Exhibit #2

Hospital Base Rates and Cost to Charge Ratio's (CCR)

Effective for In-Patient Hospital Discharges occurring on and after January 1, 2014

Provider Number	Provider Name	Base Rate	CCR
60001	NORTH COLORADO MEDICAL CENTER	$6,262.69	0.256
60003	LONGMONT UNITED HOSPITAL	$5,913.53	0.333
60004	PLATTE VALLEY MEDICAL CENTER	$6,048.94	0.392
60006	MONTROSE MEMORIAL HOSPITAL	$5,718.14	0.417
60008	SAN LUIS VALLEY REGIONAL MEDICAL CENTER	$5,797.89	0.412
60009	EXEMPLA LUTHERAN MEDICAL CENTER	$6,014.21	0.254
60010	POUDRE VALLEY HOSPITAL	$5,928.46	0.363
60011	DENVER HEALTH MEDICAL CENTER	$7,860.09	0.321
60012	CENTURA HEALTH ST MARY CORWIN MEDICAL CENTER	$6,065.20	0.267
60013	MERCY REGIONAL MEDICAL CENTER	$7,282.48	0.408
60014	PRESBYTERIAN/ST LUKE'S MEDICAL CENTER	$6,459.03	0.243
60015	CENTURA HEALTH -ST ANTHONY CENTRAL HOSPITAL	$6,008.54	0.243
60016	CENTURA ST THOMAS MORE HOSP & PRG CARE CTR	$6,518.30	0.367
60020	PARKVIEW MEDICAL CENTER	$5,825.57	0.196
60022	MEMORIAL HOSPTIAL CENTRAL	$5,880.96	0.291
60023	ST MARY'S HOSPITAL AND MEDICAL CENTER	$6,490.95	0.365
60024	UNIVERSTIY OF COLORADO HOSPITAL ANSCHUTZ INPATIENT	$8,266.45	0.209
60027	BOULDER COMMUNITY HOSPITAL	$5,811.79	0.255
60028	EXEMPLA SAINT JOSEPH HOSPITAL	$6,498.26	0.25
60030	MCKEE MEDICAL CENTER	$5,762.85	0.358
60031	CENTURA HEALTH-PENROSE ST FRANCIS HEALTH	$5,887.09	0.236
60032	ROSE MEDICAL CENTER	$6,463.74	0.196
60034	SWEDISH MEDICAL CENTER	$6,125.58	0.188
60036	ARKANSAS VALLEY REGIONAL MEDICAL CENTER	$5,797.89	0.456
60043	KEEFE MEMORAL HOSPITAL	$14,977.27	1.221
60044	COLORADO PLAINS MEDICAL CENTER	$6,144.82	0.322
60049	YAMPA VALLEY MEDICAL CENTER	$9,000.78	0.605
60054	COMMUNITY HOSPITAL	$5,641.15	0.456
60064	CENTRUA HEALTH PORTER ADVENTIST HOSPITAL	$5,895.07	0.252
60065	NORTH SUBURBAN MEDICAL CENTER	$6,145.49	0.223
60071	DELTA COUNTY MEMORIAL HOSPITAL	$5,708.57	0.432

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Hospital Base Rates and Cost to Charge Ratio's (CCR)			
Effective for In-Patient Hospital Discharges occurring on and after January 1, 2014			
Provider Number	**Provider Name**	**Base Rate**	**CCR**
60075	VALLEY VIEW HOSPITAL ASSOCIATION	$7,702.29	0.422
60076	STERLING REGIONAL MEDICAL CENTER	$7,307.30	0.519
60096	VAIL VALLEY MEDICAL CENTER	$11,278.18	0.475
60100	MEDICAL CENTER OF AURORA	$6,017.72	0.239
60103	CENTURA HEALTH AVISTA ADVENTIST HOSPITAL	$6,032.29	0.31
60104	CENTURA HEALTH ST ANTHONY NORTH HOSPITAL	$6,409.20	0.213
60107	NATIONAL JEWISH HEALTH	$6,048.94	0.263
60112	SKY RIDGE MEDICAL CENTER	$5,975.24	0.168
60113	CENTURA HEALTH LITTLETON ADVENTIST HOSPITAL	$5,892.44	0.213
60114	PARKER ADVENTIST HOSPITAL	$5,897.17	0.244
60116	EXEMPLA GOOD SAMARITAN MEDICAL CENTER LLC	$5,805.50	0.241
60117	ANIMAS SURGICAL HOSPITAL, LLC	$5,641.15	0.432
60118	ST ANTHONY SUMMIT MEDICAL CENTER	$5,892.67	0.355
60119	MEDICAL CENTER OF THE ROCKIES	$5,659.99	0.374
60124	ORTHOCOLORADO HOSPITAL AT ST ANTHONY MEDICAL CAMPUS	$5,885.44	0.229
69999	ANY NEW HOSPITAL	$5,641.15	0.336