

Exhib *1A*



Dental Business Proposal
For



Nassau County

June 20, 2016

HEALTHPLEX, INC.
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Uniondale, NY 11553-3608

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June 20, 2016

Nassau County
Attn: Melissa Gallucci, Human Resources Director
1 West Street, Room 365
Mineola, New York 11501

Re: Dental Benefits Request for Proposal

Dear Ms. Gallucci:

Healthplex, Inc. is pleased to submit this proposal to Nassau County. We value our current relationship with Nassau County and appreciate the opportunity to continue to service your members. This proposal will highlight how our capabilities meet the proposal evaluation criteria and our continued commitment to performing at high levels for your membership.

For 27 years, Healthplex has administered the Nassau County dental plan, providing claims administration, customer service, network management, billing and complaint resolution. This proposal will demonstrate that Healthplex understands the needs of Nassau County, and that our experience uniquely gives us the ability to control costs while enhancing the quality of dental care provided. To validate our dental expertise and commitment to Nassau County we propose in this RFP:

- No rate increases on the current DHMO and PPO options. This rate is guaranteed for three (3) years.
- Offering a Buy-up, contributory PPO option for Nassau County employees to provide comprehensive coverage in order to meet the varied needs of the County's employees and their dependents.

I welcome further discussion with you in regard to continuing and expanding our business relationship.

Sincerely,

John Iusi
VP, Strategy & Product Management

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Section I: Technical Proposal

About Healthplex

Healthplex is a New York-based dental insurance and management company with almost 40 years of dental administration experience. Healthplex was founded by dentists in 1977, and continues to provide dental services to many corporations, large unions and municipalities. Our service area is especially well represented within Long Island, Westchester County and the boroughs of New York City. We administer benefits for 3.4 million members consisting of individuals and over 2,000 group clients.

Healthplex, Inc. is incorporated in New York and is a privately-held company with no other corporate ownership. Healthplex, Inc. is the parent company of Healthplex IPA, Healthplex of NJ, Healthplex of CT, Healthplex Insurance Company, and International Healthcare Services; all of which are state-licensed entities through which our various risk contracts are written. In addition, Healthplex is:

- Licensed by the New York State Department of Insurance as an **Accident and Health Insurer**.
- Certified by the National Committee for Quality Assurance (NCQA) as a **Credentials Verification Organization**.
- Certified by the NCQA for **Utilization Management**.
- Registered by the New York State Department of Health as a **Utilization Review Agent** (Article 49 Health Law).
- Registered with the NY Office of Financial Services as a **Utilization Review Agent** (Article 49 Health Law).
- Approved by New York State as an **Independent Practice Association (IPA)**.
- Licensed as an **Independent Adjuster for Accident and Health** by the NY Office of Financial Services.

Healthplex has been servicing the dental insurance needs of Nassau County Employees since 1989. Healthplex was awarded as the Nassau County “Employer of the Month” in January 2014, touting “Healthplex is the largest dental insurance administrator in New York and has been awarded certification in Utilization Management and Credentialing Verification by the National Committee for Quality Assurance and an Honorable Mention Quality Summit Award by URAC for 2013”. We believe our organizational strengths noted within this document create competitive differentiation and benefit Nassau County today as the current dental benefits administrator.

Dental Specialization - Our dental expertise is demonstrated through our diverse array of clients, customized systems, and our team of dedicated professionals. We have a long and successful history insuring and administering dental programs for public sector employees and unions such as Nassau County Employees, City of New York Management Benefits Fund and New York City Firefighters. The Healthplex group retention rate is over 95% and we still retain our very first client! Healthplex has extensive experience in both commercial and government-funded dental programs, both as an administrator and as a full-risk insurer.

Technological Innovation and Automation - Healthplex proprietary systems are designed specifically for use in dental benefit administration to generate the highest quality programs, flexible benefit options and cost containment. Recent innovations include deploying robust member, provider, and employer web portals to reduce call volumes and increase satisfaction through timely service and automating proprietary claim edits, specific to dental services which drive savings.

Dentist Collaboration - As the innovator creating the first “Dental Home” model in New York, Healthplex works in partnership with our Dentists. These partnerships enable building and maintaining quality networks for managed care and PPO provider panels at competitive rates.

Committed to Quality - Healthplex is certified by NCQA both for Utilization Management and as a Credentials Verification Organization, the only stand-alone dental company in the nation with these distinctions! Our management team is highly involved in quality improvement planning, quality evaluation and effective resolution of any quality issues. We consistently exceed industry quality standards for service metrics such as Member Services average speed of answer and abandonment rate.

Regulatory and Compliance Expertise - Healthplex has become the premier dental plan administrator in the tri-state area by consistently implementing new regulatory requirements well in advance of their effective dates and taking every safeguard to protect our members.

Healthplex has worked closely with Nassau County over the past 27 years to demonstrate these capabilities. Our Uniondale office is within easy travel

distance of Nassau County's Mineola location, facilitating frequent face-to-face interactions.

Healthplex brings the full complement of staff, services and resources to every program we administer. We invest in people and back them up with state-of-the-art systems and resources to maximize quality, productivity, innovation and imagination to address the challenges of managing dental programs.

Healthplex is committed to providing access to high quality affordable dental care and to improving the oral health of our community. Our comprehensive, innovative solutions serve to build trust and deliver value.

Core Values:

- *Integrity and honesty in our dealings with others.*
 - We act with integrity, striving to be open and honest in our interactions, exercising fair judgments and honoring our commitments.
- *Respect and caring for people.*
 - We value diversity, respect individual differences and strive to cultivate an inclusive, accessible, and welcoming environment. We work to increase awareness and understanding of different cultural contexts among staff, members, clients and the communities we serve.
- *Pride in our daily work and accomplishments.*
 - We demonstrate that we are responsible stewards of the resources and trust granted to us by the clients we serve.
- *Pursuit of constructive change and innovation.*
 - We recognize the important role that communications play in fostering understanding and credibility both within our organization and with our clients. We aim for accuracy, clarity, insight and courtesy in all forms of communications.

Everything we do at Healthplex is motivated by a deep commitment to our clients' needs.

As a locally based organization with proven experience in the government and commercial markets, we will continue to serve as a true partner, understanding

the needs of your members and their families. We hope that the following responses to your RFP questions demonstrate our commitment to working in tandem with Nassau County to maximize the quality of your programs in the most cost-effective manner possible.

Proposal Questionnaire

A. General

1. Please submit a copy of your most recent audited financial statement and annual report.

Healthplex is a privately-held company with consistent growth year over year. The attached financial statements demonstrate we are a "strong and healthy" business.

See Section IV ATTACHMENT #1 for Healthplex 2015 Financial Statement.

2. How many Group Insured Dental programs of comparable size does your company administer? Please name comparable state, county or municipal programs. Please provide three-(3) references from current clientele and three-(3) references from clients who have terminated relationships with your organization within the past three-(3) years.

Healthplex administers dental programs for over 38 group-insured dental programs of comparable size. Listed below are comparable state, county, or municipal programs:

New York
**Nassau County
Baldwin UFSD
Brentwood UFSD
Center Moriches UFSD
City of New York Management
Elwood UFSD
Herricks CSEA
Local 741 N.A.S.T.U.
NYSOH Exchange (Qualified Health Plan)
Patchogue-Medford UFSD
Roslyn UFSD
Sachem Central School District
Suffolk County Water Authority
Town of Hempstead
Village of Garden City
Village of Stewart Manor
Wantagh Teachers Assn Trust Fund
Wantagh UFSD
Wyandanch UFSD

New Jersey
Benefit Analysis Inc.
Borough of Laurel Springs
Borough of Roselle
Borough of Rutherford
Brick Township
City of Elizabeth
City of Newark
City of Paterson
City of Perth Amboy
County of Bergen
New Jersey State FMBA
NJ FFM Exchange (Qualified Health Plan)
Ocean County Utility Authority
Sayreville Board of Education
State of New Jersey
Township of Long Hill
Township of Montclair
Township of Woodbridge
Union County Social Services

Current Client References:

Company	Description	Contact
Uniformed Sanitationmen's Association	Implemented an insured program, dual-option DHMO and PPO, effective February 1998 Members Covered: 14,000 +	Harry Nespoli, President (212) 964-8900 vmcquiness@usa-sbf.com
Uniformed Fire Fighters Association	Implemented an insured program, dual-option DHMO and PPO, effective January, 1978 Members Covered: 9,700 +	Theresa Carapella, Fund Administrator (212) 545-6960 tcarapella@ufanyc.org
City of New York Management	Implemented an ASO program, using Healthplex PPO, effective January 1, 2006. Several revisions and enhanced benefits have been implemented. Members Covered: 59,000 +	Sang Hong, Deputy Director of Operations, Employee Benefits Program (212) 306-7392 shong@olr.nyc.gov

Terminated Clients:

Company	Description	Contact
Local 359 Fulton Fish Market	Terminated 6/30/2016 due to workforce and benefit reductions.	Dennis Faicco President UFCW Local 359 (212) 233-1660 www.ffmlocal359.org
Dowling College	Terminated 6/1/2016 due to bankruptcy	Anne Dimola, Administrator (631) 244-3101
Local 342 A & P Amalgamated Meat Cutters	Terminated 6/30/2016 due to bankruptcy	Maura Duci, Administrator (516) 747-5980

3. Confirm that your quotation would conform in all respects with the plan specifications of the Section III, Scope of Work. Identify specifically the provisions, which would deviate from this plan and indicate cost implications, if any.

Confirmed. Healthplex's proposal conforms in all respects with the plan specifications of Section III and Scope of Work.

4. Claims Operation - Proposers must agree to permit representatives of the Committee to

visit their claims operation prior to selection as well as afterwards, if necessary.

Confirmed. Healthplex encourages Nassau County Committee representatives to visit our Uniondale office to view our claims operation, as well as any other Healthplex operations.

5. *Claims Responsibility - Confirm that as the successful vendor, you are willing to be responsible for run-off claims at the end of the contract period, if your contract is not renewed.*

Confirmed. Healthplex is willing to be responsible for runoff claims at the end of the contract period, should our contract not be renewed on the current insured products.

6. *Claims Responsibility - The new vendor will be expected to assume responsibility for all claims incurred on and after the effective date. The current vendor will handle run-off claims.*

As the current dental insurer for employees of Nassau County, we assume responsibility for all claims incurred.

7. *Please confirm that you carry commercial general and professional liability insurance of \$2 million and will name the County as Additional Insured to indemnify the County against any claim or loss, damage or injury to property or persons arising out of the performance or failure to perform by your firm, employees and agents of the services covered by your contract with the County. Please provide copies of the certificates of insurance.*

Confirmed. Healthplex carries commercial general and professional liability insurance as indicated, and will name the County as Additional Insured to indemnify the County against any claim or loss, damage or injury to property or persons arising out of the performance or failure to perform by our firm, employees and agents of the services covered by our contract with the County.

See SECTION IV ATTACHMENT #2 for Evidence of Insurance Coverage.

8. *Please confirm the amount of malpractice and liability insurance you require of your network providers. Please specify the minimum malpractice and liability insurance that you require a network provider to carry on a "per person" and aggregate basis.*

Malpractice and Liability insurance required for a network provider to carry on a "per person" and aggregate basis is \$1 million and \$3 million respectively.

9. *Currently, do you routinely survey beneficiaries to determine satisfaction with the services provided to them? What percent of beneficiaries are surveyed? Explain your program in this regard. How are survey results used and are they shared with the client and provider? Include a sample copy of a recent*

survey.

Healthplex conducts Member Satisfaction Surveys for multiple clients each year, upon request, to elicit member feedback and track and trend the performance of the various functions performed by Healthplex and our providers. These surveys give members the opportunity to provide feedback on their experiences with Healthplex and Healthplex administered programs. In addition to the standardized questions, there is a comment area to note any concerns or questions. Generally, surveys would be sent to those members who have utilized the plan within the past year.

Healthplex also sends Provider Surveys, on an annual basis, to our entire provider network. The Provider Survey measures satisfaction with key areas such as claims payment, reimbursement, customer service, credentialing, provider relations, and website functionality.

The surveys are reported, analyzed, summarized and presented for discussion during the Healthplex monthly Quality Improvement Committee meetings and with clients through established performance review meetings, typically quarterly. Follow-up actions to make improvements, based on members' and providers' input, are tracked and implemented by this Committee.

See SECTION IV ATTACHMENTS #3 and #4 for Member and Provider Surveys and Summaries.

10. *Patient satisfaction is an important criterion in the quality of service. To this end, indicate to what extent you will be able to survey members regarding the quality of services rendered. The survey results will be tabulated by the Vendor, and submitted to the County semi-annually. There is to be no additional charge for the survey or the tabulation of survey results.*

Healthplex values our members' opinions regarding their satisfaction with the quality of services rendered. As such, Healthplex will perform and tabulate semi-annual Patient Satisfaction Surveys for Nassau County membership, regarding the quality of services rendered. Surveys may be conducted on the entire Nassau County membership, or subsets of only those members that have utilized the plan or only one product. The survey questions may be developed in partnership with the county to ensure all aspects of patient satisfaction are captured. The survey results will be submitted to Nassau County.

There will be no additional charge for the surveys or tabulation of the results.

B. Rate Quotations

1. *Please provide Dental rate quotations for the Basic Program and/or Buyup Option, assuming:*

Claims handling directly from employee or service provider to Contractor, where service provider is different from Contractor. County to certify eligibility monthly via electronic file transfer.

- a. Contractor will pay claims based on plan provisions fixed allowances for Indemnity services. Explanation of Benefits statements provided to employee for Indemnity reimbursement; to employee, service provider and service administrator for each claim, where service administrator is different from Contractor.*
- b. The contract shall provide that the premiums be paid monthly, in arrears, based on actual employee census for the preceding month.*
- c. Members have the option of choosing the Indemnity Plan or the Managed Dental Plan during the "Open Enrollment" period.*

Healthplex agrees to the above rate quotation criteria. Healthplex's proposed plans include maintaining Nassau County's current DHMO and PPO Reimbursement plans with no change in premium, and proposing a new contributory Buy-up PPO option. Benefits and plan details can be viewed in SECTION II of this proposal.

2. *Proposal Guarantee - All proposals must be guaranteed by the administrator to be firm for an effective date of January 1, 2017. All premiums must be guaranteed for three (3) years.*

Healthplex guarantees this proposal to be firm for an effective date of January 1, 2017. Premiums will be guaranteed for three (3) years.

3. *Are there acquisition charges? If so, how are they amortized and over how long a period of time?*

Healthplex does not charge any acquisition fees.

C. Financial

1. *What is the frequency and timing for the cycle of claims payment, mailing of checks/drafts?*

Healthplex check runs for Nassau County are processed and mailed on a bi-weekly basis.

2. *What is your policy with respect to claim/reimbursement checks that have not been cashed? Do you reissue the claim checks? If so, after what period? Do you transfer funds pertaining to unclaimed checks to the State of New York? If so, after what period? Are there any charges to participants to have a check re-issued?*

Healthplex's policies regarding claim/reimbursement checks that have not been cashed are:

- Uncashed claims/reimbursement checks are reviewed on an annual basis (usually by the 2nd quarter).
- A payee of an uncashed check is identified and a notification letter is sent requesting an immediate reply with options as to the disposition of the check.
- Based upon the option selected by the payee in the reply letter, appropriate action is taken, i.e. reissuance of the check. When a participant requests to have a check reissued, there is no charge to them.
- Should a reply not be received from the initial notification letter to the payee, Healthplex will attempt to contact the payee by mail and telephonic outreach annually over a three (3) year period.
- Pursuant to the "NYS Unclaimed Property" regulations, it is our obligation to remit any uncashed check funds as abandoned property three (3) years from the year end in which a given check was issued.

D. Financial (The proposer must respond to each question for both the Managed Dental Plan and the Participating Provider Option. If the response is the same for both plans, please indicate so.)

1. *Describe your regular method of claims processing in detail. How do you assist the members in answering claims questions? Please also describe any alternate or special procedures (i.e., pre-treatment estimates, alternate benefits review etc.), indicating their effect on your retention or costs.*

Healthplex's experienced Claims Processing team is specifically trained and responsible for claims processing procedures in accordance with NCQA and plan guidelines on regulatory compliance and quality control. Healthplex employs approximately 60 Claims Adjudicators. These employees complete a three (3) month, on-site, rigorous classroom training by two (2) experienced Claims trainers. They examine claims using Healthplex's proprietary Claims System and utilize an on-line, web-based help resource called Flare. All employees are held to a high standard of accuracy during training, and are not permitted to adjudicate live claims until completion of formal training. In addition, they must maintain consistent accuracy levels throughout training in order to complete formal training. Individual claim processor productivity and accuracy along with dental consultant reliability is reported monthly as part of our in-line quality audits. Results are monitored to identify focused training and additional system edits, when required. In addition, the training covers the following:

- CDT coding
- Systems training
- Data Entry
- Plan Design

- Specific Guidelines

Clean claims (claims that include all necessary information required in order to adjudicate) are processed and paid or denied within:

- 45 days of receipt of paper claims.
- 30 days of receipt of electronic claims.

***In 2015 97% of all claims were actually processed within 20 days.**

The Healthplex claims system automatically reissues an explanation of benefit (EOB) for pended claims that have aged over fourteen (14) days. The EOB indicates "Second and Final Request" for pended information. For all claims that have aged an additional thirty (30) days and no information is received from the provider, the claims processing system issues a final EOB denying the service.

With our multiple lines of business, we adhere to the most stringent requirements of any particular regulation or plan requirement. For prior authorizations therefore, we adhere to the three (3) business day turnaround time requirement for all plans.

Healthplex verifies and applies Coordination of Benefits. In addition, alternate benefits are applied by our 'in house' Dental Clinicians allowing the least costly alternative when satisfactory results can be achieved in a less costly manner. A 2% cost reduction is realized due to these applications.

Healthplex offers highly efficient, professional Call Center services for members to answer claim and all other questions regarding their dental coverage. We are fully committed to providing outstanding customer service.

The Customer Service Department provides a critical function for Healthplex. This department ensures that members have access to accurate and timely information as it relates to their dental benefits and plan, as well as the promotion of wellness principles in a professional and responsive manner. The Customer Services Department represents one of the first points of contact, and functions as a liaison between members, the health plan and dental office.

All Customer Service Representatives are put through an extensive training program headed by experienced Customer Service Representatives. During training, representatives are trained on all of our groups and their benefits, phone systems and the importance of customer responsiveness and member satisfaction. In 2010, Healthplex invested in a customer service training program, **M.A.G.I.C.** (Make A Great Impression on the Customer),

designed to promote effective communication skills, increase awareness of the importance of customer service, and enhance the quality of the customer experience. Due to the success of the program, M.A.G.I.C. training has been extended to all staff.

2. *Provide sample claim forms, EOB's and other materials furnished to participants.*

Healthplex has extensive experience developing member materials, including handbooks and ID cards, for its clients in English and multiple languages as needed. See SECTION IV ATTACHMENT #5 for sample Explanation of Benefits (EOB), Claim Form and Nassau County Member Benefit Summaries.

3. *What claim office or offices would pay claims? Where are they located? Are customer service representatives and claims adjudication staff located in the same office? If not, please describe. Confirm that you will offer a tollfree number for members contacting your claims/customer service.*

Healthplex has only one location:
333 Earle Ovington Blvd., Suite 300
Uniondale NY, 11553-3608

Using Healthplex's state-of-the-art system, all claims are adjudicated and all checks are printed and mailed from this location. Claims service representatives and claims adjudication staffs are located in the same office, allowing us to work in synergy to ensure member satisfaction.

In order to maintain member satisfaction, our Customer Service Department is staffed with over 180 employees.

- Healthplex offers a Toll-Free number to members at 1-800-468-0600.
 - TTY is used for hearing impaired members through "RELAY" service that translates these calls.
 - Providers and members may view claims information on our website 24 hours per day, 7 days a week!
 - Members and Providers may use our Interactive Voice Response (IVR) system to automatically retrieve useful information during staffed and non-staffed hours.
 - Healthplex handles email inquiries from members and providers through our website @ www.healthplex.com. The emails are received by the Customer Service Department, reviewed and responded to on a daily basis (within 24 hours of receipt).
4. *Will you have a staff committed to work on Nassau County claims only? If yes, please describe size of staff and reporting structure.*

Healthplex employs approximately sixty (60) experienced Claims Examiners. Of these, three (3) full time Examiners currently process claims for Nassau County. In addition, seven (7) Level II Claims Examiners and three (3) Level III Claims Examiners are fully knowledgeable of the Nassau County guidelines and skilled in processing these claims. These Level II and Level III Examiners offer back up when an especially high volume of claims are received, or during the absence of any Nassau County dedicated Claims Examiner.

The Claims Department includes a Claims Director, three (3) Managers, three (3) Supervisors, four (4) Team Leads, and two (2) full-time Trainers, all of whom are responsible for staff education, accuracy, education and ensuring that all work is completed in a timely manner.

5. *What is your normal "in office" turnaround time, i.e., the time lag from when a claim is received in the mailroom by the claim office until an EOB is mailed back by the office. Please indicate example of percentage settlement for one month's claim volume within 5, 10, 15, and 20 working days.*

2015 Results	
Claims Processed and paid in 5 business days	45.7% of all claims were processed and paid in 5 days or less
Claims processed and paid in 10 business days	60.3% of all claims were processed and paid in 10 days or less
Claims processed and paid in 15 business days	88.9% of all claims were processed and paid in 15 days or less
Claims processed and paid in 20 business days	96.7% of all claims were processed and paid in 20 days or less

6. *Explain fully the methods you use to control claim costs e.g., dental necessity review, dental alternate treatment review, etc. Do you maintain in-house dental expertise (consultants) for dental necessity/alternate review/pre-treatment approvals/etc., or do you use an outside service (identify outside service organization)? Is this included in your quoted price?*

Healthplex processes claims based on Current Dental Terminology (CDT) procedure codes published by the American Dental Association (ADA). Our proprietary claims processing system maintains hundreds of edits to apply group guidelines based on time limitations, age limitations, plan maximums, duplicate submissions, deductibles, etc.

For services which pass these system edits, professional review is required for endodontic, periodontic, oral surgery, prosthetic and orthodontic claims. Our experienced, professional on-site reviewers evaluate both the services requested and the overall condition of the patient's teeth to determine whether the services are reasonable and appropriate given the oral condition, and consistent with quality of care guidelines established by the Department of Health and the American Dental Association, as well as whether or not alternate benefits can obtain the desired result.

Healthplex also employs experienced Claims Adjudicators with dental experience, to watch specifically for unbundling of services, and possible fraudulent activity. In addition, monthly reports are run to identify overutilization and the unbundling of services. These reports are reviewed by our Utilization Management Review committee on an ongoing basis. Any irregularities are further investigated.

All above services are performed internally and included in the price quote.

7. *Describe in progressive steps, the action you would take in investigating a claim either regarding the charge level or necessity of treatment.*

Healthplex is a Utilization Management Agent certified by NCQA, and is a Registered Utilization Review Agent with the New York Department of Insurance and New York Department of Health.

Our professional, on site reviewers evaluate both the services requested and the overall condition of the patient's teeth to determine whether the services are reasonable, appropriate given the oral condition, and consistent with quality-of-care guidelines established by the Department of Health and the American Dental Association.

Healthplex monitors quality-of-care delivered to members through its:

- Utilization management/peer review
- Credentialing/re-credentialing
- Complaints and grievance investigation activities.

Any issues or concerns regarding treatment of care delivered to members are thoroughly investigated as part of the quality assurance process.

- Clinical investigations are reviewed by a licensed dentist (peer reviewer) to determine if a quality of care issue exists.
- Quality-of-care issues are reported to Healthplex's Quality Improvement Committee to determine appropriate corrective action.
- Cases involving imminent harm to patients are immediately reported to the Healthplex Clinical Practice Committee to determine if the provider involved should be reported and/or the participating provider involved should be terminated.

Healthplex employs claim processors with prior dental office or insurance experience. This experience combined with Healthplex's innovative and interactive claim system edits identify services rendered on teeth previously reported as missing or extracted, indicates procedures that may have been up-coded/unbundled, applies frequency limitations, etc.

- Suspect billing issues are elevated by the processors for focused Utilization Management review.
- Claim adjustment requests from providers modifying service dates following a time limitation/frequency denial are flagged for verification by Utilization Management. A letter is sent requesting a notarized response by the provider. Cases may be forwarded to the Healthplex Special Investigations Unit (SIU) Committee for review and evaluation.
- Healthplex's SIU Committee meets on a monthly basis to review any potentially fraudulent or abusive billing practices found by Claims Department employees, Utilization Management provider profile review, member complaints, internal audits, verification flags, etc.
- The SIU determines the need for chart audits, site reviews, etc. Upon receipt of reports and/or site visit evaluations, the cases may be elevated to the Quality Improvement Committee (QIC) for further determination.
- The Utilization Management Department profiles providers based upon standards of care and billing patterns that fall outside of normal practice. When outliers are identified, dental chart audits or site reviews may be initiated.

Finally, standard reports are reviewed monthly to identify:

- Duplicate procedures
- Unbundling and up-coding of services.
- Practice patterns outside of established norms.
- Non-members submitting claims using member IDs.
- Non-credentialed providers submitting claims.

In addition to the above, fraud investigations are conducted when any potential fraudulent practices are raised by Healthplex employees, dental providers, dental office staff, covered members, and state regulatory agencies.

All Healthplex preliminary fraud investigations are performed confidentially, without notifying the subject of the investigation, and whenever possible without making any requests of the subject that might alert the subject to the existence of the investigation or suspicion. Preliminary investigation can include review of prior claims submissions, mail and telephone contact with enrollees regarding treatment rendered, and comparison of submission patterns to other panel providers. Should on-site chart reviews be necessary, we make every effort to characterize the chart reviews as routine oversight activity. Once fraud has been detected (even "minor" issues like changing service dates to avoid enrollee breaks in coverage), we often recommend removal of a participating provider from our panel, since

providers who show themselves willing to “stretch” rules are much more likely to be involved in bigger fraudulent activity in the future.

8. *Describe internal audit review procedures and benefit thresholds. Who performs audits? How are claims selected?*

On a monthly basis, Healthplex audits 3% of systemic, randomly selected processed claims, pre-certifications, and provider referrals for relevant financial, payment and procedural accuracy. The Healthplex Claims Department’s mission is to process and pay dental claims at an accuracy rate above 99%, on a timely basis and per contractual guidelines. In order to achieve this goal, the Claims Department staff works closely with the Utilization Management, Provider Relations and Network Development Departments.

The Claims Program is regularly evaluated from a procedural and staffing perspective. Claims data is tracked and trended on a monthly basis and reported to the Senior Management Committee. Error rates, average receipt-to-entry dates and average days from entry to mailing are monitored. The Claims Department also tracks the percentage of checks sent on time, number of adjustments to checks, and accuracy of claims review. Processing error rates are also tracked at the Plan level.

Healthplex employs six (6) corporate Quality Management auditors with claims processing experience. These auditors conduct a thorough review of each randomly selected claim. The auditor uses the original claim, the computer generated EOB, and the group’s payment schedule to check for data entry accuracy, understanding of processing guidelines, and accuracy of system schedules. The results of these audits are included in performance reviews for claims operators.

Executive management reviews audit results on a monthly basis. Additionally, audit results are reported to clients as part of our standard reporting package, and to regulators upon request.

The Claims Department also employs three (3) in-line, processing auditors to perform focused quality reviews. Combined audit results and feedback are routinely provided to:

- Processing staff for corrective action
- Area management for operational refinement
- Departmental trainers to sustain accuracy and promote continuing improvement where required

9. *The Comptroller has the right to audit. This should not diminish the right of the Comptroller.*

Healthplex agrees that in addition to internal auditing, the Nassau County Comptroller has the right to audit.

10. Please provide the proposed claims office's quality statistics for calendar years 2014 and 2015, and compare these statistics to your internal performance objectives.

Healthplex's extensive experience in claims processing is a main reason we meet our objectives in claim processing accuracy. Below are Healthplex's statistics for 2014 and 2015:

Audits	Objectives	2014 Results	2015 Results
Claim processing accuracy	99%	Financial: 99.70%	Financial: 99.67%
	98%	Payment: 99.44%	Payment: 99.29%
	97%	Non-Payment: 98.27%	Non-Payment: 97.80%

11. Would you recommend any changes in benefit provisions to assist in cost containment? (Any such changes might be deferred for future consideration.)

Healthplex would recommend moving to a potentially smaller network to aid in cost containment so that if a member goes to a participating provider the patient would experience no out-of-pocket expense for all covered services.

12. For each of the benefits, what is your definition of a paid claim, closed claim, incurred claim?

Healthplex uses the following definitions for a paid claim, closed claim and incurred claim:

- An incurred claim is defined as paid or payable under the contracted dental plan.
- A paid claim provides reimbursement for covered dental services under the contracted dental plan.
- A closed claim is a claim that has been completed, providing payment and/or denial benefits in accordance with the contracted dental plan.

13. Please describe which benefit provisions, if any, require manual intervention to complete the claims processing function.

Claims involving crowns, endodontics, periodontal surgery, prosthetics and orthodontics are manually processed by claims examiners and clinically reviewed for appropriateness of care, alternate benefits and other plan parameters. Claims that may be deemed "excessive" based upon defined system parameters may require manual review in comparison with the member's claim history.

E. Reports/Systems/Data Communication

1. *Ownership of Data — Nassau County must maintain ownership of the data and no data can be used for any other purpose without approval of Nassau County.*

Healthplex does not use our customers' data for any purpose other than administering the dental benefit.

2. *Please confirm that your quotation includes providing the County with the reporting requirements illustrated by Dental Program Management Information Reports (included at the end of this appendix). Please confirm that reports will be furnished to the County at no additional cost.*

Healthplex can provide all reports as requested. The format and presentation of these reports would be agreed upon with Nassau County.

3. *Provide examples of other "standard" reports available indicating frequency and additional cost, if any.*

See sample reports SECTION IV ATTACHMENT #7. Reports may be run quarterly or more often upon the request of Nassau County. Ad Hoc reports may also be run. There is generally a 24 to 48 hour turnaround time for Ad Hoc reports. There is no additional cost for reporting.

4. *Please confirm that you will meet the County's systems and data communication requirements as follows:*

Healthplex confirms that we will continue to meet all of Nassau County's systems and data communication requirements as follows.

- a. *If a new contractor is awarded this contract, the new contractor will convert claims history provided by the former contractor into a format compatible with its own system.*

As Healthplex has been a partner with Nassau County since 1989, there will be no need to change formatting and compatibility should we retain the contract.

- b. *If the contract is not renewed at expiration, the contractor agrees to provide all appropriate claims history to the new contractor with both code translations and payment schedules.*

Healthplex agrees to provide all appropriate claims history to the new contractor with both code translations and payment schedules should we not be selected to renew our contract.

- c. *The contractor will accept a full eligibility file from the County, initially and monthly thereafter. The file will be sent via secure electronic file transfer.*

Healthplex currently accepts monthly eligibility files from the County via secure electronic file transfer.

- d. The contractor will advise the County of verification of files received, date received, and date applied to the database within two working days of receipt.*

Healthplex's state-of-art system automates the loading of enrollment data. Automatic receipts and error reports can be generated with the load. Loads generally occur within 15 minutes of receipt of the file.

- e. At the County's request, the contractor will provide an Eligibility Reconciliation file. The file will contain a record of each eligible and ineligible member on the Contractor database. The file will be used to produce exception reports for Contractor correction including analysis of claims history to correct for erroneous payments.*

Healthplex will automate this reconciliation file and provide this on the schedule supplied by Nassau County.

- f. At the County's request, the contractor will provide a Claims Audit file to allow the County to produce exception reports of apparent inappropriate claims payments for subsequent reconciliation by the contractor.*

Healthplex will automate this audit file and provide this on the schedule supplied by Nassau County.

5. *Do you offer claims paid data in an electronic format? If so, please describe the process.*

Yes, Healthplex's state-of-art data system supports custom file formats (fixed width, delimited), as well as insurance industry standard (X.12 5010 837D).

6. *Can you receive and send files (including receipt of the County's monthly eligibility data) via FTP?*

Yes, Healthplex hosts a secure FTP server with encrypted storage to ensure security and privacy of our customers' data.

7. *Can you allow the County via a secure website update participants enrollment if necessary? If allowed, what is the time frame from the update via website until the participant can utilize the benefits?*

Healthplex.com provides the capability for Nassau County administration to Add, Change, and Terminate members. Members generally have access within 24 hours.

8. *What type of computer system do you use for claims administration? Is the software leased? Describe any planned system enhancements or improvements.*

Healthplex utilizes an internally developed, proprietary Claims Administration System written in Oracle (PL/SQL). All software is owned and maintained by Healthplex. Notable enhancements under development now (2016 releases) include: providing electronic documents on the web, on-line claims submission for providers and internal claims queueing for claims processing.

9. *Please describe the security features that are built into the system. Provide a copy of your systems disaster recovery procedures.*

With over 35 years as a dental administrator, Healthplex understands the security of its data systems is paramount. As such, Healthplex maintains the following security features:

Information Access Control

Technical security services guard data integrity, confidentiality and availability. They include the processes that are put in place to protect, control and monitor access to information. Although most of the services have been referenced earlier, they are further described below from a technical point of view.

Access Control

Access to information resources is only granted to an authenticated user. Authorization is granted by the department's manager and very specific to the users jobs or valid need for the information. This is partially controlled through the use of roles, user names and passwords, and encryption.

Host Security

Windows 2008 Active Directory is the method used to connect and manage all Windows machines. Healthplex utilizes a single domain tree structure. Active Directory allows administrators to assign policies, deploy software, and apply critical updates to an organization. Active Directory stores information and settings in a central database.

Username and Password

Healthplex safeguards its database and data files by requiring all users to login with passwords. Security is restricted at both the system and application level. Access to the network is restricted by predefined and authorized user codes and personal passwords. Users are given unique user identification numbers (ID) for both physical and logical access. In addition, each user is restricted to functions and database access by

predefined and authorized privilege levels. Privileges are granted by the person's need to read, write and execute database information. Only those users on the network with the proper security levels can access the application. Usernames are assigned once, but passwords are constantly being updated. When an employee leaves, their username is immediately revoked. Passwords are user defined and generally a combination of characters and/or numbers. Passwords must contain at least one letter and one non-letter character, with a minimum length of eight characters. Passwords expire every three months (90 days) and must be changed at that time. A user can change his/her password at any time. Healthplex recommends a maximum password size of nine characters. The system can handle passwords of greater size.

Roles (Role Based Access Control)

Oracle provides a facility called Roles. Roles grant permission to users to access and update individual tables and fields within the tables. Healthplex has developed a set of roles based on different operational tasks or functions. There is a role for claims processing, computer operation, customer service, provider relations, etc. Usernames are assigned to roles. Users cannot retrieve or update information unless they are granted permission or a role. Privileges are granted by the person's need to read, write, and execute database information.

Encryption

Encryption is used to protect user authentication information and corresponding session transmissions over the internet. Our systems use 2048-bit SSL. The Secure Sockets Layer Protocol (SSL) has become the universal standard on the web for authenticating sites, and for encrypting communications between users and web servers. VeriSign provides the Companies with Public Key Infrastructure (PKI) security solutions and issues digital IDs to enable authenticated, 2048-bit SSL encryption to secure e-commerce across the Internet.

Data Authentication

Healthplex has adopted several mechanisms to corroborate data and verify that data has not been altered or destroyed in an unauthorized manner.

Entity Authentication

There are several mechanisms used by Healthplex to confirm that a person or entity seeking access to information is who he or she claims to be. Automatic logoffs are in place on all workstations, unique user identifications have been assigned, passwords are well defined

and expire periodically and personal identification numbers are necessary for web-based access to the database.

See SECTION IV ATTACHMENT #6 for our 2016 IT Recovery Plan.

F. Account Services

1. From which group office(s) would you service this account?

Healthplex has only one location. The office address is:

Healthplex, Inc.
333 Earle Ovington Blvd., Suite 300
Uniondale, New York 11553-3608

All services are handled in-house, with the exception of our after-hours member services call center (Global Response, located in Florida).

2. Who will be the Account Executive (AE) for this account? Nassau County is requesting that this person or back-up be available to the Health Benefits Administrator between the hours of 9:00 AM to 5:00 PM during normal workdays.

Healthplex has an experienced Account Services Team that assists our clients. The Healthplex Account Executive for Nassau County will be Timothy Kelly, and the Account Executive will be available from 9:00 a.m. to 5:00 p.m. on normal workdays. The Account Services Team is also available Monday through Friday from 9:00 a.m. to 5:00 p.m. if the Account Executive is unavailable.

3. Please provide brief biographical information for each non-clerical individual directly responsible for providing service on this account. Include claim office personnel. Please indicate which personnel are considered implementation or transition team members only.

As the current dental vendor for Nassau County, an implementation team is not necessary. Any plan design changes will be overseen by the Service Team.

Service Team

Key Position	Name and Title	Qualifications
COO	Christopher Schmidt (516) 542-2275	<ul style="list-style-type: none"> • MBA Columbia University • 40 years' experience in dental

		Clinical and administrative roles
Project Manager	John Iusi VP Strategy and Product Management (516) 542-2672 JIusi@healthplex.com	<ul style="list-style-type: none"> MA Communications 20 years' experience in Healthcare marketing and strategy, analytics and business development.
Account Manager	Timothy Kelly Sr. Account Executive (516) 542-2659 TKelly@Healthplex.com	<ul style="list-style-type: none"> BA Business Management 8 years' experience as an Account Services Manager
Utilization Management	Holly Cook, RN Director Utilization Management (516) 542-2218	<ul style="list-style-type: none"> BS Registered Nurse (RN) BA Economics System Analyst 10 years' experience in Utilization Management and Operations
Data Systems	Michael Latko Director IT (516) 542-2635	<ul style="list-style-type: none"> Design and programming of systems Report generation 21 years' experience in Application Development and Operations
Member Services	David Kane Director Customer Service (516) 542-2617	<ul style="list-style-type: none"> 19 years' experience with Healthplex Director of Member Services Experience in various departments such as Provider Relations, Enrollments, IT and Customer Service
Provider Services & Clinical Determinations	Dr. Joan Waldron Dental Director (516) 870-1371	<ul style="list-style-type: none"> MA Public Administration BA Healthcare Administration 25 years' experience in Dental and Healthcare Administration
Claims	Robert Knips Director of Claims (516) 542-2224	<ul style="list-style-type: none"> BS Business Administration 27 years' experience in health administration
Finances	Valerie Vignola CFO (516) 542-2264	<ul style="list-style-type: none"> BA Accounting and Economics MBA Candidate Finance 29 years' experience

4. Will your proposed AE also be responsible for production of new business? If yes, what percentage of time? What other clients will the proposed AE be servicing? Indicate the number and size of such other clients.

The Healthplex Account Executive's primary focus will always be servicing the existing client base. If the Account Executive does generate a sales lead, then the Account Executive will introduce the perspective client to the Healthplex Sales and Marketing Team to engage in business discussions without the Account Executive being present. Therefore, the Account Executive's time with new business will be minimal and only upon opportunity.

The Account Executive will service other municipal and labor accounts throughout Long Island and New York City. The size of the Account Executives client base is approximately 100 accounts ranging in size from 100 active members, to accounts with over 30,000 active and retiree members.

5. *Does your organization have any future plans for staff re-engineering? How will the County be notified of staff re-engineering or department restructuring? How much notice will be given to the County?*

Healthplex has no future plans for staff re-engineering or department restructuring.

6. *Discuss in detail the installation process and team including personnel department assigned, the responsibilities of each member of the team, and the timetable involved.*

Implementation Team

TASK	RESPONSIBLE PARTY	8/15	9/15	10/15	11/15	12/15
Execute Agreement	Joanne Malin Sr. Group Administrator (SGA)					
Establish Account for Electronic Funds Transfer	Mary Jean Kelly Controller	Current Client-No additional action needed				
Submit Healthplex Key Contacts	Joanne Malin (SGA)	Current Client-No additional action needed				
Receive <GROUP> Key Contacts	Timothy Kelly & Nassau County	Current Client-No additional action needed				
Establish Participants and Schedule for Implementation Meetings	Timothy Kelly & Nassau County	Current Client-No additional action needed				
Determine need of using <GROUP> logo, obtain logo(s) and define where needed	Joanne Malin (SGA) and Nassau County	Current Client-No additional action needed				
ID Card Approval and Mailing	Joanne Malin (SGA)	Current Client-No additional action needed				

TASK	RESPONSIBLE PARTY	8/15	9/15	10/15	11/15	12/15
Receive Test Enrollment and File Layout	Christine Kadtke Programmer (PII) Krina Shah Senior Programmer (SP)	Current Client-No additional action needed				
Determine Frequency of Eligibility Updates	Christine Kadtke (PII) Krina Shah (SP)					
Receive and Load Claim History for Benefit Limitation Issues (if available)	Michael Latko Director Information Services (DIS)					
Mail Notification of Plan Start to Providers (if needed-for new plan option)	Joanne Malin (SGA)					
Final System Audit and Verifications	Michael Latko (DIS)					

7. *What information and assistance will be required (describe in detail) from the County to complete the implementation process.*

As Healthplex currently services Nassau County, any added implementation tasks would be minimal. All systems and staffing requirements to continue successfully performing the services outlined in this RFP for Nassau County are functional, tested and currently being used.

8. *Describe in detail your process for transfer of claims history from the current administrator (i.e., lifetime maximums for orthodontics, frequency limits, and calendar year maximums for some services).*

Healthplex is the current administrator for Nassau County. There would be no need to transfer claims history.

G. Managed Dental Network (DHMO) and Buy-up Plan Administration (The proposer must respond to each question for the DHMO – if applicable – and Buy-up Options. If the response is the same for both, please indicate so.)

1. *How do you monitor the dentists in your network? What professional standards and guidelines do you use in your evaluation of dentists? Do you perform dental office audits? Do you analyze claims data to detect patterns of abuse by dentists (e.g., dentists that perform more extractions than average, etc.)? If yes, describe in detail.*

Before any provider is entered into our network, they must go through a rigorous credentialing process to include sanction history, valid licensing, inquiry to federal, state and independent agencies as necessary and a facility site visit to ensure the provider is appropriate for participation. The credentialing process is more fully described in question number three (3) of this section.

Healthplex is certified by the National Committee for Quality Assurance (NCQA) for Utilization Management (UM). All programs and policies and procedures have been reviewed and approved by NCQA in addition to the NY Department of Financial Services and the NY Department of Health.

Utilization Management Program: The Healthplex Utilization Management Program is designed to maximize quality of care while providing services in a cost-effective manner. The Program includes ongoing planning, organizing and managing of services provided for plan members. The program provides data to the Quality Improvement Committee to help assure that Healthplex and plan resources are properly allocated and used efficiently to improve the quality of care provided to members.

The objectives of the program are:

- To provide access to cost-effective and appropriate dental services.
- To facilitate communication between members and providers through education to enhance cooperation and appropriate utilization of dental services.
- To evaluate and monitor the provision of dental services rendered to members in order to advise and support providers on how to enhance care and/or arrange access to services when appropriate/indicated.
- To evaluate and monitor the provision of dental services rendered to members in order to amend and/or enhance care, and/or access of services when appropriate/indicated.
- To reduce overall dental expenditures by developing and implementing programs which encourage preventive health behaviors.

The program's main components are:

- Policies and Procedures – developed to ensure that the Utilization Management (UM) objectives are met.
- Communication – an integral part of UM. The member and the provider will receive timely notification with regard to requests for services. The member and/or member's representative will be informed of their right to appeal denied requests for service(s).

- The Dental Director – serves to assist in the interpretation of benefit coverage based on medical necessity and appropriateness.
- Identification of Trending – individual and aggregate.
- Reviewer Reliability – all professional reviewers use the same criteria when evaluating appropriateness of service.

Retrospective Review: This focuses on the total picture of appropriateness of the services provided and patterns/trends of care. Review of the utilization of services rendered to members enables Healthplex to identify and correct any deficiencies in the services being rendered by a specific provider. In addition, it ensures that all providers are rendering services to members in the manner of, and within, the parameters set by the plan.

Review and Analysis: An intensive assessment is initiated when statistical analysis identifies significant unexplained variation. Information is communicated back to providers through provider reports, provider seminars, and educational newsletters. Providers are informed of performance levels relative to peer performance and quality of care standards. When the results of the data management reports indicate potential provider abuse (i.e., excessive up-coding, re-treatment patterns, insufficient radiographs, etc.), a provider will be contacted and an audit process initiated. The process will include chart audits and may include provider education with the final objective being modification of behavior. Data management reports provide feedback as to the effectiveness of the communications with the provider.

Site Visits: In addition to Utilization Management, each provider site is visited at least bi-annually by a Provider Relations Representative to ensure appropriate sterilization and office cleanliness, and patient record review.

The UM Committee annually evaluates the impact of the UM program using member complaint, grievance and appeal data, and utilization data gathered by Healthplex. The committee identifies potential problems or concerns as well as developing recommendations for improvement.

This response is applicable to all plans.

2. *Do you have procedures for review of claims from dentists who overcharge, unbundle procedures, upcode, or provide inappropriate care (e.g., reporting all extractions as if they were surgical extractions, etc.)? Please describe in detail.*

The following is applicable to all plans;

Healthplex employs experienced claim processors with prior dental office or insurance experience, and Healthplex's Utilization Management Department runs reports to indicate provider over-utilization and unbundling of services. In addition, our clinical reviewers may note quality issues. This experience, combined with Healthplex's interactive claim system edits, identify services rendered on teeth previously reported as missing or extracted, indicates procedures that may have been up-coded/unbundled, applies frequency limitations, etc. Suspect billing issues are elevated by the processors for focused Utilization Management review.

Claim adjustment requests from providers modifying service dates following a time limitation/frequency denial are flagged for verification by Utilization Management. A letter is sent requesting a notarized response by the provider. Cases may be forwarded to the Healthplex Special Investigations Unit (SIU) Committee for review and evaluation.

Healthplex's SIU Committee meets on a monthly basis to review any potentially fraudulent or abusive billing practices found by Claims Department employees, Utilization Management provider profile review, member complaints, internal audits, verification flags, etc.

The SIU determines the need for chart audits, site reviews, etc. Upon receipt of reports and/or site visit evaluations, the cases may be elevated to the Quality Improvement Committee (QIC) for further determination.

The Utilization Management Department profiles providers based upon standards of care and billing patterns that fall outside of normal practice. When outliers are identified, dental chart audits or site reviews may be initiated.

3. *Describe your credentialing and re-credentialing processes.*

Healthplex has achieved NCQA Certification in provider credentialing (Credentials Verification Organization or **CVO**) since 1998. Not only do we credential our network of dentists, we provide this service to managed care organizations and other entities for medical providers.

Adding a provider to the Healthplex network requires that the provider sign the appropriate contract, have a successful site visit inspection and pass credentialing. Generally, a Provider

Relations Representative will call or visit the office and speak to the doctor and/or office manager to go over the plan, fee arrangements and any items that may be pertinent to participation. Contractual and Credentialing information is mailed to the office and logged in the recruitment database.

Healthplex reviews the credentials of each provider prior to acceptance for participation. This process includes careful review of provider qualifications under applicable laws and regulations as stated on the completed application, primary verification of credentials as specified, inquiry to federal, state and independent agencies as necessary and a facility site visit. The credentials of each applying provider are evaluated prior to acceptance to ensure proper licensing and compliance with applicable law.

All providers must meet the criteria listed below for participation with the Healthplex network:

Standards:

- A valid, current and registered dental license for the state(s) in which the applicant will provide care.
- Graduation from an accredited dental school.
- Evidence of work history, minimum of 5 years.
- Professional liability insurance in the amount of \$1 million per incident/\$3 million aggregate per annum (unless waived by the Plan).
- Valid, current DEA registration (where applicable).
- Absence of a history of professional liability claims, including but not limited to lawsuits, arbitration, settlements or judgments paid by or on behalf of the practitioner. In the case of an applicant with this history, evidence that this history does not indicate probable future substandard professional performance.
- A review of the practitioner's site of practice is required and shall meet Healthplex, Inc.'s standards for office environment assessments.
- Absence of physical or mental impairment/condition, including but not limited to a communicable disease, that makes the provider unable to perform the essential functions of a practitioner in the same area of practice or unable to perform such functions without causing a threat to the health or safety of others.
- Absence of chemical dependency or substance abuse problem that might adversely affect the provider's ability to competently and safely perform the essential functions of a practitioner in the same area of practice.
- Absence of a history of professional disciplinary action; or in the case of an applicant with this history, evidence that this history does not indicate probable future

substandard professional performance.

- Absence of a history of felony criminal conviction, or indictment; or in the case of an applicant with history, evidence that this history does not indicate probable future substandard performance.
- Absence of any other information that may indicate provider is engaged in conduct unbecoming to a professional. "Conduct-unbecoming" can be defined as but not limited to sexual misconduct (e.g. with patients), tax evasion, sexual harassment of his/her patients, fraudulent billing practices, etc.
- Absence of falsification of the credentialing application, requested documents or material omission of information requested in the application.

In addition to the extensive credentialing process, a thorough on-site review of the provider facility is performed. All appropriate providers are re-credentialed on a triennial (every three (3) years) basis or as required by the National Committee for Quality Assurance. The re-credentialing process consists of the collection, verification and analysis of credentialing information for the period between the initial application or last credentialing and the present. Practitioner performance regarding quality management, utilization and member satisfaction and/or complaints is an integral part of the re-credentialing process. A provider can be re-credentialed at any time if significant issues/events, in the judgment of the Dental Director, raise concerns about the provider's ability to meet the credentialing standards. The Healthplex Clinical Practice Committee reviews all (100%) completed initial and re-credentialing files. The committee meets every three (3) weeks.

4. *How many in-house dental consultants (dentists) are available within your network?*

The following is applicable to all plans;

Healthplex currently staffs seventeen (17) in-house dental consultants, along with a Dental Director and two (2) Assistant Dental Directors to aid in claims review.

5. *What is your standard process for conducting patient surveys? How are the results used and are they shared with providers? Include a sample copy of a recent survey. (We are not asking you to share confidence information; however, we are interested and would like to review a "real" survey.)*

The following is applicable to all plans. Healthplex conducts Member Satisfaction Surveys for multiple clients each year, upon request, to elicit member feedback and track and trend the performance of the various functions performed by Healthplex and our providers. These surveys, give members the opportunity to provide feedback on their experiences with Healthplex and Healthplex administered programs. In addition to the standardized

questions, there is a comment area to note any concern or question. The surveys as well as other ongoing efforts, are reported and discussed during the Healthplex monthly Quality Improvement Committee meetings. Follow-up actions to make improvements based on members' input are tracked by the Healthplex Quality Improvement Committee.

For a sample Member Survey Summary completed for 2015, see SECTION IV ATTACHMENT #3.

6. *Describe the process used and your existing capabilities to recruit providers. How are you organized to implement the recruiting process? For every 10 providers approached, how many do you 'sign up'? What is the turnover experience for network providers? On a specific location basis, describe your capabilities and the approach you would use to recruit providers in the NYC and Long Island area. Describe specifically, what you expect the County to contribute to the process.*

The following is applicable to all plans.

Healthplex has extensive experience successfully building networks for our clients since our inception and has consistently met and exceeded network access goals. Healthplex has also consistently demonstrated through network deficiency audits that our provider recruitment team achieves timely results and works swiftly with regulators. Nassau County has been utilizing Healthplex networks since 1989, and there is no additional charge for utilizing Healthplex's networks.

The Provider Relations Department consists of six (6) distinct teams that work closely together. The teams are as follows:

- Recruitment Team
- Associates Team
- Internal Provider Relations Representatives Team
- Provider Relations Field Representatives Team
- Data Analytics Team
- Management Team

In addition to working closely with each other, these Teams work collaboratively with other teams and departments throughout the Company. These other teams and departments include the Credentialing Department, Customer Service, Claims and others.

It is important to note that the six (6) Provider Relations Field Representatives continuously visit provider offices in New York and New Jersey. Their focus is provider education. They assist the Healthplex internal staff with provider issue resolution and with helping the

providers to meet standards in order to provide high quality care and service to our members.

The goals of the Healthplex Network Development Plan include:

- Maintaining a provider network which takes into account the following;
 - Projected enrollment
 - Dentist to member ratios
 - Potential utilization of services
 - Quality of care
 - An adequate number of providers open to accepting new patients
 - Appropriate geographic distribution of providers (general dentists and specialists)
 - Providers meeting access standards with no barriers to care
 - Monitoring access through surveys, grievances and utilization patterns
 - Maintaining a culturally sensitive staff capable of delivering services to all enrollees, including those with limited English proficiency and diverse cultural and ethnic backgrounds

The Provider Network is reviewed quarterly at a minimum, or at the plan's request, to determine if deficiencies exist. Networks are also analyzed upon termination of a provider in order to determine if a replacement provider is necessary. Network analysis includes expansion of the health plan into additional counties or service areas, analysis of concerns raised by Member Services or Utilization Management regarding member access to specific dental specialties and/or appointment availability concerns identified through the secret shopper appointment availability surveys.

If deficiencies are identified, a recruitment plan is established. Evaluation of the root cause of the deficiency is performed. Research is conducted to identify providers in the area who can be contacted for recruitment. Recruitment calls and in-person visits by the Provider Relations Field Representatives are made depending on the area/situation. In certain rural areas (e.g., Upstate New York, the East End of Long Island, Southern/Western New Jersey), there may not be providers available in a particular specialty and/or providers are not interested in participating with any insurance plans. In these situations, a review of the service area and neighboring counties is done to ascertain how the need can be met. Additional incentives may be offered to providers in these situations. Routine recruitment meetings are held with the appropriate staff to develop action plans, track recruitment efforts and address issues as they arise.

Interested providers contact our Provider Relations Associates and are given the Healthplex contracts, fee schedule, credentialing application, Special Needs Form, Tax Identification Form, etc. Once the provider submits these documents, the Internal Provider Relations

Representative reviews the documents for completeness and accuracy so that the credentialing and panel placement process can begin. Most providers are credentialed within thirty (30) days of a completed application. A site visit is also conducted for all new offices to ensure that they meet Healthplex standards. When a provider passes credentialing and the site visit, they are activated in the Healthplex system. A welcome letter including basic plan information, instructions on accessing the Healthplex website and Provider Manual and effective date is sent to the provider. The Provider Relations Field Representative will conduct an in-person orientation with the new provider office staff.

In addition to reviewing documents for provider credentialing and panel placement, the Internal Provider Relations Representatives Team is responsible for ensuring that provider office data is updated in the Oracle database in a timely manner. This team also responds to provider inquiries regarding contracting questions, fees, policy and procedure and any complex claims and billing issues that may arise. The Associates Team assists by fulfilling standard information requests.

Written communications convey information regarding contract amendments, regulatory requirements, plan changes and Healthplex policies and procedures as well as helpful information for the dental community. These communications often originate in departments outside of Provider Relations, such as Legal, Marketing and Government Services. The Provider Relations Data Analytics Team is responsible for drafting the communications, obtaining approvals, creating the mailing/fax blast lists, and either executing the fax blast or forwarding to the mailroom.

Provider Relations is responsible for initiating annual Provider Satisfaction Surveys. Provider Relations designs the survey, works with IT to put the survey on-line and responds to comments and/or requests for action in the survey responses. Survey results are analyzed by Provider Relations and reported out to Healthplex committees.

In addition to Provider Relations, our network providers have access to our Customer Service Provider Hotline to assist in every day operations such as checking member eligibility, claims questions, and web support.

Healthplex's 2015 provider turnover rates are:

- Managed Care Network = 2.7%
- Capital PPO Network = 4.2%

Members may also submit a request for a particular provider they wish to participate in our networks. This can be done via phone call or through our website. Our Recruitment Team will reach out the selected provider and try to recruit the provider as long as all credentials

are in accordance within standards.

7. What is the current number of providers in your network in Nassau County? Suffolk County? New York City? Westchester County? Specify the goals you have established to increase the number of providers in your network by January 1, 2017 or later. Please provide a breakdown of the number of general practitioners and dental specialists in the number given above. Provide this information on a County-basis for the following locations:

- Nassau;
- Suffolk;
- Queens;
- Kings;
- New York;
- Bronx;
- Richmond and Westchester

County	Managed Care Providers		Capital PPO Providers	
	Count of General Dentists	Count of Specialists	Count of General Dentists	Count of Specialists
Bronx	70	132	301	239
Kings	171	125	824	257
Nassau	138	109	472	213
New York	78	94	411	200
Queens	190	146	803	364
Richmond	21	35	131	76
Suffolk	100	144	453	253
Westchester	28	51	149	106

8. Please confirm that Dental Specialists in the following specialties will be available in all counties above in the following areas of specialization (Please provide a listing by specialty):

- Endodontics;
- Oral Surgery;
- Orthodontics;
- Periodontics;
- Prosthodontics and
- Pediatric Dentistry

MANAGED CARE SPECIALISTS

County	Endodontics	Oral Surgery	Orthodontics	Pedodontics	Periodontics
Bronx	6	87	18	5	16
Kings	8	38	32	10	36
New York	12	44	11	5	20
Queens	14	59	35	13	25
Richmond	5	11	10	2	7
Suffolk	27	47	36	18	16
Westchester	2	23	17	2	7

CAPITAL NETWORK PPO SPECIALISTS

County	Endodontics	Oral Surgery	Orthodontics	Pedodontics	Periodontics
Bronx	7	116	41	47	26
Kings	19	74	62	54	44
Nassau	26	48	70	35	32
New York	20	69	33	31	38
Queens	24	103	90	91	56
Richmond	6	22	23	10	13
Suffolk	30	72	73	44	33
Westchester	6	30	36	21	13

9. List specific recommendations you would make to the County to: a) increase the proportion of services provided through managed care, and b) increase the number of providers in your network.

To increase the proportion of services provided through managed care, Healthplex will:

- Market and advertise member education pieces highlighting the value of choosing a managed care plan, which includes comprehensive benefits with no member co-payments to Nassau County members.
- Offer signature events at select provider locations, highlighting the office(s) and the care received at a managed care provider.

These services will be offered at no charge to the County.

To increase the number of providers in the network, Healthplex recommends:

- A targeted recruitment drive based on the areas of need determined by Healthplex and Nassau County.
- Member referrals of specific providers to be added to the network. See SECTION IV ATTACHMENT #8 for a Provider Referral Form.

10. In the event the County implements alternative indemnity plans, and/or implements additional dental managed care programs, will you be able to administer these plans? How will you assist the County to prepare for possible changes in plans and network?

Healthplex has the capability to smoothly implement any other dental plans that the County would desire. Healthplex has been customizing dental plans to meet our client's needs for close to forty (40) years with a great deal of customer satisfaction.

The Account Executive will work in conjunction with the County to ensure that any plan enhancements are implemented quickly and thoroughly, and according to the County's specifications. Healthplex has the capability to generate reports such as geographical access reports or provider disruption reports to assist the County in making the most informed decisions. Healthplex has an operations team that has implemented countless changes in both dental plans and dental networks. Healthplex would conduct member and provider mailings to ensure that any changes are broadcast prior to any changes. Nassau County will have the capability to review and approve literature that will be sent to the membership.

H. Performance Guarantees/Performance Penalties

The successful bidder must contractually agree to Performance Guarantees in areas critical to the Plan's cost effectiveness and quality of service. Confirm that you are prepared to incur financial penalties for failure to perform in accordance with the plan specifications and terms of this RFP. Please provide your current Performance Standards Guarantee including penalties for non-compliance. The successful bidder must agree to state willingness to meet each of the following minimum County performance guarantees and propose financial penalties for failure to meet each of the guarantees:

(1) Implementation and Start-Up Guarantee

The successful bidder must, at a minimum, guarantee that all plan implementation activities will be completed by January 1, 2017 the contractor can assume total operational responsibility for the plan. For the purpose of this guarantee, the contractor must have in place:

- (A) Its proposed panel provider network. If other than the current County panel is proposed, the Contractor must ensure that it approximates the geographical breakdown of the County's current panel to assure that the network meets the County's access standards. If currently there are no dentists in any of the requested areas, what is the minimum number you will guarantee for January 1, 2017?*
- (B) An operational customer service local or toll free telephone number staffed by trained Customer Service Representatives;*
- (C) An enrollment system;*
- (D) A claims processing system;*
- (E) A claims processing staff*

As current partners with Nassau County, Healthplex already has an operational customer service, enrollment system, claims processing system and claims processing staff in place. If any plan changes are decided upon, Healthplex will work with Nassau County to guarantee that all plan implementation activities will be completed by January 1, 2017.

(2) Panel Provider Access

If Contractor proposes a PPO network other than the current panel of Providers, the Contractor must, at a minimum, guarantee to provide general practitioners with geographical representation in the following areas:

- Nassau;
- Suffolk;
- Queens;
- Kings;
- New York;
- Bronx;
- Richmond;
- Westchester

Dental Specialists in the following specialties should be available in all counties above in the following areas of specialization:

- Endodontics;
- Oral Surgery;
- Orthodontics;
- Periodontics;
- Prosthodontics;
- Pediatric Dentistry

Healthplex guarantees General Dentists and Specialists in all of the above referenced counties.

(3) Enrollment Maintenance Guarantee

The contractor must, at a minimum, guarantee that enrollment data provided by the County will be loaded into the Contractor's enrollment system within 48 hours of receipt. Eligibility discrepancy report must be provided to the County within seven working days following receipt of enrollment data.

Healthplex guarantees that all enrollment data will be loaded in the Healthplex enrollment system within forty-eight (48) hour of receipt, and that an Eligibility Discrepancy Report will be provided within seven (7) working days following receipt of the enrollment data.

(4) Claim Accuracy Guarantee

The Contractor must, at a minimum, guarantee that the plan will (a) be charged only for accurate benefit payments, and (b) that any incorrect benefit payments made by the Contractor will be adjusted without charge to the Plan.

Healthplex guarantees that the plan will be charged only for accurate benefit payments, and any incorrect benefit payments made by Healthplex will be adjusted without charge to Nassau County.

(5) Guaranteed Turnaround Time for Out-of-Network Claims

The Contractor must guarantee that a minimum of 90% of all non-panel provider claims will be turned around in fifteen (15) business days. Turnaround time is measured from the date the subscriber claim is received to the date the Explanation of Benefits form is mailed by Contractor.

Healthplex guarantees a minimum of 90% of all non-panel provider claims will be turned around in fifteen (15) business days.

**(6) Guaranteed Turnaround Time for Determinations for Pre-Treatment Estimates
(Both PPO and Out-of-Network)**

The Contractor must guarantee that a minimum of 90% of all claims for pre-treatment estimates will be turned around in fifteen (15) business days. Turnaround time is measured from the date the subscriber pre-treatment estimate is received to the date the estimate determination form is mailed by Contractor.

Healthplex guarantees a minimum of 90% of all claims for pre-treatment estimates will be turned around in fifteen (15) business days.

NOTE: Most pre-certifications are processed within 3 days.

(7) Customer Service Guarantee

The Contractor must guarantee all of the following four (4) minimal levels of service on the local or toll-free customer service number:

- (A) Customer Service Availability - The Contractor must guarantee that the telephone system will be operational and available to enrollees and panel providers 99.5% of the scheduled time - 9:00 a.m. to 5:00 p.m. on business days.*
- (B) Customer Service Telephone Response Rate - The Contractor must guarantee that the average telephone response time, measured on a monthly basis, will not exceed 30 seconds.*
- (C) Telephone Abandonment Rate - The Contractor must guarantee that the average number of calls, measured on a monthly basis, which the caller disconnects prior to the call being answered (caller abandons due to lack of response) will not exceed 3%.*
- (D) Telephone Blockage Rate - The Contractor must guarantee that not more than 3% of incoming calls, measured on a monthly basis, will be blocked by a busy signal.*

Healthplex guarantees all four (4) levels of service for Customer Service.

(8) Financial Accuracy Guarantee

The Contractor/Administrator must agree that the average year-end financial accuracy of paid claim dollars will be a minimum of 99%. Each underpayment and each overpayment is an error, and one is not offset by the other.

Healthplex guarantees that the average year-end financial accuracy of paid claim dollars will be a minimum of 99%.

NOTE: In 2015 Healthplex actually scored 99.67% financial accuracy.

(9) Payment Incidence Guarantee

The Contractor/Administrator must agree that a minimum of 97% of all claim payments will be processed correctly.

Healthplex guarantees that a minimum of 97% of all claim payments will be processed correctly.

NOTE: In 2015 Healthplex actually scored 99.29% payment accuracy.

(10) Management Reports Guarantee

The Contractor must guarantee that accurate management reports will be delivered no later than the agreed upon due date.

Healthplex guarantees that any report requested by Nassau County will be delivered on time and in the format so requested. Although data is readily accessible, Healthplex will work with Nassau County to discuss preferable report layout and presentation. Some sample reports are in SECTION IV ATTACHMENT #7.

(11) Data Integrity Accuracy Guarantee

The Contractor will guarantee that the claim office providing services to the County will maintain a data integrity (non-financial claim processing accuracy) of 97.0% or higher, measured on an annual basis. The formula for calculating data integrity is the total number of claims audited less the total number of audited claims processed with errors divided by the total number of claims audited.

Healthplex guarantees that the claims office providing services to the County will maintain a data integrity (non-financial claims processing accuracy) of 97% or higher.

NOTE: In 2015 Healthplex scored 97.8% non-payment accuracy.

(12) Data Systems Availability

The Contractor must, at a minimum, guarantee that the average monthly uptime for the claims processing system will be at least 99% based upon an 8 hour-a-day, 5 day-a-week availability.

Healthplex guarantees that the average monthly uptime for the claims processing system will be at least 99% based upon an eight (8) hour-a-day, five (5) day-a-week availability.

The proposer must state willingness to guarantee that all performance guarantees required by this RFP will be met or exceeded, and propose a penalty for failure to meet each guarantee. Nassau County reserves the right to negotiate performance guarantees different than those proposed by the selected vendors. Performance audits will be

based upon the performance guarantees set forth in the contractual agreement resulting from this RFP.

To demonstrate our commitment to quality service we review plan performance monthly and through quarterly meetings with our clients to compare our performance to clients' standards. Healthplex is willing to offer performance guarantees that address categories important to Nassau County as well as put financial risk associated with potential default for metrics noted below.

Performance Metrics (Standard Definition)	Performance Standard	Measurement Interval	Penalty
ASA - Average Speed of Answer. The average daily speed of answer for telephone calls.	90% of calls will be answered in ≤ 30 seconds	Annual	Heathplex will offer .3% of administrative fees at risk with a maximum of 3% all combined measures.
Abandonment Rate – average abandonment rate will be calculated for each month.	≤ 5% Abandonment Rate.	Annual	
Claims Timeliness* Clean claims will be processed in accordance with Client's Claims Processing Standards. * A clean claim is defined as a claim that can be processed for adjudication and finalization without having to request additional information.	90% of non-panel clean claims will be adjudicated within 15 business days.	Annual	
Claims Accuracy Percentage of all claims processed accurately	Year-end financial accuracy of paid claim dollars will be a minimum of 99%. Claims payment accuracy will be correct 97% of the time.	Annual	

APPENDIX A

**NON-COLLUSIVE PROPOSAL
CERTIFICATION**

By submission of this proposal, each proposer and each person signing on behalf of any other proposer certifies, and in the case of a joint proposal, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of his or her knowledge and belief:

- A. The prices of this proposal have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other proposer or with any competitor;
- B. Unless otherwise required by law, the prices which have been quoted in this proposal have not been knowingly disclosed by the proposer and will not knowingly be disclosed by the proposer prior to opening, directly or indirectly, to any other proposer or to any competitor;
- C. No attempt has been made or will be made by the proposer to induce any other person, partnership or corporation to submit or not to submit a proposal for the purpose of restricting competition; and
- D. The undersigned has carefully examined the proposal and contract documents and agrees to perform this contract and to provide all services, labor, material and equipment necessary for this contract.
- E. No elected or appointed official or employee of the County shall benefit financially or materially from this contract. The County may terminate the contract if gratuities were offered or given by the Proposer or his or her agency to any such official or employee.

SUBMITTED BY: _____

(Signature)

PRINT NAME: Valerie Vignola

DATE: _____

6/2/16

APPENDIX B

Business History Form

In addition to the submission of bids/proposals, as applicable, each bidder/proposer shall complete and submit this questionnaire. The questionnaire shall be filled out by the owner of a sole proprietorship or by an authorized representative of the firm, corporation or partnership submitting the bid/proposal.

(USE ADDITIONAL SHEETS IF NECESSARY TO FULLY ANSWER THE FOLLOWING QUESTIONS).

Date: 6/8/2016

1) Bidder's/Proposer's Legal Name: Healthplex, Inc.

2) Address of Place of Business: 333 Earle Ovington Blvd., Suite 300, Uniondale NY 11553

List all other business addresses used within last five years: Not Applicable

3) Mailing Address (if different): Not Applicable

Phone: 516-542-2200

Does the business own or rent its facilities? Rent

4) Dun and Bradstreet number: #13-0896392

5) Federal I.D. Number: 112714365

6) The bidder/proposer is a (check one): ☐ Sole Proprietorship ☐ Partnership ☒ Corporation ☐
Other (Describe) _____

7) Does this business share office space, staff, or equipment expenses with any other business?
Yes ☐ No ☒ If Yes, please provide details: _____

8) Does this business control one or more other businesses? Yes ☒ No ☐ If Yes, please provide details: _____
Parent Company of 6 subsidiaries each of which provide dental services.

9) Does this business have one or more affiliates, and/or is it a subsidiary of, or controlled by, any other business? Yes ☐ No ☒ If Yes, provide details: _____

10) Has the bidder/proposer ever had a bond or surety cancelled or forfeited, or a contract with Nassau County or any other government entity terminated? Yes ___ No X if yes, state the name of bonding agency, (if a bond), date, amount of bond and reason for such cancellation or forfeiture: or details regarding the termination (if a contract). _____

11) Has the bidder/proposer, during the past seven years, been declared bankrupt? Yes ___ No X If Yes, state date, court jurisdiction, amount of liabilities and amount of assets _____

12) In the past five years, has this business and/or any of its owners and/or officers and/or any affiliated business, been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency? And/or, in the past 5 years, have any owner and/or officer of any affiliated business been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency, where such investigation was related to activities performed at, for, or on behalf of an affiliated business.
Yes ___ No X If Yes, provide details for each such investigation. _____

13) In the past 5 years, has this business and/or any of its owners and/or officers and/or any affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies? And/or, in the past 5 years, has any owner and/or officer of an affiliated business been the subject of an investigation by any government agency, including but not limited to federal, state and local regulatory agencies, for matters pertaining to that individual's position at or relationship to an affiliated business. Yes ___ No X If Yes, provide details for each such investigation. _____

14) Has any current or former director, owner or officer or managerial employee of this business had, either before or during such person's employment, or since such employment if the charges pertained to events that allegedly occurred during the time of employment by the submitting business, and allegedly related to the conduct of that business:

a) Any felony charge pending? No X Yes ___ If Yes, provide details for each such charge. _____

b) Any misdemeanor charge pending? No ☒ Yes ____ If Yes, provide details for each such charge. _____

c) In the past 10 years, you been convicted, after trial or by plea, of any felony and/or any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? No ☒ Yes ____ If Yes, provide details for each such conviction _____

d) In the past 5 years, been convicted, after trial or by plea, of a misdemeanor?

No ☒ Yes ____ If Yes, provide details for each such conviction. _____

e) In the past 5 years, been found in violation of any administrative, statutory, or regulatory provisions? No ☒ Yes ____ If Yes, provide details for each such occurrence. _____

15) In the past (5) years, has this business or any of its owners or officers, or any other affiliated business had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? No ☒ Yes ____; If Yes, provide details for each such instance. _____

16) For the past (5) tax years, has this business failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? No ☒ Yes ____ If Yes, provide details for each such year. Provide a detailed response to all questions checked 'YES'. If you need more space, photocopy the appropriate page and attach it to the questionnaire. _____

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

17) Conflict of Interest:

a) Please disclose: None

(i) Any material financial relationships that your firm or any firm employee has that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. No

(ii) Any family relationship that any employee of your firm has with any County public servant that may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. No

(iii) Any other matter that your firm believes may create a conflict of interest or the appearance of a conflict of interest in acting on behalf of Nassau County. No

b) Please describe any procedures your firm has, or would adopt, to assure the County that a conflict of interest would not exist for your firm in the future.

Please note Healthplex Employee Handbook Acknowledgement form and Accepting Gifts and Entertainment Policy included with this Business History Form.

Attachments to Business History Form

Please provide any other information which would be appropriate and helpful in determining the bidders/proposer's capacity and reliability to perform these services.

Healthplex has worked closely with Nassau County over the past twenty seven years to demonstrate our capabilities. Implementation was completed on time and within budget. This long time partnership has yielded much success, and shows that Healthplex can appropriately and reliably perform these services.

- A. Include a resume or detailed description of the bidders/proposer's professional qualifications, demonstrating extensive experience in your profession. Any prior similar experiences, and the results of these experiences, must be identified.

Healthplex was founded by dentists in 1977, and continues to provide dental services to many corporations, large unions and municipalities. Our long term client relationships also demonstrate our commitment and extensive experience. We still retain our very first client!

Healthplex is the leading Dental Administrator in the New York/New Jersey area. Our service area is especially well represented within Long Island, Westchester County and the boroughs of New York City. We administer benefits for 3.4 million members consisting of individuals and over 2,000 group clients. We believe our organizational strengths create competitive differentiation and benefit Nassau County today as the current dental benefits administrator. Healthplex is a New York-based dental insurance and management company with almost 40 years of dental administration experience.

Our dental expertise is demonstrated through our diverse array of clients, customized systems, and our team of dedicated professionals. We have a long and successful history insuring and administering dental programs for public sector employees and unions such as Nassau County Employees, City of New York Management Benefits Fund and New York City Firefighters. Healthplex has extensive experience in both commercial and government-funded dental programs, both as an administrator and as a full-risk insurer.

Should the bidder/proposer be other than an individual, the bid/proposal should include:

- i) Date of formation;

Healthplex date of formation was December, 1977.

- ii) Name, addresses, and position of all persons having a financial interest in the company, including shareholders, members, general or limited partner;

Information is included in **Appendix C**.

- iii) Name, address and position of all officers and directors of the company;

Information is included in **Appendix D**.

- iv) State of incorporation (if applicable);

Healthplex, Inc. is incorporated in New York.

v) The number of employees in the firm;

Healthplex staffs 619 employees at our only location at 333 Earle Ovington Blvd., Suite 300, Uniondale, NY.

vi) Annual revenue of firm;

Healthplex's annual revenue is \$325 million dollars.

vii) Summary of relevant accomplishments

Healthplex is certified by the National Committee for Quality Assurance (NCQA) in both Utilization Management and is a Credentials Verification Organization (CVO) certified by NCQA as well. In 2013, Healthplex received honorable mention by **URAC** for "Best Practice Award" citing "Increasing Annual Dental Visits in the Medicaid Population." We are the only dental program ever to have been recognized by URAC for best practices.

viii) Copies of all state and local licenses and permits.

See State and local licenses included in the Attachments to Business Form.

B. Indicate number of years in business.

Healthplex has been in business for over 38 years.

C. Provide any other information which would be appropriate and helpful in determining the bidders/proposer's capacity and reliability to perform these services.

Healthplex is located in Nassau County, with most of our staff residing in the NY Metropolitan area and Long Island. Our Uniondale office is within easy travel distance of Nassau County's Mineola, facilitating frequent face-to-face interactions. In addition, as the current partner with Nassau County, all system requirements are in place and currently being used. This means, should we be awarded the new contract, minimal efforts would be needed by Nassau County to ensure implementation of the plans.

D. Provide names and addresses for no fewer than three references for whom the bidder/proposer has provided similar services or who are qualified to evaluate the bidder's/proposer's capability to perform this work.

Company Uniformed Fire Fighters Association

Contact Person Theresa Carapella, Fund Administrator

Address 204 East 23rd Street, 3rd Floor

City/State New York, NY 10010

Telephone (212) 545-6960

E-Mail Address tcarapella@ufanyc.org

Company Uniformed Sanitationmen's Association

Contact Person Harry Nespoli, President

Address 25 Cliff Street

City/State New York, NY 10038

Telephone (212)-964-8900

E-Mail Address ymcguinness@usa-sbf.com

Company City of New York Management

Contact Person Sang Hong, Deputy Director of Operations, Employee Benefits Program

Address 22 Cortlandt Street, 28th floor

City/State New York, NY 10007

Telephone (212) 306-7392

E-Mail Address shong@olr.nyc.gov

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Sharon Zelkind, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9th day of June 2016

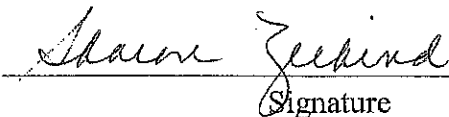

Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 26, 2017

Name of submitting business: Healthplex, Inc.

By: Sharon Zelkind

Print name


Signature

President & Co-CEO

Title

06/09/2016



*Employees are
expected to
represent the
Company in an
ethical manner.*

PERSONAL PROPERTY

You are responsible for your personal property at work and while traveling on Company business. Healthplex is not responsible for lost or stolen personal property. If your personal property is lost or stolen, the Company will not be able to reimburse you. Please safeguard your personal property at all times and be sure you have personal insurance.

CONFLICT OF INTEREST

It is the policy of Healthplex to prohibit its employees from engaging in any activity, practice, or conduct which conflicts with, or appears to conflict with, the interests of the Company or its clients, as determined in the Company's sole discretion. Employees must avoid any outside activity that could reasonably be expected to adversely affect or give the appearance of adversely affecting the independence and objectivity of their judgment, or interfere with the timely and effective performance of their duties and responsibilities or discredit the Company. Furthermore, employees must not use their positions with Healthplex for private gain for themselves or for persons with whom they have personal, business, or financial ties. Since it is impossible to describe all of the situations that may cause or give the appearance of a conflict of interest, the prohibitions included in this policy are not intended to be exhaustive and only include some of the more clear-cut examples. Further, Healthplex does not consider engaging in collective activity protected by federal labor law, in an attempt to improve employee wages, hour, or working conditions, as a conflict of interest.

Employees are expected to represent the Company in an ethical manner. Thus, employees have an obligation to avoid conflicts of interest and to refer questions and concerns about potential conflicts to their Supervisors. Employees who have contact with clients may be required to sign a special statement acknowledging their understanding of and adherence to this policy.

The exchange of business courtesies, such as reasonable entertainment and gifts of nominal value, is generally permissible. The common practices of the business world are acceptable, but care should be taken to stay within the scope of reasonable value, standard business practices, and professional associations or regulatory guidelines. To avoid even the implication or appearance of any impropriety, it is important that each employee decline any gifts that, if accepted, would raise even the slightest question of improper influence. This will ensure that no special indebtedness or conflicts of interest arise.

Employees may not give, offer, or promise, directly or indirectly, anything of value to any representative of a customer, of a potential customer, or of a financial institution in connection with any transaction or business that the Company may have with that customer, potential customer, or financial institution.

Any conflict or potential conflict of interest must be disclosed to the Company. Failure to do so may result in discipline, up to and including discharge.

RECEIPT & ACKNOWLEDGMENT OF THE HEALTHPLEX EMPLOYEE HANDBOOK

Please read the following statements and sign below to indicate your receipt and acknowledgment of the Healthplex Employee Handbook. The below statements shall apply to all employees:

- I understand that the contents of the Healthplex Employee Handbook are not intended to be and do not constitute an express or implied employment contract.
- I have read and understand Healthplex's Equal Employment Opportunity and Non-Harassment policies and will abide by these policies.
- I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the Healthplex Employee Handbook document.

The below statements shall apply to non-Unionized employees only:

- I have received and read a personal copy of the Healthplex Employee Handbook. I understand that the policies, rules and benefits described in it are subject to change at the sole discretion of Healthplex at any time, with or without prior notice.
- I agree and understand that, subject to any contrary terms of an employment agreement executed by and between Healthplex and myself, I am considered an "at will" employee, and, as such, either Healthplex or I may terminate my employment at any time, for any reason, with or without cause.
- I understand that it is my responsibility to read, understand and abide by all of the policies contained within the Healthplex Employee Handbook.

Acknowledged by:

Name

Signature

Date

*Acknowledgment of
Employee Handbook.*

TITLE: ACCEPTING GIFTS AND ENTERTAINMENT

POLICY # COMP 1.7 - 111709	Approved By: Quality Improvement Committee. Compliance Committee
Original Date Issued: 11-17-09 Prior Version: None	Applied to: All Staff

Purpose: The purpose of this policy is to establish clear guidelines that shall prevent any conflict, or even the appearance of a conflict of interest in Healthplex's business affairs

Statement: Healthplex shall prevent and avoid conflicts of interest by establishing guidelines with regard to accepting benefits and other gratuities. As a general rule, accepting benefits or other gratuities offered by a person or organization doing business with, or seeking to do business with Healthplex, is forbidden.

1. Gifts

Accepting gifts or favors offered for services performed or for business relationship is considered improper. Healthplex employees shall refuse to accept any gift or other gratuities which could reasonably be considered to influence one's judgment in regards to Healthplex's affairs.

Recognition gifts or promotional items (advertising novelties) of nominal value may be accepted if the gift cannot reasonably be considered to influence the recipient's judgment. Nominal value is considered an amount of \$50 or less under most circumstances.

Prize drawings, such as door prizes at events sponsored by vendors or others seeking to do business with Healthplex, may be accepted only if eligibility is open to anyone in attendance.

Certain gifts, including cash and cash equivalents (such as gift certificates), are strictly prohibited.

2. Entertainment

Modest entertainment offered on an infrequent basis is an acceptable part of conducting business, however, entertainment, which is more than an incidental part of a business trip, shall not be accepted.

Entertainment and recreational activities, which are offered in connection with out-of-town business travel, may be accepted as long as the entertainment/recreation is only incidental to travel which otherwise involves a substantial business purpose.

An out-of-town trip intended primarily to foster a business relationship does not amount to a substantial business purpose of accepting entertainment and recreation. Any business trip in which entertainment or recreation is more than incidental to the travel shall be reported to and cleared in advance with one's Department Supervisor.



NEW YORK STATE
DEPARTMENT *of*
FINANCIAL SERVICES

Andrew M. Cuomo
Governor

Benjamin M. Lawskey
Superintendent

March 23, 2015

Linda Furino
Executive Administration
Healthplex
333 Earle Ovington Boulevard, 3rd Floor
Uniondale, NY 11553-3608

Re: Utilization Review Report: Tracking # 2015-03

Dear Ms. Furino:

Article 49 of the Insurance Law requires insurers subject to Article 32 or Article 43 who perform utilization review and any utilization review agent performing utilization review under contract with such insurers to biennially report to the Superintendent.

We are in receipt of your utilization review report dated February 26, 2015. If we have any questions or comments after reviewing the report, we will contact you.

Your next reporting due date is February 26, 2017.

Thank you.

Very truly yours,

Tim Verhaegen
Senior Insurance Examiner
Health Bureau



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

January 5, 2016

Sharon Zelkind
President/Co-CEO
Healthplex, Inc.
333 Earle Ovington Blvd.
Suite 300
Uniondale, New York 11553-3608

Re: Healthplex, Inc. (URA 162) Utilization Review Renewal

Dear Ms. Zelkind:

This is to inform you that Healthplex, Inc. has been registered as a utilization review agent in accordance with Article 49 of the New York State Public Health Law (PHL). Your application meets requirements to conduct and provide utilization review services on behalf of a New York State certified managed care organization (MCO) for commercial and Medicaid enrollees.

Your registration is valid through January 5, 2018. Please advise us of any major changes in organizational structure or staff responsible for contact with our bureau. If you have any questions or concerns, please contact me at (518) 474-5515.

Sincerely,

A handwritten signature in black ink, appearing to read "Guy Boretti".

Guy Boretti
Bureau of Managed Care
Certification and Surveillance

**STATE OF NEW YORK DEPARTMENT OF
FINANCIAL SERVICES**

HEALTHPLEX INC

HEALTHPLEX INC
333 EARLE OVINGTON BLVD
3RD FLOOR
UNIONDALE, NY 115533608

LICENSE NUMBER: IA-811630

IS LICENSED AS AN INDEPENDENT ADJUSTER FOR
Accident & Health

BY AND THROUGH THE SUBLICENSEES LISTED BELOW

EFFECTIVE DATE: **January 01, 2015**

EXPIRATION DATE: **December 31, 2016**

UNLESS SOONER CANCELLED, SUSPENDED OR REVOKED



In Witness Whereof,
I have caused my official seal to
be affixed at the city of Albany

Benjamin M. Lawskey
Superintendent

****SUBLICENSEES ARE CONTINUED ON THE NEXT PAGE****



6-8-013015-1320082

**STATE OF NEW YORK DEPARTMENT OF
FINANCIAL SERVICES**

HEALTHPLEX INC

HEALTHPLEX INC
333 EARLE OVINGTON BLVD
SUITE 300
UNIONDALE, NY 115533608

LICENSE NUMBER: LA-811630

PRODUCER IS LICENSED AS AN INSURANCE AGENT FOR:

Life Accident and
 Health

BY AND THROUGH THE SUBLICENSEES LISTED BELOW

EFFECTIVE DATE: July 01, 2015

EXPIRATION DATE: June 30, 2017

UNLESS SOONER CANCELLED, SUSPENDED OR REVOKED



In Witness Whereof,

I have caused my official seal to
be affixed at the city of Albany

Anthony J. Albanese
Acting Superintendent

LINE KEY

1 = Life

5 = Travel Accident

2 = Accident and Health

6 = Variable Life/Variable Annuities

SUBLICENSEE(S)

SAFRAN, BRUCE H

1 2



7-18,19-072815-1479724

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership in the proposer/bidder. Answers must be typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name SHARON ZELKIND
Date of birth 01 /17/1948
Home address 34 NORTH HOLLOWES CT.
City/state/zip MUTTONTOWN, NY 11732
Business address 333 EARLE OVINGTON BLVD., SUITE 300
City/state/zip UNIONDALE, NY 11553
Telephone 516-542-2279
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President 01 / 01 / 14 Treasurer _____/_____/_____
Chairman of Board _____/_____/____ Shareholder 12 /11 /1999 Chief
Exec. Officer 01 / 01 / 14 Secretary _____/_____/_____
Chief Financial Officer _____/_____/____ Partner _____/_____/_____
Vice President _____/_____/_____
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
NO ___ YES X If Yes, provide details.
Shareholder of 2%
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ___ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Sharon Zelkind, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 8th day of June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

SHARON ZELKIND

Print name

Sharon Zelkind
Signature

President, Co-CEO

Title

6 / 8 / 2016 Date

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership in the proposer/bidder. Answers must be typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name DR. STEPHEN J. CUCHEL
Date of birth 10 /05 /1938
Home address 875 BRYANT AVENUE
City/state/zip ROSLYN HARBOR, NY 11576
Business address 333 EARLE OVINGTON BLVD., SUITE 300
City/state/zip UNIONDALE, NY 11553
Telephone 516-542-2217
Other present address(es) N/A
City/state/zip N/A
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board 01 / 01/ 1984 Shareholder 01/ 01 /1984
Chief Exec. Officer 01 / 01 / 1984 Secretary ____/____/____
Chief Financial Officer ____/ ____/____ Partner ____/____/____
Vice President ____/____/____ ____/____/____
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire? •
☞ NO ____ YES X If Yes, provide details.
Shareholder in excess of 10%
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ____ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Stephen J. Cuchel, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9th day of June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified In Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

STEPHEN J. CUCHEL

Print name

Stephen J. Cuchel
Signature

Chairman of the Board, Co-CEO

Title

6.9.16 Date

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

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COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name CHRISTOPHER SCHMIDT
Date of birth 11 /12/1958
Home address 4610 CENTER BLVD., APT PH 13
City/state/zip LONG ISLAND CITY, NY 11109
Business address 333 EARLE OVINGTON BLVD., SUITE 300
City/state/zip UNIONDALE, NY 11553
Telephone 516-542-2275
Other present address(es) N/A
City/state/zip N/A
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Vice President ____/____/____ Chief Operating Officer 10/19/ 10
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
NO ____ YES X If Yes, provide details.
Shareholder of 5.8%
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ____ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

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I, Christopher Schmidt, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9th day of June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

CHRISTOPHER SCHMIDT

Print name

[Signature]
Signature

CHIEF OPERATING OFFICER

Title

6 / 9 / 2016 Date

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

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COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name GEORGE KANE
Date of birth 03 /16/1944
Home address 459 SHELL RD.
City/state/zip SARASOTA, FL 34242
Business address 333 EARLE OVINGTON BLVD., SUITE 300
City/state/zip UNIONDALE, NY 11553
Telephone 516-542-2217
Other present address(es) N/A
City/state/zip N/A
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer 7 / 05 / 1984
Chairman of Board ____/____/____ Shareholder 07 / 05 / 1984
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Vice President 07 / 05 / 1984 ____/____/____ (Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
NO ____ YES X If Yes, provide details.
Shareholder in excess of 10% _____
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ____ If Yes, provide details. _____

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

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I, George Kane, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9th day of June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

GEORGE KANE

Print name

George Kane
Signature

VICE PRESIDENT / TREASURER

Title

6/9/16 Date

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership in the proposer/bidder. Answers must be typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name MARTHA KANE
Date of birth 03 /06/1948
Home address 211 EVERIT AVENUE
City/state/zip HEWLETT HARBOR, NY 11557
Business address _____
City/state/zip _____
Telephone 516-542-2217
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Vice President ____/____/____ (Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
NO ____ YES X If Yes, provide details.
Shareholder in excess of 10% _____
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ____ If Yes, provide details. _____

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Martha Kane, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9th day of June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

MARTHA KANE

Print name

Martha Kane
Signature

Title

 / / Date

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership in the proposer/bidder. Answers must be typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name PHILIP J. RIZZUTO
Date of birth 11 /11/1943
Home address 1904 GARDENIA AVE.
City/state/zip N. MERRICK, NY 11566
Business address 333 EARLE OVINGTON BLVD., SUITE 300
City/state/zip UNIONDALE, NY 11553
Telephone 516-794-3016
Other present address(es) N/A
City/state/zip N/A
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Vice President 03 / 07 / 1990 ____/____/____
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
NO ____ YES X If Yes, provide details.
Shareholder of 3.2%
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ____ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Philip J. Rizzuto, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9th day of June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

PHILIP J. RIZZUTO

Print name

Philip Rizzuto
Signature

Vice President of IT

Title

6/9/2016 Date

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

All questions on these questionnaires must be answered by all officers and any individuals who hold a ten percent (10%) or greater ownership in the proposer/bidder. Answers must be typewritten or printed in ink. If you need more space to answer any question, make as many photocopies of the appropriate page(s) as necessary and attach them to the questionnaire.

COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name BRUCE SAFRAN
Date of birth 06 /12/1949
Home address 2101 ROYAL COURT
City/state/zip NORTH HILLS, NY 11040
Business address _____
City/state/zip _____
Telephone _____
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary ____/____/____
Chief Financial Officer ____/____/____ Partner ____/____/____
Vice President ____/____/____ (Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
NO ____ YES X If Yes, provide details.
Shareholder in excess of 10% _____
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ____ If Yes, provide details. _____

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Bruce Safran, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this

9th day of

June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

BRUCE SAFRAN

Print name

Bruce Safran

Signature

SHAREHOLDERS

Title

6 / 9 / 2016 Date

Date

APPENDIX C

PRINCIPAL QUESTIONNAIRE FORM

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COMPLETE THIS QUESTIONNAIRE CAREFULLY AND COMPLETELY. FAILURE TO SUBMIT A COMPLETE QUESTIONNAIRE MAY MEAN THAT YOUR BID/ PROPOSAL WILL BE REJECTED AS NON-RESPONSIVE AND IT WILL NOT BE CONSIDERED FOR AWARD

Note: All questions require a response, even if response is "none" or "not applicable" No Blanks.

1. Principal Name VALERIE VIGNOLA
Date of birth 11 /16 /1960
Home address 1929 HERBERT COURT
City/state/zip BELLMORE, NY 11710
Business address 333 EARLE OVINGTON BLVD., SUITE 300
City/state/zip UNIONDALE, NY 11553
Telephone 516-542-2264
Other present address(es) _____
City/state/zip _____
Telephone _____
List of other addresses and telephone numbers attached _____
2. Positions held in submitting business and starting date of each (check all applicable)
President ____/____/____ Treasurer ____/____/____
Chairman of Board ____/____/____ Shareholder ____/____/____
Chief Exec. Officer ____/____/____ Secretary 10/ 19 / 10
Chief Financial Officer 06 / 09 / 03 Partner ____/____/____
Vice President ____/____/____
(Other) _____
3. Do you have an equity interest in the business submitting the questionnaire?
NO X YES ____ If Yes, provide details. e
4. Are there any outstanding loans, guarantees or any other form of security or lease or any other type of contribution made in whole or in part between you and the business submitting the questionnaire? NO X
YES ____ If Yes, provide details.

5. Within the past 3 years, have you been a principal owner or officer of any business or not-for-profit organization other than the one submitting the questionnaire? NO X YES ____; If Yes, provide details.
6. Has any governmental entity awarded any contracts to a business or organization listed in Section 5 in the past 3 years while you were a principal owner or officer? NO X YES ____ If Yes, provide details.

NOTE: An affirmative answer is required below whether the sanction arose automatically, by operation of law, or as a result of any action taken by a government agency.

Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.

7. In the past (5) years, have you and/or any affiliated businesses or not-for-profit organizations listed in Section 5 in which you have been a principal owner or officer:
- a. Been debarred by any government agency from entering into contracts with that agency? NO X YES ____ If Yes, provide details for each such instance.
 - b. Been declared in default and/or terminated for cause on any contract, and/or had any contracts cancelled for cause? NO X YES ____ If Yes, provide details for each such instance.
 - c. Been denied the award of a contract and/or the opportunity to bid on a contract, including, but not limited to, failure to meet pre-qualification standards? NO X YES ____ If Yes, provide details for each such instance.
 - d. Been suspended by any government agency from entering into any contract with it; and/or is any action pending that could formally debar or otherwise affect such business's ability to bid or propose on contract? NO X YES ____ If Yes, provide details for each such instance.
8. Have any of the businesses or organizations listed in response to Question 5 filed a bankruptcy petition and/or been the subject of involuntary bankruptcy proceedings during the past 7 years, and/or for any portion of the last 7 year period, been in a state of bankruptcy as a result of bankruptcy proceedings initiated more than 7 years ago and/or is any such business now the subject of any pending bankruptcy proceedings, whenever initiated? If 'Yes', provide details for each such instance. (Provide a detailed response to all questions checked "YES". If you need more space, photocopy the appropriate page and attach it to the questionnaire.)
- b) Is there any felony charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - b) Is there any misdemeanor charge pending against you? NO X YES ____ If Yes, provide details for each such charge.
 - c) Is there any administrative charge pending against you? NO X YES ____ If Yes, provide details for each such charge.

- d) In the past 10 years, have you been convicted, after trial or by plea, of any felony, or of any other crime, an element of which relates to truthfulness or the underlying facts of which related to the conduct of business? NO X YES ____ If Yes, provide details for each such conviction.
- e) In the past 5 years, have you been convicted, after trial or by plea, of a misdemeanor? NO X YES ____ If Yes, provide details for each such conviction.
- f) In the past 5 years, have you been found in violation of any administrative or statutory charges? NO X YES ____ If Yes, provide details for each such occurrence.
9. In addition to the information provided in response to the previous questions, in the past 5 years, have you been the subject of a criminal investigation and/or a civil anti-trust investigation by any federal, state or local prosecuting or investigative agency and/or the subject of an investigation where such investigation was related to activities performed at, for, or on behalf of the submitting business entity and/or an affiliated business listed in response to Question 5? NO X YES ____ If Yes, provide details for each such investigation.
10. In addition to the information provided, in the past 5 years has any business or organization listed in response to Question 5, been the subject of a criminal investigation and/or a civil anti-trust investigation and/or any other type of investigation by any government agency, including but not limited to federal, state, and local regulatory agencies while you were a principal owner or officer? NO X YES ____ if yes; provide details for each such investigation.
11. In the past 5 years, have you or this business, or any other affiliated business listed in response to Question 5 had any sanction imposed as a result of judicial or administrative proceedings with respect to any professional license held? NO X YES ____ if yes; provide details for each such instance.
12. For the past 5 tax years, have you failed to file any required tax returns or failed to pay any applicable federal, state or local taxes or other assessed charges, including but not limited to water and sewer charges? NO X YES ____ If Yes, provide details for each such year.

CERTIFICATION

A MATERIALLY FALSE STATEMENT WILLFULLY OR FRAUDULENTLY MADE IN CONNECTION WITH THIS QUESTIONNAIRE MAY RESULT IN RENDERING THE SUBMITTING BUSINESS ENTITY NOT RESPONSIBLE WITH RESPECT TO THE PRESENT BID/PROPOSAL OR FUTURE BIDS/PROPOSALS, AND, IN ADDITION, MAY SUBJECT THE PERSON MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES.

I, Valerie Vignola, being duly sworn, state that I have read and understand all the items contained in the foregoing pages of this questionnaire and the following pages of attachments; that I supplied full and complete answers to each item therein to the best of my knowledge, information and belief; that I will notify the County in writing of any change in circumstances occurring after the submission of this questionnaire and before the execution of the contract; and that all information supplied by me is true to the best of my knowledge, information and belief. I understand that the County will rely on the information supplied in this questionnaire as additional inducement to enter into a contract with the submitting business entity.

Sworn to before me this 9th day of June 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276962
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX INC.

Name of submitting business

VALERIE VIGNOLA

Print name

Valerie Vignola
Signature

Chief Financial Officer / Secretary

Title

6 / 9 / 16 Date

APPENDIX D

COUNTY OF NASSAU

CONSULTANT'S, CONTRACTOR'S AND VENDOR'S DISCLOSURE FORM

1. Name of the Entity: HEALTHPLEX, INC.
- Address: 333 EARLE OVINGTON BLVD., SUITE 300
- City, State and Zip Code: UNIONDALE, NY 11553
2. Entity's Vendor Identification Number: _____
3. Type of Business: _____ Public Corp _____ Partnership _____ Joint Venture
 _____ Ltd. Liability Co X Closely Held Corp. _____ Other (specify)

4. List names and addresses of all principals; that is, all individuals serving on the Board of Directors or comparable body, all partners and limited partners, all corporate officers, all parties of Joint Ventures, and all members and officers of limited liability companies (attach additional sheets if necessary):

Dr. Stephen J. Cuchel	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553	Director/Officer
Dr. Dr. George Kane	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553	Director/Officer
Philip J. Rizzuto	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553	Director/Officer
Christopher Schmidt	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553	Director/Officer
Sharon Zelkind	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553	Director/Officer
Valerie Vignola	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553	Officer

5. List names and addresses of all shareholders, members, or partners of the firm. If the shareholder is not an individual, list the individual shareholders/partners/members. If a Publicly held Corporation, include a copy of the 10K in lieu of completing this section:

Dr. Stephen J. Cuchel	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553
Martha Kane	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553
Bruce H. Safran	333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553

Christopher Schmidt 333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553

George Kane 333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553

Philip J. Rizzuto 333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553

Sharon Zelkind 333 Earle Ovington Blvd., Suite 300, Uniondale, NY 11553

6. List all affiliated and related companies and their relationship to the firm entered on line

1. Above; (if none, enter "None"). Attach a separate disclosure form for each affiliated or subsidiary company that may take part in the performance of this contract. Such disclosure shall be updated to include affiliated or subsidiary companies not previously disclosed that participate in the performance of the contract.

None

7. List all lobbyists whose services were utilized at any stage in this matter (i.e., pre-bid, bid, post-bid, etc.). The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

(a) Name, title, business address and telephone number of lobbyist(s):

None

(b) Describe lobbying activity of each lobbyist. See below for a complete description of lobbying activities.

N/A

(c) List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

None

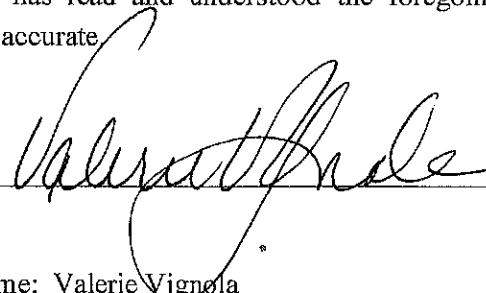
8. VERIFICATION: This section must be signed by a principal of the consultant, contractor or Vendor authorized as a signatory of the firm for the purpose of executing Contracts.

The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Dated:

6/2/16

Signed:



Print Name: Valerie Vignola

Title:

Chief Financial Officer

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

APPENDIX E

COUNTY OF NASSAU

LOBBYIST REGISTRATION AND DISCLOSURE FORM

1. Name of lobbyist(s)/lobbying organization: The term "lobbyist" means any and every person or organization retained, employed or designated by any client to influence - or promote a matter before - Nassau County, its agencies, boards, commissions, department heads, legislators or committees, including but not limited to the Open Space and Parks Advisory Committee and Planning Commission; or to otherwise engage in lobbying activities as the term is defined herein. Such matters include, but are not limited to, requests for proposals, development or improvement of real property subject to County regulation, procurements. The term "lobbyist" does not include any officer, director, trustee, employee, counsel or agent of the County of Nassau, or State of New York, when discharging his or her official duties.

None

2. List whether and where the person/organization is registered as a lobbyist (e.g., Nassau County, New York State):

N/A

3. Name, address and telephone number of client(s) by whom, or on whose behalf, the lobbyist is retained, employed or designated:

N/A

4. Describe lobbying activity conducted, or to be conducted, in Nassau County, and identify client(s) for each activity listed. **See page 4 for a complete description of lobbying activities.**

N/A

5. The name of persons, organizations or governmental entities before whom the lobbyist expects to lobby:

N/A

VERIFICATION: The undersigned affirms and so swears that he/she has read and understood the foregoing statements and they are, to his/her knowledge, true and accurate.

Dated: 6/4/16

Signed: Valerie Vignola

Print Name: Valerie Vignola

Title: Chief Financial Officer

The term lobbying shall mean any attempt to influence: any determination made by the Nassau County Legislature, or any member thereof, with respect to the introduction, passage, defeat, or substance of any local legislation or resolution; any determination by the County Executive to support, oppose, approve or disapprove any local legislation or resolution, whether or not such legislation has been introduced in the County Legislature; any determination by an elected County official or an officer or employee of the County with respect to the procurement of goods, services or construction, including the preparation of contract specifications, including by not limited to the preparation of requests for proposals, or solicitation, award or administration of a contract or with respect to the solicitation, award or administration of a grant, loan, or agreement involving the disbursement of public monies; any determination made by the County Executive, County Legislature, or by the County of Nassau, its agencies, boards, commissions, department heads or committees, including but not limited to the

Open Space and Parks Advisory Committee, the Planning Commission, with respect to the zoning, use, development or improvement of real property subject to County regulation, or any agencies, boards, commissions, department heads or committees with respect to requests for proposals, bidding, procurement or contracting for services for the County; any determination made by an elected county official or an officer or employee of the county with respect to the terms of the acquisition or disposition by the county of any interest in real property, with respect to a license or permit for the use of real property of or by the county, or with respect to a franchise, concession or revocable consent; the proposal, adoption, amendment or rejection by an agency of

any rule having the force and effect of law; the decision to hold, timing or outcome of any rate making proceeding before an agency; the agenda or any determination of a board or commission; any determination regarding the calendaring or scope of any legislature oversight hearing; the issuance, repeal, modification or substance of a County Executive Order; or any determination made by an elected county official or an officer or employee of the county to support or oppose any state or federal legislation, rule or regulation, including any determination made to support or oppose that is contingent on any amendment of such legislation, rule or regulation, whether or not such legislation has been formally introduced and whether or not such rule or regulation has been formally proposed.

APPENDIX F

STANDARD CLAUSES FOR NASSAU COUNTY CONTRACTS

1. Independent Contractor. The Contractor is an independent contractor of the County. The Contractor shall not, nor shall any officer, director, employee, servant, agent or independent contractor of the Contractor (a "Contractor Agent"), (i) be deemed a County employee, (ii) commit the County to any obligation, or (iii) hold itself, himself, or herself out as a County employee or Person with the authority to commit the County to any obligation. As used in this Agreement the word "Person" means any individual person, entity (including partnerships, corporations and limited liability companies), and government or political subdivision thereof (including agencies, bureaus, offices and departments thereof).

2. No Arrears or Default. The Contractor is not in arrears to the County upon any debt or contract and it is not in default as surety, contractor, or otherwise upon any obligation to the County, including any obligation to pay taxes to, or perform services for or on behalf of, the County.

3. Compliance with Law. (a) Generally. The Contractor shall comply with any and all applicable Federal, State and local Laws, including, but not limited to those relating to conflicts of interest, human rights, a living wage, disclosure of information and vendor registration in connection with its performance under this Agreement. In furtherance of the foregoing, the Contractor is bound by and shall comply with the terms of Appendix G attached hereto and with the County's registration protocol. As used in this Agreement the word "Law" includes any and all statutes, local laws, ordinances, rules, regulations, applicable orders, and/or decrees, as the same may be amended from time to time, enacted, or adopted.

(b) Nassau County Living Wage Law. Pursuant to LL 1-2006, as amended, and to the extent that a waiver has not been obtained in accordance with such law or any rules of the County Executive, the Contractor agrees as follows:

- (i) Contractor shall comply with the applicable requirements of the Living Wage Law, as amended;
- (ii) Failure to comply with the Living Wage Law, as amended, may constitute a material breach of this Agreement, such breach being determined solely by the County. Contractor has the right to cure such breach within thirty days of receipt of notice of breach from the County. In the event that such breach is not timely cured, the County may terminate this Agreement as well as exercise any other rights available to the County under applicable law.
- (iii) It shall be a continuing obligation of the Contractor to inform the County of any material changes in the content of its certification of compliance, attached to this Agreement as Appendix L, and shall provide to the County any information necessary to maintain the certification's accuracy.

(c) Records Access. The parties acknowledge and agree that all records, information, and data ("Information") acquired in connection with performance or administration of this Agreement shall be used and disclosed solely for the purpose of performance and administration of the contract or as required by law. The

Contractor acknowledges that Contractor Information in the County's possession may be subject to disclosure under Article 6 of the New York State Public Officer's Law ("Freedom of Information Law" or "FOIL"). In the event that such a request for disclosure is made, the County shall make reasonable efforts to notify the Contractor of such request prior to disclosure of the Information so that the Contractor may take such action as it deems appropriate.

4. Minimum Service Standards. Regardless of whether required by Law:

(a) The Contractor shall, and shall cause Contractor Agents to, conduct its, his or her activities in connection with this Agreement so as not to endanger or harm any Person or property.

(b) The Contractor shall deliver services under this Agreement in a professional manner consistent with the best practices of the industry in which the Contractor operates. The Contractor shall take all actions necessary or appropriate to meet the obligation described in the immediately preceding sentence, including obtaining and maintaining, and causing all Contractor Agents to obtain and maintain, all approvals, licenses, and certifications ("Approvals") necessary or appropriate in connection with this Agreement.

5. Indemnification; Defense; Cooperation.

(a) The Contractor shall be solely responsible for and shall indemnify and hold harmless the County, its officers, employees, and agents (the "Indemnified Parties") from and against any and all liabilities, losses, costs, expenses (including, without limitation, reasonable attorneys' fees and disbursements) and damages ("Losses"), arising out of or in connection with any acts or omissions of the Contractor or a Contractor Agent, regardless of whether taken pursuant to or authorized by this Agreement and regardless of whether due to negligence, fault, or default, including Losses in connection with any threatened investigation, litigation or other proceeding or preparing a defense to or prosecuting the same; provided, however, that the Contractor shall not be responsible for that portion, if any, of a Loss that is caused by the negligence of the County.

(b) The Contractor shall, upon the County's demand and at the County's direction, promptly and diligently defend, at the Contractor's own risk and expense, any and all suits, actions, or proceedings which may be brought or instituted against one or more Indemnified Parties for which the Contractor is responsible under this Section and the Contractor shall pay and satisfy any judgment, decree, loss or settlement in connection therewith.

(c) The Contractor shall, and shall cause Contractor Agents to, cooperate with the County in connection with the investigation, defense or prosecution of any action, suit or proceeding in connection with this Agreement.

(d) The provisions of this Section shall survive the termination of this Agreement.

6. Insurance.

(a) Types and Amounts. The Contractor shall obtain and maintain throughout the term of this Agreement, at its own expense: (i) one or more policies for commercial general liability insurance, which policy(ies) shall name "Nassau County" as an additional insured and have a minimum single combined limit of liability of not less than One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) aggregate coverage, (ii) if contracting in whole or part to provide professional services, one or more policies for professional liability insurance, which policy(ies) shall have a minimum single combined limit liability of not less than One Million Dollars (\$1,000,000.00) per claim and Two Million Dollars (\$2,000,000.00) aggregate coverage, (iii) compensation insurance for the benefit of the Contractor's employees ("Workers' Compensation Insurance"), which insurance is

in compliance with the New York State Workers' Compensation Law, and (iv) such additional insurance, including, without limitation, builder's all risk, if applicable, automobile liability insurance and umbrella liability insurance, as the County may from time to time specify.

(b) Acceptability; Deductibles; Subcontractors. All insurance obtained and maintained by the Contractor pursuant to this Agreement shall be (i) written by one or more commercial insurance carriers licensed or authorized to do business in New York State and acceptable to the County; and (ii) in form and substance acceptable to the County. The Contractor shall be solely responsible for the payment of all deductibles to which such policies are subject. The Contractor shall require any subcontractor hired in connection with this Agreement to carry insurance with the same limits and provisions required to be carried by the Contractor under this Agreement.

(c) Delivery; Coverage Change; No Inconsistent Action. Prior to the execution of this Agreement, copies of current certificates of insurance evidencing the insurance coverage required by this Agreement shall be delivered to the County Attorney's Office. Not less than thirty (30) days prior to the date of any expiration or renewal of, or actual, proposed or threatened reduction or cancellation of coverage under, any insurance required hereunder, the Contractor shall provide written notice to the County Attorney's Office of the same and deliver to the County Attorney's Office renewal or replacement certificates of insurance. The Contractor shall cause all insurance to remain in full force and effect throughout the term of this Agreement and shall not take any action, or omit to take any action that would suspend or invalidate any of the required coverages. The failure of the Contractor to maintain Workers' Compensation Insurance shall render this contract void and of no effect. The failure of the Contractor to maintain the other required coverages shall be deemed a material breach of this Agreement upon which the County reserves the right to consider this Agreement terminated as of the date of such failure.

7. Assignment; Amendment; Waiver; Subcontracting.

(a) This Agreement and the rights and obligations hereunder may not be in whole or part (i) assigned, transferred or disposed of, (ii) amended, (iii) waived, or (iv) subcontracted, without the prior written consent of the County Executive or his or her duly designated deputy (the "County Executive"), and any purported assignment, other disposal or modification without such prior written consent shall be null and void. The failure of a party to assert any of its rights under this Agreement, including the right to demand strict performance, shall not constitute a waiver of such rights.

8 Work Performance Liability.

The Contractor is and shall remain primarily liable for the successful completion of all work in accordance this Agreement irrespective of whether the Contractor is using a Contractor Agent to perform some or all of the work contemplated by this Agreement, and irrespective of whether the use of such Contractor Agent has been approved by the County.

9. Termination. (a) Generally. This Agreement may be terminated (i) for any reason by the County upon thirty (30) days' written notice to the Contractor, (ii) for "Cause" by the County immediately upon the receipt by the Contractor of written notice of termination, (iii) upon mutual written Agreement of the County and the Contractor, and (iv) in accordance with any other provisions of this Agreement expressly addressing termination.

As used in this Agreement the word "Cause" includes: (i) a breach of this Agreement; (ii) the failure to obtain and maintain in full force and effect all Approvals required for the services described in this Agreement to be legally and professionally rendered; and (iii) the termination or impending termination of federal or state funding for the services to be provided under this Agreement.

(b) By the Contractor. This Agreement may be terminated by the Contractor if performance becomes impracticable through no fault of the Contractor, where the impracticability relates to the Contractor's ability to perform its obligations and not to a judgment as to convenience or the desirability of continued performance. Termination under this subsection shall be effected by the Contractor delivering to the commissioner or other head of the Department (the "Commissioner"), at least sixty (60) days prior to the termination date (or a shorter period if sixty days' notice is impossible), a notice stating (i) that the Contractor is terminating this Agreement in accordance with this subsection, (ii) the date as of which this Agreement will terminate, and (iii) the facts giving rise to the Contractor's right to terminate under this subsection. A copy of the notice given to the Commissioner shall be given to the Deputy County Executive who oversees the administration of the Department (the "Applicable DCE") on the same day that notice is given to the Commissioner.

(c) Contractor Assistance upon Termination. In connection with the termination or impending termination of this Agreement the Contractor shall, regardless of the reason for termination, take all actions reasonably requested by the County (including those set forth in other provisions of this Agreement) to assist the County in transitioning the Contractor's responsibilities under this Agreement. The provisions of this subsection shall survive the termination of this Agreement.

10. Accounting Procedures; Records. The Contractor shall maintain and retain, for a period of six (6) years following the later of termination of or final payment under this Agreement, complete and accurate records, documents, accounts and other evidence, whether maintained electronically or manually ("Records"), pertinent to performance under this Agreement. Records shall be maintained in accordance with Generally Accepted Accounting Principles and, if the Contractor is a non-profit entity, must comply with the accounting guidelines set forth in the federal Office of Management & Budget Circular A-122, "Cost Principles for Non-Profit Organizations." Such Records shall at all times be available for audit and inspection by the County Comptroller, the County Attorney's Office, any other governmental authority with jurisdiction over the provision of services hereunder and/or the payment therefore, and any of their duly designated representatives. The provisions of this Section shall survive the termination of this Agreement.

11. Limitations on Actions and Special Proceedings against the County. No action or special proceeding shall lie or be prosecuted or maintained against the County upon any claims arising out of or in connection with this Agreement unless:

(a) Notice. At least thirty (30) days prior to seeking relief the Contractor shall have presented the demand or claim(s) upon which such action or special proceeding is based in writing to the Applicable DCE for adjustment and the County shall have neglected or refused to make an adjustment or payment on the demand or claim for thirty (30) days after presentment. The Contractor shall send or deliver copies of the documents presented to the Applicable DCE under this Section to each of (i) the Department and the (ii) the County Attorney (at the address specified above for the County) on the same day that documents are sent or delivered to the Applicable DCE. The complaint or necessary moving papers of the Contractor shall allege that the above-described actions and inactions preceded the Contractor's action or special proceeding against the County.

(b) Time Limitation. Such action or special proceeding is commenced within the earlier of (i) one (1) year of the first to occur of (A) final payment under or the termination of this Agreement, and (B) the accrual of the cause of action, and (ii) the time specified in any other provision of this Agreement.

12. Consent to Jurisdiction and Venue; Governing Law. Unless otherwise specified in this Agreement or required by Law, exclusive original jurisdiction for all claims or actions with respect to this Agreement shall be in the Supreme Court in Nassau County in New York State and the parties expressly waive any objections to the same on any grounds, including venue and forum non conveniens. This Agreement is intended as a contract under, and shall be governed and construed in accordance with, the Laws of New York State, without regard to the conflict of laws provisions thereof.

13. All Legal Provisions Deemed Included; Severability; Supremacy; Construction.

(a) Every provision required by Law to be inserted into or referenced by this Agreement is intended to be a part of this Agreement. If any such provision is not inserted or referenced or is not inserted or referenced in correct form then (i) such provision shall be deemed inserted into or referenced by this Agreement for purposes of interpretation and (ii) upon the application of either party this Agreement shall be formally amended to comply strictly with the Law, without prejudice to the rights of either party.

(b) In the event that any provision of this Agreement shall be held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions shall not in any way be affected or impaired thereby.

(c) Unless the application of this subsection will cause a provision required by Law to be excluded from this Agreement, in the event of an actual conflict between the terms and conditions set forth above the signature page to this Agreement and those contained in any schedule, exhibit, appendix, or attachment to this Agreement, the terms and conditions set forth above the signature page shall control. To the extent possible, all the terms of this Agreement should be read together as not conflicting.

(d) Each party has cooperated in the negotiation and preparation of this Agreement, so if any construction is made of the Agreement it shall not be construed against either party as drafter.

14. Administrative Service Charge. The Contractor agrees to pay the County an administrative service charge of five hundred and thirty three dollars (\$533.00) for the processing of this Agreement pursuant to Ordinance Number 74-1979, as amended by Ordinance Number 128-2006. The administrative service charge shall be due and payable to the County by the Contractor upon signing this Agreement.

<u>Value of contract:</u>	<u>Administrative fee:</u>
\$0 - \$5,000	\$0
\$5,001 - \$50,000	\$160
\$50,001 - \$ 100,000	\$266
\$100,001 or more	\$533

15. Executory Clause. Notwithstanding any other provision of this Agreement:

(a) Approval and Execution. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person unless (i) all County and other governmental approvals have been obtained, including, if required, approval by the County Legislature, and (ii) this Agreement has been executed by the County Executive (as defined in this Agreement).

(b) Availability of Funds. The County shall have no liability under this Agreement (including any extension or other modification of this Agreement) to any Person beyond funds appropriated or otherwise lawfully available for this Agreement, and, if any portion of the funds for this Agreement are from the State and/or federal governments, then beyond funds available to the County from the State and/or federal governments.

APPENDIX H

CERTIFICATE OF COMPLIANCE

In compliance with Local Law 1-2006, as amended, the Proposer/Bidder hereby certifies the following:

1. The chief executive officer of the Proposer/Bidder is:

Sharon Zelkind (Name)

333 Earle Ovington Blvd., Uniondale, NY 11553 (Address)

516 542-2279 (Telephone Number)

2. The Proposer/Bidder agrees to comply with the requirements of the Nassau County Living Wage Law, and with all applicable federal, state and local laws.
3. In the past five years, Proposer/Bidder _____ has X has not been found by a court or a government agency to have violated federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If a violation has been assessed by the Proposer/Bidder, describe below:

4. In the past five years, an administrative proceeding, investigation, or government body-initiated judicial action _____ has X has not been commenced against or relating to the Proposer/Bidder in connection with federal, state, or local laws regulating payment of wages or benefits, labor relations, or occupational safety and health. If such a proceeding, action, or investigation has been commenced, describe below:

Proposer/Bidder agrees to permit access to work sites and relevant payroll records by authorized County representatives for the purpose of monitoring compliance with the Living Wage Law and investigating employee complaints of noncompliance.

I hereby certify that I have read the foregoing statement and, to the best of my knowledge and belief, it is true, correct and complete. Any statement or representation made herein shall be accurate and true as of the date stated below.

Sharon Zelkind
Signature of Chief Executive Officer

Date June 9, 2016

Sharon Zelkind
Name of Chief Executive Officer

Sworn to before me this

9th day of June, 2016

Mary Jean Kelly
Notary Public

MARY JEAN KELLY
NOTARY PUBLIC-STATE OF NEW YORK
No. 01KE6276952
Qualified in Nassau County
My Commission Expires February 25, 2017

HEALTHPLEX, INC. AND SUBSIDIARIES

Consolidated Financial Statements

December 31, 2015 and 2014

With Independent Auditors' Report

Healthplex, Inc. and Subsidiaries
Table of Contents
December 31, 2015 and 2014

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AUDIT TAX ADVISORY

INDEPENDENT AUDITORS' REPORT

To the Board of Directors,
Healthplex, Inc. and Subsidiaries:

We have audited the accompanying consolidated financial statements of Healthplex, Inc. and Subsidiaries (an "S" corporation), which comprise the consolidated balance sheets as of December 31, 2015 and 2014, and the related consolidated statements of income, stockholders' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of Healthplex, Inc. and Subsidiaries as of December 31, 2015 and 2014, and the results of their operations and their cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

March 22, 2016

Healthplex, Inc. and Subsidiaries
Consolidated Balance Sheets
December 31, 2015 and 2014

	2015	2014
Assets		
Current assets		
Cash and cash equivalents	\$ 17,521,613	\$ 26,053,338
Restricted cash, cash equivalents, and certificates of deposit	10,278,990	10,250,426
Marketable securities, restricted	204,881	204,953
Accounts receivable, net	1,423,812	3,032,712
Prepaid expenses	<u>1,123,723</u>	<u>926,228</u>
Total current assets	30,553,019	40,467,657
Property and equipment, net	4,539,217	5,005,416
Internally developed software and technology	1,241,282	1,145,457
Goodwill	180,863	180,863
Security deposits	<u>253,929</u>	<u>239,130</u>
	<u>\$ 36,768,310</u>	<u>\$ 47,038,523</u>
Liabilities and Stockholders' Equity		
Current liabilities		
Accrued claims and capitation payable	\$ 19,956,867	\$ 25,610,348
Accounts payable	1,090,046	3,685,712
Deferred revenue	414,737	422,657
Accrued expenses and taxes	1,899,560	1,829,619
Current portion of term loans payable	<u>498,545</u>	<u>387,032</u>
Total current liabilities	23,859,755	31,935,368
Term loans payable, less current maturities	309,360	556,561
Deferred rent payable	<u>1,882,622</u>	<u>2,000,669</u>
Total liabilities	26,051,737	34,492,598
Stockholders' equity		
Voting Common Stock, \$0.001 par value, 10,000,000 shares authorized, 5,278,800 shares issued and outstanding in both 2015 and 2014	5,279	5,279
Non-Voting Common Stock, \$0.001 par value, 20,000,000 shares authorized, 10,557,600 shares issued and outstanding in both 2015 and 2014	10,558	10,558
Paid in capital	5,185,983	5,185,983
Retained earnings	<u>5,514,753</u>	<u>7,344,105</u>
Total stockholders' equity	<u>10,716,573</u>	<u>12,545,925</u>
	<u>\$ 36,768,310</u>	<u>\$ 47,038,523</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Healthplex, Inc. and Subsidiaries
Consolidated Statements of Income
Years Ended December 31, 2015 and 2014

	2015	2014
Revenues		
Service fee income	\$ 7,478,333	\$ 6,344,350
Administrative services income	<u>29,055,359</u>	<u>30,376,953</u>
	36,533,692	36,721,303
Capitation income	302,453,883	319,444,314
Premium income	<u>11,190,159</u>	<u>11,602,167</u>
	350,177,734	367,767,784
Cost of sales		
Direct expenses - service fee and administrative services income	17,824,877	16,005,550
Direct expenses - capitation and premium income	<u>275,743,678</u>	<u>289,547,345</u>
	<u>293,568,555</u>	<u>305,552,895</u>
Gross profit	56,609,179	62,214,889
Selling, general and administrative expenses	<u>56,529,021</u>	<u>59,367,066</u>
Income from operations	80,158	2,847,823
Other income (expense)		
Loss on sale of property and equipment	--	(700,447)
Interest income	17,973	15,233
Interest expense	<u>(27,115)</u>	<u>(19,371)</u>
	<u>(9,142)</u>	<u>(704,585)</u>
Net income	<u>\$ 71,016</u>	<u>\$ 2,143,238</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Healthplex, Inc. and Subsidiaries
Consolidated Statements of Stockholders' Equity
Years Ended December 31, 2015 and 2014

	<u>Voting Common Stock</u>	<u>Non- Voting Common Stock</u>	<u>Paid-In Capital</u>	<u>Retained Earnings</u>	<u>Total</u>
Balance at December 31, 2013	\$ 5,279	\$ 10,558	\$ 5,185,983	\$ 7,101,235	\$ 12,303,055
Distributions to stockholders	--	--	--	(1,900,368)	(1,900,368)
Net income	<u>--</u>	<u>--</u>	<u>--</u>	<u>2,143,238</u>	<u>2,143,238</u>
Balance at December 31, 2014	5,279	10,558	5,185,983	7,344,105	12,545,925
Distributions to stockholders	--	--	--	(1,900,368)	(1,900,368)
Net income	<u>--</u>	<u>--</u>	<u>--</u>	<u>71,016</u>	<u>71,016</u>
Balance at December 31, 2015	<u>\$ 5,279</u>	<u>\$ 10,558</u>	<u>\$ 5,185,983</u>	<u>\$ 5,514,753</u>	<u>\$ 10,716,573</u>

The Notes to Consolidated Financial Statements are an integral part of these statements.

Healthplex, Inc. and Subsidiaries
Consolidated Statements of Cash Flows
Years Ended December 31, 2015 and 2014

	2015	2014
Cash flows from operating activities		
Net income	\$ 71,016	\$ 2,143,238
Adjustments to reconcile net income to net cash (used) provided by operating activities		
Depreciation and amortization	1,754,125	1,441,101
Loss on sale of property and equipment	--	700,447
Deferred rent	(118,047)	158,983
Change in		
Restricted cash, cash equivalents, and certificates of deposit	(28,564)	(1,782,144)
Accounts receivable	1,608,900	587,044
Prepaid expenses	(197,495)	(25,074)
Accrued claims and capitation payable	(5,653,481)	7,298,106
Accounts payable	(2,595,666)	1,693,502
Deferred revenue	(7,920)	220,662
Accrued expenses and taxes	69,941	453,036
Net cash (used) provided by operating activities	(5,097,191)	12,888,901
Cash flows from investing activities		
Purchases of property and equipment	(943,166)	(2,104,295)
Proceeds from sale of property and equipment	--	8,000
Additions to internally developed software and technology	(440,585)	(549,799)
Change in security deposits	(14,799)	48,000
Withdrawals from (interest income reinvested in) marketable securities, restricted	72	(10)
Net cash used by investing activities	(1,398,478)	(2,598,104)
Cash flows from financing activities		
Distributions to stockholders	(1,900,368)	(1,900,368)
Proceeds from term loans	361,936	674,423
Repayment of term loans	(497,624)	(358,080)
Net cash used by financing activities	(2,036,056)	(1,584,025)
Net change in cash and cash equivalents	(8,531,725)	8,706,772
Cash and cash equivalents		
Beginning of year	26,053,338	17,346,566
End of year	\$ 17,521,613	\$ 26,053,338
Supplemental disclosure of cash flow information		
Cash paid during the year for		
Interest	\$ 27,115	\$ 19,371
Supplemental disclosure of non-cash investing and financing activities		
Term loan refinanced with new term loan	\$ --	\$ 397,577

The Notes to Consolidated Financial Statements are an integral part of these statements.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

1. Nature of Operations

Healthplex, Inc., a dental plan service corporation, provides and furnishes marketing, claims processing, electronic data processing, printing, consulting and other related services on a fee for service basis to clients in the New York metropolitan area.

The Company, through its wholly-owned active subsidiaries, operates the following businesses:

- A) International Healthcare Services, Inc. ("IHS") – operates as a Dental Plan Organization on a capitation premium basis to a variety of organizations and individuals in the state of New Jersey. Effective January 1, 2016, the Company became a Qualified Health Plan ("QHP") to sell dental plans to individuals and SHOP businesses on the Federally-Funded Marketplace.
- B) Healthplex IPA, Inc. ("IPA") – operates as an Independent Practice Association which enters into contracts with Health Maintenance Organizations to service and process claims on a limited shared risk basis with the insurance carrier.
- C) Healthplex Insurance Company ("HIC") – is a New York State licensed insurance carrier under Article 42 of the NYS insurance law. The company provides fee-for-service dental plans to small and large businesses. Effective January 1, 2014, the company became a Qualified Health Plan ("QHP") to sell dental plans to individuals and SHOP businesses on the New York State of Health marketplace.
- D) Healthplex of CT, Inc. ("HCT") – operates as a Preferred Provider Network and is licensed to conduct business as a utilization review agent in the state of Connecticut.
- E) Healthplex of NJ, Inc. ("HNJ") – operates as an Organized Delivery System in the state of New Jersey.
- F) Healthplex Dental Services, Inc. ("HDS") – operates as a Prepaid Limited Health Services Corporation in the state of Florida. Effective January 1, 2016, the Company became a Qualified Health Plan ("QHP") to sell dental plans to individuals and SHOP businesses on the Federally-Funded Marketplace.

In addition, the Company has various inactive wholly-owned subsidiaries.

2. Summary of Significant Accounting Policies

Significant accounting policies followed by Healthplex Inc, ("Parent") and Subsidiaries, collectively ("the Company") in preparation of the accompanying consolidated financial statements are summarized below. The consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States of America ("US GAAP"), which differs in some respects from those followed in reports prepared under statutory accounting practices issued by the National Association of Insurance Commissioners ("SSAP").

Principles of Consolidation

The consolidated financial statements include the accounts of Healthplex, Inc. and Subsidiaries. All significant intercompany transactions and balances have been eliminated in consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with US GAAP requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates. The primary estimates made by management include the accrual for incurred but not reported claims and claims adjustment expenses.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

Concentration of Credit Risk

The Company maintains, at times, cash balances at several financial institutions in excess of amounts insured by the Federal Deposit Insurance Corporation. Management monitors the soundness of these institutions and has not suffered any losses.

The Company has a concentration of their work force under a collective bargaining agreement between Healthplex, Inc. and Local 312, affiliated with the U.F.C.W. Such agreement terminates on December 31, 2017. As of December 31, 2015 approximately 51 percent of the workforce had become union members.

Major Customers

The Company's four largest customers accounted for approximately 50 percent of total revenue in 2015. The Company's three largest customers accounted for 38 percent of total revenues in 2014. The Company has receivables from one customer at December 31, 2015 which represents approximately 58 percent of accounts receivable and four customers at December 31, 2014 which represent approximately 75 percent of accounts receivable.

Marketable Securities

Investments in marketable securities are recorded in the consolidated financial statements as available for sale and are recorded at market value with unrealized gains and losses charged to equity through other comprehensive income (loss). Realized gains or losses on the sale or maturity of investments are determined on the basis of specific cost of the investments and are included in net income. Investment income is taken into income as earned. The Company had no accumulated "other comprehensive income" as of December 31, 2015 and 2014 as fair market value of the investments approximated the cost basis.

Income Taxes

The Company has elected to be taxed under the provisions of Subchapter "S" of the Internal Revenue Code and for state income tax purposes. All of the subsidiaries are "C" corporations which are 100 percent owned by Healthplex, Inc. Each subsidiary has elected to be taxed as a Qualified Subchapter S Subsidiary ("QSSS") under the Subchapter "S" provisions of the Internal Revenue Code and the applicable state codes. Accordingly, their income is included on the Parent's return.

Deferred income tax assets and liabilities are recognized for the temporary differences between financial and income tax reporting basis of assets and liabilities based on enacted tax rates and laws. The deferred income tax provision or benefit generally reflects the net change in deferred income tax assets and liabilities during the year. The current income tax provision reflects the tax consequences of revenues and expenses currently taxable or deductible on the Company's various income tax returns for the year reported. The Company does not have any deferred tax items at December 31, 2015 and 2014.

The Company follows the accounting pronouncement dealing with uncertain tax positions. The Company had no unrecognized tax benefits at December 31, 2015 and 2014. The Company files tax returns in the U.S. federal jurisdiction, various states, and various cities. The Company currently has no open years prior to 2012. There are no penalties or interest associated with the Company's tax returns included in these consolidated financial statements.

Premiums

The Company recognizes revenue on the accrual basis of accounting. Capitation income, ASO income, and insurance premiums are paid by customers on a monthly, quarterly, semi-annual, or annual basis and are recognized as income in the month of the related contract term. Premium amounts are determined on the basis of the Company's rates approved by the state departments of insurance, where applicable. Premiums receivable are amounts due to the Company from the insured. Premiums received in advance are deferred until the month the policy applies and are included in deferred revenue on the consolidated balance sheets. Service fee income is recorded after the service has been performed and according to contracted terms. Costs of acquiring and renewing new business are expensed as incurred.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

Commissions on Premiums

In the ordinary course of business, the Company pays insurance agents and brokers for dental insurance sold to its own commercial groups and those of its client, Dentcare Delivery Systems, Inc. The Company generally pays these agents and brokers a commission based upon premiums collected which are expensed during the year.

Advertising

Advertising is expensed in the period incurred. Advertising expenses amounted to \$310,779 and \$352,342 in 2015 and 2014, respectively.

Cash Equivalents

Cash and cash equivalents include time deposits and highly liquid instruments with original maturities of three months or less at date of acquisition.

Restricted Cash, Cash Equivalents, and Certificates of Deposit

The Company has classified certain amounts as restricted cash, cash equivalents, or certificates of deposit pursuant to contracts with its customers and various state insurance department statutes. Such restricted cash, cash equivalents, or certificates of deposit relate to payments of claims expenses and have certain restrictions which limit their use by the Company.

Reserve for Claims and Claims Adjustment Expenses

The reserve for unpaid claims and claims adjustment expenses includes estimates principally based on past history for claims reported prior to the close of the year and estimates with respect to incurred but not reported ("IBNR") claims. The method of making such estimates and for establishing the resulting reserves is continually reviewed and updated, and adjustments resulting therefrom are reflected in current operations. The estimates are determined by management and are based upon the Company's historical data. The unpaid claims and unpaid claims adjustment expenses presented in these consolidated financial statements have not been discounted, due to the short term nature of these claims. The reserves for unpaid claims and claims adjustment expenses are estimated by management through the use of an independent actuary. This liability is subject to the impact of future changes in frequency and other factors which may be outside of the Company's control. Despite the variability inherent in such estimates, management believes that the liability for unpaid claims is adequate. However, the Company's actual future experience may not conform to the assumptions inherent in the determination of this liability. Accordingly, the ultimate settlement of these claims expenses may vary from the amounts included in the accompanying consolidated financial statements. At December 31, 2015 and 2014, the Company's reserve for unpaid claims and claims adjustment expenses amounted to \$16,291,396 and \$21,750,014, respectively.

Property and Equipment

Property and equipment are stated at cost. Depreciation is provided under the straight-line method based upon the following estimated useful lives:

Description	Estimated Life (Years)
Furniture fixtures and equipment	5-8
Equipment under capital leases	5-8
Leasehold improvements	8-15
Vehicles	5-10

Major replacements of, and improvements to, property and equipment are capitalized. Minor replacements, repairs, and maintenance are charged to expense as incurred. Upon retirement or sale, the cost of assets disposed and the related accumulated depreciation are removed from the accounts and any resulting gain or loss is recorded in operations.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

Internally Developed Software and Technology

Internally developed software and technology represents costs incurred in connection with enhancing the Company's website and developing dashboard technology to improve client interactivity, among other projects, and are stated at cost. The expenditures have been capitalized as the Company is in the application development stage. These capitalized costs are amortized over the estimated useful life when of four years when placed in service.

Goodwill

The Company accounts for goodwill under the accounting standard relating to goodwill and other intangible assets. As required under the standard, goodwill is not amortized but instead tested for impairment on an annual basis. The Company reviews the carrying value of goodwill annually. The Company measures impairment losses by comparing the carrying value to fair value. During the periods presented in these consolidated financial statements, the fair value for goodwill exceeded the carrying amount and no impairment was indicated.

Valuation of Long-Lived Assets

In accordance with the provisions of the accounting standards related to the impairment of long-lived assets, the Company reviews all long-lived assets, including property and equipment, for impairment whenever events or changes in business circumstances indicate that the carrying amounts of the assets may not be fully recoverable. Management has determined that no assessment was required for the periods presented in the consolidated financial statements.

Accounts Receivable and Allowance for Doubtful Accounts

The Company determines its allowance for doubtful accounts principally based upon historical experience, the aging of the individual receivables, management's understanding of the financial condition of the counterparty, and management's judgment of current market conditions. The nature of the Company's business indicates its accounts receivable to be fully collectible. Accordingly, an allowance for doubtful accounts of \$685,380 was recorded for 2015. No allowance was recorded for 2014. The Company does not accrue interest on its outstanding accounts receivable. Accounts receivable are unsecured and due on demand.

Leases

Leases which transfer substantially all of the risks and benefits of ownership are classified as capital leases, and assets and liabilities are recorded at amounts equal to the lesser of the present value of the minimum lease payments or the fair value of the leased properties at the beginning of the respective lease terms. Such assets are depreciated in the same manner as owned assets. Interest expense relating to the lease liabilities is recorded to effect constant rates of interest over the terms of the leases. The Company has no capital leases at December 31, 2015 and 2014.

Leases which do not meet the above criteria are classified as operating leases and the related rentals are charged to expense on the straight-line method. Such method allocates the total base rentals (including scheduled increases) evenly over the entire term of the lease. The amounts of rent expense recognized in excess of the base rentals actually payable are reported as deferred rent payable.

Retirement Plan

The Company maintains a 401(k) plan which allows employees to defer a percentage of their wages. The plan allows the Company, at its discretion, to match 30 percent of employee deferrals up to 10 percent of the employee's wages. The Company's matching contribution was approximately \$420,000 for the year ended December 31, 2015 and approximately \$371,000 for the year ended December 31, 2014.

Reclassifications

Certain amounts in the prior year consolidated financial statements have been reclassified for comparative purposes to conform to the presentation in the current year consolidated financial statements. The reclassification had no impact on previously reported net income or stockholders' equity.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

3. Investments and Marketable Securities

At December 31, investments and marketable securities, including those included in restricted cash, cash equivalents, and certificates of deposit, consist of the following:

	Fair Value	
	2015	2014
Investments and marketable securities classified as available for sale	<u>\$ 8,049,794</u>	<u>\$ 8,070,784</u>

Realized gains and losses are determined on the basis of average costs.

Recurring Fair Value Measurements

Pursuant to the pronouncement dealing with fair value measurements, the Company has provided fair value disclosure information for relevant assets and liabilities in these consolidated financial statements. The following table summarizes assets (which have been accounted for at fair value on a recurring basis as of December 31, along with the basis for the determination of fair value:

2015:

		Basis for Valuation		
	Total	Quoted Prices in Active Markets	Observable Measurement Criteria	Unobservable Measurement Criteria
United States Treasury Bills (Level 1)	\$ 204,881	\$ 204,881	\$ --	\$ --
Money Market (Level 1)	3,128,913	3,128,913	--	--
Certificates of Deposit (Level 2)	<u>4,716,000</u>	<u>--</u>	<u>4,716,000</u>	<u>--</u>
	<u>\$ 8,049,794</u>	<u>\$ 3,333,794</u>	<u>\$ 4,716,000</u>	<u>\$ --</u>

2014:

		Basis for Valuation		
	Total	Quoted Prices in Active Markets	Observable Measurement Criteria	Unobservable Measurement Criteria
United States Treasury Bills (Level 1)	\$ 204,953	\$ 204,953	\$ --	\$ --
Money Market (Level 1)	4,365,831	4,365,831	--	--
Certificates of Deposit (Level 2)	<u>3,500,000</u>	<u>--</u>	<u>3,500,000</u>	<u>--</u>
	<u>\$ 8,070,784</u>	<u>\$ 4,570,784</u>	<u>\$ 3,500,000</u>	<u>\$ --</u>

For applicable assets and liabilities subject to this pronouncement, the Company will value such assets and liabilities using quoted market prices in active markets for identical assets and liabilities to the extent possible (Level 1). To the extent that such market prices are not available, the Company will next attempt to value such assets and liabilities using observable measurement criteria, including quoted market prices of similar assets and liabilities in active and inactive markets and other corroborated factors (Level 2). In the event that quoted market prices in active markets and other observable measurement criteria are not available, the Company will develop measurement criteria based on the best information available (Level 3).

All of the marketable securities held by the Company as of December 31, 2015 have a maturity of less than 5 years. Actual maturities may differ from contractual maturities in the event the issuers of the securities have the rights to call or prepay the obligations.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

4. Property and Equipment

Property and equipment consists of the following at December 31:

	2015	2014
Furniture, fixtures and equipment	\$ 8,476,463	\$ 7,567,491
Leasehold improvements	681,220	647,026
Vehicles	269,437	269,437
	<u>9,427,120</u>	<u>8,483,954</u>
Less: Accumulated depreciation and amortization	(4,887,903)	(3,478,538)
Property and equipment, net	<u>\$ 4,539,217</u>	<u>\$ 5,005,416</u>

Depreciation and amortization expense amounted to approximately \$1,409,000 and \$1,267,000 for the years ended December 31, 2015 and 2014, respectively.

5. Internally Developed Software and Technology

Internally developed software and technology consists of the following at December 31:

	2015	2014
Information technology and website enhancements implemented	\$ 674,597	\$ 674,597
Information technology - new projects	1,265,667	825,082
	<u>1,940,264</u>	<u>1,499,679</u>
Less: Accumulated amortization	(698,982)	(354,222)
	<u>\$ 1,241,282</u>	<u>\$ 1,145,457</u>

Amortization expense amounted to approximately \$345,000 and \$174,000 for the years ended December 31, 2015 and 2014, respectively.

6. Line of Credit and Term Loans Payable

The Company has a \$10,000,000 line of credit agreement with a bank which expires on July 31, 2016. Advances on the line of credit accrue interest at a rate to be elected by the Company at the time of each advance equal to either: (1) the LIBOR plus 200 basis points or (2) the greater of the bank's prime rate minus 0.50 percent or the minimum interest rate, as defined in the agreement, minus 0.50 percent. Interest on the unpaid balance is payable monthly. The line of credit is secured by a first priority security interest in all assets and personal property of the Company.

In 2014, the Company executed a \$1,072,000 term loan agreement with a bank. Equal monthly principal payments of \$29,778 plus interest are due through June 1, 2017, at which time all unpaid principal and interest are due. Interest accrues at rate equal to the LIBOR plus 200 basis points. At December 31, 2015 and 2014, \$556,561 and \$943,593, respectively, was outstanding. The term loan is secured by a first priority security interest in certain property and equipment of the Company.

In 2015, the Company executed a \$361,936 term loan agreement with a bank. Equal monthly principal payments of \$10,054 plus interest are due through January 1, 2018, at which time all unpaid principal and interest are due. Interest accrues at a rate equal to LIBOR plus 200 basis points. At December 31, 2015, \$251,344 was outstanding. The term loan is secured by a first priority security interest in certain property and equipment of the Company.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

Future repayments of the term loans payable are as follows:

Year	Amount
2016	\$ 498,545
2017	299,312
2018	10,048
	<u>\$ 807,905</u>

The line of credit and term loans payable are guaranteed by IHS, HIC, IPA, HNJ, and HCT (the "Guarantors"). The Company and the Guarantors must maintain a minimum tangible net worth, measured quarterly, and a minimum debt service coverage ratio on a consolidated basis, measured annually. In addition, the agreements contain cross-default provisions. The Company and the Guarantors were not in compliance with the debt service coverage ratio at December 31, 2015. However, due to the entire line of credit being available at December 31, 2015 and 2014, the bank has provided a waiver letter for non-compliance.

7. Commitments

Software and Support Contract

In conjunction with the purchase of certain property and equipment in 2014, the Company entered into a five year agreement for software and support. The total cost is \$960,000, payable in four installments of \$240,000 in 2015 through 2018.

Lease Commitments

The Company leases executive and administrative office space under leases expiring through 2022. The Company has classified these leases as operating leases. The leases provide for annual increases, generally 3 to 4 percent, through the entire term of the lease.

Future minimum lease payments for all leases for the years ending December 31 are as follows:

Year	Amount
2016	\$ 5,276,337
2017	4,037,351
2018	3,778,191
2019	3,068,723
2020	2,838,743
Thereafter	3,578,816
	<u>\$ 22,578,161</u>

Rent expense under the operating leases were approximately \$2,544,000 and \$2,568,000 for the years ended December 31, 2015 and 2014, respectively.

Other Commitments (Related Party)

Certain selling, general, and administrative expenses relate to usage fees payable by the Company to limited liability companies owned and controlled by shareholders and management of the Company ("affiliates") for the right to use, exploit, and commercialize in connection with the business of the Company personal goodwill owned by such affiliates. Contracts with these affiliates ran through June 1, 2015 and automatically renewed for two years to June 1, 2017. The contracts automatically renew every two years thereafter unless terminated by either party. Payments under the contract are made on a monthly basis.

Healthplex, Inc. and Subsidiaries
Notes to Consolidated Financial Statements
December 31, 2015 and 2014

8. Self-Insured Health Plan

In 2013, the Company began operating a self-insured health plan, ("the Plan") for all union employees. The Plan is administered by a third party. Because of potential catastrophic claims, the Company has purchased stop-loss insurance that becomes effective when claims exceed \$100,000 per employee, per year.

The Company has set aside a reserve of approximately \$143,700 and \$161,000 as of December 31, 2015 and 2014, respectively to cover potential claims incurred but not reported. The reserve is included in accrued expenses and taxes.

The plan was terminated in 2016.

9. Subsequent Events

The Company has evaluated subsequent events occurring after the consolidated balance sheet date through the date of March 22, 2016 which is the date the consolidated financial statements were available to be issued. Based on this evaluation, the Company has determined that no subsequent events have occurred which require adjustment to or disclosure in the consolidated financial statements.

Para version en Espanol vea el otro lado.

333 Earle Ovington Blvd., Ste 300
Uniondale, NY 11553-3608
(800) 468-9868 TTY/TDD (800) 662-1220
Monday to Friday 8 am – 6 pm EST

██████████ is committed to providing you with quality dental service. In order to better serve you, we would appreciate it if you would take a few minutes to evaluate your dental coverage through Healthplex. Please answer all questions that apply, and return the survey in the enclosed postage paid envelope. All responses will be treated as strictly confidential. Thank you for your assistance.

Mark one bubble per line. Acceptable marks include: ●  ✕

Our records indicate that your primary dentist's office name and number are:

Nuestros registros indican que el nombre de su dentista primario y el número de código del dentista son:

Name of Primary Dentist:

Site No.:

Nombre de Dentista Primario:

Número de código:

Please complete the questionnaire for the dentist office indicated above.

	1 week	2 weeks	3 weeks	4 weeks	Over 4 weeks
1. Within how many weeks of your call to the above dental office were you given an appointment?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Was the dental provider who you wanted to see in your plan?	Yes <input type="radio"/>	No <input type="radio"/>	If No, please indicate dentist's name here: _____		
	Excellent	Very Good	Good	Fair	Poor
3. How would you rate the number of dentists to choose from within the plan?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. How would you rate this dentist's concern with the importance of routine dental care?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. How would you rate the politeness and helpfulness of the dental office staff in this office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. How would you rate the cleanliness and order of this dental office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. How would you rate the overall quality of dental care you received in this office?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. How would you rate the likelihood of recommending this office to a friend or family member?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Have you called Healthplex Customer Service in the past year? Yes <input type="radio"/> No <input type="radio"/> If yes, how would you rate the service?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like a Customer Service Representative to call you, please write your name and the phone number where you can be reached between 8 a.m. and 6 p.m.: _____

Additional Comments: (all responses will be kept confidential) _____

92% of respondents indicated that the overall quality of dental care received from their assigned provider was "good" to "excellent", which Healthplex considers satisfactory. We asked the members if their dentist needed approval for a service, how happy the member was with the amount of time it took to receive a response; 85% responded that the response time was "good" to "excellent". Healthplex is compliant with the State mandated timeframes for processing prior authorization requests within three business days. Provider Relations will continue to educate the offices on submitting prior authorization requests in a timely manner in order to shorten the time it takes for the member to receive a response.

For those members who received a denial for a requested service and filed an appeal, 87% responded they were satisfied with the appeal process. Since a small percentage of cases are overturned on appeal, it is our experience that the dissatisfaction can be attributed to the outcome of the appeal rather than the appeal process itself. Data supports the fact that the Healthplex appeals processing and turnaround time conforms to State guidelines; therefore, revisions to the process are not warranted. Healthplex will work with the health plan to better educate members on the appeals process.

For those members who needed to see a dental specialist, 90% responded that the specialty referral process was satisfactory. Healthplex continues to look for areas to make the referral process more efficient. Of the 34% of respondents who have called Healthplex Customer Service in the past year, 96% responded that the service they received was satisfactory.

In conclusion, most of the respondents provided positive feedback regarding their dentist, their dental benefit and the services provided by Healthplex. Most were satisfied with the quality of dental providers and perceived that their dentist was concerned with providing quality dental care. Healthplex will continue to develop initiatives to improve member satisfaction with the level of service provided with particular regard to the appeals and referral processes, timely processing of prior authorizations, as well as Customer Service. The continued effectiveness of these efforts will be measured by analyzing future member satisfaction surveys.



HEALT-2 OP ID: MC

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/24/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Premier Risk LLC 142 Lakeview Avenue Lynbrook, NY 11563		CONTACT NAME: Premier Risk Inc. PHONE (A/C, No, Ext): 516-599-8484 E-MAIL ADDRESS: mcafiero@premierrisk.com FAX (A/C, No): 516-599-8054	
		INSURER(S) AFFORDING COVERAGE	
		INSURER A: Sentinel Insurance Company	
		INSURER B: Travelers Indemnity Company	
		INSURER C: Travelers Ind Co of CT.	
		INSURER D: Ironshore Specialty Ins. Co.	
		INSURER E:	
		INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractual Liab <input checked="" type="checkbox"/> Blanket Addl Ins GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		12SBAIG0902	04/15/2016	04/15/2017	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 Emp Ben. \$ 2,000,000
B	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BA3896N028	04/15/2016	04/15/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000		ZUP-15N66369-16-NF	04/15/2016	04/15/2017	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	UB3332R527	07/31/2015	07/31/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Prof Liab E&O		1055603 DED \$100,000	06/01/2015	06/01/2016	P Cln/Agg 5,000,000
D	Prof Liab D&O		1055804	06/01/2015	06/01/2016	P Cln/Agg 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Nassau County is included as Additional Insured as respects to General Liability, subject to policy terms and conditions.

CERTIFICATE HOLDER

CANCELLATION

CERTIFICATE HOLDER NASSAUC Nassau County One West Street Mineola, NY 11501	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
---	--

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GO TO WWW.HEALTHPLEX.COM, LOG IN, AND
COMPLETE THIS SURVEY ONLINE FOR A CHANCE TO WIN A
\$300 GIFT CARD!

DENTAL SATISFACTION SURVEY

PROVIDER/PRACTICE NAME:

SITE ID:

PRACTICE SPECIALTY: ☐ General Dentist ☐ Specialist: _____

TYPE OF PRACTICE (Please check the box that best represents your practice/facility):

☐ Solo Private Practice ☐ Hospital ☐ Nonprofit Community Health Center ☐ Group Private Practice ☐ Other

PERSON COMPLETING THIS FORM:

☐ Dentist ☐ Office Manager ☐ Receptionist ☐ Other

OFFICE ADDRESS:

CITY:

STATE:

COUNTY:

ZIP CODE:

TELEPHONE: ()

FAX: ()

E-MAIL ADDRESS:

HOW WOULD YOU RATE THE FOLLOWING ITEMS BASED ON YOUR EXPERIENCES IN THE PAST 12 MONTHS?

(Please choose the answer that reflects how strongly you agree or disagree with the following statements.)

UTILIZATION MANAGEMENT

The Healthplex Authorization Process:

Strongly
Agree

Agree

Neither Agree
or Disagree

Disagree

Strongly
Disagree

I am satisfied with:

1. ... the accuracy and consistency of authorization processing.

2. ... the timeliness of authorization processing.

3. I understand EOB's.

The Healthplex Referral Process:

Strongly
Agree

Agree

Neither Agree
or Disagree

Disagree

Strongly
Disagree

I am satisfied with:

4. ... the accuracy and consistency of referral processing.

5. ... the timeliness of referral processing.

6. I understand the referral process.

PLEASE TURN TO PAGE 2



333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608
(516) 542-2200 • (888) 468-2183
Fax: (516) 228-9571
providerrelations@healthplex.com
www.healthplex.com

March, 2015

Dear Doctor:

Healthplex values your input and recognizes you as our partner in the delivery of high quality dental care to our members. We would appreciate it if you would take a few minutes to provide us with an evaluation of our operations and services.

There are two ways to complete this year's survey:

- 1) **Preferred Method** - Log on to www.Healthplex.com and you will automatically be prompted to complete the survey online. Completing surveys in this manner will enter your office into a drawing for a \$300 gift card!

- OR -

- 2) Complete the enclosed **Dental Satisfaction Survey** and return it to Healthplex in the postage paid envelope included.

*** PLEASE RESPOND WITHIN 10 BUSINESS DAYS ***

Please be assured that we at Healthplex will use the information to evaluate how we might improve both our programs and our overall relationship with *you*. Thank you in advance for taking the time to complete the Healthplex **Dental Satisfaction Survey**!

Sincerely,

Joan M. Waldron, D.D.S., M.P.A.
Director, Provider Relations and Outreach

Encl. Dental Satisfaction Survey
Postage Paid Envelope



The Healthplex Emergency Referral Process:

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

I am satisfied with:

7. ... the accuracy and consistency of the emergency referral process.

8. ... the timeliness of emergency referral processing.

9. I understand the emergency referral process.

The Healthplex Clinical Appeals Process:

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

I am satisfied with:

10. ... the accuracy and consistency of the appeals process.

11. ... the timeliness of the appeals process.

12. I understand clinical appeal rights and associated processes.

CLAIMS SERVICES

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

I am satisfied with:

13. ... the timeliness of claims processing.

14. ... the accuracy of claims processing.

PROVIDER RELATIONS

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

15. I am satisfied with the responsiveness of the Provider Relations staff.

16. My office has been sufficiently oriented to the policies and procedures of Healthplex.

CUSTOMER SERVICE

Strongly Agree

Agree

Neither Agree or Disagree

Disagree

Strongly Disagree

I am satisfied with:

17. ... the helpfulness of the Healthplex Provider Hotline (Call Center).

18. ... the speed of answer of the Healthplex Provider Hotline (Call Center).

19. ... the accuracy of the information provided by the Healthplex Provider Hotline (Call Center).

PLEASE TURN TO PAGE 3

**CREDENTIALING**

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree

I am satisfied with:

20. ... the professionalism of Healthplex's credentialing staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. ... Healthplex's recredentialing/credentialing process.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TECHNOLOGY

All the Time Frequently Occasionally Rarely Never

22. I am satisfied with the user-friendliness of the Healthplex website.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I am submitting claims electronically.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I use the Internet in my office to help run my business.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I use the Healthplex automated voice response system to check eligibility, claims status, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OVERALL SERVICES

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree

26. I am satisfied with the overall quality of services provided by Healthplex.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ADDITIONAL COMMENTS

Do you have any additional concerns or comments? _____

What changes or improvements would you suggest? _____

Please mail the completed survey form to the Provider Relations Department in the enclosed postage-paid envelope, or complete this survey online by logging on to www.Healthplex.com in order to be entered for a chance to win a \$300 gift card!

THANK YOU!!!

Dental Satisfaction Survey 2015

Page 3 of 3
Site ID:

Memorandum

To: Quality Improvement Committee

From: Joan M. Waldron, D.D.S., M.P.A.

Date: September 1, 2015

Subject: **2015 Provider Survey Analysis**

The 2015 Provider Satisfaction Survey was sent by mail to **4,970** participating providers, of which **2,481** responses were received, representing a **49%** response rate.

Survey Improvements for 2015

Last year, 2,645 surveys were sent out and 621 responses were received, representing a 23% response rate, overall (2014). With the implementation of the web based survey feature which Healthplex implemented this year, the response rate has more than doubled, leading to a more statistically significant picture of how our network perceives Healthplex.

Respondents

General dentists made up the majority of overall responses with 72% of replies coming from an office with said SPECIALTY. Orthodontists 9% and oral surgeons 8% were the next most common respondents, followed by pedodontists 5%, periodontists 3%, and endodontists and prosthodontists making up the remainder of responses.

Two-thirds of the opinions expressed in this survey come from office staff and not the actual doctors themselves. Those surveyed identified themselves as office managers 43%, receptionists 23%, and finally the doctors 23%, the remainder choosing to identify as other.

Reporting

The overall results of providers across the New York Tri-State area are expressed in the first section of this memorandum. Subsequent results are broken down by network segments divided across criteria like lines of business or geographic regions. Any responses from individual segments that are deemed to closely resemble the overall responses have been omitted to reduce repetitiveness.

OVERALL

Providers gave a 92% level of satisfaction for overall quality of services provided by Healthplex.

Utilization Management

Healthplex's AUTHORIZATION PROCESS held strong this year with the accuracy and timeliness of our process having a 91% satisfaction rate. The EOBs that we send out are clear and concise, earning a 93% satisfaction for this year.

When asked about Healthplex's EMERGENCY REFERRAL PROCESS, accuracy scored a 93% satisfaction rate.

Our providers have a solid grasp of how our CLINICAL APPEALS PROCESS works with a resounding 97% of responses claiming to be satisfied with their understanding and the clarity of the process. Accuracy and timeliness also scored well with satisfaction rate of 92%.

Claims Services

The timeliness of our claims processing scored a 97% satisfaction rate.

The responses with *the strongest opinions of satisfaction (strongly agree)* made up 44% of this category's metric. This makes the statement: "Providers strongly agree that they are satisfied with the accuracy of claims processing," the 3rd strongest opinion in the entire survey.

Provider Relations

The responsiveness of the PROVIDER RELATIONS STAFF earned some of the most favorable opinions of the survey with over 2/3's of the 92% satisfaction rate coming from "strongly agree". When asked about how providers felt regarding being sufficiently oriented to the POLICIES AND PROCEDURES OF HEALTHPLEX, the survey revealed a satisfaction rate with over 2/3's of all responses coming from the weaker opinions (Agree/Disagree) as opposed to the stronger opinions (Strongly Agree/Strongly Disagree). This shows that providers don't have a very strong opinion either way on how oriented they are with our policies and procedures.

Customer Service

The Healthplex PROVIDER HOTLINE scored well this year in all categories: helpfulness 90%, speed of answer 86%, and accuracy of information provided 90%.

Credentialing

Providers were very happy with our credentialing department, giving satisfaction ratings of 90% for professionalism and 95% for our credentialing process.

Technology

Healthplex.com had a user friendliness satisfaction rating of 93%. Meanwhile, 90% of providers claimed to be submitting claims electronically at least *sometimes*. This number coincides well with the 10% of providers who said that they *rarely or never* use the internet to help them run their business. As for the automated voice response system in place to check things like claim status or eligibility, 87% of providers claim to be using this resource.



CERTIFICATE OF INSURANCE

DENTCARE DELIVERY SYSTEMS, INC.
333 Earle Ovington Boulevard, Suite 300
Uniondale, NY 11553-3608

General Administration 516 542 2200

Customer Service 800 468 0600

TTY/TTD 800 662 1220

www.dentcaredeliverysystems.org

Plan Administered by Healthplex, Inc.
www.healthplex.com

CERTIFICATE OF INSURANCE

This form is a summary of the Group Policy features that affect your insurance. It is evidence of the coverage provided by such policy. The Group Policy is a contract between Dentcare Delivery Systems Inc. (Dentcare) and the Policyholder. It may be changed or ended without notice to, or consent of, any insured person.

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DEFINITIONS

Benefit Period: the extent of time for which benefits are payable. Unless otherwise defined in the Schedule of Benefits, the Benefit Period is the period stated in the Policy Section: Acceptance.

Benefit Program: the program of Dental Care benefits noted and described on the cover page of the Policy.

Calendar Year: A single year beginning on January 1 and ending on December 31. The first Calendar Year will begin on the Policy Effective Date and end that year on December 31.

Coinsurance: The fixed percentage of the Maximum Allowable Amount for Covered Services that the Member is required to pay. It is shown in the Schedule of Benefits.

Copayment: The amount that the Member is required to pay to the Dentist for Covered Services. It is shown in the Schedule of Benefits.

Cost Share (Cost Sharing): The amount that the Member is required to pay for Covered Services. Cost-Shares can be in the form of Coinsurance, Copayments, Deductibles and amounts over the plan MAA.

Covered Person: An Eligible Person as defined in the Eligibility Section, who has been accepted for membership under this Policy and in whose name an ID card is issued.

Covered Service: Diagnosis, care, treatment or supplies that are:

1. described in the Policy under the Covered Services Sections;
2. performed by a Dentist (Reimbursement Plan) or a participating dentist (Managed Care Plan); and
3. not described as exclusions or limitations in the Policy.

Deductible: The fixed amount that the Member must pay for Covered Services in a Calendar Year before Coinsurance is applied.

1. The individual and family Deductible amounts are shown in the Schedule of Benefits
2. The family amount (2 Members) is met when each Member meets the individual amount.
3. The family amount (3 or more Members) is met when family Members collectively meet the difference between the individual and family amounts.

Dental Emergency: Acute pain or a condition that needs immediate treatment but does not produce a definite cure. Includes, but is not limited to procedures to:

1. stop bleeding;
2. open and clean an infection; and/or
3. relieve pain.

Dentist: Any licensed Dentist (D.D.S., D.M.D.) who practices Dentistry, including:

1. Endodontist: a Dentist who treats disease of and injuries to the pulp.
2. Periodontist: a Dentist who treats diseases of the supporting tissues of the teeth.
3. Prosthodontist: a Dentist who restores and/or replaces missing teeth with artificial teeth.
4. Oral Surgeon: a Dentist who surgically treats diseases, injuries, deformities and defects of the teeth.
5. Orthodontist: a Dentist who treats teeth that are out of position or rotated.

Dependent: An Eligible Dependent as defined in the Policy Section: Eligibility.

Dependent Child: An eligible dependent as defined in the Policy Section: Eligibility. This could be a natural child, stepchild, adopted child or proposed adoptive child awaiting adoption.

Effective Date: The date on which the Member is eligible to receive benefits under the Policy.

Maximum Allowable Amount (MAA): A reasonable amount as determined by Dentcare and accepted by plan Dentists for Covered Services. The amount Dentcare will pay for Covered Services will be the lesser of the MAA or the billed fees. Dentcare has the right to create, as it deems fair, the MAA under the Policy. It is the Member's obligation to pay Cost-Shares towards the MAA and amounts in excess of the MAA.

Member: The Covered Person or an Eligible Dependent.

Participating Dentist: A Dentist who has signed an agreement with Dentcare to provide services to members on a per person basis or other fee basis.

Prior Authorization (Pre-Authorization): A case where prior approval has been obtained from Dentcare for a Member to receive benefits for Covered Services. Such approval is only valid if treatment is done during a period of Eligibility.

Treatment Plan: A written report showing the diagnosis and proposed treatment of any dental disease, defect or injury, prepared by a Dentist. A Treatment Plan for pre-determination of benefits may be sent to Dentcare if the planned Covered Services are at least \$250.

ELIGIBILITY

An Eligible Person is:

1. a current employee or group member actively at work at least 20 hours a week. (This may be changed if Dentcare and the Policyholder agree); or
2. a current employee not actively at work due to a work related injury and receiving Worker's Compensation benefits under the former employer's policy; or
3. a former employee who elects to continue enrollment under COBRA, as amended, or N.Y. Ins. Law 3221 (m); or
4. a retiree of the Policyholder who meets the Policyholder's Eligibility rules.

If dependent coverage is selected, an Eligible Dependent is:

1. the lawful spouse of the Covered Person under a legal, existing marriage: or
2. the under 19, unmarried, dependent child of the Covered Person or lawful spouse: or
3. the under 19, unmarried, dependent child for whom the Covered Person or lawful spouse has been named as legal guardian: or
4. the under 23, dependent child of a Covered Person or lawful spouse who is a full-time student at a recognized college, university or trade school. (Dentcare may require yearly proof of student status): or
5. the unmarried, disabled dependent child of the Covered Person or lawful spouse.

EFFECTIVE DATE

The effective date of this plan is shown on the enclosed Group Benefit Page. Covered persons and their dependents are first eligible on the date shown. Applications received more than 31 days from the initial date of Eligibility shall be called Late Enrollees. Late Enrollees have no coverage and must wait to enroll in the Plan at the next Open Enrollment or Plan anniversary date. New hires and their dependents are covered when they have satisfied the eligibility requirements of their Group.

DENTAL BENEFITS

Deductibles, family deductibles, coinsurance, copayments and maximums are shown on the Group Benefit Pages. Some of these plan features apply to the Reimbursement Plan. Some apply to the Managed Care Plan. Check the Group Benefit Pages to determine the features that apply to your coverage. All covered services are subject to the exclusions, conditions, limitations and eligibility rules in this document. In the Reimbursement Plan, benefits for covered services of \$250 or more should be predetermined prior to treatment.

To predetermine a Treatment Plan or claim, the Member must give Dentcare all material that it may require. This includes x-rays, models, charts and written reports. Dentcare has the right to require an oral exam of the Member in order to determine benefits.

Unless amended on the Group Benefit Page, the following is a summary of the key frequency limitations in the Policy:

Initial oral exams	-	one in 24 months
Periodic oral exams	-	one in 6 months
Complete series x-rays	-	one in 36 months
Bitewing x-rays	-	one in 6 months
Fillings	-	one in 12 months
Stainless Steel Crown up to age 19	-	one in 60 months
Root Canal Therapy	-	one per permanent tooth
Relining of Dentures	-	one in 24 months
Crowns Inlays and Onlays (per tooth)	-	one in 60 months
Bridge Abutments and Pontics (per bridge)	-	one in 60 months
Dentures: Full and Partial (per arch)	-	one in 60 months
Periodontal Surgery (quadrants)	-	one in 60 months
Periodontal Scaling and Root Planing (per quadrant)	-	one in 12 months
Orthodontic Services	-	one 24 month case (lifetime) For members to age 19

Unless amended on the Group Benefit Page, the following are key coverage limitations in the Policy:

1. Benefits for both cleanings and periodontal maintenance procedures will not be allowed on the same day.
2. Benefits for sedative fillings will not be allowed on the same day as root canal treatment.
3. Benefits for re-cementing a crown will not be allowed the year after the crown is first placed.

4. Dentcare will allow benefits for pulpotomies and pulp caps. If a root canal or extraction is done on the same tooth within three months, benefits will be reduced.
5. Dentcare will cover crowns, inlays and onlays only when fillings may not hold, as determined by Dentcare. On a Molar, full metal crown benefits will be allowed when Dentcare allows a crown.
6. For prosthetic services, Dentcare will allow for standard procedures, as determined by Dentcare. For fixed bridges, Dentcare will cover the replacement of missing teeth and one tooth on either side or two teeth on one side of the missing tooth.
7. Dentcare will not cover crowns to alter vertical spacing or when fused together for any reason. This precludes for periodontal stabilization.
8. Dentcare will allow benefits for partial dentures or the least costly option when teeth are missing on both sides of the mouth.
9. General anesthesia and IV sedation are Covered Services only when given for covered oral surgery in a dental office.

Unless amended in the Group Benefit Page, the following are key exclusions in the Policy:

1. Any services for or treatment of TMJ dysfunction, when it has developed as a result of non-dental pathology.
2. Use of any experimental diagnosis, treatment, devices or supplies unless approved by an External Appeal Agent. Any service associated with or as follow-up to any of the above is not a Covered Service.
3. Any hospital or facility or treatment fee charged for services performed in a hospital or inpatient facility.
4. Cosmetic services done solely to improve appearance and not to address function or deformity from trauma or the treatment of cancer. This does not exclude coverage for treatment due to accidental injury or birth defects.
5. Any services for an injury or condition for which benefits exist under Worker's Compensation or occupational disease.
6. Any service or supply done without functional or pathological need.
7. Removal of third molars where there is no evidence of disease.
8. Any supplies meant for home use (e.g. toothbrush, floss, mouthwash, etc).
9. Any services from a dental department of an employer, a benefit association, labor union, trustee or other similar person or group.
10. Any services for which the Member incurs no charge, services usually done by an M.D., or charges which would not have been made if there was no insurance.
11. Temporary appliances or services, such as tooth preps and temporary fillings, bridges, or dentures. Temporary crowns, except as noted in the Dental Benefits Section of the Policy.
12. Any services done contrary to accepted dental practice, as determined solely by Dentcare.
13. Any services done due to occlusal wear, erosion, abrasion, attrition and/or surface defects of the teeth or to amend vertical spacing.
14. Implants and/or crowns and fixed bridgework placed on implants.
15. Any services done by a Dentist to himself or herself. Services done by a dentist to his or her immediate family including parents, spouse and children.
16. Services or procedures which are not completed prior to submission of the claim.
17. Periodontal splinting.
18. Charges incurred for the failure to keep an appointment with the Dentist.
19. Charges by a Dentist for completing dental forms or for complying with OSHA guidelines.
20. Crowns fused together, except when two crowns on non-adjacent teeth are fused together to fill a space.

21. Any items or procedures not specifically listed in this Policy. Any exclusion above will not apply to the extent that:
 - Coverage is specifically provided by name in this Plan; or
 - Coverage of the charges is required under any law that applies to the coverage.
22. Any dental services which were not rendered, prescribed, arranged by a participating dentist or approved by Dentcare. This does not apply in cases of Dental Emergency (Managed Care Plan Only.)
23. Treatment of unmanageable children or otherwise unruly patients. An attempt will be made by network dentists to treat all patients. However, if a patient is untreatable by virtue of apprehension or any other reason and/or declines treatment in-network, the insured is responsible for the costs of treatment outside the network (Managed Care Plan only).

COORDINATION OF BENEFITS

The Coordination of Benefits (COB) provision applies to this Benefit Program when a Member has health care coverage under more than one Plan as follows:

DEFINITIONS

The following definitions apply to this COB Section:

Allowable Expense: A Medically Necessary Allowable Expense, for health care, when the item of expense is covered at least in part by one or more Plans covering the member. When this Benefit Program provides coverage, the reasonable cash value of each Covered Service is the Allowable Expense and is a benefit paid.

Plan:

- a. Group health insurance, group coverage, insured or self-insured, or any other arrangement where a health benefit is provided; or
- b. Coverage under a governmental plan or required or provided by law; or
- c. Medical benefits coverage of group/or and individual no-fault and traditional automobile fault contracts.

Primary Plan: A Plan whose benefits for coverage must be determined without taking any other plan into account.

When this Program is Primary, Covered Services are provided without considering another Plan's benefits.

Secondary Plan: A Plan that is not Primary. The benefits of the Secondary Plan may take into account the benefits of the Primary Plan.

When this Benefit Program is Secondary, benefits for Covered Services under the Program may be reduced. If so, Dentcare may recover from the Primary Plan, the Provider, or the Member, the reasonable cash value of the benefit provided when Dentcare paid as if it were the Primary Plan.

Dentcare determines its order of benefits using the following rules:

1. The Plan that covers the member as a Covered Person (other than as a Dependent) is primary to the Plan that covers the member as a Dependent.
2. When this Program and another Plan cover the same child as a Dependent, the Plan of the parent whose birthday falls earlier in a year is primary.

If the other Plan has a rule based on the gender of the parent, as stated below, and the Plans do not agree on the order, the rule in the other Plan shall determine the order of benefits.
3. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits are in this order:
 - i. First, the plan of the parent with custody of the child shall be used;

- ii. then, the plan of the spouse of the parent with custody of the child shall be used;
- iii. Finally, the benefits of the Plan of the parent without custody shall be used.

If the terms of a court order state that one of the parents is responsible for the health expenses of the child, and the entity covering that parent is aware of those terms, the benefits of that plan are determined first.

- 4. A Plan which covers a person as an employee who is neither laid off nor retired is primary to a Plan which covers that person as a laid-off or retired employee.
- 5. If none of the above rules determines the order of benefits, the Plan which covered a Covered Person longer is primary to the Plan which covered that person for the shorter time.

RIGHT TO RECEIVE AND RELEASE NEEDED INFORMATION

Dentcare has the right to decide what information it needs. By enrolling in the Program, the Member consents to the release of information necessary to apply the COB rules. Any Member claiming benefits must give information to Dentcare that Dentcare feels is necessary for COB.

FACILITY OF PAYMENT

A payment made under another Plan may include an amount that should have been paid under this Program. If it does, Dentcare may pay that amount to the organization which made that payment. Such amount shall be considered as though it were a benefit paid under this Program.

RIGHT OF RECOVERY

If the amount of the Dentcare payment is more than it should have been under the COB rules, Dentcare may recover the excess from the person(s) it has paid or for whom, insurance companies, or other organizations.

TERMINATION

TERMINATION OF THE MEMBER

The Member's enrollment in the Program shall end if any of the following apply to the Covered Person:

- i. Death (termination will be on the day following the Covered Person's death); or
- ii. Loss of employment with the Employer Group or a decrease in work hours; or
- iii. He or she no longer meets the eligibility terms of the Benefit Program.

When termination occurs for the reasons stated in (ii) or (iii) above, it shall be on the first of the month following the loss of eligibility. When a Covered Person dies, Dependents shall be terminated the first of the month following the person's death.

The Benefit Program shall end immediately if:

- i. The Member has let any other person to use his or her ID Card to obtain services; or
- ii. The Member has given Dentcare false or misleading data concerning eligibility.

The Member's enrollment in the Program shall end on the first of the month following 30 days written notice when the Member fails to pay the agreed upon share of the Program. Coverage of a Dependent will end on the first day of the month after a Divorce or legal separation of the spouse or if other Dependent's criteria are no longer met by the spouse or enrolled Dependents.

Benefits After Termination

1. Expenses for covered Category I, II and III services begun while coverage was in effect will be covered.
2. Expenses for crowns, dentures and fixed bridgework incurred after the members' coverage ceases will be deemed to be incurred when ordered.
3. "Ordered" means that:
 - i. Impressions have been taken from which the dentures, crowns, or fixed bridgework will be made; and
 - ii. For fixed bridgework and crowns, the teeth must have been fully prepared if they are part of bridges or if they are being restored.

TERMINATION OF THE EMPLOYER GROUP

The Group or Dentcare may terminate the Program at the end of any 12-month period that begins on the policy effective date. To do so, either party must give at least thirty (30) days prior written notice to the other party. It may also be terminated by Dentcare for various reasons including:

1. If the Employer fails to pay premiums on time, or fails to pay all or any portion of the Premium due.
2. If the Employer fails to meet any criteria in the Benefit Program, or any underwriting term adopted by Dentcare.
3. If the Employer ceases to meet the requirements for a group; or a participating employer, union, association or other entity ceases membership or participation in the group to which the plan is issued.
4. Dentcare may also end the Program if it determines there was material misrepresentation on behalf of the Employer during the initial application and enrollment process that affects coverage.
5. At Dentcare's discretion, with thirty (30) days prior written notice if cancellations by plan dentists make it unable to provide benefits (Managed Care Plan Only).

CONTINUATION AND CONVERSION

As provided by New York law, an Employer shall allow a Covered Person and his or her Dependents who lose coverage to continue participation in this Program. Such persons who are not enrolled in a Group subject to the COBRA Act of 1985, P.L. 99-272, may elect to continue coverage as follows:

1. When a Covered Person's employment ends, the Person and his or her Dependents may choose to continue coverage. Such coverage will continue for 18 months after coverage ceased under this Program.
2. If the Covered Person dies, his or her Dependents may choose to continue coverage. Such coverage will continue for 36 months after coverage ceased under this Program.
3. If the Covered Person's marriage dissolves, his or her Dependents may choose to continue coverage. Such coverage will continue for 36 months after coverage ceased under this Program.

To continue coverage, the Covered Person and/or his/her enrolled Dependents shall:

- a. Make a written request to the Employer within 60 days of the later of the date of the terminating event or the date notice of the right to continue is given by the Employer.
- b. Make the required Premium payment.

Continuation under this section shall end:

- a. the date Dependents become eligible again for benefits under this Program;

- b. the date the Member becomes eligible for benefits under another group plan, unless the new plan does not cover preexisting conditions.
- c. the end of the 18 or 36 month period.
- d. the last day of the period for which the premium has been paid.

11 more months are available to a Covered Person and Dependent who is disabled when he or she becomes eligible for continued coverage. The 11 months are also given if the person or dependent becomes disabled during the first 60 days of continuation.

When the Employer or Dentcare ends the Program, benefits for a Member who was totally disabled on the date of termination will continue. This extension of benefits will end on the first of the following dates:

- a. 12 months from the date coverage first terminated.
- b. the date the Member is no longer disabled.
- c. the day before the Member becomes insured for that condition under any other group health care plan.

A Member who continues coverage is required to pay the applicable Premium payment to the Employer. Failure of the Member to pay such Premium may result in termination.

As per New York law, coverage may be continued for a covered dependent student who takes a leave of absence from school. The leave must be due to illness and coverage will be for up to 12 months from the last day of school. This continued coverage shall end after 12 months, or when the dependent attains the age of 23, whichever occurs first. To qualify for this coverage, a written statement must be sent to Dentcare. The rate for this extended coverage shall be the same as that charged for full-time students.

CONSOLIDATED OMNIBUS BUDGET RECONCILIATION ACT OF 1985 (COBRA) PL 99-272

Members in groups subject to COBRA may continue coverage in the Program to the extent allowed by law.

Continuation for up to 36 months shall be available for an enrolled Dependent following:

- a. the death of the Covered Person.
- b. the legal separation or divorce from the Covered Person.
- c. the Covered Person's entitlement for Medicare.
- d. the attainment of the limiting age for a Dependent child or student.

Continued coverage for up to 18 months is available to a Covered Person and his or her enrolled Dependents following:

- a. the Covered Person's reduction in work hours.
- b. the Covered Person's voluntary resignation.
- c. lay-off or termination of the Covered Person for any reason (other than gross misconduct).

11 more months are available to a Covered Person and an enrolled Dependent who is disabled when he or she becomes eligible for continued coverage. The 11 months are also given if the person or dependent becomes disabled during the first 60 days of COBRA coverage. When the Member is no longer disabled, the extended coverage can be ended. This will occur on the first of the month following 30 days from the final determination notice.

A Member eligible for continued coverage must be given at least 60 days to choose such coverage. A Member's eligibility for this coverage ends before the period required by law if:

- a. the Member becomes covered under another group health plan; or
- b. the Premium for continued coverage is not paid on time; or

- c. the Member becomes covered by Medicare; or
- d. the Employer no longer provides group health coverage for its employees.

CLAIMS PROVISIONS

PAYMENT FOR COVERED SERVICES (Reimbursement Plan Only)

1. Dentcare will make payments to the Member or Covered Person for Covered Services. The Member or Covered Person may assign benefits to a dentist subject to Dentcare's approval. Benefits will be auto-assigned if the dentist belongs to a Dentcare PPO.
2. Dentcare can make payments directly to dentists. However, Dentcare has the right to pay either the Member or Covered Person, in Dentcare's discretion.
3. Dentcare will accept all standard dental claim forms. If a claim is not suitable for processing, Dentcare will furnish a standard claim form to the member within 15 days of claim receipt. Our failure to provide the proper form within 15 days will not affect the members compliance with the 90 day requirement for filing claim forms.
4. In order to be paid, claims submitted by a Member for payment must be received by Dentcare less than 90 days after the date(s) of services. Failure to submit claims on time shall not deny or reduce any claim if it was not reasonably possible to submit a claim on time. In such case, the claim must be submitted as soon as reasonably possible.

Claims for Covered Services must be sent to:

Dentcare Delivery Systems, Inc.
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608

5. The time period when any benefit determination must be made begins when a claim is filed, whether or not all information needed to process the claim is with the filing. If more time is needed to make a determination due to missing information, the time for making the determination can be extended. The time between the date the member is asked for more information and the receipt of that information is not counted in the time period to make a determination.
6. An explanation of benefits form will be available to the Member. A phone number for questions shall also be included.
7. The Member must pay Cost-Shares specified in the Schedule of Benefits and all amounts over the MAA.
8. If Dentcare pays for Covered Services in error or over the maximum amount due, it has the right to recover the excess payments. Dentcare's right to recover may result in deductions from future benefits payments.

MAKING INQUIRIES TO DENTCARE

Customer Services staff members are available to explain policies and procedures. They can also answer questions about benefits and claim determinations. For information or help, a Member may call or write Dentcare. The toll-free telephone number for the Customer Services Department is 1-800-468-0600. The address of Dentcare is:

Dentcare Delivery Systems, Inc.
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608

In the event a problem or complaint can't be resolved, a formal appeal and grievance procedure is described below.

MEMBER APPEAL/GRIEVANCE PROCESS

This Appeal/Grievance process applies to any determination under this Program. Determinations may apply to predeterminations, claims or care provided by plan dentists. The process is available to the Member, the dentist, or to an authorized agent of the Member.

DEFINITIONS

The following definitions apply to this Appeal/Grievance Section:

ADVERSE DETERMINATION: a determination by a Utilization Review (UR) agent that based on the information provided, the healthcare service is not Medically Necessary.

EXPEDITED APPEAL: the process for appeal of an adverse determination in which an immediate appeal is needed due to the urgency of the treatment.

EXTERNAL APPEAL: an appeal conducted by an External Appeal Agent.

EXTERNAL APPEAL AGENT: an entity certified by the State of New York to review Adverse Determinations and make decisions based upon information presented.

FINAL ADVERSE DETERMINATION: an Adverse Determination that has been upheld by a UR Agent.

UR AGENT: either Dentcare or an independent UR entity or individual under contract with Dentcare to perform reviews.

In the event of a denial or Adverse Determination, Dentcare will send written notice that states the reason(s) for the determination and instructions how to start the appeals process.

LEVEL I, THE APPEAL

An Appeal of a denial or an adverse determination may be requested in writing or by telephone within 180 days from the date of the notice of determination. The Appeal review request should be mailed to:

Dentcare Delivery Systems, Inc.
333 Earle Ovington Blvd., Suite 300
Uniondale, NY 11553-3608

For POST-SERVICE claims, Dentcare will provide written notice of receipt of the Appeal within 15 days of such filing and will make a decision within 30 days of receipt of the appeal request. For PRE-SERVICE reviews of adverse benefit determinations, claimants shall be notified not later than 15 days after receipt of the request for review. For URGENT CARE reviews of adverse determinations, claimants shall be notified within the lesser of 2 business days of receipt of the needed information or 72 hours of receipt of the request for review.

The period for calculating reviews of denials or adverse determinations shall begin at the time the appeal is filed, without regard to whether all the information necessary to make a decision is with the filing. In the event that the time is extended due to a claimant's failure to submit information, the period for making a decision on review shall be extended. The time from the date on which notice of the extension is sent until the date the claimant responds to the request for information is not counted.

Dentcare will send notice, in writing, of the appeal decision within two business days of the rendering of such decision. The notice will include:

1. The reason for the denial or adverse determination and the clinical basis for such determination. The clinical basis will be noted if the original decision is upheld on appeal or dealt with medical necessity, experimental treatment or a similar exclusion.
2. Reference to the specific plan provisions on which the decision was based and a free copy of the specific rule or guideline.
3. A statement that the claimant may receive access to and copies of all information relevant to their claim for benefits, free of charge.

4. A notice of the claimant's right to an external appeal with a description of the process and the time frames for such appeals.
5. Statements describing any voluntary appeal procedures offered by the plan; the claimant's right to obtain information about such procedures; and a statement of the claimant's right to bring an action under Section 512(a) of the Act.
6. If the adverse decision was based on MEDICAL NECESSITY or experimental treatment, an explanation of the clinical judgment applying the terms to the claimant's circumstances. Or a statement that such an explanation will be provided free of charge upon request.
7. The statement: "You and your plan may have other voluntary alternative dispute resolution options, such as mediation. One way to find out what may be available is to contact your local U.S. Department of Labor Office and the N.Y. State Insurance Department".

If the notice is a final adverse determination of an expedited or standard appeal involving medical necessity or experimental/investigational denials, it will also include the following:

1. A clear statement that the notice is the final adverse determination.
2. The name and telephone number of a Dentcare Delivery Systems, Inc. contact person.
3. The insured's coverage type.
4. The name and full address of Dentcare Delivery Systems' UR agent;
5. The UR agent's contact person and telephone number.
6. A description of the service that was denied. This will include the date of service and the name of the dentist who proposed to provide the treatment.
7. A clear, bold statement that the 45-day time frame for requesting an external appeal begins upon receipt of the final adverse determination of the first level appeal. This is regardless of whether or not a second level appeal is requested, and that by choosing to request a second level internal appeal, the time may expire for the insured to request an external appeal.

LEVEL II, THE GRIEVANCE

If the Appeal determination is not satisfactory, a Grievance review may be requested. The Grievance review request must be sent in writing to the Grievance Committee. This should be within 60 days from the date of notice of the appeal determination. The written Grievance request should be mailed to the same address shown above.

An oral or written Grievance may be made directly to Dentcare. A notice will then be mailed to the member with a list of all materials and information that the member will need to provide Dentcare. A written Appeal review request or written Grievance review request should include copies of any additional forms supporting the Appeal or Grievance. Within 15 business days of Dentcare's receipt, Dentcare will provide the member with an acknowledgment of the Grievance.

An Appeal or Grievance determination will be issued in writing within 15 days of receipt of the Appeal or Grievance. If the case involves urgent care, a decision will be rendered within the lesser of 2 business days or 72 hours of receipt of the request. The decision will include the same information contained in the Level I Notice. In the event of an emergency or life-threatening situation, a decision will be issued within one day of receipt of the Appeal or Grievance. Emergency services rendered shall not be subject to prior authorization and payment shall not be denied, if services were medically necessary to treat a dental emergency.

EXTERNAL APPEAL PROCESS

A Member has the right to an External Appeal of certain coverage decisions made by Dentcare.

The Member may not request an External Appeal unless Dentcare has issued a Final Adverse Determination through the first level of the internal appeal process. To be eligible, the Final Adverse Determination must be based on a determination that the Requested Service is not Medically Necessary or is experimental or investigational.

The member may request an External Appeal by filing a standard request form with the New York State Insurance Department. The Member must file the request within 45 days of receiving a Final Adverse Determination. The Member may be charged a fee of up to \$50 to request an External Appeal. The fee is returned if the External Appeal is successful.

The Member has the right to an expedited External Appeal if a delay in providing the Requested Service poses a threat to the Member's health or the case involves continued dental services for an insured in a course of continued treatment by a dentist. Expedited External Appeals are reviewed by a certified External Appeal Agent and will be decided within 3 days.

If the Member does not understand any part of the External Appeal process, or if the Member has any questions regarding the right to external appeal, the Member may contact the N.Y.S. Insurance Department at 800-400-8882.

INTERNAL APPEAL PROCESS

If an Expedited Internal Appeal is requested, Dentcare will provide access to its review agent within one day of receiving notice. The Agent will contact the claimant's dentist by telephone or facsimile to discuss coverage and treatment. The Expedited Appeal will be determined within two days of receipt of information needed for such appeal. Expedited Internal Appeals that are not decided in favor of the appealing party may be further appealed through the standard appeal process or through an external appeal.

PROVISIONS RELATING TO THE INTERNAL REVIEW PROCESS

If Dentcare has not notified the Member of an Adverse Determination within the specified time, the Member may request an internal review without waiting for Dentcare to make a decision. If the Member has requested an internal review of an Adverse Determination, and Dentcare has not made and notified the Member of its decision within the specified time, Dentcare is required to cover the service, subject to all other conditions of the Program.

CONFIDENTIALITY

Dentcare recognizes the need to protect the confidentiality of the Member's Protected Health information (PHI). By enrolling in this Program, Members agree to furnish information to Dentcare and consents to the release of it to other entities as deemed necessary by Dentcare for treatment, payment or healthcare operations (TPO). This usually relates to disclosures made in administering the provisions of this Program or for provider auditing. For a more complete description of how we use and disclose PHI and members' rights, please read our Notice of Privacy Practices or visit www.dentcaredeliverysystems.org. When requested, the Member shall give Dentcare any required authorization to allow Dentcare to administer the provisions of this Program.

TERM AND AMENDMENT

1. Dentcare may amend this Evidence of Coverage on the renewal date of the Group with approval from the State of New York Insurance Department. Dentcare will give notice to Policyholders at least 30 days before such change.
2. No agent of Dentcare, other than a Company officer, can change this Program or waive any of its provisions. Any such changes or waivers must be in writing.

MISCELLANEOUS PROVISIONS

1. To receive benefits under this Program, Members must follow all guidelines and procedures of Dentcare. It is the obligation of Members to be aware of the limitations and exclusions to Dentcare's Program as stated in all Sections of this Evidence of Coverage.
2. Members shall complete and give to Dentcare applications or other forms as Dentcare may reasonably request.
3. Dentcare's contracting with Providers is not a guarantee or warranty of the professional services of such dentists. Regardless of any managed care decisions Dentcare may make under

the terms of this Program, the decision to receive or decline dental services is ultimately and solely the responsibility of the Member.

4. Participating Dentists and other providers are NOT agents or employees of Dentcare or of any organization that provides non-dental services for Dentcare. Dentcare does not provide health care. All health care services covered are provided by independent dentists who are solely responsible for the services they provide. Dentcare shall not be responsible for any dentist's clinical acts or omissions, or conduct. Dentcare has no liability in connection with any dentist's services rendered other than to provide benefits as set forth under this Contract.
5. Dentcare shall have no obligation to cover any service when a Member refuses to accept the medical advice and treatment prescribed by a Provider. This applies when such refusal obstructs the recommended treatment and no professionally acceptable alternative to such recommended treatment exists. Members may seek other sources of care on a self-pay basis. Members who use non-Dentcare sources of care because of such refusal do so with the knowledge that Dentcare has no obligation for the cost or outcome of such care.
6. Members must comply with the missed appointment policies of a Provider. Dentcare will not cover any charges incurred for failure to comply with these policies.
7. Members agree that their Providers can furnish Dentcare with all information and records relating to diagnosis, treatment or services rendered, if permitted by law.
8. Members must agree to abide by any policies, procedures, rules, and interpretations established by Dentcare for the efficient administration of this Program.
9. No legal action shall be brought against Dentcare before the expiration of sixty days after proof of loss has been filed according to the policy requirements. No such action shall be brought after the expiration of two years following the time such proof of loss is required.
10. ID Cards and other identification as may be needed must be presented before receiving Covered Services. If Members do not properly identify themselves as Members when services are rendered, they shall be responsible for paying all related charges. Possession of a Dentcare ID card is not proof of eligibility, as cards cannot be withdrawn from terminated members. Proof of eligibility should be done with predeterminations or by contacting Dentcare.
11. Member's rights to Covered Services described in this Benefit Program depends upon their payment of all applicable Premiums and Cost-Shares. It also depends on their continued eligibility for coverage under this Program and adherence to the guidelines and procedures of this Program.
12. This Program is entered into and is subject to the laws of the State of New York to the extent such laws are not pre-empted by federal law.
13. Dentcare will not provide benefits for services if the services are not Medically Necessary.

DENTCARE DELIVERY SYSTEMS, INC.

RIDER TO

CERTIFICATE OF INSURANCE

Issued by

DENTCARE DELIVERY SYSTEMS, INC.

The Certificate of Insurance to which this Rider is attached is hereby amended to include the following provision under Definitions:

Deductible: The term Deductible means a fixed amount which the Member must pay for Covered Services in a Calendar Year before Coinsurance is applied.

1. The individual and family Deductible amounts are shown in the Schedule of Benefits
2. The family Deductible amount (2 Members) is met when each Member meets the individual Deductible amount as specified in the Schedule of Benefits.
3. The family Deductible amount (3 or more Members) is met when all family Members collectively meet the family Deductible amounts, as specified in the Schedule of Benefits.



UNDERWRITTEN BY: Dentcare Delivery Systems, Inc.

DATE PREPARED 04/25/2016

DEAR: MEMBER NAME

THE FOLLOWING IS OUR ☒ Explanation of Benefits for the claim previously submitted

NAME
ADDRESS
CITY, STATE ZIP CODE

Dentcare has contracted with Healthplex to act as its administrator of your dental plan; Healthplex processes request for services and payment of claims for certain dental procedures.

DOCTOR *****1077-0
SUBSCRIBER ID# 000-00-0000-0
PRECERTIFICATION
CLAIM # 999999999
CHECK # 001659771

Group# G022514B
NASSAU COUNTY

All payments require doctor's and patient's certified statement and service dates.

I hereby certify that the procedures as indicated by date have been completed.

DOCTOR'S SIGNATURE

MEMBER'S SIGNATURE

PATIENT NAME: FIRST NAME, LAST NAME

(Member)

Tooth	Description	ADA Code	Date of Service	Fee Charged	Allowed Amount	Deductible Applied	Other Insurance	Net Patient Responsibility	Remarks (See Reverse)
04	INTRAORAL - PERIAPICAL FIRST R	00220	04/18/16	25.13	10.52	0.00	0.00	14.61	
	INTRAORAL-PERIAPICAL EACH ADD'	00230	04/18/16	25.13	10.52	0.00	0.00	14.61	
	OCCUSAL ADJUSTMENT-LIMITED	09951	04/18/16	219.59	35.00	0.00	0.00	184.59	

ADDITIONAL COMMENTS

645439309

MEMBER COPY

(Description of Dental Benefits and/or Denial Codes Can Be Found On The Back Page of This Form)

BENEFIT DETERMINATION			
D = Deductible Applied M = Plan Maximum(s) Reached P = Patient Co-Payment Required C = Coordination of Benefits N = Service Not Payable		CURRENT YEAR	
		Benefits Paid-to-Date.....	436.56 Individual Deductible Met.. 0.00
		Family Deductible Met.....	0.00 Ortho Paid Life-to-Date.... 0.00
ALLOWANCE LIMITATIONS		PREVIOUS YEAR	
TOTAL FEES CHARGED.....	269.85	Benefits Paid-to-Date.....	641.72 Individual Deductible Met.. 0.00
Services Not Covered.....	0.00 Doctor Fees Over Allowance. 213.81	Family Deductible Met.....	0.00 Other Credits..... 0.00
Deductible Applied.....	0.00 Net Patient Responsibility. 213.81	TOTAL AMOUNT ALLOWED.....	
Amount Over Plan Maximums..	0.00 Other Ins. Payments (COB).. 0.00	56.04	
Other Debits.....	0.00 TOTAL REDUCTIONS TAKEN.... 213.81		

VISIT OUR WEBSITE AT WWW.HEALTHPLEX.COM. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM YOU MAY CALL OUR CUSTOMER SERVICE DEPARTMENT AT:
CALL: (800)662-0600 (MON - FRI 8:00AM TO 6:00PM). YOU MAY E-MAIL US AT INFO@HEALTHPLEX.COM TTY (800)662-1220

THIS IS NOT A BILL



UNDERWRITTEN BY: Dentcare Delivery Systems, Inc.

DATE PREPARED 03-31-2016

DEAR: MEMBER NAME

THE FOLLOWING IS OUR ☒ Explanation of Benefits for the claim previously submitted

NAME
ADDRESS
CITY, STATE ZIP CODE

Dentcare has contracted with Healthplex to act as its administrator of your dental plan; Healthplex processes request for services and payment of claims for certain dental procedures.

DOCTOR *****2711-0
SUBSCRIBER ID# 000-00-0000-0
PRECERTIFICATION
CLAIM # 999999999
CHECK # 999999999

Group# G022514B
NASSAU COUNTY

All payments require doctor's and patient's certified statement and service dates.
I hereby certify that the procedures as indicated by date have been completed.

DOCTOR'S SIGNATURE

MEMBER'S SIGNATURE

PATIENT NAME: FIRST NAME, LAST NAME (Member)

Tooth	Description	ADA Code	Date of Service	Fee Charged	Allowed Amount	Deductible Applied	Other Insurance	Net Patient Responsibility	Remarks (See Reverse)
	PROPHYLAXIS-ADULT	01110	03/24/16	0.00	0.00	0.00	0.00	0.00	68
	BITEWINGS - FOUR RADIOGRAPHIC	00274	03/24/16	0.00	0.00	0.00	0.00	0.00	68
	INTRAORAL - PERIAPICAL FIRST R	00220	03/24/16	0.00	0.00	0.00	0.00	0.00	68
	PERIODIC ORAL EVALUATION	00120	03/24/16	0.00	0.00	0.00	0.00	0.00	68
	INTRAORAL-PERIAPICAL EACH ADD'	00230	03/24/16	0.00	0.00	0.00	0.00	0.00	68

ADDITIONAL COMMENTS

MEMBER COPY

(Description of Dental Benefits and/or Denial Codes Can Be Found On The Back Page Of This Form)

BENEFIT DETERMINATION			
<p>D = Deductible Applied M = Plan Maximum(s) Reached P = Patient Co-Payment Required C = Coordination of Benefits N = Service Not Payable</p>		CURRENT YEAR	
		Benefits Paid-to-Date..... 0.00	Individual Deductible Met... 0.00
		Family Deductible Met..... 0.00	Ortho Paid Life-to-Date.... 0.00
ALLOWANCE LIMITATIONS		PREVIOUS YEAR	
TOTAL FEES CHARGED..... 0.00		Benefits Paid-to-Date..... 0.00	Individual Deductible Met... 0.00
Services Not Covered..... 0.00		Family Deductible Met..... 0.00	Other Credits..... 0.00
Deductible Applied..... 0.00		TOTAL AMOUNT ALLOWED..... 0.00	
Amount Over Plan Maximums.. 0.00			
Other Debts..... 0.00			
TOTAL REDUCTIONS TAKEN..... 0.00			

VISIT OUR WEBSITE AT WWW.HEALTHPLEX.COM. IF YOU HAVE ANY QUESTIONS REGARDING THIS FORM YOU MAY CALL OUR CUSTOMER SERVICE DEPARTMENT AT:

CALL: (800)468-0600 (MON - FRI 8:00AM TO 6:00PM). YOU MAY E-MAIL US AT INFO@HEALTHPLEX.COM TTY (800)662-1220



For All Groups Administered by Healthplex

Send Completed Forms to: Healthplex, Inc.

Attention: Claims Dept.

PO Box 9255

Uniondale, NY 11553-9255

Fax: 516-542-2614

Providers Call - (888) 468-2183 Press Option 1 for IVR or Option 3

www.healthplex.com

HEADER INFORMATION

1. Type of Transaction (Mark all applicable boxes)

- ☐ Statement of Actual Services ☐ Request for Predetermination/Preauthorization
☐ EPSDT/Title XIX

2. Predetermination/Preauthorization Number

INSURANCE COMPANY/DENTAL BENEFIT PLAN INFORMATION

3. Company/Plan Name, Address, City, State, Zip Code

OTHER COVERAGE (Mark applicable box and complete Items 5-11. If none, leave blank.)

4. Dental? ☐ Medical? ☐ (If both complete 5-11 for dental only)

5. Name of Policyholder/Member in #4 (Last, First, Middle Initial, Suffix)

6. Date of Birth (MM/DD/YYYY)

7. Gender
M ☐ F ☐

8. Policyholder/Member ID (SSN or ID#)

9. Plan/Group Number

10. Patient's Relationship to Person named in #5
☐ Self ☐ Spouse ☐ Dependent ☐ Other

11. Other Insurance Company/Dental Benefit Plan Name, Address, City, State, Zip Code

ALL INFORMATION MUST BE PRINTED

POLICYHOLDER/MEMBER INFORMATION (For Insurance Company Named in #3)

12. Policyholder/Member Name (Last, Middle Initial, Suffix), Address, City, State, Zip Code

13. Date of Birth (MM/DD/YYYY)

14. Gender
M ☐ F ☐

15. Policyholder/Member ID (SSN or ID#)

16. Plan/Group Number

17. Employer Name/Group Name

PATIENT INFORMATION

18. Relationship to Policyholder/Member in #12 Above

☐ Self ☐ Spouse ☐ Dependent Child ☐ Other

19. Reserved For Future Use

20. Name (Last, First, Middle Initial, Suffix) Address, City, State, Zip Code

21. Date of Birth (MM/DD/YYYY)

22. Gender
M ☐ F ☐

23. Patient ID/Account # (Assigned by Dentist)

RECORD OF SERVICES PROVIDED - TO BE COMPLETED BY DENTIST

	24. Procedure Date (MM/DD/YYYY)	25. Area of Oral Cavity	26. Tooth System	27. Tooth Number(s) or Letter(s)	28. Tooth Surface	29. Procedure Code	29a. Diagnostic Pointer	29b. Quantity	30. Description	31. Fee
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										

33. Missing Teeth Information (Place an "X" on each missing tooth)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17

34. Diagnosis Code List Qualifier

☐ (ICD-9 = BB; ICD-10 = AB)

31a. Other Fee(s)

34a. Diagnosis Codes
(Primary diagnosis in "A")

A _____ C _____
B _____ D _____

32. Total Fee

35. Remarks

AUTHORIZATIONS

36. I have been informed of the treatment plans and associated fees. I agree to be responsible for all charges for dental services and materials not paid by my dental benefit plan, unless prohibited by law, or the treating dentist or dental practice has a contractual agreement with my plan prohibiting all or a portion of such charges. To the extent permitted by law, I consent to your use and disclosure of my protected health information to carry out payment activities in connection with this claim. I understand that benefits will automatically be assigned to my dentist if he or she is a Healthplex Participating Provider.

X

Signed (Patient or Member/Guardian)

Date

37. I hereby authorize and direct payment of the dental benefits otherwise payable to me, directly to the below named dentist or dental entity, if allowed under my group guidelines. I understand that benefits will automatically be assigned to my dentist if he or she is a Healthplex Participating Provider.

X

Signed (Member/Guardian)

Date

BILLING DENTIST OR DENTAL ENTITY

(Leave blank if dentist or dental entity is not submitting claim on behalf of the patient or insured/member)

48. Name, Address, City, State, Zip Code

ANCILLARY CLAIM TREATMENT INFORMATION

38. Place of Treatment ☐ (e.g. 11 = Office; 22 = O/P Hospital)

(Use "Place of Service Codes for Professional Claims")

39. Enclosures?

No ☐ Yes ☐

40. Is Treatment for Orthodontics?

☐ No (Skip 41-42) ☐ Yes (Complete 41-42)

41. Date Appliance Placed (MM/DD/YYYY)

42. Months of Treatment

43. Replacement of Prosthesis

☐ No ☐ Yes (Complete 44)

44. Date of Prior Placement (MM/DD/YYYY)

45. Treatment Resulting from (check applicable box)

☐ Occupational Illness/Injury ☐ Auto Accident ☐ Other Accident

46. Date of Accident (MM/DD/YYYY)

47. Auto Accident State

TREATING DENTIST AND TREATMENT LOCATION INFORMATION

53. I hereby certify that the procedure(s) as indicated by date are in progress (for procedures that require multiple visits) or have been completed and that the fees submitted are the actual fees I have charged and intend to collect for those procedures.

X

Signed (Treating Dentist)

Date

54. NPI

55. License Number

56. Address, City, State, Zip Code

56a. Specialty Provider Code

57. Phone Number

58. Additional Provider ID

49. NPI#

50. License Number

51. SSN or TIN

52. Phone Number

52a. Additional Provider ID

**CLAIMS BARCODE
GOES HERE**

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

GENERAL INSTRUCTIONS

- A. Complete all items unless noted otherwise on the form or in the CDT manual's instructions.
- B. Enter the full name of an individual or a full business name, address and zip code when a name and address field is required.
- C. All dates must include the four-digit year.
- D. If the number of procedures reported exceeds the number of lines available on one claim form, list the remaining procedures on a separate, fully completed claim form.

COORDINATION OF BENEFITS (COB)

When a claim is being submitted to the secondary payer, complete the entire form and attach the primary payer's Explanation of Benefits (EOB) showing the amount paid by the primary payer. You may also note the primary carrier paid amount in the "Remarks" field (Item 35). There are additional detailed completion instructions in the CDT manual.

DIAGNOSIS CODING

The form supports reporting up to four diagnosis codes per dental procedure. This information is required when the diagnosis may affect claim adjudication when specific dental procedures may minimize the risks associated with the connection between the patient's oral and systemic health conditions. Diagnosis codes are linked to procedures using the following fields:

Item 29a – Diagnosis Code Pointer ("A" through "D" as applicable from Item 34a)

Item 34 – Diagnosis Code List Qualifier (B for ICD-9-CM; AB for ICD-10-CM)

Item 34a – Diagnosis Code(s) / A, B, C, D (up to four with the primary adjacent to the letter "A")

PLACE OF TREATMENT

Enter the 2-digit Place of Service Code for Professional Claims, A HIPAA standard maintained by the Centers for Medicare and Medicaid Services. Frequently used codes are:

1 = Office 12 = Home 21 = Inpatient Hospital 22 = Outpatient Hospital 31 = Skilled Nursing Facility 32 = Nursing Facility

The full list is available online at "www.cms.gov/PhysicianFeeSched/Downloads/Website_POS_database.pdf"

PROVIDER SPECIALTY

This code is entered in Item 56a and indicated the type of dental professional who delivered the treatment. The general code listed as "Dentist" may be used instead of any of the other codes.

Category / Description Code	Code
Dentist A dentist is a person qualified by a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.) licensed by the state to practice dentistry, and practicing within the scope of that license.	122300000X
General Practice	1223G0001X
Dental Specialty (see following list)	Various
Dental Public Health	1223D0001X
Endodontics	1223E0200X
Orthodontics	1223X0400X
Pediatric Dentistry	1223P0221X
Periodontics	1223P0300X
Prosthodontics	1223P0700X
Oral & Maxillofacial Pathology	1223P0106X
Oral & Maxillofacial Radiology	1223D0008X
Oral & Maxillofacial Surgery	1223S0112X

Provider taxonomy codes listed above are a subset of the full code set that is posted at "www.wpc-edi.com/codes/taxonomy"

SEND CLAIM TO:
Healthplex, Inc.
Attention: Claims Dept.
PO Box 9255
Uniondale, NY 11553-9255
Fax: 516-542-2614



IT Recovery Plan

Produced On: **Friday, May 13, 2016**

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1. Plan Remarks

Summary Overview

The Healthplex disaster recovery plan has been developed to provide a guide for recovery efforts in the event of a loss to Healthplex systems. The plan identifies the guidelines, assumptions, responsibilities, activities/contact required and inventory for the recovery effort. All Healthplex staff have been informed of the logistics of the disaster recovery plan and trained for their role in the event of a disaster. The plan is tested yearly (last test was October 26th, 2015)

Disaster Decision Guidelines

Guidelines exist to determine whether a disaster event should be declared and what aspects of the disaster action plan should be implemented. The guidelines below may be in combination with each other to produce the overall disaster action plan, based on the severity of the disaster.

The following guidelines/scenarios apply to declaring a disaster event:

1. The Healthplex facilities are inaccessible or uninhabitable due to damage, pandemic, state of emergency or for other cause and are unrecoverable within 24 hours.

Corresponding Disaster Plan Actions:

- Facility damage assessment (if possible/applicable).
- Remote work location plans (either remote access or Disaster Recovery facility) to be enacted.
- Emergency call routing plan to be enacted.
- IT Staff to determine whether to activate Disaster Recovery systems.

2. Data Center is inoperable (loss of power, HVAC issue, physical damage (fire)) and are unrecoverable within 24 hours.

Corresponding Disaster Plan Actions:

- Emergency call routing plan to be enacted.
- IT Staff to determine whether to activate Disaster Recovery systems.

3. Individual systems (computer hardware, phone system, telecom, etc.) failure and are unrecoverable at the Healthplex facility within 4 hours.

Corresponding Disaster Plan Action(s):

- IT Staff to determine whether to activate Disaster Recovery systems.

Assumptions

The following assumptions apply to the recovery activities:

1. The assumption is a total loss of the data center.

If a scenario occurs where the Healthplex facility was not damaged and all computers were operational, but the Healthplex staff was unable to reach the Healthplex facility, Management would institute Healthplex's Alternate Disaster Recovery Plan - Facility was not damaged and all computers are operational.

Alternate Disaster Recovery Plan - Scenario One -- No employees are able to reach the Healthplex facility (e.g. declared state of emergencies (no travel) and/or pandemic).

Healthplex currently utilizes the services of Global Response in Florida to process calls and handle emergency requests during periods when the Healthplex office is closed. Global directs patients to facilities for care to relieve the dental emergency. Global employs a number of reps who are fluent in Spanish. They utilize the service for additional language translations. All calls are logged by Global.

During a "Scenario One" emergency, Healthplex would contact Global Response and route all member and provider calls to their facility.

Providers and Groups would be notified of the situation via a predefined automated calling application setup by our vendor, Omni-Telecom. Omni has a telephone list of all our providers and group contacts. Providers, Members, Brokers and Groups would still have access to our Voice Recognition Telephone System (IVR) and our website. The IVR and website provide up-to-date patient eligibility, claim status and patient assignment. The Healthplex website www.healthplex.com provides more detail claim information, including benefit information, locating providers, maps to dental offices, plan brochures, etc.

Healthplex key staff members will be able to work remotely using VPN and RDP technologies.

Paper claim processing would be suspended during this period, until such time mail can be processed by Healthplex staff.

Alternate Disaster Recovery Plan - Scenario Two – Some employees are able to reach the Healthplex facility.

This scenario assumes that a skeleton staff arrives at the facility and that limited operations are possible.

Healthplex Customer Service would handle all ACD calls. The calls that they cannot handle will be directed to Global Response.

Claims and other departments would prioritize their work load and function accordingly. A number of claim operators would be able to work from home using the Healthplex Intranet. Additional staff will be resourced (additional shifts, contract/temporary help) to address any claims timeliness issues.

2. Access to the data center located in the Uniondale, New York facility is denied for an extended period of time.
3. System data that has been backed up and/or stored offsite will be available for recovery and all backup tapes are stored at an offsite storage facility managed by Recall.
4. Continuity Centers will provide data replication and a 60 second recovery for key Windows servers. Recovery will be initiated by Healthplex via the IBR Web Portal or by calling The Continuity Centers (IT Reference Healthplex IBR Documentation).
5. Sun Servers' data will be available for data restoration through The Continuity Centers and Oracle Data Guard functionality. Additional hardware can be obtained from Agility to further scale claims processing if required. The additional hardware would be available within 24 to 48 hours of the request.
6. All required Healthplex/Continuity personnel are available for the recovery effort.
7. There are adequate internal resources to meet the recovery requirements and objectives.

8. Funding is available to complete the recovery effort.
9. Testing of the disaster recovery plan has been performed yearly and documented.
10. The Disaster Liason, Phil Rizzuto (primary) and Sharon Zelkind (secondary).
11. Updating of the disaster recovery plan is completed yearly and approved by the Board of Directors yearly.

Responsibilities

The following responsibilities apply to the recovery activities:

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 6

1. Performing assessment of damage to affected work areas according to disaster guidelines:

Sharon Zelkind will investigate the damage and overall scope of the problem. He will provide status and damage assessment to the Emergency Management Team consisting of Dr. Cuchel, Ms. Vignola, Ms. Zelkind, Ms. Malin, Mr. Knips, Ms. Scaturro, Mr. Latko, Mr. Schmidt and Mr. Rizzuto.
2. Assisting in the determination of whether or not to declare a disaster.

The Emergency Management Team will formulate options and take action. The team will establish telephone hotlines.
3. Ensuring qualified personnel in sufficient quantities are available to perform recovery responsibilities.
4. Setting up and organizing work areas, using equipment and resources obtained by the Emergency Management Team.
 - a. Contact: Ms. Vignola will be responsible to contact all insurance companies and secure the funding necessary during the emergency. She will also be responsible to contact all non-technical vendors. Sharon Zelkind will be responsible to work with the landlord to reconstruct the site and, if necessary, find a temporary location. They will also be responsible to coordinate with all contractors and emergency services. Dr. Cuchel will ensure that all of our commercial clients receive notification of the disaster. He will also be the spokesman in dealing with the press and clients. The Director of Provider Relations will ensure the notification to all of our providers and Ms. Zelkind will ensure the notification of our government clients. Ms. Scaturro, Ms. Malin and Mr. Knips will notify all of our employees and, if necessary, families of injured employees. Ms. Vignola will also be responsible to coordinate all mail pickups and deliveries. Mr. David Kane will be responsible for setting up the Call Center. Mr. Schmidt, Mr. Latko and Mr. Rizzuto will coordinate the repair and/or replacement of all hardware and software. Mr. Rizzuto will notify all telephone vendors and carriers. He will also be responsible to contact all technical vendors.

Mr. Rizzuto will contact Omni Telecom to begin the automated process of calling all group administrators, brokers/agents, providers and vendors notifying them of the disaster. Employees will be contacted via the corporate communications partner OneCallNow. The OneCallNow system accommodates the communication to employees out of state, while the employer is in-state, at the time of the disaster.

In the event that the employer is out of state while employees are in-state, the OneCallNow system will allow the out of state employer to communicate to the in-state employees electronically. In this scenario, the employer will designate a primary in-state employee as the employee liason.

In the event that the employer is in-state while employees are out of state, the OneCallNow system will allow the out of state employer to communicate to the out of state employees electronically.

Mr. Latko will contact the members of the data recovery team to inform them of the disaster event and direct them to assemble at the Disaster Recovery site.

When applicable, Mr. Sobel will provide legal and administrative assistance.

b. Insurance Department Liaisons

Mr. Philip Rizzuto has been designated as the primary Disaster Liaison, the primary Catastrophe Leader and the primary Communications Leader. His office number is [REDACTED], his cell number is [REDACTED] and his email address is [REDACTED] or [REDACTED]. Sharon Zelkind has been designated as the secondary Disaster Liaison, Catastrophe Leader and Communications Leader. Liaisons will be prepared to participate in New York State's Disaster Response Plan and will be able to discuss the Company's situation and staff the NYS Insurance Emergency Operations Center, if necessary. Sharon Zelkind's office number is [REDACTED] and her email address is [REDACTED]. Ms. Vignola will be responsible to contact all insurance companies and secure the funding necessary during the emergency. The Companies has a policy with Great Northern Insurance Company to cover losses of this nature. The policy provides \$2.7 million for computer equipment, \$1.1 million for office furnishing & equipment and \$4.2 million for Business Interruption Expense.

For Dentcare Delivery Systems, the primary contact is Glenn Sobel. His office number is [REDACTED], his cell number is [REDACTED] and his email address is [REDACTED] or [REDACTED]. The secondary contact is MaryJean Kelly. Her office number is [REDACTED], her cell number is [REDACTED] and her email address is [REDACTED] or [REDACTED].

c. Meet

When a disaster occurs, all supervisors and managers will meet in the conference room at Healthplex. In the event of a total disaster, employees will meet at:

The Continuity Centers
1000 Woodbury Road
Woodbury, NY 11797
(516) 622-0200 Phone

The data recovery team will meet at:

The Continuity Centers
1000 Woodbury Road
Woodbury, NY 11797
(516) 622-0200 Phone

To report a disaster call (516) 622-0200 daytime or (516) 622-0200 x2180 evenings.

Continuity Centers offers a secure and redundant facility. The facility is equipped with security and telephone systems, including ACD, backup generators, conference rooms, lockers and offices. The Continuity Centers sites also feature Window and Solaris servers, Cisco routers, switches and ASA Firewalls. Six Intel-based servers, One Unix-based server, up to one-hundred (100) telephones and personal computers will be configured and ready for our use within 4-8 hours

IT Recovery Plan

should a disaster occur. An additional one-hundred and ninety-two (192) will be available within 48-96 hours. The facility and all services are available within 2-4 hours of a disaster.

5. Resuming essential business operations within the targeted recovery windows.
6. Restoring and/or reconstructing vital records.
7. Coordinating all status and resource acquisition activities with the Emergency Management Team.
8. Monitor all operational areas (Claims, Customer Service, Utilization Management, General Support).
 - a. Review reports of department performance metrics.
 - b. Formulate resource plans to address any issues pertaining to timely response.
 - c. Commission Human Resources to acquire the necessary staff to meet developed resource plans.
9. Coordinating the move back to the reconstructed or new facility.
10. Termination of the disaster recovery effort will be performed by the Disaster Liaison (primary: Phil Rizzuto, Vice President of Information Technology, secondary: Sharon Zelkind, President).
11. Annual testing of the disaster recovery plan will be performed/coordinated by IT Management (primary: Michael Latko, Director of IT, secondary: Michael Bach, Senior Systems Administrator).

2. INTRODUCTION TO MIS

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 8

Healthplex and its data center are located at 333 Earle Ovington Blvd., Suite 300, Uniondale, New York 11553-3608. Hours of operation are from 7:00 a.m. to 6:00 p.m. Monday – Friday, excluding holidays.

The MIS staff includes eight developers, three full time operators, and two full time technical support persons. The company has developed its own unique application software using Java Server Pages, Oracle Tools and Oracle Database, CACI's HighView and Bottomline's Paybase32.

Windows XP/Vista/Windows 7 Operating Systems are used with all client desktop computers. Server operating systems are a mix of Windows 2003/Windows 2008, and Sun Solaris. Security is found at the operating system level, the application-level and at the Oracle database-level.

3. Plan Activity Sets

1. Pending Crisis

1.1. Perform Pending Crisis Activities

- 1.1.1. Gather work-in-progress and prepare to remove it from the facility.
- 1.1.2. Prepare for possible alternatives.
- 1.1.3. Back up critical systems, applications and data.
- 1.1.4. Power down servers.
- 1.1.5. Remove any hardware/software from the facility to facilitate returning Healthplex to operational status after the disaster
- 1.1.6. Move backups, documents and vital records offsite.

2. Immediate Response

2.1. Organize First Alert Notification

- 2.1.1. Initiate emergency response activities.
- 2.1.2. Initiate evacuation procedures.
- 2.1.3. Notify Security of situation.
- 2.1.4. Notify Recovery Coordinator of situation.

2.2. Initiate First Alert Notification

Onsite Personnel Responsibility:

- 1. If you become aware of a potential incident within the facility, perform all appropriate emergency response actions following company procedures.
- 2. Notify the Team Leader and Recovery Coordinator and provide the following information:

- a. Your name.
- b. A description of the event.
- c. A preliminary report of damages and injuries.
- d. Information regarding any attempted or actual notification contacts.
- e. A phone number and location where you can be reached.
- f. In the event of a building evacuation, report to your department's pre-designated assembly point.

Recovery Coordinator Responsibility:

1. Ensure all appropriate emergency response procedures are being followed.
2. Determine the location of the Crisis Management Center using PLAN SITES.
3. Perform the following alert notifications:
 - a. Alert assessment personnel listed in the PLAN TEAMS AND MEMBERS. Designate alternates if the primary person cannot be contacted.
 - b. Alert Facilities, Security, and other appropriate support areas of the incident.
 - c. Alert remaining team members, senior executives, and vendors of the incident.
4. Instruct notified personnel where to report (e.g., Crisis Management Center, damaged site, other site, stay home).
5. Ensure records are kept of the following:
 - a. Date and time of notification.
 - b. Person performing notification.
 - c. Description of situation.
 - d. Any special instructions.

3. Activate Crisis Management Center

3.1. Establish Crisis Management Center

- 3.1.1. Notify Crisis Management Center of arrival of personnel, equipment and supplies.
- 3.1.2. Notify recovery and support personnel of Crisis Management Center location and telephone number.
- 3.1.3. Assure Crisis Management Center has appropriate amounts of equipment, telephones and supplies.
- 3.1.4. Track recovery status (via Recovery Status Report Forms) and personnel location (via Personnel Location Control Forms).

4. Conduct Damage Assessment

4.1. Perform Damage Assessment Activities

Damage Assessment Procedures:

Assessment Procedures should be performed and the declaration decision made within four hours of the incident.

1. Obtain clearance to send personnel into the affected facility from authorized individuals (e.g., Facilities, local authorities).
2. Participate in a team briefing on assessment requirements, reviewing:
 - a. Assessment procedures.
 - b. Reporting requirements and forms.
 - c. Safety and security issues.
 - d. Risk Management issues.
3. Building access permitting, conduct an onsite inspection, using the ASSESSMENT FORMS and appropriate support representatives, of the affected work areas to assess damage to the following:
 - a. Building Structure (e.g., roof, ceiling, walls, foundation, raised floor, sub-floor, access).
 - b. Environmental Systems (e.g., heating, cooling, water, power, fire suppression).
 - c. Network Equipment (e.g., controller, DSU's, CSU's, modems).
 - d. Voice Communications Equipment (e.g., PBX, ACD).
 - e. Computer Equipment (e.g., personal computers, platform hardware, LAN hardware, disk drives, tape cartridge drives, printers, terminals).
 - f. Office/Storage Areas (e.g., work-in-progress such as backups not completed; essential records such as hard copy files, licenses, manuals, critical documentation; data on other media; furniture and supplies).
 - g. Furniture, files, forms and supplies.
4. Following the on-site inspection, instruct team members performing the assessment to report to the Crisis Management Center to participate in an assessment review meeting.
 - a. Review assessment results as documented on the ASSESSMENT FORMS.
 - b. Review salvages information based on the results of the damage assessment.

4.2. Use Assessment Forms

Area: Building Structure		Assessment							
No.	Description	Water Damage		Smoke Damage		Fire Damage		Estimated Repair	
		Yes	No	Yes	No	Yes	No	Date	Time
1	Roof							/	:
2	Ceiling							/	:
3	Walls							/	:
4	Foundation							/	:
5	Floor							/	:
6	Work Area Floor							/	:
7	Access							/	:
8								/	:
No.	Additional Information								
1									
2									
3									
4									
5									
6									
7									
8									

IT Recovery Plan

Area: Environmental Systems		Assessment			
No.	Description	Physical Damage		Estimated Repair	
		Yes	No	Date	Time
1	Heating			/	:
2	Cooling			/	:
3	Water			/	:
4	Power			/	:
5	Fire Suppression			/	:
6				/	:
7				/	:
8				/	:
9				/	:
No.	Additional Information				
1					
2					
3					
4					
5					
6					
7					
8					
9					

IT Recovery Plan

Area: Telecommunications Equipment		Assessment							
No.	Description	Physical Damage		Cabling Damage		Operational		Estimated Repair	
		Yes	No	Yes	No	Yes	No	Date	Time
1								/	:
2								/	:
3								/	:
4								/	:
5								/	:
6								/	:
7								/	:
8								/	:
9								/	:
No.	Additional Information								
1									
2									
3									
4									
5									
6									
7									
8									
9									

IT Recovery Plan

Area: Computer Equipment		Assessment							
No.	Description	Physical Damage		Cabling Damage		Operational		Estimated Repair	
		Yes	No	Yes	No	Yes	No	Date	Time
1								/	:
2								/	:
3								/	:
4								/	:
5								/	:
6								/	:
7								/	:
8								/	:
9								/	:
No.	Additional Information								
1									
2									
3									
4									
5									
6									
7									
8									
9									

Area: Storage Area		Assessment							
No.	Records and Forms	Water Damage		Smoke Damage		Fire Damage		Usable	
		Yes	No	Yes	No	Yes	No	Yes	No
1									
2									
3									
4									
5									
6									
7									
8									
9									
No.	Additional Information								
1									
2									
3									
4									
5									
6									
7									
8									
9									

IT Recovery Plan

Area: Office Area Equipment		Assessment							
No.	Description	Power On		System Load		Salvageable		Estimated Repair	
		Yes	No	Yes	No	Yes	No	Date	Time
1								/	:
2								/	:
3								/	:
4								/	:
5								/	:
6								/	:
7								/	:
8								/	:
9								/	:
No.	Additional Information								
1									
2									
3									
4									
5									
6									
7									
8									
9									

IT Recovery Plan

Area: Office Areas		Assessment							
No.	Furniture Forms/Supplies	Water Damage		Smoke Damage		Fire Damage		Usable	
		Yes	No	Yes	No	Yes	No	Yes	No
1									
2									
3									
4									
5									
6									
7									
8									
9									
No.	Additional Information								
1									
2									
3									
4									
5									
6									
7									
8									
9									

5. Strategy Review and Declaration Decision

5.1. Perform Alert Activities

5.1.1. Review special requirements for operating at an alternate site.

5.1.2. Notify Continuity Centers of alert situation by calling **866-722-1313**. Inform Continuity Centers that this is an alert notification and provide requested information.

5.2. Make Declaration Decision

5.2.1. Review damage assessment findings.

5.2.2. Review Recovery Strategies and Support Strategies.

Recovery Strategies:

If the facility is damaged or inaccessible for an extended period of time, an alternate processing facility will be used:

Information Technology Strategy:

In the event a disaster prevents processing of critical applications within the data center, operations would transport both operations and personnel to an alternate facility at Continuity Centers for a traditional recovery strategy. At the Continuity Centers facility we'll be able to restore our Oracle Database server, using Oracle's Data Guard data replication functionality, and recover all Intel-based servers, using CA Instant Business Recovery software. Continuity Centers and Healthplex are jointly responsible to recover all servers and PCs.

All Window servers have their operating systems and storage contents replicated real-time at the Continuity Centers. Window servers can be put into production within a few hours. PC images are stored at the Continuity Centers and can be quickly loaded at time of test or disaster. This saves considerable time and effort in recovering PCs. Data Guard restoration of the Oracle database will take approximately 1 – 2 hours to activate and recover properly.

In addition, we will setup telecommunications and workspace areas for personnel within the 1-4 hours of a disaster. Within an hour of a disaster, Omni Telecom will be used to contact providers, group administrators and brokers in the event of a disaster. The following Disaster Recovery announcements have been prerecorded. The wave files, along with associated data containing the telephone numbers reside at Omni TeleCom:

Provider Announcement

Healthplex, Dentcare and IHS have declared a company-wide state of emergency. We have activated the corporation's Disaster Recovery Plan which requires us to move employees, computer operations, and telephones to another location.

Please understand that we are doing everything possible to resume operations within the next 24 hours. Please be patient. You will be updated as soon as our situation changes.

During this transitional period, all emergency referrals will be automatically approved.

We are sorry for this inconvenience.

Group/Broker Announcement

Healthplex, Dentcare and IHS have declared a company-wide state of emergency. We have activated the corporation's Disaster Recovery Plan which requires us to move employees, computer operations, and telephones to another location.

Please understand that we are doing everything possible to resume operation within the next 24 hours. Please be patient. You will be updated as soon as our situation changes.

During this period, if any of your members has a dental emergency, please inform them that if they cannot reach their participating dentist, they may contact any other participating dentist listed in the appropriate Dental Directory. Make sure they tell the dentist that they are Healthplex, Dentcare or IHS subscribers.

If they cannot reach another participating dentist, they will be reimbursed up to the maximum amount allowed under their plan to treat a dental emergency. Please ask them to contact their plan dentist on the very next business day.

We are sorry for this inconvenience.

Recovery Announcement

Healthplex, Dentcare and IHS have declared that the state of emergency is over. Our daily operations are back to normal.

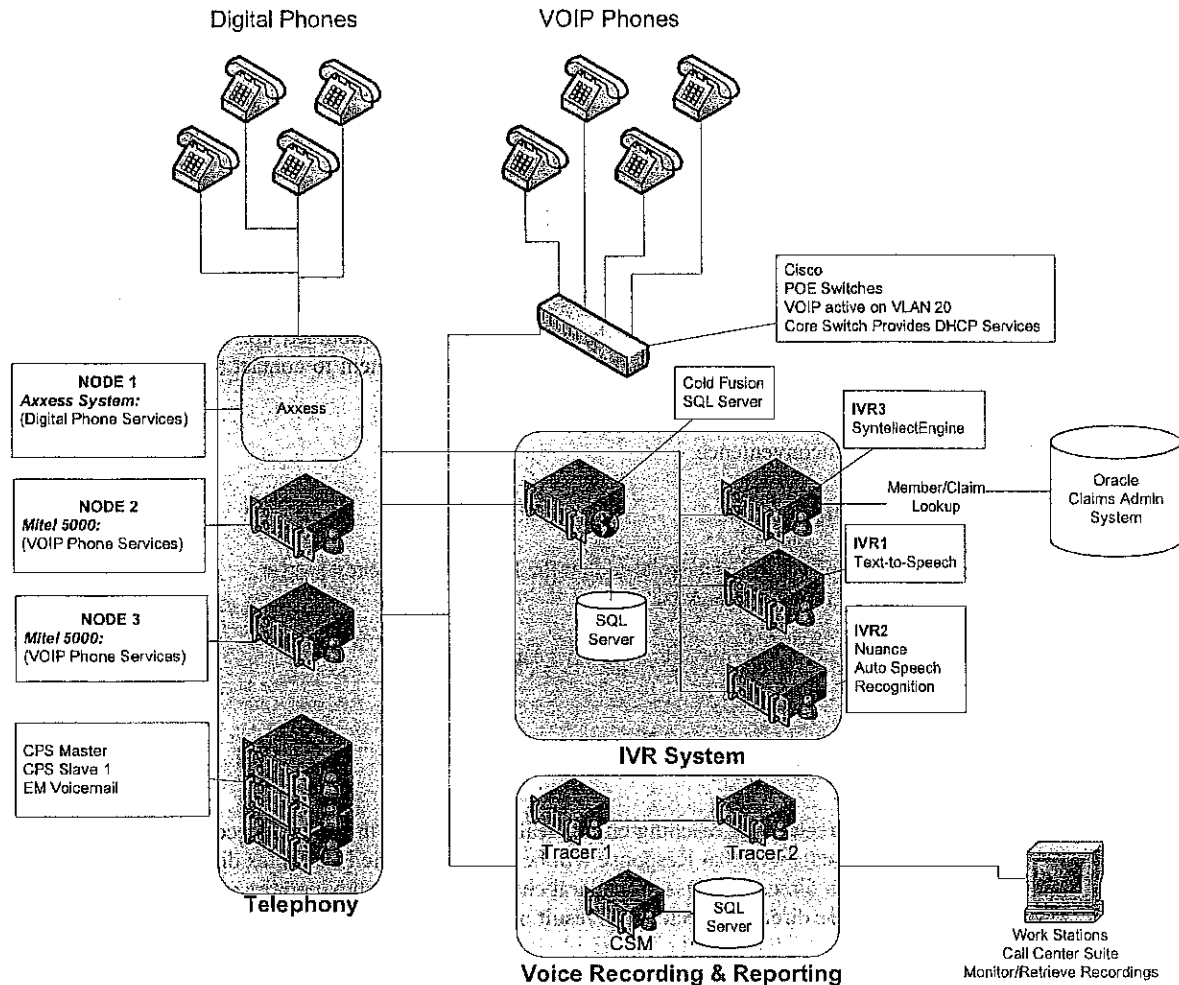
We are sorry for any inconvenience this may have caused you.

Members Communication

Members contacting Healthplex, reaching either Healthplex staff at the disaster recovery facility or reaching call service vendor Global Response will be informed of the Healthplex disaster status. Members would not be contacted directly, unless procedural changes affecting the member or claim payment and invoice processing were directly affected as a result of the disaster recovery activities.

Should a mass communication be required to all members, automated phone calls (with scripts addressing the specific issues) shall be initiated via Omni telecom, similar in methodology to the communications above.

The company utilizes a comprehensive series of integrated components in its Voice Communication Strategy.



Carrier Circuits –

At Healthplex, we utilize circuits from Winstream (Level 3, Verizon and Lighttower). These services include eighteen (33) PRI circuits (Windstream) and thirty-nine (39) Pots Lines (Verizon) used for fax machines, and modems.

Switches

All network switches used in conjunction with the phone system's VOIP (voice over Internet protocol) phones are manufactured by Cisco. These POE (power over Ethernet) switches provide the electrical power to VOIP phones and the interface or connection of the PC to the local or wide area network.

Telephony

Mitel 5000 Communications Platform Overview

The Mitel® 5000 Communications Platform (CP) delivers a complete suite of business applications which include unified Voice Messaging, Hot Desking, Meet-Me Conferencing, ACD and enhanced mobility with Dynamic Extension Express and Teleworking. In addition, the Mitel 5000 CP supports a range of advanced Unified Communications applications via the Mitel Applications Suite(MAS), the Mitel Unified Communicator® (UC) Express and the Mitel Unified Communicator® (UC) Advanced. The 5000 (CP) enables Healthplex to blend its voice system and data network. It supports both digital and IP phones, and built on scalable software and hardware. Each Mitel® 5000 can support up to 250 users and multiple sites. Healthplex utilizes 3ea Mitel 5000.

Key Features of the Mitel 5000 include:

- Linux-based operating system
- supports Analog, Digital Trunk and SIP Trunking
- fax over IP (FoIP) (T.38), 5000 CP to 5000 CP nodes only
- programmable call-processing features for enhanced business productivity
- Intelligent Directory
- hunt groups (uniform call distribution and automatic call distribution)
- multilingual support
- definable Music on Hold
- paging
- ability to optimize high-quality voice in data networks
- support for multi-protocol Mitel phones
- IP networking capability
- embedded Unified Voice Messaging with optional e-mail synchronization, and optional BlackBerry Formatting
- embedded Meet-Me conferencing (up to eight parties per call)
- embedded Hot Desking (single node)
- embedded teleworking
- Dynamic Extension Express: Twinning of multiple IP, digital or mobile devices with Message Waiting Indication and mobile to desktop hand-off. Calls can also be 'cascaded,' that is the desk phone will ring first before calls ring at both desk phone and mobile device.
- supports the following standalone unified communications applications on the Mitel Applications Suite: [Mitel Customer Service Manager, Mitel Business Dashboard, Mitel NuPoint Unified Messaging, Mitel NuPoint Speech Automated Attendant, Mitel Audio & Web Conferencing (optional purchase).
- off-line and remote database programming
- System Administration and Diagnostics console
- Embedded Reporting
- ACD - The 5000 CP offers the option of fully integrated Automatic Call Distribution (ACD) functionality including call distribution, agent mobility, feature configuration, administration and recorded announcements.

Embedded Basic Voice Mail (BVM)

For optimum availability and rapid response times, the 5000 CP offers a complete suite of voice-processing applications including unified messaging with e-mail synchronization, BlackBerry Formatting, MP3 attachments, voice mail, message notification and retrieval, automated attendant and Record-a-Call.

Features:

- password-protected user mailboxes
- a tutorial that assists new subscribers with mailbox setup
- simple message retrieval
- easy-to-use menus that allow users to send urgent (priority), private, or certified messages
- notification of waiting messages
- Record-a-Call – allows users to record a conversation and save it in their voice mailbox

- Unified Messaging with e-mail synchronization of deletions and heard/read messages, optional Blackberry message formatting and MP3 attachments

Automatic Call Distribution (ACD)

The 5000 CP offers the option of fully integrated Automatic Call Distribution (ACD) functionality including call distribution, agent mobility, feature configuration, administration and recorded announcements.

Call Center:

Call Center Suite application is a real time viewing (RealViewer) and reporting (Reporter Pro) of all inbound and outbound calls. Data is stored using a DB2 database.

RealViewer provides call center managers and supervisors with the visibility to monitor ACD queues, agents, performance, and call volume. RealViewer displays in real time what's happening in Customer Service, it provides the necessary information for management to adjust resources accordingly.

Real Viewer screens can be configured from menus to display a wide range of operational and threshold information. Each user, agent, and ACD Group can be viewed independently or in a corporate hierarchy.

Customer Service utilizes Automatic Call Distribution (ACD), to equally distribute incoming calls to customer service representatives or agents. Routing strategy is a rule-based set of instructions that determines how calls are to be handled inside the system. Typically this is an algorithm that determines the best available employee or employees to respond to a given incoming call. Agent skill levels determine which ACD group they are associated with.

ReporterPro allows authorized personnel the ability to generate reports, such as, Call Lists, Call Summaries, ACD Agents, etc. in an ad-hoc or on a schedule basis. Reports can be filtered on: field definitions, date ranges, call groups, agents, etc. All data elements are updated immediately.

Call Recording:

Oaisys Tracer contact center management software provides robust, enterprise-class call recording, agent evaluation and quality assurance functionality, including:

- OAISYS Portable Voice Document (PVD™) technology, which provides a highly secure means of reviewing, sharing and adding notes to call recordings.
- Intuitive user interface with call visualization, which simplifies call recording review and auditing.
- Effortless organization and search capabilities, allowing a targeted call recording to be retrieved within seconds.
- Integrated live and auto monitoring, allowing real-time agent coaching and personnel development
- Customizable employee evaluations and powerful quality reporting, allowing call centers to proactively monitor, manage and improve workforce performance

All ACD agents are recorded. In addition, Oaisys allows the organization to backup recordings on to a DVD and index them accordingly.

Interactive Voice Response (IVR):

The Healthplex IVR incorporates the latest in state-of-the-art Automatic Speech Recognition (ASR) technology. The IVR provides telephone calling dentists, groups and members the ability to obtain patient eligibility and claim's information by accessing the company's Enrollment and Claim Administration System Oracle DB. Members can also verify the dental office they are assigned to and request additional identification cards. At any point the call can transfer to Customer Service and speak to a live person.

Access to personal information requires a caller to speak the member/dependent's identification number and date-of-birth in English or Spanish. These data elements are verified in Oracle and played back to the caller. The IVR is integrated with the same database that is used throughout Healthplex. The application provides safeguards that prevent sensitive data from being accessed.

Auto Attendant

In addition to providing customer information, our IVR is integrated with the Mitel 5000 and used as our primary auto attendant to route calls throughout the organization.

Healthplex utilizes two Windows 2003 servers, Syntellect software and Nuance V9 speech recognition software to support these applications.

Syntellect 7.2

Syntellect 7.2 includes the following components:

Syntellect Studio - A graphical programming environment that reduces development time by 50% or more

Syntellect Communications Server - A highly scalable, reliable and fault tolerant VoiceXML gateway and run-time environment for deploying Envoy-based voice solutions and VoiceXML applications.

Syntellect Console 7.2 - A graphical interface that provides a single point of control for administering large-scale or distributed voice solution installation.

Syntellect Domain Server - A dynamic license management utility ensures the continuous availability of voice solutions.

In addition to the traditional features of an IVR, Healthplex uses the IVR as its prime Auto Attendant. Calls are automatically routed from the PBX to a Cold Fusion application. The Cold Fusion scripts play prerecorded prompts that provide the caller with choices to route his/her call; Calls are then sent back to the PBX to the proper destination for processing.

Oracle DB

The Oracle Database and Oracle Application Tools used in Customer Service are also used to enter claims, eligibility, provide data to our website (www.healthplex.com), IVR lookups, etc. Only the latest information is provided to the caller. All website and IVR Provider queries are captured in the Oracle Database. These data are important in determining patient eligibility at the time of the query.

The IVR and website provide up-to-date patient eligibility, claim status and patient assignment.

Data Processing is technically responsible for the phone system.

Outbound Messaging:

Omni TeleCom is an outbound messaging service that uses the Internet to automatically call members and reminds them to make an appointment to visit their dentist for a routine checkup and, if necessary, treatment. The system presents the information in English and Spanish. It allows the member to press 1 and be automatically connected to his/her dental office. Calls are scheduled to occur Sunday through Thursday between 10 AM and 8 PM.

Omni Telecom will also be used to contact providers and group administrators in the event of a disaster. The wave files, along with the associated data containing the telephone numbers reside at Omni Telecom:

Phone Tree is used in-house to comply with NYS Article 49 (Utilization and Appeals) reporting requirements. Each day, after the generation of the Explanation of Benefit (EOB) Reports, applicable members/patients are automatically called and notified the status of their dental services associated with the daily EOBs. Different messages are played depending if services are approved, partially approved or denied. Phone Tree utilizes a Windows 7 PC and 16ea phone lines for simultaneous outbound calling.

Computer Faxing:

Computer Faxing is performed using a virtual server. The server is equipped with W2K8, 2ea processors (64 bit), Open Text RightFax Enterprise Software. The equipment supports ten simultaneous inbound/outbound faxes.

Data Communications Strategy:

The Healthplex network is protected against intrusion by use of a Firewall.

ASA 5525-X

The ASA 5500-X security device or firewall provides a highly effective intrusion prevention system (IPS) with Cisco Global Correlation, multi-gigabit performance and flexible interface options. The device also provides VPN with always-on remote access, content security, unified communications and end-to-end network intelligence that leverages Cisco SecureX framework.

The Cisco ASA 5500-X device delivers enterprise-strength security through a number of items:

Intelligence Operations (SIO) - SIO provides early warning intelligence, threat and vulnerability analysis and proactive protection.

Cisco TrustSec Technology - Cisco TrustSec uniquely provides a policy-based platform. The Cisco Identity Services Engine offers integrated posture, profiling and guest services to make context-aware access control decisions. Cisco TrustSec integrates with the Cisco SecureX architecture to allow the Cisco security portfolio to use network-based identity context for full context-aware firewalling and policy enforcement.

ASA CX Context-Aware Security – Provides end-to-end network intelligence using the Cisco SecureX framework to combine context from local traffic with in-depth global network context.

Cisco AnyConnect Secure Mobility - Solution for unique mobile clients.

Barracuda Web Filter 610

The Barracuda Web Filter 610 is a gateway appliance that integrates content filtering, application blocking, and malware protection. It blocks access to content that violates our organization's Internet usage policy. Content can be blocked based on content category, domain, URL pattern, or file type.

The Barracuda software downloads the latest virus patches to ensure that all content category, application, and malware definitions are always up-to-date.

IronPort

Protects email against Internet threats, including Spam. IronPort ensures the uninterrupted flow of legitimate email traffic. Built on the revolutionary Cisco IronPort AsyncOS® operating system, the all-in-one appliance consolidates the capabilities of multiple servers by employing a range of email management and security applications. Ensures timely, secure interaction with customers, while protecting their reputations across the complex Internet landscape. Cisco IronPort appliances utilize Cisco IronPort SenderBase. SenderBase identifies virus threats in real time at their initial outbreak and quarantines them for scanning.

Switches

Switches consist of the following: in **MDF (Telephone Room)** - One Cisco 6513 Switch with 11 – 48-port blades (10/100/1000) and one Cisco 2960S-48TS (10/100/1000) POE switch. In the **IDF (Customer Service Room)** - One Cisco 6513 Switch with 9 – 48-port blades (10/100/1000). In the **IDF2 (Claim Room)** - 6ea Cisco Catalyst 2960-S Switches POE (10/100/1000). All ports on all the switches are 10/100/1000. The POE switches support digital phones, as well as, computers.

All computers in the intranet utilize TCP/IP protocol on a Fast Ethernet backbone.

Fiber cables connect all switches and Cat 6 Cabling is used for all computer connections. Static IP Addresses are assigned to all major devices. VeriSign with SSL, PKI and RSA trusts our Web Server on the prevailing 256-bit encryption.

In addition, the network can be managed remotely.

Cisco 6513-E

Cisco 6513 switch offers high performance for WANs. Our configuration utilizes the Cisco 7600 Supervisor 720 Fabric MSFC3 PFC3B module to support inter chassis failover and sub second recovery. The supervisor engine supports up to 720 mpps of IPv4 and 390 mpps of IPv6.

The Cisco 6513 switch provides a Virtual Switching System, Network Virtualization, Integrated Services and Operational Efficiency.

Virtual Switching System

- Activates all available bandwidth across redundant Catalyst 6500 systems and eliminates asymmetric routing
- Supports inter chassis failover and provides deterministic sub second recovery
- Provides single point of management
- Eliminates need for First-Hop Resiliency Protocol (FHRP), supports simplified loop-free topologies

Network Virtualization

- Offers infrastructure consolidation by providing segmentation, path isolation, privacy, limited fate sharing, membership definition, and address space separation technologies
- Delivers end-to-end network virtualization using IP/MPLS technologies.
- Identifies (802.1x suite) , tags (SGT), encrypts (MacSec), and enforces (Security Group Access Control List) with Cisco TrustSec
- Supports network device admission control (NDAC) and endpoint admission control (EAC)
- Provides investment protection with ingress/egress TrustSec Reflector

Integrated Services and Operational Efficiency

- Helps unify, simplify, and economize the network with next-generation integrated services modules
- Facilitates multiple generations of components on one chassis through a modular design
- Monitors switches across the network with Switched Port Analyzer (SPAN)/Remote Switched Port Analyzer (RSPAN) and virtually connects an analyzer to almost any port on the network with Encapsulated Remote SPAN (ERSPAN)

Cisco 2960-S

The Cisco 2960-S uses Layer 2 switching media access control addresses (**MAC address**) from the host's network interface cards (NIC Card) to decide where to forward frames. It's based on hardware and highly efficient because there is no modification to the data packet, only to the frame encapsulation of the packet, and only when the data packet is passing through dissimilar media (such as from Ethernet to FDDI).

Active Directory

Windows 2008 Active Directory is the method used to connect and manage all windows machines. Healthplex requires a single domain tree structure. A Dell PowerEdge R410 Dual Processor with 32 Gigabytes of Memory and 300 Gigabytes of disk is used exclusively as the primary domain controller. A second domain controller uses a Dell PowerEdge 1750 Dual Processor with 2 Gigabytes of Memory and 108 Gigabytes of disk.

Virtual Local Area Network (VLAN)

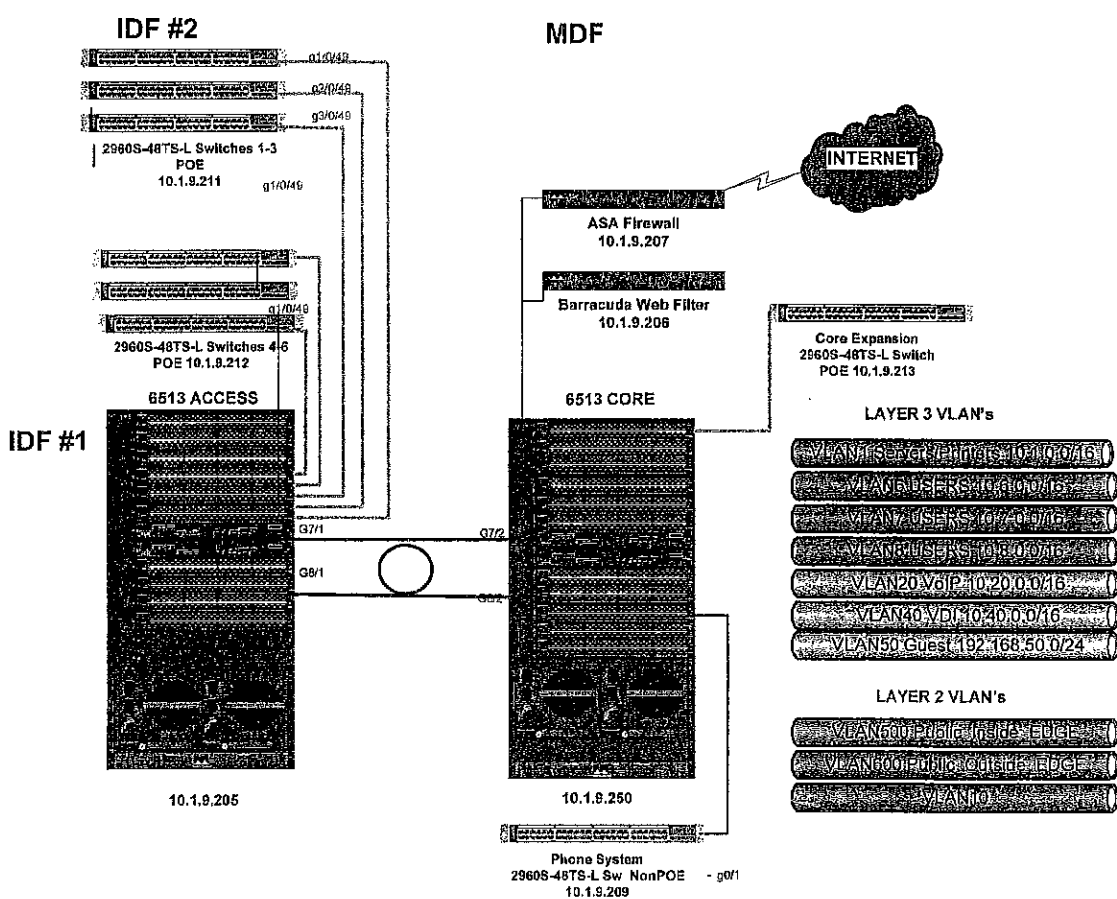
We have two layers of VLAN – VLAN2 & VLAN3.

Layer 2 Vlan - Vlan2 segment's the local-area networks (LANs) by using multiport bridge technology and switch hardware.

The VLAN learns about the Media Access Control (MAC) addresses on each of its ports and transparently passes MAC frames destined to those ports. Vlan2 ensures that frames destined for MAC addresses that lie on the same port as the originating station are not forwarded to the other ports. The hardware ensures that multiple switching paths inside the switch will be active at the same time. Each VLAN would typically have unique layer three addressing or no layer 3 addressing at all.

Layer 3 Vlan - Typically the Layer 3 addressing (IP) is unique per vlan. It allows packets to pass from one VLAN to another.

Healthplex VLAN Network Design



5.2.3. Make disaster declaration decision.

5.2.4. Notify alternate sites and recovery personnel of disaster declaration decision.

Continuity Centers Disaster Declaration Procedure:

If a disaster is declared, the following Continuity Centers disaster notification procedure should be followed:

RESPONSIBILITY	ACTION
Upon signing of Continuity Centers contract:	
Healthplex Representative (Vice President of MIS)	Provide Continuity Centers Support Services with a list of at least three Healthplex representatives who have the authority to verify a declared disaster on behalf of their company. This list should contain business and home telephone numbers for each person (preferably including at least one located outside of the building housing the Healthplex's data center). It should reflect the sequence in which individuals should be contacted. These individuals should be instructed to make every effort to be available at one of these numbers in the event of a disaster. The list must be signed and dated.
In the event of a disaster:	
Healthplex Representative (President of Healthplex) (Vice President of MIS) (Director of MIS) (Chief Operating Officer)	<p>Calls (516) 622-0200 and informs Continuity Centers "THIS IS A DISASTER NOTIFICATION." Provide the following information:</p> <ol style="list-style-type: none"> 1. Name of Company 2. Subscriber representative's name 3. Telephone number where Healthplex representative may be reached for the next several hours 4. Nature of disaster 5. Estimated time of arrival at Disaster site
Continuity Centers Receptionist or Continuity Centers Security	<p>Answers call from Healthplex representative, recording all information provided on the Call Record form, including date and time of call, and signs the form.</p> <p>Informs Healthplex representative that a disaster notification has been recorded and verification procedures will be initiated. Instructs caller to alert all individuals on Disaster Declaration Authority (DDA) list to be available for verification by Continuity Centers.</p> <p>Calls Continuity Centers management contacts in sequence until contact is made. With first contact, relays information on Call Record and Disaster Declaration Authority forms.</p>

IT Recovery Plan

RESPONSIBILITY	ACTION
First Continuity Centers Management Contact	Begins contacting individuals on the Disaster Declaration Authority list in sequence until confirmation is received by an authorized representative other than the person who placed the original declaration call.
Continuity Centers Availability Operations Team	Once confirmation is received, Continuity Centers personnel will begin preparing for Healthplex's disaster recovery effort.
Healthplex Representative (Vice President of MIS)	Provides written follow-up confirmation of disaster declaration to the President of Continuity Centers.

The following people have authorization to declare a disaster in accordance with the Continuity Centers Availability Services contact.

Name	Work Phone	Home Phone	Cellular Phone
Mr. Philip Rizzuto	[REDACTED]	[REDACTED]	[REDACTED]
Ms. Sharon Zelkind	[REDACTED]		
Mr. Michael Latko	[REDACTED]	[REDACTED]	[REDACTED]
Mr. Chris Schmidt	[REDACTED]	[REDACTED]	

Continuity Centers Alert Cancellation Procedure:

If a disaster is not going to be declared, the alert should be canceled, using the following procedure:

In the event the disaster is no longer eminent:	
Healthplex Representative	<p>Calls (516) 622-0200 and informs Continuity Centers "AN ALERT WAS MADE AND IS NOW CANCELLED"</p> <p>Provide the following information:</p> <ol style="list-style-type: none"> 1. Name of Company - Healthplex 2. Healthplex representative's name 3. Telephone number where Healthplex representative may be reached for the next several hours 4. Nature of disaster alert to cancel
Continuity Centers Receptionist or Continuity Centers Security	<p>Answers call from Subscriber representative, recording all information provided on the Call Record form, including date and time of call</p> <p>Changes the Disaster Declaration and Alert Notification record. The TYPE will be an ALERT, the STATUS will be changed to CLOSED.</p> <p>Send via email DISASTER ALERT MAIL NOTIFICATION.</p>

6. Notification

6.1. Notify Executives, Key Vendors and Key Contacts

- 6.1.1. Create/revise official incident Public Statement containing acceptable responses to customer/contact questions.
- 6.1.2. Ensure appropriate executive management personnel are aware of disaster declaration.
- 6.1.3. Notify key customers and business partners of the disaster declaration using information on PLAN CONTACTS.
- 6.1.4. Notify vendors of the disaster and request products and services using information on PLAN CONTACTS.

Vendor Notification Procedure:

Perform vendor notification of a disaster using the following steps:

1. Contact vendor and inform them of the situation and/or pending disaster, and provide the following:
 - a. Name of company - Healthplex
 - b. Healthplex representative's name
 - c. Telephone number where subscriber representative may be reached
 - d. Nature of the alert

6.2. Notify Team Members

- 6.2.1. Receive disaster declaration notification from Management.
- 6.2.2. Perform activation procedures for Team Members and staff.

Team Member Notification Procedure:

Notify recovery team members, alternates and staff as required, using PLAN TEAMS AND MEMBERS, advising them of formal disaster declaration and instructing them where to report.

Record the results of telephone calls on the Telephone Log and forward to the Recovery Coordinator.

1. **If contact is made, say "MAY I SPEAK WITH (Individual)?"**, then provide the following information:
 - Brief description of the problem;
 - Location of the Crisis Management Center:
 - Phone number at the Crisis Management Center: (516) 622-0200
 - Action required as noted by Recovery Coordinator.
 - Inform personnel to make no public statement regarding the situation.
 - Inform personnel that no calls are to be made to other employees. (This will avoid premature notification to families of personnel working at the time of the disaster.)
2. **If not available, say "WHERE MAY I REACH (Individual)?"**
 - If at any location other than work, get phone number, make call and provide the above information.
 - If individual is at work, indicate you will reach the individual at work. (DO NOT DISCUSS DISASTER SITUATION WITH PERSON ANSWERING THE PHONE.) Notify the Recovery Coordinator immediately.

3. **If no answer:**

- Record the time attempted contacts were made.
- Periodically call again, until contact is made.

4. **If contact information is invalid (e.g., wrong number, person moved):**

- If person has moved, try to get new telephone number and contact the individual.
- Notify Management of incorrect contact information.

5. **If the telephone is answered by an answering machine/service:**

- Leave message requesting person call you at (telephone number).
- Record the call and pertinent details on the Telephone Log.

Healthplex Telephone Log:

Date/ Time	Person/ Number Called	Calling Results					Comments
		Person Reached	Person Unavail.	No Answer	Line Busy	Answer Mach.	

7. Team Mobilization

7.1. Review Situation Response Decisions

7.1.1. Review situation response.

Situation Response Procedure:

1. Confirm or revisit situation responses for all affected areas. Determine essential communications and status reporting information needed for subsequent plan implementation activities.
2. Review and updated essential support functions as required.
3. Review the PLAN REMARKS - ASSUMPTIONS and determine if these assumptions are correct; if not correct, discuss how the altered situation will affect the recovery strategy.
4. Develop any required changes to replacement resource acquisition plans and priorities by reviewing the following:
 - a. Any documented agreements with alternate sites
 - b. PLAN RESOURCES - COMMODITIES
 - c. PLAN RESOURCES - SERVICES
 - d. Salvage Findings
5. Create or revise the official incident Public Statement containing acceptable response(s) to questions asked by customers and other business contacts.
6. Review the Application RTOs in PLAN RESOURCES – SERVICES. Update with any recommended changes, taking into account the available resources and current business requirements.

7.1.2. Notify Team Members of selected situation response.

Team Briefing Procedure

1. Review the incident and current status with the recovery team members:
 - a. Results of damage/impact assessment.
 - b. Insurance issues.
 - c. Any special issues.
2. Remind personnel NOT to make any "public" or "off-the-record" statements to any media representatives.
3. Review objectives and selected situation responses, noting:
 - a. Expected duration.
 - b. General objectives, procedures and strategies that will be used.
 - c. Any special safety or security issues.

4. Communicate changes made to the situation response strategy, based on the type of disaster and available resources. Evaluate the impact of these revised responses to recovery time frames, capabilities and procedures.
 - a. Short-term interruption (temporary interruption with little or no damage to the facility) may require activation of only selected teams and personnel.
 - b. Long-term interruption (physical damage to the equipment and facility) may require activation of the full recovery plan.
5. Review the following issues relative to the status of work-in-progress:
 - a. What functions had been completed for the day? What had not?
 - b. What files and records are salvageable?
 - c. What files and records can be reconstructed from other sources or offsite backup?
 - d. What are the date, time and status of the most recent backup records recoverable from offsite?
6. Establish work and rotation schedules based on work load, available resources and available personnel.

7.2. Deploy Team

7.2.1. Confirm alternate location assignments.

7.2.2. Coordinate travel arrangements.

Travel/Transportation Procedure:

1. Utilizing PLAN RESOURCES - VITAL RECORDS, coordinate retrieval of items, from the damaged facility or offsite storage. Coordinate with the Purchasing Representative to ensure replacements are ordered and acquired. Utilize PLAN RESOURCES – COMMODITIES to assist in identification of the items and minimal acceptable quantities.
2. Make arrangements for personnel and material traveling to the recovery facility, utilizing the TRAVEL ACCOMMODATIONS REQUEST FORM. Address the following:
 - a. Provide the names of individuals and their destination.
 - b. Provide instructions identifying which specific personnel are permitted to travel on the same flight or in one vehicle. (Stagger personnel so that qualified personnel travel separately).
 - c. Provide hotel requirements.
 - d. Provide estimates of travel advance monies required.
 - e. Identify special transportation requirements for media and/or supplies.
 - f. Obtain tickets and itineraries.
 - g. Distribute the itineraries and tickets to team members, and make meeting arrangements at the destination.
3. Provide directions to the alternate site to each employee as required. (NOTE: IF A TEMPORARY ALTERNATE SITE IS REQUIRED, LOCAL OFFICE SPACE WILL BE OBTAINED BY THE FACILITIES REPRESENTATIVE.)

Healthplex Travel Accommodations Request Form:

1. Make copies of this form for use throughout the recovery operation.
2. Complete as much information as possible regarding your travel requirements.

ITINERARY FOR (NAME): _____

TELEPHONE #: _____

AIRLINE RESERVATIONS

Date	Airline/ Flight	Depart (City)	Time	Arrive (City)	Time	Remarks

HOTEL	CAR RENTAL
NAME:	RENTAL COMPANY:
ADDRESS:	VEHICLE TYPE:
	PICK-UP LOCATION:
TELEPHONE #:	DATE:
ARRIVAL:	CONFIRMED BY:
DEPARTURE:	CONFIRMATION DATE:
ACCOMM./RATE:	

TRAVEL ADVANCE:	YES:	NO:	AMOUNT: \$
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TEAM LEADER APPROVAL: _____

7.3. Obtain Facility Access

- 7.3.1. Show picture ID/Employee Badge.
- 7.3.2. Notify Team Leader of arrival at recovery site.

8. Vital Records Retrieval

8.1. Retrieve Vital Records

- 8.1.1. Alert offsite storage vendor.
 - Recall
 - 24 Vandyke Ave
 - New Brunswick, NJ 08901
- 8.1.2. Declare disaster with offsite storage vendor.
- 8.1.3. Coordinate vital records retrieval.
- 8.1.4. Dispatch personnel to retrieve selected records.

9. Activate Recovery Plan

9.1. Initiate Recovery Plan

- 9.1.1. Perform start-up activities as instructed.
- 9.1.2. Review recovery procedures.
- 9.1.3. Attend initial status meeting as required.
- 9.1.4. Revise plan response to incident as required - RTO changes, resource changes.

10. Oversee Recovery Activities

10.1. Oversee and Monitor Business Recovery Activities

- 10.1.1. Implement immediate recovery activities.
- 10.1.2. Conduct short term recovery activities.
- 10.1.3. Direct long term recovery activities.
- 10.1.4. Track recovery expenditures.
- 10.1.5. Keep management informed of status.
- 10.1.6. Monitor operations.
- 10.1.7. Track personnel location while performing work.

Work Location Tracking Procedure:

Track work and rotation schedules based on work load, available resources, and available personnel.

1. Receive the employee notification status from the recovery teams and assist in providing/assigning personnel, based on availability, to participate in the recovery activities.
2. Record the location of support personnel on the PERSONNEL LOCATION CONTROL FORM.
3. Receive copies of PERSONNEL LOCATION CONTROL FORMS from the recovery teams. Keep the forms available at the Crisis Management Center should it be necessary to locate any employee.

Healthplex Personnel Location Control Form:

Purpose:

Maintain centralized tracking of all recovery personnel.

Procedure:

Make copies of this form and complete after plan activation.

Complete the PERSONNEL LOCATION CONTROL FORM indicating work location of recovery personnel. Continue to update the information throughout each day during the recovery operation. As updates are made, send a new copy to the Crisis Management Center for their use in maintaining the recovery operation Personnel Location Control Forms.

Location Assignment Code:

- 1 - Stationed at the Crisis Management Center
- 2 - Report to Disaster site
- 3 - Report to disaster site to assist with salvage efforts
- 4 - Stay home until further notice

IT Recovery Plan

DATE: _____ ISSUED BY: _____

NAME	CONTACT STATUS	LOCN ASGN	PHONE NUMBER	WORK SCHEDULE	
				FROM	TO

10.2. Perform Administrative Procedures

Administrative Procedures:

These Administrative Responsibilities summarize company policy as well as define some practical recovery recommendations.

Become familiar with these responsibilities and procedural guidelines; then apply them throughout the initial response and any subsequent business recovery activities.

Ensure Company Policy:

1. Monitor security and control policies and procedures. Experience indicates that companies are particularly vulnerable to fraud and sabotage during times of disruption. Obtain approvals for any changes to standard control policies from the executive management.
 - a. Existing fraud waste and abuse measures will be active with the restoration of IT systems. No additional fraud detection procedures have been identified for implementation during a disaster event.
 - b. Any detected fraudulent activity will be reported to the appropriate regulatory authorities per normal Healthplex policies and procedures.
2. Maintain disaster-related expense tracking and controls. All expenses incurred as the result of business recovery are to be charged to a special General Ledger **Account Code – 68475 Disaster Recovery**.

NOTE: This General Ledger Account Code should be used only for requests for purchases; cash advance forms; travel expense reports; time sheets; etc.

Ensure Employee Well Being:

Closely monitor employee work schedules, ensuring the well being of employees participating in the recovery effort.

1. During emergency situations, personnel will be required to work extended hours; however, they should be strongly urged to get proper rest to minimize stress and maximize efficiency.
2. Experience indicates that morale problems frequently arise several days to weeks following a disaster. Consider the need to reward personnel for their extra efforts during the recovery operation.

Monitor and Report Recovery Progress:

Monitor business unit recovery progress frequently (hourly the first day (minimally) and then daily thereafter). Collect completed RECOVERY STATUS REPORT forms from business units daily.

Maintain Recovery Related Record Keeping:

Maintain careful written records throughout the recovery process. Experience shows thorough and complete records are invaluable in reducing confusion during the recovery and in reconciling following material acquisition and expenses.

1. Maintain good written documentation of any changes or modifications to standard operating procedures. Make sure temporary changes or modifications do not carry over to normal operations following the recovery operation shutdown.

IT Recovery Plan

2. Collect, review, and approve all completed time sheets. It is particularly important to track time expended for recovery related activities such as record reconstruction, since accounting practices require this time be explicitly accounted for.
3. Maintain a record of all personal expenses incurred during the recovery operation (receipts should be attached).
4. Note any changes or exceptions to the documented Recovery Plan so that these changes may be permanently captured following the recovery process.

Healthplex Recovery Status Report Form:

After the Recovery Plan has been activated, you are required to submit periodic Recovery Status Reports.

NAME:	
DATE:	TIME:
COMMENTS:	
CONCLUSIONS:	

11. Information Technology Services Restoration

11.1. Restore Computer Services

1. Implement intercept messages and redirect calls normally routed to the Help Desk.
2. Update PLAN RESOURCES – SERVICES - APPLICATIONS for scheduling applications at the recovery facility.
3. Utilizing PLAN CONTACTS, notify vendors that their application/software will be run on a different computer system. Refer to the process serial numbers provided after declaration by the alternate site vendor.
 - a. Verify the vendor products will successfully run on a different computer serial number.
 - b. Request technical support for any changes required to process the vendor products at the recovery facility.
4. Investigate the status of all development and maintenance work-in-process. Evaluate the impact of delaying development and maintenance activities.
5. Determine the status of operations and processing at the time of the disruption.
 - a. What is the general status of application data?
 - b. Are onsite backups available for recovery?
 - c. How current are the offsite backups?
 - d. What is the anticipated time without operating and processing services?
6. Develop a suggested statement, with the support of Public Relations, to be given to users during the initial contact. Obtain approval from the Team Leader. The statement should include:
 - a. A brief description of the disaster situation
 - b. An estimate of when services will be available to users and what level of service will be provided.
 - c. A request that they alert all personnel affected in their group
 - d. The location and telephone number of the Help Desk
 - e. Assurance users will notified in the event of any change in recovery status

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7. Travel to or call the offsite storage location to assist in the preparation of tapes and documentation for shipment to the hot site.
 - a. Obtain access procedures and directions.
 - b. Show proper identification and follow the security regulations established by the offsite storage facility management.
 - c. Obtain the vault listing and the tape library listing from either onsite or offsite storage facility.
 - d. Determine the requirements for data and documentation required at the recovery facility.
 - e. Ensure the tapes are placed in protective containers.
 - f. Ensure the labeling of the containers with destination address, return address, and contents.
8. After arriving at the recovery facility, perform the following:
 - a. Call the Crisis Management Center and provide telephone number where the personnel can be reached (recovery facility and hotel).
 - b. Meet with the recovery facility management representative to coordinate activities for the recovery operation.
 - c. Verify receipt of tapes and documentation at the recovery facility.
9. Restore Enterprise Database (Potential options):
 - a. Activate Oracle Data Guard Target at disaster recovery location.
 - b. Restore/install the operating system and/or the utilities required to load the operating system.

Assuming bare metal restore:

10. Restore application libraries, databases, and data files.
11. Complete the reconstruction of application data in preparation for production processing.
 - a. Reconstruct application data and databases by applying backup transactions, incremental and post production run backups.
 - b. Determine the balance status of all restored systems.
 - c. If a user reports an out-of-balance condition:
 - (1) Investigate the inquiry and provide resolution, if possible.
 - (2) Assist user in the identification of missing data.
 - (3) Obtain any missing files, transactions, or data and reprocess out-of-balance applications.
 - (4) Maintain a log of errors, exceptions and out-of-balance or unusual conditions.
 - d. Complete reconstruction of the data files to a current version.

End of Enterprise Database Restoration

12. Activate recovery network facilities.
13. Coordinate and monitor the switching of circuits and lines required to provide communications with the recovery facility.

- a. Review and analyze network problems and develop solutions.
 - b. When required, meet with senior management to expedite assistance and support.
 - c. Notify users the recovery network facilities are ready for recovery operations.
14. Monitor all voice and data communications activities for the duration of the recovery operation, providing support as required.
15. Organize the tape library which will contain those available disaster backup tapes sent from the offsite location, as well as new blank tapes.
 - a. Initialize new tapes with volume serial numbers from above, or use special disaster code number.
 - b. Ensure that proper rotation of backups is continued at the recovery facility.
 - c. Review existing tape scratching policies and procedures to determine if any changes are required. Do not scratch any production data sets during the initial stages of the recovery operation.
16. Set up jobs in accordance with the recovery processing schedule.
 - a. If available, use the automated scheduler after the initial recovery startup activities.
 - b. Review any job dependencies to verify that all required data is available.
 - c. Document and distribute all temporary scheduled changes.
 - d. Review all applications and jobs that will not be processed to ensure that data and input transactions for these are not deleted or scratched.
17. Review the job stream for any jobs that will be executed. If modifications are required, make the required changes to a copy of the original job stream and test the changes before executing the production job.
18. Produce thorough documentation of all changes and modifications made to production job stream in anticipation of return to normal operations. Ensure normal change control procedures are followed during recovery activities.
19. Once restored, verify each application is ready to process prior to end user processing.
20. Based on services available, the following information will be provided to notify users:
 - a. Where, when and how input data should be sent
 - b. How output will be distributed
 - c. Where to direct "special requests" once processing has resumed
 - d. To maintain backup of all data forwarded for processing
 - e. To maintain accurate logs of data sent
21. Maintain a log of user calls and circulate to the appropriate Team Leader as needed.
22. Issue a guideline for users based on established priorities, systems availability, and company liability for restoration of the application and associated data.

23. Maintain the user interface function on 24-hour availability for the duration of the recovery operation. Be prepared to:
 - a. Notify the users of any changes in services or recovery status.
 - b. Receive and respond to user inquiries and requests for critical or priority services.
 - c. Receive and respond to user requests for servicing equipment.
 - d. Maintain a help desk on a 24-hour availability basis to respond to calls that have been redirected from the normal support help desk lines.
 - e. Resolve network-related problems.
 - f. Assist remote users in gaining access to and in using the recovery facility.
24. Keep the senior management advised of pertinent information provided by the end user which may either affect priority or critical processing or cause legal concern.
25. Be prepared to process "on request" jobs to satisfy the immediate report needs of users affected by the disaster situation.
26. Direct and monitor all I/O Control Area activities for the duration of the recovery operation. Be prepared to:
 - a. Redirect input (interoffice mail) requests from user departments.
 - b. Reestablish courier service to user areas and microfiche vendor.
 - c. Reestablish a print distribution center near the damaged site.
 - d. Conduct interim print operations from the recovery facility.
27. Organize I/O Control Area personnel and materials for the resumption of print processing:
 - a. Order drop shipments of all special pre-printed forms from vendors.
 - b. Establish a daily pick-up for reports with overnight mail service.
 - c. Establish a daily courier service from the recovery facility direct to the user areas.
 - d. Organize the output area for bulk-shipping of reports.
 - e. Review any excessive output quantity reports; identify which reports can be reduced until full replacement capacity can be reestablished.
28. Ensure that backups are taken while processing at the recovery facility in accordance with standard procedures.

12. Support Role Activation

12.1. Coordinate Support Procedures

Corporate Communications:

1. Coordinate efforts with the designated corporate spokesperson in the dissemination of information to the media.
2. Depending on the nature of the crisis, determine the following
 - a. Whether a technical expert is required to provide clarity to the situation and/or disseminate information to the media.
 - b. Whether anyone other than trained public relations personnel will communicate with the media (e.g., technical expert), provide the following:
 - (1) Spokesperson guidelines
 - (2) List of potential questions
 - (3) Appropriate statements and responses
3. Select and acquire a Media Briefing Center. Ensure the Briefing Center is large enough for one-on-one interviews.
4. Acquire updates regarding the event occurrence and disposition of injured employees.
5. Produce "media kits" containing the following information for distribution to various newspapers, television stations and radio stations:
 - a. Location of event
 - b. General description of event (stated positively)
 - c. Presence or absence of injuries
 - d. Date Recovery Plan first created
 - e. Date of the last Recovery Plan exercise
 - f. Corrective measures being taken
 - g. Description of impacts (non-monetary and stated positively)
6. Arrange interviews and press conferences, as required.
7. Prepare and distribute statements to employees that can be used as acceptable response(s) presented by persons who are not members of management staff. Coordinate this activity with Human Resources.
8. Communicate with State and/or City officials to notify them of the crisis situation. If deemed appropriate, provide anticipated recovery strategies.
9. Prepare written and oral communications detailing the situation and corporate plan of action. Coordinate efforts with departments in disseminating information to various external entities.

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10. Determine if event-related advertising will be required. If so, develop an appropriate advertising strategy.
11. Authorize the use of a photographer for insurance purposes, as required. Coordinate this activity with Risk Management.
12. Ensure that media and internal response information is recorded/documented for the duration of the recovery effort.
13. Enlist the aid of an external public relations and advertising firm to assist as required.

Facilities:

1. Establish contact with local authorities and emergency services. Acquire as much detail as possible regarding the following:
 - a. Event related specifics:
 - (1) Type of event
 - (2) Location of occurrence
 - (3) Time of occurrence
 - (4) Suspected cause
 - b. Company facilities potentially affected.
 - c. Building access:
 - (1) Current access
 - (2) Near term potential access
 - d. Any special instructions.
2. When authorization to enter the affected facility is received, obtain from offsite storage some or all of the following:
 - a. Blueprints of the facility
 - b. Hard hats
 - c. Flashlights
 - d. Protective outer gear
 - e. Walkie-talkie
 - f. Camera/camcorder
 - g. Tape recorder

3. Evaluate the extent of damage to the facility:
 - a. Structural (external & internal).
 - b. Accessibility within the structure.
 - c. Status of voice and data trunks and switches.
 - d. Status of all cabling.
 - e. Status of utilities.
 - f. Status of electrical service.
 - g. Status of plumbing, HVAC, etc.
 - h. Potential environmental safety exposures.
4. Based on preliminary damage assessment findings, determine if affected assessment personnel will be granted access to perform impact assessment procedures.
5. If the affected departments will be granted access, coordinate impact assessment activities. Consider the following:
 - a. Identification of all persons entering the facility.
 - b. Number of personnel permitted in the facility at any one time.
 - c. A time limit for performing impact assessment.
 - d. Distribution of temporary security badges to be worn by all vendors and visitors.
 - e. Instructions for the logging of all items removed from the facility.
6. Determine the departmental plans requiring activation. Working with vendors and contractors, determine an estimated time to reconstruct the facility.
7. Review the PLAN RESOURCES – COMMODITIES and PLAN RESOURCES – SERVICES of the affected business functional areas to ensure full understanding of alternate space and furniture required.
8. If appropriate, contact commercial realtors and notify them of the potential need for acquisition of alternate commercial facilities.
9. Once commercial space is available, design a layout of the new site to accommodate equipment, furniture and personnel:
 - a. Determine furniture and workstation requests. Contact external vendors to obtain required items.
 - b. Color code new floor plan to indicate where boxes, furniture, and equipment are to be placed.
 - c. Post color coded floor plan to facilitate use by personnel and movers.

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Finance:

1. Review and implement appropriate alternate policies for recovery purposes:
 - a. Approval authority
 - b. Spending authority
 - c. Capital expenditures
2. If deemed appropriate, authorize the use of verbal purchase orders for key vendors in support of the recovery efforts.
3. Review and verify all recovery-related expenditures:
 - a. Office equipment, furniture and supplies
 - b. Commercial facility rental
 - c. Unique equipment
 - d. Restoration and salvage
 - e. Temporary personnel

NOTE: Signature authority will be required for all expenditures over \$10,000.

4. Ensure that the **Recovery Cost Center** is utilized to record recovery-related expenditures.

Human Resources:

1. Report to the Crisis Management Center as directed during the alert.
2. Participate in the activation meeting. Acquire as much detail as possible regarding the following:
 - a. Event related specifics:
 - (1) Type of event
 - (2) Location of occurrence
 - (3) Time of occurrence
 - b. Injuries and fatalities:
 - (1) Number of persons fatally injured
 - (2) Number of persons seriously injured
 - (3) Names of all affected persons, if available
 - (4) Disposition of persons seriously injured
 - (5) Accountability of all staff who had been in the facility at time of event occurrence
 - (6) Potential for additional injuries or fatalities
3. If employees are injured as a result of the event occurrence, establish a liaison with local medical authorities having jurisdiction and/or involvement with affected persons. Attempt to acquire a status update on all affected persons.

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4. Determine acceptable responses to questions from families of injured employees regarding the event occurrence;
5. Coordinate with Legal, Corporate Communications and appropriate emergency services regarding next-of-kin notification and other corporate responsibilities toward affected persons.
6. Utilizing confidential personnel records from offsite storage, acquire the following information for each person affected:
 - a. Name of emergency notification contact.
 - b. Relationship of contact.
 - c. Beneficiary and benefits information.
 - d. Name of immediate supervisor.
7. Assign staff members as required to perform the following:
 - a. Employer notification for visitors who were affected.
 - b. Filing injury and fatality reports which may be required by Federal, State or local regulations. Coordinate this activity with Legal and regulatory agencies.
 - c. Assist dependents of injured employees using the following information:
 - (1) Telephone numbers for contacting other department managers who can provide additional information to employees and their families.
 - (2) Hot-line number that will address Workers Compensation issues.
 - (3) Acceptable responses to questions from families of injured employees regarding the event occurrence.
8. Contact each associated supervisor and determine if they may be available to assist in next-of-kin notification.
9. Obtain a copy of revised employee work locations, work assignments, or work schedules from the responsible Team Leader.
10. Determine the following:
 - a. Additional staffing requirements of affected departments.
 - b. Availability of idle personnel who could temporarily fill department staff requirements.
 - c. Positions that must be filled because employees cannot return to work.
11. If additional staff is required, consider the following to fulfill requests:
 - a. Temporary internal personnel transfers.
 - b. External temporary personnel agencies.
12. Provide necessary training for replacement personnel, as required.
13. Participate in a team briefing. Be prepared to verbally present the following issues:
 - a. Status of all persons seriously affected.
 - b. Status of next-of-kin and employer notifications.

- c. Statements and reactions of local civil authorities.
- d. Potential employee relations exposures resulting from the event or recovery strategies (e.g., organized labor, etc.)
- e. Recommendations for temporary changes in corporate personnel policy as required to support recovery activities, to include such issues as:
 - (1) Dependent care and support
 - (2) Employee direct and indirect expenses
 - (3) Deferment of vacations, raises, promotions, etc.

Legal:

1. Coordinate the notification of external contacts regarding the event occurrence as required:
 - a. Regulatory Agencies.
 - b. Partnerships or other entities that own a percentage of the company.
2. Provide the following information to the aforementioned groups:
 - a. Overview of the incident.
 - b. Recovery strategies.
 - c. Anticipated changes to daily operations.
 - d. Periodic updates.
3. Review the disruption and develop a plan to limit corporate liability. Consider the following:
 - a. Employee related issues:
 - (1) Safety and insurance claims
 - (2) Possible litigation resulting from injury or death
 - (3) Personnel management (e.g., maintaining performance standards)
 - (4) Compensation for trauma
 - b. Possible injury of visitors to the facility resulting in litigation:
 - (1) Vendors
 - (2) Consultants
 - (3) Customers
 - c. Other pressing obligations.
4. Interface with Corporate Communications regarding "public relation" type activities, providing advice and counsel during the crisis situation.
5. Review new contracts acquired as a result of the event occurrence before they are approved to ensure the best interests of the company are being met.
6. Examine any process changes made by the departments during the recovery effort to mitigate corporate liability.

Mail Room:

1. Establish an alternate mailroom processing center. Ensure that the alternate facility meets space requirements for personnel and equipment.
2. Contact security to address the following:
 - a. Facility access controls.
 - b. Shipment concerns.
 - c. External company/vendor processing security concerns.
3. Contact the postal service:
 - a. Request that mail be rerouted to the new operating location.
 - b. Request assistance in obtaining a new, full meter.
 - c. Acquire required items to reestablish mailroom operations.
 - d. Determine an estimated postage usage amount that should be paid for postage stamped on the destroyed meter.
4. Contact external courier services to request the following:
 - a. Supplies of required forms and packaging.
 - b. Changes in normal pick-up and delivery schedules, as deemed appropriate, to service the needs of business departments.
 - c. Assistance in performing special mail requests, as required.
5. Handle incoming mail in the following manner:
 - a. Set up sorting bins by department.
 - b. Organize and sort mail in the following order:
 - (1) Post office box
 - (2) Express and certified
 - (3) First class
 - (4) All other
 - c. Batch and catalogue by date.
6. Establish mail pick up and drop off locations and schedules based on alternate department locations and work schedules.
7. Establish receiving operations in all alternate operating locations.
8. Create a log to track all received materials, equipment, and supplies. Ensure that copies of all received items are forwarded to the Finance area.

9. Utilize external moving vendors for assistance in distributing received materials and supplies, as required.
10. Purchase/lease replacement mail handling and check processing equipment:
 - a. Mail inserters
 - b. Folder/Sorter
 - c. Check signer
 - d. Signature plates
11. Utilize an external service company to process large outgoing mail jobs, as required:
 - a. Request that Mailroom Services personnel be assigned to their location to coordinate the effort.
 - b. Arrange for the processing of outgoing mail:
 - (1) If check signing will occur at their location, retrieve signature plates from off-site storage and deliver to their location.
 - (2) Contact appropriate vendors, as required, for equipment and supplies.
 - (3) Provide any unique mail handling instructions, as required.

Purchasing:

1. Determine the total requirements for general office supplies, forms, office equipment, and furniture as identified in each team's PLAN RESOURCES – COMMODITIES REPORT.
2. Direct staff to determine the availability of usable office supplies, forms, office equipment, and furniture in the affected areas using information provided by the assessment personnel; and to review availability of items stored in warehouses or other offsite locations.
3. Coordinate the acquisition of required general office supplies, forms, office equipment and furniture that cannot be salvaged or retrieved from a warehouse or offsite storage, including:
 - a. Obtain estimates of costs and availability from major vendors.
 - b. Consider availability from local vendors.
4. Ensure the documentation of the receipt of all purchased or leased items; ensure inventory records are updated in cooperation with Finance.
5. Document the approval of any special charges to assure expedient delivery of recovery items.
6. Coordinate assistance to the computer center in the procurement of computer-related equipment, forms, and supplies, as necessary.
7. Ensure that a **Recovery Cost Center** number is utilized to record recovery-related expenditures. This provides the ability to monitor all disaster recovery-related expenditures through the use of a single cost center.
8. Direct staff in contacting vendors to request that all accounts payable billings that were lost be sent with a copy of the corresponding purchase order.
9. Ensure purchase order and vendor files are reestablished.

Risk Management:

1. Ensure that the insurance broker is notified of the loss and general liability claims. Begin coordinating site inspections for agency adjusters.
2. Coordinate with Facilities regarding the initially known insurance concerns associated with contents and extra expense for:
 - a. Damage assessment.
 - b. Site and equipment restoration.
 - c. Acquisition of commercial alternate facilities.
 - d. Actions being taken to prevent or reduce additional damage.
3. After an initial inspection has been performed, meet with the insurance broker representative and agency adjusters:
 - a. Based on specific details of the event occurrence and the current condition of the facility/contents, review applicable insurance coverage.
 - b. Discuss any reporting requirements and forms and request assistance in completing an initial claim submission.
 - c. Prepare an estimate of initial funds that are required.
 - d. Obtain a commitment for the availability of funds.
 - e. Discuss any site and equipment restoration restrictions and procedures.
 - f. Determine if temporary insurance coverage is required.
4. Review the following insurance issues and concerns to ensure the best interests of the corporation are met:
 - a. Applicable insurance coverage.
 - b. Ability to capture information which may be required to prove the loss and properly file insurance claims.
 - c. Site and equipment restoration restrictions, including coordination with insurance adjusters and the number of bids required for restoration work.
 - d. Availability of advanced funds from insurance carriers.
 - e. Recommendations for temporary insurance coverage which may be required for recovery activities or alternate facilities and equipment.

Security:

1. Upon receipt of notification of the event occurrence, acquire event-related specifics from the following sources:
 - a. On-site security personnel
 - b. Civil and local authorities
2. Ensure access control security has been established within or around the perimeter of the impacted building, as appropriate.
3. Ensure a liaison has been established with local authorities having jurisdiction and/or involvement in the event.
4. Interface with local regulatory agencies (e.g., OSHA, FEMA, EPA, etc.) regarding the physical condition of the building.
5. When authorization to enter the affected building is received from the local authority having jurisdiction, brief all assessment personnel on any restrictions or time limits which have been imposed.
6. Establish control and accountability procedures for assessment personnel entering the building.
7. Ensure security controls are provided at all alternate operating and offsite storage locations. Authorize the utilization of external security agencies to acquire additional security personnel, as required.
8. Coordinate with Corporate Communications on rumor control activities.
9. Coordinate event cause investigation and physical damage assessment with Legal and Facilities.

Travel:

1. Obtain travel and/or transportation requirements using the TRAVEL ACCOMMODATIONS REQUEST FORM received from the teams.
2. In the event travel is required, direct staff in the following activities:
 - a. Contact travel agencies for support in making travel, hotel, and rental car reservations.
 - b. Identify which team members should not be permitted to travel in the same airplane or vehicle.
3. Obtain travel advance monies from Finance, as required.
4. In the event transportation is required, develop a strategy for staff to handle all transportation requirements:
 - a. Determine travel routes for relocated personnel.
 - b. Acquire mass transit bus and train schedules.
 - c. Develop car pooling schedules.

Voice Communications:

1. Immediately contact voice communication vendors to obtain on-site support for damage assessment and restoration activities.
2. Coordinate damage assessment activities with Facilities to evaluate the extent of damage to voice communications (i.e., PBX System(s) and peripherals):
 - a. Cable entrance facilities.
 - b. Building cabling and telephone closets.
 - c. Primary and diverse routing capabilities.
3. Coordinate with Facilities in developing an estimated time frame for reconstruction of the normal communications.
4. Coordinate all voice communication recovery support activities:
 - a. Establish a liaison with all local and long distance carriers.
 - b. Distribute available cellular phones and two-way radios to key recovery personnel and senior management.
 - c. Ensure that all toll free lines have been intercepted by a customized voice recording.
 - d. Review affected teams' PLAN RESOURCES – COMMODITIES REPORT to obtain immediate voice communications requirements of those operating units initiating immediate recovery activities. Coordinate the acquisition of handsets with Purchasing.
 - e. Notify the voice communications vendor to reroute the main company number to the alternate operating location.
 - f. Depending upon business requirements, establish special voice communications facilities (ACD, etc.)
5. Coordinate with Management Information Systems and Facilities regarding the feasibility of establishing voice and data communications capabilities within a timely manner at other potential alternate facilities. Consider:
 - a. Acquisition and installation of communication equipment.
 - b. Cable installation.
 - c. Reroute local DID and toll-free lines.
 - d. Installation of replacement PBX.

13. Site Restoration

13.1. Perform Salvage Procedures

Salvage Procedures:

This team will activate the appropriate forces to oversee building site restoration. This team will coordinate site restoration planning and implementation for its work areas

1. Because equipment and media (e.g., hard drive, diskettes, paper) salvage requires special skills, the Facilities Representative will lead the salvage and media reclamation effort.
2. Review staffing requirements and notify the Human Resources Representative of any excess personnel available to participate in salvage and media reclamation activities. Personnel normally involved in long-term development activities and those idled due to resource constraints are likely candidates to serve in this capacity.
3. Notify Human Resources Personnel shortages or constraints that may affect the timeliness of claims processing.
4. Update salvage related reports and forms as the recovery progresses. These forms and reports were originally completed during damage assessment.
5. Direct how the loss of critical items should be addressed and who should be notified of the loss.

14. Return Home

14.1. Support Move Home

- 14.1.1. Contact moving vendors.
- 14.1.2. Help recovery personnel pack supplies and equipment.
- 14.1.3. Restock used supplies and equipment.

14.2. Move to Home Site

- 14.2.1. Coordinate home facility requirements.
- 14.2.2. Coordinate relocation of resources.
- 14.2.3. Inform employees of home site move and schedule.
- 14.2.4. Inform key vendors/suppliers of home site moves and dates.
- 14.2.5. Return appropriate supplies/records to offsite storage.

4. Plan Teams and Members

IT Recovery Team

<i>Team Leader</i>	<i>Work Phone</i>	<i>Home Phone</i>
Philip Rizzuto Title: Vice President	516-794-3016	516-659-0078

<i>Team Leader Alternate</i>	<i>Work Phone</i>	<i>Home Phone</i>
Michael Latko Title: Director of Information Systems	516-542-2635	631-427-9395

<i>Team Leader Alternate</i>	<i>Work Phone</i>	<i>Home Phone</i>
Daniel Sun Title: Database Administrator	516-542-2206	516-626-9280

<i>Team Leader Alternate</i>	<i>Work Phone</i>	<i>Home Phone</i>
Christopher Schmidt Title: Director of Operations	516-542-2275	516-621-0494

<i>Team Member</i>	<i>Work Phone</i>	<i>Home Phone</i>
Robert Aloise Title: Computer Operations	516-542-2250	631-258-7598

<i>Team Member</i>	<i>Work Phone</i>	<i>Home Phone</i>
Cassell Brockett Title: Computer Operations	516-542-2265	917-620-0790

5. Plan Call Trees

Access:

Ms. Zelkind → The Emergency Management Team

- Dr. Cuchel
- Ms. Vignola
- Ms. Malin
- Ms. Scaturro
- Mr. Schmidt
- Mr. Rizzuto
- Mr. Latko

Contact:

Ms. Vignola → Contact all insurance companies

→ Contact all non-technical vendors.

→ Setup new mail pickups and deliveries.

Dr. Kane → All contractors and emergency services.

Dr. Cuchel → Commercial clients

Dr. Cuchel → The press and clients.

Director of Provider Relations → Providers

Ms. Zelkind → Government clients.

Ms. Scaturro, Ms. Malin and Mr. Knips → All of our employees and, if necessary, families of injured employees.

Mr. David Kane → Setup the Call Center.

Mr. Schmidt, Mr. Latko and Mr. Rizzuto → Coordinate the repair and/or replacement of all hardware and software. Notify Omni Telecom to call all Providers and Groups using their automated system

Mr. Rizzuto & Mr. Latko → All telephone vendors and carriers. All technical vendors.

Mr. Sobel → Provide legal and administrative assistance.

Insurance Department Liaisons:

Mr. Philip Rizzuto has been designated as the primary Disaster Liaison, the primary Catastrophe Leader and the primary Communications Leader. His office number is [REDACTED], his cell number is [REDACTED] and his email address is [REDACTED] or [REDACTED]. Sharon Zelkind has been designated as the secondary Disaster Liaison, Catastrophe Leader and Communications Leader. Liaisons will be prepared to participate in New York State's Disaster Response Plan and will be able to discuss the Company's situation and staff the NYS Insurance Emergency Operations Center, if necessary. Ms. Zelkind's office number is [REDACTED] and her email address is [REDACTED] or [REDACTED].

For Dentcare Delivery Systems, the primary contact is Glenn Sobel. His office number is [REDACTED], his cell number is [REDACTED] and his email address is [REDACTED]. The secondary contact is MaryJean Kelly. Her office number is [REDACTED], her cell number is [REDACTED] and her email address is [REDACTED] or [REDACTED].

6. Plan Resources – Commodities

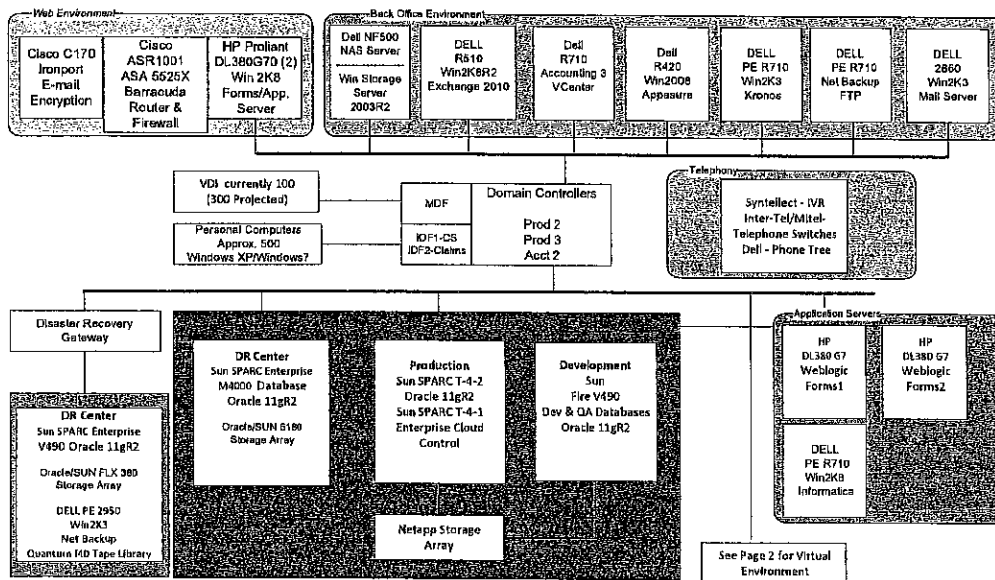
Information Technology

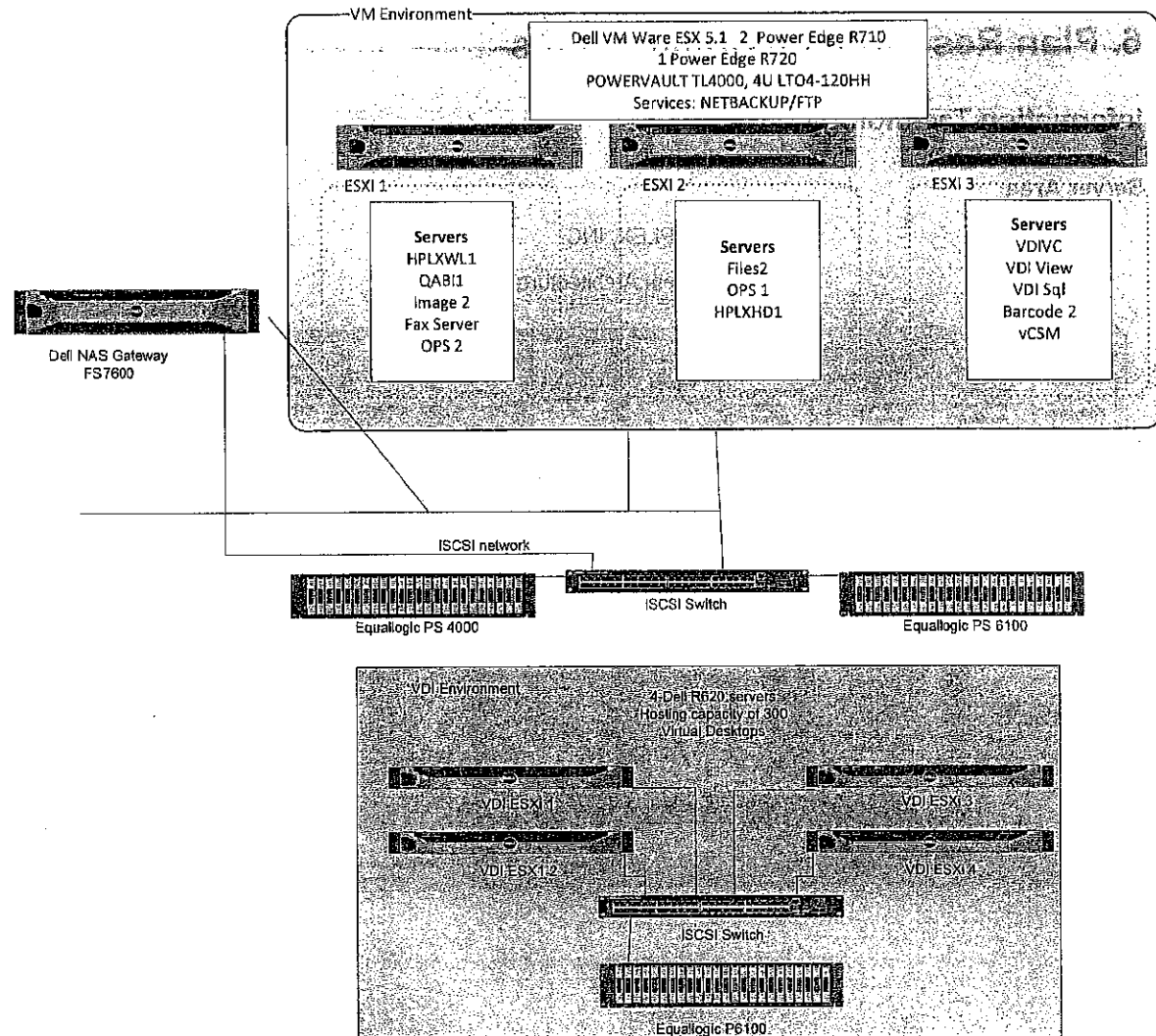
Server Area

06/16/2013

HEALTHPLEX, INC.

Hardware/System Architecture





Rack Unit 1 Tag# GCTM3H1

- 1 ea Dell PE 2160AS (KVM Switch) Tag# C8LL9F1
- 1 ea Dell PE R420 Windows 2K8R2 64-bit Enterprise Edition (APPASSURE) Tag#: 4TX9JS1, 16GB Memory, 11- 300GB 15K SAS Disk Drives Tag# GRRV6X1
- 1 ea Dell PE DP500 Windows 2K3 R2 Storage Server (x64), SP2 Quad Processor with 8GB Memory, 5 - 750 GB Disk Drives plus 13 - 750GB (1ea MD1000)- DPM Tag# 1CZ36H1
 - 1ea PowerVault MD1000 Tag# G3RN4H1
 - 1 ea PowerVault TL2000 - Dual LTO4 tape drive Tag# DP7D3H1
- 1 ea Dell PE2650 Windows 2K3 SP2 Standard Edition Computer Dual Processor with 4 GB Memory, 5 - 72 GB Disk Drives - Kronos Tag# 9TY7R41
- 1 ea Dell PE R710 Windows 2K3 R2 SP2 Enterprise Edition Computer Dual Processor with 8GB Memory, 5 - 300 GB Disk Drives - Kronos2 Tag# 1WVBNK1
- 1 ea Dell PE R710 Windows 2K8R2 64-bit Standard Edition (ACCT3), 32 GB Memory, 2- 250GB, 4- 500GB 7200 SATA Disk Drives Tag# J9Z7HS1
- 1 ea Dell PE R510 Windows 2K8R2 64-bit Enterprise Edition (EXCH3) Tag#: 4TX9JS1, 64GB Memory, 11- 300GB 15K SAS Disk Drives Tag# 4TX9JS1

IT Recovery Plan

- 1 ea Eaton Power 5130 Rack Mount UPS
- 1 ea Monitor & Keyboard

Rack Unit 2 Tag#D1KTOL1

- 1 ea Dell PE R710 W2K8 V-Center (VC & FTP & NETBACKUP) Tag# B7R51L1 with
1ea POWERVAULT TL4000, 4U LTO4-120HH, 800GB/1.6TB, 4 SAS DRIVES.
Tag# 1YYV3J1
- 1 ea Dell PE R410 W2K8R2 Tag# JN39HS1 - PROD3 (Domain Controller), 32 GB Memory,
2 – 300GB 15K SAS Disk Drives 2ea
- 1ea Dell Power 6224 Connect Switches Tag# 679JFH1 & 76XJFH1
- 1 ea Dell PE 2160AS (KVM Switch) Tag# C9LMXH1
- 1 ea Dell PE R510 (DR - Continuity Centers) Tag# GNNWJN1
- 1 ea Dell PE R710 (ESXI (1)) Tag# 70K31L1
 - 1 ea (ESX1) W2K8 HPLXWL1
 - 1 ea (ESX1) W2K8 QABL1
 - 1 ea (ESX1) W2K8 IMG2
 - 1 ea (ESX1) W2K8 Faxserver
 - 1 ea (ESX1) Red Hat Linux 5 OPS2
- 1 ea Dell PE R710 (ESXI (2)) Tag# 60K31L1
 - 1 ea (ESX2) W2K8 HPLXHD1
 - 1 ea (ESX2) W2K8 Files2
 - 1 ea (ESX2) Red Hat Linux 5 OPS1
- 1 ea Dell PE R720 (ESXI (3)) Tag# F24C7X1
 - 1 ea (VDIVC)
 - 1 ea VDISQL
 - 1 ea VDIVIEW
 - 1 ea CSM
- 2ea Power Connect 6224 Switches 24 Port
- 1 ea Dell EqualLogic PS4000XV, HighPerformance, 15K SAS Drives with 7.2 Terabyte capacity, 16
X 450GB, 15K SAS, Dual Controller Tag# 18XCCG1
- 1 ea Eaton Power 5130 Rack Mount UPS1 ea Monitor & Keyboard

Rack Unit 3

- 1 ea Dell PE1750 Windows 2K3 SP2 Standard Edition Computer, Dual Processor with 2 GB Memory
and 3 – 36 GB Disk Drives - Prod2 Tag# 6GK5V31
- 1 ea Dell PE 2600 Windows 2K3 SP2 Standard Edition Computer Dual Processor with 4 GB Memory,
6 – 72 GB Disk Drives and 2 – 36 GB Disk Drives – Acct2 Tag# JJF5V31
- 1 ea Dell PE 2600 Windows 2K3 SP2 Standard Edition Computer Dual Processor with 4 GB Memory,
6 – 72 GB Disk Drives, 2 – 36 GB Disk Drives – Exch2-Old Tag# 5KF5V31
 - 1 ea Power Vault 122T -2 Drive LTO Tape Drive Tag# D123741
- 1 ea Dell PE 2600 Windows 2K3 SP2 Standard Edition Computer Dual Processor with 4 GB Memory,
4 – 72 GB Disk Drives and 2 – 36 GB Disk Drives – Files2-Old Tag# BT4LC51
- 1ea PowerVault DP500/NF500, Windows 2K3 R2 Storage Server SP2, Quad Core Xeon E5405
Processor, 2.0GHz, 2x6MB Cache1333MHz FSB with 4GB Memory, 4 – 72 GB Disk Drives and
2 – 36 GB Disk Drives – NAS1 Tag – 909VBG1
- 2ea PowerVault MD1000, Rack, 3U, 15 Bay External SAS/SATA Storage Array with 15ea
300GB 10K RPM HardDrives (7.0TB Disk) Tag# - 3YPWBG1 & 4YPWBG1
- 1ea PS6100 EqualLogic high availability iSCSI San (24X900GB) 10K Drives Raid 6
- 1ea PS7600 EqualLogic – NAS Gateway with Redundant Controllers
- 1 ea Monitor & Keyboard

3 ea Uninterruptible Power Supply

Rack Unit 4

- 1 ea USB (KVM Switch)
- 1 ea Sun SPARC Enterprise M4000 Server Solaris 10
2ea SPARC64 VII+ 4ea-core 2.66 GHz processors
32 Gigabytes of Memory and 300 Gigabytes of internal storage
(Oracle 11G.2 production database) – Hplx17
- 1 ea Sun Storage 6180 array with 4GB cache and 4 *FC host ports
15ea 300GB 15Krpm FC-AL drives
- 1 ea Sun Fire V490 Server Solaris 10
(dual processors with 8 Gigabytes of Memory and 292 Gigabytes of storage)
(Oracle 10G.2 development database) – Hplx15
- 1 ea StorEdge C4 (Quantum Model PX502) (dual drive LTO cartridge tape drive)
- 1 ea Monitor & Keyboard

Rack Unit 5

- 1 ea USB (KVM Switch)
- 1 ea Sun SPARC T4-1 Server Solaris 10
base with 1 SPARC T4 8-core 2.85GHz processor
64 Gigabytes of Memory and 300 Gigabytes of internal storage
(Oracle 11G.2 production database)
Cloud routing & connecting to DR machine
- 1 ea Sun SPARC T4-2 Server Solaris 10
base with 2 SPARC T4 8-core 2.85GHz processor
128 Gigabytes of Memory and 300 Gigabytes of internal storage Hplx18
- 1 ea NetApp FAS2240HA with (24 X 600 GB) Storage Array
- 2ea Brocade 310-0008-A 8-port FC Switches (HPLXFCS01 & HPLXFCS02)

Rack Unit 6

- 1 ea Dell 2850 Win 2K3 Standard Edition Computer with 2 GB Memory - Mail Server Tag# 28266B1
- 1 ea Dell PE2950 Win 2K3 Enterprise Edition Computer with 8 GB Memory – Webserver2
Tag# J7V76D1
- 1 ea Dell PE2950 Win 2K3 Enterprise Edition Computer with 8 GB Memory – Form/Report Server
Tag# F7V76D1
- 1 ea Dell 2650 Win2K Standard Edition Computer with 4 GB Memory
(For Call Center Suite & Reporter Software) – Telephone-Old Tag#7LNSF21
- 2 ea HP Proliant DL380G70 Win 2K8 R2 Standard Edition Computer with 24 GB Memory Weblogic
Form Servers - Weblogic1 & Weblogic2
- 1 ea Dell PE R710 Windows 2K8R2 64-bit Standard Edition, 32 GB Memory, (10 X 600GB) 15K
Disk Drives (HPLXBI1) Informatica Tag#: 4F89JS1
- 1 ea (KVM 2162DS Switch)
- 1ea Cisco Iron Port C170 Email Security
- 1 ea PS6100 EqualLogic high availability iSCSI San
 - 1 ea (VDI ESX1)
 - 1 ea (VDI ESX2)
 - 1 ea (VDI ESX3)
 - 1 ea (VDI ESX4)
- 2ea Switches 48 Port

IT Recovery Plan

1 ea Uninterruptible Power Supply

Dell PE6600 Windows 2003 Server – Reports

(dual processors with 4 Gigabytes of Memory and 204 Gigabytes of storage (total) – Images2-old)

Tag# GHQSQ51

5 ea Uninterruptible Power Supply

4 ea HP 9050DN Laser Printers

2 ea Windows XP Computers

4 ea Inter-Tel Phones

4ea Kyocera FS-9530DN

Disaster Recovery Site

1 ea Dell PE2950 Win 2K3 Standard Edition Computer with 4 GB Memory – Webdeve at disaster recovery site Tag# 9H066D1

1 ea Quantum i40 Library w/ 2x LTO4 SAS Tape Drives and 25 slots

1 ea Sun Fire V490 ServerSolaris M4000 Solaris 10
(quad processors with 32 Gigabytes of Memory and 300GB of storage)
(Oracle 11GR2 production database) – Hplx17

1 ea Sun 6180
(4 TB of storage (total))

Telephone and MDF Area

Rack Unit1

7ea Telephony Equipment Cabinets

1 ea Inter-Tel Windows 2000 SP4 Standard Edition Computer SingleProcessor with 250 MB Memory, 120 GB Disk - CPS-Master (CPS Main)

1 ea Inter-Tel Windows 2000 SP4 Standard Edition Computer SingleProcessor with 250 MB Memory, 120 GB Disk - CPS-Slave (CPS Slave)

1 ea Inter-Tel Windows 2000 SP4 Standard Edition Computer SingleProcessor with 2 GB Memory, 152 GB Disk Drives – EMBASE2 (EM Voicemail)

1 ea Inter-Tel Windows 2003 SP2 Standard Edition Computer DualProcessor with 2 GB Memory, 60 GB Disk Drives –CTISERVER-01 (CCS(Tracerplus))

1 ea HP Core2Duo (Teledeve)

Rack Unit2

1ea Telephony Equipment Cabinets

1ea Mitel 5000 (Voicemail)

1 ea Dell PowerEdge 2900 Windows 2003 R2 SP2 Standard Edition Computer Dual Processor with 4 GB Memory, 220 GB Disk (Envox) - IVR3 Tag# 4XLCJH1

1 ea HP Proliant DL360GS Windows 2003 R2 SP2 Standard Edition Computer Quad-Duo Processor with 3 GB Memory, 68 GB Disk (ASR- Automatic Speech Recognition) - IVR2

1 ea HP Proliant DL360GS Windows 2003 R2 SP2 Standard Edition Computer Quad-Duo Processor with 3 GB Memory, 68 GB Disk (Text to Speech) - IVR1

1 ea Cisco 3500 Switch

1 ea Dell PowerEdge2600 Windows 2000 SP4 Computer Single Processor with 250 MB Memory and 60 GB Disk Drives – CTI-Gateway Tag# 6XR4241

1 ea Oaisys Windows XP Professional SP3 Computer DuoProcessor with 1 GB Memory, 250 MB Disk - TRACER-2 (Tracer2 New)

1 ea Oaisys Windows Windows 2003 R2 SP2 Standard Edition Computer SingleProcessor with 4 GB Memory, 550 GB Disk - TRACER-1 (Tracer1 New)

1 ea HP Proliant ML150 G6 Server Windows 2008 R2 Standard Edition Computer Intel Xeon E5504 Quad Core Processor with 24 GB Memory, 419 GB Disk - TracerSQL

IT Recovery Plan

Rack Unit3

- 1 ea Fibre Patch Panel
- 1 ea Page Amplifier (Volume Control Box)
- 1 ea Switch Box (1-Tuner, 2-CD Player, 3-Tape)
- 1 ea Telephone – AM/FM Tuner
- 1 ea Telephone – Amplifier
- 1 ea Telephone – CD Player

- 1 ea Uninterruptible Power Supply
- 1 ea Dell PowerEdge2600 Windows 2003 Computer Single Processor with 2 GB Memory and 4 – 72 GB Disk Drives – FaxServer Tag# 98PKF51
- 1 ea Cisco 6513 Switch with 9ea 48-port blades (10/100), 1ea 48-port blade (10/100/1000) and 1ea uplink blade
- 1 ea Telephone Patch Panel
- 1 ea Telephony Carrier Circuits (10ea PRI and 39 Centrix Lines)
- 2 ea Inter-Tel Phones

Printing Area

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 17

- 2 ea Windows 7 Computers
- 6 ea P 9050DN Laser Printers
- 1 ea Inter-Tel Phones

Staging Area

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 17

- 1 ea Dell Windows 7 Computer Single Processor with 512 MB Memory and 1 – 72 GB Disk Drive
- 1 ea Inter-Tel Phones

ADT and IDF Area

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 17

- 1 ea Telephone Patch Panel
- 6 ea ADT panels & power supplies

Rack Unit I

- 2 ea Data & Fiber Patch Panel
- 1 ea Cisco 6513 Switch with 9 ea 48-port blades (10/100/1000) and 2 Supervisor/Fiber blades
- 1 ea Ever Focus ECOR264-16x1 DVR Camera Recording System
- 1 ea Eaton 9155 UPS

IDF (Claim Suite)

- 1 ea Telephone Patch Panel

Rack Unit I

- 1 ea Data & Fibre Patch Panel
- 6 ea Cisco Catalyst 2960-S Switches with 1ea 48-port blades (10/100/1000)
- 2 ea Uninterruptible Power Supply
- 2 ea Windows 7 Computers
- 1 ea Windows XP Professional Computer

Business Units Resource Information

Administration & Secretarial

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 22

- 8 ea Windows 7 Computer
- 9 ea Inter-Tel Phones
- 1 ea Brothers Intellifax 5750e Fax Machine
- 1 ea HP LaserJet 1020 (front desk)
- 1 ea HP LaserJet 8150dn Printer (Chris Schmidt)
- 1 ea HP LaserJet 5200dtn Printer
- 2 ea HP LaserJet M551 Printers

Accounting

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 6

- 31 ea Windows 7 Computer
- 24 ea MITEL IP Phones
- 1 ea HP Laser 3800N Printer
- 2 ea HP LaserJet M551 Printers (Lori, MaryJean)
- 1 ea HP Laser 4200dtn Printer
- 1 ea HP LaserJet 9050DN Printers
- 1 ea HP LaserJet P3015 Printer
- 1 ea HP Color LaserJet 4600DN
- 1 ea HP LaserJet J4580
- 4 ea DYMO 450D Label Makers
- 1 ea HP Color LaserJet 3600dn (Val)
- 1 ea Brothers Intellifax 2800 Fax Machine (Val)
- 1 ea Brothers Intellifax 4750e Fax Machine
- 1 ea GBC 350 MD Electric Hole Puncher
- 1 ea Shredstar X18 Shredder
- 1 ea GBC H320 Laminator
- 1 ea Fellowes SB-97CS Shredder
- 1 ea Fellowes 69 cb Shredder
- 4 ea Fujitsu S1300i Scanner
- 2 ea Fujitsu Scan Snap S1500
- 4 ea Fujitsu Scan Snap ix500
- 4 ea Magtek Check Scanners

Billing

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 6

- 6 ea Windows 7 Computer
- 5 ea MITEL IP Phones
- 1 ea HP Laser 4200dtn Printer
- 1 ea HP Laser 9050DN Printer
- 1 ea Brother MCF9700 Fax Machine
- 1 ea DYMO 450D Label Maker
- 1 ea Martin Yale Document Folder

Claims

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 6

IT Recovery Plan

- 95 ea Windows 7 Computers (incl. VDI Terminals)
- 95 ea MITEL IP Phones
- 1 ea HP LaserJet 2300DTN Printer
- 1 ea HP LaserJet 4200 dtn Printer
- 3 ea HP LaserJet 4250dtn Printer (1 in Bob's Office)
- 1 ea Dell LaserJet M603 Printer
- 1 ea HP LaserJet P3015 Printer
- 1 ea Dell Printer 5330dn
- 2 ea Zebra LP2824 Printers
- 1 ea Brother MFC 9700 Fax Machine
- 1 ea Brother MFC 5750e Fax Machine

Training Areas

- 15 ea WYSE VDI Terminals
- 2 ea Windows 7 Computers
- 8 ea LG 19" Zero Client N1910LZ All-In-One VDI Computers
- 16 ea MITEL IP Phones
- 1 ea Logitech Speakers
- 2 ea Dell M409WX Projectors

Credentialing

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 6

- 22 ea Windows 7 Computers
- 1 ea Inter-Tel Phones
- 22 ea MITEL IP Phones
- 1 ea HP LaserJet 4250dtn Printer
- 1 ea HP LaserJet 8150dn Printer
- 1 ea HP LaserJet 4250 Printer
- 3 ea Brother Intellifax 4750e Fax Machine
- 1 ea Canon Flatbed Scanner Unit 101
- 1 ea Canon DR-9050 C Printer

Customer Service

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 23

- 153 ea Windows 7 Computers (incl VDI terminals)
- 140 ea Inter-Tel Phones
- 63 ea MITEL IP Phones
- 1 ea HP Color LaserJet 3600n Printer (Denise Munson)
- 1 ea HP Color LaserJet CP2025 Printer (David Kane)
- 1 ea HP LaserJet P3015 Printer
- 2 ea HP LaserJet 4050 Printers
- 1 ea HP LaserJet 4000 Printer
- 2 ea Brother Intellifax 5750e Fax Machines
- 1 ea Brother Intellifax 4750e Fax Machine
- 1 ea Sony DRX 830U External DVD RW (Denise Munson)

Training Areas

- 16 ea Wyse VDI Terminals
- 2 ea Windows 7 Computers
- 2 ea Inter-Tel Phones
- 1 ea Logitech Speakers

Data Processing

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 23

38 ea	Windows 7 Computers
4 ea	Inter-Tel Phones
28 ea	MITEL IP Phones
4 ea	HP LaserJet 9050dn Printer
6 ea	HP LaserJet 9050n Printer
4 ea	Kyocera FS 9530dn Printer
2 ea	HP LaserJet 3015 Printer
1 ea	HP LaserJet P1102W Printer (Mike Latko)
1 ea	Dell Latitude Laptop E 5500
1 ea	Dell Vostro 1710 Laptop Computer
1 ea	Dell Inspiron 8600 Laptop Computer (lent out to Maritza Concepcion)
1 ea	Dell Latitude Laptop E 6520
1 ea	Dell Latitude 6500 (Disaster Recovery)
1 ea	Dell Latitude Laptop E 5430 64-Bit
1 ea	Dell Inspiron Laptop 9300 (lent out to Donna Webber)
1 ea	Dell Precision Laptop M90 (lent out to Jenna Mastandrea)
1 ea	Dell Inspiron Laptop 9100 (lent out to Pat Ferrara)
1 ea	Dell ??? Laptop (lent out to Pat Ferrara)
1 ea	Sharp PN-L602B SmartBoard
1 ea	Dell M408WX Projector
1 ea	Sharp XR-10S Projector
1 ea	Logitech S-150 Speakers
1 ea	Altec Lansing Speakers
1 ea	Cisco Linksys EA6500 Router
1 ea	NetGear WN2500RP Range Extender
2 ea	Miniview Symphony 4 Port KVM Switches
1 ea	APC XS1500 UPS (Mike Bach)
1 ea	Logitech KVM Switch (Mike Bach)
1 ea	IOGear KVM Switch (Viswanathan Pillai)

Enrollment

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 23

6 ea	Windows 7 Computer
5 ea	MITEL IP Phones
1 ea	HP LaserJet 4100n Printer
1 ea	HP LaserJet 4240n Printer
1 ea	Brother Intellifax 4750e Fax Machine

Government Services

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 23

15 ea	Windows 7 Computers
1 ea	Inter-Tel Phones
16 ea	MITEL IP Phones
2 ea	HP4000N Printer (1 In Glen Sobel's Office)
1 ea	HP LaserJet 8150DN Printer (Jodi)

IT Recovery Plan

- 1 ea HP LaserJet M551 Printer (Sharon)
- 1 ea HP LaserJet Pro M451dn Printer
- 1 ea Brother Intellifax 5750e Fax Machine (Glen)
- 1 ea Brother Intellifax 4750e Fax Machine (Jodi)
- 1 ea GBC Shredmaster 80S Shredder (Jodi)

Provider Relations

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 24

- 28 ea Windows 7 Computers
- 31 ea MITEL IP Phones
- 1 ea HP LaserJet 4000 Printer
- 1 ea HP Color LaserJet 4650DN Color Printer
- 1 ea HP LaserJet 4200DTN Printer (Joan)
- 2 ea HP LaserJet P3015 Printer
- 1 ea HP LaserJet M603 Printer
- 2 ea Brothers Intellifax 4750e Fax Machine
- 1 ea GBC Shredmaster 950S Shredder

Mailroom

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 24

- 8 ea Windows 7 Computers
- 3 ea Inter-Tel Phones
- 5 ea MITEL IP Phones
- 1 ea HP LaserJet M603
- 1 ea HP LaserJet M551
- 1 ea HP CM2320 fxi Printer
- 1 ea Brothers Intellifax 5750e Fax Machine
- 3 ea Dymo Label Manager 450D
- 1 ea Maxi Mailer
- 1 ea Data Pack CRV-FSS
- 1 ea Data Pack DIB-C
- 1 ea MBM Quick Jog MSS1620 (in basement)
- 1 ea Omaton Model 206 Enveloper
- 1 ea IMS Rena Addressing System with
 - 3ea Windows XP, Hasler WJ250, 2ea MOS Scale, 2ea Zebra CP2844, Hasler WJR30
- 2 ea IMS Windows XP Computers
- 1 ea IMS Zebra GK420D Printer with Wireless Scanner
- 2 ea Data Pack Win XP Computers
- 1 ea Cutting Machine - Triumph
- 1 ea MBM FC 10 Automailer Collator
- 1 ea Setra Scale (Piece Count)
- 1 ea Duplo DF1000
- 1 ea GBC HeatSeal H312
- 5 ea Master Punch M310/312 -2
- 1 ea Peak Performance Battery Jump Starter 480
- 1 ea Fellows Shredder SB-97Cs
- 1 ea GBC Velobind System 3PRO
- 1 ea Modular Series MP2500 2x (Can't locate at this time, mailroom does not have any info)
- 1 ea PS1000 Hasler Inserter
- 1 ea GBC MP2500ix VeloBing
- 1 ea Addonis External DVD Drive

Support Staff & Imaging

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 24

- 53 ea Windows 7 Computers (incl. VDI terminals)
- 53 ea MITEL IP Phones
- 1 ea HP LaserJet 8100DN
- 1 ea HP LaserJet P1006 Printer
- 1 ea HP LaserJet P3015 Printer
- 16 ea Zebra LP2824 Printer
- 1 ea Brother Intellifax 4750e Fax Machine
- 2 ea Epson 10000XL Scanners
- 1 ea Fujitsu Scanners Model#FI5900C
- 2 ea Canon Scanners Model#DRX10C
- 1ea Cannon i9900

Human Resources

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 24

- 11 ea Windows 7 Computers
- 8 ea MITEL IP Phones
- 5 ea Inter-Tel Phones
- 2 ea HP Laser Jet P3015 Printer
- 1 ea Brother Intellifax 2800 Fax Machine
- 1 ea GBC Shredmaster 960X
- 1 ea Fujitsu Scansnap S1500
- 3 ea Fujitsu Scansnap ix500

Marketing

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

- 8 ea Windows 7 Computer
- 7 ea Inter-Tel Phones
- 1 ea MITEL IP Phone
- 1 ea LaserJet 4000 Printer
- 1 ea LaserJet 4600dn Printer
- 1 ea LaserJet CP3505 Printer (Natalie Cuchel)
- 1 ea Brother Intellifax 4750e Fax Machine

Copiers

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

- 1 ea Xerox WorkCenter 4595 (Mail Room)
- 4 ea Xerox WorkCenter 7775 (Exec Admin, Cust Svc, Govt, Claims)
- 1 ea Xerox 700i Digital Color Printer (Mail Room)
- 3 ea Xerox WorkCenter 5755 (Provider, UM, Acct)
- 2 ea Xerox D110 (Comp Room, Mail Room)
- 1 ea Xerox WorkCentre 5855 (QM)

Conference Rooms

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

- 1 ea Proxima Projector
- 1 ea Toshiba MW20FP1 20 Inch TV
- 1 ea Inter-Tel Phones
- 1 ea Linksys WRE54G Wireless-G Range Extender

Account Services (Joni Howe)

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

- 5 ea Windows 7 Computers
- 5 ea MITEL IP Phones
- 1 ea LaserJet 4250dtn Printer
- 1 ea HP Color LaserJet CP2025 Printer

Utilization Management & Dental Consultants

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

- 28 ea Windows 7 Computers (incl. VDI terminals)
- 28 ea MITEL IP Phones
- 1 ea Brother Intellifax 4750e Fax Machine
- 1 ea HP LaserJet 5200tn Printer
- 1 ea HP LaserJet P3015 Printer
- 1 ea HP LaserJet M451dn Printer (Holly)

Quality Management

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

- 27 ea Windows 7 Computers
- 26 ea MITEL IP Phones
- 1 ea HP LaserJet 4000n Printer
- 1 ea HP LaserJet 4200dtn Printer
- 1 ea HP LaserJet 8150dn Printer
- 1 ea HP LaserJet 9050dn Printer
- 2 ea HP LaserJet P3015 Printer (1 in Frank's Office)
- 2 ea Brother Intellifax 4750e Fax Machine

Quality Auditors

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

- 3 ea Windows 7 Computers
- 8 ea Windows XP Computers
- 1 ea Windows Vista Computer (Warren)
- 12 ea MITEL IP Phones
- 1 ea HP LaserJet 4250dtn Printer

Member Outreach (Small Conference Room)

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

18 ea WYSE VDI Terminals (Windows 7)
18 ea MITEL IP Phones

Operations (Joanne Malin)

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 26

3 ea Windows 7 Computers
3 ea MITEL IP Phones
1 ea HP LaserJet 4650dtn Printer (Joanne)
1 ea Brother Intellifax 4750e Fax Machine (Joanne)
3 ea MITEL IP Phones

7. IT Services

Network

One (1) Domain Controller (**prod3**) and two (2) Backup Domain Controllers (**prod2 & acct2**) handle authentication requests for the company.

Windows 2008 Active Directory is the method used to connect and manage all windows machines. Healthplex utilizes a single domain tree structure. A Dell PowerEdge 1750 Dual Processor with 2 Gigabytes of Memory and 108 Gigabytes of disk is used exclusively as the primary domain controller. A second domain controller uses a Dell PowerEdge 2600 Dual Processor with 4 Gigabytes of Memory and 510 Gigabytes of disk. The third domain controller machine is also the main Accounting Applications machine. Healthplex performs replication of its Active Directory on its server located at the Disaster Recovery Site.

Database

The organization utilizes a number of Sun Servers. One database is used for production, another for testing and a third for disaster recovery.

Production

- Sun SPARC T4-1 Server Solaris 10 base with 1 SPARC T4 8-core 2.85GHz processor
- 64 Gigabytes of Memory and 300 Gigabytes of internal storage
- Cloud routing & connecting to DR machine

- Sun SPARC T4-2 Server Solaris 10 base with 2 SPARC T4 8-core 2.85GHz processor
- 128 Gigabytes of Memory and 300 Gigabytes of internal storage
- (Oracle 11G.2 production database) – Hplx18

- NetApp FAS2240HA with (24 X 600 GB) - Storage Array

Testing

- One Sun Fire V490 Server 2 1.5GHz UltraSPARC IV+ processors with 32MB cache each, 16GB memory, 2 – 146GB 10Krpm FC-AL hard disks, DVD-ROM, 2 – 10/100/1000 Ethernet ports, 1 – serial port, 2 – USB ports, 6 – PCI slots, 2 – (N+1 redundant) power supplies and Solaris 10 Operating System for testing..

Disaster Recovery

- One Sun SPARC Enterprise M4000 Server Solaris 10 with 2ea SPARC64 VII+ 4ea-core 2.66 GHz processors and 32 Gigabytes of Memory and 300 Gigabytes of internal storage
- (Oracle 11G.2 production database) – Hplx17.
- One Sun Storage 6180 array with 4GB cache and 4 *FC host ports with 15ea 300GB 15Krpm FC-AL drives

Sun Solaris, 64-bit Release 10, is the operating system. The Sun equipment runs Oracle 11G Release 2.0.3.0 with Automatic Storage Management (ASM) databases and supports all oracle applications.

Forms and Reports

Oracle client-server Forms and Reports Release 11g are used to process database applications including, billing, eligibility, claims, claims adjudication, retrieval, and reporting of information. Oracle Forms and Reports 11g runs on Oracle WebLogic 11 application servers, making the Oracle application an intranet application. Two HP DL380 W2K8 R2 servers with 24GB of memory (RAM) and six 300GB 10K SAS disk drives support the locally and remote clients. The operating system is Windows 2K8 R2 64-bit Enterprise Edition. Printing of checks and Explanation of Benefits (EOB) are performed using Paybase Release 9.0. The Paybase product allows our organization the flexibility to customize printed forms/checks with signatures/logos. Our organization uses no preprinted forms. .

Identification Cards

Healthplex produces identification cards using four Kyocera FS-9500DN and one Xerox D110 laser printers. Cards are laminated for durability.

Website — www.healthplex.com

Groups, Members and Dentists can access eligibility and claim information directly from the Healthplex website. As its website computer, the company utilizes 1 Dell PE2950 Windows 2003 Enterprise Edition Quad Core Xeon Processor with 8 Gigabytes of Memory running Apache 1.3 website application. A secondary Dell PE2950 with 4 Gigabytes of Memory is used for web development. A Cisco ASR 1001 Router and Cisco ASA 5525X Firewall are used to isolate the internal network. For Web Server applications, Healthplex uses the Spring Framework (for application framework and database connectivity), Tiles, Java Server Pages, Java, JavaScript, and HTML.

Intranet applications utilize a Dell PE2950 Windows 2003 Enterprise Edition Quad Core Xeon Processor with 8 Gigabytes of Memory. Intranet applications currently include Oracle Form's Server. The website applications are integrated with the same database that is used throughout Healthplex. Our internal network and facility is protected behind a firewall. Two 100 MB circuits from Windstream is used for the website.

Firewall

The Healthplex network is protected against intrusion by use of a Cisco ASA 5525X Firewall. The Cisco ASA 5525X which is responsible for managing network security, and providing value-added services such as compression and encryption. This gateway security used to protect the network from unauthorized access is based on Context-based Access Control (CBAC), Network Address Translation (NAT), Authentication, Authorization, Accounting (AAA) and TACACS+. Using Virtual Private Network (VPN), Healthplex allows a small number of remote users to access its network. All computers in the intranet utilize TCP/IP protocol on a Fast Ethernet backbone, which includes Cisco Catalyst 6000, Cisco 4000 and Cisco 3500 Series Switches and CAT 6 Cabling. Static IP Addresses are assigned to all major devices. VeriSign with SSL, PKI and RSA trusts our Web Server on the prevailing 256-bit encryption.

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Email and FTP

Email is supported using Microsoft Exchange 2010 Standard Edition on a Dell PowerEdge R710 Dual Processor with 64 Gigabytes of Memory and 3Terabytes of disk. For performance and recovery of individual mailboxes, we utilize multiple storage groups. Email spam filtering and Healthplex rule enforcements are performed on all incoming and outgoing emails by Cisco's IronPort. Spam suppression and filtering are continually monitored and updated by IronPort. IronPort SenderBase also identifies virus threats in real time at their initial outbreak and quarantines them for scanning. Through the Internet, email is accessed via Outlook Web Access (OWA).

File Transfer Protocol (FTP) utilizes a Dell Power Edge R710 Win2K8 machine. FTP files are encrypted using PGP or Com-Press Software. Healthplex utilizes FTP in conjunction with PGP or SFTP for secure file transfers. E-mail data transfers are done using PGP or WinZip encryption (256-bit AES Encryption).

The FTP Server also serves as a backup device for window servers, featuring Veritas NetBackup and Powervault TL4000, 4U LTO4-120HH, 800GB/1.6TB, 4 SAS Tape Drives.

KRONOS Timekeeping

Employee timekeeping, including vacation, sick and personnel days are tracked using Kronos Software. A Dell Power Edge R710 Win2K3 R2 SP2 Enterprise Edition Computer Dual Processor with 8 Gigabytes of Memory and 820 Gigabytes of disk supports this intranet type application. The current version of Kronos is V6.0.

Accounting

All accounting application and files use a Dell PowerEdge 2600 Dual Processor with 4 Gigabytes of Memory and 504 Gigabytes of disk. Key accounting applications include Microsoft Navision, ADP Payroll, Sunguard Insurance Systems, and Financial Software Innovations.

Virtual Desktop

In 2013 Healthplex installed Horizon View as a managed centralized service to improve the management of PCs and improve efficiency.

View delivers the entire desktop, including the Windows 7 operating system, oracle and window applications and data, to end-users. Unlike traditional PCs, View desktops are not tied to the physical computer. Instead, they reside on a centralized server and are accessed through a thin client terminal (Wyse). Virtual desktops can be used by local and remote users. They can coexist with personal computers in a LAN network

With the Horizon View administrative console, IT administrators can provide oversight over desktop services like deploying updates and patches, applying policies, enabling and disabling users. In essence View simplifies the management of PCs and improves efficiency.



Company Core Products

HEALTHPLEX Disaster Recovery Plan Cross Reference: Page 11

Core products include the following applications:

- Oracle Applications
- Imaging Application
- Microsoft Office Products
- Navision Accounting
- SunGard Insurance Systems
- ADP Payroll
- FSI Oasis
- CACTUS Software
- Paybase32 Software
- Kronos Timekeeping and HR
- GECS

Physical Security

Monitored cameras, roving security guards and electronic locks and keys secure the site. Access to the facility is easily controlled and maintained by Healthplex. Each employee receives a picture card that has embedded a unique magnetic number that is use to restrict access to authorized areas at authorized times. A programmable control panel and database allows or denies access to Healthplex entrances and exits. If a card is lost or stolen, the control panel is quickly programmed by the Human Resource Department to disable the use of the card and a new identity card is issued to the employee.

Access to the computer room is limited to members of the MIS department and essential personnel through the use of the aforementioned picture cards.

To monitor activity 24X7, nine cameras are strategically placed inside and outside of our facility. The camera system can simultaneously record on a DVR real time video of all channels. The DVR has a built-in web server that enables users to monitor live and playback DVR images through a web browser..

Host Security

Windows 2008 Active Directory is the method used to connect and manage all windows machines. Healthplex utilizes a single domain tree structure. A Dell PowerEdge 1750 Dual Processor with 2 Gigabytes of Memory and 108 Gigabytes of disk is used exclusively as the primary domain controller. A second domain controller uses a Dell PowerEdge 2600 Dual Processor with 4 Gigabytes of Memory and 510 Gigabytes of disk. The second domain controller machine is shared with Accounting Applications. In addition, Healthplex performs replication of its Active Directory on its server located at the Disaster Recovery Site.

Security Standards

These security standards 1) address the actions that The Companies take to protect the actual computer equipment and storage media from fire and other environmental hazards, 2) address the physical design of the facility and the use of mechanisms such as locks and passkeys to prevent tampering and unauthorized access to computer equipment, and 3) address the layout, design and location of workstations along with log on / log off procedures to prevent unauthorized access to computer information.

Assigned security responsibility. The Companies have assigned the responsibility for management and supervision of security to Mr. Philip Rizzuto. Mr. Rizzuto and his team oversee all aspects of security, including risk analysis, the identification of security measures to protect data, the development of contingency and disaster recovery plans, the development of security policies and procedures, compliance audits, the development of the reporting system for potential breaches, the investigation and correction of potential security breaches, the development of security training programs, ongoing communications and the supervision of personnel responsible for the operation of The Companies information systems.

Media controls. The Companies have adopted policies and procedures to control receipt and removal of both hardware and software. This includes data storage media such as tapes, disk packs, diskettes, optical disks and CD-ROMS. The goal of these policies and procedures is total control of media that contains health information to prevent its unauthorized removal from the facility. Security features include access control restricting access to resources, allowing access only to privileged individuals), accountability (enabling the actions of an individual to be traced uniquely to that individual), data backup (giving The Companies the ability to retrieve an exact copy of the data stored in its systems following a disaster or other incident), data storage (the retention of health information in various electronic formats) and disposal (procedures for the final disposition of electronic data and/or the hardware on which electronic data are stored).

Backup Devices are stored at:

Recall
24 Vandyke Ave
New Brunswick, NJ 08901

Physical access controls. The Companies have adopted and implemented policies and procedures that allow physical access to information to appropriately authorized individuals and deny access to those who are not qualified. In addition to the disaster recovery / contingency plans and media controls described above, facility access is restricted to authorized individuals in possession of electronic security devices. The devices, which are incorporated into picture identification badges that are distributed to all employees, allow access only to certain entrances at predetermined times and days of the week. The devices can be deactivated if lost or stolen and access is monitored for all employees at all times on a standalone computer. Procedures are also in place for visitors to sign in and receive temporary electronic security badges. Employees have been advised to alert their supervisors or any company officer if someone without the proper badge is seen in the office.

Workstation use. Guidelines also exist on the use of workstations by employees. These include functions to be performed at workstations, the manner in which those functions are to be performed and the visibility of the workstation to others within the office. Users must utilize screen savers to reduce the exposure of health information to co-workers and must log off from the network when they are away from their desks for an extended period of time. Employees are trained on issues regarding the use of health information and on their responsibilities regarding confidentiality and security.

Roles

Oracle provides a facility called Roles. Roles grant permission to users the ability to access and update individual tables and fields within tables. Healthplex has developed a set of roles based on different operational tasks or functions. There is a role for claims processing, computer operation, customer service, provider relations, etc. Usernames are assigned to roles. Users cannot retrieve or update information unless they are granted permission or a role. Privileges are granted by the person's need to read, write, and execute database information.

Security Training

The Companies require security training for all personnel, including management, and have implemented an ongoing communications program with personnel about security issues and concerns. The purpose of the training is to heighten awareness of security matters, including the vulnerability of the health information in its possession and the procedures that have been established to ensure the protection of that information. The goal is to increase the extent to which employees understand their security responsibilities and to make security a part of their day-to-day activities.

There are five components of the training program:

- 1- Awareness training for all employees. This addresses vulnerabilities for unauthorized disclosure of information, compromises to data integrity and methods of promoting security. Awareness training is mandated for all new employees within 30 days of hire and semiannually for all other employees.
- 2- Periodic security reminders. These are written and electronic notices to employees that deal with passwords, the use of workstations that provide access to protected information, Internet correspondence, downloading of Internet files, computer viruses and examples of breaches. Employees are also informed of measures to report and respond to security incidents.
- 3- Virus protection. All employees who use PC workstations with Internet and LAN access are instructed not to download any files and not to open emails from an unknown source. Files that are sent to us must first be reviewed and opened by one of our information technology employees. Staff members are trained in the use of virus scan software that will identify and disable computer viruses that may compromise either the security or integrity of the data maintained, received or transmitted by personal computers.
- 4- Log in procedures. Employees are instructed in proper log in procedures and are required to report log in discrepancies.
- 5- Password management. Employees are educated regarding the significance of their personal password as a key to individually identifiable healthcare information. They are instructed not to divulge their passwords to others, not to leave written evidence of a password in any public area and not to select passwords that are easily determined.

Technical Security Services

Technical security services guard data integrity, confidentiality and availability. They include the processes that are put in place to protect, control and monitor access to information. Although most of the services have been referenced earlier, they are further described below from a technical point of view.

Access Control: Access to information resources is restricted to those individuals who have valid need and authorization. This is partially controlled through the use of roles, user names and passwords, and

encryption (roles and user identification features have been previously described). Our systems use 128-bit SSL encryption with SHA-1 and MD-5 hashing functions. The Secure Sockets Layer Protocol (SSL) has become the universal standard on the web for authenticating sites and for encrypting communications between users and web servers. VeriSign provides The Companies with Public Key Infrastructure (PKI) security solutions and issues digital ID's to enable authenticated, 128-bit SSL encryption to secure e-commerce across the Internet.

Audit Controls: The quality assurance team established by The Companies monitors system activities identifies security weaknesses and corrects deficiencies. The team consists of Michael Latko (Director), Cassell Brockett (Operator), Krina Shah (Programmer), Daniel Sun (Database Administrator), Joseph Buchshin (Webmaster), Chris Schmidt (Chief Operating Officer) and Philip Rizzuto (Vice President). Application and security testing are performed on a development (backup) server known as 'Healthplex Fifteen'. All authentications, accounting functions and application changes are tested on Healthplex Fifteen before they are put into production.

Data Authentication: The Companies have adopted several mechanisms to corroborate data and verify that data has not been altered or destroyed in an unauthorized manner. These include the use of a check sum, double keying and a message authentication code. Development is under way for the use of digital (electronic) signatures. Such signatures would be based upon cryptographic method originator authentication, computed by using a set of rules and a set of parameters so that the identity of the signer and the integrity of the data can be verified.

Entity Authentication: There are several mechanisms used by The Companies to confirm that a person or entity seeking access to information is who it claims to be. Automatic logoff's are in place on all personal computers, unique user identifications have been assigned, passwords are well defined and expire periodically and personal identification numbers are necessary for web-based access to the database.

Technical Security Mechanisms

Technical security mechanisms protect the security of information that is transmitted over telecommunications networks. These mechanisms focus on electronic exchanges that take place over such computer networks, as opposed to the information that is maintained on an entity's computer systems.

In order to guard against unauthorized access to information when it is transmitted over a telecommunications network, The Companies use a combination of features, some of which have been discussed earlier. In addition to access controls, audit trails, encryption and entity authentication, the network is firewall-protected by the use of a Cisco 7206 Router IOS 12.2 and a Cisco Secure ACS 2.3. This gateway security is based on Context Based Access Control, Network Address Translation, Authentication, Authorization, Accounting and TACACS+. No one outside of the Healthplex facility has access to the portion of the network behind the firewall. All computers in the intranet utilize TCP/IP protocol on a Fast Ethernet backbone, which includes Cisco Catalyst 6000, 4000 and 3500 Series Switches and CAT 5 Cabling. Static IP addresses are assigned to all devices.

Summary

The Companies information security system was designed to minimize the risk of security breaches, internal and external to the organization. Policies have been developed, procedures implemented and staff members have been educated in security matters. A quality assurance team has been created to oversee the program and test all components, as necessary. The entire program will be adjusted by the team when needed to account for changes in technology, changing business arrangements, outsourcing plans, internal or external threats to information and changes to customer information systems.

The Companies further verify that they will exercise appropriate due diligence in selecting service providers. Any provider under contract with Healthplex, Inc., Dencare or HIC will be required to meet the same standards as The Companies with regard to the security of information.

Username and Password

Healthplex safeguards its database and data files by requiring all users to login with passwords. Security is restricted at both the system and application level. Access to the network is restricted by predefined and authorized user codes and personal passwords. In addition, each user is restricted to functions and database access by predefined and authorized privilege levels. Privileges are granted by the person's need to read, write and execute database information. Only those users on the network with the proper security levels can access the application. Usernames are assigned once, but passwords are constantly being updated. When an employee leaves, his/her username is immediately revoked. Passwords are user defined and generally a combination of characters and/or numbers. Passwords must contain at least one letter and one non-letter character, with a minimum length of eight characters. Passwords expire every three months and must be changed at that time. A user can change his/her password at anytime. Healthplex recommends a maximum password size of nine. The system can handle passwords of greater size.

Secure Sockets Layer (SSL)

The Healthplex website, www.healthplex.com, features static and dynamic information. To access the dynamic data from the Healthplex database, users are automatically routed to a Secure Sockets Layer (SSL) connection. The SSL protocol has become the universal standard on the Web for authenticating sites and for encrypting communications between users and Web servers. VeriSign provides Healthplex with public-key infrastructure (PKI) security solutions and issues digital IDs to enable authenticated, 256-bit SSL encryption that secure e-commerce across the Internet.

Healthplex central recovery and backup procedures include:

Microsoft Storage Server

Two Microsoft Storage Servers are used for on-site real-time data replication of our production Microsoft Windows servers. Windows Storage Server 2003 R2 has the built-in capability to replicate data without taking the production servers offline. Microsoft Storage Server provides fast recovery of lost data. Attached to the server is an LTO4 dual tape drive. Backups occur throughout the day without effecting performance of the production servers. Backup tapes are removed off site.

Continuity Centers Vault

Healthplex utilizes the services of Continuity Centers for Disaster Recovery (DR). Healthplex has subscribed to three Continuity Centers products

Instant Business Recovery (IBR) Agility

Instant Business Recovery (IBR) provides real-time Intel server replication. IBR will allow Healthplex to fully recover any Intel server within 60 seconds, using a unique Recovery Management Portal.

Agility is a business partner of The Continuity Centers. The Continuity Centers will provide Healthplex up to one-hundred (100) seats (PCs and Phones) during a disaster. Agility will provide one hundred and ninety-two (192) additional seats along with up to thirty (30) additional Intel servers, tape drives, printers, faxes.

The Continuity Centers space is immediately available for use during a disaster, while the Agility space will take longer (forty-eight (48) hours).

In the event a disaster that prevents processing of critical applications within the data center, Healthplex will transport both operations and personnel to alternate facilities at Continuity Centers.

Veritas NetBackup

Oracle Database

Healthplex Oracle database utilizes the Archive log mode. All daily entries and updates to the database are stored in database logs that can be used to recover the database.

Healthplex has one production oracle database and one standby or disaster recovery database. The production database is backed up using Veritas NetBackup software and POWERVAULT TL4000, 4U LTO4-120HH, 800GB/1.6TB, 4 SAS DRIVES. Full. Full database, including archive logs and operating system, are backed up daily.

Office Files

A full backup of the offices files, including Exchange (email), occurs daily, using one PowerVault 122T, one Drive, LTO, 100/200Gigabyte Tape Drive and Veritas NetBackup software. In addition the FTP Server also serves as a backup device for window servers, featuring Veritas NetBackup Powervault TL4000, 4U LTO4-120HH, 800GB/1.6TB, 4 SAS Tape Drives

During the backup process and the backup files are copied to tape, the Veritas Software products perform a verification *read* step to determine the quality of the tape.

Schedule

All backups are scheduled to run unattended from 7:00 p.m. to 4:00 a.m. Backup tapes are recycled every 50 days.

Check Logs

The next day the computer operator reviews the Job History and Error Reports to verify successful backups. The operator then replaces the tapes, initials the Operator's Daily Schedule Sheet to show that the jobs were run, and stores the backup tapes in a safe. Daily backup tapes are rotated daily and stored in a fire retardant safe. On Monday full backup tapes are taken offsite.

Disaster Recovery

Healthplex utilizes the services of Continuity Centers for Disaster Recovery. In the event of a total disaster, The Data Recovery Team and employees will meet at:

The Continuity Centers
1000 Woodbury Road
Woodbury, NY 11797

To report a disaster call:

(516) 622-0200.

Continuity Centers offers a secure and redundant facility. The facility is equipped with security and telephone systems, including ACD, backup generators, conference rooms, lockers and offices. The Continuity Centers sites also feature Window and Solaris servers, Cisco routers, switches and ASA Firewalls. Six Intel-based servers, One Unix-based server, up to one-hundred (100) telephones and personal computers will be configured and ready for our immediate use within 4-8 hours should a disaster occur. An additional one-hundred and ninety-two (192) seats (PCs and phones) will be available within 48-96 hours. The facility and all services are available within 2-4 hours of a disaster.

Healthplex has policies with a number of insurance carriers to cover a disaster. Some of the items covered by the policies are replacement of hardware and software, expeditors extra expenses, and replacement of property.

Fire Retardant Safe Located in the Basement at 333 Earle Ovington Blvd.

Schwab Safe	- Safe within a safe (Inner Chamber)
Outside Dimension	- 68" H X 33" W X 35"D
InsideDimension	- 52" H X 15.5" W X 16"D

Forms

Almat Forms & System, Inc. stores an ample supply of Healthplex forms in its warehouse.

8. Plan Resources - Vital Records

TBD

9. Plan Sites

Computing Facility

At 333 Earle Ovington Boulevard Healthplex has one computer room. The room has supplementary air conditioning and its own thermostats. Facility power is distributed to the servers through seven uninterruptible power supplies. The computer room is sub divided by walls into four areas: 1) server area; 2) printing area; 3) staging area; 4) telephone and MDF (Main Distribution Frame) area. Two IDF (Intermediate Distribution Frame) Room exists to house additional switches, telephone patch panels and ADT security devices. One of the IDF rooms is in Customer Service, the other in Claims. The computer and IDF rooms are secured by magnetic badge readers and cameras. Fibre cables tie in switches. In the event of a building power loss, auxiliary generators will kick in and power the computer and IDF rooms.

Plan Storage Locations

To plan for various situations that could occur, copies of the MIS Contingency Plan will be safeguarded both at the office and at the employees' residences. An adequate number of copies will be maintained at the data center and at minimum, additional copies will be provided by Agility.

Rendezvous Points

Employees

When a disaster occurs, all supervisors and managers will meet in the conference room at Healthplex. In the event of a total disaster, the Data Recovery Team and employees will meet at:

The Continuity Centers
1000 Woodbury Road
Woodbury, NY 11797
(516) 622-0200

10. Plan Contacts

Vendor Engineers

Computer – AB Computer Systems, Inc	800-440-4082 x 2007
Computer – ATL	800-284-5101
Computer – Bottomline Technologies	800-839-9029; 603-559-5108
Computer – CACI (Highland Technologies)	301-306-8200; 301-306-2857 Jeff Perona
Computer – Cactus	800-776-2305
Computer – Cisco	800-553-2447
Computer – Citi Bank	201-227-3048
Computer – CNS	516-937-0300
Computer – Continuity Centers (DR Site)	516 622-0200
Computer – Corporate Technology	908-577-3307; 908-577-3344
Computer – CT Networks	631-261-6900
Computer – Dell	800-284-3355
Computer – Emdeon	615-231-4961
Computer – Fast Attach	800-782-5150
Computer – FirstRun	212-779-0800
Computer – FSI	512-328-1584
Computer – Hewlett Packard	800-349-3763
Computer – Kronos	516-949-3256
Computer – Kyocera	800-838-3354
Computer – Legato	877-534-2867
Computer – Microsoft	800-936-4900
Computer – Navision	631-741-8946
Computer – Network Solutions	888-642-9675
Computer – Oracle	800-223-1711
Computer – ParkPlace	800-931-3366
Computer – Recall	201-592-7868
Computer – RXR	516-506-6900
Computer – RightFax/Captaris, Inc	520-320-7070
Computer – Sun	800-872-4786 (800-USA-4SUN)
Computer – VeriSign	917-322-3657
Computer – Veritas	800-342-0652; 407-357-7600
Computer – Zebra Technologies	847-913-2259

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IT Recovery Plan

Mailing – Postage Meter Account	800-248-8013
Phones – Windstream	877-340-2555
Phones – Global Response	954-969-4149
Phones – Omni Tele	972-3-575-7775
Phones – Windstream	877-340-2555
Phones – NU-Vision Technologies	800-566-8830
Phones – Verizon	516-890-7711

MAILROOM: DISASTER RECOVERY MACHINE, VENDORS AND SERVICE INFORMATION:

MACHINES & VENDORS

ABCO CUTTER: 516-395-3133

XEROX COPIERS: 3 PLAINFIELD AVE., FLORAL PARK, NY 11001

SALES REP: GEORGE GARCIA: 516-437-2222 EXT: 118
ANGELO CEMINERA: 516-437-2222 EXT:126 CELL: 917-709-2145
SERVICE: 1-800-822-2200 SUPPLIES: 1-800-822-2200
JOHN CALAMUSSO (COLOR SERV. REP) 631-821-2797 JOHN STAFFA (BLK & WHT SERV.REP)

FBG 965228: 4595 - MAILROOM: BLK. & WHT.
BGO 960133: D110 - MAILROOM: BLK. & WHT.
BG0 960703: D110 - MIS: BLK. & WHT.
RFX 356063: 7775 - GOVERNMENT SERVICES: COLOR / BLK. & WHT.
MAV 776794: 700 - MAILROOM: COLOR / BLK. & WHT.
XEH 800247: 5755 - ACCOUNTING: BLK. & WHT.
RFX 013025: 7775 - CLAIMS: COLOR / BLK. & WHT.
XEH 800229: 5755 - PROVIDER RELATIONS: BLK. & WHT.
RFX 013018: 7775 - EXECUTIVE ADMIN (LOCATED: BEHIND THE WALL): COLOR / BLK. & WHT.
XEH 007359: 5755 - UM (UTILIZATION MGT): BLK. & WHT.
EX7 388197: 5855 - QM (QUALITY MGT.): BLK. & WHT.
RFX 347022: 7775 - CUSTOMER SERVICE: COLOR / BLK. & WHT.

QUICK JOG: MODEL: SS 1620 SERIAL #: 12003.3 (LOCATED: STORAGE IN FT. KNOX)

NEOPOST: FORMERLY: INNOVATIVE MAILING SYSTEMS: 415 OSER AVENUE, HAUPPAUGE, NY 11788
631-435-9100 (MAIN) 631-435-1462 (SERVICE) 631-435-1478 (FAX)
JIM SPATES: CELL: 516-729-9307

AUTOMAILER 5: MODEL: E 1530 AA SERIAL #: GBQ 81 08 (BELONGS TO IMS)

- PS1000 (MODEL): SERIAL#: MBM3959
- MAXI-MAILER: SERIAL #: KBI-5710
- DATA PAC (PS1000): SERIAL #: 1052458
- DATA PAC METER (PS1000)# : DIB-C: MODEL NUMBER: 2696 (UNIONDALE POST OFFICE)

- DATA PAC (MAXI-MAILER): SERIAL #: 1052597
- DATA PAC METER (MAXI-MAILER)# : CRV-P: MODEL NUMBER: 60001026 (UNIONDALE POST OFFICE)
- RENA ADDRESSING MACHINE: ENVELOPE IMAGER 2 XP: SERIAL #: 61602060281
 - (SATORI SOFTWARE: 1-800-357-3020 move update reg #: J 2 WDB 5 P-DGZV-DGWZL \$995.00 YR.)
- DUPLO FOLDER: SERIAL #: 70700726
- OMATION ENVELOPE OPENER: MODEL: 206 SERIAL #: 345
 - (MANUFACTURER: OPEX CORP MOORESTOWN NJ 08057)
- SCL (INBOUND RECEIVING SYSTEM): SERIAL #: 4111
- MCM (OUTBOUND MAILING SYSTEM): SERIAL #: 4114
- WJ 250: USPS MAILING MACHINE: SERIAL #: 400154660059
- HASLER METER: #016H26505423 (1-800-248-8013)
- COLLATOR: MODEL F-10 (MANUFACTURER MBM: 1-800-223-2508) SERIAL #: 16040307

SERVICES:

SHREDDING: Secure Shred: Eric Oswald: 631-777-1330 / 212-904-1111 Cell: 917-734-5768

PSI: Pre-sort Mailing House: oFFICE: 516-822-0900 ext. 117 (LAURIE) FAX: 516-822-0445
Laurie Glaessgen: REPRESENTATIVE
Cell: 516-749-5937
E-MAIL: LAURIE.GLAESSGEN@PBPRESORTSERVICES.COM

Claudette: Transportation Manager
cell: 516-749-1884

POST OFFICE: REPRESENTATIVE: STELLA LEUNG: 631-755-2900
UNIONDALE POST OFFICE: 516-481-8245
HEMPSTEAD POST OFFICE: 516-560-1705
MAXESS ROAD: MAILING REQUIREMENTS:
ENVELOPES: KEN SCIANN: 718-348-3760 E-MAIL: SCIANNO@USPS.GOV
(OUR MAILER ID#: 969006638)

UPS: ACCT: # 14098 (REFERENCE #: N-2843):
REP: MICHAEL MARINO: 1- 877-722-7105 ext. 2446 CELL: 516-506-2295
PREFERRED CUSTOMER #: 1-800-377-4877
LOCAL UPS: 516-237-6305

FED EX: PHONE: 1-800- GO-FEDEX {HEALTHPLEX CUSTOMER # 46500009}

FED EX NUMBERS **WE USE: PGP 3RD PARTY**
ACCT. #: MAILROOM: 3002 34453;
CORPORATE#: 4570 81405
DENTCARE: 1535 45839 1-800-463-3339

PGP OVERNIGHT INC.: ACCOUNT #: 244315372 (THIRD PARTY #: 460081688)

MATT LULLY: FED EX: THIRD PARTY AGENT:
OFFICE: 631-951-9200 EXT. 182
CELL: 631-241-4335
FAX: 631-656-2547

ROXANNE STEVEN (ASSISTANT) 631-951-9200 EXT. 192

WALSH MESSENGER SERVICE: 516-746-4348: ACCT. #: HEALTHPLEX: H4011

VENDORS:

<u>ALMAT:</u>	1 MAIN ST. SUITE 2, KINGS PARK, NY 11754	
	MICHAEL O'LEARY	HARRY CARLIN
	OFFICE: 631-269-6100 EXT 12	OFFICE: 631-269-6100 EXT 12
	FAX: 631-980-7927	FAX: 631-980-7927
	E-MAIL: MICHAEL@ALMATFORMS.COM	E-MAIL: HCC4649@HOTMAIL.COM
		HARRY@ALMATFORMS.COM

HI-TOUCH: 11 PENN PLAZA 5TH FLOOR, NEW YORK, NY 10001
GEORGE GOLDBERG
OFFICE: 201-636-9913 CELL: 631-793-9608
FAX: 212-946-4950
E-MAIL: GGOLDBERG@HITOUCHSERVICES.COM

STARFIRE PRINTING: JIM BRYANT: OFFICE: 631-218-6932
E-MAIL: STARFIREPRINTING@HOTMAIL.CO

Specialists

June 03, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	Specialists_Capital_PPO4A 3,201 Providers at 1,118 locations (based on 3,201 records)
Member group:	Member Zip Codes 548 Members
Access standard:	Urban: 1 Provider within 5.0 miles Suburban: 1 Provider within 10.0 miles Rural: 1 Provider within 20.0 miles
All Members:	Urban: 376 (100.0%) with access (99.2%), without access (0.8%) Suburban: 109 (100.0%) with access (92.7%), without access (7.3%) Rural: 63 (100.0%) with access (77.8%), without access (22.2%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	0.9	1.2	1.3	1.5	1.7
Suburban	4.2	5.0	5.2	5.7	5.9
Rural	12.6	14.0	15.0	16.0	16.7

Key geographic areas				
County	Total number of Members	All Members		
		Percent w	Percent wo	Average distance to 1 Provider
SUFFOLK	166	100.0	0.0	2.2
NASSAU	147	98.6	1.4	1.3
QUEENS	88	100.0	0.0	0.8
KINGS	34	100.0	0.0	0.5
WESTCHESTER	26	100.0	0.0	2.0
NEW YORK	20	100.0	0.0	0.4
BRONX	16	100.0	0.0	0.6
RICHMOND	11	100.0	0.0	0.9
PALM BEACH	5	40.0	60.0	10.3
COLLIER	3	0.0	100.0	48.1

County detail information

Member Zip Codes				
County	Total number of Members	All Members		
		Pct w	Pct wo	Average distance to a choice of 1 Provider
ALBANY	1	100.0	0.0	2.8
BERGEN	1	100.0	0.0	0.4
BRONX	16	100.0	0.0	0.6
CITRUS	1	0.0	100.0	57.4
COLLIER	3	0.0	100.0	48.1
COLUMBIA	1	0.0	100.0	30.6
DELAWARE	2	0.0	100.0	39.9
FAIRFIELD	2	50.0	50.0	10.2
GREENE	1	0.0	100.0	27.9
HILLSBOROUGH	1	100.0	0.0	8.7
KINGS	34	100.0	0.0	0.5
LAKE	1	0.0	100.0	25.2
LEE	1	100.0	0.0	7.9
MANATEE	1	0.0	100.0	31.9
MARION	2	0.0	100.0	53.6
NASSAU	147	98.6	1.4	1.3
NEW YORK	20	100.0	0.0	0.4
PALM BEACH	5	40.0	60.0	10.3
PASCO	1	100.0	0.0	7.5
PINELLAS	1	0.0	100.0	12.9
QUEENS	88	100.0	0.0	0.8
RICHMOND	1	100.0	0.0	0.9
ROCKLAND	2	100.0	0.0	2.5
SARASOTA	1	0.0	100.0	51.9
SARATOGA	1	100.0	0.0	12.9
SEMINOLE	2	50.0	50.0	5.7
ST. JOHNS	2	0.0	100.0	31.3
ST. LUCIE	2	0.0	100.0	40.2
SUFFOLK	166	100.0	0.0	2.2
SULLIVAN	1	100.0	0.0	11.8
ULSTER	2	100.0	0.0	9.4
WARREN	2	100.0	0.0	10.9
WESTCHESTER	26	100.0	0.0	2.0

Provider group: Specialists_Capital_PPO4A

Access standard:

SPECIALISTS

GeoNetworks Report

P:\SWAP\Nassau County RFP_Capital.rpt

Summary Information

Date created: May 27, 2016 **Version:** Release 2 2014
Author: Norah Mercado / IT Reporting Services
Company: Healthplex Inc
Network:
Notes:

Tables

Employee tables:	Records:	Provider tables:	Records:
Nassau County Zips @ P:\...Welles_GEOs.accdb	585	PPO4A @ C:\NORAH\Welles_GEOs_new.accdb	10289

Calculations

Started at: 13:48:11 - June 03, 2016 **Elapsed time:** 4 seconds
Completed at: 13:48:15 - June 03, 2016
Calculation method: Estimated driving distance
Capacity option: Unlimited

Printing

Started at: 13:48:11 - June 03, 2016 **Elapsed time:** 4 seconds
Completed at: 13:48:15 - June 03, 2016
Pages printed: 7 of 7 (all pages)

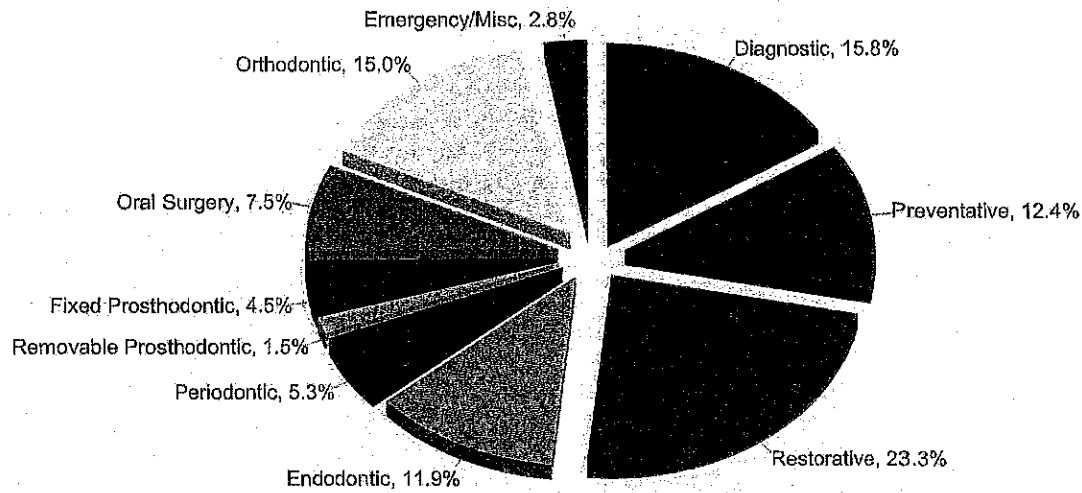


Claims Paid by Procedure Class

Group Number: G022514

01/01/2015 – 12/31/2015

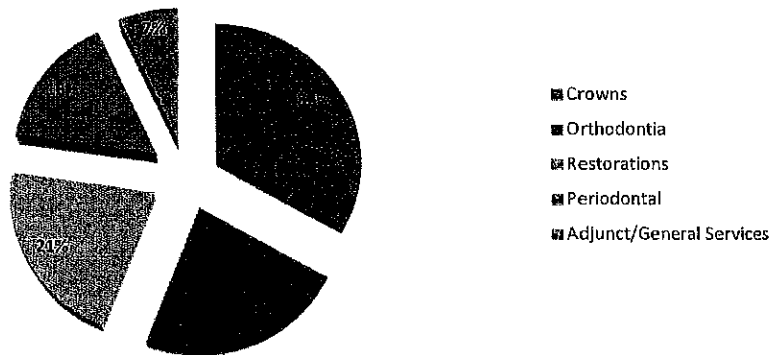
Payment by Procedure Class



Procedure Class	Amount Submitted	Amount Paid	Percent Paid	Percent Classification
Diagnostic	\$1,690,335.10	\$531,431.08	31.4%	22.1%
Preventative	\$1,219,031.00	\$416,760.97	34.2%	17.3%
Restorative	\$3,708,015.97	\$781,621.45	21.1%	32.5%
Endodontic	\$1,423,533.50	\$400,044.66	28.1%	16.6%
Periodontic	\$671,063.30	\$178,576.12	26.6%	7.4%
Removable Prosthodontic	\$254,414.88	\$48,678.41	19.1%	2.0%
Fixed Prosthodontic	\$1,013,949.00	\$150,816.07	14.9%	6.3%
Oral Surgery	\$975,691.18	\$250,273.31	25.7%	10.4%
Orthodontic	\$1,918,485.85	\$502,833.08	26.2%	20.9%
Emergency/Misc	\$471,490.51	\$92,504.69	19.6%	3.8%
Unknown				
Grand Total:	\$13,346,010.29	\$3,353,539.84	23.0%	139.4%

2015 Service Denials
Nassau County

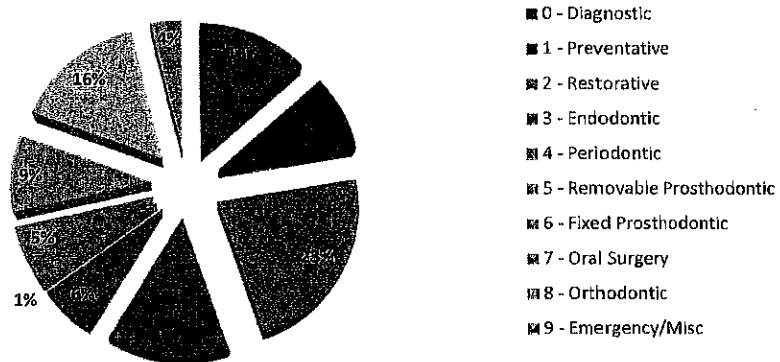
Top 5 Service Denials



SERVICE	TOTAL SERVICES DENIED
Crowns	1,267
Orthodontia	864
Restorative	818
Periodontic	609
Adjunct Services	262

**2015 In Network Savings
Nassau County**

In Network Percentage of Savings by Category



SERVICE CATEGORY	AMOUNT ALLOWED	DRUG FEES	SAVINGS
Diagnostic	\$282,701.97	\$898,408.31	\$615,706.34
Preventative	\$193,664.52	\$555,097.21	\$361,432.69
Restorative	\$479,851.57	\$2,138,967.07	\$1,659,115.50
Endodontic	\$292,558.69	\$1,020,032.00	\$727,473.31
Periodontic	\$132,858.45	\$460,801.30	\$327,942.85
Removable Prosthodontics	\$32,866.78	\$171,783.89	\$138,917.11
Fixed Prosthodontics	\$105,653.60	\$612,840.00	\$507,186.40
Oral Surgery	\$196,399.04	\$690,014.18	\$493,615.14
Orthodontic	\$333,460.20	\$1,154,456.67	\$820,996.47
Emergency/Misc.	\$78,453.99	\$375,556.51	\$297,102.52
Grand Total	\$2,128,468.81	\$8,077,957.14	\$5,949,488.33

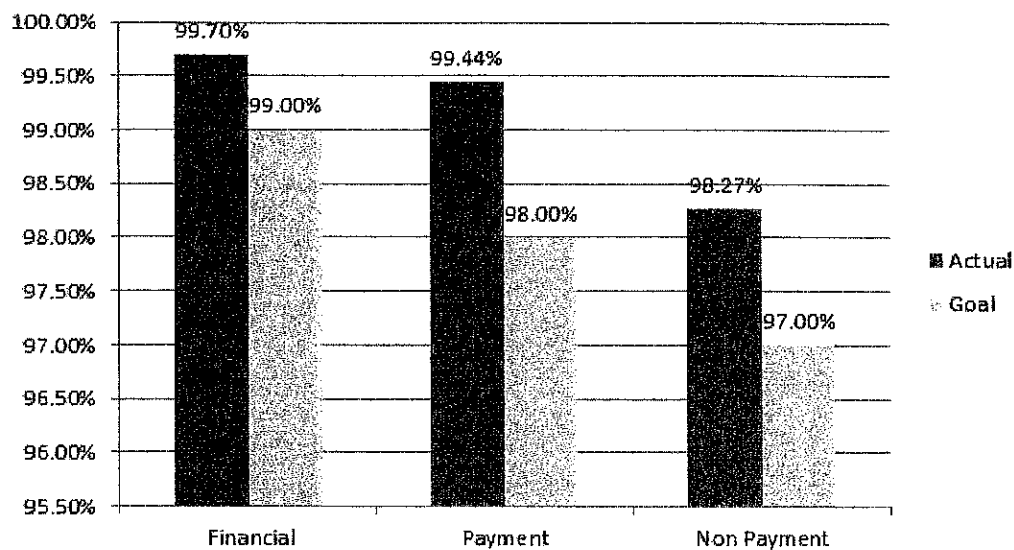


Claims Accuracy Audit Report
NASSAU COUNTY

Page 1 of 1

Group Number: G022514
January 1, 2014 – December 31, 2014

Accuracy by Category



Coverage Category	Accuracy %	Goal	Number of Claims Sampled	Number of Errors
Financial Accuracy	99.70%	99.0%	114839	632.5
Payment Accuracy	99.44%	98.0%	114839	632.5
Non-Payment Accuracy	98.27%	97.0%	114839	1981.5

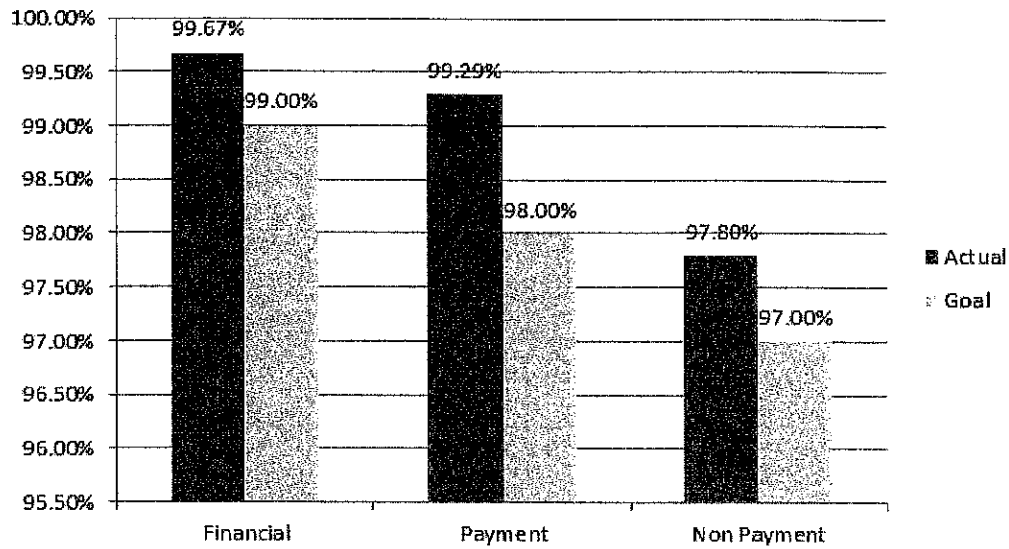


Claims Accuracy Audit Report
NASSAU COUNTY

Page 1 of 1

Group Number: G022514
January 1, 2015 – December 31, 2015

Accuracy by Category



Coverage Category	Accuracy %	Goal	Number of Claims Sampled	Number of Errors
Financial Accuracy	99.67%	99.0%	92851	653
Payment Accuracy	99.29%	98.0%	92851	653
Non-Payment Accuracy	97.80%	97.0%	92851	2036

Healthplex Inc

Accessibility Analysis

June 02, 2016

Dentcare

Nassau County RFP

General Dentists

June 02, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	General Dentists_Dentcare 1,621 Providers at 526 locations (based on 1,621 records)
Member group:	Member Zip Codes 585 Members
Access standard:	Urban: 2 Providers within 5.0 miles Suburban: 2 Providers within 10.0 miles Rural: 2 Providers within 20.0 miles
All Members:	Urban: 547 (100.0%) with access (99.8%), without access (0.2%) Suburban: 35 (100.0%) with access (100.0%), without access (0.0%) Rural: 3 (100.0%) with access (66.7%), without access (33.3%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	1.3	1.3	1.6	1.7	2.0
Suburban	2.5	2.9	3.1	3.5	4.1
Rural	11.1	15.2	15.2	15.2	15.3

Key geographic areas				
County	Total number of Members	All Members		
		Percent w	Percent wo	Average distance to 2 Providers
NASSAU, NY	491	99.8	0.2	1.4
SUFFOLK, NY	84	100.0	0.0	2.1
QUEENS, NY	8	100.0	0.0	0.9
KINGS, NY	1	100.0	0.0	0.9
SARATOGA, NY	1	0.0	100.0	29.6

County detail information

Member Zip Codes					
County	Total number of Members	All Members			
		Pct		Average distance to Providers	
		w	wo	1	2
KINGS	1	100.0	0.0	0.9	0.9
NASSAU	491	99.8	0.2	1.3	1.4
QUEENS	8	100.0	0.0	0.7	0.9
SARATOGA	1	100.0	100.0	20.3	29.6
SUFFOLK	84	100.0	0.0	1.7	2.1

Provider group: General Dentists_Dentcare

Access standard:

GENERAL DENTISTS

GenAccess®

Specialists

June 02, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	Specialists_Dentcare 1,558 Providers at 587 locations (based on 1,558 records)
Member group:	Member Zip Codes 585 Members
Access standard:	Urban: 1 Provider within 5.0 miles Suburban: 1 Provider within 10.0 miles Rural: 1 Provider within 20.0 miles
All Members:	Urban: 547 (100.0%) with access (99.6%), without access (0.4%) Suburban: 35 (100.0%) with access (100.0%), without access (0.0%) Rural: 3 (100.0%) with access (100.0%), without access (0.0%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	1.3	1.6	1.9	2.0	2.1
Suburban	2.4	2.9	3.3	3.3	3.6
Rural	7.6	7.6	9.2	9.7	10.9

Key geographic areas				
County	Total number of Members	All Members		
		Percent w	Percent wo	Average distance to 1 Provider
NASSAU	491	99.6	0.4	1.3
SUFFOLK	84	100.0	0.0	1.9
QUEENS	8	100.0	0.0	0.8
KINGS	1	100.0	0.0	0.4
SARATOGA	1	100.0	0.0	16.7

County detail information

Member Zip Codes				
County	Total number of Members	All Members		
		Pct w	Pct wo	Average distance to a choice of 1 Provider
KINGS	1	100.0	0.0	0.4
NASSAU	491	99.6	0.4	1.3
QUEENS	8	100.0	0.0	0.8
SARATOGA	1	100.0	0.0	16.7
SUFFOLK	84	100.0	0.0	1.9

Provider group: Specialists_Dentcare

Access standard:

SPECIALISTS

GeoNetworks Report

J:\Norah\M\Bin\GEO ACCESS REPORTS\Geo Access Reports\Nassau County RFP_Dentcare.rpt

Summary Information:

Date created: May 27, 2016 **Version:** Release 2 2014
Author: Norah Mercado / IT Reporting Services
Company: Healthplex Inc
Network:
Notes:

Tables:

Employee tables:	Records:	Provider tables:	Records:
nassau county rfp @ P:\S...\Welles_GEOs.accdb	586	ManagedCare @ P:\SWAP\Welles_GEOs.accdb	3220

Calculations:

Started at: 12:33:32 - June 02, 2016 **Elapsed time:** 8 seconds
Completed at: 12:33:40 - June 02, 2016
Calculation method: Estimated driving distance
Capacity option: Unlimited

Printing:

Started at: 12:33:32 - June 02, 2016 **Elapsed time:** 8 seconds
Completed at: 12:33:40 - June 02, 2016
Pages printed: 7 of 7 (all pages)

Healthplex Inc

Accessibility Analysis

June 03, 2016

Capital PPO4A

Nassau County RFP

General Dentists

June 03, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	General Dentists_Capital_PPO4A 6,445 Providers at 3,017 locations (based on 6,445 records)
Member group:	Member Zip Codes 548 Members
Access standard:	Urban: 2 Providers within 5.0 miles Suburban: 2 Providers within 10.0 miles Rural: 2 Providers within 20.0 miles
All Members:	Urban: 376 (100.0%) with access (99.7%), without access (0.3%) Suburban: 109 (100.0%) with access (97.2%), without access (2.8%) Rural: 63 (100.0%) with access (84.1%), without access (15.9%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	0.6	0.8	0.9	1.0	1.1
Suburban	2.3	3.1	3.6	4.1	4.6
Rural	7.2	9.8	11.2	12.0	13.1

Key geographic areas				
County	Total number of Members	All Members		
		Percent w.	Percent wo.	Average distance to 2 Providers
SUFFOLK, NY	166	100.0	0.0	2.1
NASSAU, NY	147	100.0	0.0	1.0
QUEENS, NY	88	100.0	0.0	0.7
KINGS, NY	34	100.0	0.0	0.3
WESTCHESTER, NY	26	100.0	0.0	1.8
NEW YORK, NY	20	100.0	0.0	0.3
BRONX, NY	16	100.0	0.0	0.6
RICHMOND, NY	11	100.0	0.0	0.6
PALM BEACH, FL	5	100.0	0.0	4.8
COLLIER, FL	3	0.0	100.0	43.2

County detail information

Member Zip Codes					
County	Total number of Members	All Members			
		Pct		Average distance to Providers	
		w	wo	1	2
ALBANY	1	100.0	0.0	1.0	1.0
BERGEN	1	100.0	0.0	0.8	1.3
BRONX	16	100.0	0.0	0.5	0.6
CITRUS	1	100.0	100.0	19.9	28.6
COLLIER	3	0.0	100.0	19.0	43.2
COLUMBIA	1	0.0	100.0	22.4	22.4
DELAWARE	2	100.0	0.0	12.0	16.4
FAIRFIELD	2	100.0	0.0	4.2	4.2
GREENE	1	0.0	100.0	23.6	26.0
HILLSBOROUGH	1	100.0	0.0	7.9	8.7
KINGS	34	100.0	0.0	0.2	0.3
LAKE	1	0.0	100.0	9.7	20.3
LEE	1	100.0	0.0	7.9	7.9
MANATEE	1	0.0	100.0	15.7	31.0
MARION	2	100.0	0.0	5.9	17.7
NASSAU	147	100.0	0.0	0.8	1.0
NEW YORK	20	100.0	0.0	0.2	0.3
PALM BEACH	5	100.0	0.0	4.1	4.8
PASCO	1	100.0	0.0	2.7	3.3
PINELLAS	1	0.0	100.0	7.8	7.8
QUEENS	88	100.0	0.0	0.5	0.7
RICHMOND	11	100.0	0.0	0.6	0.6
ROCKLAND	2	100.0	0.0	0.6	0.6
SARASOTA	1	0.0	100.0	39.3	48.7
SARATOGA	1	100.0	0.0	8.3	8.3
SEMINOLE	2	100.0	0.0	1.6	2.7
ST. JOHNS	2	0.0	100.0	29.3	31.0
ST. LUCIE	2	0.0	100.0	33.2	35.9
SUFFOLK	166	100.0	0.0	1.6	2.1
SULLIVAN	1	100.0	0.0	3.2	11.7
ULSTER	2	100.0	0.0	2.4	2.4
WARREN	2	100.0	0.0	7.5	9.7
WESTCHESTER	26	100.0	0.0	1.6	1.8

Provider group: General Dentists_Capital_PPO4A

Access standard:

GENERAL DENTISTS

Specialists

June 03, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	Specialists_Capital_PPO4A 3,201 Providers at 1,118 locations (based on 3,201 records)
Member group:	Member Zip Codes 548 Members
Access standard:	Urban: 1 Provider within 5.0 miles Suburban: 1 Provider within 10.0 miles Rural: 1 Provider within 20.0 miles
All Members:	Urban: 376 (100.0%) with access (99.2%), without access (0.8%) Suburban: 109 (100.0%) with access (92.7%), without access (7.3%) Rural: 63 (100.0%) with access (77.8%), without access (22.2%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	0.9	1.2	1.3	1.5	1.7
Suburban	4.2	5.0	5.2	5.7	5.9
Rural	12.6	14.0	15.0	16.0	16.7

Key geographic areas				
County	Total number of Members	All Members		
		Percent w	Percent wo	Average distance to 1 Provider
SUFFOLK	166	100.0	0.0	2.2
NASSAU	147	98.6	1.4	1.3
QUEENS	88	100.0	0.0	0.8
KINGS	34	100.0	0.0	0.5
WESTCHESTER	26	100.0	0.0	2.0
NEW YORK	20	100.0	0.0	0.4
BRONX	16	100.0	0.0	0.6
RICHMOND	11	100.0	0.0	0.9
PALM BEACH	5	40.0	60.0	10.3
COLLIER	3	0.0	100.0	48.1

County detail information

Member Zip Codes				
County	Total number of Members	All Members		
		Pct w	Pct wo	Average distance to a choice of 1 Provider
ALBANY	1	100.0	0.0	2.8
BERGEN	1	100.0	0.0	0.4
BRONX	16	100.0	0.0	0.6
CITRUS	1	0.0	100.0	57.4
COLLIER	3	0.0	100.0	48.1
COLUMBIA	1	0.0	100.0	30.6
DELAWARE	2	0.0	100.0	39.9
FAIRFIELD	2	50.0	50.0	10.2
GREENE	1	0.0	100.0	27.9
HILLSBOROUGH	1	100.0	0.0	8.7
KINGS	34	100.0	0.0	0.5
LAKE	1	0.0	100.0	25.2
LEE	1	100.0	0.0	7.9
MANATEE	1	0.0	100.0	31.9
MARION	2	0.0	100.0	53.6
NASSAU	147	98.6	1.4	1.3
NEW YORK	20	100.0	0.0	0.4
PALM BEACH	5	40.0	60.0	10.3
PASCO	1	100.0	0.0	7.5
PINELLAS	1	0.0	100.0	12.9
QUEENS	88	100.0	0.0	0.8
RICHMOND	11	100.0	0.0	0.9
ROCKLAND	2	100.0	0.0	2.5
SARASOTA	1	0.0	100.0	51.9
SARATOGA	1	100.0	0.0	12.9
SEMINOLE	2	50.0	50.0	5.7
ST. JOHNS	2	0.0	100.0	31.3
ST. LUCIE	2	0.0	100.0	40.2
SUFFOLK	166	100.0	0.0	2.2
SULLIVAN	1	100.0	0.0	11.8
ULSTER	2	100.0	0.0	9.4
WARREN	2	100.0	0.0	10.9
WESTCHESTER	26	100.0	0.0	2.0

Provider group: Specialists_Capital_PPO4A

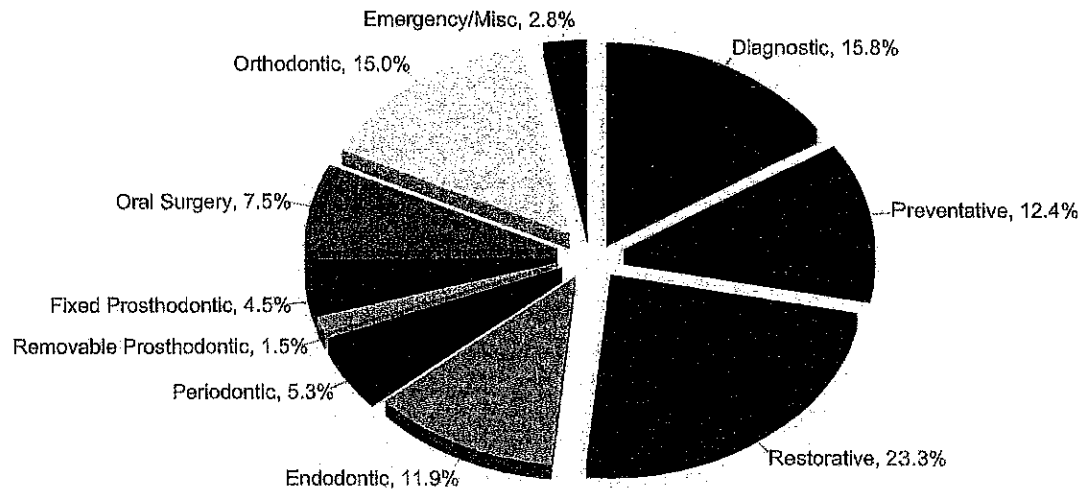
Access standard:

SPECIALISTS



Claims Paid by Procedure Class
 Group Number: G022514
 01/01/2015 – 12/31/2015

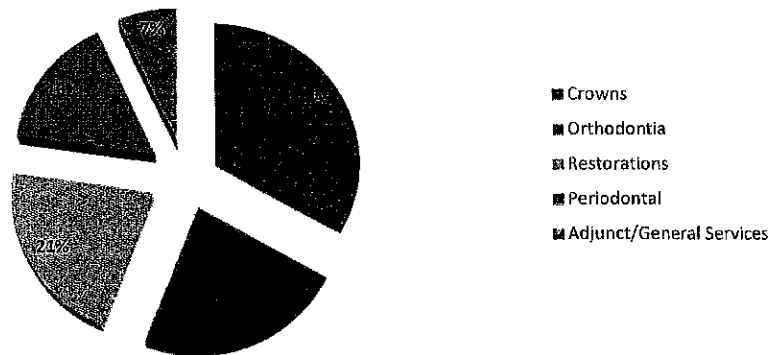
Payment by Procedure Class



Procedure Class	Amount Submitted	Amount Paid	Percent Paid	Percent Classification
Diagnostic	\$1,690,335.10	\$531,431.08	31.4%	22.1%
Preventative	\$1,219,031.00	\$416,760.97	34.2%	17.3%
Restorative	\$3,708,015.97	\$781,621.45	21.1%	32.5%
Endodontic	\$1,423,533.50	\$400,044.66	28.1%	16.6%
Periodontic	\$671,063.30	\$178,576.12	26.6%	7.4%
Removable Prosthodontic	\$254,414.88	\$48,678.41	19.1%	2.0%
Fixed Prosthodontic	\$1,013,949.00	\$150,816.07	14.9%	6.3%
Oral Surgery	\$975,691.18	\$250,273.31	25.7%	10.4%
Orthodontic	\$1,918,485.85	\$502,833.08	26.2%	20.9%
Emergency/Misc	\$471,490.51	\$92,504.69	19.6%	3.8%
Unknown				
Grand Total:	\$13,346,010.29	\$3,353,539.84	23.0%	139.4%

2015 Service Denials Nassau County

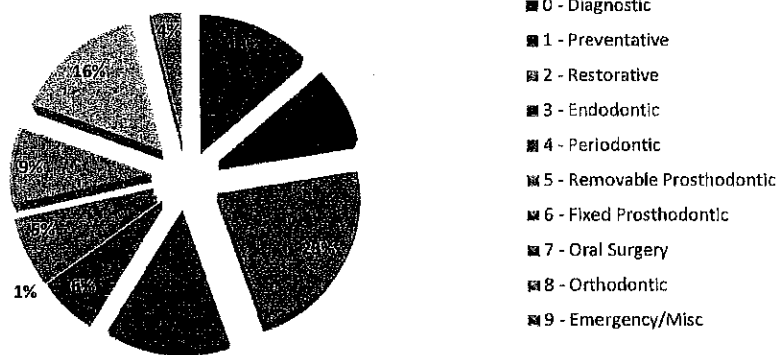
Top 5 Service Denials



SERVICE	TOTAL SERVICES DENIED
Crowns	1,267
Orthodontia	864
Restorative	818
Periodontic	609
Adjunct Services	262

2015 In Network Savings Nassau County

In Network Percentage of Savings by Category



SERVICE CATEGORY	AMOUNT ALLOWED	DRUG FEES	SAVINGS
Diagnostic	\$282,701.97	\$898,408.31	\$615,706.34
Preventative	\$193,664.52	\$555,097.21	\$361,432.69
Restorative	\$479,851.57	\$2,138,967.07	\$1,659,115.50
Endodontic	\$292,558.69	\$1,020,032.00	\$727,473.31
Periodontic	\$132,858.45	\$460,801.30	\$327,942.85
Removable Prosthodontics	\$32,866.78	\$171,783.89	\$138,917.11
Fixed Prosthodontics	\$105,653.60	\$612,840.00	\$507,186.40
Oral Surgery	\$196,399.04	\$690,014.18	\$493,615.14
Orthodontic	\$333,460.20	\$1,154,456.67	\$820,996.47
Emergency/Misc.	\$78,453.99	\$375,556.51	\$297,102.52
Grand Total	\$2,128,468.81	\$8,077,957.14	\$5,949,488.33

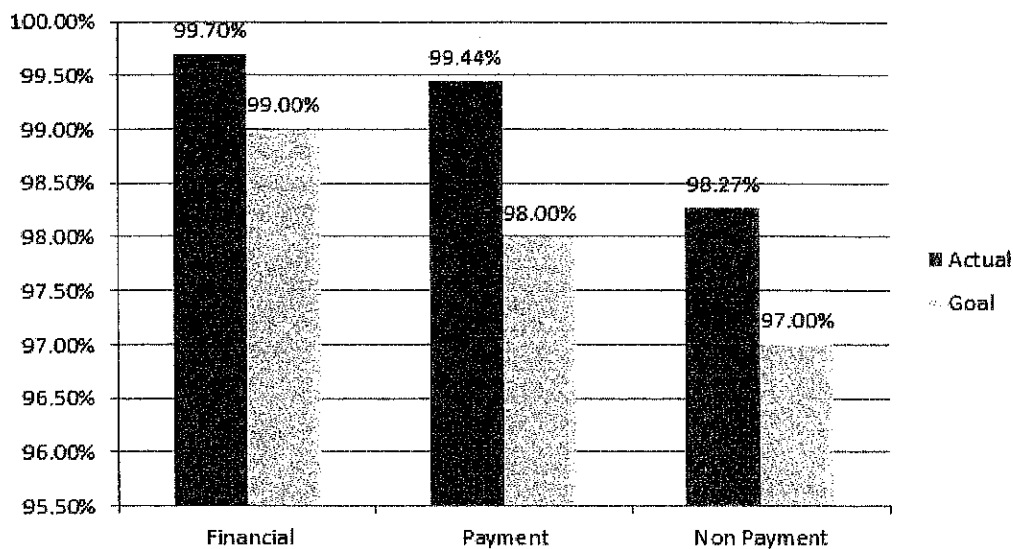


Claims Accuracy Audit Report
NASSAU COUNTY

Page 1 of 1

Group Number: G022514
January 1, 2014 – December 31, 2014

Accuracy by Category



Coverage Category	Accuracy %	Goal	Number of Claims Sampled	Number of Errors
Financial Accuracy	99.70%	99.0%	114839	632.5
Payment Accuracy	99.44%	98.0%	114839	632.5
Non-Payment Accuracy	98.27%	97.0%	114839	1981.5

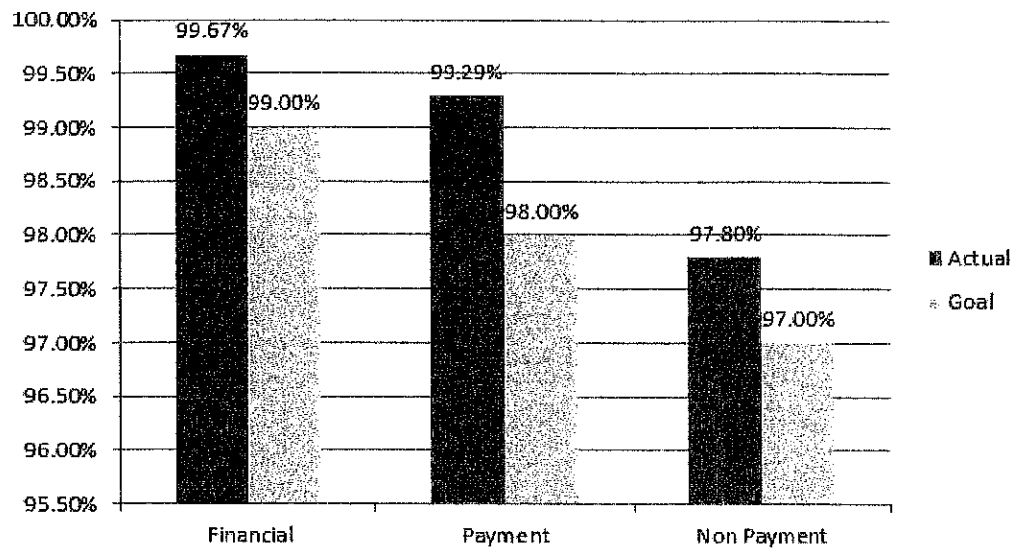


Claims Accuracy Audit Report
NASSAU COUNTY

Page 1 of 1

Group Number: G022514
January 1, 2015 – December 31, 2015

Accuracy by Category



Coverage Category	Accuracy %	Goal	Number of Claims Sampled	Number of Errors
Financial Accuracy	99.67%	99.0%	92851	653
Payment Accuracy	99.29%	98.0%	92851	653
Non-Payment Accuracy	97.80%	97.0%	92851	2036

Healthplex Inc

Accessibility Analysis

June 02, 2016

Dentcare

Nassau County RFP

General Dentists

June 02, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	General Dentists_Dentcare 1,621 Providers at 526 locations (based on 1,621 records)
Member group:	Member Zip Codes 585 Members
Access standard:	Urban: 2 Providers within 5.0 miles Suburban: 2 Providers within 10.0 miles Rural: 2 Providers within 20.0 miles
All Members:	Urban: 547 (100.0%) with access (99.8%), without access (0.2%) Suburban: 35 (100.0%) with access (100.0%), without access (0.0%) Rural: 3 (100.0%) with access (66.7%), without access (33.3%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	1.3	1.3	1.6	1.7	2.0
Suburban	2.5	2.9	3.1	3.5	4.1
Rural	11.1	15.2	15.2	15.2	15.3

Key geographic areas				
County	Total number of Members	All Members		
		Percent w	Percent wo	Average distance to 2 Providers
NASSAU, NY	491	99.8	0.2	1.4
SUFFOLK, NY	84	100.0	0.0	2.1
QUEENS, NY	8	100.0	0.0	0.9
KINGS, NY	1	100.0	0.0	0.9
SARATOGA, NY	1	0.0	100.0	29.6

County detail information

Member Zip Codes					
County	Total number of Members	All Members			
		Pct		Average distance to Providers	
		w	wo	1	2
KINGS	1	100.0	0.0	0.9	0.9
NASSAU	491	99.8	0.2	1.3	1.4
QUEENS	8	100.0	0.0	0.7	0.9
SARATOGA	1	0.0	100.0	20.3	29.6
SUFFOLK	84	100.0	0.0	1.7	2.1

Provider group: General Dentists_Dentcare

Access standard:

GENERAL DENTISTS

Specialists

June 02, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	Specialists_Dentcare 1,558 Providers at 587 locations (based on 1,558 records)
Member group:	Member Zip Codes 585 Members
Access standard:	Urban: 1 Provider within 5.0 miles Suburban: 1 Provider within 10.0 miles Rural: 1 Provider within 20.0 miles
All Members:	Urban: 547 (100.0%) with access (99.6%), without access (0.4%) Suburban: 35 (100.0%) with access (100.0%), without access (0.0%) Rural: 3 (100.0%) with access (100.0%), without access (0.0%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	1.3	1.6	1.9	2.0	2.1
Suburban	2.4	2.9	3.3	3.3	3.6
Rural	7.6	7.6	9.2	9.7	10.9

Key geographic areas				
County	Total number of Members	All Members		
		Percent w	Percent wo	Average distance to 1 Provider
NASSAU	491	99.6	0.4	1.3
SUFFOLK	84	100.0	0.0	1.9
QUEENS	8	100.0	0.0	0.8
KINGS	1	100.0	0.0	0.4
SARATOGA	1	100.0	0.0	16.7

County detail information

Member Zip Codes				
County	Total number of Members	All Members		
		Pct w	Pct wo	Average distance to a choice of 1 Provider
KINGS	1	100.0	0.0	0.4
NASSAU	491	99.6	0.4	1.3
QUEENS	8	100.0	0.0	0.8
SARATOGA	1	100.0	0.0	16.7
SUFFOLK	84	100.0	0.0	1.9

Provider group: Specialists_Dentcare

Access standard:

SPECIALISTS

GeoNetworks Report

J:\NorahM\Bin\GEO ACCESS REPORTS\Geo Access Reports\Nassau County RFP_Dentcare.rpt

Summary Information:

Date created: May 27, 2016 **Version:** Release 2 2014
Author: Norah Mercado / IT Reporting Services
Company: Healthplex Inc
Network:
Notes:

Tables

Employee tables:	Records:	Provider tables:	Records:
nassau county rfp @ P:\S...\Welles_GEOs.accdb	586	ManagedCare @ P:\SWAP\Welles_GEOs.accdb	3220

Calculations:

Started at: 12:33:32 - June 02, 2016 **Elapsed time:** 8 seconds
Completed at: 12:33:40 - June 02, 2016
Calculation method: Estimated driving distance
Capacity option: Unlimited

Printing:

Started at: 12:33:32 - June 02, 2016 **Elapsed time:** 8 seconds
Completed at: 12:33:40 - June 02, 2016
Pages printed: 7 of 7 (all pages)

Healthplex Inc

Accessibility Analysis

June 03, 2016

Capital PPO4A

Nassau County RFP

General Dentists

June 03, 2016

Accessibility summary

Accessibility analysis specifications	
Provider group:	General Dentists_Capital_PPO4A 6,445 Providers at 3,017 locations (based on 6,445 records)
Member group:	Member Zip Codes 548 Members
Access standard:	Urban: 2 Providers within 5.0 miles Suburban: 2 Providers within 10.0 miles Rural: 2 Providers within 20.0 miles
All Members:	Urban: 376 (100.0%) with access (99.7%), without access (0.3%) Suburban: 109 (100.0%) with access (97.2%), without access (2.8%) Rural: 63 (100.0%) with access (84.1%), without access (15.9%)

Average distance to a choice of Providers for all Members					
Number of Providers	1	2	3	4	5
Urban	0.6	0.8	0.9	1.0	1.1
Suburban	2.3	3.1	3.6	4.1	4.6
Rural	7.2	9.8	11.2	12.0	13.1

Key geographic areas				
County	Total number of Members	All Members		
		Percent w	Percent wo	Average distance to 2 Providers
SUFFOLK, NY	166	100.0	0.0	2.1
NASSAU, NY	147	100.0	0.0	1.0
QUEENS, NY	88	100.0	0.0	0.7
KINGS, NY	34	100.0	0.0	0.3
WESTCHESTER, NY	26	100.0	0.0	1.8
NEW YORK, NY	20	100.0	0.0	0.3
BRONX, NY	16	100.0	0.0	0.6
RICHMOND, NY	11	100.0	0.0	0.6
PALM BEACH, FL	5	100.0	0.0	4.8
COLLIER, FL	3	0.0	100.0	43.2

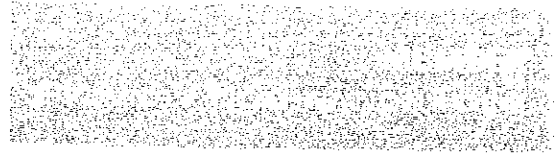
County detail information

Member Zip Codes					
County	Total number of Members	All Members			
		Pct		Average distance to Providers	
		w	wo	1	2
ALBANY	1	100.0	0.0	1.0	1.0
BERGEN	1	100.0	0.0	0.8	1.3
BRONX	16	100.0	0.0	0.5	0.6
CITRUS	1	0.0	100.0	19.9	28.6
COLLIER	3	0.0	100.0	19.0	43.2
COLUMBIA	1	0.0	100.0	22.4	22.4
DELAWARE	2	100.0	0.0	12.0	16.4
FAIRFIELD	2	100.0	0.0	4.2	4.2
GREENE	1	0.0	100.0	23.6	26.0
HILLSBOROUGH	1	100.0	0.0	7.9	8.7
KINGS	34	100.0	0.0	0.2	0.3
LAKE	1	0.0	100.0	9.7	20.3
LEE	1	100.0	0.0	7.9	7.9
MANATEE	1	0.0	100.0	15.7	31.0
MARION	2	100.0	0.0	5.9	17.7
NASSAU	147	100.0	0.0	0.8	1.0
NEW YORK	20	100.0	0.0	0.2	0.3
PALM BEACH	5	100.0	0.0	4.1	4.8
PASCO	1	100.0	0.0	2.7	3.3
PINELLAS	1	0.0	100.0	7.8	7.8
QUEENS	88	100.0	0.0	0.5	0.7
RICHMOND	11	100.0	0.0	0.6	0.6
ROCKLAND	2	100.0	0.0	0.6	0.6
SARASOTA	1	0.0	100.0	39.3	48.7
SARATOGA	1	100.0	0.0	8.3	8.3
SEMINOLE	2	100.0	0.0	1.6	2.7
ST. JOHNS	2	0.0	100.0	29.3	31.0
ST. LUCIE	2	0.0	100.0	33.2	35.9
SUFFOLK	166	100.0	0.0	1.6	2.1
SULLIVAN	1	100.0	0.0	3.2	11.7
ULSTER	2	100.0	0.0	2.4	2.4
WARREN	2	100.0	0.0	7.5	9.7
WESTCHESTER	26	100.0	0.0	1.6	1.8

Provider group: General Dentists_Capital_PPO4A

Access standard:

GENERAL DENTISTS



I would like to recommend the provider named below for participation in my dental plan.

PROVIDER INFORMATION

Provider's Name

☐ General Provider ☐ Specialist Provider (Name Specialty)

Address

City

State

Zip

County

Phone #

Additional Information

MEMBER INFORMATION

Date of Request

Requested by (Member/Group Name)

Address

City

State

Zip

Phone #

Social Security # or ID Number

May we use your name when contacting provider?

Note: This does not guarantee a provider's participation. Thank you for your interest in expanding our provider panel.

Please mail, fax or email this completed form to:

Provider Relations Department

Healthplex, Inc.

333 Earle Ovington Boulevard, Suite 300

Uniondale, NY 11553-3608

F 516 228 9571

E providerrelations@healthplex.com