

Form **990**  
Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
Open to Public Inspection

**A For the 2021 calendar year, or tax year beginning 01-01-2021, and ending 12-31-2021**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
OPTIMA HEALTH PLAN

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
6015 POPLAR HALL DR

City or town, state or province, country, and ZIP or foreign postal code  
NORFOLK, VA 23502

**D** Employer identification number  
54-1283337

**E** Telephone number  
(757) 455-7020

**G** Gross receipts \$ 4,098,499,766

**F** Name and address of principal officer:  
COLIN DROWZOWSKI  
6015 POPLAR HALL DR  
NORFOLK, VA 23502

**H(a)** Is this a group return for subordinates?  Yes  No  
**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. See instructions.  
**H(c)** Group exemption number ▶

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**J** Website: ▶ WWW.OPTIMAHEALTH.COM

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1984

**M** State of legal domicile: VA

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities:  
AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY.

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	9
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	5
<b>5</b> Total number of individuals employed in calendar year 2021 (Part V, line 2a)	<b>5</b>	7
<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	5
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	2,135,814
<b>b</b> Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	0	0
<b>9</b> Program service revenue (Part VIII, line 2g)	2,852,198,298	3,052,924,585
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	27,072,115	12,419,188
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	0
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,879,270,413	3,065,343,773

<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0	0
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,460,934	3,677,770
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0	0
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,772,423,033	2,964,367,403
<b>18</b> Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	2,776,883,967	2,968,045,173
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	102,386,446	97,298,600

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	823,607,403	829,480,959
<b>21</b> Total liabilities (Part X, line 26)	422,474,472	433,708,057
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	401,132,931	395,772,902

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**  
Signature of officer: \_\_\_\_\_ Date: 2022-11-04  
ROBERT A BROERMANN TREASURER  
Type or print name and title

<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶				Firm's EIN ▶
	Firm's address ▶				Phone no.

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission:

AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE IMPROVE HEALTH EVERY DAY BY SUPPORTING THE CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES OF SENTARA HEALTHCARE AND SUBSIDIARIES.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: ) (Expenses \$ 2,924,709,290 including grants of \$ 0 ) (Revenue \$ 3,050,788,771 )  
See Additional Data

**4b** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4c** (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses ▶ 2,924,709,290

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response columns. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14.

**Part IV Checklist of Required Schedules (continued)**

		Yes	No
<b>22</b>	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .		No
<b>23</b>	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	Yes	
<b>24a</b>	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .		No
<b>24b</b>	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<b>24c</b>	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .		
<b>24d</b>	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<b>25a</b>	<b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>25b</b>	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .		No
<b>26</b>	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .		No
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . .		No
<b>28</b>	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
<b>28a</b>	<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28b</b>	<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>28c</b>	<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<b>29</b>	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>30</b>	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .		No
<b>31</b>	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		No
<b>32</b>	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .		No
<b>33</b>	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .		No
<b>34</b>	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .	Yes	
<b>35a</b>	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	Yes	
<b>35b</b>	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	Yes	
<b>36</b>	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .		No
<b>37</b>	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .		No
<b>38</b>	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	Yes	

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
<b>1a</b>	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable . . . . .		
<b>1b</b>	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable . . . . .		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country... 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization have annual gross receipts that are normally greater than \$100,000... 7 Organizations that may receive deductible contributions under section 170(c). 8 Sponsoring organizations maintaining donor advised funds. 9 Sponsoring organizations maintaining donor advised funds. 10 Section 501(c)(7) organizations. 11 Section 501(c)(12) organizations. 12a Section 4947(a)(1) non-exempt charitable trusts. 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (9), 1b (5), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records:

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

<b>1b Sub-Total</b> . . . . .								
<b>1c Total from continuation sheets to Part VII, Section A</b> . . . . .								
<b>1d Total (add lines 1b and 1c)</b> . . . . .						6,895,906	43,377,071	5,001,592

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 7

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	3 Yes	
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	4 Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .		5 No

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHEASTRANS INC 4751 BEST ROAD STE 300 ATLANTA, GA 30337	MEDICAL TRANSPORTATION SERVICES	11,934,992
SENTARA BEHAVIORAL HEALTH SERVICES 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462	HEALTHCARE PROVIDER	5,584,118
OPTUMRX INC 2300 MAIN STREET IRVINE, CA 92614	PHARMACY SERVICES	4,736,598
SENTARA HOSPITALS PO BOX 744799 ATLANTA, GA 30374	HEALTHCARE PROVIDER	4,235,932
EYEMED VISION CARE 14664 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	HEALTHCARE PROVIDER	2,199,314

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 29



Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

Table with columns: (A) Total revenue, (B) Related or exempt function revenue, (C) Unrelated business revenue, (D) Revenue excluded from tax under sections 512 - 514. Rows include Contributions, Gifts, Grants and Other Similar Amounts; Program Service Revenue; and Other Revenue.

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16. . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	3,677,770	3,090,226	587,544	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	262,920,310	220,917,316	42,002,994	
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .	1,353,457	1,137,235	216,222	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	3,312,076	2,782,953	529,123	
<b>23</b> Insurance . . . . .				
<b>24</b> Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> MEDICAL CLAIMS AND CAPI	2,691,816,600	2,691,816,600		
<b>b</b> TAXES & LICENSES	4,131,761	4,131,761		
<b>c</b> BAD DEBT	833,199	833,199		
<b>d</b>				
<b>e</b> All other expenses				
<b>25</b> Total functional expenses. Add lines 1 through 24e	2,968,045,173	2,924,709,290	43,335,883	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	127,597,929	<b>1</b>	86,157,672
	<b>2</b> Savings and temporary cash investments . . . . .		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .		<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	270,059,169	<b>4</b>	320,280,106
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	11,367,298	<b>9</b>	8,338,657
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 25,949,836		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 17,537,343	11,738,610	<b>10c</b> 8,412,493
	<b>11</b> Investments—publicly traded securities . . . . .	394,035,021	<b>11</b>	405,686,376
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .		<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	8,809,376	<b>15</b>	605,655
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) . . . . .	823,607,403	<b>16</b>	829,480,959	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	11,732,731	<b>17</b>	13,142,350
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	3,602,429	<b>19</b>	8,663,335
	<b>20</b> Tax-exempt bond liabilities . . . . .		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	407,139,312	<b>25</b>	411,902,372
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	422,474,472	<b>26</b>	433,708,057
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions . . . . .		<b>27</b>	
	<b>28</b> Net assets with donor restrictions . . . . .		<b>28</b>	
	<b>Organizations that do not follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds . . . . .	0	<b>29</b>	0
	<b>30</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .	0	<b>30</b>	0
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds	401,132,931	<b>31</b>	395,772,902
<b>32</b> Total net assets or fund balances . . . . .	401,132,931	<b>32</b>	395,772,902	
<b>33</b> Total liabilities and net assets/fund balances . . . . .	823,607,403	<b>33</b>	829,480,959	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,065,343,773
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	2,968,045,173
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	97,298,600
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	<b>4</b>	401,132,931
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	-1,658,629
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	-101,000,000
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	<b>10</b>	395,772,902

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1** Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?  
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

	Yes	No
<b>2a</b>		No
<b>2b</b>	Yes	
<b>2c</b>	Yes	
<b>3a</b>		No
<b>3b</b>		

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 54-1283337

**Name:** OPTIMA HEALTH PLAN

Form 990 (2021)

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### Form 990, Part III, Line 4a:

OPTIMA HEALTH PLAN MAINTAINS CONTRACTS WITH AREA PROVIDERS TO SUPPLY STATE OF THE ART SYSTEMS OF HEALTH CARE, DISEASE PREVENTION AND HEALTH PROMOTION FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY IN AN EFFECTIVE, ACCESSIBLE AND AFFORDABLE MANNER.SEE ALSO SCHEDULE O

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**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
HOWARD P KERN ..... DIRECTOR	1.00 ..... 48.00	X						0	30,180,034	3,041,889
DENNIS A MATHEIS ..... DIRECTOR/PRES/EX-OFFICIO	21.00 ..... 21.00	X		X				1,187,114	1,054,416	201,051
RONALD A STINE MD ..... DIRECTOR	1.00 ..... 40.00	X						0	937,424	69,182
G WILKINS HUBBARD II MD ..... DIRECTOR	1.00 ..... 40.00	X						0	222,178	29,445
CATHIE J VICK ..... DIRECTOR	1.00 ..... 1.00	X						0	0	0
JEFFERY O SMITH ED D ..... DIRECTOR	1.00 ..... 3.90	X						0	40,000	0
ROBERT C FORT ..... DIRECTOR/CHAIRMAN	1.00 ..... 1.00	X		X				0	0	0
J LES HALL ..... DIRECTOR	1.00 ..... 4.90	X						0	0	0
FREDERICK C COBLE ..... DIRECTOR	1.00 ..... 0.00	X						0	0	0
ROBERT A BROERMANN ..... TREASURER	1.00 ..... 50.00			X				0	2,171,787	55,654

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LOUIS PATALANO IV ..... SECRETARY (THROUGH 9/25/2021)	1.00 ..... 49.00			X				0	1,141,330	75,182
JAMES A HILBERT ..... SR. VP/CFO	21.00 ..... 19.00			X				402,388	357,407	79,486
PATRICIA DARNLEY ..... SR. VP, GOV'T PROGRAMS	21.00 ..... 20.00			X				361,646	321,220	80,408
JOHN E DEGRUTTOLA ..... SR. VP SALES & MKTING	21.00 ..... 19.00			X				325,482	289,099	64,417
KHALED GHALEY ..... SR VP, OPS	21.00 ..... 19.00			X				295,536	262,500	93,388
THOMAS G LUNDQUIST ..... SR. VP/CMO	28.00 ..... 12.00			X				399,144	163,585	71,786
COLIN DROWZOWSKI ..... SR. VP, NETWORK MGMNT	21.00 ..... 20.00			X				329,740	292,881	96,433
SAMUEL J HAWLEY ..... ASSISTANT SECRETARY	1.00 ..... 45.00			X				0	283,751	43,405
MICHAEL M DUDLEY ..... FORMER OFFICER AND TOP 5	0.00 ..... 0.00						X	3,594,856	1,197,008	0
MICHAEL V GENTRY ..... FORMER OFFICER	0.00 ..... 50.00						X	0	1,912,697	552,158

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES A JULLERAT ..... FORMER KE	0.00 ..... 40.00						X	0	414,161	48,026
JEFF C SNYDER ..... FORMER KE	0.00 ..... 42.00						X	0	297,617	53,395
EDWARD R RICKER ..... FORMER KE	0.00 ..... 40.00						X	0	335,117	105,901
CATHERINE BRISLAND ..... FORMER TOP 5	0.00 ..... 40.00						X	0	477,068	54,756
SAMEH A BASTA ..... FORMER TOP 5	0.00 ..... 40.00						X	0	375,903	53,146
GREGORY E MERTI ..... FORMER TOP 5	0.00 ..... 40.00						X	0	358,326	58,798
LINDA M BUTZ ..... FORMER TOP 5	0.00 ..... 40.00						X	0	291,562	73,686



**SCHEDULE A**  
**(Form 990)**

**Public Charity Status and Public Support**  
 Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
 ▶ Attach to Form 990 or Form 990-EZ.  
 ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

**Name of the organization**  
OPTIMA HEALTH PLAN

**Employer identification number**  
54-1283337

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
  - 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990).)
  - 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
  - 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
  - 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
  - 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
  - 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
  - 9  An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
  - 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
  - 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
  - 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
    - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
    - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
    - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
    - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
    - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f Enter the number of supported organizations . . . . . 1
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) SENTARA HEALTHCARE	521271901	7	Yes		101,000,000	0
<b>Total</b>	<b>1</b>				<b>101,000,000</b>	<b>0</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
<b>2</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
<b>3</b>	The value of services or facilities furnished by a governmental unit to the organization without charge..						
<b>4</b>	<b>Total.</b> Add lines 1 through 3						
<b>5</b>	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . .						
<b>6</b>	<b>Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>7</b>	Amounts from line 4. . .						
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
<b>9</b>	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
<b>10</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						
<b>12</b>	Gross receipts from related activities, etc. (see instructions) . . . . .					<b>12</b>	
<b>13</b>	<b>First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . ▶ <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b>	Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	
<b>15</b>	Public support percentage for 2020 Schedule A, Part II, line 14 . . . . .	<b>15</b>	
<b>16a</b>	<b>33 1/3% support test—2021.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>33 1/3% support test—2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>17a</b>	<b>10%-facts-and-circumstances test—2021.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>b</b>	<b>10%-facts-and-circumstances test—2020.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ <input type="checkbox"/>		
<b>18</b>	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>1</b>	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
<b>2</b>	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
<b>3</b>	Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						
<b>4</b>	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
<b>5</b>	The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6</b>	<b>Total.</b> Add lines 1 through 5						
<b>7a</b>	Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b>	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
<b>c</b>	Add lines 7a and 7b. . . . .						
<b>8</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
<b>9</b>	Amounts from line 6. . . . .						
<b>10a</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
<b>b</b>	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
<b>c</b>	Add lines 10a and 10b.						
<b>11</b>	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
<b>12</b>	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . . . .						
<b>13</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.) . . . . .						

**14 First 5 years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** . . . . .

**Section C. Computation of Public Support Percentage**

<b>15</b>	Public support percentage for 2021 (line 8, column (f) divided by line 13, column (f)) . . . . .	<b>15</b>	
<b>16</b>	Public support percentage from 2020 Schedule A, Part III, line 15 . . . . .	<b>16</b>	

**Section D. Computation of Investment Income Percentage**

<b>17</b>	Investment income percentage for <b>2021</b> (line 10c, column (f) divided by line 13, column (f)) . . . . .	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2020</b> Schedule A, Part III, line 17 . . . . .	<b>18</b>	

**19a 33 1/3% support tests—2021.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**b 33 1/3% support tests—2020.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . .

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . . .

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

		Yes	No
<b>1</b>	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>1</b>		Yes	
<b>2</b>	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		No
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		No
<b>b</b>	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>3b</b>			
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>3c</b>			
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		No
<b>4a</b>			No
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>4b</b>			
<b>c</b>	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>4c</b>			
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		No
<b>5a</b>			No
<b>b</b>	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>5b</b>			
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>5c</b>			
<b>6</b>	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		No
<b>6</b>			No
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
<b>7</b>			No
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		No
<b>8</b>			No
<b>9a</b>	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9a</b>			No
<b>b</b>	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9b</b>			No
<b>c</b>	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		No
<b>9c</b>			No
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		No
<b>10a</b>			No
<b>b</b>	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
<b>10b</b>			

**Part IV Supporting Organizations** (continued)

		Yes	No
<b>11</b>	Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b>	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b>	A family member of a person described on 11a above?		
<b>c</b>	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		
		<b>11a</b>	<b>No</b>
		<b>11b</b>	<b>No</b>
		<b>11c</b>	<b>No</b>

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	Did the officers, directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
		<b>1</b>	<b>Yes</b>
<b>2</b>	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		
		<b>2</b>	<b>No</b>

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
		<b>1</b>	

**Section D. All Type III Supporting Organizations**

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
		<b>1</b>	
<b>2</b>	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
		<b>2</b>	
<b>3</b>	By reason of the relationship described in line 2 above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
		<b>3</b>	

**Section E. Type III Functionally-Integrated Supporting Organizations**

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year ( <b>see instructions</b> ):		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions)		
<b>2</b>	Activities Test. <b>Answer lines 2a and 2b below.</b>		
<b>a</b>	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
		<b>2a</b>	
<b>b</b>	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
		<b>2b</b>	
<b>3</b>	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>		
<b>a</b>	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No," provide details in Part VI.</i>		
		<b>3a</b>	
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		
		<b>3b</b>	

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1**  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Net short-term capital gain	<b>1</b>	
<b>2</b>	Recoveries of prior-year distributions	<b>2</b>	
<b>3</b>	Other gross income (see instructions)	<b>3</b>	
<b>4</b>	Add lines 1 through 3	<b>4</b>	
<b>5</b>	Depreciation and depletion	<b>5</b>	
<b>6</b>	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b>	Other expenses (see instructions)	<b>7</b>	
<b>8</b>	<b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	
<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
<b>1</b>	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	<b>1</b>	
<b>a</b>	Average monthly value of securities	<b>1a</b>	
<b>b</b>	Average monthly cash balances	<b>1b</b>	
<b>c</b>	Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b>	<b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b>	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
<b>2</b>	Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	
<b>4</b>	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	<b>4</b>	
<b>5</b>	Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b>	Multiply line 5 by 0.035	<b>6</b>	
<b>7</b>	Recoveries of prior-year distributions	<b>7</b>	
<b>8</b>	<b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	
<b>Section C - Distributable Amount</b>			Current Year
<b>1</b>	Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b>	Enter 85% of line 1	<b>2</b>	
<b>3</b>	Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b>	Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b>	Income tax imposed in prior year	<b>5</b>	
<b>6</b>	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b>	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

<b>Section D - Distributions</b>		<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	<b>1</b>	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	<b>2</b>	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	<b>3</b>	
<b>4</b> Amounts paid to acquire exempt-use assets	<b>4</b>	
<b>5</b> Qualified set-aside amounts ( <i>prior IRS approval required - provide details in Part VI</i> )	<b>5</b>	
<b>6</b> Other distributions ( <i>describe in Part VI</i> ). See instructions	<b>6</b>	
<b>7 Total annual distributions.</b> Add lines 1 through 6.	<b>7</b>	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive ( <i>provide details in Part VI</i> ). See instructions	<b>8</b>	
<b>9</b> Distributable amount for 2021 from Section C, line 6	<b>9</b>	
<b>10</b> Line 8 amount divided by Line 9 amount	<b>10</b>	

<b>Section E - Distribution Allocations</b> (see instructions)	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2021</b>	<b>(iii) Distributable Amount for 2021</b>
<b>1</b> Distributable amount for 2021 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i> ). See instructions.			
<b>3</b> Excess distributions carryover, if any, to 2021:			
<b>a</b> From 2016. . . . .			
<b>b</b> From 2017. . . . .			
<b>c</b> From 2018. . . . .			
<b>d</b> From 2019. . . . .			
<b>e</b> From 2020. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2021 distributable amount			
<b>i</b> Carryover from 2016 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
<b>4</b> Distributions for 2021 from Section D, line 7:			
\$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2021 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from line 4.			
<b>5</b> Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>6</b> Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
<b>7 Excess distributions carryover to 2022.</b> Add lines 3j and 4c.			
<b>8</b> Breakdown of line 7:			
<b>a</b> Excess from 2017. . . . .			
<b>b</b> Excess from 2018. . . . .			
<b>c</b> Excess from 2019. . . . .			
<b>d</b> Excess from 2020. . . . .			
<b>e</b> Excess from 2021. . . . .			

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

**Facts And Circumstances Test**



**SCHEDULE D**  
(Form 990)  
  
Department of the Treasury  
Internal Revenue Service

# Supplemental Financial Statements

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.  
▶ Attach to Form 990.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**Name of the organization**  
OPTIMA HEALTH PLAN  
**Employer identification number**  
54-1283337

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year . . . . .		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year . . . . .		

**5** Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? . . . . .  Yes  No

**6** Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? . . . . .  Yes  No

**Part II Conservation Easements.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

**1** Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

**2** Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
<b>a</b> Total number of conservation easements . . . . .	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements . . . . .	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a) . . . . .	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . . . . .	<b>2d</b>

**3** Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

**4** Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

**5** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? . . . . .  Yes  No

**6** Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_

**7** Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

**8** Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? . . . . .  Yes  No

**9** In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

**1a** If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

**b** If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**2** If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

**a** Revenue included on Form 990, Part VIII, line 1 . . . . . ▶ \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X . . . . . ▶ \$ \_\_\_\_\_

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a**  Public exhibition
  - b**  Scholarly research
  - c**  Preservation for future generations
  - d**  Loan or exchange programs
  - e**  Other .....
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .  **Yes**  **No**

**Part IV Escrow and Custodial Arrangements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? . . . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |   | Amount |
|---|--------|
| <b>1c</b> Beginning balance . . . . .             |        |
| <b>1d</b> Additions during the year . . . . .     |        |
| <b>1e</b> Distributions during the year . . . . . |        |
| <b>1f</b> Ending balance . . . . .                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .  **Yes**  **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . .

**Part V Endowment Funds.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> End of year balance . . . . .					

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ .....
  - b** Permanent endowment ▶ .....
  - c** Term endowment ▶ .....
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes           | No |
|--|---------------|----|
| <b>(i)</b> Unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> Related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
<b>1a</b> Land . . . . .				
<b>b</b> Buildings . . . . .				
<b>c</b> Leasehold improvements		5,015,873	3,232,340	1,783,533
<b>d</b> Equipment . . . . .		20,879,217	14,305,003	6,574,214
<b>e</b> Other . . . . .		54,746		54,746
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				8,412,493

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

**Part VIII Investments - Program Related.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

**Part IX Other Assets.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

**Part X Other Liabilities.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) MEDICAL CLAIMS PAYABLE	294,572,302
(3) DUE TO AFFILIATES	9,983,689
(4) OTHER LIABILITIES	96,108,425
(5) PREMIUM DEFICIENCY RESERVE	11,237,956
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col.(B) line 25.)	411,902,372

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>		
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) . . . . .		<b>5</b>	

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>		
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII.) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII.) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	
<b>5</b>	Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) . . . . .		<b>5</b>	

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation	
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**Part XIII** **Supplemental Information (continued)**

Return Reference	Explanation
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**Schedule J**  
(Form 990)

**Compensation Information**

OMB No. 1545-0047  
**2021**  
**Open to Public Inspection**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
**▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
**▶ Attach to Form 990.**  
**▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
OPTIMA HEALTH PLAN

Employer identification number  
54-1283337

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input checked="" type="checkbox"/> Tax idemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input checked="" type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b Yes									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?</p>	2 Yes									
<p><b>3</b> Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p> <p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a Yes	4b Yes								
	4c	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p> <p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a	5b								
		No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p> <p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a	6b								
		No								
<p><b>7</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7 Yes									
<p><b>8</b> Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9									

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table							

**Part III Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
PART I, LINE 1A	THE ORGANIZATION GAVE A TAXABLE GIFT TO A RETIRING EXECUTIVE FOR WHICH IT PAID THE ADDITIONAL TAXES ASSOCIATED WITH SUCH GIFT, ALL OF WHICH WERE TREATED AS ADDITIONAL COMPENSATION AND REPORTED ON FORM W-2 AS TAXABLE WAGES.
PART I, LINE 3	SENTARA HEALTHCARE, THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, ESTABLISHED THE COMPENSATION OF THE ORGANIZATION'S TOP MANAGEMENT OFFICIAL THROUGH THE USE OF A COMPENSATION COMMITTEE, AN INDEPENDENT COMPENSATION CONSULTANT, A COMPENSATION STUDY, AND APPROVAL BY SENTARA HEALTHCARE'S COMPENSATION COMMITTEE. SENTARA HEALTHCARE RECOGNIZES THAT PROVIDING THE BEST POSSIBLE CARE REQUIRES US TO ATTRACT AND RETAIN THE VERY BEST EMPLOYEES. OUR ORGANIZATION IS COMMITTED TO INVESTING IN OUR PEOPLE BY OFFERING COMPETITIVE COMPENSATION OPPORTUNITIES AND A STRONG WORKPLACE ENVIRONMENT. THE SENTARA HEALTHCARE BOARD HAS DIRECTED A COMMITTEE OF INDEPENDENT, CONFLICT-FREE BOARD MEMBERS TO DEVOTE THEIR TIME AND ATTENTION TO THE OVERSIGHT OF SENTARA HEALTHCARE'S EXECUTIVE COMPENSATION AND BENEFITS PROGRAMS. THE COMPENSATION COMMITTEE CONSISTS OF PROFESSIONAL, EXPERIENCED, AND DEDICATED BOARD MEMBERS WHO TAKE THIS RESPONSIBILITY VERY SERIOUSLY. THE COMPENSATION COMMITTEE FOLLOWS GOVERNANCE BEST PRACTICES IN THE REVIEW AND APPROVAL OF EXECUTIVE COMPENSATION. THE COMPENSATION COMMITTEE IS ASSISTED BY OUTSIDE ADVISORS WHO ARE ENGAGED BY THE COMMITTEE.
PART I, LINES 4A-B	LOUIS PATALANO, IV RECEIVED \$130,308 IN COMPENSATION RELATED TO HIS SEPARATION FROM SERVICE. THIS AMOUNT HAS BEEN INCLUDED IN COLUMN (B) (III) OF SCHEDULE J, PART II. HOWARD KERN AND MICHAEL DUDLEY PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN AND HAVE ATTAINED NORMAL RETIREMENT AGE UNDER THE PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY THE ORGANIZATIONS' [OR SENTARA HEALTHCARE'S] BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS. THE PLAN IS A DEFINED BENEFIT ARRANGEMENT UNDER WHICH MEMBERS ACCRUE AN ANNUAL FORMULA-BASED BENEFIT DURING EACH YEAR OF COVERED EMPLOYMENT, WHICH IS SUBJECT TO A SUBSTANTIAL RISK OF FORFEITURE FOR FEDERAL INCOME TAX PURPOSES UNTIL THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION OR UPON DEATH. FICA AND FUTA TAXATION OF PORTIONS OF THE ACCRUED BENEFIT MAY OCCUR EARLIER THAN FEDERAL INCOME TAXATION IN ACCORDANCE WITH APPLICABLE LAW. DISTRIBUTION OF PLAN BENEFITS MAY OCCUR AT THE DATE OF APPLICABLE TAXATION (TO THE EXTENT REQUIRED TO COVER APPLICABLE TAXES) AND IN ACCORDANCE WITH THE PARTICIPANT'S ELECTED INSTALLMENT DISTRIBUTION SCHEDULE FOLLOWING TERMINATION OF EMPLOYMENT, SUBJECT TO ADHERENCE WITH THE NON-COMPETE RESTRICTIONS. MR. DUDLEY RETIRED IN 2018 AND RECEIVED HIS FINAL INSTALLMENT DISTRIBUTION OF \$4,387,760 UNDER THE PLAN IN 2021. MR. KERN IS CURRENTLY EMPLOYED AND ACTIVELY ACCRUING PLAN BENEFITS IN ACCORDANCE WITH THE PLAN'S TERMS. MR. KERN WAS SUBJECT TO FICA AND FUTA TAXATION ON HIS ACCRUED PLAN BENEFITS IN 2021 AND RECEIVED TAXABLE PLAN DISTRIBUTIONS OF \$1,012,923 TO COVER APPLICABLE TAXES FOR 2021. HOWARD KERN, MICHAEL DUDLEY, ROBERT BROERMANN, MICHAEL GENTRY, JAMES HILBERT, DENNIS MATHEIS AND LOUIS PATALANO PARTICIPATED IN THE SENTARA CAPITAL ACCUMULATION ACCOUNT PLAN. PARTICIPATION IS LIMITED TO A SELECT GROUP OF CORPORATE EXECUTIVES AS APPROVED BY THE ORGANIZATION'S [OR SENTARA HEALTHCARE'S] BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. TERMS OF THE PLAN CHANGED EFFECTIVE JANUARY 1, 2009, WHEREBY VESTING OF CONTRIBUTIONS MADE ON OR AFTER THAT DATE NOW OCCURS ON THE EARLIER OF FIVE YEARS FOR EACH YEARS' CONTRIBUTIONS OR AGE 55 WITH 10 YEARS OF SERVICE. UNDER THE OLD TERMS, VESTING OF CONTRIBUTIONS MADE PRIOR TO JANUARY 1, 2009 OCCURS ON THE EARLIEST OF ASSIGNED DISTRIBUTION DATE, DEATH, INVOLUNTARY TERMINATION WITHOUT CAUSE OR COMPLETION OF TWO-YEAR NON-COMPETE AFTER VOLUNTARY TERMINATION (REGARDLESS OF ORIGINAL ASSIGNED DISTRIBUTION DATE). DURING 2021, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN (\$181,940); MICHAEL DUDLEY (\$402,789); HOWARD KERN (\$1,107,773); MICHAEL GENTRY (\$139,700) AND JAMES HILBERT (\$36,256). THESE AMOUNTS HAVE BEEN REPORTED IN COLUMN (B)(III) OF SCHEDULE J, PART II. DURING THE CURRENT TAX YEAR, JAMES HILBERT, THOMAS LUNDQUIST, DENNIS MATHEIS, PATRICIA DARNLEY AND KHALED R GHALY PARTICIPATED IN THE SENTARA NON-QUALIFIED DEFERRED COMPENSATION PLAN. A NEW PLAN YEAR BEGINS EACH JANUARY 1ST. ELIGIBILITY REQUIRES THAT AN EMPLOYEE MUST BE IN THE TOP 5% BY SALARY AND HAVE COMPENSATION GREATER THAN OR EQUAL TO THE HIGHLY COMPENSATED AMOUNT SET BY THE PLAN IN ORDER TO PARTICIPATE. PARTICIPANTS MUST MAKE THEIR ELECTIONS IN THE YEAR PRECEDING THE DEFERRAL YEAR AND SELECT A DISTRIBUTION DATE. NEW ELECTIONS MUST BE MADE EACH YEAR. ALL PARTICIPANTS ARE 100% VESTED IN THEIR ACCOUNT BALANCES AND LUMP SUM IS THE FORM OF PAYMENT AT THE DISTRIBUTION DATE UNLESS A 5 OR 10 YEAR INSTALLMENT PAYMENT WAS SELECTED.
PART I, LINE 7	DURING THE CURRENT TAX YEAR, THE ORGANIZATION MADE NON-FIXED PAYMENTS OF COMPENSATION UNDER THE FOLLOWING INCENTIVE PROGRAMS: ANNUAL INCENTIVE PROGRAM - EXECUTIVES AND SENIOR LEADERS ARE ELIGIBLE FOR ANNUAL AWARDS BASED ON SYSTEM AND INDIVIDUAL PERFORMANCE. BOTH SYSTEM AND INDIVIDUAL SCORES ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION. TARGET AND MAXIMUM OPPORTUNITIES VARY BY LEVEL. TOP HAT- WITHIN THE ANNUAL INCENTIVE PROGRAM, EXECUTIVES AND SENIOR LEADERS MAY RECEIVE ADDITIONAL INCENTIVE PAY TO REWARD EXCEPTIONAL INDIVIDUAL PERFORMANCE. MANAGER INCENTIVE PLAN - MANAGEMENT EMPLOYEES NOT COVERED UNDER ANOTHER INCENTIVE PLAN ARE ELIGIBLE FOR THE MANAGEMENT INCENTIVE PLAN. AWARDS ARE BASED ON SYSTEM YEAR-END RESULTS AS DETERMINED BY THE BOARD; BUSINESS UNIT RESULTS FOR FINANCIAL, SAFETY, QUALITY AND CUSTOMER SERVICE; AND THE MANAGER'S INDIVIDUAL PERFORMANCE SCORE. SYSTEM, BUSINESS UNIT, AND INDIVIDUAL RESULTS ARE DETERMINED AFTER YEAR-END, AT WHICH POINT AWARDS MAY BE PAID AND REPORTED AS COMPENSATION.



**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-1283337  
**Name:** OPTIMA HEALTH PLAN

**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1HOWARD P KERN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	2,032,006	2,310,491	25,837,537	3,014,735	27,154	33,221,923	23,319,683
1MICHAEL M DUDLEY FORMER OFFICER AND TOP 5	(i)	0	0	3,594,856	0	0	3,594,856	3,370,480
	(ii)	0	0	1,197,008	0	0	1,197,008	1,122,295
2MICHAEL V GENTRY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	1,000,664	754,388	157,645	529,145	23,013	2,464,855	0
3DENNIS A MATHEIS DIRECTOR/PRES/EX-OFFICIO	(i)	508,614	657,428	21,072	94,871	11,606	1,293,591	211,503
	(ii)	451,760	583,939	18,717	84,266	10,308	1,148,990	42,555
4ROBERT A BROERMANN TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	1,018,716	890,138	262,933	33,599	22,055	2,227,441	0
5LOUIS PATALANO IV SECRETARY (THROUGH 9/25/2021)	(i)	0	0	0	0	0	0	0
	(ii)	469,404	431,615	240,311	57,915	17,267	1,216,512	0
6RONALD A STINE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	815,862	93,909	27,653	35,605	33,577	1,006,606	0
7JAMES A HILBERT SR. VP/CFO	(i)	258,961	109,041	34,386	22,429	19,667	444,484	0
	(ii)	230,013	96,852	30,542	19,922	17,468	394,797	0
8PATRICIA DARNLEY SR. VP, GOV'T PROGRAMS	(i)	236,560	110,615	14,471	23,526	19,058	404,230	0
	(ii)	210,117	98,250	12,853	20,897	16,927	359,044	0
9COLIN DROWZOWSKI SR. VP, NETWORK MGMNT	(i)	245,763	82,846	1,131	34,931	16,140	380,811	0
	(ii)	218,291	73,585	1,005	31,027	14,335	338,243	0
10JOHN E DEGRUTTOLA SR. VP SALES & MKTING	(i)	169,850	145,527	10,105	19,245	14,871	359,598	0
	(ii)	150,864	129,259	8,976	17,093	13,208	319,400	0
11KHALED GHALEY SR VP, OPS	(i)	210,484	75,482	9,570	31,737	17,721	344,994	0
	(ii)	186,956	67,044	8,500	28,190	15,740	306,430	0
12THOMAS G LUNDQUIST SR. VP/CMO	(i)	270,893	97,158	31,093	21,723	29,195	450,062	0
	(ii)	111,023	39,819	12,743	8,903	11,965	184,453	0
13CATHERINE BRISLAND FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	431,380	43,015	2,673	21,142	33,614	531,824	0
14JAMES A JUILLERAT FORMER KE	(i)	0	0	0	0	0	0	0
	(ii)	300,447	102,763	10,951	22,493	25,533	462,187	0
15EDWARD R RICKER FORMER KE	(i)	0	0	0	0	0	0	0
	(ii)	244,161	84,043	6,913	81,134	24,767	441,018	0
16SAMEH A BASTA FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	278,786	44,622	52,495	14,855	38,291	429,049	0
17GREGORY E MERTI FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	294,091	44,993	19,242	28,274	30,524	417,124	0
18LINDA M BUTZ FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	196,649	90,122	4,791	44,981	28,705	365,248	0
19JEFF C SNYDER FORMER KE	(i)	0	0	0	0	0	0	0
	(ii)	214,759	76,569	6,289	16,425	36,970	351,012	0

<b>Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees</b>								
<b>(A)</b> Name and Title		<b>(B)</b> Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			<b>(C)</b> Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	<b>(E)</b> Total of columns (B)(i)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred on prior Form 990
		<b>(i)</b> Base Compensation	<b>(ii)</b> Bonus & incentive compensation	<b>(iii)</b> Other reportable compensation				
<b>21</b> SAMUEL J HAWLEY ASSISTANT SECRETARY	(i)	0	0	0	0	0	0	
	(ii)	199,044	49,676	35,031	24,374	19,031	327,156	
<b>1</b> G WILKINS HUBBARD II MD DIRECTOR	(i)	0	0	0	0	0	0	
	(ii)	217,316	3,500	1,362	20,269	9,176	251,623	

**SCHEDULE O**  
**(Form 990)**  
  
Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**  
Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ **Attach to Form 990 or 990-EZ.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

Name of the organization  
OPTIMA HEALTH PLAN

**Employer identification number**  
  
54-1283337

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>I. SENTARA HEALTHCARE: YOUR NOT-FOR-PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE CELEBRATE S MORE THAN 133 YEARS IN PURSUIT OF ITS MISSION "WE IMPROVE HEALTH EVERY DAY." SENTARA IS AN INTEGRATED, NOT-FOR-PROFIT HEALTH CARE DELIVERY SYSTEM WITH MORE THAN 29,000 EMPLOYEES (INCLUDING 1,375 PHYSICIANS AND ADVANCED PRACTICE PROVIDERS), 12 HOSPITALS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA AND THE SENTARA HEALTH PLANS DIVISION, WHICH SERVES OVER 900, 000 MEMBERS. SENTARA IS RECOGNIZED NATIONALLY FOR CLINICAL QUALITY AND SAFETY AND IS STRAT EGICALLY FOCUSED ON INNOVATION AND CREATING AN EXTRAORDINARY HEALTH CARE EXPERIENCE FOR OU R PATIENTS AND MEMBERS. SENTARA WAS NAMED TO IBM WATSON HEALTH'S "TOP 15 HEALTH SYSTEMS" I N 2021 AND 2018, RECOGNIZED AS A "BEST EMPLOYER FOR WOMEN" BY FORBES IN 2020, AND RANKED A S ONE OF FORBES "AMERICA'S BEST EMPLOYERS" IN 2018. SENTARA HAS A LEVEL I TRAUMA CENTER, T HE SENTARA HEART HOSPITAL, THE SENTARA HEALTH RESEARCH CENTER, THE SENTARA BROCK CANCER CE NTER, AND THE ACCREDITED SENTARA CANCER NETWORK, TWO ORTHOPEDIC HOSPITALS, AND THE SENTARA NEUROSCIENCES INSTITUTE. THE SENTARA FAMILY ALSO INCLUDES A MEDICAL GROUP, NIGHTINGALE RE GIONAL AIR AMBULANCE (MADE 778 LIFE-SAVING TRIPS IN 2021 ALONE), HOME CARE AND HOSPICE, AM BULATORY OUTPATIENT CAMPUSES, ADVANCED IMAGING AND DIAGNOSTIC CENTERS, A CLINICALLY INTEGR ATED NETWORK, AND THE SENTARA COLLEGE OF HEALTH SCIENCES. EFFORTS ARE CENTERED ON PROVIDIN G THE RIGHT CARE IN THE RIGHT SETTING AT THE RIGHT TIME AND ADDING VALUE TO THE COMMUNITIE S WE SERVE. WE STRIVE TO SERVE ALL OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCA TION, AND FINANCIAL SUPPORT FOR OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MIS SIONS. AS AN INTEGRATED DELIVERY NETWORK (IDN), SENTARA PROVIDES BOTH HEALTH CARE SERVICES (HOSPITALS, CLINICS, PROVIDERS) AND HEALTH INSURANCE PLANS, WHICH ENABLES SENTARA TO FULL Y UNDERSTAND AND DELIVER ON THE NEEDS OF OUR CONSUMERS IN A UNIQUE AND INSIGHTFUL WAY. ADD ITIONALLY, SERVING AS AN IDN PROVIDES US WITH THE OPPORTUNITY TO IMPACT AND LIFT OUR COMMU NITIES GIVEN THE COMPREHENSIVE NATURE OF OUR ABILITY TO DELIVER CARE AND RESOURCES WITHIN THE WALLS OF OUR CARE SITES AS WELL AS WITHIN THE COMMUNITY. II. COMMITMENT TO THE COMMUNI TY A. SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANN UAL BASIS. THE 2021 VALUE OF COMMUNITY BENEFIT TOTALED \$254,186,000. SENTARA PROVIDED \$167 ,441,000 IN NET UNCOMPENSATED PATIENT CARE COSTS; \$48,150,000 IN NET UNFUNDED COSTS OF TEA CHING PROGRAMS; AND \$38,595,000 IN INCURRED COSTS FOR COMMUNITY BENEFIT PROGRAMS. SENTARA EMPLOYEES CONTRIBUTED \$2.5 MILLION TO UNITED WAYS IN VIRGINIA AND NORTH CAROLINA. B. SENTA RA CONTINUES ITS EFFORTS IN THE COMMUNITY ENGAGEMENT AND IMPACT (CEI) PROGRAM, SENTARA CAR ES, TO INSPIRE, EMPOWER AND SUPPORT THE COMMUNITIES WE SERVE IN THE MOST IMPACTFUL WAY. IN 2021, SENTARA COMMITTED \$50 MILLION TO ITS SENTARA HEALTHIER COMMUNITIES FUND TO ADDRESS HEALTH DISPARITIES MAGNIFIED B</p>

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Return Reference	Explanation
<p>FORM 990, PART III, LINE 4A</p>	<p>Y THE IMPACT OF COVID-19 AND TO BOLSTER REGIONAL HEALTH SCIENCES PROGRAMS. THE CEI PROGRAM DELIVERS ECONOMIC, SOCIAL, AND ENVIRONMENTAL BENEFITS FOR STAKEHOLDERS ACROSS ALL SENTARA MARKETS AND INCREASES OUR COMMUNITY CONNECTION. IT BUILDS ON SENTARA RECOGNIZED LEADERSHIP AND COMMITMENT TO THE COMMUNITIES WE SERVE. C. SENTARA CONTINUED THE FOCUS ON THE IMPORTANT WORK OF DIVERSITY IN OUR WORKFORCE, TO DEEPEN OUR UNDERSTANDING ON CARING FOR OUR DIVERSE PATIENT POPULATION AND TO DEVELOP STRONG RELATIONSHIPS WITH DIVERSE COMMUNITY POPULATIONS. WE FORMED SEVERAL PARTNERSHIPS WITH KEY DIVERSITY-FOCUSED ORGANIZATIONS. WE CONTINUE THE WORK OF DIVERSITY AND INCLUSION COUNCILS AT ALL 12 HOSPITALS. AND WE CONTINUE TO DEVELOP NEW DIVERSITY AND INCLUSION COMPONENTS AND EDUCATION FOR ALL TEAM MEMBERS. THIS WAS ESPECIALLY IMPORTANT GIVEN THE SOCIAL JUSTICE ISSUES AND CIVIL UNREST IN 2020. ADDITIONALLY, SENTARA CONTINUED THE EXCELLENT WORK IN IDENTIFYING AND REDUCING BARRIERS SO PEOPLE CAN RECEIVE THE CARE THEY NEED. THE TEAM IDENTIFIES HEALTH DISPARITIES AND RESEARCH POSSIBLE CAUSES. THIS INCLUDES CHRONIC HEALTH ISSUES SUCH AS HYPERTENSION, DIABETES, AND THE HIGH RATES OF CANCER DEATHS IN MINORITY COMMUNITIES. ADDITIONALLY, WE CREATED POLICIES AND GUIDELINES TO ENSURE PROTECTION OF LGBTQ PATIENTS' RIGHTS AND PARTNERED WITH NUMEROUS COMMUNITY GROUPS TO PROVIDE EDUCATION AND EARLY DETECTION FOR COLORECTAL AND BREAST CANCERS. D. SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATIONS. THESE FOUNDATIONS RAISED \$16.9 MILLION TO SUPPORT THE CLINICAL NEEDS OF THE SYSTEM AND PROVIDED FUNDING THROUGH GRANTS AND DIRECT CONTRIBUTIONS TO COMMUNITY ORGANIZATIONS THAT HAVE SIMILAR INTERESTS IN SUPPORTING COMMUNITY HEALTH NEEDS. E. SEVERAL YEARS AGO, SENTARA ESTABLISHED THE HOPE (HELPING OVERCOME PERSONAL EMERGENCY) FUND, WHICH IS AN EMERGENCY FINANCIAL RESOURCE FOR SENTARA EMPLOYEES THAT ARE EXPERIENCING CATASTROPHIC HARDSHIP OR LOSS THROUGH NO FAULT OF THEIR OWN. SENTARA EMPLOYEES WHO RECEIVE AID FROM THE HOPE FUND HAVE FACED DEVASTATING CRISES SUCH AS FIRE, DEATH, NATURAL DISASTERS, OR SERIOUS PERSONAL OR FAMILY ILLNESS. IN 2021, EMPLOYEES DONATED \$271,469 TO THE HOPE FUND AND WE AWARDED \$406,978 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM. F. IN SUPPORT OF IMPROVING THE PUBLIC HEALTH OF OUR COMMUNITIES, SENTARA DONATED \$6 MILLION (AS PART OF OUR COMMUNITY BENEFIT) TO OLD DOMINION UNIVERSITY, NORFOLK STATE UNIVERSITY AND EASTERN VIRGINIA MEDICAL SCHOOL TO START A NEW SCHOOL OF PUBLIC HEALTH. SENTARA SIGNED A MEMORANDUM OF UNDERSTANDING WITH OLD DOMINION UNIVERSITY AND EASTERN VIRGINIA MEDICAL SCHOOL TO STRENGTHEN MEDICAL EDUCATION IN HAMPTON ROADS. G. ALSO, AS PART OF OUR COMMUNITY BENEFIT, SENTARA CONTRIBUTED \$150,000 TO VIRGINIA VETERANS SERVICES FOUNDATION TO BE USED FOR HOUSING ASSISTANCE AND SUICIDE PREVENTION PROGRAMS. H. BECAUSE OF THE GROWING NUMBER OF INDIVIDUALS FACING HOMELESSNESS, SENTARA CONTINUES TO PARTNER WITH MANY ORGANIZATIONS TO</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>ADDRESS THIS CRITICAL NEED THAT HAS REACHED NEW HEIGHTS DUE TO THE COVID-19 PANDEMIC. HERE ARE A FEW EXAMPLES: 1. HEALTHY HOTEL PROJECT: THANKS TO OUR PARTNERSHIP WITH THE NORFOLK COMMUNITY SERVICES BOARD (NCSB), SENTARA'S MEDICAL GROUP AND HOME CARE DIVISIONS HAVE BEEN ABLE TO HELP NCSB SAFELY LEVERAGE HOTEL ROOMS CONVERTED INTO A SAFE AND SUPPORTIVE SHELTER PROGRAM. THROUGH THE HEALTHY HOTEL PROJECT, NCSB IS PROVIDING TEMPORARY SHELTER FOR NORFOLK'S MOST VULNERABLE HOMELESS RESIDENTS, WHILE SENTARA PROVIDES PREVENTIVE SCREENING, SUPPORT, AND CHRONIC DISEASE MANAGEMENT SERVICES. 2. THE HELP CLINIC: THIS FREE CLINIC IN HAMPTON, VIRGINIA, CONTINUED TO OPERATE A SINGLE SITE SHELTER FOR THE HOMELESS WITH COVID-19 SAFEGUARDS. SENTARA CAREPLEX HOSPITAL CASE MANAGERS WORK WITH THE HELP CLINIC TO ENSURE HOMELESS INDIVIDUALS HAVE ACCESS TO THERMAL SHELTERS, WHERE THEY CAN LINK THE CLIENTS TO MORE PERMANENT HOUSING SOLUTIONS. 3. SUITCASE CLINIC: A COLLABORATION AMONG JAMES MADISON UNIVERSITY AND OTHER COMMUNITY PARTNERS, INCLUDING THE RMH FOUNDATION, WORKS TO OVERCOME BARRIERS TO HEALTHCARE IN THE HARRISONBURG, VIRGINIA COMMUNITY. IMPORTANTLY, IT SUPPORTS HEALTH AND WELLNESS AMONG THE REGION'S HOMELESS POPULATION THROUGH MOBILE HEALTH SERVICES. I. COMMUNITY HEALTH INITIATIVES SENTARA AND OPTIMA HEALTH HAVE LONG BEEN COMMITTED TO PROVIDING HEALTH AND PREVENTION SERVICES TO THE COMMUNITIES WE SERVE THROUGH MANY CHANNELS INCLUDING THE SENTARA HEALTHCARE COMMUNITY HEALTH AND PREVENTION ORGANIZATION WITHIN SENTARA. BELOW ARE SOME KEY HIGHLIGHTS OF THE EFFORTS IN OUR COMMUNITIES IN 2021: SENTARA CONTINUED TO OFFER PROGRAMS SUCH AS EATING FOR LIFE, WALKABOUT WITH HEALTHY EDGE, HEALTH HABITS, HEALTHY YOU, MEDITATION, TAI CHI AND YOGA. SENTARA HOSTS SEVERAL COMMUNITY EVENTS RAISING AWARENESS AROUND KEY HEALTH AWARENESS MONTHS. ONE GOOD EXAMPLE IS THROUGH THE PROMOTION OF "28 DAYS OF HEART" IN FEBRUARY 2021 IN SUPPORT OF HEART HEALTH AWARENESS. ONLINE PROMOTIONS, RADIO ADS, VIDEOS, SCREENINGS, AND MORE WERE CONDUCTED TO RAISE AWARENESS OF HEART DISEASE THROUGHOUT THE COMMUNITIES WE SERVE IN VIRGINIA AND NORTH CAROLINA. ADDITIONALLY, SENTARA NORFOLK GENERAL HOSPITAL RECEIVED GRANT FUNDING THAT SUPPORTS COMMUNITY HEALTH WORKERS TO PROVIDE CASE MANAGEMENT SERVICES FOR SURVIVORS OF GUN VIOLENCE, ASSAULTS AND STABBINGS ADMITTED TO THE TRAUMA SERVICE OR DISCHARGED FROM THE EMERGENCY DEPARTMENT. THE PURPOSE OF THE PROGRAM IS TO ASSIST SURVIVORS OF VIOLENCE, ASSESS THEIR SOCIAL DETERMINANTS OF HEALTH AND BASED ON THE RESULTS DEVELOP AN INTERVENTION PLAN. THE GOAL IS TO PROVIDE SKILLS AND KNOWLEDGE TO AID THE INDIVIDUAL AND FAMILY TO IMPROVE THE QUALITY OF THEIR LIVES.</p>

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<p>FORM 990, PART III, LINE 4A</p>	<p>III. COMMITMENT TO OUR TEAM MEMBERS A. SENTARA INVESTING IN OUR PEOPLE IS ALWAYS A TOP PRIORITY AND IN LINE WITH OUR MISSION TO IMPROVE HEALTH EVERY DAY. IN 2021 ALONE, SENTARA GAVE OUT MONETARY APPRECIATION GIFTS IN APRIL AND DECEMBER OF UP TO \$3,500 TOTAL PER TEAM MEMBER IN RECOGNITION OF THEIR SERVICE TO THE PUBLIC DURING THE COVID-19 PANDEMIC. THE COMPANY RAISED ITS STARTING WAGE TO \$15 PER HOUR MORE THAN TWICE THE FEDERAL MINIMUM WAGE EARLIER THAN PREVIOUSLY ANNOUNCED. SENTARA COLLEAGUES ALSO RECEIVED MARKET AND MERIT INCREASES IN MAY 2021 OF UP TO 8%, VALUED AT OVER \$50 MILLION. THE TOTAL INVESTED IN TEAM MEMBERS IN 2021 WAS APPROXIMATELY \$185 MILLION. IV. GROWTH IN SENTARA HEALTHCARE OUR GROWTH IN 2021 INCLUDED THE FOLLOWING: A. SENTARA BROKE GROUND ON THE NEW 135-ACRE SENTARA ALBEMARLE REGIONAL HEALTH CAMPUS IN ELIZABETH CITY, NC THAT WILL HOUSE A HOSPITAL AND MEDICAL OFFICE BUILDING. THIS GROUNDBREAKING MARKS THE MOST SIGNIFICANT INVESTMENT IN HEALTH CARE IN NORTHEAST NORTH CAROLINA SINCE THE CURRENT SENTARA ALBEMARLE MEDICAL CENTER WAS OPENED MORE THAN 60 YEARS AGO. B. OPTIMA HEALTH AND VIRGINIA PREMIER CONTINUED TO COLLECTIVELY SERVE OVER 600,000 PLUS ELIGIBLE VIRGINIANS WHO QUALIFIED FOR MEDICAID. C. THE SENTARA BROCK CANCER CENTER IN NORFOLK, VIRGINIA, BEGAN ITS SECOND YEAR SERVING AS A PATIENT-CENTERED FACILITY THAT IS TRANSFORMING CANCER CARE IN SOUTHEAST VIRGINIA/NORTHEAST NORTH CAROLINA. THE SENTARA BROCK CANCER CENTER SERVES 700-1000 PATIENTS PER DAY. D. IN HAMPTON ROADS, SENTARA OPENED A NEW WEIGHT-LOSS SURGERY PRACTICE; OPENED THE SENTARA BEHAVIORAL HEALTH CARE CENTER; OPENED A NEW NEUROLOGY PRACTICE; LAUNCHED VIRTUAL PHYSICAL THERAPY SERVICES; AND LAUNCHED HOSPITAL AT HOME TO CARE FOR PATIENTS IN THEIR HOME WHO WOULD HAVE OTHERWISE RECEIVED CARE IN A HOSPITAL SETTING. E. IN THE BLUE RIDGE REGION (HARRISONBURG AND CHARLOTTESVILLE), SENTARA LAUNCHED NEW ANESTHESIA PROGRAMS; ADDED FIVE NEW ORTHOPEDIC SURGEONS; AND ADDED ONE NEW PRIMARY CARE OFFICE LOCATION IN WAYNESBORO. F. IN THE HALIFAX REGION, SENTARA HALIFAX REGIONAL HOSPITAL OPENED PHASE ONE AND TWO OF THE LABOR DELIVERY RECOVERY AND POSTPARTUM UNIT (LDRP). THIS NEW MOTHER, BABY AND FAMILY UNIT WILL TRANSFORM THE EXPERIENCE MOMS AND FAMILIES HAVE WHEN DELIVERING THEIR BABY. SENTARA HALIFAX REGIONAL HOSPITAL ALSO ADDED A NEW ORTHOPEDIC SURGEON. G. IN NORTHERN VIRGINIA, SENTARA NORTHERN VIRGINIA MEDICAL CENTER ACHIEVED A TRAUMA III DESIGNATION; INTRODUCED A NEW PRIMARY CARE PHYSICIAN; EXPANDED THERAPY SERVICES; AND ADDED THE MOBILE PET/CT SERVICE. V. DIGITAL INITIATIVES AND INNOVATION SUCCESS A. SENTARA CONTINUED ITS FOCUS ON ENHANCING THE CONSUMER DIGITAL EXPERIENCE THROUGH THE ONGOING DEVELOPMENT AND ENHANCEMENT OF THE SENTARA "APP AND THE OPTIMA "APP". AS OF DECEMBER 2021, CUMULATIVE INITIAL UNIQUE LOGINS TO THE SENTARA APP WERE 290,473 AND CUMULATIVE DIGITAL ACCOUNTS ARE 685,154. AS OF DECEMBER 2021, CUMULATIVE INITIAL UNIQUE LOGINS TO THE OPTIMA HEALTH APP WERE 59,374 AN</p>

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FORM 990, PART III, LINE 4A	<p>D CUMULATIVE DIGITAL ACCOUNTS ARE 226,585. THE FINAL COMBINED APP ADOPTION NUMBER IS 38.4% VS. A BASELINE OF 27.5%, A NEARLY 11-PERCENTAGE POINT INCREASE. OUR AIM IS TO CONTINUOUSLY IMPROVE THE VIRTUAL EXPERIENCE, ENABLE VOICE OF THE CUSTOMER TO DRIVE CHANGE TO THE EXPERIENCE, AND ALLOW FOR A MORE FRICTIONLESS EXPERIENCE. B. THE VOICE OF THE CUSTOMER MODEL WAS HEAVILY UTILIZED TO UNDERSTAND MORE FROM SENTARA AND OPTIMA CUSTOMERS. THE MODEL IS AN OPERATIONAL DESIGN THAT ENABLES SENTARA TO INTEGRATE THE VOICE OF THE CUSTOMER INTO ALL FACETS OF BUSINESS DECISION-MAKING AND PRODUCT DEVELOPMENT BOTH IN THE BRICK-AND-MORTAR WORLD AND IN THE WORLD OF VIRTUAL CARE. VI. BY THE NUMBERS: A. 734,339 EMERGENCY ROOM VISITS; 15,994 BABIES DELIVERED, 17 HEART TRANSPLANTS, 70 KIDNEY TRANSPLANTS, 1 PANCREAS TRANSPLANT, 260 CLINICAL TRIALS, 60 PUBLICATIONS IN MEDICAL JOURNALS, 778 LIFE-SAVING TRIPS FROM THE NIGHTINGALE AIR AMBULANCE, AND 4,182,096 POUNDS OF PAPER RECYCLED. VII. EXPANDING EDUCATIONAL AND RESEARCH OPPORTUNITIES A. EDUCATION: SENTARA IS COMMITTED TO ALWAYS IMPROVING--INCLUDING ENCOURAGING REGISTERED NURSES (RNS) TO CONTINUE PURSUING EDUCATIONAL OPPORTUNITIES. CONTINUOUS LEARNING WILL ADVANCE THE CARE SENTARA NURSES DELIVER TO OUR PATIENTS AND ALLOW THEM TO ADVANCE IN THEIR CAREERS. IN 2021, SENTARA REACHED 83.2% OF SENTARA NURSES HAVING EARNED OR ARE UNDER CONTRACT TO EARN A BSN. SENTARA HAD 69.2% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 14.0% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THE IR BSN. B. RESEARCH: RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING. IN 2021, SENTARA PARTICIPATED IN 260 CLINICAL TRIALS, INCLUDING 5 RELATED TO COVID-19. THE SENTARA HEALTH RESEARCH CENTER PROVIDES SCIENTIFIC, ADMINISTRATIVE, AND REGULATORY SUPPORT FOR RESEARCH CONDUCTED ACROSS SENTARA HEALTHCARE AND IN OUR COMMUNITIES. THE SENTARA HEALTH RESEARCH CENTER STRIVES TO IMPROVE TREATMENT OPTIONS, MEDICAL TECHNOLOGY, AND HEALTH EQUITIES WITH OUR DEDICATED TEAM OF EXPERTS AND STATE-OF-THE-ART TECHNOLOGY. OUR RESEARCH TAKES PLACE INSIDE AND OUTSIDE OF THE HOSPITAL. WE ALSO CONDUCT RESEARCH IN OUR COMMUNITY AND PARTNER WITH MANY COMMUNITY PRACTICES. OUR RESEARCH HELPS TO ADVANCE SCIENTIFIC UNDERSTANDING OF DISEASES AND ADVANCE KNOWLEDGE THAT LEADS TO BETTER AND MORE EFFECTIVE TREATMENTS THAT IMPROVE THE HEALTH IN OUR COMMUNITIES. OUR AREAS OF RESEARCH INCLUDE: CANCER CARDIOVASCULAR HEALTHCARE DELIVERY AND HEALTH EQUITY INTERNAL MEDICINE NEUROSCIENCES ORTHOPEDICS PULMONARY/CRITICAL CARE WITH HEALTH CARE FACILITIES THROUGHOUT VIRGINIA AND NORTH CAROLINA, SENTARA TREATS A DIVERSE POPULATION OF PATIENTS. BECAUSE OF OUR WEALTH OF EXPERTISE, CUTTING-EDGE TECHNOLOGY AND CENTRALIZED AND COHESIVE RESEARCH DEPARTMENT, SENTARA CONTINUES TO BE A PREMIER HEALTH RESEARCH PARTNER. VIII. QUALITY, PATIENT SAFETY, AND COMMUNITY DISTINCTIONS AND AWARDS A. AWARD-WINNING CARE - AS ALWAYS, SENTARA IS PROUD AND HUMBLED BY THE VARIOUS AWARDS AND RECOGNITIONS THE SYSTEM RECEIVES.</p>



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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>CEIVED OVER THE COURSE OF THE YEAR. OUR MISSION IS TO IMPROVE HEALTH EVERY DAY. TO RECEIVE AN AWARD IS SIMPLY AN ADDED ACKNOWLEDGEMENT OF OUR MISSION DRIVEN WORK. HERE ARE A FEW OF THE 2021 AWARDS AND RECOGNITIONS: 1. SENTARA HEALTHCARE WAS NAMED ONE OF THE TOP 15 HEALTH SYSTEMS IN THE NATION FOR 2021 BY IBM WATSON HEALTH. THIS IS THE SECOND TIME SENTARA RECEIVED THIS PRESTIGIOUS HONOR, WHICH HIGHLIGHTS TOP-PERFORMING U.S. HEALTH SYSTEMS WITH EXCELLENT CLINICAL OUTCOMES, OPERATIONAL EFFICIENCY, AND PATIENT EXPERIENCE. SENTARA HEALTHCARE IS THE ONLY HEALTH SYSTEM IN THE MID-ATLANTIC AND SOUTHEAST REGIONS TO BE RECOGNIZED WITH THIS HONOR. 2. SENTARA NORFOLK GENERAL HOSPITAL EARNED A TOP 50 NATIONAL RANKING FROM U.S. NEWS &amp; WORLD REPORT: UROLOGY. THIS EXTRAORDINARY RANKING, 40TH IN THE NATION, IS DUE TO THE GREAT PARTNERSHIP AND COLLABORATION WITH UROLOGY OF VIRGINIA AND EASTERN VIRGINIA MEDICAL SCHOOL (EVMS). UROLOGY SERVICES INCLUDE EXPERT TREATMENT METHODS FOR KIDNEY STONES TO COMPLEX BLADDER SURGERY, ROBOTIC SURGERY FOR PROSTATE, KIDNEY AND BLADDER CANCERS, GREEN LIGHT THERAPY FOR ENLARGED PROSTATE, AND THE SENTARA-EVMS COMPREHENSIVE PELVIC FLOOR CENTER. 3. ALL 12 SENTARA HOSPITALS EARNED A "LEADER IN LGBTQ HEALTHCARE EQUALITY" IN THE 2020 - 2021 TIMEFRAME FOR THE HEALTHCARE EQUALITY INDEX (HEI), A NATIONAL LGBTQ BENCHMARKING TOOL FROM THE HUMAN RIGHTS CAMPAIGN. 4. SENTARA WAS ACKNOWLEDGED AS ONE OF THE LEADING COMPANIES IN THE "GENEROUS VIRGINIANS" REPORT PUBLISHED IN VIRGINIA BUSINESS IN MAY 2021. SENTARA PROVIDED THE LARGEST DONATION BY A COMPANY OR CORPORATE FOUNDATION THROUGH ITS DONATION OF \$23.5 MILLION TO EASTERN VIRGINIA MEDICAL SCHOOL (EVMS) IN 2020. AND, IN THE CATEGORY OF TOTAL CORPORATE DONATIONS TO VIRGINIA NONPROFITS IN 2020, SENTARA WAS TOP OF THE LIST WITH DONATIONS TOTALING \$35.3 MILLION. IX. HEALTH PLANS A. GROWTH OPTIMA HEALTH CONTINUES TO SEE GROWTH IN THE COMMERCIAL EMPLOYER MARKET. OPTIMA HEALTH ALONG WITH VIRGINIA PREMIER SERVES OVER 951,000 MEMBERS IN VIRGINIA, NORTH CAROLINA, AND OHIO. OPTIMA MEDICARE STAR RATING INCREASED TO 4.0 FROM 3.5 AND OPTIMA CONTINUES TO PRESS FORWARD ON ITS QUALITY, AFFORDABILITY, ACCESSIBILITY, HEALTH AND WELLNESS, VIRTUAL CARE, AND CUSTOMER EXPERIENCE.</p>

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Return Reference	Explanation
FORM 990, PART III, LINE 4A	<p>X. COVID-19 A. THE SECOND YEAR OF THE PANDEMIC PRESENTED MANY CHALLENGES, YET MUCH HOPE GIVEN THE INTRODUCTION OF THE COVID-19 VACCINES. SENTARA LEADERS AND TEAM MEMBERS CONTINUED TO RISE TO NEW HEIGHTS WITH THEIR HARD WORK AND PERSEVERANCE IN TAKING CARE OF EACH OTHER AS WELL AS OUR MEMBERS AND PATIENTS. HERE ARE A FEW HIGHLIGHTS: 1. BY THE NUMBERS: - SENTARA WAS THE FIRST IN THE COMMONWEALTH OF VIRGINIA TO HOST A VACCINE CLINIC AND IN FULL, PARTNERED WITH COMMUNITY AND FAITH-BASED ORGANIZATIONS TO HOLD OVER 550 COVID-19 VACCINE CLINICS. SENTARA ADMINISTERED NEARLY 200,000 VACCINES. TEAM MEMBERS AND VOLUNTEERS REGISTERED MORE THAN 30,000 HOURS AT COVID-19 VACCINE CLINICS. SENTARA PARTICIPATED IN 5 COVID-19 CLINICAL TRIALS WITH MORE THAN 1,000 PATIENTS ENROLLED. - COVID-19 SINCE THE BEGINNING OF THE PANDEMIC, 19,080 COVID-19 PATIENTS WERE ADMITTED TO SENTARA HOSPITALS, 13,255 WERE IN 2021. SINCE THE BEGINNING OF THE PANDEMIC, SENTARA HAD 155,798 COVID-19 PATIENT DAYS, 98,806 DAYS WERE IN 2021; 33,736 TOTAL INTENSIVE CARE UNIT DAYS FOR COVID-19 PATIENTS; AND 27,235 TOTAL VENTILATOR DAYS FOR COVID-19 PATIENTS. 2. SAFETY FOR OUR PATIENTS AND VISITORS: SENTARA CONTINUED ITS DILIGENCE FOR CLEANING/SANITIZING PATIENT CARE AREAS, MANDATORY MASKING, AND SOCIAL DISTANCING. 3. VACCINE EDUCATION: SENTARA LAUNCHED SEVERAL MARKETING CAMPAIGNS TO EDUCATE ALL IN THE COMMUNITY THE NEED TO GET VACCINATED AND BOOSTED. 4. PROTECTING OUR TEAM MEMBERS: SENTARA CONTINUED ITS RIGOROUS SCREENING PROCEDURES AT ALL OUR FACILITIES AND WORK LOCATIONS. WE ALSO EMBARKED ON A "BE KIND" CAMPAIGN TO ENCOURAGE THE PUBLIC, PATIENTS, AND VISITORS TO TREAT OUR EMPLOYEES WITH KINDNESS, EMPATHY, AND COMPASSION. 5. SUPPORTING OUR TEAM MEMBERS: SENTARA CONTINUED WITH THE PROGRAM, "YOU MATTER" TO HELP TEAM MEMBERS WITH THEIR SOCIAL, EMOTIONAL, AND BEHAVIORAL HEALTH NEEDS DURING THIS DIFFICULT PANDEMIC PERIOD. "YOU MATTER" HAS AN ABUNDANCE OF RESOURCES FOR STRESS MANAGEMENT, MINDFULNESS, RESILIENCE, MENTAL WELLNESS, AND CARE GIVER STRESS. SENTARA STRESSED THE NEED FOR TEAM MEMBERS TO TAKE CARE OF THEMSELVES AND EACH OTHER. WE ALSO LAUNCHED A PUBLIC "THANK YOU" ADVERTISING CAMPAIGN TO SHOW OUR APPRECIATION FOR OUR EMPLOYEES' RESILIENCE, DEDICATION, AND HARD WORK. 6. SENTARA COVID-19 STEERING COMMITTEE: SENTARA CONTINUED TO DILIGENTLY MONITOR THE PANDEMIC CRISIS WITH THE ONGOING WORK OF THE COVID-19 STEERING COMMITTEE. LEADERS MET FREQUENTLY AND THIS ALLOWED SENTARA TO SUCCESSFULLY RESPOND, PIVOT, PLAN, AND COORDINATE ACTIONS IN RESPONSE TO THE UNPRECEDENTED PANDEMIC ESPECIALLY DURING THE ADMINISTRATION OF VACCINES, STANDING UP VACCINE CLINICS AND WORKING IN THE COMMUNITY REACHING UNDERSERVED POPULATIONS. SENTARA LEADERS FREQUENTLY WERE IN COMMUNICATION WITH FEDERAL, STATE, REGIONAL AND LOCAL ELECTED OFFICIALS, AND OTHER KEY STAKEHOLDERS TO COLLECTIVELY LEARN AND ADVISE OTHERS OF NEEDS AND ISSUES. CONCLUSION: SENTARA HEALTHCARE IS COMMITTED TO OUR MISSION WE IMPROVE HEALTH EVERY DAY. WE PR</p>

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART III, LINE 4A	PROVIDE QUALITY CARE THROUGH EXPERT PROVIDERS, USING CUTTING-EDGE TECHNOLOGY, DEPLOYING MEDICAL BREAKTHROUGHS, AND PROVIDING EXCELLENT CUSTOMER SERVICE ALL WITH A CONSTANT FOCUS ON INNOVATION. AND WE ARE COMMITTED TO SUPPORTING THE COMMUNITIES WE SERVE THROUGH OUR COMMUNITY ENGAGEMENT AND IMPACT PROGRAM, SERVING DIVERSITY AND EXPLORING HEALTH EQUITIES, VOLUNTEERISM, GRANTS, SPONSORSHIPS, AND SUPPORTING INITIATIVES THAT LIFT OUR COMMUNITIES. WE LOOK FORWARD TO ANOTHER YEAR OF COMMUNITY SUCCESS, GROWTH, AND INNOVATION IN 2022.

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<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART V, LINE 1A, NUMBER REPORTED IN BOX 3 OF FORM 1096	SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, MAINTAINS AN AGENCY RELATIONSHIP WITH THE ORGANIZATION AND ISSUES 1099S ON ITS BEHALF. THE NUMBER REPORTED IS A BEST ESTIMATE OF THE 1099S ATTRIBUTABLE TO THE ORGANIZATION. THE EXACT NUMBER CANNOT BE DETERMINED; AS SOME OF THE 1099S ISSUED BY THE AGENT ARE ATTRIBUTABLE TO MORE THAN ONE ENTITY, AND THERE IS NO REPORTING MECHANISM TO DETERMINE 1099'S ATTRIBUTABLE SOLELY TO THE ORGANIZATION.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2	THE ORGANIZATION'S OFFICERS AND DIRECTORS SERVED TOGETHER ON THE BOARDS OF OTHER ORGANIZATIONS WITHIN THE SENTARA HEALTHCARE SYSTEM ("THE SYSTEM"), AS WELL AS JOINT VENTURES IN WHICH THE SYSTEM HAD AN OWNERSHIP INTEREST. SEE SCHEDULE R FOR A LISTING OF SUCH ENTITIES.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 3	THE ORGANIZATION HAD AN ADMINISTRATIVE SERVICES AGREEMENT ("ASA") WITH SENTARA HEALTH PLANS, INC., A RELATED ORGANIZATION. UNDER THE ASA, THE ORGANIZATION DELEGATED MANAGEMENT DUTIES SUCH AS PLANNING AND EXECUTING BUDGETS AND FINANCIAL OPERATIONS AND SUPERVISING EXEMPT OPERATIONS AND UNRELATED BUSINESS ACTIVITIES TO SENTARA HEALTH PLANS, INC. ALL PERSONS LISTED AS FORMER KEY AND HIGHEST COMPENSATED EMPLOYEES IN CORE PART VII SECTION A RECEIVED COMPENSATION FROM SENTARA HEALTH PLANS, INC. FOR SERVICES PROVIDED TO THE ORGANIZATION. SEE CORE PART VII SECTION A COLUMNS (E) AND (F) FOR REPORTABLE AND OTHER COMPENSATION PAID BY SENTARA HEALTH PLANS, INC.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 6	THE ORGANIZATION'S SOLE MEMBER WAS SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND SECTION 501(C)(3) TAX EXEMPT ENTITY.

# 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	THE BOARD OF DIRECTORS, WHICH SERVED AS THE ORGANIZATION'S GOVERNING BODY, WAS ELECTED BY ITS SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NON-STOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM.



**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION A, LINE 7B	AS SOLE MEMBER, SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM, IS ENTITLED TO ONE VOTE ON ALL MATTERS AND HAS THE RIGHT TO ELECT AND REMOVE MEMBERS OF THE ORGANIZATION'S GOVERNING BODY; APPROVE ANY ALTERATION, AMENDMENT OR REPEAL OF ITS GOVERNING DOCUMENTS; APPROVE THE ANNUAL OPERATING AND CAPITAL BUDGET AND ALL FORMAL LONG-RANGE PLANS; APPROVE ANY SINGLE CAPITAL EXPENDITURE EXCEEDING \$1 MILLION; APPROVE ALL BORROWING OR INDEBTEDNESS WHICH IN ANY ONE TRANSACTION OR RELATED SERIES OF TRANSACTIONS EXCEEDS \$500,000; APPROVE ANY PLAN OF MERGER OR CONSOLIDATION, ANY SALE, LEASE, EXCHANGE, MORTGAGE, PLEDGE OR OTHER DISPOSITION OF ALL, OR SUBSTANTIALLY ALL, THE PROPERTY AND ASSETS OF THE ORGANIZATION, THE VOLUNTARY DISSOLUTION OF THE ORGANIZATION, OR REVOCATION OF VOLUNTARY DISSOLUTION PROCEEDINGS; REVIEW THE BOOKS AND RECORDS, CONDUCT AUDITS, AND APPROVE THE SELECTION OF AUDITORS CHOSEN TO CONDUCT AUDITS OF THE ORGANIZATION; AND APPROVE THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OF THE ORGANIZATION, OR THE CREATION OF ANY OTHER CORPORATION OF WHICH THE ORGANIZATION IS TO BE A MEMBER, AND TO APPROVE ANY DISSOLUTION OR OTHER CHANGE IN ANY SUCH LEGAL RELATIONSHIP PREVIOUSLY APPROVED BY SENTARA HEALTHCARE.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 11B	A COPY OF THE ORGANIZATION'S FINAL FORM 990, AS ULTIMATELY FILED WITH THE IRS, WAS PROVIDED TO EACH VOTING MEMBER OF SENTARA HEALTHCARE'S GOVERNING BODY BEFORE BEING FILED. SENTARA HEALTHCARE IS A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM".) THE ORGANIZATION USED THE SYSTEM'S IN-HOUSE TAX DEPARTMENT, HEADED BY A LICENSED CERTIFIED PUBLIC ACCOUNTANT, TO BOTH PREPARE AND REVIEW ITS FORM 990. DURING THE PREPARATION AND REVIEW PROCESS, THE TAX DEPARTMENT WORKED CLOSELY WITH OTHER SYSTEM DEPARTMENTS, SUCH AS LEGAL, COMPENSATION AND BENEFITS, COMPLIANCE, FINANCE, AND MARKETING, TO ENSURE THAT A COMPLETE AND ACCURATE RETURN WAS FILED.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	DIRECTORS, BOARD-NOMINATED OFFICERS, AND KEY EMPLOYEES ARE REQUESTED TO SUBMIT AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE AND CERTIFY TO THE COMPLETION AND ACCURACY OF THE INFORMATION DISCLOSED. ADDITIONALLY, EACH ORGANIZATION'S GOVERNING BOARD OR APPROPRIATE BODY MONITORS TRANSACTIONS INVOLVING DISCLOSED POTENTIAL CONFLICTS OF INTEREST.

## 990 Schedule O, Organizational Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>AS PART OF THE SENTARA HEALTH SYSTEM ("THE SYSTEM"), THE ORGANIZATION FOLLOWED PROCESSES AND PROCEDURES SET FORTH IN ITS GOVERNING DOCUMENTS TO ENSURE COMPLIANCE WITH ITS OBLIGATIONS AS A 501(C)(3) HEALTHCARE ORGANIZATION TO PAY DISQUALIFIED PERSONS' REASONABLE COMPENSATION. SUCH PROCESSES AND PROCEDURES ARE INTENDED TO ESTABLISH THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER THE INTERNAL REVENUE CODE SECTION 4958 REGULATIONS. THE COMPENSATION PHILOSOPHY OF THE SYSTEM AS A WHOLE IS TO BASE OVERALL COMPENSATION AND BENEFITS FOR EXECUTIVES ON NOT-FOR-PROFIT MARKET COMPARABLES, ADJUSTED AS APPLIED TO EACH EXECUTIVE, TAKING INTO CONSIDERATION THE INDIVIDUAL SKILLS, EXPERIENCE, TENURE AND PERFORMANCE OF THE EXECUTIVE BEING COMPENSATED AND OVERALL PERFORMANCE OF THE ORGANIZATION. IN LINE WITH THIS PHILOSOPHY, THE SYSTEM PERFORMED SUBSTANTIAL DUE DILIGENCE AS TO MARKET COMPARABLES. THE SYSTEM'S COMPENSATION COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEMBERS WITHOUT CONFLICTS OF INTEREST, ENGAGED AN OUTSIDE CONSULTANT, WHO REPORTS TO THE COMPENSATION COMMITTEE, TO CONDUCT A STUDY ASSESSING THE COMPETITIVENESS OF TOTAL COMPENSATION (INCLUDING CASH COMPENSATION, BENEFITS AND PERQUISITES) OF ITS SENIOR EXECUTIVES PRIOR TO MAKING DECISIONS REGARDING ANNUAL BASE SALARY ADJUSTMENTS, APPROVING INCENTIVE AWARDS, OR CONSIDERING PROGRAMMATIC CHANGES. THE STUDY COMPARED THE COMPENSATION OF THE SYSTEM'S SENIOR EXECUTIVES TO COMPENSATION DATA FROM MULTIPLE PUBLISHED SURVEY SOURCES BASED ON EACH SENIOR EXECUTIVE'S FUNCTIONAL RESPONSIBILITY. IN CONDUCTING THE STUDY, THE CONSULTANT TARGETED OTHER NOT-FOR-PROFIT HEALTH SYSTEMS OF SIMILAR SIZE BASED ON NET REVENUE AND COMPLEXITY. FOR HEALTH PLAN POSITIONS, HEALTH PLANS WITH SIMILAR PREMIUMS, OR MEMBERS, WERE TARGETED. THE CONSULTANT ALSO CONDUCTS A REVIEW OF THE ORGANIZATION'S PERFORMANCE RELATIVE TO A GROUP OF NOT-FOR-PROFIT HEALTH SYSTEMS OF COMPARABLE SIZE AND SCOPE OF OPERATIONS EVERY YEAR. THE MOST RECENT STUDY COMPARED SENTARA'S PERFORMANCE TO 26 NOT-FOR-PROFIT HEALTHCARE SYSTEMS, AND 37 INDEPENDENT AND INTEGRATED DELIVERY SYSTEM-OWNED HEALTH PLANS THAT ARE COMPARABLE IN SIZE TO SENTARA'S HEALTH PLAN, BASED ON NET REVENUE GROWTH, OPERATING MARGIN, VARIOUS CLINICAL QUALITY METRICS AND PATIENT SATISFACTION. OVERALL, THE CONSULTANT DETERMINED THAT SENTARA'S PAY WAS ALIGNED WITH ITS RELATIVE PERFORMANCE. THE COMPENSATION STUDY WAS PRESENTED TO THE SYSTEM'S COMPENSATION COMMITTEE, WHICH MADE ITS COMPENSATION DECISIONS BASED ON A) ITS REVIEW AND ANALYSIS OF THE PERFORMANCE OF BOTH THE ORGANIZATION AND ITS SENIOR EXECUTIVES AND, B) A REASONABLENESS OF COMPENSATION ANALYSIS AND OPINION FROM AN EXTERNAL EXPERT IN THE COMPENSATION OF EXECUTIVES IN THE TAX-EXEMPT HEALTH CARE FIELD. THE COMMITTEE'S BASES FOR ITS DECISIONS WERE DOCUMENTED IN COMMITTEE MINUTES TAKEN DURING THE MEETING AND THEN CIRCULATED FOR REVIEW AND APPROVAL. ALL DECISIONS REGARDING COMPENSATION WERE MADE BY THE COMMITTEE, WHICH CONSISTS OF SYSTEM BOARD MEM</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 15	BERS WITHOUT CONFLICTS OF INTEREST. THIS PROCESS WAS USED TO ESTABLISH COMPENSATION FOR THE ORGANIZATION'S PRESIDENT, SECRETARY, AND TREASURER. THE PRESIDENT, SECRETARY, AND TREASURER ALSO SERVED AS EXECUTIVE VICE PRESIDENT, SENIOR VICE PRESIDENT AND CLO, AND EXECUTIVE VICE PRESIDENT AND CFO OF THE SYSTEM, RESPECTIVELY. THE PROCESS WAS LAST UNDERTAKEN DURING THE CURRENT TAX YEAR FOR THE POSITIONS LISTED.

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE CONSOLIDATED FINANCIAL STATEMENTS FOR SENTARA HEALTHCARE AND SUBSIDIARIES WERE MADE PUBLICLY AVAILABLE THROUGH THE USE OF DAC BOND (DISCLOSURE DISSEMINATION AGENT) AND CAN BE FOUND ON THE INTERNET AT <a href="http://WWW.DACBOND.COM">WWW.DACBOND.COM</a> . THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, LINE 1B, BOARD MEMBER INDEPENDENCE	THE ORGANIZATION'S BOARD OF DIRECTORS IS ELECTED ANNUALLY BY SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX EXEMPT PARENT OF THE SENTARA HEALTH SYSTEM. THE GOVERNING BOARD OF SENTARA HEALTHCARE IS A COMMUNITY-BASED BOARD COMPRISED OF 17 VOTING MEMBERS, 16 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS.

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART XI, LINE 9:	CAPITAL DISTRIBUTION TO PARENT -101,000,000.



**SCHEDULE R  
(Form 990)**

**Related Organizations and Unrelated Partnerships**

OMB No. 1545-0047

**2021**

**Open to Public  
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**  
▶ **Attach to Form 990.**  
▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.**

Department of the Treasury  
Internal Revenue Service

Name of the organization  
OPTIMA HEALTH PLAN

**Employer identification number**

54-1283337

**Part I Identification of Disregarded Entities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

**Part II Identification of Related Tax-Exempt Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
See Additional Data Table							

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
See Additional Data Table												

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
See Additional Data Table									

**Part V Transactions With Related Organizations.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of <b>(i)</b> interest, <b>(ii)</b> annuities, <b>(iii)</b> royalties, or <b>(iv)</b> rent from a controlled entity . . . . .	<b>1a</b>	No
<b>b</b> Gift, grant, or capital contribution to related organization(s) . . . . .	<b>1b</b>	No
<b>c</b> Gift, grant, or capital contribution from related organization(s) . . . . .	<b>1c</b>	No
<b>d</b> Loans or loan guarantees to or for related organization(s) . . . . .	<b>1d</b>	No
<b>e</b> Loans or loan guarantees by related organization(s) . . . . .	<b>1e</b>	No
<b>f</b> Dividends from related organization(s) . . . . .	<b>1f</b>	No
<b>g</b> Sale of assets to related organization(s) . . . . .	<b>1g</b>	No
<b>h</b> Purchase of assets from related organization(s) . . . . .	<b>1h</b>	No
<b>i</b> Exchange of assets with related organization(s) . . . . .	<b>1i</b>	No
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) . . . . .	<b>1j</b>	No
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) . . . . .	<b>1k</b>	No
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) . . . . .	<b>1l</b>	No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) . . . . .	<b>1m</b>	Yes
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) . . . . .	<b>1n</b>	No
<b>o</b> Sharing of paid employees with related organization(s) . . . . .	<b>1o</b>	No
<b>p</b> Reimbursement paid to related organization(s) for expenses . . . . .	<b>1p</b>	Yes
<b>q</b> Reimbursement paid by related organization(s) for expenses . . . . .	<b>1q</b>	No
<b>r</b> Other transfer of cash or property to related organization(s) . . . . .	<b>1r</b>	No
<b>s</b> Other transfer of cash or property from related organization(s) . . . . .	<b>1s</b>	No

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
See Additional Data Table			

**Part VI Unrelated Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**Part VII**    **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

<b>Return Reference</b>	<b>Explanation</b>

**Additional Data**

**Software ID:**  
**Software Version:**  
**EIN:** 54-1283337  
**Name:** OPTIMA HEALTH PLAN

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801459	HLTH/WELFARE	VA	501(C)(3)	LINE 7	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0506331	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1401357	INVEST/MGT SVCS FOR MARTHA JEFFERSON HOSPITAL	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 30-0041113	FUNDRAISING FOR SUPPORTED ORG	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0261840	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3623430	SUPPORTS MCAID HMO	NC	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTHCARE	VA	501(C)(3)	LINE 7	N/A		No

**Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations**

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled entity?	
						Yes	No
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 84-2066617	MEDICARE HMO	NC	501(C)(4)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1760974	MEDICAID HMO	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 85-1043564	SOCIAL WELFARE	NC	501(C)(4)		SENTARA HEALTHCARE	Yes	
6015 POPLAR HALL DRIVE NORFOLK, VA 23502 86-3471400	SOCIAL WELFARE	VA	501(C)(4)		SENTARA HEALTHCARE	Yes	
925 DOWNSHIRE CHASE VIRGINIA BEACH, VA 23452 86-3515192	POLITICAL	VA	527		SENTARA COMMUNITY HEALTH AND WELLNESS INITIATIVE		No

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
MANAGEMENT SERVICES LLC  814 GREENBRIER CIRCLE STE H CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	N/A					No			No	
OBICI REAL ESTATE HOLDINGS LLC  6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	N/A					No			No	
PRINCESS ANNE AMB SURG MGT LLC  1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	N/A					No			No	
VA BEACH AMBULATORY SURGERY CENTER  1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	N/A					No			No	
CANCER CENTERS OF VA LLC  5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	N/A					No			No	
HAMPTON ROADS LITHOTRIPSY LLC  225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	N/A					No			No	
RADIOLOGY SERVICES OF HAMPTON ROADS LC  814 GREENBRIER CIRCLE STE H CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	N/A					No			No	
SENTARA OBICI AMBULATORY SURGERY LLC  2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	N/A					No			No	
POTOMAC INOVA HEALTHCARE ALLIANCE LLC  8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTH CARE	VA	N/A					No			No	
CAREPLEX ORTHOPAEDIC ASC LLC  3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	N/A					No			No	
PHYSICAL THERAPY ACACLLC  501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	N/A					No			No	
MNS SUPPLY CHAIN NETWORK LLC  11525 N COMMUNITY HOUSE RD STE 450 CHARLOTTE, NC 28277 45-4235238	GPO	DE	N/A					No			No	
LAKE RIDGE AMBULATORY SURGERY CENTER LLC  12825 MINNIEVILLE RD STE 204 WOODBIDGE, VA 22192 45-5347932	HEALTH CARE	VA	N/A					No			No	
CAHABA PARTNERS CORE FIXED INCOME FUND  C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4618533	POOLED INV FD	DE	N/A				Yes				No	
HIGHLAND EQUITY FUND  C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4606269	POOLED INV FD	DE	N/A				Yes				No	



Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership												
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CAHABA PARTNERS PUBLIC INFLATION HEDGES FD  C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4601867	POOLED INV FD	DE	N/A				Yes				No	
LEIGH ORTHOPEDIC SURGERY CENTER LLC  830 KEMPSVILLE ROAD NORFOLK, VA 23502 83-2402528	HEALTH CARE	VA	N/A					No			No	
SURGICAL SUITES OF COASTAL VIRGINIA LLC  400 SENTARA CIRCLE WILLIAMSBURG, VA 23188 83-3205375	HEALTH CARE	VA	N/A					No			No	
PORT WARWICK SURGERY CENTER LLC  1031 LOFTIS BOULEVARD NEWPORT NEWS, VA 23606 83-2749039	HEALTH CARE	VA	N/A					No			No	
CAHABA PARTNERS EQUITY PLUS FUND  C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 61-1865746	POOLED INV FD	DE	N/A				Yes				No	
CAHABA PARTNERS TACTICAL EQUITY FUND  C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 37-1939267	POOLED INV FD	DE	N/A				Yes				No	
HA INTL EQUITY CEF FD CL-A  C/O BNY MELLON TRUST 4005 KENNET PI GREENVILLE, DE 19807 84-5176311	POOLED INV FD	DE	N/A				Yes				No	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C				Yes	
MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C				Yes	
SENTARA SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
DOMINION HEALTH MEDICAL ASSOCIATES LTD 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	HOLDING COMPANY	VA	N/A	C				Yes	
ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust									
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	OTHER INSURANCE FUNDS	CJ	N/A	C				Yes	
ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	
THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 56-2295574	BUILDING ASSOCIATION	VA	N/A	C				Yes	
MEDSTREAMING EGYPT SOFTWARE 5AELNASRROADDELTA BUILDING8TH CAIRO EG	CONSULTING	EG	N/A	C				Yes	
CAHABA PARTNERS TOTAL RETURN FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	POOLED INV FD	CJ	N/A	C					No
FIVOS INC 8 COMMERCE AVE WEST LEBANON, NH 03784 45-1573625	HEALTHCARE IT	DE	N/A	C				Yes	
PINEBRIDGE SSL SUB-TRUST 2 190 ELGIN AVENUE GEORGE TOWN KY1-9005 CJ 98-6079263	POOLED INV FD	CJ	N/A	T					No
MEDICAL METRX HOLDING INC 8 COMMERCE AVE WEST LEBANON, NH 03784 20-4195631	HOLDING COMPANY	DE	N/A	C				Yes	
M2M INC 8 COMMERCE AVE WEST LEBANON, NH 03784 13-3978513	DATA COLLECTION/AGGREGATION	DE	N/A	C				Yes	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type(a-s)	<b>(c)</b> Amount Involved	<b>(d)</b> Method of determining amount involved
HALIFAX REGIONAL HOSPITAL INC	M	2,682,242	CORP BOOKS/REC
MARTHA JEFFERSON HOSPITAL	M	2,751,219	CORP BOOKS/REC
OPTIMA HEALTH INSURANCE COMPANY	M	5,608,357	CORP BOOKS/REC
POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM	M	2,330,035	CORP BOOKS/REC
SENTARA ENTERPRISES	M	131,702,985	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	M	119,110,894	CORP BOOKS/REC
SENTARA HEALTH PLANS INC	P	122,307,435	CORP BOOKS/REC
SENTARA HOSPITALS	M	190,506,728	CORP BOOKS/REC
SENTARA MEDICAL GROUP	M	37,690,102	CORP BOOKS/REC
SENTARA PRINCESS ANNE HOSPITAL	M	12,042,519	CORP BOOKS/REC
SENTARA RMH MEDICAL CENTER	M	5,994,854	CORP BOOKS/REC