

Attachment B.11.h  
Ocular Benefits



**MAXSPECIALTY**  
B E N E F I T S



Medicaid  
Vision Plans  
for  
WellCare - Louisiana

June 7, 2011

Corporate Office

Max Specialty Benefits  
111 Rockville Pike, Suite 735  
Rockville, MD 20850

Florida Office

Max Specialty Benefits  
4205 West Atlantic Avenue, Suite 401  
Delray Beach, FL 33445

Wisconsin Office

Max Specialty Benefits  
10201 N. Port Washington Road  
Mequon, WI 53092

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- 1. Indicate your organization's legal name, trade name, dba, acronym, and any other name under which you do business; the physical address, mailing address, and telephone number of your headquarters office. Provide the legal name for your organization's ultimate parent (e.g. publicly traded corporation).**

Ocular Benefits/dba MAX Specialty Benefits  
111 Rockville Pike, Suite 735  
Rockville, MD 20850.  
Telephone: 240.453.2001

Contact information for MAX Specialty Benefits related to this questionnaire is:

Jason Panos, V.P. Operations  
4205 W. Atlantic Ave, Suite 401  
Delray Beach, FL 33445  
Office: 561.455.9002 x222 or Fax: 561.455.9010

- 2. Describe your organization's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and detail the names, mailing address, and telephone numbers of its officers and directors and any partners (if applicable).**

MAX Specialty Benefits is Limited Liability Company.

- 3. Provide the name and address of any health professional that has at least a five percent (5%) financial interest in your organization, and the type of financial interest.**

Ocular Benefits/dba MAX Specialty Benefits LLC is owned in equal shares by Premier Eye Care, Group Vision Services, and Visicaid. Premier Eye Care is owned in equal shares by Alan Aker, MD and Ann Kasten, MD. GVS is owned by Ralph Foxman. Visicaid is owned by Ralph Foxman 49%, Greg Borca 41% and Premier Eye Care 10%.

- 4. Provide your federal taxpayer identification number and Louisiana taxpayer identification number.**

Ocular Benefits/dba MAX Specialty Benefits LLC - Taxpayer I.D. is 27-3206305. Currently, we do not have Louisiana taxpayer ID #.

- 5. Provide the name of the state in which you are incorporated and the state in which you are commercially domiciled. If out-of-state, provide the name and address of the local representative; if none, so state.**

MAX Specialty Benefits is incorporated and commercially domiciled in the state of Maryland. Currently, there is not a local representative in Louisiana.

- 6. If you have been engaged by DHH within the past twenty-four (24) months, indicate the contract number and/or any other information available to identify the engagement; if not, so state.**

MAX Specialty Benefits and/or any of its affiliated companies have not been engaged by DHH within the past twenty-four (24) months.

- 7. Provide a statement of whether there have been any mergers, acquisitions, or sales of your organization within the last ten years, and if so, an explanation providing relevant details. If any change of ownership is anticipated during the 12 months following the Proposal Due Date of 6/24/2011, describe the circumstances of such change and indicate when the change is likely to occur. Include your organization's parent organization, affiliates, and subsidiaries.**

MAX Specialty Benefits and/or any of its affiliated companies have not engaged in any mergers, acquisitions, or sales of any organization within the last ten years. There is not any change of ownership is anticipated during the 12 months following the Proposal Due Date of 6/24/2011.

- 8. Provide a statement of whether you or any of your employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to, or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body. Include an explanation providing relevant details and the corrective action plan implemented to prevent such future offenses. Include your organization's parent organization, affiliates, and subsidiaries.**

There are no occasions where any MAX Specialty Benefits employees, agents, independent contractors, or subcontractors have ever been convicted of, pled guilty to or pled nolo contendere to any felony and/or any Medicaid or health care related offense or have ever been debarred or suspended by any federal or state governmental body.

- 9. Provide a statement of whether there is any pending or recent (within the past five years) litigation against your organization. This shall include but not be limited to litigation involving failure to provide timely, adequate or quality physical or behavioral health services. You do not need to report workers' compensation cases. If there is pending or recent litigation against you, describe the damages being sought or awarded and the extent to which adverse judgment is/would be covered by insurance or reserves set aside for this purpose. Include a name and contact number of legal counsel to discuss pending**

**litigation or recent litigation. Also include any SEC filings discussing any pending or recent litigation. Include your organization's parent organization, affiliates, and subsidiaries.**

There are no pending or recent (within the past five years) litigation against MAX Specialty Benefits and/or any of its affiliated companies.

- 10. Provide a statement of whether, in the last ten years, you or a predecessor company has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, provide an explanation providing relevant details including the date in which the company emerged from bankruptcy or expects to emerge. If still in bankruptcy, provide a summary of the court-approved reorganization plan. Include your organization's parent organization, affiliates, and subsidiaries.**

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.

- 11. If your organization is a publicly-traded (stock-exchange-listed) corporation, submit the most recent United States Securities and Exchange Commission (SEC) Form 10K Annual Report, and the most-recent 10-Q Quarterly report.**

MAX Specialty Benefits and its affiliated companies are privately held.

- 12. Provide a statement whether there have been any Securities Exchange Commission (SEC) investigations, civil or criminal, involving your organization in the last ten (10) years. If there have been any such investigations, provide an explanation with relevant details and outcome. If the outcome is against the organization, provide the corrective action plan implemented to prevent such future offenses. Also provide a statement of whether there are any current or pending Securities Exchange Commission investigations, civil or criminal, involving the Organization, and, if such investigations are pending or in progress, provide an explanation providing relevant details and provide an opinion of counsel as to whether the pending investigation(s) will impair the Organization's performance in a contract/Agreement under this RFP. Include your organization's parent organization, affiliates, and subsidiaries.**

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never been the target of any Securities Exchange Commission (SEC) investigations, civil or criminal.

- 13. If another corporation or entity either substantially or wholly owns your organization, submit the most recent detailed financial reports for the parent organization. If there are**

**one (1) or more intermediate owners between your organization and the ultimate owner, this additional requirement is applicable only to the ultimate owner.**

- a. **Include a statement signed by the authorized representative of the parent organization that the parent organization will unconditionally guarantee performance by the proposing organization of each and every obligation, warranty, covenant, term and condition of the Contract.**

N/A

14. **Attach a personnel roster and resumes of key people who shall be assigned to perform duties or services under the Contract, highlighting the key people who shall be assigned to accomplish the work required by this RFP and illustrate the lines of authority.**

Please see - Exhibit A – Executive Profiles

- a. **Submit current resumes of key personnel documenting their educational and career history up to the current time. Include information on how long the personnel have been in these positions and whether the position included Medicaid managed care experience.**

Please see - Exhibit A – Executive Profiles

- b. **If any of your personnel named is a current or former Louisiana state employee, indicate the Agency where employed, position, title, termination date, and last four digits of the Social Security Number.**

N/A

- c. **For key positions/employees which are not full time provide justification as to why the position is not full time. Include a description of their other duties and the amount of time allocated to each.**

N/A

15. **Identify (IN THE ATTACHED EXCEL DOCUMENT), all of your organization’s publicly-funded managed care contracts for Medicaid/CHIP and/or other low-income individuals within the last five (5) years. In addition, identify, in Excel format your organization’s ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low-income individuals within the last five (5) years. For each prior experience identified, provide the trade name, a brief description of the scope of work, the duration of the contract, the contact name and phone number, the number of members and the population types (e.g., TANF, ABD, duals, CHIP), the annual contract payments, whether payment was capitated or other, and the role of subcontractors, if any. If your organization has not had any publicly-funded managed care contracts for Medicaid/SCHIP individuals within the last five (5) years, identify the**

**Organization's ten largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP individuals within the last five (5) years and provide the information requested in the previous sentence. Include your organization's parent organization, affiliates, and subsidiaries.**

***PLEASE COMPLETE THIS QUESTION IN THE ATTACHED EXCEL DOCUMENT.***

Please see Exhibit C – Managed Care Contract List

**16. Identify whether your organization has had any contract terminated or not renewed within the past five (5) years. If so, describe the reason(s) for the termination/nonrenewal, the parties involved, and provide the address and telephone number of the client. Include your organization's parent organization, affiliates, and subsidiaries.**

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never had any contract terminated or not renewed.

- a. If the contract was terminated/non-renewed, based on your organization's performance, describe any corrective action taken to prevent any future occurrence of the problem leading to the termination/non-renewal. Include your organization's parent organization, affiliates, and subsidiaries.**

N/A

**17. As applicable, provide (in table format) the Organization's current ratings as well as ratings for each of the past three years from each of the following:**

- a. AM Best Company (financial strengths ratings);**

N/A

- b. TheStreet.com, Inc. (safety ratings); and**

N/A

- c. Standard & Poor's (long-term insurer financial strength).**

N/A

**18. For any of your organization's contracts to provide physical health services within the past five years, has the other contracting party notified the Proposer that it has found your organization to be in breach of the contract?**

No, MAX Specialty Benefits, nor any of its affiliated companies and/or any predecessor company that have contracts to provide physical health services has never been notified by the other contracting party that it has found to be in breach of a contract.

**If yes:**

- a. Provide a description of the events concerning the breach, specifically addressing the issue of whether or not the breach was due to factors beyond the Proposer's control.**

N/A

- b. Was a corrective action plan (CAP) imposed? If so, describe the steps and timeframes in the CAP and whether the CAP was completed.**

N/A

- c. Was a sanction imposed? If so, describe the sanction, including the amount of any monetary sanction (e.g., penalty or liquidated damage).**

N/A

- d. Was the breach the subject of an administrative proceeding or litigation? If so, what was the result of the proceeding/litigation? Include your organization's parent organization, affiliates, and subsidiaries.**

N/A

- 19. Indicate whether your organization has ever sought, or is currently seeking, National Committee for Quality Assurance (NCQA) or American Accreditation HealthCare Commission (URAC) accreditation status. If it has or is, indicate current NCQA or URAC accreditation status and accreditation term effective dates if applicable.**

Max Specialty Benefits are nationally contracted for TPA services through our owner/partner, Scion Dental. Scion Dental is currently the only, fully accredited URAC Health Utilization Management dental administrator in the United States. In addition, our partner/owner Premier Eye Care is currently engaged in the NCQA application process.

URAC Effective May 1, 2010 through May 1, 2013

See Exhibit D - Certificate

- 20. Have you ever had your accreditation status (e.g., NCQA, URAC,) in any state for any product line adjusted down, suspended, or revoked? If so, identify the state and product line and provide an explanation. Include your organization's parent organization, affiliates, and subsidiaries.**

We have not had our accreditation revoked or adjusted in any state for any product line.

- 21. If you are NCQA accredited in any state for any product line, include a copy of the applicable NCQA health plan report cards for your organization. Include your organization's parent organization, affiliates, and subsidiaries.**

N/A

- 22. Provide (as an attachment) a copy of the most recent external quality review report (pursuant to Section 1932(c)(2) of the Social Security Act) for the Medicaid contract identified in response to item #15 above that had the largest number of enrollees as of January 1, 2011. Provide the entire report. In addition, provide a copy of any corrective action plan(s) requested of your organization (including your organization's parent organization, affiliates, and subsidiaries) in response to the report.**

N/A

- 23. Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.**

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never been the target of any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity.

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never been the target of any letter of deficiency or any corrective action(s) requested or required by any federal or state regulatory entity that relate to Medicaid or CHIP contracts.

- 24. Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item #12 above. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.**

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never been the target or subject of any criminal or civil investigation by a state or federal agency.

- 25. Identify and describe any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity against your organization within the last five (5) years. In addition, identify and describe any letter of deficiency issued by as well as any corrective actions requested or required by any federal or state regulatory entity within the last five (5) years that relate to Medicaid or CHIP contracts. Include your organization's parent organization, affiliates, and subsidiaries.**

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never been the target of any regulatory action, or sanction, including both monetary and non-monetary sanctions imposed by any federal or state regulatory entity.

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never been the target of any letter of deficiency or any corrective action(s) requested or required by any federal or state regulatory entity that relate to Medicaid or CHIP contracts.

- 26. Provide a statement of whether your organization is currently the subject or has recently (within the past five (5) years) been the subject of a criminal or civil investigation by a state or federal agency other than investigations described in response to item #12 above. If your organization has recently been the subject of such an investigation, provide an explanation with relevant details and the outcome. If the outcome is against your organization, provide the corrective action plan implemented to prevent such future offenses. Include your organization's parent company, affiliates and subsidiaries.**

MAX Specialty Benefits, any of its affiliated companies and/or any predecessor company has never been the target or subject of any criminal or civil investigation by a state or federal agency.



## Executive Profiles

### Dr. Ralph Foxman

#### President

Dr. Foxman pioneered the concept of Dental Managed care in this country. He founded Group Dental Service (GDS) in 1965 to help serve the needs of Taft-Hartley fund members and their families. In 1984, Dr. Foxman founded Dental Benefit Providers (DBP) and led it as Chairman and CEO for 18 years. DBP provided quality Dental programs to large employers, Health Maintenance Organizations (HMO's), Municipalities and Unions in all 50 States until it was acquired by UnitedHealthGroup in 2001. Most recently, Dr. Foxman has channeled all of his knowledge and experience in managed healthcare into founding Group Vision Service Inc., where he serves as Chairman of the Board. Dr. Foxman is a resident of the Washington, DC area where he lives with his Wife, Sherry and they have a combined family of four children, additionally, Ralph has three grandchildren. Dr. Foxman received his degree of Doctor of Dental Surgery from Georgetown University School of Dentistry in 1959.

### Gregory Borca

#### Chief Information Officer

Mr. Borca, one of the founders of Scion Dental, using his extensive experience in the Medicaid Dental business, oversees all aspects of client relationships for the company. Mr. Borca is also actively involved with Vestica Healthcare, a healthcare administration company, and Wonderbox Technologies, a company that designs and supports the benefits administration software used by Scion Dental and other managed care clients. In addition to Wonderbox Technologies, Scion Dental and Vestica Healthcare, Mr. Borca has also had tremendous success with numerous other business ventures. Mr. Borca was a founding partner of Doral Dental USA, one of America's largest dental insurance companies with more than 90% of its business in Medicaid program management. Under his leadership, Doral Dental was named the fastest growing privately held company in 2000. Inc. Magazine named Doral Dental USA the 28th fastest growing company in America in 2000, up from 47th in 1999. In 1999, Doral Dental received Arthur Andersen's Wisconsin Fast Track Award, given to the fastest growing companies in Wisconsin.

Mr. Borca's talent for growing companies began in 1988 with the founding of Resolute Systems, Inc., a mediation and arbitration company that employs the talents of former state and federal judges to resolve civil litigation. The company has grown to the second largest alternative dispute resolution company in the United States, with more than 1,000 former judges serving on its roster. In 1992, Mr. Borca founded Mednet of America, Inc., which accepts and manages financial risk from health maintenance organizations (HMOs) that offer chiropractic and physical therapy services. The organization currently manages over one million members. Mr. Borca graduated from Marquette University with a Bachelor of Science degree in Organization & Leadership Studies.

#### Corporate Office

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111 Rockville Pike, Suite 735  
Rockville, MD 20850

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10201 N. Port Washington Road  
Mequon, WI 53092



## Executive Profiles (Cont'd)

### James D. Hyman

#### Chief Executive Officer

Mr. Hyman has been President and CEO of Group Vision Service, Inc. (GVS) since its inception in 2008. Prior to serving in that position, Jim held senior management positions in several eye care management organizations.

Most recently, he was the founder and President of Anthem Vision, a subsidiary of WellPoint, Inc. Beginning in 2001, he oversaw the growth of that multi-state routine vision subsidiary from start-up to its position among the top 5 vision care insurance companies in the U.S. Immediately prior to that, Jim was the President and CEO of First American Health Concepts, Inc. (dba: Eye Care Plan of America) where he was responsible for the rapid growth of this 50 state eye care insurance company until its merger with EyeMed Vision Care, Inc. in 2001.

Immediately prior to his joining Eye Care Plan of America, Mr. Hyman was a co-founder and Executive V.P. of Physician's Eye Care Network, Inc. a Concord, California based total eye care delivery system which merged with Omega Optical in 1996. Jim began his career in the managed vision care industry in 1988 as the Vice President of Sales and Marketing of Davis Vision. Jim is married to Barbara and together they have 3 children and 8 grand children. He is a graduate of Holy Cross College in Worcester, MA.

### Lorna Taylor

#### Chief Operating Officer

Lorna Taylor is the President and CEO of Premier Eye Care, where she began as Executive Director in 1993.

Promoted to Executive Vice President and then CEO, Taylor was promoted to President and CEO in 2009. Taylor oversees all areas of business operations for Premier Eye Care, which currently manages the routine vision, medical ophthalmic care, and administrative services for over 1,000,000 insured lives throughout Florida. With more than 28 years of business experience, Taylor has overseen the company's growth in a competitive market from a start-up to \$40 million in annual revenue today. Under Taylor's leadership, Premier has developed and implemented innovative delivery models for ophthalmic managed eye care, robust ophthalmic disease management programs, as well as customized financial models to meet the unique needs of Premier's partners and diverse client base. Premier Eye Care is also the managing medical partner for Ocular Benefits where Taylor serves as Executive V.P., Medical Services. In this role she oversees the management of operations specific to medical ophthalmic services for all lines of business within Ocular Benefits. A dedicated and active member of the Tampa Bay community, Taylor's support of the non-profit community includes leadership roles in a variety of prestigious organizations. Taylor currently serves on the Board of Trustees of The University of Tampa, and on the Board of Directors for Florida Prevent Blindness, The Florida Coalition Against Domestic Violence, Tampa Bay Business for Culture and Arts, The International Green Belt Movement, and Earth Charter U.S.

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4205 West Atlantic Avenue, Suite 401  
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#### Wisconsin Office

Max Specialty Benefits  
10201 N. Port Washington Road  
Mequon, WI 53092



June 6, 2011

Mr. Wade Davenport  
Director, Strategic Sourcing  
WellCare Health Plans, Inc.  
8735 Henderson Road  
Renaissance Two  
Tampa, FL 33634

Dear Mr. Davenport:

We understand that the Louisiana Department of Health and Hospitals ("DHH") is soliciting competitive proposals for managed care services through Medicaid Coordinated Care Network Request for Proposals (RFP # 305PUR-DHHRFP-CCN-P-MVA) (the "RFP"), and that WellCare Health Plans, Inc., through certain affiliates ("WellCare"), intends to respond to the RFP.

We also understand that, pursuant to the RFP Proposal Submission and Evaluation Requirements, Part II, Item B.7, WellCare is required to submit from the parent organization of each major subcontractor a statement that the parent organization will guarantee performance by the subcontractor.

Please accept this correspondence as the required statement that Ocular Benefits, parent organization of MAX Specialty Benefits, a proposed subcontractor for WellCare's Medicaid managed care business in the State of Louisiana, will unconditionally guarantee performance by MAX Specialty Benefits of each and every obligation, warranty, covenant, term and condition of the contract.

Sincerely,

A handwritten signature in blue ink that reads "Lorna L. Taylor". The signature is fluid and cursive, with a long horizontal line extending from the end.

Lorna L. Taylor  
Executive Vice President  
Office: 561.455.9002 x303

Corporate Office  
Max Specialty Benefits  
111 Rockville Pike, Suite 735  
Rockville, MD 20850  
Office Phone 240-453-2003

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Office Phone 1-800-337-9406 ext. 222

Wisconsin Office  
Max Specialty Benefits  
10201 N. Port Washington Road  
Mequon, WI 53092  
Phone: 877-724-6602 or Fax: 262 - 721-0722

## Exhibit B

Below please list all of your organization's publicly funded managed care contracts for Medicaid/CHIP and/or other low income individuals within the last five (5) years.

| Type of Publicly Funded Managed Care Contract (ex; Medicare, Medicaid, CHIP, SCHIP, and/or other low income individuals) | Trade Name              | Description of Scope of Work | Duration of Contract | Contact Name | Contact Phone Number | Number of Members | Population Types (ex: TANF, ABD, Duals, CHIP) | Annual Contract Payments | Type of Payment (ex: Capitated or Other) | Role of any additional subcontractor (if any) |
|--|-------------------------|------------------------------|----------------------|--------------|----------------------|-------------------|---|--------------------------|--|---|
| Medicaid   | WellCare                | EyeCare                      | 5 years              | Anna Pinera  | 813-290-6200 x3259   | 340,000           | TANF, Duals                                   | Confidential             | Capitation                               |   |
| Medicaid   | Preferred Care Partners | EyeCare                      | 1 year               | Aida Cabanas | 305-670-8440         | 1,750             | Duals   | Confidential             | Capitation                               |   |
| Medicaid   | Humana                  | EyeCare                      | 5 years              | Herb Minor   | 813-288-6311         | 200               | Duals   | Confidential             | Capitation                               |   |
| Medicaid   | Simply Health Plans     | EyeCare                      | 2 years              | Sergio Covas | 305-408-5725         | 16,000            | Duals   | Confidential             | Capitation                               |   |
| Healthy Kids   | WellCare                | EyeCare                      | 8 years              | Anna Pinera  | 813-290-6200 x3259   | 48,500            | TANF  | Confidential             | Capitation                               |   |

Below please list all of your organization's 10 largest (as measured by number of enrollees) managed care contracts for populations other than Medicaid/CHIP and/or other low income individuals within the last five (5) years.

| Type of Managed Care Contract | Trade Name                       | Description of Scope of Work | Duration of Contract | Contact Name        | Contact Phone Number  | Number of Members | Population Types (ex: TANF, ABD, Duals, CHIP) | Annual Contract Payments | Type of Payment (ex: Capitated or Other) | Role of any additional subcontractor (if any) |
|-------------------------------|----------------------------------|------------------------------|----------------------|---------------------|-----------------------|-------------------|---|--------------------------|--|---|
| Medicare                      | Blue Cross and Blue Shield of MN | Hearing                      |                      | David Haerle        | 651-662-1391          | 1,200,000         | Medicare B                                    | Confidential             | ASO/Insured                              |   |
| Medicare                      | Ucare                            | Hearing                      |                      | Jennifer Schaefer   | 612-676-3559          | 200,000           | Medicare B                                    | Confidential             | ASO                                      |   |
| Medicare                      | WellCare                         | EyeCare                      | 8 years              | Anna Pinera         | 813-290-6200 x3259    | 54,000            | Medicare ABD                                  | Confidential             | Capitation                               |   |
| Medicare                      | Humana                           | EyeCare                      | 13 years             | Herb Minor          | 813-288-6311          | 190,000           | Medicare ABD                                  | Confidential             | Capitation                               |   |
| Medicare                      | Preferred Care Partners          | EyeCare                      | 4 years              | Aida Cabanas        | 305-670-8440          | 80,000            | Medicare ABD                                  | Confidential             | Capitation                               |   |
| Medicare                      | Careplus                         | EyeCare                      | 5 years              | Francine Orta       | 305-441-9400 x1021508 | 49,000            | Medicare ABD                                  | Confidential             | Capitation                               |   |
| Medicare                      | Citrus HealthCare / WellMed      | EyeCare                      | 5 years              | Bridget Fitzpatrick | 813-490-8969          | 6,300             | Medicare ABD                                  | Confidential             | Capitation                               |   |

Certificate Number: B093601-2418



Certificate of Full Accreditation

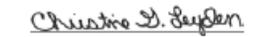
*is awarded to*  
Scion Dental, Inc.  
10201 N. Port Washington Road  
Mequon , WI , 53092

*for compliance with*  
Claims Processing Accreditation Program

*pursuant to the*  
Claims Processing, Version 3.0

*Effective from the 1<sup>st</sup> of May of 2010 through the 1<sup>st</sup> of May of 2013*

  
Alan P. Spielman  
President & CEO

  
Christine G. Leyden, RN, MSN  
Chief Accreditation Officer



**ACCREDITED**  
Claims Processing

*URAC accreditation is assigned to the organization and address named in this certificate and is not transferable to subcontractors or other affiliated entities not accredited by URAC.*

*URAC accreditation is subject to the representations contained in the organization's application for accreditation. URAC must be advised of any changes made after the granting of accreditation. Failure to report changes can affect accreditation status.*

*This certificate is the property of URAC and shall be returned upon request.*