal	The Covered Person must file an appeal within180 days.	The Covered Person must file an appeal within180 days.	The Covered Person must file an appeal within 180 days.
Time frame for Providing Notice of Benefit Determination on Review	As soon as possible taking into account medical exigencies, but not later than 72 hours after receipt of request for review.	Within a reasonable period of time appropriate to medical circumstances, but not later than 30 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 15 days of each appeal.	Within a reasonable period of time, but not later than 60 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 30 days of each appeal.
Extensions	None.	None.	None.

** An appeal of a concurrent care decision to reduce or terminate previously approved benefits may be an urgent care, pre-service, or post-service claim, depending on the facts.*

LEVEL TWO APPEAL PROCESS (COUNTY)

If the Covered Person is dissatisfied with the Claims Administrator's Internal Appeal decision, he may submit a written request for a level two appeal to the Plan Administrator within **180 calendar days** of receipt of the Claims Administrator's written response to the Internal Appeal decision. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the level two appeal. The Covered Person will be notified promptly of the findings, but not later than 15 calendar days for pre-service claims and 30 calendar days for post-service claims after receipt of the Covered Person's appeal and a properly executed HIPAA release form. A second level of appeal is not available for urgent claims. The Plan Administrator may, at its discretion, waive the level two appeal

process and submit the Covered Person's request directly to the External Review Process, as described below.

EXTERNAL REVIEW PROCESS

If the Covered Person's appeal is denied or if the County advises the Covered Person to seek an external review during the second level of appeal, the Covered Person may request an external review of the Covered Person's claim within four months after being notified of a denied claim. External review is not automatic; the Covered Person must request it. The external review is conducted by an independent review organization (IRO) and its decision is binding on the Covered Person and the Plan, except to the extent other remedies are available under federal law. The procedures for filing an appeal under the external review process are outlined below.

The external review process does not apply to an adverse benefit determination or final internal adverse benefit determination that relates to a participant's or beneficiary's failure to meet the requirements for eligibility under the terms of a group health Plan (for example, worker classification and similar issues). The external review process is only available if the adverse benefit determination involves medical judgment (as determined by the external reviewer) or a rescission of coverage or is otherwise required by applicable law.

Within five days of receiving the Covered Person's request, the Plan will conduct a "preliminary review" to ensure the request can be sent for external review (for example, to ensure the denied claim or appeal doesn't relate to Plan eligibility and that the request is complete). The Plan will notify the Covered Person in writing once the preliminary review is complete; the Covered Person will be informed then if the Covered Person needs to submit additional information and the deadline for doing so.

The IRO assigned to conduct the Covered Person's external review will notify the Covered Person of its acceptance of the assignment and the Covered Person will have 10 business days to submit any additional written information for the IRO to consider. (Within one business day of receiving the Covered Person's additional information, the IRO must share the new material with the Plan. After considering the new information, the Plan *may* reconsider and reverse its claim or appeal denial, stopping the external review procedure.)

The IRO must conduct its external review without giving any weight to the Plan's earlier conclusions or decisions. IROs may consider information beyond the denied claim's records, such as the claimant's medical history, appropriate practice guidelines and Plan terms. The IRO must complete its external review and send notice of its decision to the Covered Person and the Plan within 45 days.

If the IRO reverses the Plan's earlier decision to deny a claim or appeal, the Plan will immediately provide coverage or payment for the claim.

APPEALS OF CLAIMS INVOLVING ELIGIBILITY MATTERS

Appeals involving eligibility matters (that is, eligibility to participate or changes in coverage elections such as the addition or deletion of dependents) should be sent in writing to the Plan Administrator for consideration within **60 calendar days** from the claim payment date or the date of the notice of denial of benefits. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the appeal. The Covered Person will be notified promptly of the findings, but not later than 120 calendar days after receipt of the Covered Person's appeal.

GENERAL PROVISIONS (continued)

ACTS OF THIRD PARTIES

If a Covered Person is injured through the act or omission of another person (a "third party"), the PLAN shall, with respect to services required as a result of that injury, provide the benefits of the PLAN and have an equitable right to restitution or other available remedy to recover the reasonable costs of the services provided to the Covered Person that are paid by the PLAN.

The Covered Person is required to:

1. Notify the Claims Administrator in writing of any actual or potential claim or legal action which such Covered Person anticipates bringing or has brought against the third party arising from the alleged acts or omissions causing the injury or Illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and
2. Agree to fully cooperate with the PLAN to execute any forms or documents needed to assist the PLAN in exercising its equitable right to restitution or other available remedies; and
3. Provide the PLAN with a lien, in the amount of costs of benefits provided, calculated in accordance with California Civil Code section 3040. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law.

A Covered Person's failure to comply with 1 through 3, above, shall not in any way act as a waiver, release, or relinquishment of the rights of the PLAN.

HIPAA PRIVACY AND HIPAA SECURITY

The Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), and the regulations issued thereunder at 45 CFR Parts 160 and 164 ("the HIPAA regulations"), impose privacy and security obligations on group health plans that restrict the use and disclosure of protected health information ("PHI") and electronic protected health information ("ePHI"). The County of Orange as PLAN Sponsor, and/or its representative agents (collectively the "County"), desires to permit the PLAN (including its Business Associates, health insurance issuers, HMOs, and their agents) to disclose or to provide for or permit the disclosure of protected health information to the County from time to time.

1. **Uses and Disclosures of PHI**. The PLAN may disclose a PLAN Participant's PHI to the County, for the PLAN administration functions under 45 CFR 164.504(a), to the extent not inconsistent with HIPAA regulations. This includes summary health information for the purposes set forth in Section 164.504(f)(1)(ii) and (iii) of the Privacy Rule.

2. **Restriction on PLAN Disclosure to the County of Orange**. Neither the PLAN nor any of its Business Associates will disclose PHI to the County except upon the PLAN's receipt of the County certification that the PLAN incorporates the agreements of the County under paragraph 4, except as otherwise permitted or required by law.

3. **Privacy Agreements of the County of Orange**. As a condition for obtaining PHI from the PLAN and its Business Associates, the County agrees it will:

    a. Not use or further disclose such PHI other than as permitted by paragraph 2 of this provision, as permitted by 45 CFR 164.508, 45 CFR 164.512, and other sections of the HIPAA regulations, or as required by law;

GENERAL PROVISIONS (continued)

b. Ensure that any of its agents, including a subcontractor, to whom it provides the PHI agree to the same restrictions and conditions that apply to the County with respect to such information;

c. Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee/retiree benefit plan of the County;

d. Report to the PLAN any use or disclosure of the PHI that is inconsistent with the uses or disclosures provided for of which the County becomes aware;

e. Make the PHI of a particular Participant available for purposes of the Participant's requests for inspection, copying and amendment, including the incorporation of any amendments to PHI, and to carry out such requests in accordance with HIPAA regulation 45 CFR 164.524 and 164.526;

f. Make the PHI of a particular Participant available for purposes of required accounting of disclosures by the County pursuant to the Participant's request for such an accounting in accordance with HIPAA regulation 45 CFR §164.528;

g. Make the County internal practices, books, and records relating to the use and disclosure of PHI received from the PLAN available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the PLAN with HIPAA regulation 45 CFR §164.501(f);

h. If feasible, return or destroy all PHI received from the PLAN that the County maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, the County agrees to limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible; and

i. Ensure that there is adequate separation between the PLAN and the County by implementing the terms of subparagraphs 3.i. (1) through (3), below:

(1) *Employees With Access to PHI*: The employees or other individuals under the control of the County that are the individuals that may access PHI received from the PLAN are referenced within section 6.02 (c) in the HIPAA Policies and Procedures Manual, including but not limited to County Benefits staff and select Human Resources staff members.

(2) *Use Limited to Plan Administration*: The access to and use of PHI by the individuals described in (1), above, is limited to Plan Administration functions as defined in HIPAA regulation 45 CFR §164.504(a) that are performed by the County for the PLAN.

(3) *Mechanism for Resolving Noncompliance*: If the County determines that any person described in (1), above, has violated any of the restrictions described in this provision, then such individual shall be subject to discipline or sanctions in accordance with the practices of the County, taking into account the Privacy Rules standards. The County shall document such discipline or sanctions as required under the Privacy Rules, including the requirement that such documentation be retained for six years.

4. **Security Agreements of the County of Orange**. As a condition of obtaining e-PHI from the Plan, its Business Associates, Insurers and HMOs, the County agrees it will:

GENERAL PROVISIONS (continued)

a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the County creates, receives, maintains, or transmits on behalf of the Plan;

b. Ensure that the adequate separation between the Plan and County as set forth in 45 CFR 164.504(f)(2)(iii) is supported by reasonable and appropriate security measures.

c. Ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information.

d. Report to the Plan any Security Incident of which it becomes aware. "Security Amendment" shall mean unauthorized access to, use, disclosure, modification, or destruction of, or interference with ePHI.

e. Upon request from the Plan, the County agrees to provide information on unsuccessful unauthorized access, use, disclosure, modification, or destruction of ePHI, to the extent such information is available to the County.

5. **Breach Notifications.** Following the discovery of a Breach of unsecured PHI caused by the County or its agents, the County or its agents shall provide a written notification in plain language of the breach to all individuals whose unsecured PHI has been breached in accordance with 45 CFR § 164.404. A breach is the same definition as stated in 45 CFR 164.402. The County or its agent's notification must include the following information, to the extent possible:

a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
b. A description of the types of Unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
c. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
d. A brief description of what the County or its agent is doing to investigate the breach, to mitigate harm to individual, and to protect against any further breaches; and
e. Contact procedures for individual to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

6. **Definitions.** All capitalized terms within this provision not otherwise defined by the provisions of this provision shall have the meaning given them in the PLAN or, if no other meaning is provided in the PLAN, the term shall have the meaning provided under HIPAA Privacy Rule or the HIPAA Security Rule.

DEFINITIONS

Whenever any of the following terms are capitalized in this Plan Document, they will have the meaning stated below:

ACCIDENTAL INJURY

A bodily injury which results independently of an Illness as a result of external force or impact including, but not limited to, lacerations, breaks, bruises, and strains. Excluded as "accidental injuries" are injuries as a result of, but not limited to, lifting, turning, stretching, reaching, pulling, pushing, exercising, blisters and injuries while chewing.

AMBULATORY SURGERY CENTERS (ASC)

Health care facilities where surgical procedures not requiring an overnight hospital stay are performed. ASC's can be either general surgery centers that perform various outpatient procedures or an ASC can provide only specialized services.

BRAND-NAME DRUG

Name identifying a drug as the product of a specific pharmaceutical company. Also known as the proprietary trademark name.

CALENDAR YEAR

A period of one year beginning with January 1.

CASE MANAGEMENT

Services of the Case Management department of the Claims Administrator under contract with the County, to review medical treatment plans for Illness or Accidental Injury where there is probability of substantial medical expenses. With the concurrence of the primary Physician and the Covered Person, Case Management may authorize services and expenses not specifically addressed in the PLAN. Case Management may also be authorized by the Plan Administrator to provide cost effective alternatives to in-patient psychiatric, alcohol and drug abuse services.

CENTER OF DISTINCTION

One of the Claims Administrator's designated facilities for specified surgical procedures within California.

CLAIMS ADMINISTRATOR

A third-party administrator under contract with the County to administer claims for the Medical Expense Benefits of the PLAN.

COVERED DRUGS

Those drugs and medications that are prescribed by a Physician according to approved indications, and are not considered experimental, investigational, or are not otherwise limited or excluded by the PLAN. Covered prescription drugs and medications include:

- Federal legend drugs (drugs that federal law prohibits dispensing without a prescription);
- State-restricted drugs;
- Compounded medications containing at least one Federal legend drug; and

DEFINITIONS (continued)

- Insulin, with a prescription, subject to state dispensing laws, and diabetic supplies including glucose monitors, alcohol swabs, diagnostic testing agents (blood and urine), lancet "auto-injectors," lancets, insulin syringes, and devices to assist diabetic patients with visual impairment or blindness.

COVERED MEDICAL EXPENSES

Those services covered by the PLAN, including preventive services and other Medically Necessary services and supplies described herein which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges.

COVERED PERSON

A person, enrolled in this PLAN, who is a retiree of the County and enrolled eligible Dependents, who meet the requirements in the "Individual Plan Coverage Effective Dates" section, and persons enrolled under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

CUSTODIAL CARE

Care that provides a level of routine maintenance for the purpose of meeting personal needs or helping with the functions or activities of daily living. This is care that can be provided by a layperson that does not have professional qualifications, skills, or training.

DEDUCTIBLE

The amount of Covered Medical Expenses that must be paid by the Covered Person before the PLAN will begin reimbursing most Covered Medical Expenses.

DEPENDENTS

a) Shall be the enrolled legally married spouse or Domestic Partner of the Covered Person and enrolled Children between the ages of birth and 26 years. The term "children" shall include natural children, adopted children, and foster children for whom Covered Person has legal responsibility for medical care. The term "children" shall not include any legally married spouse or Domestic Partner or children of the Covered Person's dependent child.

b) Shall be a dependent child after their 26th birthday provided the child (1) was incapable of self-sustaining employment by reason of mental retardation or physical handicap prior to age 26, and (2) is chiefly dependent upon the Covered Person for support and maintenance. Such dependent must be enrolled in the health plan when an employee retires in order to be covered as the dependent of the retiree. Proof of such incapacity and dependency must be furnished to the Fund by the Covered Person within 31 days following the dependent's 26th birthday. Eligibility for handicapped dependent status will be determined by the Claims Administrator. The Claims Administrator may require, at reasonable intervals during the two (2) years following the Dependent's 26th birthday, subsequent proof of the child's disability and dependency. After such two (2) year period, the Fund may require subsequent proof not more than once each year. The Fund reserves the right to have such dependent examined by a doctor of the Fund's choice to determine the existence of such incapacity.

DEFINITIONS (continued)

Excluded as Dependents under a) and b) are:

1) A spouse that is legally divorced from the Covered Person; and

2) Any person(s) while on active duty in any military of any country; however, any person meeting the requirements for service in the uniformed services as defined by USERRA may elect to continue coverage under the PLAN for up to 24 months, as required under USERRA; and

3) Any legally married spouse or Domestic Partner or children of the Covered Person's eligible dependent child.

DOMESTIC PARTNER

An opposite or same sex individual who has legally registered as a domestic partner with a County employee.

EMERGENCY HOSPITAL CONFINEMENT

An Inpatient Hospital confinement for a condition which, unless immediately treated on an Inpatient basis, would jeopardize the patient's life or cause serious impairment to the patient's bodily functions.

EMERGENCY SERVICES

Services provided to stabilize the patient from an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious jeopardy to the health of an unborn child.

EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

Services or supplies as determined by the Claims Administrator or Pharmacy Benefit Manager to be experimental or investigational because:

a) There are insufficient outcomes data available from controlled clinical trials published in peer reviewed literature to substantiate its safety and effectiveness in treatment of the disease or injury involved; or

b) If required by the FDA, approval has not been granted for marketing; or

c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or

d) The written protocols or written informed consent used by the treating facility or any other facility studying substantially the same drug, device, procedure or treatment, states that it is experimental, investigational or for research purposes.

However, this exclusion will not apply with respect to routine patient care services (including drugs) associated with a clinical trial if the Claims Administrator determines the clinical trial meets the following criteria:

DEFINITIONS (continued)

Phase I, II, III, or IV level clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

i) federally funded through a variety of entities or departments of the federal government; or

ii) is conducted in connection with an investigational new drug application reviewed by the Food and Drug Administration; or

iii) is exempt from investigational new drug application requirements.

Routine patient services do not include, and the Plan will not cover:

- the investigational service or supply itself;
- services and supplies listed herein as Exclusion;
- services or supplies related to data collection for the clinical trial;
- services or supplies which, in the absence of private health care coverage, are provided by a clinical trial sponsor or other party, e.g., device, drug, item or service supplied by the manufacturer and not yet FDA approved, without charge to the trial participant.

FORMULARY

A list of prescription drugs that includes Generic, Preferred, and Non-Preferred Brand-Name Drugs. The Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a less-expensive therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. The Pharmacy Benefit Manager determines which drugs are included on the Formulary within the Preferred or Non-Preferred tiers and which drugs are excluded.

GENERIC DRUG

A prescription drug that is introduced into the market after the Brand-Name Drug loses patent protection.

HOME HEALTH CARE AGENCY

A public or private agency or organization that specializes in providing medical care and treatment in the home. Such a provider must meet all of the following conditions:

a) It is primarily engaged in and duly licensed, if such licensing is required, by the appropriate licensing authority to provide skilled nursing services and other therapeutic services.

b) It has policies established by a professional group associated with the agency or organization. This professional group must include at least one Physician and at least one registered graduate nurse (R.N.) to govern the services provided, and it must provide for full-time supervision of such services by a Physician or registered graduate nurse.

c) It maintains a complete medical record on each individual.

d) It has a full-time administrator.

HOSPITAL

An institution constituted, licensed and operated in accordance with the laws pertaining to hospitals, which maintains on its premises all the facilities needed to diagnose and treat injury and Illness. It is an institution that qualifies as a hospital and a provider of services under Medicare and is accredited as a hospital by the Joint Commission on the Accreditation of Hospitals.

DEFINITIONS (continued)

A hospital can specialize in the treatment of mental illness, alcoholism, drug addiction, or other related Illness. It can also provide residential treatment programs, but only if it is constituted, licensed and operated in accordance with laws of legally authorized agencies responsible for medical institutions. It provides all treatment for a fee, by or under the supervision of Physicians with continuous 24-hour nursing services by qualified nurses.

The definition of "Hospital" shall also include Christian Science Sanatoriums.

An institution that is, other than incidentally, a place of rest, a place for the aged, or a nursing home will not be considered a hospital.

Hospitals will also include the following:

- Ambulatory surgical facility – a facility approved by the Claims Administrator as meeting established criteria for handling surgical cases on a same-day basis. This may also include a birthing center.
- Skilled nursing facility – an institution that is primarily engaged in providing Inpatient skilled nursing care and related services for patients who require medical or nursing care. A skilled nursing facility may also provide physical rehabilitation services for injured or sick persons. To do so, it must be constituted, licensed and operated in accordance with the laws of legally authorized agencies and must maintain on its premises all the facilities needed to provide medical treatment of injury or Illness. It must not be, other than incidentally, a place for rest or domiciliary care; for the aged, blind, deaf, mentally deficient, or those suffering from tuberculosis; or a hotel or motel. All skilled nursing care must be provided for a fee by or under the supervision of Physicians with skilled nursing services by nurses.

ILLNESS

Bodily sickness or disease, psychiatric disorders, and congenital abnormalities of a newborn child who is covered as an eligible dependent child. Illness must be medically diagnosed.

INPATIENT

Confinement in a Hospital for which Room and Board charges are made by the Hospital or that exceeds 24 consecutive hours.

MEDICAL EXPENSE BENEFITS

Those benefits of the PLAN other than that available through the Prescription Drug Card Program.

MEDICALLY NECESSARY

Services or supplies to the extent that they are needed for the diagnosis of an Illness or Accidental Injury or for the medical care of a diagnosed Illness or Accidental Injury. To be considered "Medically Necessary" a service or supply must be determined by the Claims Administrator to meet all of these tests:

- It is ordered by a Physician.
- It is recognized throughout the Physician's profession as safe and effective, is required for the diagnosis or treatment of an Illness or injury and is employed appropriately in a manner and setting consistent with generally accepted United States medical standards.
- It is not educational in nature (that is, the primary purpose of the service or supply must not be to provide the patient with any of the following: training in the activities of daily living, instruction in

DEFINITIONS (continued)

scholastic skills such as reading and writing, preparation for an occupation, or treatment for learning disabilities).

- It is not Experimental or Investigational.
- It is not Custodial Care.

For purposes of the PLAN, services or supplies that are provided only because an unnecessary service or supply is being provided will also be considered not Medically Necessary.

In the case of an Inpatient Hospital stay, in addition to meeting the above tests, the length of the stay and Hospital services and supplies will be considered Medically Necessary only to the extent that the Claims Administrator determines them to be not allocable to the scholastic education or vocational training of the patient.

MEDICARE

Title XVIII (Health Insurance for the Aged) of the United States Social Security Act as amended by Social Security Amendment of 1965 or as later amended.

NETWORK CONTRACT RATE

The discounted amount a Network Provider agrees to charge a Covered Person, based on the Network Provider's contract with the Claims Administrator or Preferred Provider Organization.

NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates. Non-network radiologists, anesthesiologists, and pathologists that are Network Hospital-based will be considered Network Providers if a Covered Person utilizes a Network Hospital. A listing of Network Providers shall be maintained by the Claims Administrator.

NETWORK RETAIL PHARMACY

A retail pharmacy that has entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered person at discounted rates. A listing of Network Pharmacies shall be maintained by the Pharmacy Benefit Manager.

NON-NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has not entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates.

NON-NETWORK RETAIL PHARMACY

A retail pharmacy that has not entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered Person at discounted rates.

NON-PREFERRED DRUGS

These are mostly higher cost Brand-Name drugs that are selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Non-Preferred Drugs (Tier 3). Some higher cost Generic drugs may also be

DEFINITIONS (continued)

included in the Non-Preferred Drug tier. The PLAN provides a lower benefit for Non-Preferred Drugs than for Preferred Drugs.

OUT-OF-POCKET EXPENSES

The amount a Covered Person pays for Medical Expense Benefits, including the Deductible or Prescription Drug Expenses.

OUTPATIENT

A Covered Person shall be considered to be an "Outpatient" if treated at a Hospital on a basis other than as a registered bed patient. For purposes of this definition, a stay in the Hospital whether as a registered bed patient or not shall not be considered an "Outpatient" stay if the Hospital stay extends beyond 24 consecutive hours.

PHARMACY BENEFIT MANAGER

A third-party administrator under contract with the County to administer the Prescription Drug Card Program of the PLAN.

PHYSICIAN

A licensed medical practitioner who is practicing within the scope of his/her license and who is licensed to prescribe and administer drugs or to perform surgery.

Licensed medical practitioners include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Chiropractor (D.C.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Christian Science Practitioner who is authorized by the Mother Church, the First Church of Christ Scientist in Boston, Massachusetts, and is listed in the Christian Science Journal at the time a service is rendered
- Psychologist (Ph.D., Ed.D., or Psy.D.)
- Clinical social worker (C.S.W. or L.C.S.W.)

The following are considered covered medical professionals when they are referred by a Physician, licensed to practice where the care is given, rendering a service within the scope of that license, and providing a service for which benefits are specified in the PLAN:

- Nurse – a nurse is a registered graduate nurse, a licensed practical nurse, or a licensed vocational nurse. A nurse is a professional who has the right the use the respective title and the respective abbreviation R.N., L.P.N., or L.V.N.
- Audiologist
- Occupational therapist (O.T.)
- Physical therapist (R.P.T.)
- Speech pathologist or therapist
- Marriage, family, and child counselor (M.F.C.C. or L.M.F.T.)
- Home health aide – a person who provides medical or therapeutic care and who reports to and is under the direct supervision of a Home Health Care Agency.

DEFINITIONS (continued)

PLAN

The benefits and provisions for payment as described herein as the County of Orange Wellwise Non-Medicare Retiree Health Plan.

PLAN ADMINISTRATOR

Chief Human Resources Officer or his/her designee
County of Orange
Human Resource Services/Employee Benefits
400 Civic Center Dr.
Santa Ana, California 92701

PRE-ADMISSION REVIEW

An evaluation made by the Claims Administrator to determine the number of days of Inpatient Hospital confinement and level of care that will be considered Medically Necessary for the care or treatment of a Covered Person's diagnosed Illness or Accidental Injury. **However, the Covered Person and his Physician make the final decision concerning treatment.**

PREFERRED DRUGS

These are mostly common Brand-Name drugs selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Preferred Drugs (Tier 2). Some Generic drugs may also be included in the Preferred Drug tier. The PLAN provides a higher benefit for Preferred Drugs than for Non-Preferred Drugs.

PRESCRIBER

Licensed medical practitioners who may prescribe medications within the scope of their practice include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Physician's Assistant (P.A.)
- Registered Nurse Practitioner (R.N.P.)

PRIOR AUTHORIZATION

An evaluation made by the Claims Administrator or Pharmacy Benefit Manager to determine the Medical Necessity of certain health care services, including drugs and medicines, before the services are rendered in order to determine whether and to what extent the services will be covered by the PLAN. Prior Authorization is required for certain services, drugs and medicines as identified in this Plan Document. **However, the Covered Person and his Physician make the final decision concerning treatment.**

ROOM AND BOARD

All charges commonly made by a Hospital on its own behalf for room and meals and all general services and activities needed for the care of registered bed patients.

DEFINITIONS (continued)

SEMI-PRIVATE CHARGE

The most common charge made by a Hospital for a room containing two beds but does not include the charge made by the Hospital for Intensive Care.

SEVERE MENTAL ILLNESS

Severe Mental Illness as defined under California Assembly Bill 88 (AB88) (1999) includes the following conditions:

a) Schizophrenia
b) Bipolar disorder
c) Panic disorder
d) Pervasive developmental disorder or autism
e) Bulimia nervosa
f) Schizoaffective disorder
g) Major depressive disorders
h) Obsessive-compulsive disorder
i) Anorexia nervosa

Serious emotional disturbance of a child is defined under (AB88) (1999) as a condition that is:

a) identified in the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and

b) that meets stringent criteria in Section 5600.3(a)(2) of the Welfare and Institutions guide, which includes the child's inability to function in certain environments.

SPECIAL TRANSPLANT FACILITY

A Network Provider that contracts with the Claims Administrator for certain organ transplants.

THE COUNTY is the County of Orange, California.

THE FUND

The County of Orange Indemnity Health Plans Internal Service Fund (292).

USUAL, REASONABLE AND CUSTOMARY (URC)

The maximum charge that the PLAN will reimburse for an eligible medical care expense received from a Non-Network Provider. The URC is determined from a collective data base of actual charges in the geographical area in which the services are delivered. Any amount charged that exceeds URC will be considered ineligible under this PLAN. URC charges are adjusted periodically to reflect the current costs being incurred for medical services.

URC is determined by Claim Administrator's methodology.

UTILIZATION REVIEW

Services provided by the Claims Administrator through contract with the County to review, in coordination with the attending Physician, Hospital admissions for alternatives of outpatient services, medical necessity of the treatment plan, proposed length of Hospital stay and level of care, post Hospital service alternatives and alternate treatment plans. **However, the Covered Person and his Physician make the final decision concerning treatment.**

DEFINITIONS (continued)

WAITING PERIOD

Retired employees are eligible upon active retirement. Terminated employees electing deferred retirement are not eligible beyond the last day of the month in which they terminate employment.

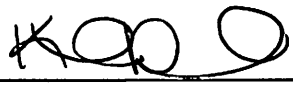
SIGNATURE PAGE

The effective date of benefits, as described in this Plan Document is January 1, 2023.

It is agreed by the County of Orange that the provisions contained in this Plan Document are acceptable and will be the basis for the administration of said County Wellwise Non-Medicare Retiree Health Plan described herein.

IN WITNESS WHEREOF, the County of Orange has executed this Plan Document this nineteenth day of July 2022.

COUNTY OF ORANGE

By: 

Title: Kim Derrick, Director of Human Resource Services



COUNTY OF ORANGE

WELLWISE
MEDICARE RETIREE HEALTH PLAN
PLAN DOCUMENT

Effective January 1, 2023

COUNTY OF ORANGE
WELLWISE MEDICARE RETIREE HEALTH PLAN

PLAN DOCUMENT

The COUNTY OF ORANGE Wellwise Medicare Retiree HEALTH PLAN (the "PLAN") assures the County of Orange retirees during the period of this PLAN that all benefits hereinafter described shall be paid to them in the event that they and/or their eligible enrolled dependent(s) incur covered medical and prescription drug expenses.

The PLAN is subject to all the terms, provisions and conditions described within this document.

The COUNTY OF ORANGE caused this PLAN and the terms and benefits described herein to take effect as of 12:01 a.m. Pacific Time on January 1, 2023, at Santa Ana, California 92701.

In addition to this Plan Document, Optum, the Pharmacy Benefits Manager for the Medicare Part D EGWP, will provide retirees with the Evidence of Coverage booklet (EOC) that provides Medicare retirees with additional information related to your Medicare Part D prescription drug benefit.

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ELIGIBILITY AND ENROLLMENT

ELIGIBILITY FOR COVERAGE

The Wellwise Medicare Retiree Health Plan eligibility requirements for covered persons are described in the definitions section of this document. Furthermore, in order to be eligible under this Plan, a retiree or dependent must be enrolled in either (1) Parts A & B of Medicare, or (2) if the retiree or dependent is not eligible for Part A of Medicare, enrolled in Part B of Medicare only. Additional eligibility requirements are included in Section 2 of the EOC.

ENROLLING FOR COVERAGE

Procedures and guidelines for enrolling in the Wellwise Medicare Retiree Health Plan are described in the Benefits Enrollment Guide provided to all County retirees during the annual open enrollment period.

INDIVIDUAL PLAN COVERAGE EFFECTIVE DATES

a) All eligible retirees upon initiation of the PLAN will be covered on the date of inception of the PLAN provided they were enrolled in the Premier Wellwise Health Plan effective January 1, 2023.

b) Retirees and their Dependents shall be eligible for coverage immediately upon their loss of eligibility as an employee provided the retiree was eligible and the dependent was eligible and covered under a County of Orange employee health plan at the time of retirement. Dependents shall be covered on the date application is approved for coverage for them as Dependents and any required contributions for coverage are made to the County. If the Retiree or Dependent does not qualify for coverage under Medicare, such individual is not eligible for coverage under this Plan but may be eligible for coverage under the Wellwise Non-Medicare Retiree Plan. Please refer to the Wellwise Non-Medicare Retiree Plan Document for specific information regarding eligibility and benefits.

c) If application for coverage or for reinstatement is made by a person who is in an eligible status, but whose coverage had never become effective or had terminated because of failure to make the required contributions for Individual's Coverage, the coverage for such person shall take effect as determined by the Plan Administrator.

d) If additional Dependents are acquired while the individual is eligible for Dependent Coverage, the coverage for each such Dependent shall become effective on the date the Dependent qualifies in accordance with the Definition of Dependent provision and has been enrolled in the method determined by the Plan Administrator.

e) A new dependent will be deemed to have been enrolled on the date he becomes eligible for coverage providing formal application for coverage is submitted within 30 days of the dependent's eligibility.

f) If application for coverage or for reinstatement is made by a person who is in an eligible status, but whose coverage had never become effective or had terminated because of failure to make the required contributions for Individual's Coverage, the coverage for such person shall take effect as determined by the Plan Administrator.

ELIGIBILITY AND ENROLLMENT (continued)

INDIVIDUAL TERMINATION OF COVERAGE

Coverage under the PLAN shall terminate on the earliest of the following dates:

a) The date of termination of the PLAN; or

b) The last day of the month that membership ceases in an eligible class; or

c) The date all coverage or certain benefits are terminated on the Covered Person's particular class by modification of the PLAN; or

d) The date the Covered Person becomes a full-time member of the Armed Forces of any country; however, any Covered Person who is absent from work due to service in the uniformed services as defined by USERRA may elect to continue coverage, including their covered dependents, under the PLAN for up to 24 months as required under USERRA; or

e) The date the Covered Person fails to make a required contribution.

f) The date the Covered Person enrolls in another Medicare Part D plan unless it meets the CMS waiver requirements.

Additional details regarding termination are detailed in Chapter 8 of the Evidence of Coverage (EOC).

Termination of PLAN eligibility is subject to regulations under the Consolidated Omnibus Budget Reconciliation Act and regulations requiring extension of benefit eligibility if applicable.

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS

The following Medical Expense Benefits are provided by this Plan and administered by the Claims Administrator. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductible, coinsurance and other exclusions or limitations expressed herein.

When utilizing non-Network facilities and providers, the Covered Person is responsible for all charges incurred that are above the URC amount. This may include, but is not limited to, preventive care. Covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts as reflected in this schedule of benefits and will not be responsible for any out-of-network charges for any such services.

MEDICAL EXPENSE BENEFITS	**Network**	**Non-Network[1]**
LIFETIME MAXIMUM BENEFIT	None	
CALENDAR YEAR DEDUCTIBLE [2] ▪ Individual	$500	$750
	All Covered Medical Expenses accumulate toward both the Network Deductible and the Non-Network Deductible. Once the Non-Network Deductible is met, the Network Deductible will have been considered to be met for that Calendar Year. The total Deductible amount for the Calendar Year will not exceed the Non-Network Deductible amount.	
OUT-OF-POCKET MEDICAL MAXIMUM BENEFIT [2] – After all medical out-of-pocket expenses (including deductibles and coinsurance) incurred by a Covered Person within a Calendar Year have totaled the amount shown, the PLAN will pay 100% of the remaining Covered Medical Expenses incurred by that Covered Person for the remainder of the Calendar Year. If a Covered Person has a combination of Network and Non-Network services, the out-of-pocket expenses under both will be combined to determine whether the Out-of-Pocket Maximum Benefit has been met.	MEDICAL Individual: $2,500	MEDICAL Individual: $5,000 Does not include the cost of services that are not covered by the PLAN, amounts in excess of Usual, Reasonable and Customary, and the 20% coinsurance reduction for failure to obtain Pre-Admission approval, permissible balance billing charges and/or if you chose a brand drug when a generic equivalent is available, the cost differential would be excluded
COINSURANCE	**The PLAN pays the following percentage of Covered Medical Expenses after the Covered Person pays the Deductible (except as noted below)**	
Preventive care services for children (Birth through 18 years of age)	100% (no Deductible)	
Preventive care services for adults (19 years of age or older)	100% (no Deductible)	
Office Visit (includes Telehealth)	90%	70%
Telemedicine Visit 1-800-TELADOC	90%	Not Covered
Urgent Care	90%	70%
Chiropractic and acupuncture services	90%	70%

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
	Combined Network and Non-Network maximum benefit of 25 visits per Calendar Year for chiropractic services and 25 visits per Calendar Year for acupuncture services.	
Emergency Services • Non-network – covered person is responsible for all charges above the current UCR amount	90%	90%
Inpatient Hospital services: • With Pre-Admission Review • Without Pre-Admission Review	90% 90%	70% 50%
Outpatient surgery - hospital	90%	70%
Outpatient surgery – Ambulatory Surgery Center (facility charges)	90%	70% up to a maximum of $1,500/day
Radiology – Advance imaging including MRI, ST, PET Scans, X-ray, and Ultrasound (requires Prior Authorization for complex imaging, unless emergency)	90%	70%
Organ transplants [3]	90%	70%
Home health care (requires Prior Authorization)	90%	70%
	When home health care is authorized as an alternative to continued hospitalization in a Network Hospital, the home health care services will be reimbursed at 90%	
Ambulance services Non-network: Covered person is responsible for all charges above the current URC amount for Ground Ambulance but only responsible for in-network charges for air ambulance services	90%	90%
Durable Medical Equipment (DME) (requires Prior Authorization for equipment over $5,000)	90%	70%
Skilled nursing facility (requires Prior Authorization)	90%	70%
	Combined Network and Non-Network maximum benefit of 100 days per Calendar Year	
Hospice (requires Prior Authorization)	90%	70%
	When Hospice residence immediately follows Inpatient services in a Network Hospital, the Hospice services will be reimbursed at 90%	
Dialysis Services (outpatient)	90%	Within California: 70% up to a maximum of $600 per day Outside California: 70%

SCHEDULE OF BENEFITS

MEDICAL EXPENSE BENEFITS (continued)

MEDICAL EXPENSE BENEFITS	Network	Non-Network[1]
Mental health and substance abuse treatment (severe and non-severe):		
▪ Inpatient		
▪ With Pre-Admission Review	90%	70%
▪ Without Pre-Admission Review	90%	50%
▪ Outpatient	90%	70%
	Preauthorization is required for Applied Behavioral Analysis services and other Outpatient services except for office visits. Failure to obtain preauthorization may result in non-payment of benefits	
Covered Drugs prescribed for emergency treatment or for treatment received while traveling outside of the United States, and not purchased through the Prescription Drug Program	80%	
Certain surgical procedures for treatment of morbid obesity (requires Prior Authorization). Must use designated facilities if surgery occurs within California.[3,4]	90%	Within California: Not Covered Outside California: 70%
All other Covered Medical Expenses	90%	70%

Notes:

1 Covered Persons may be responsible for all out-of-network charges billed for certain services not obtained at an in-network facility.

2 Any amounts the Covered Person pays because the Pre-Admission Review requirements were not met do not apply to the Deductible or the Out-of-Pocket Medical Maximum Benefit accumulation. Out-of-Pocket prescription drug expenses do not apply to the Out-of-Pocket Medical Maximum Benefit accumulation.

3 Refer to Covered Medical Expenses for benefit limitations for organ procurement and travel expenses associated with a covered organ transplant.

4 Refer to How the Plan Works – Centers of Distinction for benefit limitations for bariatric surgeries performed at non-Network facilities within California.

SCHEDULE OF BENEFITS

PRESCRIPTION DRUG PROGRAM

The Medicare Part D Prescription Drug Program is administered by the Pharmacy Benefit Manager.

LIFETIME MAXIMUM BENEFIT	Unlimited	
CALENDAR YEAR DEDUCTIBLE	None	
OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT: The maximum amount of Prescription Drug coinsurance for which a Covered Person is responsible during a Plan Year.	$4,100 individual	
COINSURANCE	**THE PLAN PAYS**	**THE COVERED PERSON PAYS**
Covered drugs purchased through a Network Retail Pharmacy or approved Mail Order Service		
▪ Tier 1 – Lower cost/commonly used Generic drugs.1 May also include some low-cost brand-name drugs.	80%	20%
Tier 2 – Preferred Drugs (many common brand-name drugs)	75%	25%
Tier 3 – Non-Preferred Drugs (mostly higher cost brand-name drugs)	70%	30%
▪ Tier 4 - Specialty Pharmacy and High-Cost Drugs (see page 22 of the Plan Document for reference).	The remaining percentage of the cost of the covered drug	The percentage of the cost required of the covered person for Specialty Drugs as stated directly above for the respective covered Tier 1 - Generic, Tier 2 -Preferred or Tier 3 Non-Preferred, up to a maximum of $150 required of the covered person per 30 days supply[3].
Catastrophic Coverage – reached when OUT-OF-POCKET PRESCRIPTION DRUG spending exceeds $7,400[3]	95%	Greater of 5% or $10.35 for brand drugs and $4.15 for generic drugs

Notes:

[1] Some higher cost Generic Drugs may be placed in the Preferred Drug or Non-Preferred Drug Tiers.

[2] Member may request up to a 90-day supply for specialty products if they are established on therapy. Additional days-supply above 30 would result in a maximum payment of $300 for a 60-day supply or $450 for a 90-day supply.

[3] If you reach the catastrophic coverage stage, when your out-of-pocket spending (including discounts provided by manufacturers) exceeds $7,400, you will only pay 5% (or a minimum copayment of $10.35 brand or $4.15 generic). See the explanation of catastrophic coverage in the EOC provided by the PBM. Refer to Chapter 4 in the EOC for further details regarding Catastrophic Coverage

The Medicare Part D Prescription Drug Program provides benefits for prescription drugs and medications purchased at a Non-Network Retail Pharmacy or unapproved mail order service as detailed in the EOC Section 2.5 of Chapter 3 of the EOC covers Out of Network (OON) situations.

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Medicare Part D Prescription Drug Program can be used to satisfy the Out-of-Pocket Prescription Drug Maximum Benefit. Prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Program cannot be used to satisfy the Medical Expense Benefits Deductible.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS

CLAIMS ADMINISTRATOR

The Claims Administrator provides claims administration services for the PLAN's Medical Expense Benefits.

UTILIZATION REVIEW REQUIREMENTS

The PLAN requires pre-service review of certain covered services. This process is called Utilization Review and is conducted by the Claims Administrator. The purpose of Utilization Review is to assist the Covered Person in identifying the most appropriate and cost-effective course of treatment for which benefits will be provided under the PLAN, and to determine whether the services are Medically Necessary. The necessity of medical services is evaluated through:

- Inpatient Hospital Pre-Admission Review for elective Hospital confinements (including concurrent review and discharge planning), and
- Prior Authorization of specialty health care services.

All Inpatient hospitalizations for elective services and certain specialty health care services must be authorized and approved by the Claims Administrator. The Covered Person is responsible for ensuring that Pre-Admission review or Prior Authorization has occurred.

Services that are determined to be not Medically Necessary by the Claims Administrator, either through the Pre-Admission Review or Prior Authorization process, will not be covered by the PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

Pre-Admission Review – Hospital Admissions

If a Covered Person is to be admitted to a Hospital or Skilled Nursing Facility on an Inpatient basis for any reason other than childbirth, the Covered Person, his representative, or his Physician must contact the Claims Administrator prior to the hospital admission (or, in the case of an Emergency Hospital Confinement, within 48 hours of the commencement of such confinement, or within 72 hours of the commencement of such confinement if it commences on a Saturday, Sunday or statutory legal holiday).

After the Claims Administrator reviews the Covered Person's request for Pre-Admission Review and the Covered Person's Physician's suggested treatment program, the Covered Person, the Covered Person's Physician, and the Hospital will be notified of the Claims Administrator's determination.

If the Covered Person's stay is approved, the Claims Administrator will certify the length of stay and the level of care that is Medically Necessary based on professionally recognized quality standards. The Claims Administrator may also review the Covered Person's progress while hospitalized. Then, before the Covered Person is released from the Hospital, the Claims Administrator may make arrangements to authorize benefits for any necessary care after the Covered Person's discharge.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

Effect of Pre-Admission Review on Benefits

1. Covered Medical Expenses shall not include any charges for Hospital Room and Board, or other services and supplies furnished by the Hospital that are incurred on any day of a Covered Person's Inpatient Hospital confinement determined by the Claims administrator not to be Medically Necessary.

2. If a Covered Person does not obtain Pre-Admission Review approval from the Claims Administrator for a Medically Necessary Hospital stay in a Non-Network Hospital or facility, the applicable coinsurance will be reduced from seventy percent (70%) to fifty percent (50%). Once the Out-of-Pocket Medical Maximum Benefit amount is reached, the applicable coinsurance will be eighty percent (80%). The additional twenty percent (20%) for which the Covered Person is responsible due to failure to obtain Pre-Admission Review approval does not apply to the Deductible or Out-of-Pocket Medical Maximum Benefit amount. Emergency inpatient hospitalizations are excluded from the requirements of this paragraph as Pre-Admission Reviews are not required for services that meet the Emergency Service definition; however, the Claims Administrator must still be notified for emergency inpatient hospitalizations within the time frames specified on the prior page under Pre-Admission Review – Hospital Admissions.

Prior Authorization

The following medical services require Prior Authorization by the Claims Administrator, unless it meets the Emergency Services definition:

- Home health care if a non-Network provider;
- Hospice care in a Hospice facility or through a Hospice program;
- Purchase of durable medical equipment that costs more than $5,000;
- Surgical procedures for treatment of morbid obesity;
- Radiological and nuclear imaging procedures within California on an outpatient, non-emergency basis including, but not limited to, CT (computerized tomography) scan, MRI (magnetic resonance imaging), MRA (magnetic resonance angiography), PET (positive emission tomography scan), and diagnostic cardiac procedures utilizing nuclear medicine;
- Spine surgery and pain management procedures within the United States on a non-emergency basis including, but not limited to lumbar spine surgery, cervical spine surgery, injections, epidurals, and joint blocks.

If Prior Authorization is not obtained, and it is later determined by the Claims Administrator that the services are not Medically Necessary, the services will not be covered under this PLAN. However, the Covered Person and his Physician make the final decision concerning treatment.

CENTERS OF DISTINCTION

Bariatric surgery requires utilization of one of the Claims Administrator's Centers of Distinction facilities for Covered Persons receiving such outpatient services within the State of California:

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

If a Covered Person as specified above obtains such services within California from a facility that is not a Center of Distinction, the services will not be covered under this PLAN. Services received outside of the State of California are exempt from this requirement.

For a hip or knee replacement, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

For an organ transplant, it is strongly recommended that the Covered Person utilize one of the Claim Administrator's Centers of Distinction to ensure high quality, cost-effective services are received.

EMERGENCY SERVICES FACILITY AND PROVIDER

When a Covered Person obtains treatment for a condition that meets the "Emergency Services' definition stated in this Plan, the Plan pays the Network rate of ninety percent (90%) of the Usual, Reasonable and Customary (URC) amount (after Deductible) until the patient is considered to be medically stable. Covered Person may be responsible for all out-of-network charges billed for certain services not obtained in the emergency facility (e.g., ground ambulance) above the URC amount. Covered Persons who receive Emergency Services at any emergency facility (including hospital emergency departments) or air ambulance will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUTPATIENT DIALYSIS

If a Covered Person receives outpatient dialysis services at a non-Network facility within California, the Claims Administrator will pay a maximum of $600 per day to the provider. The Covered Person may be billed for any difference in cost.

OUTPATIENT AMBULATORY SURGERY CENTERS

If a Covered Person receives services at a Non-Network Ambulatory Surgery Center within California, the Claims Administrator will pay a maximum of $1,500 per day for the facility charges. The Covered Person may be billed for any difference in cost.

CASE MANAGEMENT

Upon identification by the Claims Administrator that a Covered Person is incurring services for treatment of an Illness or Accidental Injury that have the potential for substantial claims, the case may be referred for Case Management. With the concurrence of the primary attending Physician and the Covered Person, the case manager may authorize services and expenses not covered by the PLAN. The purpose of Case Management shall be to provide for a treatment plan and services designed to achieve the earliest and most complete recovery of the patient in the most cost-effective manner. Services authorized by the case manager may include supportive expenses of family members and non-medical expenses necessary to execute the treatment plan. Any such payment, although a valid charge against the PLAN, will not be considered to be a precedent in the disposition of other claims.

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

THE CALENDAR YEAR DEDUCTIBLE

Annually, each Covered Person must satisfy the Calendar Year Deductible before most Covered Medical Expenses are reimbursed by the PLAN. The Calendar Year Deductible is different for network and non-network expenses — see chart below.

The Calendar Year Deductible		
	Network Providers	**Non-Network Providers**
Individual Deductible	$500	$750

All covered expenses accumulate toward both the Network Deductible and the Non-Network Deductible. Once the Non-Network Deductible is met, the Network Deductible will have been considered to be met for that Calendar Year. The total Deductible amount for the Calendar Year will not exceed the Non-Network Deductible amount.

Expenses That Do Not Apply Toward the Deductible

The following expenses do not apply toward the Deductible:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any Covered Drugs that qualify for coverage under the Prescription Drug Program;
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

MID-YEAR PLAN CHANGE

If you are eligible to change plans mid-year and change to Sharewell, you may be entitled to carry over the amounts accumulated towards your deductible and Out-of-Pocket Maximum Benefit limits to the Sharewell Plan. Contact the Claims Administrator or the Plan Administrator for more information.

NETWORK AND NON-NETWORK BENEFITS

The PLAN includes network and non-network benefits. Each time medical care is needed, the Covered Person decides whether to use a Network Provider or Non-Network Provider.

When medical care is received from a Network Provider, the PLAN pays ninety percent (90%) of the Network Contract Rate for most Covered Medical Expenses (after the Network Deductible). Network Providers agree to not bill the Covered Person for any charges in excess of the Network Contract Rate. The Covered Person pays the Network Deductible and ten percent (10%) of the Network Contract Rate, plus any charges that do not qualify as a Covered Medical Expense or are otherwise excluded or limited by the PLAN. Dollar or visits limits may apply for non-Network care as well (e.g., ambulatory surgery, dialysis, chiropractic treatments, and acupuncture).

MEDICAL EXPENSE BENEFITS

HOW THE PLAN WORKS (continued)

Except as otherwise specified in the Centers of Distinction, Emergency Hospital Emergency Room Care, Outpatient Dialysis, and Outpatient Ambulatory Surgery Center sections above, when medical care is received from a Non-Network Provider, the PLAN pays seventy percent (70%) of the Usual, Reasonable and Customary (URC) amount (after the Non-Network Deductible), except Preventive Care which is covered at 100% regardless of network. The Covered Person pays the Non-Network Deductible, thirty percent (30%) of the URC amount, plus any amounts the non-Network provider charges that exceed URC, any charges that do not qualify as a Covered Medical Expenses or are otherwise excluded or limited by the PLAN, and the twenty percent (20%) coinsurance reduction for failure to follow the Pre-Admission Review and Prior Authorization requirements of the PLAN. Notwithstanding the foregoing, covered Persons who receive emergency services at any emergency facility (including hospital emergency departments), air ambulance services or covered services at in-network facilities will only be responsible for applicable in-network benefit cost sharing amounts and will not be responsible for any out-of-network charges for any such services.

OUT-OF-POCKET MEDICAL MAXIMUM BENEFIT

The Out-of-Pocket Medical Maximum Benefit limits the amount a Covered Person pays for Covered Medical Expenses in a Calendar Year. The Out-of-Pocket Medical Maximum Benefit amounts are different for network and non-network expenses. After a Covered Person's medical out-of-pocket costs, including the Deductible, have totaled $2,500 individual for network expenses or $5,000 individual for non-network expenses, the PLAN will pay one hundred percent (100%) of the remaining Covered Medical Expenses incurred by the Covered Person within the Calendar Year.

If the Covered Person has a combination of network and non-network expenses, the Covered Person's out-of-pocket costs under both will be combined to determine whether the Out-of-Pocket Medical Maximum Benefit amount has been met.

Expenses That Do Not Apply Toward the Out-of-Pocket Medical Maximum Benefit

The following expenses do not apply toward the Out-of-Pocket Medical Maximum Benefit amount:

- Preventive care services specified in Covered Medical Expenses paragraph g) that are reimbursed by the PLAN at one hundred percent (100%);
- Any Covered Drugs that qualify for coverage under the Medicare Part D Prescription Drug Program;
- Any amounts over the URC amount;
- Any amounts the Covered Person pays because the Pre-Admission Review requirements of the PLAN were not met; and
- Any services not considered Covered Medical Expenses or otherwise excluded or in excess of PLAN limits.

OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT

The Out-of-Pocket Prescription Drug Maximum Benefit limits the amount a Covered Person pays for Covered Prescription Drug Expenses in a Calendar Year. After a Covered Person's prescription drug out-of-pocket costs (i.e., coinsurance) have totaled $4,100 individual, the PLAN will cover remaining Covered Prescription Drug Expenses incurred by the Covered Person within the Calendar Year.

COVERED MEDICAL EXPENSES

The PLAN covers preventive services and other Medically Necessary services and supplies described below which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges for the services and supplies described below.

Covered Medical Expenses include:

a) Hospital care for room, board and other Hospital services required for purposes of treatment, but not to exceed for Hospital Room and Board the cost of the most common semi-private room or other accommodations deemed Medically Necessary by the attending Physician.

   The PLAN will allow up to the Network Negotiated Rate or URC amounts charged by the Hospital for necessary Hospital Room and Board, services, medicines, blood plasma that is not replaced, and supplies for diagnosis or treatment of the Illness or Accidental Injury, for which the Covered Person is confined (except services of a Physician, dentist, special nursing in any form, or supplies not used in the Hospital) provided the Covered Person is Hospital confined as a registered bed patient; or the Covered Person has surgery performed in the Hospital; or, the Covered Person received necessary emergency treatment for an Illness or as a result and within seventy-two (72) hours of the time of an accident

   Hospital care associated with dental procedures is covered only under the following circumstances:

   1. The Covered Person exhibits physical, intellectual, or medically compromising conditions, is in need of dental treatment that requires administration of general anesthesia, and for whom administration of a general anesthesia can only be safely performed in a hospital setting. Conditions include but are not limited to mental retardation, cerebral palsy, epilepsy, cardiac problems, and hyperactivity (verified by appropriate medical documentation);

   Such coverage is limited to the charges by the hospital and the anesthesiologist. The actual dental procedure performed by a dentist or oral surgeon during the Hospital stay is not covered.

   For services received at a Non-Network Hospital, benefits will be reduced as described in the Schedule of Medical Expense Benefits if a Pre-Admission Review is not obtained.

   Benefits shall not be payable with respect to charges made by any institution or facility for the care of the sick or injured which does not qualify as a Hospital as defined in the section "Definitions."

b) Medical or surgical services by a Physician;

c) Mental health and substance abuse treatment by a Physician (M.D.; Psychiatrist (M.D.); Psychologist (Ph.D.); Licensed Clinical Social Worker (L.C.S.W.); or Marriage, Family and Child Counselor (M.F.C.C.) upon referral by a Physician. Expenses incurred for Severe Mental Illnesses of a person of any age, and of serious emotional disturbances of a child as defined under (AB88) (1999) will be covered on the same basis as any other medical condition;

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

d) Professional services, recommended by a Physician, and provided by a graduate Registered Nurse (R.N.), a Licensed Vocational Nurse (L.V.N.) or an audiologist. Such services shall include a California Registered Nurse Midwife acting within the scope of his license;

e) The following medical services or supplies that are recommended by a Physician:

1) Covered Drugs requiring a Physician's prescription that are prescribed by a Physician for emergency treatment or treatment while traveling outside of the United States and are not purchased through the Prescription Drug Program. All other eligible drugs and medicines requiring a Physician's prescription must be obtained through the PLAN's Prescription Drug Program;

2) Anesthesia, including the charge for administration;

3) Diagnostic and laboratory tests, x-ray services, routine pap tests and blood pressure tests;

4) Oxygen and/or rental of equipment required for its administration;

5) X-ray, radium and radioactive isotope therapy;

6) Braces, crutches, casts, splints, blood, and blood plasma (if not replaced) including the cost of blood, blood plasma and blood processing, or other fluids actually injected into the circulatory system;

7) Initial purchase and fitting of artificial limbs or eyes or other prosthetic appliances;

8) Authorized purchase of durable medical equipment prescribed by a Physician; however, only rental will be authorized for temporary therapeutic use in the treatment of an active Illness or Accidental Injury when rental charges do not exceed the purchase price of the equipment. Temporary use is generally defined as use not to exceed a length of time of six (6) months;

9) Necessary emergency transportation of the Covered Person by a professional ambulance, to or returning from the nearest Hospital or other medical institution equipped and staffed to treat the Illness or Accidental Injury, for Medically Necessary medical treatment that qualifies as a Covered Medical Expense under the PLAN;

f) Preventive Care at No Cost:
Preventive Health Services mean those primary preventive medical Covered Services, including related laboratory services, for early detection of disease as specifically listed below:

1) Evidence-based items or services that have in effect a rating of "A" or "B" in the current recommendations of the United States Preventive Services Task Force (USPSTF);

2) Immunizations that have in effect a recommendation from either the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention, or the most current version of the Recommended Childhood Immunization Schedule/United States, jointly adopted by the American Academy of Pediatrics, the Advisory Committee on Immunization Practices, and the American Academy of Family Physicians;

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

3) With respect to women, such additional preventive care and screenings not described in paragraph 1, as provided for in comprehensive guidelines supported by the United States Health Resources and Services Administration.

Preventive Health Services include, but are not limited to, cancer screening (including, but not limited to, colorectal cancer screening, cervical cancer and HPV screening, breast cancer screening and prostate cancer screening), breast cancer susceptibility gene (BRCA 1 and BRCA 2) testing, osteoporosis screening, and health education. When a covered preventative screening or service is limited by frequency, a year is considered to be a twelve (12) month period. More information regarding covered Preventive Health Services is available at the Claim Administrator's web site or by calling the Claim Administrator's Customer Service.

In the event there is a new recommendation or guideline in any of the resources described in paragraphs 1 through 3 above, the new recommendation will be covered as a Preventive Health Service as of the first plan year than begins twelve (12) months following the issuance of the recommendation.

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

4) Expenses incurred for **preventive care services for adults** (19 years of age or older) provided by a network or non-network Physician or the appropriately designated medical professional within that Physician's office. Preventive care services for adults will be reimbursed at one hundred percent (100%) of covered expenses. The Calendar Year Deductible will not apply to these services.

Covered preventive care services for adults will follow the age criteria and service frequency as recommended by the organizations specified in f) paragraphs 1 and 4 above and will include but not be limited to:

- Preventive health education and counseling
- Height and weight evaluation
- Blood pressure check
- Blood cholesterol examination (Total and HDL)
- Clinical breast examination
- Mammogram
- Well-woman exam, including pap smear
- Prostate examination, including PSA
- Hemoccult test
- Flexible sigmoidoscopy or colonoscopy
- Vision screening
- Testicular examination
- Liver tests
- Screening for diabetes; breast cancer; cervical cancer; Chlamydia; syphilis; osteoporosis; HIV; abdominal aortic aneurysm; or rubella susceptibility

Covered immunizations for adults will follow the age criteria and service frequency as recommended by the organizations in f) paragraph 2 above and will include but not be limited to:

- Influenza

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

- Hepatitis A
- Hepatitis B
- Meningococcal
- Pneumococcal vaccine
- Measles, Mumps, Rubella (MMR)
- Rubella (German Measles)
- Tetanus, Diphtheria (Td) booster (every 10 years)
- Chicken Pox (Varicella)
- Shingles, age 60 and over (Zostavax)

Immunizations, vaccinations, and inoculations required for foreign travel are not a Covered Medical Expense of the PLAN;

g) Short-term physical or occupational therapy by a licensed Registered Physical Therapist (R.P.T.) or Occupational Therapist (O.T.) pursuant to a written treatment plan and when therapy is expected to result in a near-term significant improvement, based on a review by the Claims Administrator;

h) Skilled nursing facility for room, board, and other services, not to exceed for Room and Board the most common average semi-private room rate. Coverage is limited to a maximum of 100 days in any one Calendar Year;

i) Pregnancy-related services;

j) Elective abortions only when the life of the retiree or an eligible spouse is in danger;

k) Services for voluntary sterilization;

l) Speech therapy by a speech pathologist to restore loss of speech following Illness or Accidental Injury only;

m) Services by a Home Health Care Agency for continued care and treatment of the Covered Person pursuant to a written treatment plan established and approved in writing by the attending Physician;

n) Hospice services for care and treatment of a terminal Illness or Accidental Injury certified by the attending Physician when the life expectancy of the Covered Person does not exceed six (6) months;

o) Chiropractic manipulations performed by a Doctor of Chiropractic (D.C.) or Doctor of Medicine (M.D.), but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year;

p) Charges for the use of a free standing or outpatient surgical facility, Physician's office surgical suite, or a Hospital for outpatient surgery;

q) Charges for a Second Surgical Opinion by a specialist in the field for which the Covered Person is considering surgery;

r) Charges for medical treatment of Temporomandibular Joint (TMJ) Dysfunction. Dental procedures for treatment of TMJ Dysfunction are excluded;

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

s) Charges for organ transplants. Covered Medical Expenses include the following:

1) The cost of organ procurement. When the organ is harvested from a living donor, the PLAN will cover the medical expenses incurred by the organ donor for the surgical procedure and associated Hospital stay for harvesting of the donated organ, to the extent such expenses exceed any benefits available through another plan. Such expenses are limited to the donor's Inpatient Hospital stay for the organ harvesting, and related follow-up care for sixty (60) days following the organ harvesting.

   The medical expenses incurred by a Covered Person in connection with the Covered Person's donation of an organ to an individual who is not a Covered Person under this PLAN are not covered.

2) The cost of a donor search, limited to a maximum benefit of $15,000 per organ transplant when the search is conducted by a Special Transplant Facility or $5,000 per organ transplant when the search is conducted by other facilities.

3) Travel expenses, limited to a maximum lifetime benefit of $10,000 for organ transplants performed at a Special Transplant Facility, or $5,000 for organ transplants performed at other facilities. Travel expenses associated with an organ transplant are covered if the facility at which the transplant is performed is more than 100 ground miles from the organ recipient's home address. Benefits will be based on actual incurred costs. Covered travel expenses include:

   a. Coach airfare on a public airline for the organ recipient and one companion (two companions if the organ recipient is a minor child) to travel to and from the site of the transplant. A "companion" includes the organ recipient's legal spouse, legal parent(s) or legal guardian(s).

   b. Reimbursement for mileage at the then federal maximum rate for use of a personal car or rental car used to travel to and from the site of the transplant.

   c. Up to $200 per day for reasonable and necessary lodging and meals for the organ recipient (while not confined) and companion(s). The $200 per day maximum applies to the organ recipient and companion(s) collectively, not individually.

   The following types of living expenses do not qualify as covered travel expenses:
   - Childcare
   - Charges for house sitting
   - Kennel boarding
   - Reimbursement of any lost wages by the companion(s) during the Covered Person's stay at the transplant facility
   - Charges for the purchase or shipping of home furnishing, automobiles, or personal belongings.

t) Acupuncture when performed by a Doctor of Medicine (M.D.) or by a certified acupuncturist, but not to exceed a maximum benefit of twenty-five (25) visits in any one Calendar Year. A certified acupuncturist includes providers with the following licenses: Doctor of Osteopathy (D.O.), Doctor of Oriental Medicine (D.O.M.), and Certified Acupuncturist (C.A.).

MEDICAL EXPENSE BENEFITS

COVERED MEDICAL EXPENSES (continued)

u) Certain surgical procedures for treatment of severe obesity if the Covered Person meets the National Institute of Health's criteria for surgical intervention and the Claims Administrator's internal guidelines for approval of coverage. **Surgical procedures for treatment of morbid obesity are not covered unless Prior Authorization is obtained and the Covered Person obtains such services at one of the Claims Administrator's Centers of Distinction, if within California;** and

v) Dental treatment for an Accidental Injury to natural teeth.

w) Telehealth for covered services that are appropriately provided through telehealth, subject to the terms and conditions of the plan. In-person contact between a health care provider and the patient is not required for these services, and the type of setting where these services are provided is not limited. "Telehealth" is the means of providing health care services using information and communication technologies in the consultation, diagnosis, treatment, education, care management and self-management of a patient's physical and mental health care when the patient is located at a distance from the health care provider. Telehealth does not include consultations between the patient and the health care provider, or between health care providers, by facsimile machine, or electronic mail.

x) Telemedicine consultation for clinical services provided by the Claims Administrator's vendor. Telemedicine consultations for clinical services provide confidential consultation using a network of U.S. board certified Physicians who are available 24 hours a day by telephone and from 7 a.m. to 9 p.m. by secure online video, 7 days a week (subject to change). Telemedicine Physicians can provide diagnosis and treatment for urgent and routine non-emergency medical conditions and can also issue prescriptions for certain medications. Note: If medications are prescribed, the applicable co-insurance and other requirements of the Prescription Drug Program apply. Telemedicine consultation services are optional and are not intended to replace services from a Covered Person's Physician but are a supplemental service to assist Covered Persons when their Physician is not available, and they need quick access to a Physician. Telemedicine consultation services are not available for specialist services or mental health and Substance Use Disorder Services. Before Telemedicine services can be accessed, the Covered Person must complete and submit a Medical History Disclosure form to the Telemedicine service organization. The Telemedicine consultation fee is considered a network benefit subject to network deductibles and coinsurance. The Plan Administrator may modify, add, or delete this service or components of the service based on an analysis of service results, cost effectiveness, and risk as needed.

Charges for all Covered Medical Expenses shall be deemed incurred on the latest of the following:

a) The date a purchase is contracted;

b) The date delivery is made;

c) The actual date a service is rendered.

PRESCRIPTION DRUG PROGRAM

The Wellwise Medicare Retiree Health Plan includes benefits for Covered Drugs. These benefits are administered by the Pharmacy Benefit Manager.

HOW THE PLAN WORKS

Covered Drugs can be purchased from:

- A Network Retail Pharmacy (up to a 90-day supply);
- The Pharmacy Benefit Manager's Mail Order Service (up to a 90-day supply).
- The Pharmacy Benefit Manager's Specialty Pharmacy (up to a 30-day supply). Specialty drugs may be obtained through both the Specialty Pharmacy, as well as network retail pharmacies, subject to availability. A member may request up to 90-day supply if established on therapy.

The Medicare Part D Prescription Drug Program provides benefits for prescription drugs and medications purchased at a Non-Network Retail Pharmacy or unapproved mail order service as detailed in Section 2.5 of Chapter 3 of the EOC.

FORMULARY INCLUDING PREFERRED DRUGS

The Medicare Part D Prescription Drug has a Formulary. The County's Formulary includes Tier 1 – lower cost/commonly used Generic Drugs (may also include some lower cost Brand-Name drugs) and Tier 2 - Preferred Drugs (many common Brand-Name drugs) that can meet a patient's clinical needs, and in those cases where multiple Brand-Name drugs of comparable clinical effectiveness and safety exist, at a lower cost than other similar Tier 3 – Non-Preferred drugs and Tier 4 – Specialty Drugs. The County's Formulary will change from time to time and some high-cost Generic Drugs may be included in Tier 2 and Tier 3.

The PLAN pays a larger portion of the cost of Tier 1 - Generic Drugs and low-cost Brand-Name drugs and Tier 2 - Preferred Drugs included on the Formulary than for Tier 3 - Non-Preferred Drugs.

The most up-to-date Formulary including Preferred and Non-Preferred Drugs is available on the Pharmacy Benefit Manager's Website. The list includes only the most frequently used Generic Drugs.

FORMULARY EXCLUSIONS

The County's Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a lower cost therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. If the Covered Person or their prescriber believe that it is Medically Necessary for the Covered Person to take the excluded drug, a Prior Authorization request can be submitted to the Pharmacy Benefit Manager. Refer to the Prior Authorization Requirements section below for details.

PLAN BENEFITS

The PLAN pays a percentage of the cost of covered Preventive Products, Tier 1 - Generic Drugs, Tier 2 - Preferred Drugs, and Tier 3 Non-Preferred Drugs, as shown in the following chart.

PLAN LIMITATIONS AND EXCLUSIONS (continued)

Drug Type	The Plan Pays	The Covered Person Pays
Tier 1 – Lower cost/commonly used Generic Drugs[1]. May also include some low-cost brand-name drugs.	80%	20%
Tier 2 – Preferred Drugs (many common brand-name drugs)	75%	25%
Tier 3 – Non-Preferred Drugs (mostly higher cost brand-name drugs)	70%	30%
Tier 4 - Specialty Pharmacy and High-Cost Drugs (see Program description below)	The remaining percentage of the cost of the covered drug	The percentage of the cost required of the covered person for Specialty Drugs as stated directly above for the respective covered Tier 1 - Generic, Tier 2 -Preferred or Tier 3 Non-Preferred, up to a maximum of $150 required of the covered person per 30 days supply[2].
Catastrophic Coverage – reached when OUT-OF-POCKET PRESCRIPTION DRUG spending exceeds $7,400[3]	95%	Greater of 5% or $10.35 for brand drugs and $4.15 for generic drugs
OUT-OF-POCKET PRESCRIPTION DRUG MAXIMUM BENEFIT: The maximum amount of Prescription Drug coinsurance for which a Covered Person is responsible during a Plan Year – Part B drugs do not count towards OOP.	$4,100 individual	

Notes:

[1] Some higher cost Generic Drugs may be placed in the Preferred Drug or Non-Preferred Drug Tiers.

[2] Member may request up to a 90-day supply for specialty products if they are established on therapy. Additional days-supply above 30 would result in a maximum payment of $300 for a 60-day supply or $450 for a 90-=day supply.

[3] If you reach the catastrophic coverage stage, when your out-of-pocket spending (including discounts provided by manufacturers) exceeds $7,400, you will only pay 5% (or a minimum copayment of $10.35 brand or $4.15 generic). See the explanation of catastrophic coverage in the EOC provided by the PBM Refer to Chapter 4 in the EOC for further details regarding Catastrophic Coverage.

The Covered Person's coinsurance for prescription drugs and medications that qualify as Covered Drugs under the Medicare Part D Prescription Drug Program can be used to satisfy the Out-of-Pocket Prescription Drug Maximum Benefit. Prescription drugs and medications that qualify as Covered Drugs under the Prescription Drug Program cannot be used to satisfy the Medical Expense Benefits Deductible.

COVERED PRESCRIPTION DRUG EXPENSES

The plan has a *List of Covered Drugs (Formulary)*. We call it the "Drug List" for short. It tells which Part D prescription drugs are covered under the Part D benefit. The drugs on this list are selected by the plan with the help of a team of doctors and pharmacists. The list must meet requirements set by Medicare. Medicare has approved the Drug List.

PLAN LIMITATIONS AND EXCLUSIONS (continued)

The Drug List also tells you if there are any rules that restrict coverage for your drugs. We will provide you a copy of the Drug List. The Drug List we provide you includes information for the covered drugs that are most commonly used by our members. However, we cover additional drugs that are not included in the provided Drug List. If one of your drugs is not listed in the Drug List, you should visit our website or contact Member Services to find out if we cover it. To get the most complete and current information about which drugs are covered, you can visit the plan's website www.optumrx.com or call Member Services.

QUANTITY LIMITS

For certain drugs, we limit how much of a drug you can get each time you fill your prescription. For example, if it is normally considered safe to take only one pill per day for a certain drug, we may limit coverage for your prescription to no more than one pill per day.

AGE LIMITS

Age limits may apply to certain drug categories or medications, as determined by the Pharmacy Benefit Manager, including but not limited to the following:

- Anti-wrinkle medications which may be covered only to treat acne;
- Topical acne medications;
- Flu medications; and
- Central nervous system (for example Attention Deficit Disorder).

PRIOR AUTHORIZATION REQUIREMENTS

You or your physician may need to get prior authorization for certain drugs. This means you will need to get approval from OptumRx before you fill your prescriptions. If you do not get approval, the drug may not be covered.

HOW TO OBTAIN A PRIOR AUTHORIZATION

For information regarding appeals, refer to Chapters 2, 3 and 7 of the EOC.

MEDICATION THERAPY MANAGEMENT PROGRAM

Medication Management Programs can help members with complex health needs. The program is called a Medication Therapy Management (MTM) program. Members are automatically enrolled into the program if they meet the CMS approved criteria for inclusion, however, members do have the right to opt out of the program. A team of pharmacists and doctors developed the program for us to help make sure that members get the most benefit from the drugs they take.

Some members who take medications for different medical conditions and have high drug costs or are in a DMP to help members use their opioids safely, may be able to get services through an MTM program. A pharmacist or other health professional will give you a comprehensive review of all your medications. During the review, you can talk about your medications, your costs, and any problems or questions you have about your prescription and over-the-counter medications. You'll get a written summary which has a recommended to-do list that includes steps you should take to get the best results from your medications. You'll also get a medication list that will include all the medications you're taking, how much you take,

PLAN LIMITATIONS AND EXCLUSIONS (continued)

and when and why you take them. In addition, members in the MTM program will receive information on the safe disposal of prescription medications that are controlled substances.

It's a good idea to talk to your doctor about your recommended to-do list and medication list. Bring the summary with you to your visit or anytime you talk with your doctors, pharmacists, and other health care providers. Also, keep your medication list up to date and with you (for example, with your ID) in case you go to the hospital or emergency room. Also, keep your medication list up to date and keep it with you (for example, with your ID) in case you go to the hospital or emergency room.

If we have a program that fits your needs, we will automatically enroll you in the program and send you information. If you decide not to participate, please notify us and we will withdraw you. If you have any questions about this program, please contact Member Services.

STEP THERAPY

In some cases, the plan requires you to first try certain drugs to treat your medical condition before we will cover another drug for that condition. For example, if Drug A and Drug B both treat your medical condition, we may not cover Drug B unless you try Drug A first. If Drug A does not work for you, we will then cover Drug B.

SPECIALTY PHARMACY PROGRAM

In addition to the Prior Authorization requirement, the Prescription Drug Program also includes a Specialty Pharmacy Program administered by the Pharmacy Benefit Manager. This Program provides assistance and patient education to Covered Persons who require certain medications for treating chronic or complex health conditions including but not limited to the following:

- Acromegaly (e.g., Sandostatin)
- Alpha-1 deficiency (e.g., Aralast, Prolastin)
- Anticoagulants (e.g., Enoxaparin)
- Asthma (e.g., Xolair)
- Biologic response modulator (e.g., Proleukine)
- Botulinum toxins (e.g., Botox)
- Cateplexy in patients with narcolepsy (e.g., Xyrem)
- Chronic granulamatous (e.g., Actimmune)
- Condylomata acuminata (e.g., Alferon)
- Cryopyrin associated periodic syndromes (e.g., Ilaris)
- Cystic fibrosis (e.g., Bethkis, Kalydeco, Pulmozyme)
- Enzyme deficiency or Lysosomal storage disease (e.g., Fabrazyme, Cerezyme)
- Growth hormone and related disorders (e.g., Norditropin, Nutropin)
- Hemophilia and related bleeding disorders (e.g., Humate-P)
- Hepatitis B (e.g., Hepsera)
- Hepatitis C (e.g., Harvoni, Epclusa)
- Hereditary angioedema (e.g., Cinryze)
- HIV (e.g., Stavudine, Truvada)
- Hormonal therapies (e.g., Lupron Depot, Trelstar)
- IGF-1 deficiency (e.g., Increlex)
- Immune deficiency & related disorders (e.g., Gammagard, Gamunex)
- Immune thrombocytopenic purpura (e.g., Nplate)

PLAN LIMITATIONS AND EXCLUSIONS (continued)

- Inflammatory Conditions (e.g., Humira, Stelara, Cimzia)
- Iron overload (e.g., Exjade, Ferriprox)
- Macular degeneration (e.g., Lucentis)
- Multiple sclerosis (e.g., Copaxone, Tecfidera)
- Oncology, injectable (e.g., Carboplatin, Gemcitabine)
- Oncology, oral (e.g., Imatinib Mesylate, Afinitor)
- Oncology, supportive care (e.g., Aredia)
- Osteoarthritis (e.g., Euflexxa, Synvisc)
- Osteoporosis (e.g., Prolia)
- Plaque psoriasis (e.g., Stelara, Humira)
- Psoriatic arthritis (e.g., Stelara, Humira)
- Pulmonary arterial hypertension (e.g., Letairis, Tracleer)
- Respiratory syncytial virus (e.g., Synagis)
- Transplant (e.g., Rapamune, Sandimmune)

Medications through the Specialty Pharmacy Program may require Prior Authorization and are limited to supplies of 30 days or less. Member may request up to a 90-day supply for specialty products if they are established on therapy. They can be obtained through a Network Retail Pharmacy or the Pharmacy Benefit Manager's Specialty Pharmacy. The Plan Administrator and Pharmacy Benefit Manager may mutually agree to add or delete medications from this list as clinically appropriate.

PRESCRIPTION DRUGS THAT ARE NOT COVERED

• The plan cannot cover a drug that would be covered under Medicare Part A or Part B.
• The plan cannot cover a drug purchased outside the United States and its territories.
• The plan usually cannot cover "off-label use." This is any use of the drug other than those indicated on a drug's label as approved by the Food and Drug Administration. Sometimes "off-label use" is allowed. Coverage is allowed only when the use is supported by certain reference books. These reference books are the American Hospital Formulary Service Drug Information, and the DRUGDEX Information System. If the use is not supported by any of these reference books, then our plan cannot cover its "off-label use."

Also, these categories of drugs are not covered by Medicare drug plans:
• Non-prescription drugs (also called over-the-counter drugs)
• Drugs when used to promote fertility
• Drugs when used for the relief of cough or cold symptoms
• Drugs when used for cosmetic purposes or to promote hair growth
• Prescription vitamins and mineral products (except prenatal vitamins) and fluoride preparations
• Drugs when used for the treatment of sexual or erectile dysfunction, such as Viagra, Levitra, and Caverject. Cialis is covered subject to prior authorization.
• Drugs when used for treatment of anorexia, weight loss, or weight gain
• Outpatient drugs for which the manufacturer seeks to require that associated tests or monitoring services be purchased exclusively from the manufacturer as a condition of sale

See the PLAN Limitations and Exclusions section for other limitations and exclusions that apply to the Prescription Drug Program.

PLAN LIMITATIONS AND EXCLUSIONS

No benefits shall be payable under this PLAN with respect to:

a) Any services not Medically Necessary for diagnosis or treatment of the Covered Person's active Illness or Accidental Injury except as provided for under preventive care services; or

b) Any treatment or service not prescribed or recommended by a "Physician" as defined in the "Definitions" section; or

c) Any charges for services rendered by a relative by birth, adoption or marriage will not be eligible; or

d) Any charges for hearing aids, glasses, or eye examinations or correction of vision or fitting of glasses and any charges related to orthoptics, vision therapy, or other special vision procedures, except as provided for under preventive care services; or

e) Any charges for dental services or treatment except for treatment of Accidental Injury to natural teeth, and no payment will be made for dentures or other oral appliances; or

f) Any condition, disability or expense resulting from or sustained as a result of being engaged in an illegal occupation, commission of or attempted commission of an assault or a felonious act; or

g) Any condition, disability or expense resulting from or sustained as a result of being engaged in duty as a member of the Armed Forces of any state or country, war or act of war declared or undeclared; or

h) Any services for care or treatment provided or furnished by the United States Government or the government of any country except as furnished by the Veterans Health Administration; or

i) Any services for which a charge would not have been made in the absence of coverage; or

j) Any condition, disability or expense resulting from injury caused by participating in civil insurrection or a riot; or

k) Any benefit under Workers' Compensation Act or similar legislation, which is due to injury arising out of or in the course of any occupation or employment for wage or profit, except as specifically provided in the PLAN; or

l) Vaccinations, inoculations, preventive shots, routine physical examinations, vitamins and nutritional food or mineral supplements, except as provided for under preventive care services or preventive products; or

m) Expense incurred for the treatment of corns, calluses, or toenails, unless the charges are for the removal of nail roots or for the treatment of a metabolic or peripheral-vascular disease; or

n) Expenses incurred for orthopedic shoes and other supportive appliances for the feet including orthotics applied to shoes; or

o) Expenses incurred for the treatment of weak, strained, or flat feet, or any metatarsalgia or bunion; unless the charges are for an open cutting operation; or

p) Any charges for cosmetic surgery except as the charges relate to such surgery to correct a congenital defect in a covered newborn or to repair the effects of an accident which occurred while the individual is covered under this PLAN; or

q) Any charges related to services for reproductive voluntary sterilization reversal, fertility or infertility, and any charges for artificial insemination, embryo and fetal implants, or charges arising from or related to in vitro fertilization (test-tube baby) other than childbirth; and any charges for genetic testing related to these assisted reproductive technologies; or

PLAN LIMITATIONS AND EXCLUSIONS (continued)

r) Any charges for medical or surgical weight control, weight reduction or weight controlling drugs or counseling except as provided for under Covered Medical Expenses; or

s) Charges related to treatment of learning disabilities; or

t) Charges related to bariatric surgery when not performed at one of the Claims Administrator's Centers of Distinction, if surgery occurred within California.

u) Any charges for convenience items for comfort (e.g., telephone, television, guest trays, and personal hygiene items).

v) Any charges related to long-term care

w) Charges related to Private-duty nursing

COORDINATION OF BENEFITS

This provision shall apply to all sections of the PLAN providing benefits for Covered Medical Expenses including coverage for those individuals covered under Medicare.

Section I. Definitions Applicable To This Provision

The term "Plan" as used in this provision means any plan providing benefits or services for or by reason of medical or dental care or treatment, which benefits or services are provided by (a) group, blanket or franchise insurance coverage under a labor/management trustee plan, union welfare plan, employer organization plan, or employee benefit organization plan, including any Federal or State or other governmental plan or law, toward the cost of which any employer shall have made payroll deductions, or (b) coverage under any plan solely or largely tax-supported or otherwise provided for by or through action of any government.

The term "Plan'' shall be construed separately with respect to each policy, contract, or other arrangement for benefits or services separately with respect to that portion of any such policy, contract, or other arrangement, which reserves the right to take the benefits or services of other Plans into consideration in determining its benefits and that portion which does not.

"This PLAN" as used in this provision means that portion of the contract by name referred to in this document which provides the benefits that are subject to this provision.

"Allowable Expense" means any necessary, reasonable, and customary item of expense at least a portion of which is covered under at least one of the Plans covering the person for whom claim is made.

When a Plan provides benefits in the form of services or supplies rather than cash payments, the reasonable cash value of each service rendered, or supply furnished shall be deemed to be both an Allowable Expense and a benefit paid.

The "Order of Benefit Determination" rules are the rules that determine whether this PLAN pays benefits first (the primary plan) or second (the secondary plan) when compared to another Plan covering the Covered Person.

Section II. Effect on Benefits

A. This provision shall apply in determining the benefits as to a person covered under this PLAN for a claim submission, if for the Allowable Expenses incurred as to such person, the sum of:

   1. the benefits that would be payable under this PLAN in the absence of this provision, and

   2. the benefits that would be payable under all other Plans in the absence therein of provisions of similar purpose to this provision, would exceed such Allowable Expenses.

B. As to any claim submission with respect to which this provision is applicable, the benefits that would be payable under this PLAN in the absence of this provision for the Allowable Expenses incurred as to such person shall be reduced to the extent necessary so that the sum of such reduced benefits and all the benefits payable for such Allowable Expenses under all other Plans shall not exceed the total of such Allowable Expenses. Benefits payable under another Plan include the benefits that would have been payable had claim been duly made, therefore.

GENERAL PROVISIONS (continued)

C. For the purposes of item (B), the rules establishing the order of benefit determination are:

1. A Plan that does not contain a coordination of benefits provision shall be considered the primary plan.

2. When benefits are provided under this PLAN and another Plan which also has a coordination provision, the first of the following rules that describes which Plan pays its benefits before another Plan will be used to determine which Plan is primary.

   a) **Non-Dependent or Dependent.** The Plan that covers the person other than as a dependent, for example as an employee, member, subscriber, or retiree, is primary and the Plan that covers the person as a dependent is secondary. However, if the person is a Medicare beneficiary and, as a result of federal law, Medicare is secondary to the Plan covering the person as a dependent; and primary to the Plan covering the person as other than a dependent (e.g., a retired employee); then the order of benefits between the two Plans is reversed so that the Plan covering the person as an employee, member, subscriber, or retiree is secondary and the other Plan is primary.

   b) **Active or inactive employee.** Another Plan that covers a person as an employee who is neither laid off nor retired is primary. The same would hold true if a person is a dependent of a person covered as a retiree and an employee. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored. Coverage provided an individual as a retired worker and as a dependent of an actively working spouse will be determined under the rule labeled 2(a).

   c) **Continuation coverage.** If a person whose coverage is provided under a right of continuation provided by federal or state law also is covered under another Plan, the Plan covering the person as an employee, member, subscriber, or retiree (or as that person's dependent) is primary, and the continuation coverage is secondary. If the other Plan does not have this rule, and if, as a result, the Plans do not agree on the order of benefits, this rule is ignored.

   d) **Longer or shorter length of coverage.** The Plan that covered the person as an employee, member, subscriber, or retiree longer is primary.

   e) If a husband or wife is covered under this PLAN both as a retiree and as an enrolled Dependent, the dependent benefits will be coordinated as if they were provided under another Plan. This means the retiree’s benefit will pay first.

   f) If the preceding rules do not determine the primary Plan, the Allowable Expenses shall be shared equally between the Plans meeting the definition of Plan under this provision. In addition, this PLAN will not pay more than it would have paid had it been primary.

Section III. Right to Receive and Release Necessary Information

For the purposes of determining the applicability of and implementing the terms of this provision of this PLAN or any provision of similar purpose of any other Plan, the PLAN may, without the consent of or notice to any person, release to, or obtain from any Insurance Company or other organization or person any information, with respect to any person, which the deems to be necessary for such purposes. Any person claiming benefits under this PLAN shall furnish to the PLAN such information as may be necessary to implement this provision.

GENERAL PROVISIONS (continued)

Section IV. Facility of Payment

Whenever payments which should have been made under this PLAN in accordance with this provision have been made under any other Plan(s), the PLAN shall have the right, exercisable alone and in its sole discretion, to pay over to any organizations making such other payments any amounts it shall determine to be warranted in order to satisfy the intent of this provision and amounts so paid shall be deemed to be benefits paid under this PLAN and, to the extent of such payments, the County or Fund shall be fully discharged from liability under this PLAN.

Section V. Recovery of Excess Payments

Whenever payments have been made by the Fund with respect to Allowable Expense in a total amount, at any time, in excess of the maximum amount of payment necessary at that time to satisfy the intent of this provision, the Fund shall have the right to recover such payments, to the extent of such excess, from among one or more of the following, as the Fund shall determine: any persons to or for or with respect to whom such payments were made, any insurance companies, any other organizations.

Coverage for Prescription Drugs
When you have other insurance (like employer group health coverage), there are rules set by Medicare that decide whether our plan or your other insurance pays first. The insurance that pays first is called the "primary payer" and pays up to the limits of its coverage. The one that pays second, called the "secondary payer," only pays if there are costs left uncovered by the primary payer. The secondary payer may not pay all of the uncovered costs.

These rules apply for employer or union group health plan coverage:
• If you have retiree coverage, Medicare pays first.
• If your group health plan coverage is based on your or a family member's current employment, who pays first depends on your age, the number of people employed by your employer, and whether you have Medicare based on age, disability, or End-Stage Renal Disease (ESRD).

If you are under 65 and disabled, and you or your family member is still working, your group health plan pays first if the employer has 100 or more employees or is part of a multiple-employer plan in which at least one employer has more than 100 employees.

If you are over 65 and you or your spouse is still working, your group health plan pays first if the employer has 20 or more employees or is part of a multiple-employer plan in which at least one employer has more than 20 employees.

• If you have Medicare because of ESRD, your group health plan will pay first for the first 30 months after you become eligible for Medicare.

These types of coverage usually pay first for services related to them:
• No-fault insurance (including automobile insurance)
• Liability (including automobile insurance)
• Black lung benefits
• Workers' compensation

Note: Medicaid and TRICARE never pay first for Medicare-covered services. They only pay after Medicare, employer group health plans, and/or Medigap have paid.

GENERAL PROVISIONS (continued)

If you have other insurance, tell your doctor, hospital, and pharmacy. If you have questions about who pays first, or if you need to update your other insurance information, please call Optum Rx. Our contact information is on the front cover of this booklet. You may need to give your plan member ID number to your other insurers (once you have confirmed their identity) so your bills are paid correctly and on time

NON-SMOKER INCENTIVE

An incentive of $50 may be claimed by retirees who declare by affidavit that they:

- Have not smoked tobacco during the entire calendar year during which they were enrolled regardless of enrollment date in the PLAN; or
- Smoked and sometime during the calendar year also participated in a smoking cessation program at some point in the calendar year.

GENERAL PROVISIONS

CLAIM PAYMENT DETERMINATION

Claims will be processed and paid in the order they are received by the Claims Administrator without regard to sequence of dates incurred. Adjustments will not be made for claims received later but with an earlier incurred date to be applied to Deductibles or maximum payment level.

PLAN EXCEPTIONS

Any service or treatment excluded by the PLAN which is deemed to be Medically Necessary for the health of the Covered Person and cannot be accomplished through a covered benefit may be submitted to the Plan Administrator for exception. The submission and request for review must be accompanied by a detailed description by the attending Physician justifying the medical necessity and a concurrence by a second opinion Physician at the Covered Person's expense. Requests for exception must be filed within fifteen (15) days of claim denial.

DETERMINATION OF PAYMENT

If, in the opinion of the Claims Administrator, a valid release cannot be rendered for the payment of any benefit payable, under this PLAN, the Claims Administrator may, at its option, make such payment to the individual or individuals as have, in the Claims Administrator's opinion, assumed the care and principal support of the Covered Person and are, therefore, equitably entitled thereto. In the event of the death of the Covered Person prior to such time as all benefit payments due him have been made, the Claims Administrator, may at its sole discretion and option, honor benefit assignments, if any, made prior to the death of such Covered Person.

Any payment made by the Claims Administrator in accordance with the above provisions shall fully discharge the Fund to the extent of such payments.

PLAN DOCUMENT

The Plan Administrator will make available to each Covered Person under this PLAN this Wellwise Medicare Retiree Health Plan Document which shall summarize the benefits to which the person is

GENERAL PROVISIONS (continued)

entitled, to whom benefits are payable, and the provisions of the PLAN principally affecting the Covered Person.

ASSIGNMENT

The Covered Person's benefits may not be assigned except by consent of the Plan Administrator.

CONFORMITY WITH STATE AND FEDERAL STATUTES AND REGULATIONS

Any provision of the PLAN, which on its Effective Date, is in conflict with the statutes or regulations of the jurisdiction of California or the Federal government, which relate to Self-Funded Plans of public entities is hereby amended to conform to the minimum requirements of such statutes or regulations.

PLAN AMENDMENT AND TERMINATION

The County reserves the unlimited right to amend, terminate or merge the Plan in any way. Any amendment, termination or merger to the Plan shall be in writing and shall be adopted by the County in accordance with its normal procedures. However, the Plan Administrator shall have the authority to amend the Plan to comply with applicable law or regulation or to reflect the County's intent.

Any amendment or termination of the Plan shall be effective at such date as the County shall determine except that no amendment or termination shall reduce benefits payable for covered expenses incurred prior to the later of the date the amendment or termination is effective or adopted, except as required or permitted by law.

CHANGE IN FUNDING MECHANISM

The County reserves the unlimited right to change, modify, cancel or otherwise terminate the Plan's funding arrangements, including, by way of example and not by way of limitation, the right to change insurance carriers and the right to provide previously self-insured benefits on a partially insured or fully uninsured basis.

NOTICE AND PROOF OF CLAIM

Written notice of claim hereunder must be given to the PLAN at the claims address printed on the health plan identification card provided to the Covered Person following their enrollment in the PLAN, with particulars sufficient to identify the Covered Person, within 365 days following the date such claim was incurred. Note: Communication regarding pharmacy claims should be addressed by contacting the Prescription Benefits Manager, not the medical plan, by calling the phone number on the identification card.

The Claims Administrator upon receipt of notice required by the PLAN will furnish to the Covered Person or to any other person notifying the Fund of claim on such forms as are usually furnished by it for filing proof of loss.

If such forms are not furnished within fifteen (15) days after receipt of such notice, the Covered Person shall be deemed to have complied with the requirements of the PLAN, as to proof of loss, upon submitting written proof fully describing the occurrence for which claim is made.

GENERAL PROVISIONS (continued)

Failure to furnish notice or proof of claim within the time provided in the PLAN shall not invalidate or reduce any claims if it shall be shown not to have been reasonably possible to furnish such notice or proof and that such notice or proof was furnished as soon as possible.

CLAIM-RELATED DEFINITIONS

Claim

Any request for plan benefits made in accordance with the plan's claims-filing procedures, including any request for a service that must be pre-approved.

The Plan recognizes four categories of health benefit claims:

Urgent Care Claims

"Urgent care claims" are claims (other than post-service claims) for which the application of non-urgent care time frames could seriously jeopardize the life or health of the patient or the ability of the patient to regain maximum function or, in the judgment of a physician, would subject the patient to severe pain that could not be adequately managed otherwise. The Plan will defer to the attending Physician to determine if a claim for Medical benefits is urgent.

Pre-service Claims

"Pre-service claims" are claims for approval of a benefit if the approval is required to be obtained before a patient receives health care (for example, claims involving preauthorization or referral requirements).

Post-Service Claims

"Post-service claims" are claims involving the payment or reimbursement of costs for health care that has already been provided.

Concurrent Care Claims

"Concurrent care claims" are claims for which the Plan previously has approved a course of treatment over a period of time or for a specific number of treatments, and the Plan later reduces or terminates coverage for those treatments. A concurrent care claim may be treated as an "urgent care claim," "pre-service claim," or "post-service claim," depending on when during the course of the Covered Person care the Covered Person file the claim. However, the Plan must give the Covered Person sufficient advance notice of the initial claims determination so that the Covered Person may appeal the claim before a concurrent care claims determination takes effect.

Adverse Benefit Determination

If the Plan does not fully agree with the Covered Person's claim, the Covered Person will receive an "adverse benefit determination" — a denial, reduction, or termination of a benefit, or failure to provide or pay for (in whole or in part) a benefit. An adverse benefit determination includes a decision to deny benefits based on:

- An individual being ineligible to participate in the Plan;
- Utilization review;
- A service being characterized as experimental or investigational or not medically necessary or appropriate;
- A concurrent care decision; and
- Certain retroactive terminations of coverage (rescission of coverage), whether or not there is an adverse effect on any particular benefit at that time.
- Failure to provide additional information as requested by the Plan

GENERAL PROVISIONS (continued)

INITIAL CLAIM DETERMINATION – MEDICAL EXPENSES

For each of the Plan options, the Plan has a specific amount of time to evaluate and respond to claims for benefits. The period of time the Plan has to evaluate and respond to a claim begins on the date the Plan receives the claim. If the Covered Person has any questions regarding how to file or appeal a claim, contact the Claims Administrator for the benefit at issue.

The timeframes on the following pages apply to the various types of claims that the Covered Person may make under the Plan, depending on the benefit at issue.

In the event of an adverse benefit determination, the claimant will receive notice of the determination. The notice will include:

- The specific reasons for the adverse determination;
- The specific plan provisions on which the determination is based;
- A request for any additional information needed to reconsider the claim and the reason this information is needed;
- A description of the plan's review procedures and the time limits applicable to such procedures;
- A statement of the Covered Person's right to bring a civil action following an adverse benefit determination on review;
- If any internal rules, guidelines, protocols or similar criteria was used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For adverse determinations involving urgent care, a description of the expedited review process for such claims. This notice can be provided orally within the timeframe for the expedited process, as long as written notice is provided no later than 3 days after the oral notice;
- For medical claims, information sufficient to identify the claim involved including date of service, healthcare provider, claim amount (if applicable), and denial code;
- For medical claims, upon request the applicable diagnosis and treatment codes used and their meanings;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal in a foreign language.
- As applicable, a description of the Plan's internal appeal procedures and external review processes; and
- Contact information for certain governmental entities that may assist claimants with appeals and external review.

TIME FRAMES FOR INITIAL CLAIM DECISIONS

Time frames generally start when the Plan receives a claim. (See the special rule for "concurrent care" decisions to limit previously approved treatments.) Notices of benefit determinations generally may be provided through in-hand delivery, mail, or electronic delivery, before the period expires, though oral notices may be permitted in limited cases. A reference to "days" means calendar days.

GENERAL PROVISIONS (continued)

	Urgent Care Claims	Non-Urgent "Pre-Service" Claims	Non-Urgent "Post-Service" Claims	"Concurrent Care" Decision to Reduce Benefits
Time frame for Providing Notice	Notice of determination (*whether adverse or not*) must be provided by the Plan as soon as possible considering medical exigencies, but no later than 72 hours. If the Covered Person request in advance to extend concurrent care, the Plan shall provide notice as soon as possible taking into account medical exigencies, but no later than 24 hours of receipt of the claim, provided that any such claim is made to the Plan at least 24 hours prior to the expiration of the prescribed period of time or number of treatments.	Notice of determination (whether adverse or not) must be provided by the Plan within a reasonable period of time appropriate to the medical circumstances, but no later than 15 days.	Notice of adverse determination must be provided within a reasonable period of time, but no later than 30 days.	Notice of adverse determination must be provided by the Plan enough in advance to give the Covered Person an opportunity to appeal and obtain decision before the benefit at issue is reduced or terminated.

GENERAL PROVISIONS (continued)

Extensions	If the Covered Person claim is missing information, the Plan has up to 48 hours (subject to decision being made as soon as possible) from the earlier of the Plan's receipt of the missing information, or the end of the period afforded to the Covered Person to provide the missing information, to provide notice of determination.	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before initial 15-day period ends.*	The Plan has up to 15 days, if necessary due to matters beyond the Plan's control, and must provide extension notice before the initial 30-day period ends.*	N/A
Period for Claimant to Complete Claim	The Covered Person has a reasonable period of time to provide missing information (no less than 48 hours from when the Covered Person is notified by the Plan that the Covered Person's claim is missing information).	The Covered Person has at least 45 days to provide any missing information.	The Covered Person has at least 45 days to provide any missing information.	N/A
Other Related Notices	Notice that the Covered Person's claim is improperly filed or that information is missing must be provided by the Plan as soon as possible (no later than 24 hours after receipt of the claim by the Plan).	Notice that the Covered Person's claim is improperly filed must be provided by the Plan as soon as possible (no later than 5 days after receipt of the claim by the Plan).	N/A	N/A

**15- or 30-day extension period (whichever is applicable) is measured from the time that the claimant responds to the notice from the Plan that the claim is missing information.*

GENERAL PROVISIONS (continued)

CLAIM APPEAL PROCEDURES – MEDICAL EXPENSES

If the Covered Person receives notice of an adverse benefit determination and disagrees with the decision, the Covered Person is entitled to apply for a full and fair internal review of the claim and the adverse benefit determination. Appeals are not automatic; the Covered Person (or an appointed representative) can appeal by requesting a claim review in accordance with the time frames described in the chart below. The request must be made in writing, except for urgent care claims which the Covered Person may file orally or in writing and should be filed with the appropriate Claims Administrator.

If the Covered Person's internal appeal of a Medical claim involves an urgent care claim, such that the timeframe for completing an appeal would seriously jeopardize the Covered Person's life or health, the Covered Person may initiate an external review at the same time as the Covered Person's internal appeal.

If the Covered Person files an internal appeal for Medical benefits, the Covered Person will continue to be covered, pending the outcome of the internal appeal. This means that the Plan can't terminate or reduce any ongoing course of treatment without providing advance notice and the opportunity for review.

For Medical claims, if the Plan fails to meet the requirements of the internal claims and appeals process for the Covered Person's claim, the Covered Person are deemed to have exhausted the internal process, and the Covered Person may begin an external review request immediately. However, this will not apply if the error was de minimus, if the error does not cause harm to the Covered Person, if the error was due to good cause or to matters beyond the Plan's control, if it occurs in context of good faith exchaneg of information, or if the error des not reflect a pattern or practice of noncompliance. In that case, Covered Person may resubmit the claim for internal review and ask the Plan to explain why the error is minor and why it meets this exception.

The Claims Administrator will forward the appeal request to the appropriate named fiduciary for review. The review will be conducted by the Claims Administrator (if serving as the reviewer for appeals) or other appropriate named fiduciary of the Plan. In either case, the reviewer will not be the same individual who made the initial adverse benefit determination that is the subject of the review, nor the subordinate of such individual (including any physicians involved in making the decision on appeal if medical judgment is involved). Where the adverse determination is based in whole or in part on a medical judgment, the reviewer will consult with an appropriate health care professional. No deference will be afforded to the initial adverse benefit determination.

The Claims Administrator will ensure that all claims and internal appeals for Medical or Prescription Drug benefits are handled impartially. The persons involved in making the decision won't receive compensation, promotion, continued employment or other similar items based upon the likelihood he or she will support a denial of Plan benefits. The Claims Administrator will ensure that health care professionals consulted are not chosen based on the expert's reputation for outcomes in contested cases, rather than based on the professional's qualifications.

The Covered Person will have the opportunity to submit written comments, documents, records, and other information relating to the claim; and the Covered Person will be provided, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits. Whether a document, record, or other information is relevant to the claim will be determined in accordance with the applicable regulations. The Covered Person also is entitled to the identification of medical or vocational experts whose advice was obtained on behalf of the Plan in connection with the Covered Person's adverse benefit determination. The review will take into account all comments, documents, records, and other information submitted by the claimant relating to the claim without regard to whether such information was submitted or considered in the initial benefit determination.

GENERAL PROVISIONS (continued)

In connection with the Covered Person's internal appeal of a Medical claim, the Covered Person will be able to review the Covered Person's file and present information as part of the review. Before making a benefit determination on review, the Claims Administrator will provide the Covered Person with any new or additional evidence considered or generated by the Plan, as well as any new or additional rationale to be used in reaching the decision. The Covered Person will be given this information in advance of the date on which the notice of final appeal decision is made to give the Covered Person a reasonable opportunity to respond.

The time periods for providing notice of the benefit determination on review depends on the type of claim, as provided in the following chart.

If the Plan fails to meet the requirements of the internal claims and appeals process for a claim and the plan's error is not de-minimus, the Covered Person shall be deemed to have exhausted the internal process and may begin an external review immediately.

The Claims Administrator will provide the Covered Person with written notification of the Plan's determination on review, within the applicable time frames. For urgent care, all necessary information, including the benefit determination on review, will be transmitted between the Plan and the claimant by telephone, fax, or other available similarly expeditious method. In the case of an adverse benefit determination, such notice will indicate:

- The specific reason for the adverse determination on review;
- Reference to the specific provisions of the Plan on which the determination is based;
- A statement that the Covered Person are entitled to receive, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to the claim for benefits;
- A description of the Covered Person's right to bring a civil action following an adverse determination on review;
- If any internal rules, guidelines, protocols or similar criteria were used as a basis for the adverse determination, either the specific rule, guideline, protocols or other similar criteria or a statement that a copy of such information will be made available free of charge upon request;
- For adverse determinations based on medical necessity, experimental treatment or other similar exclusions or limits, an explanation of the scientific or clinical judgment used in the decision, or a statement that an explanation will be provided free of charge upon request;
- For medical claims, information sufficient to identify the claim including date of service, healthcare provider, claim amount (if applicable), and denial code;
- A description of the Plan's standard used in denying the claim (for example, a description of the "medical necessity" standard may be included);
- For medical claims, upon a request the applicable diagnosis codes and treatment codes used and their meanings;
- A description of the Plan's external review process, including how to initiate an appeal;
- Contact information for certain governmental entities that may assist claimants with appeals and external review;
- If applicable, a statement of the Covered Person's right to obtain the claim denial and appeal denial in a foreign language; and
- A description of the voluntary appeals procedure under the Plan, if any, and the Covered Person's right to obtain additional information upon request about such procedures.

All decisions are final and binding unless determined to be arbitrary and capricious by a court of competent jurisdiction.

GENERAL PROVISIONS (continued)

TIME FRAMES FOR INTERNAL APPEALS PROCESS

The time frame for filing an appeal starts when the Covered Person receives written notice of adverse benefit determination. The time frame for providing a notice of the appeal decision (a "notice of benefit determination on review") starts when the appeal is filed in accordance with the Plan's procedures. The notice of appeals decision may be provided through in-hand delivery, mail, or electronic delivery before the period expires. Urgent care decisions may have to be delivered by telephone, facsimile, or other available expeditious method. References to "days" mean calendar days. The Plan can require two levels of mandatory appeal review.

	*Urgent Care Claims**	*Non-Urgent Care Pre-Service Claims**	*Non-Urgent Care Post-Service Claims**
Period for Filing Appeal	The Covered Person must file an appeal within180 days.	The Covered Person must file an appeal within180 days.	The Covered Person must file an appeal within 180 days.
Time frame for Providing Notice of Benefit Determination on Review	As soon as possible taking into account medical exigencies, but not later than 72 hours after receipt of request for review.	Within a reasonable period of time appropriate to medical circumstances, but not later than 30 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 15 days of each appeal.	Within a reasonable period of time, but not later than 60 days after receipt of request for review. If two levels of mandatory appeal review are required, notice must be provided within 30 days of each appeal.
Extensions	None.	None.	None.

** An appeal of a concurrent care decision to reduce or terminate previously approved benefits may be an urgent care, pre-service, or post-service claim, depending on the facts.*

LEVEL TWO APPEAL PROCESS (COUNTY)

If the Covered Person is dissatisfied with the Claims Administrator's Internal Appeal decision, he may submit a written request for a level two appeal to the Plan Administrator within **180 calendar days** of receipt of the Claims Administrator's written response to the Internal Appeal decision. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the level two appeal. The Covered Person will be notified promptly of the findings, but not later than 15 calendar days for pre-service claims and 30 calendar days for post-service claims after receipt of the Covered Person's appeal and a properly executed HIPAA release form. A second level of appeal is not available for urgent claims. The Plan Administrator may, at its discretion, waive the level two appeal process and submit the Covered Person's request directly to the External Review Process, as described below.

EXTERNAL REVIEW PROCESS

If the Covered Person's appeal is denied or if the County advises the Covered Person to seek an external review during the second level of appeal, the Covered Person may request an external review of the

GENERAL PROVISIONS (continued)

Covered Person's claim within four months after being notified of a denied claim. External review is not automatic; the Covered Person must request it. The external review is conducted by an independent review organization (IRO) and its decision is binding on the Covered Person and the Plan, except to the extent other remedies are available under federal law. The procedures for filing an appeal under the external review process are outlined below.

The external review process does not apply to an adverse benefit determination or final internal adverse benefit determination that relates to a participant's or beneficiary's failure to meet the requirements for eligibility under the terms of a group health Plan (for example, worker classification and similar issues). The external review process is only available if the adverse benefit determination involves medical judgment (as determined by the external reviewer) or a rescission of coverage or is otherwise required by applicable law.

Within five days of receiving the Covered Person's request, the Plan will conduct a "preliminary review" to ensure the request can be sent for external review (for example, to ensure the denied claim or appeal doesn't relate to Plan eligibility and that the request is complete). The Plan will notify the Covered Person in writing once the preliminary review is complete; the Covered Person will be informed then if the Covered Person needs to submit additional information and the deadline for doing so.

The IRO assigned to conduct the Covered Person's external review will notify the Covered Person of its acceptance of the assignment and the Covered Person will have 10 business days to submit any additional written information for the IRO to consider. (Within one business day of receiving the Covered Person's additional information, the IRO must share the new material with the Plan. After considering the new information, the Plan *may* reconsider and reverse its claim or appeal denial, stopping the external review procedure.)

The IRO must conduct its external review without giving any weight to the Plan's earlier conclusions or decisions. IROs may consider information beyond the denied claim's records, such as the claimant's medical history, appropriate practice guidelines and Plan terms. The IRO must complete its external review and send notice of its decision to the Covered Person and the Plan within 45 days.

If the IRO reverses the Plan's earlier decision to deny a claim or appeal, the Plan will immediately provide coverage or payment for the claim.

APPEALS OF CLAIMS INVOLVING ELIGIBILITY MATTERS

Appeals involving eligibility matters (that is, eligibility to participate or changes in coverage elections such as the addition or deletion of dependents) should be sent in writing to the Plan Administrator for consideration within **60 calendar days** from the claim payment date or the date of the notice of denial of benefits. The Plan Administrator, or an agent appointed by the Plan Administrator, will review all matters pertaining to the appeal. The Covered Person will be notified promptly of the findings, but not later than 120 calendar days after receipt of the Covered Person's appeal.

ACTS OF THIRD PARTIES

If a Covered Person is injured through the act or omission of another person (a "third party"), the PLAN shall, with respect to services required as a result of that injury, provide the benefits of the PLAN and have an equitable right to restitution or other available remedy to recover the reasonable costs of the services provided to the Covered Person that are paid by the PLAN.

GENERAL PROVISIONS (continued)

The Covered Person is required to:

1. Notify the Claims Administrator in writing of any actual or potential claim or legal action which such Covered Person anticipates bringing or has brought against the third party arising from the alleged acts or omissions causing the injury or Illness, not later than 30 days after submitting or filing a claim or legal action against the third party; and
2. Agree to fully cooperate with the PLAN to execute any forms or documents needed to assist the PLAN in exercising its equitable right to restitution or other available remedies; and
3. Provide the PLAN with a lien, in the amount of costs of benefits provided, calculated in accordance with California Civil Code section 3040. The lien may be filed with the third party, the third party's agent or attorney, or the court, unless otherwise prohibited by law.

A Covered Person's failure to comply with 1 through 3, above, shall not in any way act as a waiver, release, or relinquishment of the rights of the PLAN.

CLAIM APPEAL PROCEDURES FOR PRESCRIPTION DRUGS

Refer to Chapter 7 of the EOC.

HIPAA PRIVACY AND HIPAA SECURITY

The Health Insurance Portability and Accountability Act of 1996, ("HIPAA"), and the regulations issued thereunder at 45 CFR Parts 160 and 164 ("the HIPAA regulations"), impose privacy and security obligations on group health plans that restrict the use and disclosure of protected health information ("PHI") and electronic protected health information ("ePHI"). The County of Orange as PLAN Sponsor, and/or its representative agents (collectively the "County"), desires to permit the PLAN (including its Business Associates, health insurance issuers, HMOs, and their agents) to disclose or to provide for or permit the disclosure of protected health information to the County from time to time.

1. **Uses and Disclosures of PHI**. The PLAN may disclose a PLAN Participant's PHI to the County, for the PLAN administration functions under 45 CFR 164.504(a), to the extent not inconsistent with HIPAA regulations. This includes summary health information for the purposes set forth in Section 164.504(f)(1)(ii) and (iii) of the Privacy Rule.

2. **Restriction on PLAN Disclosure to the County of Orange**. Neither the PLAN nor any of its Business Associates will disclose PHI to the County except upon the PLAN's receipt of the County certification that the PLAN incorporates the agreements of the County under paragraph 4, except as otherwise permitted or required by law.

3. **Privacy Agreements of the County of Orange**. As a condition for obtaining PHI from the PLAN and its Business Associates, the County agrees it will:

    a. Not use or further disclose such PHI other than as permitted by paragraph 2 of this provision, as permitted by 45 CFR 164.508, 45 CFR 164.512, and other sections of the HIPAA regulations, or as required by law;

    b. Ensure that any of its agents, including a subcontractor, to whom it provides the PHI agree to the same restrictions and conditions that apply to the County with respect to such information;

GENERAL PROVISIONS (continued)

c. Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or employee/retiree benefit plan of the County;

d. Report to the PLAN any use or disclosure of the PHI that is inconsistent with the uses or disclosures provided for of which the County becomes aware;

e. Make the PHI of a particular Participant available for purposes of the Participant's requests for inspection, copying and amendment, including the incorporation of any amendments to PHI, and to carry out such requests in accordance with HIPAA regulation 45 CFR 164.524 and 164.526;

f. Make the PHI of a particular Participant available for purposes of required accounting of disclosures by the County pursuant to the Participant's request for such an accounting in accordance with HIPAA regulation 45 CFR §164.528;

g. Make the County internal practices, books, and records relating to the use and disclosure of PHI received from the PLAN available to the Secretary of the U.S. Department of Health and Human Services for purposes of determining compliance by the PLAN with HIPAA regulation 45 CFR §164.501(f);

h. If feasible, return or destroy all PHI received from the PLAN that the County maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, the County agrees to limit further uses and disclosures to those purposes that make the return or destruction of the information unfeasible; and

i. Ensure that there is adequate separation between the PLAN and the County by implementing the terms of subparagraphs 3 .i. (1) through (3), below:

(1) *Employees With Access to PHI*: The employees or other individuals under the control of the County that are the individuals that may access PHI received from the PLAN are referenced within section 6.02 (c) in the HIPAA Policies and Procedures Manual, including but not limited to County Benefits staff and select Human Resources staff members.

(2) *Use Limited to Plan Administration*: The access to and use of PHI by the individuals described in (1), above, is limited to Plan Administration functions as defined in HIPAA regulation 45 CFR §164.504(a) that are performed by the County for the PLAN.

(3) *Mechanism for Resolving Noncompliance*: If the County determines that any person described in (1), above, has violated any of the restrictions described in this provision, then such individual shall be subject to discipline or sanctions in accordance with the practices of the County, taking into account the Privacy Rules standards. The County shall document such discipline or sanctions as required under the Privacy Rules, including the requirement that such documentation be retained for six years.

4. **Security Agreements of the County of Orange**. As a condition of obtaining e-PHI from the Plan, its Business Associates, Insurers and HMOs, the County agrees it will:

a. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the ePHI that the County creates, receives, maintains, or transmits on behalf of the Plan;

GENERAL PROVISIONS (continued)

b. Ensure that the adequate separation between the Plan and County as set forth in 45 CFR 164.504(f)(2)(iii) is supported by reasonable and appropriate security measures.

c. Ensure that any agent, including a subcontractor, to whom it provides this information agrees to implement reasonable and appropriate security measures to protect the information.

d. Report to the Plan any Security Incident of which it becomes aware. "Security Amendment" shall mean unauthorized access to, use, disclosure, modification, or destruction of, or interference with ePHI.

e. Upon request from the Plan, the County agrees to provide information on unsuccessful unauthorized access, use, disclosure, modification, or destruction of ePHI, to the extent such information is available to the County.

5. **Breach Notifications.** Following the discovery of a Breach of unsecured PHI caused by the County or its agents, the County or its agents shall provide a written notification in plain language of the breach to all individuals whose unsecured PHI has been breached in accordance with 45 CFR § 164.404. A breach is the same definition as stated in 45 CFR 164.402. The County or its agent's notification must include the following information, to the extent possible:

a. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known;
b. A description of the types of Unsecured PHI that were involved in the breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved);
c. Any steps individuals should take to protect themselves from potential harm resulting from the breach;
d. A brief description of what the County or its agent is doing to investigate the breach, to mitigate harm to individual, and to protect against any further breaches; and
e. Contact procedures for individual to ask questions or learn additional information, which shall include a toll-free telephone number, an e-mail address, Web site, or postal address.

6. **Definitions.** All capitalized terms within this provision not otherwise defined by the provisions of this provision shall have the meaning given them in the PLAN or, if no other meaning is provided in the PLAN, the term shall have the meaning provided under HIPAA Privacy Rule or the HIPAA Security Rule.

DEFINITIONS

Whenever any of the following terms are capitalized in this Plan Document, they will have the meaning stated below:

ACCIDENTAL INJURY

A bodily injury which results independently of an Illness as a result of external force or impact including, but not limited to, lacerations, breaks, bruises, and strains. Excluded as "accidental injuries" are injuries as a result of, but not limited to, lifting, turning, stretching, reaching, pulling, pushing, exercising, blisters and injuries while chewing.

AMBULATORY SURGERY CENTERS (ASC)

Health care facilities where surgical procedures not requiring an overnight hospital stay are performed. ASC's can be either general surgery centers that perform various outpatient procedures or an ASC can provide only specialized services.

BRAND-NAME DRUG

A brand name drug is a drug marketed under a proprietary, trademark-protected name.

CALENDAR YEAR

A period of one year beginning with January 1.

CASE MANAGEMENT

Services of the Case Management department of the Claims Administrator under contract with the County, to review medical treatment plans for Illness or Accidental Injury where there is probability of substantial medical expenses. With the concurrence of the primary Physician and the Covered Person, Case Management may authorize services and expenses not specifically addressed in the PLAN. Case Management may also be authorized by the Plan Administrator to provide cost effective alternatives to in-patient psychiatric, alcohol and drug abuse services.

CENTER OF DISTINCTION

One of the Claims Administrator's designated facilities for specified surgical procedures within California.

CLAIMS ADMINISTRATOR

A third-party administrator under contract with the County to administer claims for the Medical Expense Benefits of the PLAN.

PART D COVERED DRUGS

The drugs on the Drug List are only those covered under Medicare Part D.

The Plan generally covers a drug on the plan's Drug List as long as you follow the other coverage rules explained in this chapter and the use of the drug is a medically accepted indication. A "medically accepted indication" is a use of the drug that is *either*:

• Approved by the Food and Drug Administration for the diagnosis or condition for which it is being prescribed.)

• -- *or* -- Supported by certain references, such as the American Hospital Formulary Service Drug Information and the DRUGDEX Information System.

DEFINITIONS (continued)

The Drug List includes brand name drugs and generic drugs.

Over-the-Counter Drugs

Our plan also covers certain over-the-counter drugs. Some over-the-counter drugs are less expensive than prescription drugs and work just as well. For more information, call Member Services.

What is *not* on the Drug List?

The plan does not cover all prescription drugs.

• In some cases, the law does not allow any Medicare plan to cover certain types of drugs (for more about this, see Section 7.1 in this chapter).

• In other cases, we have decided not to include a particular drug on the Drug List. In some cases, you may be able to obtain a drug that is not on the drug list. For more information, please see Chapter 3 of the EOC.

COVERED MEDICAL EXPENSES

Those services covered by the PLAN, including preventive services and other Medically Necessary services and supplies described herein which are incurred by a Covered Person. Such services must be incurred by a Covered Person while eligible to receive benefits under the PLAN and recommended by a Physician for the treatment of the Covered Person's Illness, Accidental Injury, or pregnancy, subject to the exclusions and limitations listed within this Plan Document. Unless otherwise noted, all Covered Medical Expenses are subject to the applicable Deductibles and coinsurance listed in the Schedule of Medical Expense Benefits. For Non-Network Providers, Covered Medical Expenses shall include only Usual, Reasonable and Customary charges.

COVERED PERSON

A person, enrolled in this PLAN, who is a retiree of the County and enrolled eligible Dependents, who meet the requirements in the "Individual Plan Coverage Effective Dates" section, and persons enrolled under the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 if applicable.

CUSTODIAL CARE

Care that provides a level of routine maintenance for the purpose of meeting personal needs or helping with the functions or activities of daily living. This is care that can be provided by a layperson that does not have professional qualifications, skills, or training.

DEDUCTIBLE

The amount of Covered Medical Expenses that must be paid by the Covered Person before the PLAN will begin reimbursing most Covered Medical Expenses.

DEPENDENTS

a) Shall be the enrolled legally married spouse or Domestic Partner of the Covered Person. Part D eligible retirees and Part D eligible spouses and dependents of those retirees

b) Shall be a dependent child after their 26th birthday provided the child (1) was incapable of self-sustaining employment by reason of mental retardation or physical handicap prior to age 26, and (2) is chiefly dependent upon the Covered Person for support and maintenance. Such dependent must be enrolled in the health plan when an employee retires in order to be covered as the dependent of the retiree. Proof of such incapacity and dependency must be furnished to the Fund by the Covered

DEFINITIONS (continued)

Person within 31 days following the dependent's 26th birthday. Eligibility for handicapped dependent status will be determined by the Claims Administrator. The Claims Administrator may require, at reasonable intervals during the two (2) years following the Dependent's 26th birthday, subsequent proof of the child's disability and dependency. After such two (2) year period, the Fund may require subsequent proof not more than once each year. The Fund reserves the right to have such dependent examined by a doctor of the Fund's choice to determine the existence of such incapacity.

Excluded as Dependents under a) and b) are:

1) A spouse that is legally divorced from the Covered Person; and

2) Any person(s) while on active duty in any military of any country; however, any person meeting the requirements for service in the uniformed services as defined by USERRA may elect to continue coverage under the PLAN for up to 24 months, as required under USERRA; and

3) Any legally married spouse or Domestic Partner or children of the Covered Person's eligible dependent child.

DOMESTIC PARTNER

An opposite or same sex individual who has legally registered as a domestic partner with a County employee.

EMERGENCY HOSPITAL CONFINEMENT

An Inpatient Hospital confinement for a condition which, unless immediately treated on an Inpatient basis, would jeopardize the patient's life or cause serious impairment to the patient's bodily functions.

EMERGENCY SERVICES

Services provided to stabilize the patient from an unexpected medical condition, including a psychiatric emergency medical condition, manifesting itself by acute symptoms of sufficient severity (including severe pain) that the absence of immediate medical attention could reasonably be expected to result in any of the following:

1. Placing the patient's health in serious jeopardy;
2. Serious impairment to bodily functions;
3. Serious dysfunction of any bodily organ or part;
4. Serious jeopardy to the health of an unborn child.

EXPERIMENTAL OR INVESTIGATIONAL PROCEDURES

Services or supplies as determined by the Claims Administrator or Pharmacy Benefit Manager to be experimental or investigational because:

a) There are insufficient outcomes data available from controlled clinical trials published in peer reviewed literature to substantiate its safety and effectiveness in treatment of the disease or injury involved; or

b) If required by the FDA, approval has not been granted for marketing; or

c) A recognized national medical or dental society or regulatory agency has determined, in writing, that it is experimental, investigational, or for research purposes; or

DEFINITIONS (continued)

d) The written protocols or written informed consent used by the treating facility or any other facility studying substantially the same drug, device, procedure or treatment, states that it is experimental, investigational or for research purposes.

However, this exclusion will not apply with respect to routine patient care services (including drugs) associated with a clinical trial if the Claims Administrator determines the clinical trial meets the following criteria:

Phases I, II, III, or IV level clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is:

i) federally funded through a variety of entities or departments of the federal government; or

ii) is conducted in connection with an investigational new drug application reviewed by the Food and Drug Administration; or

iii) is exempt from investigational new drug application requirements.

Routine patient services do not include, and the Plan will not cover:

- the investigational service or supply itself;
- services and supplies listed herein as Exclusion;
- services or supplies related to data collection for the clinical trial;
- services or supplies which, in the absence of private health care coverage, are provided by a clinical trial sponsor or other party, e.g., device, drug, item or service supplied by the manufacturer and not yet FDA approved, without charge to the trial participant.

FORMULARY

A list of prescription drugs that includes Generic, Preferred, and Non-Preferred Brand-Name Drugs. The Formulary may exclude certain drugs from coverage when the Pharmacy Benefit Manager has determined a less-expensive therapeutically equivalent (comparable clinical effectiveness and safety) drug exists. The Pharmacy Benefit Manager determines which drugs are included on the Formulary within the Preferred or Non-Preferred tiers and which drugs are excluded.

GENERIC DRUG

A prescription drug that is approved by the Food and Drug Administration (FDA) as having the same active ingredient(s) as the brand name drug. Generally, a "generic" drug works the same as a brand name drug and usually costs less.

HOME HEALTH CARE AGENCY

A public or private agency or organization that specializes in providing medical care and treatment in the home. Such a provider must meet all of the following conditions:

a) It is primarily engaged in and duly licensed, if such licensing is required, by the appropriate licensing authority to provide skilled nursing services and other therapeutic services.

b) It has policies established by a professional group associated with the agency or organization. This professional group must include at least one Physician and at least one registered graduate nurse (R.N.) to govern the services provided, and it must provide for full-time supervision of such services by a Physician or registered graduate nurse.

c) It maintains a complete medical record on each individual.

d) It has a full-time administrator.

DEFINITIONS (continued)

HOSPITAL

An institution constituted, licensed and operated in accordance with the laws pertaining to hospitals, which maintains on its premises all the facilities needed to diagnose and treat injury and Illness. It is an institution that qualifies as a hospital and a provider of services under Medicare and is accredited as a hospital by the Joint Commission on the Accreditation of Hospitals.

A hospital can specialize in the treatment of mental illness, alcoholism, drug addiction, or other related Illness. It can also provide residential treatment programs, but only if it is constituted, licensed and operated in accordance with laws of legally authorized agencies responsible for medical institutions. It provides all treatment for a fee, by or under the supervision of Physicians with continuous 24-hour nursing services by qualified nurses.

The definition of "Hospital" shall also include Christian Science Sanatoriums.

An institution that is, other than incidentally, a place of rest, a place for the aged, or a nursing home will not be considered a hospital.

Hospitals will also include the following:

- Ambulatory surgical facility – a facility approved by the Claims Administrator as meeting established criteria for handling surgical cases on a same-day basis. This may also include a birthing center.
- Skilled nursing facility – an institution that is primarily engaged in providing Inpatient skilled nursing care and related services for patients who require medical or nursing care. A skilled nursing facility may also provide physical rehabilitation services for injured or sick persons. To do so, it must be constituted, licensed and operated in accordance with the laws of legally authorized agencies and must maintain on its premises all the facilities needed to provide medical treatment of injury or Illness. It must not be, other than incidentally, a place for rest or domiciliary care; for the aged, blind, deaf, mentally deficient, or those suffering from tuberculosis; or a hotel or motel. All skilled nursing care must be provided for a fee by or under the supervision of Physicians with skilled nursing services by nurses.

ILLNESS

Bodily sickness or disease, psychiatric disorders, and congenital abnormalities of a newborn child who is covered as an eligible dependent child. Illness must be medically diagnosed.

INPATIENT

Confinement in a Hospital for which Room and Board charges are made by the Hospital or that exceeds 24 consecutive hours.

MEDICAL EXPENSE BENEFITS

Those benefits of the PLAN other than that available through the Prescription Drug Program.

MEDICALLY NECESSARY

Services or supplies to the extent that they are needed for the diagnosis of an Illness or Accidental Injury or for the medical care of a diagnosed Illness or Accidental Injury. To be considered "Medically Necessary" a service or supply must be determined by the Claims Administrator to meet all of these tests:

- It is ordered by a Physician.

DEFINITIONS (continued)

- It is recognized throughout the Physician's profession as safe and effective, is required for the diagnosis or treatment of an Illness or injury and is employed appropriately in a manner and setting consistent with generally accepted United States medical standards.
- It is not educational in nature (that is, the primary purpose of the service or supply must not be to provide the patient with any of the following: training in the activities of daily living, instruction in scholastic skills such as reading and writing, preparation for an occupation, or treatment for learning disabilities).
- It is not Experimental or Investigational.
- It is not Custodial Care.

For purposes of the PLAN, services or supplies that are provided only because an unnecessary service or supply is being provided will also be considered not Medically Necessary.

In the case of an Inpatient Hospital stay, in addition to meeting the above tests, the length of the stay and Hospital services and supplies will be considered Medically Necessary only to the extent that the Claims Administrator determines them to be not allocable to the scholastic education or vocational training of the patient.

MEDICARE

Title XVIII (Health Insurance for the Aged) of the United States Social Security Act as amended by Social Security Amendment of 1965 or as later amended.

NETWORK CONTRACT RATE

The discounted amount a Network Provider agrees to charge a Covered Person, based on the Network Provider's contract with the Claims Administrator or Preferred Provider Organization.

NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates. Non-network radiologists, anesthesiologists, and pathologists that are Network Hospital-based will be considered Network Providers if a Covered Person utilizes a Network Hospital. A listing of Network Providers shall be maintained by the Claims Administrator.

NETWORK RETAIL PHARMACY

A retail pharmacy that has entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered person at discounted rates. A listing of Network Pharmacies shall be maintained by the Pharmacy Benefit Manager as amended from time to time.

NON-NETWORK HOSPITAL OR PROVIDER

A Hospital, Physician, or other provider of health care services that has not entered into a written agreement with the Claims Administrator to provide health care services or supplies to a Covered Person at negotiated or discounted rates.

NON-NETWORK RETAIL PHARMACY

A retail pharmacy that has not entered into a written agreement with the Pharmacy Benefit Manager to provide prescription drugs to a Covered Person at discounted rates.

DEFINITIONS (continued)

NON-PREFERRED DRUGS

These are mostly higher cost Brand-Name drugs that are selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Non-Preferred Drugs (Tier 3). Some higher cost Generic drugs may also be included in the Non-Preferred Drug tier. The PLAN provides a lower benefit for Non-Preferred Drugs than for Preferred Drugs.

OUT-OF-POCKET EXPENSES

The amount a Covered Person pays for Medical Expense Benefits, including the Deductible or Prescription Drug Expenses. Section 1.2 of the EOC details the definition of OOP for Prescription Drugs.

OUTPATIENT

A Covered Person shall be considered to be an "Outpatient" if treated at a Hospital on a basis other than as a registered bed patient. For purposes of this definition, a stay in the Hospital whether as a registered bed patient or not shall not be considered an "Outpatient" stay if the Hospital stay extends beyond 24 consecutive hours.

PHARMACY BENEFIT MANAGER

A third-party administrator under contract with the County to administer the Prescription Drug Program of the PLAN.

PHYSICIAN

A licensed medical practitioner who is practicing within the scope of his/her license and who is licensed to prescribe and administer drugs or to perform surgery.

Licensed medical practitioners include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Chiropractor (D.C.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Christian Science Practitioner who is authorized by the Mother Church, the First Church of Christ Scientist in Boston, Massachusetts, and is listed in the Christian Science Journal at the time a service is rendered
- Psychologist (Ph.D., Ed.D., or Psy.D.)
- Clinical social worker (C.S.W. or L.C.S.W.)

The following are considered covered medical professionals when they are referred by a Physician, licensed to practice where the care is given, rendering a service within the scope of that license, and providing a service for which benefits are specified in the PLAN:

- Nurse – a nurse is a registered graduate nurse, a licensed practical nurse, or a licensed vocational nurse. A nurse is a professional who has the right the use the respective title and the respective abbreviation R.N., L.P.N., or L.V.N.
- Audiologist
- Occupational therapist (O.T.)
- Physical therapist (R.P.T.)
- Speech pathologist or therapist

DEFINITIONS (continued)

- Marriage, family, and child counselor (M.F.C.C. or L.M.F.T.)
- Home health aide – a person who provides medical or therapeutic care and who reports to and is under the direct supervision of a Home Health Care Agency.

PLAN

The benefits and provisions for payment as described herein as the County of Orange Wellwise Medicare Retiree Health Plan.

PLAN ADMINISTRATOR

Chief Human Resources Officer or his/her designee
County of Orange
Human Resource Services/Employee Benefits
400 Civic Center Dr.
Santa Ana, California 92701

PRE-ADMISSION REVIEW

An evaluation made by the Claims Administrator to determine the number of days of Inpatient Hospital confinement and level of care that will be considered Medically Necessary for the care or treatment of a Covered Person's diagnosed Illness or Accidental Injury. **However, the Covered Person and his Physician make the final decision concerning treatment.**

PREFERRED DRUGS

These are mostly common Brand-Name drugs selected by the Pharmacy Benefit Manager for inclusion in the Formulary as Preferred Drugs (Tier 2). Some Generic drugs may also be included in the Preferred Drug tier. The PLAN provides a higher benefit for Preferred Drugs than for Non-Preferred Drugs.

PRESCRIBER

Licensed medical practitioners who may prescribe medications within the scope of their practice include the following:

- Doctor of medicine (M.D.) or doctor of osteopathy (D.O.)
- Certified registered nurse anesthetist (C.R.N.A.)
- Dentist (D.D.S. or D.M.D.)
- Certified or licensed midwife
- Optometrist (O.D.)
- Podiatrist or chiropodist (D.P.M., D.S.C., or D.S.P.)
- Physician's Assistant (P.A.)
- Registered Nurse Practitioner (R.N.P.)

PRIOR AUTHORIZATION FOR MEDICAL EXPENSES

An evaluation made by the Claims Administrator to determine the Medical Necessity of certain health care services, before the services are rendered in order to determine whether and to what extent the services will be covered by the PLAN. Prior Authorization is required for certain services as identified in this Plan Document. **However, the Covered Person and his Physician make the final decision concerning treatment.**

DEFINITIONS (continued)

PRIOR AUTHORIZATION FOR PRESCRIPTION DRUGS

Approval in advance to get certain drugs. Covered drugs that need prior authorization are marked in the formulary.

ROOM AND BOARD

All charges commonly made by a Hospital on its own behalf for room and meals and all general services and activities needed for the care of registered bed patients.

SEMI-PRIVATE CHARGE

The most common charge made by a Hospital for a room containing two beds but does not include the charge made by the Hospital for Intensive Care.

SEVERE MENTAL ILLNESS

Severe Mental Illness as defined under California Assembly Bill 88 (AB88) (1999) includes the following conditions:

a) Schizophrenia
b) Bipolar disorder
c) Panic disorder
d) Pervasive developmental disorder or autism
e) Bulimia nervosa
f) Schizoaffective disorder
g) Major depressive disorders
h) Obsessive-compulsive disorder
i) Anorexia nervosa

Serious emotional disturbance of a child is defined under (AB88) (1999) as a condition that is:

a) identified in the Diagnostic and Statistical Manual of Mental Disorders, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms, and

b) that meets stringent criteria in Section 5600.3(a)(2) of the Welfare and Institutions guide, which includes the child's inability to function in certain environments.

SPECIAL TRANSPLANT FACILITY

A Network Provider that contracts with the Claims Administrator for certain organ transplants.

THE COUNTY is the County of Orange, California.

THE FUND

The County of Orange Indemnity Health Plans Internal Service Fund (292).

USUAL, REASONABLE AND CUSTOMARY (URC)

The maximum charge that the PLAN will reimburse for an eligible medical care expense received from a Non-Network Provider. The URC is determined from a collective data base of actual charges in the geographical area in which the services are delivered. Any amount charged that exceeds URC will be considered ineligible under this PLAN. URC charges are adjusted periodically to reflect the current costs being incurred for medical services. URC is determined by Claim Administrator's methodology.

DEFINITIONS (continued)

UTILIZATION REVIEW

Services provided by the Claims Administrator through contract with the County to review, in coordination with the attending Physician, Hospital admissions for alternatives of outpatient services, medical necessity of the treatment plan, proposed length of Hospital stay and level of care, post Hospital service alternatives and alternate treatment plans. **However, the Covered Person and his Physician make the final decision concerning treatment.**

WAITING PERIOD

Retired employees are eligible upon active retirement. Terminated employees electing deferred retirement are not eligible beyond the last day of the month in which they terminate employment.

SIGNATURE PAGE

The effective date of benefits, as described in this Plan Document is January 1, 2023.

It is agreed by the County of Orange that the provisions contained in this Plan Document are acceptable and will be the basis for the administration of said County Wellwise Medicare Retiree Health Plan described herein.

IN WITNESS WHEREOF, the County of Orange has executed this Plan Document this nineteenth day of July 2022.

COUNTY OF ORANGE

By: 

Title: Kim Derrick, Director of Human Resource Services