

Benefits Headliner

January 1, 2007 Change

The following change will go into effect January 1, 2007 for all Optima Health Health Maintenance Organization (HMO), Point-of-Service (POS) and Preferred Provider Organization (PPO) Plans:

Magnetic Resonance Imaging (MRI) and Computed Tomography (CT) scans will require pre-authorization.

(Positron emission tomography (PET), Magnetic resonance angiography (MRA), Computerized Tomographic Angiography (CTA), and Magnetic Resonance Spectroscopy (MRS) advanced diagnostic imaging services currently require pre-authorization.)

Important IRS Change Effective January 1, 2007

Effective January 1, 2007, The U. S. Treasury Department will increase the 2007 minimum embedded individual deductible for certain Health Savings Account (HSA) eligible plans.

The following changes are set to take place on your group's renewal date:

HSA eligible plan 9100:

- In-network deductible per individual increased from \$2,100 to \$2,200 per year.
- In-network out of pocket maximum per individual increased from \$2,100 to \$2,200 per year.
- Out of network deductible per individual increased from \$2,100 to \$2,200 per year.

HSA eligible plan 9200:

- In-network deductible per individual increased from \$2,100 to \$2,200 per year.

If you have questions regarding this plan update, please contact your Account Representative.

Optima Welcomes New Vice President of Marketing and Sales!

We are pleased to announce the appointment of John E. DeGruttola as Senior Vice President for Marketing and Sales for Optima Health Plans, effective Monday, December 4, 2006.

John previously served as Central Ohio Executive Leader for United Healthcare. His 20 years of experience in healthcare consulting, sales, marketing, advertising, product development and health plan operations make him eminently qualified to lead Optima Health's efforts to achieve its goals of significant membership growth while maintaining solid financial results.

Please join us in welcoming John DeGruttola into the Optima Health family!

Happy New Year from Optima Health!

Pharmacy News

Pharmacy Changes Effective January 2, 2007:

Medication Tier Changes:

Simvastatin (generic Zocor) will move from tier 3 to tier 1 while brand Zocor will move from tier 1 to tier 2. Patients requesting brand Zocor will have to pay their copay plus ancillary charges. Brand Zocor will move to non-formulary for closed formulary groups.

Premarin and Prempro will move from tier 1 to tier 2.

Humira Pen (adalimumab) will move from tier 3 to tier 4 with the same prior authorization criteria as Humira pre filled syringes.

Megace ES (megesterol) - will move from tier 2 to tier 4.

Zanaflex (tizanidine) capsules - will move from tier 3 to tier 4.

Medications that are Premium Plus (tier 4) copay and require step edit:

Cardura XL (doxazosin extended-release) is indicated for the treatment of the signs and symptoms of benign prostatic hyperplasia (BPH). Cardura XL is NOT approved for the treatment of hypertension. The drug will remain at tier 4 and require a step-edit of doxazosin regular release.

Zegerid (omeprazole/sodium bicarbonate) is a combination of omeprazole and sodium bicarbonate. With the exception of a warning concerning an increase in sodium content, the drug is very similar for all PPIs, therefore, Zegerid does not appear to offer any significant advantages over any PPI. The drug will remain at tier 4 and require the step-edit of Prilosec OTC.

Multiple Sclerosis Drug Changes

Rebif will move from tier 3 to tier 2. Avonex and Betaseron will move from tier 2 to tier 3. The use of Rebif or Copaxone will be required prior to the use of Avonex or Betaseron (step edit) for new prescriptions only. Members currently on Avonex or Betaseron will be grandfathered, and the step-edit will not be required.

Quantity limit changes:

Relpax monthly quantity will change from 12 tablets per month to a quantity of 9 tablets per month.

Age criteria change effective December 1, 2006:

Gardasil, previously approved for females between the ages of 9 and 12 years of age, is now approved for females from 9 through 26 years of age.

Pharmacy Change Effective February 12, 2007:

Angiotensin-Converting Enzyme Inhibitors (ACEI) /Angiotensin Receptor Blockers (ARB)

A recent review suggested that most patients were being prescribed ARBs as a first line therapy prior to using an ACEI even though JNC7 guidelines states neither is greater in the treatment of blood pressure. Therefore, effective February 12, 2007, for new prescriptions, a step edit will be required. More details will be mailed to you.

Please contact your Account Representative if you have questions regarding these changes.

Optima Health is Making It Easier. Making It Better.

The name "Optima" has been in the forefront of the local health insurance industry for more than 20 years, building local and national recognition by maintaining the key concepts of customer service, clear member communications, and strong relationships within the communities we share.

We want you to know that we are striving everyday to make our health plan even better and build our reputation as easy to do business with. Every Optima Health employee shares a vision of making this plan the very best by ***Making It Easier. Making It Better.***

Making it

Easier.

Making it Better.



¡Se Habla Espanol! - Optima Health has enhanced services for our Spanish speaking members! Our Interactive Voice Response (IVR) system has been updated to handle Member Service Calls from Spanish speaking members.

Proof of Prior Coverage - Effective immediately, employer groups may now provide their most recent prior carrier billing statement to provide verification of prior coverage for their employees.

Pharmacy Packaging Limits removed! Optima Health no longer assigns copays based on manufacturer determined package sizes. See optimahealth.com for more information.

Longer Hours! - Member Services hours will be extended from 8:00 a.m. to 7:00 p.m., Monday through Friday beginning Tuesday, January 2nd. Medicare members will have special hours, seven days a week from 8:00 a.m. to 8:00 p.m. from November 15th through February 28, 2006 (open enrollment season).

Verification of Eligibility Change - Occasionally, employees enroll dependents who have a different last name. Previously, Optima Health required various forms to be submitted for proof of dependent status prior to enrollment of the dependent. Optima Health no longer requires this documentation prior to the enrollment of the dependent but may request it at a future date.

Sentara Princess Anne Campus! - Sentara has opened a comprehensive health campus with the Southside's first free-standing emergency center. The campus also features advanced imaging services, plus a full service pharmacy and lab, with more services to come.



For up-to-the minute information on any enhanced products and service capabilities, please "click" on our new ***Making It Easier. Making It Better.*** Icon at optimahealth.com.

Questions?

Call your Account Representative or 757-687-6030.

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