

## Optima Fast Facts

An update for Optima Health broker partners

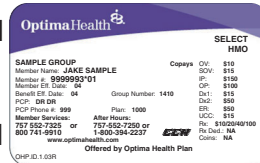
### Optima Health: A New Name. A Renewed Commitment To Health.

As of July 1, 2004, all Optima and Sentara health plan products will officially be unified under the name Optima Health.

This new name reflects a fundamental commitment we have made to taking care of our members' health and wellness. Disease prevention programs have long been an integral part of our coverage, as have education efforts, health classes, vaccinations and all-over preventive care. Simply put, we care about our members and want them to enjoy the greatest possible health. Now, our name will reflect this commitment.

#### New Member ID Cards Being Issued

Beginning July 1, 2004, you will start seeing the new name Optima Health. It will encompass plans previously marketed under both the Optima and Sentara names. Over the next six months, as members' health plans renew, we will send them a new Optima Health member ID card. In the meantime, all members should continue to use their existing cards. Providers will honor both cards until all new cards are issued during this year.



We'll also be sending members information about valuable new tools available on our Web site, [www.optimahealth.com](http://www.optimahealth.com).

#### More Exciting Member Advantages

Moving forward, we are excited to offer new PPO products, an expanded national PPO network with more than 400,000 providers and a continued emphasis on prevention and quality of life. Look for more announcements and products to be introduced under the *Optima Health* banner in the coming months.

### And The Winners Are...

Each quarter, certain brokers stand out by exceeding goals and snagging Broker Bonuses. Congratulations to:

- ✓ **Morgan Marrow Company** 5.5% Growth
- ✓ **Benefit Design Group** 3.5% Growth
- ✓ **Henderson & Phillips** 7% Growth
- ✓ **Flagship Group Ltd** 7% Growth
- ✓ **Dominion Insurance Grp** 14% Growth
- ✓ **Gardner Insurance Services** 10% Growth
- ✓ **Virginia Pension Center** 5% Growth
- ✓ **Tower Benefit Consultants Inc** 6% Growth
- ✓ **Bankers Insurance LLC** 22% Growth
- ✓ **Sue A Johnson** 13% Growth



These agencies all received bonus awards of \$8 per contract on their entire book of business for the quarter ending March 31!



### Pharmacy Facts

The Pharmacy and Therapeutics Committee meets on a regular basis to help ensure that our Plan members receive the utmost in clinical expertise and service while helping to contain rising health care costs. As a result, some changes have been made to the prescriptions listed below:

- ✓ Raptiva - added to Tier 3 (Premium) and requires prior authorization. Only dermatologists are allowed to prescribe.
- ✓ Inspra - added to Tier 3 (Premium)
- ✓ Finacea - added to Tier 3 (Premium)
- ✓ Stalevo - added to Tier 2 (Premium)
- ✓ Namenda - added to Tier 2 (Premium)
- ✓ A 4<sup>th</sup> tier (Premium Plus) will be added to the pharmacy drug benefit structure beginning in July 2004.

**Reminder:** As of July 1, 2004, PharmaCare will serve as the Plan's prescription mail order service facility.

**Benefit Changes 2004**

Each year we notify our broker partners of the benefit changes that will occur in our fully-funded groups. Listed below and at right are the benefit changes that begin to take effect on July 1, 2004 or upon group renewal.

**ALL HEALTH PLANS, UPON GROUP RENEWAL:**

- Diabetic Care.** All supplies must be ordered through National Diabetic Pharmacy at 1-888-306-7337. POS and PPO members may use out-of-network benefits if they choose a different supplier. Replacement batteries will not be covered.
- Reduction Mammoplasty** will now be covered at 50% with no medical review required.
- Dialysis copay** will be equal to the Primary Care Physician Office Visit copay/coinsurance.
- Durable Medical Equipment (DME)** benefit will now include colonostomy, ileostomy, and tracheostomy supplies, and suction and urinary catheters, up to \$1,000 benefit maximum.

**POS PLANS ONLY, UPON GROUP RENEWAL**  
**DME Supplies, Artificial Limb Services, and Orthopedics and Prosthetics** provided by or purchased from an out-of-network provider will be covered at the out-of-network coinsurance level.

**PPO PLANS ONLY, UPON GROUP RENEWAL**

- Deductibles** will apply to the out-of-pocket maximums.
- CCN Network**, the Plan's national PPO network, will be available to members who are traveling outside of the service area. Members who receive care from a CCN provider while traveling will be covered at the in-network benefit level for covered services.

**THE FOLLOWING CHANGES ARE EFFECTIVE JULY 1, 2004 FOR ALL GROUPS:**

- Pharmacy** addition of a 4<sup>th</sup> tier (called Premium Plus) pharmacy benefit. If the employer group is renewing under an existing plan design, the 4<sup>th</sup> tier copay amount will be the same copay amount as 3<sup>rd</sup> tier (Premium) pharmacy copay.
- Prescription Drug Mail Order Services** will be provided by PharmaCare Direct. For details call 1-800-346-9113. (services previously provided by Walgreens Healthcare Plus).

**New Explanation of Benefits (EOB)**

Starting this July members will see a new, easier to read Explanation of Benefits (EOB). The EOB is a printed explanation, sent to health plan members, that describes the benefits received and services for which a healthcare provider has requested payment. The new EOB will include a printed explanation on the back of the form noting how to read and interpret the document. All PPO members (using in-network and out-of-network benefits) and POS members (using out-of-network benefits) receive EOBs from the plan when healthcare providers request payment. HMO members and POS members (using in-network benefits) will only receive an EOB if the requested payment has been denied.

**Optima Health**  
 Administrative Services Provided by Optima Health Plan  
 442 Corporate Center  
 Virginia Beach, VA 23462

**MAIL TO:**  
 JOHN X. DOE  
 123 ABC DRIVE  
 ANYWHERE, VA 00000

**Plan Information:**  
 Plan Name: OPTIMA  
 Member Name: MEMBER NAME  
 Member ID: MEMBER ID  
 Group Name: GROUP  
 Service Self Covered (HMO):

PLAN OF SERVICE	TYPE OF SERVICE	AMOUNT AUTHORIZED BY PROVIDER	AMOUNT ALLOWED BY PLAN	NOTES
OPTIMA	LAB	\$10.00	\$10.00	
OPTIMA	LAB	\$10.00	\$10.00	
OPTIMA	LAB	\$10.00	\$10.00	

**HOW YOU WERE PAID (FOR PLAN OF SERVICE) (PLEASE USE NO IN RED (YOUR PLAN))**

AMOUNT CHARGED BY PROVIDER	AMOUNT PAID BY PLAN	AMOUNT APPLIED TO DEDUCTIBLE	AMOUNT APPLIED TO COINSURANCE	AMOUNT APPLIED TO CO-PAYMENT	AMOUNT APPLIED TO OUT-OF-POCKET MAXIMUM
\$10.00	\$10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
\$10.00	\$10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
\$10.00	\$10.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00

Check # \_\_\_\_\_ Sent to \_\_\_\_\_ On \_\_\_\_\_

**COBRA Reminder**

Remember, eligibility determination, length of eligibility, and COBRA notifications are the responsibility of the employer group. Optima Health will bill and collect premiums. By tracking this information, employer groups can reduce their claims utilization by keeping up with who is covered and for how long.