

**STATEMENT REGARDING COMPLIANCE
WITH THE COMPETITIVE STANDARD OF 40 P.S. § 991.1403(d)**

SUMMARY

The proposed consolidation of Highmark Inc. (“Highmark”) and Independence Blue Cross (“IBC”) will effect a change of control of the domestic insurer subsidiaries of both companies—respectively the “Highmark Subsidiaries” and the “IBC Subsidiaries,” and collectively the “Subsidiaries”. This change of control will not substantially lessen competition or tend to create a monopoly in the lines of insurance in which those entities engage. *See* 40 P.S. § 991.1403(d)(1).

The Highmark Subsidiaries and the IBC Subsidiaries do not engage in any material competition in any relevant product market or any relevant geographic market. The Highmark Subsidiaries and IBC Subsidiaries operate in different regional markets and focus their respective operations on particular types of insurance products. These facts provide sufficient information to support the use of specific product and geographic markets in the analysis of the competitive effects and consequences of the change of control. Analysis of the change of control based on the relevant geographic and product markets demonstrates that the transaction will not adversely impact competition in Pennsylvania. *See* 40 P.S. § 991.1403(d)(2)(iii)(B) (authorizing the use of product and geographic markets supported by sufficient information).

In support of these conclusions, each of the relevant specialized product markets is analyzed below along with analysis of the relevant regional geographic markets.

MARKET ANALYSIS¹

I. Commercial Managed Care Market²

- 1.1. Exhibit 1 shows commercial managed care enrollment for the four service areas in Pennsylvania licensed by the Blue Cross Blue Shield Association (“BCBSA”)³ for the four Pennsylvania “Blue” plans—western Pennsylvania (“Western Region”), central Pennsylvania (“Central Region”), northeast Pennsylvania (“Northeast Region”), and southeast Pennsylvania (“Southeast Region”).⁴
- 1.2. Use of the Regional Markets is appropriate in this analysis because, as Exhibit 1 illustrates, enrollment in the Subsidiaries’ commercial managed care products predominantly tracks the BCBSA regional service area of the particular subsidiary’s parent corporation. With respect to enrollment in the Highmark Subsidiaries that are owned jointly with Blue Cross of Northeastern Pennsylvania (“BCNEPA”), enrollment tracks BCNEPA’s service area.
- 1.3. There is no geographic overlap with respect to the employer group (by location of headquarters) and individual accounts to which the IBC Subsidiaries and the Highmark Subsidiaries offer commercial managed care products. One of the Highmark Subsidiaries offers commercial managed care products to individuals residing in and employer groups headquartered in the Western Region. Two of the

¹ In accordance with the competitive standard in the Insurance Holding Companies Law (40 P.S. §§ 991.1401-.1413), this analysis addresses the effect the transaction will have on any line of insurance in the Commonwealth. *See id.* § 991.1403(d)(1). “Enrollment,” for purposes of this analysis, includes Pennsylvania insured lives only—*i.e.*, individual insureds residing in Pennsylvania and employer groups headquartered in Pennsylvania. *Id.* Consequently, this analysis appropriately does not include a significant number of enrollees in self-insured business offered by Highmark, IBC, or the Subsidiaries and does not include enrollment outside of the Commonwealth.

This analysis excludes products and in-force business written by Highmark or IBC. Consequently, indemnity coverage enrollment for IBC and Highmark is not included. Similarly, this analysis excludes a significant number of enrollees in commercial managed care products offered by Highmark directly (as opposed to products offered by Highmark Subsidiaries). Highmark and IBC are nonprofit health plan corporations. As such, they are expressly exempt from all laws of this Commonwealth relating to the business of insurance unless a particular insurance statute specifically refers and applies to such entities. *See* 40 Pa. C.S. §§ 6103(a), 6307(a). The Insurance Holding Companies Law does not specifically refer and apply to nonprofit health plan corporations. As an additional indication of legislative intent, nonprofit health plan corporations are expressly excluded from the definition of “insurer” in the statute. *See* 40 P.S. § 991.1401.

Nonetheless, even if the Department were to consider the products and in-force business of Highmark and IBC in its competitive analysis, the result would be the same. The two nonprofit corporations offer products in different geographic markets within Pennsylvania and do not compete with each other in any of those markets. Therefore, the combination of the two nonprofit corporations will not substantially lessen competition or tend to create a monopoly in any relevant geographic or product market.

² For purposes of this analysis, the “commercial managed care” product market consists of HMO, POS, and PPO coverage.

³ BCBSA is the owner of the federal registrations for the Blue Cross and Blue Shield® service marks and licenses those marks for the service areas.

⁴ These service areas are shown in the map attached at Exhibit 2.

Highmark Subsidiaries offer commercial managed care products to individuals residing in and employer groups headquartered in the Northeast Region. The IBC Subsidiaries offer their products to individuals residing in and employer groups headquartered in the Southeast Region.

- 1.4. Because the Highmark Subsidiaries and the IBC Subsidiaries offer their commercial managed care products to employers and individuals in different geographic markets, they do not compete against each other in this product market.

II. Medicare Managed Care Market

- 2.1. Certain of the Highmark Subsidiaries and certain of the IBC Subsidiaries offer managed care products to Medicare beneficiaries.
- 2.2. As shown at Exhibit 1, there is no competition between the Highmark Subsidiaries and the IBC Subsidiaries for Medicare subscribers in any of the Regional Markets.⁵
- 2.3. Under these circumstances, the combination of the market shares of the Highmark Subsidiaries and the IBC Subsidiaries for the Medicare managed care product market will not substantially lessen competition in any of the Regional Markets.

III. Medicaid Managed Care Market

- 3.1. The Medicaid Managed Care Market consists of three (3) medical assistance programs under the supervision of the Pennsylvania Department of Public Welfare (“DPW”)— (1) HealthChoices, where Medicaid beneficiaries choose one of three plans offered by commercial insurers approved by DPW; (2) ACCESS Plus, a DPW managed care plan; and (3) the Voluntary Managed Care Programs.
- 3.2. HealthChoices is the Commonwealth’s mandatory Medicaid managed care program (*i.e.*, Medicaid beneficiaries must participate in a managed care plan in the counties where HealthChoices operates).
- 3.3. Beginning in 1997, the HealthChoices program was implemented using a zone phase-in schedule. HealthChoices currently serves approximately 900,000 recipients in the following zones:
 - **Southeast Zone** - Bucks, Chester, Delaware, Montgomery and Philadelphia counties
 - **Southwest Zone** - Allegheny, Armstrong, Beaver, Butler, Fayette, Green, Indiana, Lawrence, Washington and Westmoreland counties
 - **Lehigh/Capital Zone** - Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry and York counties

⁵ Like the commercial managed care market, and for the same reasons (*see infra* ¶ 1.2), the Regional Markets are the appropriate geographic markets for the Medicare managed care market.

- 3.4. Keystone Mercy Health Plan (“Keystone Mercy”), a joint venture owned in equal shares by IBC and the Mercy Health System, offers Medicaid managed care coverage in the Southeast Zone. AmeriHealth Mercy Health Plan (“AmeriHealth Mercy”), another joint venture owned in equal shares by IBC and the Mercy Health System, sells Medicaid managed care coverage in the Lehigh/Capital Zone.⁶ Gateway Health Plan, Inc. (“Gateway”), which is jointly owned in equal shares by Highmark and Mercy Health Plan, offers Medicaid managed care coverage in the Lehigh/Capital and Southwest Zones.
- 3.5. As shown in Exhibit 3, which presents January 2007 enrollment data from the Pennsylvania Department of Public Welfare (“DPW”), there is no competitive overlap in mandatory Medicaid managed care between Gateway and AmeriHealth Mercy or Keystone Mercy in the Southeast and Southwest HealthChoices Zones. In the Southeast Zone, Keystone Mercy has covered lives, but Gateway does not. In the Southwest Zone, Gateway has covered lives, but AmeriHealth Mercy and Keystone Mercy do not.
- 3.6. The Lehigh/Capital HealthChoices Zone is the only HealthChoices Zone in which there appears to be a competitive overlap between Gateway and AmeriHealth Mercy or Keystone Mercy. In the Lehigh/Capital Zone, Medicaid beneficiaries can choose from among three health plans—Gateway, AmeriHealth Mercy or Unison Health Plan. There are 242,020 Medicaid covered lives in the Lehigh/Capital Zone, and Gateway’s share of this enrollment is 42 percent, while AmeriHealth Mercy’s share is 35 percent and Unison Health Plan’s share is 22 percent.
- 3.7. In general, in the HealthChoices Zones, competition among the Medicaid managed care plans is defined and limited in scope due to regulatory restrictions on the program itself, as well as oversight by DPW. For example, reimbursement rates proposed by the health plans must be within a reasonable range that is determined by the DPW. In addition, subsequent rate increases are not negotiated or determined by the health plan; instead, they are determined by the state. The state also determines the minimum benefits package that all plans must offer. Furthermore, health plans are not allowed to engage in any direct solicitation of individuals (e.g., by phone or mail). Together, these factors suggest that while there is some competition between Gateway and AmeriHealth Mercy in the Lehigh/Capital Zone, that competition is subject to a high degree of regulatory control and oversight.
- 3.8. There are 26 counties that are currently in the Voluntary Medicaid Managed Care Program. In these counties, the majority of the Medicaid population is enrolled in DPW’s managed care plan—ACCESS Plus. However, as shown in Exhibit 4, there

⁶ The Keystone Mercy business is issued on a branded basis by Vista Health Plan, Inc. and then is transferred by subcontract for risk assumption and servicing purposes to Keystone Mercy. Similarly, the AmeriHealth Mercy business is issued on an unbranded basis by Vista Health Plan, Inc. and then is transferred by subcontract for risk assumption and servicing purposes to AmeriHealth Mercy.

is a direct competitive overlap between Gateway and AmeriHealth Mercy in only five counties. These five counties are Carbon, Pike, Monroe, Lackawanna, and Luzerne counties, which are just north of the counties that are part of the Lehigh/Capital HealthChoices Zone. The competitive overlaps in these counties, however, do not raise competitive concerns. As shown in Exhibit 4, Gateway and AmeriHealth Mercy would have a *combined* enrollment share that is less than 25 percent in four of these counties (Pike, Monroe, Lackawanna, and Luzerne). In Carbon County, the combined firm's share would be around 52 percent. However, Gateway's and AmeriHealth Mercy's key competitor has been Unison Health Plan, whose current enrollment share is 48 percent. Unison is, at present, the largest Medicaid managed care plan in the county.

IV. Dental Benefits Coverage Market

- 4.1. Certain of the Highmark Subsidiaries provide dental plan benefits coverage. IBC and its Subsidiaries offer the dental benefit products of one of the Highmark Subsidiaries in the IBC service area. In addition, one IBC Subsidiary, (Keystone Health Plan East, Inc.) offers a rider to its HMO products under which a dental benefit can be purchased. A relatively modest amount of business has been written under this rider. One of the Highmark Subsidiaries administers this coverage on a subcontract basis. The proposed transaction thus will not yield a combined entity that has a materially greater market share in this product market than the Highmark Subsidiaries' current market share.
- 4.2. There are many other stand-alone dental benefits plan competitors that are active in the Regional Markets—*e.g.*, Delta Dental, HumanaDental, MetLife, Aetna, and Cigna. Employer groups can choose to purchase dental benefits coverage from any of these plans and the proposed transaction will not limit the options for coverage that are currently available to the employer groups in this product market.

V. Vision Benefits Coverage Market

- 5.1. One of the Highmark Subsidiaries provides vision benefits coverage. IBC and the IBC Subsidiaries offer the Highmark Subsidiary's vision benefits coverage in the IBC service area. In addition, one IBC Subsidiary (Keystone Health Plan East, Inc.) offers a rider to its HMO products under which a vision benefit can be purchased. A relatively modest amount of business has been written under this rider. A Highmark subsidiary administers this coverage on a subcontract basis. The proposed transaction thus will not yield a combined entity that has a materially greater market share in this product market than the Highmark Subsidiaries' current market share.
- 5.2. There are many other vision care competitors that are active in the Regional Markets—*e.g.*, Spectera (UnitedHealth's vision plan); Avesis, Inc; and 20/20 Select Vision. Employer groups can choose to purchase vision benefits coverage from any of these plans and the proposed transaction will not limit the options for coverage that are currently available to the employer groups in this product market.

VI. Medicare Prescription Drug Benefits Coverage Market

- 6.1. The delivery of stand-alone Medicare Prescription Drug Plan (“PDP”) benefits is organized by geographic regions established by the federal government.
- 6.2. Pennsylvania is in Region 6, along with West Virginia.
- 6.3. Certain of the IBC Subsidiaries and one of the Highmark Subsidiaries offer PDP coverage in Region 6.
- 6.4. Providers of PDPs are required to make their plans available to eligible Medicare recipients throughout their region. Accordingly, the Highmark subsidiary and the IBC Subsidiaries must make their PDPs available to any eligible Medicare recipient in Pennsylvania or West Virginia—*i.e.*, Region 6.
- 6.5. As of this filing, and according to information on the web site of the U.S. Department of Health and Human Services, there are 28 companies offering a total of 66 PDPs to eligible Medicare recipients in Region 6.
- 6.6. With this many participating companies and plans in Region 6, it is unlikely that the proposed transaction will substantially lessen competition in the Medicare prescription drug benefits coverage market in Region 6.

VII. Other De Minimis Product Markets

- 7.1. Certain Highmark and IBC Subsidiaries write workers’ compensation insurance in the Commonwealth. According to the Annual Statistical Report of the Insurance Department of the Commonwealth of Pennsylvania, for the Period July 1, 2005 to June 30, 2006, direct written premium for the workers’ compensation line of business shows a market share of 1.63% for business written by the Highmark subsidiary and a market share of 0.39% for business written by the IBC subsidiary. The combination of these de minimis market shares will not substantially lessen competition or tend to create a monopoly in the workers’ compensation product market in the Commonwealth. *See, e.g.*, 40 P.S. § 991.1403(d)(2)(i).
- 7.2. Certain Highmark Subsidiaries offer other types of specialized insurance products—*e.g.*, stop loss coverage, disability coverage, limited medical benefits coverage, worksite coverage.
- 7.3. One of the IBC Subsidiaries offers stop loss coverage predominantly in the Southeast Region. The subsidiary’s 2006 written premium for this coverage, however, was approximately \$1 million. Accordingly, it cannot be said that the change of control will substantially lessen competition or tend to create a monopoly with respect to stop loss coverage.

7.4. No subsidiary of IBC offers any of the other specialized insurance products referred to it paragraph 7.2. Accordingly, the change of control will not have any impact on competition with respect to any of these specialized insurance products.

VIII. Economies of Scale & Resource Utilization and the Increased Availability of Insurance

- 8.1. For the reasons explained above, the proposed transaction will not substantially lessen competition or tend to create a monopoly in any relevant product or geographic markets in Pennsylvania.
- 8.2. The proposed transaction, however, will also “yield substantial economies of scale and economies of resource utilization that cannot be feasibly achieved in any other way” (40 P.S. § 991.1403(d)(3)(i)).
- 8.3. The proposed transaction also will “substantially increase the availability of insurance” (40 P.S. § 991.1403(d)(3)(ii)).
- 8.4. These economies of scale and resource utilization, and the increased availability of insurance that the proposed transaction will yield, are described at Tabs “B” and “C” of the Form A Application.
- 8.5. The public benefits derived from these positive aspects of the proposed transaction are substantial and, in any event, exceed any public benefit that might arise from not lessening competition in a particular product or geographic market (as explained above, the proposed transaction simply will not lessen competition in any product or geographic market in Pennsylvania).

**Commercial Managed Care and Medicare Managed Care Enrollment by Region
In Risk Products Sold by the Subsidiaries of Highmark and IBC
December 2006 Enrollment Data**

Health Benefit Product	Central Region		Southeast Region		Northeast Region		Western Region	
	Highmark	IBC	Highmark	IBC	Highmark	IBC	Highmark	IBC
	(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Commercial managed care ¹	0	0	0	1,026,457	33,696	0	61,038	0
Medicare managed care ²	0	5,435 ³	0	171,362	0	0	188,314	0
Total	0	5,435	0	1,197,819	33,696	0	249,352	0

Notes: The table shows Pennsylvania enrollment data for Highmark's Subsidiaries (Keystone Health Plan West, Inc. and HMO of Northeastern Pennsylvania, Inc. d/b/a First Priority Health) and IBC's Subsidiaries (Keystone Health Plan East, Inc., QCC Insurance Company, and AmeriHealth HMO, Inc.). Included are all covered lives in the Commonwealth associated with risk products sold to employer groups and individuals in Pennsylvania in the following product categories: commercial managed care and Medicare managed care.

The table excludes enrollment information for self-insured products and services sold by Highmark, IBC, and their Subsidiaries, including IBC's Subsidiary, AmeriHealth Administrators. Also excluded is Medicaid managed care enrollment, including the enrollment of Highmark's and IBC's Medicaid managed care Subsidiaries (Gateway Health Plan, Inc., and Vista Health Plan, Inc.). The table also excludes enrollment in Inter-County Health Plan, Inc. and Inter-County Hospitalization Plan, Inc., a joint venture between Highmark and IBC, because it is a collaborative effort between Highmark and IBC that is already in place. In addition, the table excludes enrollment in products sold to employer groups that are headquartered outside Pennsylvania and individuals residing outside Pennsylvania. Also not shown is enrollment in the following product categories: vision benefit coverage, dental benefit coverage, prescription drug benefit coverage, and government-sponsored programs, such as adultBasic and CHIP.

Enrollment in the commercial managed care and Medicare managed care product markets is presented by reference to the four geographic regions in the Commonwealth representing the Blue Cross Blue Shield Association ("BCBSA") regional service areas of the four Pennsylvania "Blue" Plans. Use of these regional service areas as the geographic markets for these product markets is appropriate because enrollment in the Subsidiaries' products predominantly tracks the service area of the particular subsidiary's parent corporation. With respect to enrollment in the Highmark Subsidiaries that are owned jointly with Blue Cross of Northeastern Pennsylvania ("BCNEPA"), enrollment tracks BCNEPA's service area. Enrollment data is for Pennsylvania insured lives only and is attributed to a particular regional geographic market based on the location of the purchaser of the insurance, either the residency of the individual insured or the headquarters of the employer group.

¹ The commercial managed care category includes HMO, PPO, and POS risk products.

² The Medicare managed care category includes Medicare Advantage HMO and PPO coverage and excludes Medicare Supplemental (Medigap) coverage. Medigap is not a managed care product.

³ The location of AmeriHealth's 65 Basic plan enrollment is based in counties in which eligible subscribers must reside to purchase the product, which are Berks, Lancaster, Lehigh, Northampton, and York counties.

Source: Enrollment data as of December 2006.

**Medicaid Managed Care Enrollment in Pennsylvania
By HealthChoices Zones
January 2007 Enrollment Data**

Insurer	Lehigh/Capital Zone ¹		Southeast Zone ²		Southwest Zone ³	
	Covered Lives	Share	Covered Lives	Share	Covered Lives	Share
	(a)	(b)	(c)	(d)	(e)	(f)
AmeriHealth Mercy Health Plan ⁴	85,740	35.4 %	--	--	--	--
Gateway Health Plan ⁵	102,067	42.2	--	--	116,700	43.0
Health Partners	--	--	132,533	27.0	--	--
Keystone Mercy Health Plan ⁴	--	--	273,341	55.6	--	--
Unison Health Plan	54,213	22.4	--	--	69,592	25.6
United (AmeriChoice)	--	--	85,548	17.4	--	--
UPMC	--	--	--	--	85,111	31.4
Total	242,020	100.0 %	491,422	100.0 %	271,403	100.0 %

-- indicates no enrollment in the zone

¹ The Lehigh/Capital Zone includes Adams, Berks, Cumberland, Dauphin, Lancaster, Lebanon, Lehigh, Northampton, Perry and York counties.
² The Southeast Zone includes Bucks, Chester, Delaware, Montgomery and Philadelphia counties.
³ The Southwest Zone includes Allegheny, Armstrong, Beaver, Butler, Fayette, Green, Indiana, Lawrence, Washington and Westmoreland counties.
⁴ AmeriHealth Mercy Health Plan and Keystone Mercy Health Plan are joint ventures between IBC and Mercy Health Plan.
⁵ Gateway Health Plan is a joint venture between Highmark and Mercy Health Plan.

Source: Medicaid managed care enrollment data retrieved from "Managed Care Statistical Information," March 2007, accessed via the Internet: www.dpw.state.pa.us/omap/home/mcstateportMar07.pdf

**Medicaid Managed Care Enrollment
In Pennsylvania Voluntary Medicaid Managed Care Counties
January 2007 Enrollment Data**

County	AmeriHealth Mercy Health Plan ¹				Gateway Health Plan ²				Other Medicaid Competitors ³				Total Number of Medical Assistance Eligibles in County	Total Voluntary Managed Care Enrollment in County (a)+(d)+(g)	AmeriHealth-Gateway Combined Share of Voluntary Managed Care Enrollment (b)(c)
	Covered Lives in County	Share of Voluntary Managed Care Enrollment in County (a)/(b)	Share of Medical Assistance Eligibles in County (c)/(k)	Covered Lives in County	Share of Voluntary Managed Care Enrollment in County (d)/(g)	Share of Medical Assistance Eligibles in County (e)/(k)	Covered Lives in County	Share of Voluntary Managed Care Enrollment in County (f)/(h)	Share of Medical Assistance Eligibles in County (g)/(k)	Covered Lives in County	Share of Voluntary Managed Care Enrollment in County (h)/(i)	Share of Medical Assistance Eligibles in County (j)/(k)			
Carbon	233	16.8 %	3.1 %	486	35.1 %	6.4 %	665	48.0 %	8.8 %	7,538	1,384	52.0 %			
Erie	44	14.3	0.9	25	8.1	0.5	239	77.6	4.7	5,139	308	22.4			
Monroe	576	14.2	3.1	248	6.1	1.3	3,238	79.7	17.2	18,794	4,062	20.3			
Lackawanna	315	8.0	1.0	204	5.2	0.7	3,395	86.7	11.1	30,457	3,914	13.3			
Luzerne	559	8.2	1.2	201	2.9	0.4	6,079	88.9	12.7	48,022	6,839	11.1			
Northumberland	--	--	--	1,036	100.0	8.2	--	--	--	12,692	1,036	100.0			
Columbia	--	--	--	951	87.2	11.5	140	12.8	1.7	8,379	1,091	87.2			
Montour	--	--	--	230	85.2	10.0	40	14.8	1.7	2,305	270	85.2			
Blair	--	--	--	5,233	79.1	22.9	1,383	30.9	6.1	21,852	6,616	79.1			
Jefferson	--	--	--	615	72.9	7.5	229	27.1	2.8	8,184	844	72.9			
Schuylkill	--	--	--	1,756	59.6	8.9	1,192	40.4	6.0	19,833	2,948	59.6			
Cambria	--	--	--	3,440	59.1	15.1	2,381	40.9	10.4	22,825	5,821	59.1			
Somerset	--	--	--	1,689	58.2	15.6	1,207	41.8	11.2	10,747	2,887	58.2			
Claron	--	--	--	774	48.8	12.5	811	51.2	13.1	6,307	1,585	48.8			
Erie	--	--	--	5,447	29.6	10.8	12,947	70.4	25.7	50,450	18,394	29.6			
Mercer	--	--	--	1,585	27.9	7.8	4,098	72.1	20.2	30,323	5,683	27.9			
Wyoming	--	--	--	94	26.9	2.4	255	73.1	6.4	3,977	349	26.9			
Franklin	--	--	--	162	12.2	1.2	1,163	87.8	9.0	12,985	1,325	12.2			
Susquehanna	--	--	--	14	6.0	0.2	218	94.0	3.5	6,153	232	6.0			
Crawford	--	--	--	--	--	--	2,309	100.0	14.7	15,688	2,309	--			
Warren	--	--	--	--	--	--	1,244	100.0	19.6	6,332	1,244	--			
Clerfield	--	--	--	--	--	--	929	100.0	6.0	15,400	929	--			
Bedford	--	--	--	--	--	--	982	100.0	12.5	7,201	982	--			
Bradford	--	--	--	--	--	--	228	100.0	2.3	10,081	228	--			
Forest	--	--	--	--	--	--	27	100.0	3.0	901	27	--			
Sullivan	--	--	--	--	--	--	11	100.0	1.2	907	11	--			

-- indicates no enrollment in the county

Note: Market shares may not add up to 100% due to rounding.

¹ AmeriHealth Mercy Health Plan is a joint venture between IBC and Mercy Health Plan.

² Gateway Health Plan is a joint venture between Highmark and Mercy Health Plan.

³ Union and UPNC For You were the other Medicaid competitors.

Source: "Managed Care Statistical Information," March 2007.
Accessed via the Internet: www.dmas.state.pa.us/omscare/forms/statemaintMain07.pdf