OFFICE OF LABOR RELATIONS

40 Rector Street, New York, N.Y. 10006-1705
nyc.gov/olr

ROBERT W. LINN
Commissioner
RENEE CAMPION
First Deputy Commissioner
CLAIRE LEVITT
Deputy Commissioner
Health Care Cost Management

MAYRA E. BELL
General Counsel
GEORGETTE GESTELY
Director, Employee Benefits Program

New York City Council Committees on Finance, Civil Service and Labor

Testimony by:

Robert Linn, Commissioner, Mayor's Office of Labor Relations

Claire Levitt, Deputy Commissioner, Mayor's Office of Labor Relations

February 26, 2016

Introduction and Overview

Good morning Speaker Mark-Viverito, Chair Ferreras, Chair Miller and members of the Finance and Civil Service and Labor Committees. Thank you for the opportunity to testify here today.

I am joined at the table by Claire Levitt, the Deputy Commissioner for Health Care Cost Management and Ken Godiner, Deputy Director of the Office of Management and Budget.

Over the past year, the City and the Municipal Labor Committee (MLC) have worked together to tackle the difficult challenge of identifying significant health care savings while also improving health care outcomes. So today, we are excited to report on the success of

the Municipal Labor Committee and the City towards meeting these goals -- not just for the current Fiscal Year 2016 -- but also for Fiscal Year 2017.

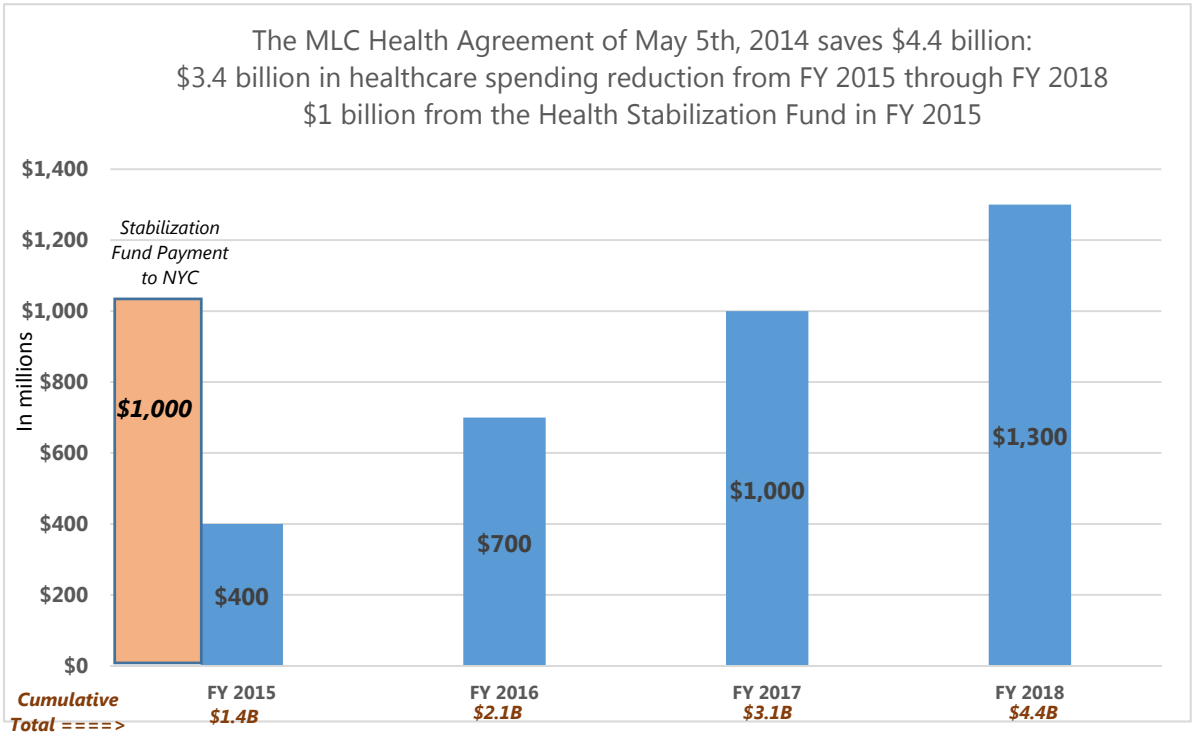
We will detail not only how the $700 million targeted savings will be secured for FY 2016 but also how the $1 billion in savings required for FY 2017 is already projected to be secured as a result of important changes to the City's health plans.

As you'll recall, when Mayor de Blasio took office in January 2014, every single contract with municipal workers had expired. As of today, we've reached agreement with 95% of the workforce, both civilian and uniformed. As part of that agreement, we secured the commitment to have labor and management work together to generate cumulative health savings of at least $3.4 billion over the four fiscal years 2015 through 2018.

By agreement, the plan did not specify exactly how the health care savings were to be accomplished, only that it would be done by a collaborative effort between the City and the MLC aimed at bending the health care cost curve.

By agreement, in the first year $1 billion was paid from the Stabilization Fund to the City.

Table 1



Data Source: MLC Health Agreement, May 5, 2014

The four year plan was scheduled to obtain $3.4 billion in healthcare savings -- at least $400 million for fiscal year 2015, $700 million for fiscal year 2016, $1 billion for fiscal year 2017 and $1.3 billion for fiscal year 2018.

The agreement with the MLC also provided that if the savings exceed the $3.4 billion threshold, the first $365 million of excess savings will go back to the workforce in a bonus payment – as much as a 1% bonus for the entire NYC workforce. If there are additional savings beyond that, the excess will be split between the City and the workforce 50/50.

This gain-sharing agreement aligned labor and management's interests to work together and fundamentally changed the labor-management dynamic around the common objective of identifying health care savings.

As a result, we have been able to work together to achieve remarkable changes; a win for the City, the municipal unions, our employees and the NYC taxpayers. The changes we agreed to will not only secure the promised health savings but will also promote better utilization of health care resources and improved health outcomes for City employees. For the first time, we have been able to use the City's claims data to drive decisions, and we worked closely with the Municipal Labor Committee to redesign our health plans to implement important modifications that provide incentives to obtain the most cost effective and efficient health care. Details of the specific program savings for FY 2016 and FY 2017 are provided in Exhibit A and will be discussed as we go through the presentation.

As I did last year, I want to take a moment here again to recognize the extraordinary efforts of all of the MLC unions and their leadership in this regard, especially Harry Nespoli, President of the Sanitation Workers Union and Chairman of the Municipal Labor Committee, along with Arthur Pepper of UFT and Willie Chang of DC37, the co-chairs of the Labor Management Health Insurance Policy Committee. Their leadership and willingness to work with us to achieve the health care savings goals has helped transform vision into reality. We

are now well on our way to meeting the $3.4 billion health cost savings goal -- and we are optimistic that we may achieve the excess savings required to generate the sharing of the surplus with employees.

The Data Analysis

One of the most significant deficiencies in the City's ability to contain health care costs in the past twenty years was the failure to obtain and analyze claims data to understand the nature of the overall health care utilization and expense. We have now jointly reviewed the data.

Key findings from the initial data analysis gave us a clearer picture of the trends and expenses we needed to address and proved extremely helpful in informing the direction of our program development by permitting us to focus more precisely on the specific problems we identified.

The analysis compared the data for the City's largest health plan -- the Emblem Health- GHI/ Empire Blue Cross Health Plan known as the CBP plan, which covers about three quarters of the City's employees, to benchmarks that our health care actuary define as "well managed" or "loosely managed". Well managed benchmarks represent industry best practices. Loosely managed benchmarks are representative of plans with conventional utilization review, preauthorization and case management practices. These benchmarks were calibrated by the actuary to reflect the demographic profile, geographic profile and benefit design of the NYC employee population.

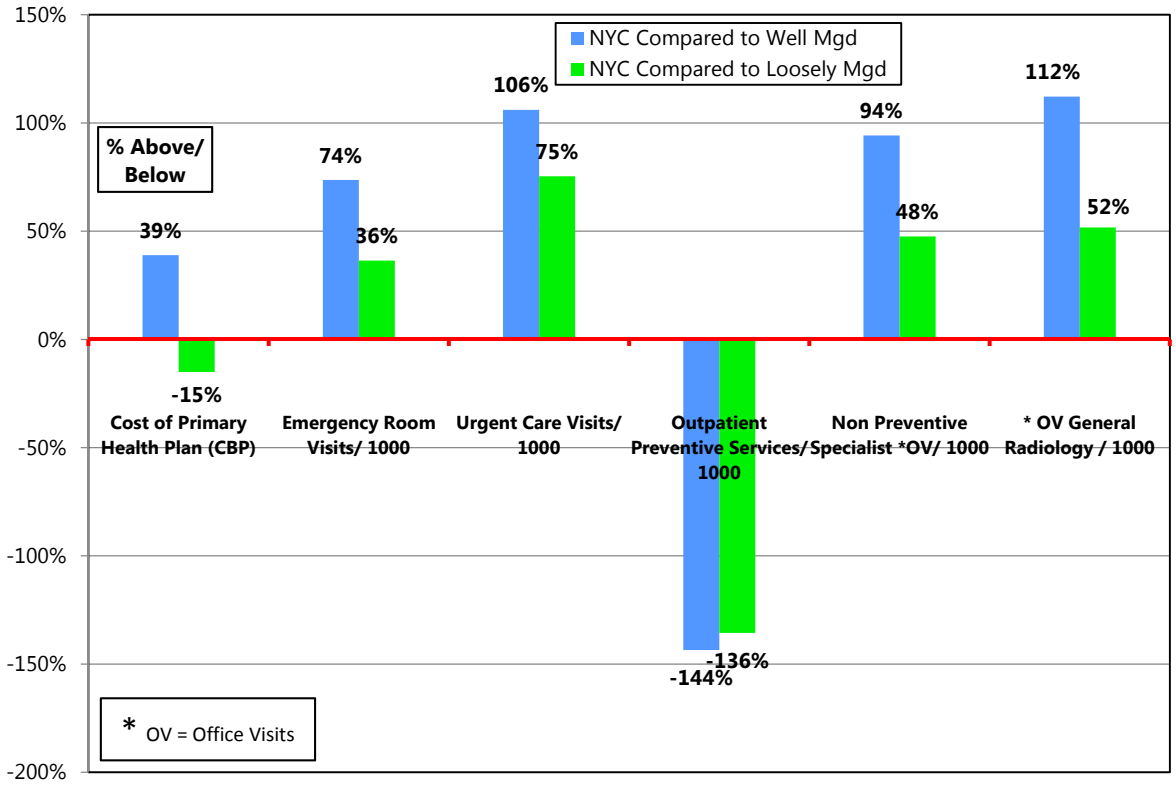
What emerged from the data analysis was a picture of health care utilization that could be improved.

Table 2

Summary of Benchmarking Health Data

NYC % Above/Below "Well Managed" and "Loosely Managed" Benchmarks

(2014 GHI CBP Plan Active Employee Data)



Data Source: Milliman's Analysis of 2014 GHI CBP Active Employee Data

Specifically, we learned the following:

- While we anticipated that there would be high utilization of emergency room visits, we were surprised that the actual utilization was so high --– 74% higher than well managed benchmarks and 36% higher than loosely managed benchmarks. This suggests that employees are using the emergency room for care that is better provided by their own physicians.
- At the same time, urgent care visits also have exceptionally high utilization, 106% higher than well managed benchmarks and 75% higher than loosely managed benchmarks. This information, combined with the high rate of ER visits suggests that

the increase in urgent care visits diminished primary care utilization rather than emergency room utilization.

- Outpatient preventive services utilization (for procedures like colonoscopies and mammograms) is far below the utilization of both well managed and loosely managed benchmarks.
- Physician specialty care visit utilization is well above benchmarks for both well managed and loosely managed benchmarks.
- Radiology and pathology procedures performed in physician offices have extremely high utilization compared to benchmarks for both well managed and loosely managed benchmarks.

In particular, the overutilization of emergency rooms and urgent care and the underutilization of preventive services not only have significant cost implications for the plan but indicate that our employees are not making the best use of their benefit plans to protect their own health and the health of their families.

Design Changes to the GHI CBP Health Plan

As a result of the data analysis, the MLC and the City worked together to redesign the plan with changes that were developed to help encourage more appropriate utilization of health care resources. Strong primary care is recognized as essential to improved health outcomes and lower costs so new benefit design elements were incorporated into the plan to encourage employees to utilize the best site of care for their situation:

- To help address the underutilization of primary care and the overutilization of specialty care, the copay for a physician specialty care visit, which has been $20 since 2004, is being raised to $30, while the primary care copay remains at a low $15 per visit. Mental health visits also remain at a copay of $15 to assure that employees have continued access to obtaining necessary mental health care. For comparative

purposes, it is interesting to note that the *Kaiser 2015 Employer Survey* indicates that average employee copays are $24 for PCP visits and $37 for specialist visits.

- To help address the high costs and overutilization of the hospital emergency room, most of which is for care that can be more effectively delivered elsewhere, the current copayment of $50 per visit is being raised to $150 per visit. If a patient is admitted to the hospital from the emergency room, the entire copay will be waived.
- To encourage employees to utilize important preventive services, all preventive care visits and procedures will have a $0 copay. This will include services like depression screening, mammograms, well woman visits, contraceptives, and breastfeeding supplies. By agreement between the City and the MLC, the additional costs for these items will be borne by the Stabilization Fund rather than the City's Health Plan. A complete list of the preventive services covered under the ACA is provided in Exhibit B.
- To provide even better access to low cost and convenient primary care, we are entering an agreement with EmblemHealth, our current insurer, to provide access to all the physicians at their 36 Advantage Care Physicians (ACP) locations in and around the City with a $0 copay. Emblem is providing a guarantee to the City that the additional costs for the $0 copay will be more than offset by the savings from the improved coordinated care at their locations. A list of ACP locations is provided in Exhibit C.
- To help encourage the use of primary care while providing access to urgent care, the new copay for urgent care was established as higher than the copay for physician care but far lower than the copay for the emergency room.
- For high cost radiology procedures like MRIs and CT scans, the copay is being increased to $50.
- For diagnostic laboratory testing, copays are being increased from $15 to $20.

Table 3

Current and New CoPays for the GHI CBP Plan		
CBP Plan Design Changes	**Current Copay**	**New Copay**
PCP (including Mental Health Providers)	*$15*	*$15*
ACP* Generalist (PCP)	*$15*	*$0*
ACP* Specialty	*$20*	*$0*
Non-ACP Surgical Specialty	*$20*	*$30*
All Other Specialists	*$15*	*$30*
Emergency Room (ER)	*$50*	*$150*
Urgent Care	*$15*	*$50*
MRI/CT High Cost Radiology	*$15*	*$50*
Physical Therapy	*$15*	*$20*
Diagnostic/Lab	*$15*	*$20*
Preventive Care- Non-Rx	*Varies*	*$0*
Preventive Care - Rx	*Varies*	*$0*
Total Estimated Annual Savings from CBP Plan Changes	*$84.7 Million*	

* *Advantage Care Physicians/Emblem*

To help support these changes, we are also offering two important new programs to provide employees with new tools to help them locate appropriate care and reduce emergency room utilization:

- Telemedicine – Access to physician services will be offered online and via telephone 24 hours a day. This service will expand City employees' access to immediate physician availability and help reduce the costs and inconvenience of unnecessary emergency room utilization.

- ZocDoc Online Scheduling– A New York City version of the ZocDoc website will enable employees to go onto the site and select available physician appointment times online. The site will direct employees to physicians in their network and indicate those ACP physicians where the copay is $0.

We recognize that these are consequential changes for NYC employees and therefore an important aspect of implementing the changes will be educating employees how to use the new Plan effectively. In conjunction with the MLC, we will be devoting an intensive period between now and July 1 to help prepare everyone for the new program with letters, emails, instructional material, videos and onsite presentations. We want employees to know that while there are some changes that could potentially cost them more, if they make appropriate use of their benefits, their out of pocket costs can go down.

Design Changes to the HIP HMO Plan

While about 75% of NYC employees are in the CBP plan, another 20% are in the HIP HMO Plan. Another extremely important change we are making effective July 1, 2016, is the introduction of a new and more cost effective HIP HMO Plan. This new program is called the HMO Preferred Plan and it also provides an innovative approach to achieving better health outcomes. The plan provides the same coverage as the current HMO except that the plan encourages the use of "preferred providers". The HIP HMO preferred providers are working under what are known as value based arrangements, which provide incentives to physicians to provide improved and better care coordination. These measures can include readmission avoidance, immunizations, screening programs, controlling high blood pressure, controlling diabetes A1C rates, depression screening, tobacco use intervention and other measures to assure better health. The copay for using preferred providers remains at $0.

However, there is now a $10 copay for care when the patient goes to a non-preferred provider. Disruption will be minimized by the fact that currently 60% of City employees in the HIP HMO Plan are already using the HIP preferred providers.

This new program offers not only a lower overall cost to the City for employees enrolled in the HIP HMO program, but also lowers the benchmark HIP rate that drives the payment for all employees. This program lowers that benchmark rate while providing better quality care

for employees in that plan. Total savings for the program are expected to be $64 million per year.

Other FY 2016 Changes

There are a number of other changes that have also contributed to the cost savings success including:

- Care Management Program Expansion -- The City and the MLC together selected Empire Blue Cross for Care Management programs effective January 1, 2016. We believe the change in vendor will maximize the savings for the City and provide an intensive level of case management support for employees. At the same time, we implemented new pre-authorization requirements for outpatient procedures, consistent with what nearly every employer and insurance program has been doing for decades. This expands further on the new care management programs implemented in April 2015 and should help increase savings by providing case managers to assist our sickest employees and their family members in navigating the health care system to obtain the highest quality and most cost effective care.

- Diabetes Case Management Program -- Diabetes is a growing epidemic in the United States: nearly 30 million Americans have diabetes. Patients diagnosed with diabetes can prevent serious complications by carefully managing their disease. To help support our employees who are diabetic, beginning July 1, 2015, employees with diabetes and/or gestational diabetes have been offered one-on-one case management services with a registered nurse to help them manage their condition. Several hundred employees have already enrolled in the program and we are providing outreach to more and more employees.

- Continuation of the Dependent Eligibility Verification Audit -- The comprehensive DEVA audit, which saved over $100 million last year, will be continued on a limited basis for three additional years to assure that enrolled dependents are eligible.

- Changes to the Emblem Health Provider Schedule – Emblem introduced reduced payments to their providers for radiology and durable medical equipment (DME) in 2016.

Savings Results

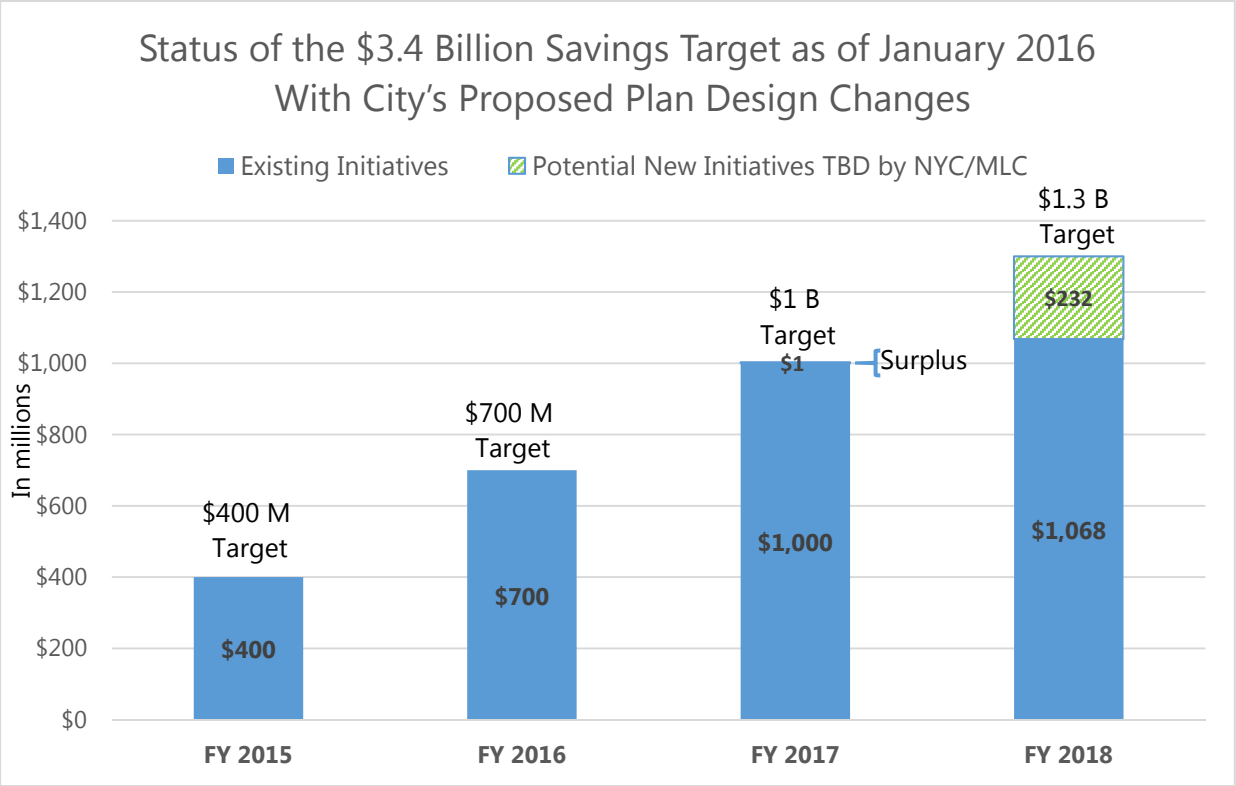
For FY 2017 and beyond, the plan design changes in GHI CBP and HIP HMO represent about $150 million per year in savings, while also encouraging better utilization of the important benefits offered by New York City to its employees.

Table 4

FY'17 Savings Summary	
GHI CBP Savings from Plan Design Changes	$84.7 M
HIP Savings from Value Based Network	$64.4 M
Subtotal: HIP and GHI CBP Plan Savings	$149.1 M
All Other Savings	$851.8 M
Total	$1.001B

With other programs put in place in FY 2016, along with the carryover of changes made in FY 2015, we are able to project that in FY 2017 we will exceed the $1 billion target. We are currently projecting that we have already secured almost $3.2 billion of the $3.4 billion savings goal.

Table 5



As we continue to work on new concepts for FY 2017 and 2018, we feel confident we will reach and exceed the $3.4 billion goal.

Finally, the City and the MLC also agreed to take approximately $120 million from the Stabilization Fund to provide a one-time $100 per employee and retiree contribution ($60 million) to the welfare funds and a $60 million payment to the City.

Promoting a Healthier Workforce

We have also continued our focus on improving the health of NYC employees through exploring a number of wellness initiatives. The data we obtained also helped us to identify the chronic conditions that we can help employees address.

The data analysis demonstrated that City health care expenses for heart disease, diabetes, hypertension, some cancers and other chronic diseases represents over 50% of the City's

total health care spend, suggesting that programs to help address the lifestyle factors that contribute to these diseases could impact costs, as well as improve the overall health of New York City employees. To that end, we have been working on a number of different approaches to health and wellness.

A cross agency team led by OLR has been working at advancing an improved and sustainable "Culture of Health" that will support our workforce in getting healthier and staying healthier. A number of programs have already been introduced and more will be implemented shortly to address fitness, nutrition and obesity, smoking cessation and stress reduction for the City's workforce. Since so many of our employees stay with us for many years and continue their coverage with the City as retirees, our investment in their health is not only the right thing to do but can also have important future cost savings implications. While some of these approaches won't have quantifiable savings we can specifically measure in the next year or two to contribute towards the health savings target, they are an important long term strategy to improve the health of the employee population and thereby reduce long term health care costs.

Fundamental to our programs is our belief that making wellness programs available at the worksite will mean that they have an even greater chance of impacting people's lives. The convenience of worksite programs makes it possible for people to fit them into their busy schedules.

We have already had initial success implementing the CDC's Diabetes Prevention Program at several agency locations. The CDC estimates that nearly 30% of the population is pre-diabetic and many of them will become diabetic. The CDC's proven curriculum can prevent a large number of people from becoming diabetic. While many diabetic prevention programs have had limited success engaging people in the community based programs, we

hope that by offering the convenience of worksite programs, we can interest many of our employees. We plan to bring the program to a number of new locations this year.

We also recognize that obesity impacts more than one third of the population, and that obesity related medical conditions include heart disease, stroke, diabetes and some forms of cancer, and that these are leading causes of preventable death. To help address this, we will be offering NYC employees access to a nationally recognized weight management program at a minimal cost -- in the workplace, in their communities and online. By agreement with the MLC, this is a joint labor management initiative where half of an employee's cost for the program will be subsidized by funding from the Stabilization Fund. With a significantly reduced rate offered for the weight management program, an employee's monthly cost to participate will be very low. We will begin offering this program in the Spring.

The Culture of Health team is also working on the roll out of several agency based worksite wellness demonstration projects in 2016. The programs will focus on providing health risk assessments and personal coaching, to help identify and encourage employees who may want to participate in smoking cessation, stress management, nutrition and, fitness programs to improve their health. We hope to use the demonstration project experience to validate the effective impact of wellness programming on health costs, employee engagement and reduced absenteeism, so that we can support scaling the programs Citywide.

We continue to promote the free flu shot program as an important preventive step to reduce more costly ER and doctor visits. The program, which began for employees in 2014, was offered again from September 2015 through December 2015. This year it was expanded to include covered dependents and pre-Medicare retirees. Flu shots are offered at no cost to employees at participating worksite locations, as well as at physician offices and participating pharmacies throughout the city.

To help support these programs, OLR has introduced a new section on its website for Employee Wellness that contains valuable information, links and tools to help maximize access to appropriate healthcare and educate the workforce about health issues and the City's health and wellbeing programs.

Future Plans for Fiscal Years 2017 and 2018

While we believe we have already secured the FY 2016 and 2017 savings goals, we are also actively working in partnership with the MLC to explore many new programs to enhance the cost savings.

- We are continuing to look at expanding innovative health care delivery models that emphasize a primary care focus. These models can provide access to the highest quality care and the best services for our workforce, especially those most at risk. With these models, the providers of care may assume some or all of the financial risk for patient outcomes.

- We will be exploring whether self-insuring the plans to further reduce risk charges and taxes is a viable option. Typically, plans far smaller than the City's, will utilize self-funding as the least expensive option.

- For our retiree population, we are also looking at expanding Medicare Advantage program options, which can potentially provide even better coverage to retirees while capping costs for the City.

Conclusion

We are extremely pleased to be reporting today that we have been able to achieve success for the first two fiscal years of the health care cost savings program, and even more importantly that we will reach the $1 billion savings goal in FY 2017 based on programs that

have already been agreed upon. We are especially proud that this has happened in a collaborative atmosphere between the City and its municipal unions.

Looking towards FY 2017 and 2018, we are committed to continuing our work with the MLC to identify the right programs to improve patient outcomes, improve the health of the workforce, and meet our cost savings goals. We are enthusiastic about potentially being able to share the health cost savings with the workforce in the future.

To keep all the stakeholders informed, we intend to continue to issue our quarterly updates as we move forward and we would be happy to come back to this Committee whenever requested to remain transparent with the City Council and the public in our approach to meeting our healthcare cost savings goals.

Thank you again for the opportunity to testify on our progress. At this time, we will take any questions from Committee members.

EXHIBIT A

Projected FY 2016 and FY 2017 Savings		
	FY 2016	FY 2017
Funding structure change in the City's GHI Plan The funding structure change last fiscal year from a fully insured plan to a minimum premium plan arrangement (resulting in lower administrative expenses and positive tax implications) provides continued savings to the City.	$61 M	$62 M
Dependent Eligibility Verification Audit (DEVA) The DEVA program, which was an audit of dependent eligibility for coverage, and that resulted in conversions of family to individual health contracts, provides continued savings from lower health premiums.	$108 M	$101 M
Changes to the Care Management program The care management program was enhanced in two phases. In March/April 2015, the then existing pre-authorization program was enhanced to provide a timely and comprehensive review of hospital admissions and length of hospital stays. In addition, the previously limited case management program was expanded to include case management for all complex and high cost acute and chronic conditions, providing much needed services to employees, dependents and retirees with severe medical conditions. Further, new maternity management and readmission management programs were implemented. Then, under the second phase, effective January 1, 2016, a new vendor was selected to administer the program with the added responsibility of also implementing new pre-authorization requirements for outpatient procedures. These program enhancements generate savings for the City.	$21 M	$22 M
Specialty Drugs (PICA) program changes The contract with Express Scripts for the specialty drug program that was renegotiated in the previous fiscal year, and which also included certain cost management provisions such as preauthorization and drug quantity management programs to enhance savings, continues to deliver savings.	$21 M	$21 M
HIP Rate Savings Based on historical trends, the City's budget estimated a 9% increase in the HIP rate for fiscals 2016 and 2017. However, the rate was finalized at 2.89% in FY'16 and 5.98% in FY'17. The HIP rate reduction generates savings as the amount representing the differential would have otherwise been paid into the stabilization fund for all active employees and pre-Medicare retirees.	$343 M	$537 M
GHI Senior Care Plan Savings Similar to the HIP rate, the 8% annual increase budgeted for Senior Care premium increases for fiscals 2015 and 2016 was finalized at 0.32% & -0.07%, respectively.	$76 M	$85 M
Lower Radiology Fees Emblem has renegotiated the contract with their radiology providers for lower fees resulting in lower costs for the City.	$10 M	$20 M
Lower (Durable Medical Equipment) DME Fees Emblem has selected a single source vendor for DME that offers lower fees resulting in lower costs for the City.	$1 M	$2 M
HIP HMO Preferred Plan The transition from the existing HIP HMO plan to the HIP HMO Preferred Plan effective July 1, 2016, not only lowers the overall cost to the City for		$64 M

Projected FY 2016 and FY 2017 Savings		
	FY 2016	FY 2017
employees enrolled in the program but also lowers the benchmark HIP rate that drives the payment for all employees. The City is obligated to make an equalization payment into a Health Insurance Stabilization Reserve Fund – jointly controlled by the City and the MLC -- representing the difference between the HIP HMO rate and the GHI PPO rate. The HIP HMO Preferred Plan lowers the benchmark HIP rate and thereby lowers the City's obligation to the Stabilization Fund.		
GHI CBP Program Changes Effective July 1, 2016, changes are being made to the GHI CBP program that will address the underutilization of primary care and the overutilization of the hospital emergency room and specialty care. Additionally, changes will address the costs and overutilization of high cost radiology procedures like MRIs and CT scans, and laboratory testing. The changes are expected to generate significant savings.		$85 M
Telemedicine and ZocDoc The implementation of new programs such as telemedicine (i.e., access to physician services online and via telephone 24 hours a day), and ZocDoc (platform for online scheduling of doctor appointments) will expand City employees' access to immediate physician availability and thereby reduce costs for unnecessary emergency room utilization.	$1 M	$1 M
Diabetes Management Program The program, which focuses on gestational diabetes and complex case management for Stage 2 and Stage 3 diabetes, and, for which employees diagnosed with diabetes and/or gestational diabetes are being offered one-on-one case management services with a registered nurse to help them manage their condition, is expected to generate savings.		$1 M
Stabilization Fund Adjustment This is the adjustment to reflect a contribution from the stabilization fund (SF) to fill the gap between savings realized from program initiatives and the required savings target for the fiscal year. The actual SF adjustment is finalized at the end of the fiscal during true-up.	$58 M	
Total	**$700 M**	**$1.001 B**

EXHIBIT B

ACA Covered Preventive Services		
15 Covered Preventive Services for Adults	***22 Covered Preventive Services for Women, Including Pregnant Women***	***26 Covered Preventive Services for Children***
1) Abdominal Aortic Aneurysm one-time screening for men of specified ages who have ever smoked **2) Alcohol Misuse** screening and counseling **3) Aspirin** use for men and women of certain ages **4) Blood Pressure** screening for all adults **5) Cholesterol** screening for adults of certain ages or at higher risk **6) Colorectal Cancer** screening for adults over 50 **7) Depression** screening for adults **8) Type 2 Diabetes** screening for adults with high blood pressure **9) Diet** counseling for adults at higher risk for chronic disease, **10) HIV** screening for all adults at higher risk **11) Immunization vaccines** for adults--doses, recommended ages, and recommended populations vary {Hepatitis A, Hepatitis B, Herpes Zoster, Human Papillomavirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Tetanus, Diphtheria, Pertussis, Varicella **12) Obesity** screening and counseling for all adults **13) Sexually Transmitted Infection (STI)** prevention counseling for adults at higher risk **14) Tobacco Use** screening for all adults and cessation interventions for tobacco users **15) Syphilis** screening for all adults at higher risk	**1) Anemia** screening on a routine basis for pregnant women **2) Bacteriuria** urinary tract or other infection screening for pregnant women **3) BRCA** counseling about genetic testing for women at higher risk **4) Breast Cancer Mammography** screenings every 1 to 2 years for women over 40 **5) Breast Cancer Chemoprevention** counseling for women at higher risk **6) Breastfeeding** comprehensive support and counseling from trained providers, as well as access to breastfeeding supplies, for pregnant and nursing women **7) Cervical Cancer** screening for sexually active women **8) Chlamydia Infection** screening for younger women and other women at higher risk **9) Contraception**: Food and Drug Administration-approved contraceptive methods, sterilization procedures, and patient education and counseling, not including abortifacient drugs **10) Domestic and interpersonal violence** screening and counseling for all women **11) Folic Acid** supplements for women who may become pregnant **12) Gestational diabetes** screening for women 24 to 28 weeks pregnant and those at high risk of developing gestational diabetes **13) Gonorrhea** screening for all women at higher risk **14) Hepatitis** B screening for pregnant women at their first prenatal visit	**1) Alcohol and Drug Use** assessments for adolescents **2) Autism** screening for children at 18 and 24 months **3) Behavioral** assessments for children of all ages (Age: Up to 17 years) **4) Blood Pressure** screening for children (Age: Up to 17 years) **5) Cervical Dysplasia** screening for sexually active females **6) Congenital Hypothyroidism** screening for newborns **7) Depressio**n screening for adolescents **8) Developmental screening** for children under age 3, and surveillance throughout childhood **9) Dyslipidemia** screening for children at higher risk of lipid disorders (Ages: 1 to 17 years) **10) Fluoride Chemoprevention** supplements for children without fluoride in their water source **11) Gonorrhea** preventive medication for the eyes of all newborns **12) Hearing** screening for all newborns **13) Height, Weight and Body Mass Index** measurements for children (Age: Up to 17 years) **14) Hematocrit or Hemoglobin** screening for children **15) Hemoglobinopathies** or sickle cell screening for newborns **16) HIV** screening for adolescents at higher risk **17) Immunization** vaccines for children from birth to age 18 — doses, recommended ages, and recommended populations vary: Diphtheria, Tetanus, Pertussis, Haemophilus influenzae type b, Hepatitis A, Hepatitis B, Human

ACA Covered Preventive Services		
15 Covered Preventive Services for Adults	***22 Covered Preventive Services for Women, Including Pregnant Women***	***26 Covered Preventive Services for Children***
	15) Human Immunodeficiency Virus (HIV) screening and counseling for sexually active women **16) Human Papillomavirus (HPV) DNA Test:** high risk HPV DNA testing every three years for women with normal cytology results who are 30 or older **17) Osteoporosis** screening for women over age 60 depending on risk factors **18) Rh Incompatibility** screening for all pregnant women and follow-up testing for women at higher risk **19) Tobacco Use** screening and interventions for all women, and expanded counseling for pregnant tobacco users **20) Sexually Transmitted Infections (STI)** counseling for sexually active women **21) Syphilis** screening for all pregnant women or other women at increased risk **22) Well-woman** visits to obtain recommended preventive services	Papillomavirus, Inactivated Poliovirus, Influenza (Flu Shot), Measles, Mumps, Rubella, Meningococcal, Pneumococcal, Rotavirus, Varicella **18) Iron** supplements for children ages 6 to 12 months at risk for anemia **19) Lead** screening for children at risk of exposure **20) Medical History** for all children throughout development (Age: Up to 17 years) **21) Obesity** screening and counseling **22) Oral Health** risk assessment for young children (Age: Up to 10 years) **23) Phenylketonuria (PKU)** screening for this genetic disorder in newborns **24) Sexually Transmitted Infection (STI)** prevention counseling and screening for adolescents at higher risk **25) Tuberculin** testing for children at higher risk of tuberculosis (Age: Up to 17 years) **26) Vision** screening for all children

Note: Details regarding age-based, risk-based, and frequency-based criteria for accessing these free ACA mandated preventive care services are available at Healthcare.gov.

EXHIBIT C

Advantage Care Physicians (ACP) Locations		
Office	**Address**	**Area**
Bay Ridge Medical Office	740 64th St, Brooklyn, NY 11220	Brooklyn
Bedford Medical Office	233 Nostrand Ave, Brooklyn, NY 11205	Brooklyn
Brooklyn Heights Medical Office	195 Montague St, Brooklyn, NY 11201	Brooklyn
Downtown Medical Office	447 Atlantic Ave, Brooklyn, NY 11217	Brooklyn
Elite at 18th Street Medical Office	601 East 18th St, Brooklyn, NY 11226	Brooklyn
Empire Medical Office	546 Eastern Pkwy, Brooklyn, NY 11225	Brooklyn
Flatbush Medical Office	1000 Church Ave, Brooklyn, NY 11218	Brooklyn
Kings Highway Medical Office	3245 Nostrand Ave, Brooklyn, NY 11229	Brooklyn
Lindenwood Medical Office	2832 Linden Blvd, Brooklyn, NY 11208	Brooklyn
Rockaway Medical Office	29-15 Far Rockaway Blvd, Far Rockaway, NY 11691	Brooklyn
Flatiron District Medical Office	21 E. 22nd St, New York, NY 10010	Manhattan
Harlem Medical Office	215 W. 125th St, New York, NY 10027	Manhattan
Lincoln Square Medical Office	154 W. 71st St, New York, NY 10023	Manhattan
Lower East Side Medical Office	570 Grand St, New York, NY 10002	Manhattan
Midtown Medical Office	590 5th Ave, New York, NY 10036	Manhattan
Upper East Side Medical Office	215 E. 95th St, New York, NY 10128	Manhattan
Washington Heights Medical Office	4337 Broadway, New York, NY 10033	Manhattan
Astoria Medical Office	31-75 23rd St, Astoria, NY 11106	Queens
Cambria Heights Medical Office	206-20 Linden Blvd, Cambria Heights, NY 11411	Queens
Elmhurst Medical Office	86-15 Queens Blvd, Elmhurst, NY 11373	Queens
Elmhurst Pediatric & Multi-Specialty Office	88-06 55th Ave, Elmhurst, NY 11373	Queens
Flushing North Medical Office	140-15 Sanford Ave, Flushing, NY 11355	Queens
Forest Hills Medical Office	96-10 Metropolitan Ave, Forest Hills, NY 11375	Queens
Jamaica Estates Medical Office	180-05 Hillside Ave, Jamaica, NY 11432	Queens
Richmond Hill Medical Office	125-06 101st Ave, South Richmond Hill, NY 11419	Queens
Rochdale Village Medical Office	169-59 137th Ave, Rochdale, NY 11434	Queens
Rochdale Village Specialty Medical Office	169-27 137th Ave, Rochdale, NY 11434	Queens
Clove Road Medical Office	1050 Clove Rd, Staten Island, NY 10301	Staten Island
Annadale Medical Office	4771 Hylan Blvd, Staten Island, NY 10312	Staten Island
Babylon Medical Office	300 Bay Shore Rd, North Babylon, NY 11703	Long Island
Hempstead Medical Office	226 Clinton St, Hempstead, NY 11550	Long Island
Hicksville Medical Office	350 S. Broadway, Hicksville, NY 11801	Long Island
Lake Success Medical Office	1991 Marcus Ave, New Hyde Park, NY 11042	Long Island
Ronkonkoma Medical Office	640 Hawkins Ave, Lake Ronkonkoma, NY 11779	Long Island
Valley Stream Medical Office	260 W. Sunrise Hwy, Valley Stream, NY 11581	Long Island
Woodbury Medical Office	225 Froehlich Farm Blvd, Woodbury, NY 11797	Long Island