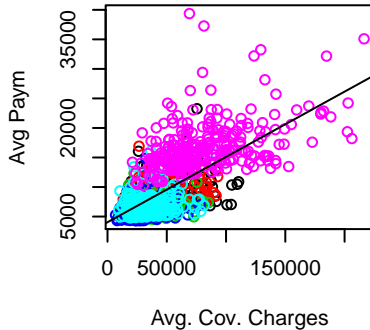
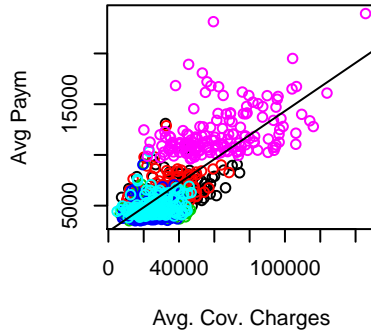


# Covered charges and total payments by state (and med. condition, by color)

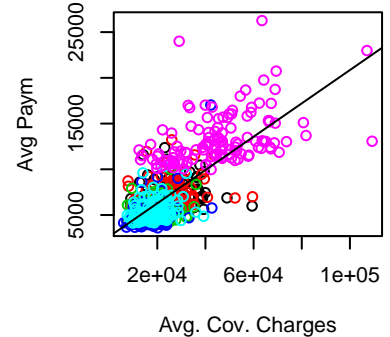
**CA**



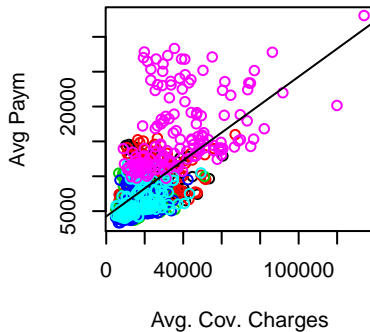
**FL**



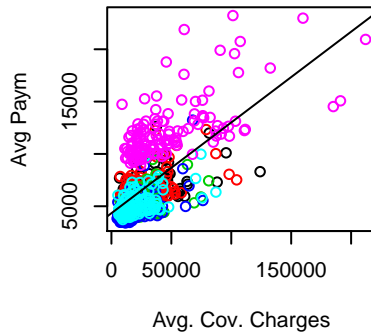
**IL**



**NY**



**PA**



**TX**

