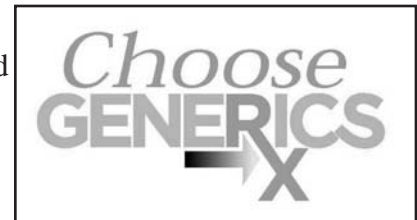


Benefits Headliner

OPTIMA HEALTH LAUNCHES GENERIC DRUGS CAMPAIGN

'Choose Generics' urges consumers to choose savings on prescriptions

Optima Health's new awareness campaign, *Choose Generics*, utilizes simple logic to make a powerful point, "Why spend \$30 or \$40 for brand name prescription drug co-pays when you could choose generics for as little as \$10?"



For instance, a study by the Food and Drug Administration (FDA) concluded that consumers who replace all their branded prescriptions with generics can save up to 52% on their daily drug costs. Optima's *Choose Generics* campaign has a goal of increasing the use of generic drugs among its members by 10% in the first year.

Education is Key to Reducing Prescription Drug Costs

The *Choose Generics* campaign will combine consumer, physician and pharmacist education about the economic benefits of generics. *Choose Generics* will also use new approaches to keep the community informed, such as urging consumers not to accept drug samples from their doctors. Using the newest, most expensive drugs for disease management, greatly increases prescription costs.

"Generic drugs contain the same active ingredients in the same formulations as branded drugs," says Deno Sebastian, Director of Pharmacy for Optima Health. "The Food and Drug Administration certifies they are safe and effective," he adds. "the major difference is cost."

Learn more about *Choose Generics* at www.optimahealth.com.

Optima to offer Quicken for Health Care!

Optima Health will be among a select group of companies that will be the first to offer Quicken® for Health Care. Optima Health will play a crucial role in the development of healthcare information products that will help simplify and improve decision-making and financial tracking for Optima Health members and, eventually, millions of Americans.

Selected Optima Health members will soon be invited to participate in the pilot phase of Quicken for Health Care, during which they will have access to software that will begin to help them manage their health care more effectively. After the initial phase and when the product is formally launched, all Optima Health members will be able to access and download Quicken for Health Care software from the Optima Health web site, www.optimahealth.com.

To learn more, stay tuned to www.optimahealth.com for the latest information!

Richmond Updates

Dogwood Emergency Physicians are Non Participating

Effective July 2006, Dogwood Emergency Physicians (DEP) has decided not to participate with Optima Health. DEP staffs the Emergency Room at Southside Regional Medical Center. Optima Health will continue to pay for covered services received from DEP. However, the payment for those services will be paid directly to the member, and not to DEP.

Letters have been mailed to Richmond area physicians concerning this information and members will continue to be directed to the closest emergency room for emergent care.

HCA Hospitals and Facilities are Non Participating

Please be advised that Hospital Corporation of America (HCA) hospitals and facilities do not participate with Optima Health Plan's commercial products. HCA hospitals continue to participate in the network for Optima Family Care.

Letters have been mailed advising Richmond area physicians to refer and direct Optima Health Plan commercial members to participating facilities within the Optima Health Network. This will ensure that Optima members receive quality care while avoiding the higher costs associated with non-participating facilities.

Policy Corner - TERMINATION / DISENROLLMENT / REINSTATEMENT

(1) Termination Guidelines

Written notification of termination must be received by the Plan on or before the 15th of the following month when members become ineligible for coverage. (For example, the Plan must receive written notification from the group by September 15th for a requested termination date of August 31) Retroactive terminations may occur up to 30 days after the member becomes ineligible, and any related premiums will be refunded, provided the member did not incur claims during the period of ineligibility. If the member incurs claims after becoming ineligible for coverage and the Plan is not notified within 15 days of the requested termination date, there will be no refund of premiums paid or due to the Plan by the group. The employer group should delete the member from the regular Group Statement at the time of termination if the group is paying the bill prior to the 15th of the month.

(2) Disenrollment Guidelines

Subscribers

- Follow the termination guidelines outlined above.
- Submit a written request of termination to the Plan in one of the following ways:
 - a.) Fax, mail or e-mail a request to the Plan on company letterhead. Provide member name, member number, and requested date of termination.
 - b.) Complete an Enrollment Application by marking the box titled "cancel all" and indicate the requested date of termination.
 - c.) Line through the name of the terminated subscriber on the Group Bill. Also indicate the name of the terminated subscriber and the date of termination on the Group Reconciliation Statement section of the bill if the group is paying the bill prior to the 15th of the month.

Spouse and/or Dependents

- Follow the termination guidelines outlined above.
- Submit a written request of termination to the Plan in one of the following ways:
 - a.) Fax, e-mail or mail a request to the Plan on company letterhead. Provide member name, member number, and requested date of termination.
 - b.) Complete an Enrollment Application by marking the box titled "cancel spouse/dependent." Indicate the name of the spouse/dependent. Mark the "delete" box for the spouse/dependent being removed, and indicate the requested date of termination.

(3) Reinstatement Guidelines (Completed application required)

- An employee who returns to work with no more than a 63-day break in coverage will have the same employment and eligibility status as before.
- An employee who returns to work within 90 days after an approved leave of absence will keep the same employment and eligibility status as before.
- An employee who returns to work after 90 days will be considered a new employee and will be subject to all eligibility requirements, including any pre-existing condition exclusions, waiting periods, and effective date of coverage requirements.

Pharmacy News

ZOCOR UPDATE

A generic version of Zocor became available on June 23, 2006. To save money while maintaining quality, Optima Health contracted for brand Zocor at a rate less than the new generic simvastatin. Members will continue to receive brand Zocor at the Preferred (lowest) copay tier and no ancillary charges will apply. Simvastatin, the generic form of Zocor, still remains more costly and will remain on tier 3 until its price drops.

PACKAGING CHANGE

Effective August 1, 2006, for a single copay, members may receive one of the following:

1. Up to a consecutive 31-day supply of a covered outpatient drug. Members pay one copayment per tube of ointment/cream, per bottle of eye drops, per 8 ounces of oral liquid or per 31 days of loose pills.
2. Two vials of insulin
3. Up to a 31-day supply of syringes, needles, or disposable syringes with needles (limited to a maximum of 100 syringes).
4. A one-cycle supply of oral contraceptives (covered Members may obtain up to three cycles of oral contraceptives at one time but must remit the appropriate Copayments);
5. One diaphragm;
6. One box of rescue nebulizer solution, one rescue inhaler or two maintenance/steroid inhalers.

TIER CHANGES

Effective September 5, 2006 (after Labor Day).

Tier 2 to Tier 3

- Aerobid-M (flunisolide) - Aerobid is a corticosteroid inhaler used to treat asthma. It will move from tier 2 to tier 3. Alternatives at tier 2 are: Asmanex, Flovent and Pulmicort.
- Azmacort (triamcinolone)- Azmacort is a corticosteroid inhaler used to treat asthma. It will move from tier 2 to tier 3. Alternatives at tier 2 are: Asmanex, Flovent and Pulmicort.
- *Provigil (modafinil) - Drug used to treat the sleep disorder narcolepsy. Provigil will remain tier 3, but prior authorization will be required. Members will not be grandfathered and will receive 30-day notice about this change.

Tier 3 to Tier 4 (NOTE: For groups without 4th tier pharmacy copays, this change will not affect employee's copays)

- Exjade (deferasirox)- Exjade is an oral drug used to treat transfusion-related iron overload. Other alternative treatments are injections administered in the physician's office. Drug is moving from tier 3 to tier 4. There will be a 10-day limit for new starts to ensure the member can tolerate the drug.
- Omacor (omega-3-acid)- Omacor is a prescription version of omega-3-fatty acid (fish oil). It is used to treat very high triglyceride levels that can lead to increased risk of heart attack or stroke. Omacor will move from tier 3 to tier 4 and require prior authorization. Members will not be grandfathered and will receive a 30-day notice about this change.
- *Ranexa (ranolazine) - Ranexa is used to treat chronic angina. This drug will remain tier 4 but prior authorization will be required. Optima will grandfather the prior authorization requirement for members currently on this drug.

Should you have any questions regarding these changes, please contact your Account Representative.

Suggestions?

Let us know what you would like to see in future editions of Benefits Headliner by emailing etgeorge@sentara.com.

Questions?

Call your Account Representative or 757-687-6030.

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