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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exe

Under section 501(c), 527, or 4947(a)(1) of the Internal

▶ Do not enter social security numbers on t

▶ **Go to *www.irs.gov/Form990* for instruc**

A For the 2020 calendar year, or tax year beginning 01-01-2020 , and ending 1

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)
6015 POPLAR HALL DR

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

F Name and address of principal officer:
DENNIS MATHEIS
6015 POPLAR HALL DR
NORFOLK, VA 23502

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

J Website: ▶ WWW.OPTIMAHEALTH.COM

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYS

2 Check this box ▶ ☐
3 Number of voting members of the governing body (Part VI, line 1a) . .
4 Number of independent voting members of the governing body (Part VI, line
5 Total number of individuals employed in calendar year 2020 (Part V, line 2a)
6 Total number of volunteers (estimate if necessary) . . . . . .
7a Total unrelated business revenue from Part VIII, column (C), line 12 . .
b Net unrelated business taxable income from Form 990-T, line 39 . . .

Revenue

8 Contributions and grants (Part VIII, line 1h) . . . . . .
9 Program service revenue (Part VIII, line 2g) . . . . . .
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . .
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . .
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . .
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . .
b Total fundraising expenses (Part IX, column (D), line 25) ▶0
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . .
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
19 Revenue less expenses. Subtract line 18 from line 12 . . . . .

Net Assets or Fund Balances

20 Total assets (Part X, line 16) . . . . . .
21 Total liabilities (Part X, line 26) . . . . . .
22 Net assets or fund balances. Subtract line 21 from line 20 . . . .

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompan
true, correct, and complete. Declaration of preparer (other than officer) is based on all info

Sign Here

Signature of officer

ROBERT A BROERMANN TREASURER
Type or print name and title

Paid

Print/Type preparer's name | Preparer's signature

Paid Preparer Use Only		
	Firm's name ▶	
	Firm's address ▶	

May the IRS discuss this return with the preparer shown above? (see instructions) . .

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2020)

Part III **Statement of Program Service Accomplishments**

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

1 Briefly describe the organization's mission:

AS PART OF SENTARA HEALTHCARE'S INTEGRATED HEALTH CARE SYSTEM, WE I
EDUCATIONAL AND SCIENTIFIC PURPOSES OF SENTARA HEALTHCARE AND SUBS

2 Did the organization undertake any significant program services during the year wl
the prior Form 990 or 990-EZ? . . . . . .
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it cond
services? . . . . . .
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three and 501(c)(4) organizations are required to report the amount of grants and allocat service reported.

4a (Code:) (Expenses $ 2,738,212,312 including grants o

OPTIMA HEALTH PLAN MAINTAINS CONTRACTS WITH AREA PROVIDERS TO SUPPLY ST.
PROMOTION FOR INDIVIDUALS AND FAMILIES IN THE COMMUNITY IN AN EFFECTIVE, A

4b (Code:) (Expenses $ including grants o

4c (Code:) (Expenses $ including grants o

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

4e **Total program service expenses** ▶ 2,738,212,312

Form 990 (2020)

Part IV **Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a privat . . . . . .

2 Is the organization required to complete *Schedule B, Schedule of Contributors* (se

3 Did the organization engage in direct or indirect political campaign activities on bel *If "Yes," complete Schedule C, Part I* . . . . . .

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activitie tax year? *If "Yes," complete Schedule C, Part II* . . . . . .

5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that rec amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C,*	
6	Did the organization maintain any donor advised funds or any similar funds or acc on the distribution or investment of amounts in such funds or accounts? *If "Yes," c Schedule D,* Part I	
7	Did the organization receive or hold a conservation easement, including easement the environment, historic land areas, or historic structures? *If "Yes," complete Sche*	
8	Did the organization maintain collections of works of art, historical treasures, or oth *complete Schedule D,* Part III	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial ac listed in Part X; or provide credit counseling, debt management, credit repair, or de *If "Yes," complete Schedule D, Part IV*	
10	Did the organization, directly or through a related organization, hold assets in temp endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V* .	
11	If the organization's answer to any of the following questions is "Yes," then comple applicable.	
a	Did the organization report an amount for land, buildings, and equipment in Part X *Schedule D,* Part VI.	
b	Did the organization report an amount for investments—other securities in Part X, Part X, line 16? *If "Yes," complete Schedule D, Part VII*	
c	Did the organization report an amount for investments—program related in Part X in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% *If "Yes," complete Schedule D, Part IX*	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes*	
f	Did the organization's separate or consolidated financial statements for the tax yea liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Sch*	
12a	Did the organization obtain separate, independent audited financial statements for *Schedule D, Parts XI and XII*	
b	Was the organization included in consolidated, independent audited financial state *If "Yes," and if the organization answered "No" to line 12a, then completing Schedu*	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complet*	
14a	Did the organization maintain an office, employees, or agents outside of the Unitec	
b	Did the organization have aggregate revenues or expenses of more than $10,000 and program service activities outside the United States, or aggregate foreign inve *complete Schedule F, Parts I and IV*	
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of gra organization? *If "Yes," complete Schedule F, Parts II and IV*	
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of agg individuals? *If "Yes," complete Schedule F, Parts III and IV* . . .	
17	Did the organization report a total of more than $15,000 of expenses for professior and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	
18	Did the organization report more than $15,000 total of fundraising event gross incc *"Yes," complete Schedule G, Part II*	
19	Did the organization report more than $15,000 of gross income from gaming activit *G, Part III*	
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Sch*	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial stater	
21	Did the organization report more than $5,000 of grants or other assistance to any c Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II* . . .	

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

22	Did the organization report more than $5,000 of grants or other assistance to or fo *"Yes," complete Schedule I, Parts I and III*	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about comp officers, directors, trustees, key employees, and highest compensated employees?	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal a year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through*	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary	
c	Did the organization maintain an escrow account other than a refunding escrow at to defease any tax-exempt bonds?	

d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any ti	
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization disqualified person during the year? *If "Yes," complete Schedule L,* Part I . .	
b	Is the organization aware that it engaged in an excess benefit transaction with a di transaction has not been reported on any of the organization's prior Forms 990 or	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from trustee, key employee, creator or founder, substantial contributor, or 35% controlle *If "Yes," complete Schedule L, Part II*	
27	Did the organization provide a grant or other assistance to any current or former of founder, substantial contributor, or employee thereof, a grant selection committee employee thereof) or family member of any of these persons? *If "Yes," complete S*	
28	Was the organization a party to a business transaction with one of the following pa applicable filing thresholds, conditions, and exceptions):	
a	A current or former officer, director, trustee, key employee, creator or founder, or su *Part IV*	
b	A family member of any individual described in line 28a? *If "Yes," complete Sched*	
c	A 35% controlled entity of one or more individuals and/or organizations described i *Part IV*	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes,*	
30	Did the organization receive contributions of art, historical treasures, or other simil *If "Yes," complete Schedule M*	
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes*	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its ne	
33	Did the organization own 100% of an entity disregarded as separate from the orga 301.7701-3? *If "Yes," complete Schedule R, Part I*	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complet*	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in an of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* . . .	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an e *If "Yes," complete Schedule R, Part V, line 2*	
37	Did the organization conduct more than 5% of its activities through an entity that is partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part*	
38	Did the organization complete Schedule O and provide explanations in Schedule C filers are required to complete Schedule O.	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in th

1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .	
c	Did the organization comply with backup withholding rules for reportable payments winnings to prize winners?	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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 t	
b	If at least one is reported on line 2a, did the organization file all required federal en **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-f	
3a	Did the organization have unrelated business gross income of $1,000 or more duri	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explan*	
4a	At any time during the calendar year, did the organization have an interest in, or a a foreign country (such as a bank account, securities account, or other financial ac	
b	If "Yes," enter the name of the foreign country: ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Ba	
5a	Was the organization a party to a prohibited tax shelter transaction at any time dur	
b	Did any taxable party notify the organization that it was or is a party to a prohibited	
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	
6a	Does the organization have annual gross receipts that are normally greater than $ contributions that were not tax deductible as charitable contributions? . . .	

b If "Yes," did the organization include with every solicitation an express statement th

7 **Organizations that may receive deductible contributions under section 170(c**

a Did the organization receive a payment in excess of $75 made partly as a contribu payor?

b If "Yes," did the organization notify the donor of the value of the goods or services

c Did the organization sell, exchange, or otherwise dispose of tangible personal prop

d If "Yes," indicate the number of Forms 8282 filed during the year

e Did the organization receive any funds, directly or indirectly, to pay premiums on a

f Did the organization, during the year, pay premiums, directly or indirectly, on a pers

g If the organization received a contribution of qualified intellectual property, did the

h If the organization received a contribution of cars, boats, airplanes, or other vehicle

8 **Sponsoring organizations maintaining donor advised funds.** Did a donor advis have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the sponsoring organization make any taxable distributions under section 496

b Did the sponsoring organization make a distribution to a donor, donor advisor, or re

10 **Section 501(c)(7) organizations.** Enter:

a Initiation fees and capital contributions included on Part VIII, line 12

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facil

11 **Section 501(c)(12) organizations.** Enter:

a Gross income from members or shareholders

b Gross income from other sources (Do not net amounts due or paid to other source due or received from them.)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form

b If "Yes," enter the amount of tax-exempt interest received or accrued during the ye

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report o

b Enter the amount of reserves the organization is required to maintain by the states organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the t

b If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an expla*

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,(payment(s) during the year?
If "Yes," see instructions and file Form 4720, Schedule N.

16 Is the organization an educational institution subject to the section 4968 excise tax If "Yes," complete Form 4720, Schedule O.

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to l below, describe the circumstances, processes, or changes in Schedule O. Se*

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax ye

If there are material differences in voting rights among members of the governing b governing body delegated broad authority to an executive committee or similar cor Schedule O.

b Enter the number of voting members included in line 1a, above, who are independ

2 Did any officer, director, trustee, or key employee have a family relationship or a bu trustee, or key employee?

3 Did the organization delegate control over management duties customarily perform directors or trustees, or key employees to a management company or other perso

4 Did the organization make any significant changes to its governing documents sinc

5 Did the organization become aware during the year of a significant diversion of the

6 Did the organization have members or stockholders? . . . . . .

7a Did the organization have members, stockholders, or other persons who had the p governing body? . . . . . .

b Are any governance decisions of the organization reserved to (or subject to approv the governing body? . . . . . .

8 Did the organization contemporaneously document the meetings held or written ac

a The governing body? . . . . . .

b Each committee with authority to act on behalf of the governing body? . . .

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, address? *If "Yes," provide the names and addresses in Schedule O* . . .

Section B. Policies (*This Section B requests information about policies not*

10a Did the organization have local chapters, branches, or affiliates? . . . .

b If "Yes," did the organization have written policies and procedures governing the a ensure their operations are consistent with the organization's exempt purposes?

11a Has the organization provided a complete copy of this Form 990 to all members of . . . . . .

b Describe in Schedule O the process, if any, used by the organization to review this

12a Did the organization have a written conflict of interest policy? *If "No," go to line 13*

b Were officers, directors, or trustees, and key employees required to disclose annu . . . . . .

c Did the organization regularly and consistently monitor and enforce compliance wi *was done* . . . . . .

13 Did the organization have a written whistleblower policy? . . . . . .

14 Did the organization have a written document retention and destruction policy? .

15 Did the process for determining compensation of the following persons include a re comparability data, and contemporaneous substantiation of the deliberation and de

a The organization's CEO, Executive Director, or top management official . .

b Other officers or key employees of the organization . . . . . .

If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).

16a Did the organization invest in, contribute assets to, or participate in a joint venture year? . . . . . .

b If "Yes," did the organization follow a written policy or procedure requiring the orga arrangements under applicable federal tax law, and take steps to safeguard the or arrangements? . . . . . .

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 (or 1024-A if applica public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☑ Upon request ☐ Other (exp

19 Describe in Schedule O whether (and if so, how) the organization made its govern statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the ▶CORPORATE OFFICERS 6015 POPLAR HALL DR NORFOLK, VA 23502 (

Part VII **Compensation of Officers, Directors,Trustees, Key Employe Contractors**

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest C

1a Complete this table for all persons required to be listed. Report compensation for the c

● List all of the organization's **current** officers, directors, trustees (whether individuals 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 instructions for defini

● List the organization's five **current** highest compensated employees (other than an o who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-M organization and any related organizations.

● List all of the organization's **former** officers, key employees, or highest compensated of reportable compensation from the organization and any related organizations.

● List all of the organization's **former directors or trustees** that received, in the capac organization, more than $10,000 of reportable compensation from the organization and ar

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

☐ Check this box if neither the organization nor any related organization compensated

(A) Name and title	(B) Average hours per week (list any hours for related organizations	(C) Position (do n than one box, u both an off director/		
		Ind or	In	Off

	below dotted line)	Individual trustee or director	Institutional Trustee	Officer
(1) HOWARD P KERN DIRECTOR	1.00 51.00	X		
(2) DENNIS A MATHEIS DIRECTOR/PRESIDENT/EX-OFFICIO	27.00 14.00	X		X
(3) RONALD A STINE MD DIRECTOR	1.00 41.00	X		
(4) G WILKINS HUBBARD II MD DIRECTOR	1.00 41.00	X		
(5) CATHIE J VICK DIRECTOR	1.00 2.00	X		
(6) JEFFERY O SMITH DIRECTOR	1.00 3.90	X		
(7) ROBERT C FORT DIRECTOR/CHAIRMAN	2.00 2.00	X		X
(8) J LES HALL DIRECTOR	1.00 4.90	X		
(9) MARC SHARP DIRECTOR (THRU 1/20)	1.00 1.00	X		
(10) MICHAEL V GENTRY SECRETARY (THRU 6/20)	1.00 51.00			X
(11) ROBERT A BROERMANN TREASURER	1.00 51.00			X
(12) LOUIS PATALANO IV SECRETARY (EFFEC 7/20)	1.00 47.00			X
(13) JAMES A HILBERT SR. VP/CFO	27.00 13.00			X
(14) PATRICIA DARNLEY SR. VP, GOVERNMENT PROGRAMS	27.00 14.00			X
(15) JOHN E DEGRUTTOLA SR. VP SALES & MARKETING	27.00 13.00			X
(16) KHALED GHALEY SR VP, OPERATIONS	27.00 14.00			X
(17) THOMAS G LUNDQUIST SR. VP/CMO	27.00 13.00			X

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Hig**

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not cl one box, unless an officer and a d Individual trustee or director	Institutional Trustee	Officer
(18) COLIN DROWZOWSKI SR. VP, NETWORK MANAGEMENT	27.00			X

SR. VP, NETWORK MANAGEMENT	14.00				
(19) SAMUEL J HAWLEY ASST SECRETARY	1.00 47.00				X
(20) MICHAEL M DUDLEY FORMER OFFICER	0.00 0.00				
(21) JAMES A JUILLERAT FORMER KE	0.00 40.00				
(22) JEFF C SNYDER FORMER KE	0.00 42.00				
(23) EDWARD R RICKER FORMER KE	0.00 40.00				
(24) CATHERINE BRISLAND FORMER TOP 5	0.00 40.00				
(25) SAMEH A BASTA FORMER TOP 5	0.00 40.00				
(26) GREGORY E MERTI FORMER TOP 5	0.00 40.00				
(27) LINDA M BUTZ FORMER TOP 5	0.00 40.00				
(28) PEGGY G EBINGER FORMER TOP 5	0.00 40.00				

1b Sub-Total . . . . . .

c Total from continuation sheets to Part VII, Section A . . . .

d Total (add lines 1b and 1c) . . . . . .

2 Total number of individuals (including but not limited to those listed above) who rec compensation from the organization ▶ 7

3 Did the organization list any **former** officer, director or trustee, key employee, or hi *If "Yes," complete Schedule J for such individual* . . . . . .

4 For any individual listed on line 1a, is the sum of reportable compensation and oth organizations greater than $150,000? *If "Yes," complete Schedule J for such individual* . . . . . .

5 Did any person listed on line 1a receive or accrue compensation from any unrelate the organization? *If "Yes," complete Schedule J for such person* . . . .

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors tha Report compensation for the calendar year ending with or within the organization's

(A) Name and business address
SOUTHEASTRANS INC 4751 BEST ROAD STE 300 ATLANTA, GA 30337
SENTARA BEHAVIORAL HEALTH SERVICES 4417 CORPORATION LANE VIRGINIA BEACH, VA 23462
OPTUMRX INC 2300 MAIN STREET IRVINE, CA 92614
SENTARA HOSPITALS PO BOX 744799 ATLANTA, GA 30374
EYEMED VISION CARE 14664 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693

2 Total number of independent contractors (including but not limited to those listed abo the organization ▶ 31

Part VIII **Statement of Revenue**

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

	Total
ederated campaigns . .	1a

Contributions, Gifts, Grants and Other Similar Amounts

	embership dues . .	1b
	ndraising events . .	1c
	lated organizations	1d
	vernment grants (contributions)	1e
f	All other contributions, gifts, grants, and similar amounts not included above	1f
g	Noncash contributions included in lines 1a - 1f:$	1g
h	**Total.** Add lines 1a-1f . . . . . ▶	

Program Service Revenue

		Business Code	
2a	SUBSCRIBER PREMIUMS	524298	
b			
c			
d			
e			
f	All other program service revenue.		
g	**Total.** Add lines 2a–2f. . . . . ▶		2,852,198,298

3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	
4	Income from investment of tax-exempt bond proceeds ▶	
5	Royalties . . . . . ▶	

			(i) Real	(ii) Personal
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Rental income or (loss)	6c		
d	Net rental income or (loss) . . . . . ▶			

			(i) Securities	(ii) Other
7a	Gross amount from sales of assets other than inventory	7a	1,963,260,866	
b	Less: cost or other basis and sales expenses	7b	1,941,257,171	1,764,709
c	Gain or (loss)	7c	22,003,695	-1,764,709
d	Net gain or (loss) . . . . . ▶			

Other Revenue

8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c). See Part IV, line 18	8a	
b	Less: direct expenses . . .	8b	
c	Net income or (loss) from fundraising events . . ▶		
9a	Gross income from gaming activities. See Part IV, line 19 . . .	9a	
b	Less: direct expenses . . .	9b	
c	Net income or (loss) from gaming activities . . ▶		
10a	Gross sales of inventory, less returns and allowances . .	10a	
b	Less: cost of goods sold	10b	

b Less: cost of goods sold . .	**10b**		
c Net income or (loss) from sales of inventory . . ▶			

Miscellaneous Revenue	Business Code	
11a		
b		
c		
d All other revenue		
e **Total.** Add lines 11a–11d . . . . . ▶		
12 **Total revenue.** See instructions . . . . . ▶		

Form 990 (2020)

Part IX **Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	**(A)** Total exp
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	
2 Grants and other assistance to domestic individuals. See Part IV, line 22	
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	
4 Benefits paid to or for members	
5 Compensation of current officers, directors, trustees, and key employees	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	
7 Other salaries and wages	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	
9 Other employee benefits	
10 Payroll taxes	
11 Fees for services (non-employees):	
a Management	
b Legal	
c Accounting	
d Lobbying	
e Professional fundraising services. See Part IV, line 17	
f Investment management fees	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2
12 Advertising and promotion	
13 Office expenses	
14 Information technology	
15 Royalties . .	
16 Occupancy	
17 Travel	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	
19 Conferences, conventions, and meetings	
20 Interest	
21 Payments to affiliates	
22 Depreciation, depletion, and amortization . .	
23 Insurance . . .	
24 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.)	

	of line 25, column (A) amount, list line 24e expenses on Schedule O.)	
a	MEDICAL CLAIMS AND CAPI	2,5
b	TAXES & LICENSES	
c	BAD DEBT	
d	OTHER EXPENSES	
e	All other expenses	
25	**Total functional expenses.** Add lines 1 through 24e	2,7
26	**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 ▶ ☐ 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

Assets	1	Cash–non-interest-bearing		
	2	Savings and temporary cash investments		
	3	Pledges and grants receivable, net		
	4	Accounts receivable, net		
	5	Loans and other receivables from any current or former officer, director, trust employee, creator or founder, substantial contributor, or 35% controlled entity member of any of these persons		
	6	Loans and other receivables from other disqualified persons (as defined und 4958(f)(1)), and persons described in section 4958(c)(3)(B)		
	7	Notes and loans receivable, net		
	8	Inventories for sale or use		
	9	Prepaid expenses and deferred charges		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	
	b	Less: accumulated depreciation	10b	
	11	Investments—publicly traded securities		
	12	Investments—other securities. See Part IV, line 11		
	13	Investments—program-related. See Part IV, line 11		
	14	Intangible assets		
	15	Other assets. See Part IV, line 11		
	16	**Total assets.** Add lines 1 through 15 (must equal line 33)		
Liabilities	17	Accounts payable and accrued expenses		
	18	Grants payable		
	19	Deferred revenue		
	20	Tax-exempt bond liabilities		
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		
	22	Loans and other payables to any current or former officer, director, trustee, k creator or founder, substantial contributor, or 35% controlled entity or family r of these persons		
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		
	25	Other liabilities (including federal income tax, payables to related third parties liabilities not included on lines 17 - 24). Complete Part X of Schedule D		
	26	**Total liabilities.** Add lines 17 through 25		
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☐ and comp 28, 32, and 33.**		
	27	Net assets without donor restrictions		
	28	Net assets with donor restrictions		
		Organizations that do not follow FASB ASC 958, check here ▶ ☑ and lines 29 through 33.		
	29	Capital stock or trust principal, or current funds		

Net Assets		
	30	Paid-in or capital surplus, or land, building or equipment fund . . .
	31	Retained earnings, endowment, accumulated income, or other funds
	32	Total net assets or fund balances . . . . .
	33	Total liabilities and net assets/fund balances . . . . .

Form 990 (2020)

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	
2	Total expenses (must equal Part IX, column (A), line 25)	
3	Revenue less expenses. Subtract line 2 from line 1	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, colu	
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	
7	Investment expenses	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O) . . .	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equa	

Part XII Financial Statements and Reporting

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

1 Accounting method used to prepare the Form 990: ☐ Cash ☑ Accru
If the organization changed its method of accounting from a prior year or checked Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independ
If 'Yes,' check a box below to indicate whether the financial statements for the yea consolidated basis, or both:

☐ Separate basis ☐ Consolidated basis ☐ Both consolida

b Were the organization's financial statements audited by an independent accountar
If 'Yes,' check a box below to indicate whether the financial statements for the yea or both:

☐ Separate basis ☑ Consolidated basis ☐ Both consolida

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes res of the audit, review, or compilation of its financial statements and selection of an in
If the organization changed either its oversight process or selection process during

3a As a result of a federal award, was the organization required to undergo an audit o Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organizati why in Schedule O and describe any steps taken to undergo such audits.

Form 990 (2020)

Additional Data

Software ID

Software Version

Form 990, Special Condition Description:

Special Condition

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

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* for instructions and the latest information.**

OMB No. 1545-0047

2020

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 or 990-EZ).)

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 in 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? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A) SENTARA HEALTHCARE	521271901	7	Yes		0	0
Total 1					0	0

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3						
5 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). .

6 **Public support.** Subtract line 5 from line 4.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4. .						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
9 Net income from unrelated business activities, whether or not the business is regularly carried on. .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). .						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) **12**

13 **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

14 Public support percentage for 2020 (line 6, column (f) divided by line 11, column (f)) **14**

15 Public support percentage for 2019 Schedule A, Part II, line 14 . . . . . **15**

16a **33 1/3% support test—2020.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3% support test—2019.** 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 **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2020.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test—2019.** 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 **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Schedule A (Form 990 or 990-EZ) 2020

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 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						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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 .						
c Add lines 7a and 7b. .						
8 **Public support.** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						

12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13	**Total support.** (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

15	Public support percentage for 2020 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2019 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2020** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2019** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2020.** 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—2019.** 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 . . . . ▶ ☐

Schedule A (Form 990 or 990-EZ) 2020

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
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *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.*	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*	3a		No
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)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*	4a		No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *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.*	4b		
c	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)? *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.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *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).*	5a		No
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	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? *If "Yes," provide detail in* ***Part VI.***	6		No
7	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? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		No
9a	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))? *If "Yes," provide detail in* ***Part VI.***	9a		No
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		No
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the			

supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.*** | 9c | | No

10a 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)? *If "Yes," answer line 10b below.* | 10a | | No

b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).* | 10b | |

Part IV **Supporting Organizations** (continued)

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

Section B. Type I Supporting Organizations

			Yes	No
1	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? *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.*	1	Yes	
2	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? *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.*	2		No

Section C. Type II Supporting Organizations

			Yes	No
1	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)? *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).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	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?	1		
2	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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

a ☐ The organization satisfied the Activities Test. Complete **line 2** below.

b ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.

c ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test. **Answer lines 2a and 2b below.**

			Yes	No
a	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? *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.*	2a		
b	Did the activities described in 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? *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.*	2b		

3 Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a	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? *If "Yes" or "No", provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard.*	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6**

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (*explain in detail in **Part VI***):			
2 Acquisition indebtedness applicable to non-exempt use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ 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)

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

details in ***Part VI***). See instructions		
9 Distributable amount for 2020 from Section C, line 6	**9**	
10 Line 8 amount divided by Line 9 amount	**10**	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- *explain in* ***Part VI***). See instructions.			
3 Excess distributions carryover, if any, to 2020:			
a From 2015.			
b From 2016.			
c From 2017.			
d From 2018.			
e From 2019.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, *explain in* ***Part VI***. See instructions.			
7 **Excess distributions carryover to 2021.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016.			
b Excess from 2017.			
c Excess from 2018.			
d Excess from 2019.			
e Excess from 2020.			

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

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version:

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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
d ☐ Loan or exchange programs

b ☐ Scholarly research

c ☐ Preservation for future generations

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
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

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
1a Beginning of year balance					
b Contributions . . .					
c Net investment earnings, gains, and losses					
d Grants or scholarships . . .					
e Other expenditures for facilities and programs . . .					
f Administrative expenses					
g 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
(i) Unrelated organizations . . . . . 3a(i)		
(ii) Related organizations . . . . . 3a(ii)		
b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? 3b		

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
1a Land				
b Buildings				
c Leasehold improvements		5,015,873	2,872,162	2,143,711
d Equipment		20,879,217	11,339,064	9,540,153
e Other		54,746		54,746
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* . . ▶				11,738,610

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 _____		
(B)		
(C)		
(D)		
(E)		
(F)		

(F)		
(G)		
(H)		
(I)		
Total. *(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
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. *(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
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. *(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	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	407,139,312

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.

1	Total revenue, gains, and other support per audited financial statements		**1**	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	**2a**		
b	Donated services and use of facilities	**2b**		
c	Recoveries of prior year grants	**2c**		
d	Other (Describe in Part XIII.)	**2d**		

e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	

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.

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

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

Additional Data

Return to Form

Software ID:

Software Version:

Schedule J (Form 990)

Compensation Information

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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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
1a	Check the appropiate 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.		
	☑ First-class or charter travel		
	☐ Travel for companions		
	☑ Tax idemnification and gross-up payments		
	☐ Discretionary spending account		
	☑ Housing allowance or residence for personal use		
	☐ Payments for business use of personal residence		
	☐ Health or social club dues or initiation fees		
	☐ Personal services (e.g., maid, chauffeur, chef)		
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 1b	Yes	
2	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? 2	Yes	
3	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.		
	☐ Compensation committee		
	☐ Independent compensation consultant		
	☐ Form 990 of other organizations		
	☐ Written employment contract		
	☐ Compensation survey or study		
	☐ Approval by the board or compensation committee		
4	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:		
a	Receive a severance payment or change-of-control payment? 4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5	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:		
a	The organization? 5a		No
b	Any related organization? 5b		No
	If "Yes," on line 5a or 5b, describe in Part III.		
6	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:		
a	The organization? 6a		No
b	Any related organization? 6b		No
	If "Yes," on line 6a or 6b, describe in Part III.		
7	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 7	Yes	
8	Were any amounts reported on Form 990, Part VII, paid or accured 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 8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 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 and/or 1099-MISC compensation			(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				
1 HOWARD P KERN DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	1,746,915	2,066,820	422,891	7,135,652	25,646	11,397,924	0
2 MICHAEL V GENTRY SECRETARY (THRU 6/20)	(i)	0	0	0	0	0	0	0
	(ii)	851,459	755,619	164,761	395,379	21,700	2,188,918	0
3 ROBERT A BROERMANN TREASURER	(i)	0	0	0	0	0	0	0
	(ii)	889,946	795,582	216,125	139,891	20,722	2,062,266	0
4 DENNIS A MATHEIS DIRECTOR/PRESIDENT/EX-OFFICIO	(i)	659,164	511,791	31,299	144,746	15,514	1,362,514	0
	(ii)	177,551	137,855	8,430	38,988	4,179	367,003	0
5 RONALD A STINE MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	824,009	101,594	26,388	67,530	31,968	1,051,489	0
6 LOUIS PATALANO IV SECRETARY (EFFEC 7/20)	(i)	0	0	0	0	0	0	0
	(ii)	581,030	201,400	38,051	80,062	19,225	919,768	0
7 JAMES A HILBERT SR. VP/CFO	(i)	351,783	119,545	45,833	74,987	27,806	619,954	0
	(ii)	94,755	32,200	12,346	20,198	7,490	166,989	0
8 PATRICIA DARNLEY SR. VP, GOVERNMENT PROGRAMS	(i)	360,404	89,004	72,960	35,758	27,271	585,397	0
	(ii)	97,078	23,974	19,652	9,632	7,346	157,682	0
9 JOHN E DEGRUTTOLA SR. VP SALES & MARKETING	(i)	223,266	154,058	10,040	83,883	24,083	495,330	0
	(ii)	60,138	41,497	2,704	22,595	6,487	133,421	0
10 KHALED GHALEY SR VP, OPERATIONS	(i)	347,113	42,730	67,185	3,987	24,689	485,704	0
	(ii)	93,498	11,510	18,097	1,074	6,650	130,829	0
11 THOMAS G LUNDQUIST	(i)	311,792						

SR. VP/CMO	(i)	321,702	103,222	25,655	63,681	33,682	538,032	0
	(ii)	41,114	13,611	3,383	8,397	4,441	70,946	0
12 MICHAEL M DUDLEY FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	0	587,358	19,399	0	606,757	561,597
13 CATHERINE BRISLAND FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	379,369	36,855	1,391	132,459	31,586	581,660	0
14 JAMES A JUILLERAT FORMER KE	(i)	0	0	0	0	0	0	0
	(ii)	275,821	89,423	1,452	106,594	31,834	505,124	0
15 SAMEH A BASTA FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	277,339	39,183	24,826	116,256	34,674	492,278	0
16 GREGORY E MERTI FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	280,053	38,883	18,528	118,891	27,786	484,141	0
17 JEFF C SNYDER FORMER KE	(i)	0	0	0	0	0	0	0
	(ii)	200,979	66,630	2,338	178,455	34,339	482,741	0
18 COLIN DROWZOWSKI SR. VP, NETWORK MANAGEMENT	(i)	325,131	9,158	15,706	0	24,008	374,003	0
	(ii)	87,577	2,467	4,230	0	6,467	100,741	0
19 EDWARD R RICKER FORMER KE	(i)	0	0	0	0	0	0	0
	(ii)	229,934	79,613	1,441	136,346	22,899	470,233	0
20 LINDA M BUTZ FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	189,788	85,447	4,277	117,390	32,956	429,858	0
21 PEGGY G EBINGER FORMER TOP 5	(i)	0	0	0	0	0	0	0
	(ii)	185,796	38,772	1,174	75,029	13,272	314,043	0
22 SAMUEL J HAWLEY ASST SECRETARY	(i)	0	0	0	0	0	0	0
	(ii)	173,153	27,123	25,989	51,085	12,650	290,000	0
23 G WILKINS HUBBARD II MD DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	204,013	0	2,587	64,134	12,726	283,460	0

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	CHARTER TRAVEL WAS USED BY CERTAIN OFFICERS OF THE ORGANIZATION IN CONNECTION WITH BUSINESS PURPOSES ONLY AND WAS NOT TREATED AS TAXABLE COMPENSATION. THE ORGANIZATION PAID FOR TAXABLE RELOCATION EXPENSES OF AN EXECUTIVE RECRUIT, INCLUDING TEMPORARY HOUSING AND THE ADDITIONAL TAXES ASSOCIATED WITH SUCH BENEFITS, 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, LINE 4B	HOWARD KERN AND MICHAEL DUDLEY PARTICIPATED IN THE SENTARA SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN. PARTICIPATION IN THE PLAN IS LIMITED TO SELECT INDIVIDUALS AS APPROVED BY SENTARA HEALTHCARE'S BOARD OF DIRECTOR'S COMPENSATION COMMITTEE. THE PLAN IS CURRENTLY CLOSED TO ADDITIONAL MEMBERS. VESTING OCCURS UPON THE COMPLETION OF A TWO YEAR NON-COMPETE PERIOD FOLLOWING TERMINATION AFTER EARLY RETIREMENT DATE OR UPON DEATH. EARLY RETIREMENT DATE IS WHEN THE EXECUTIVE OBTAINS AT LEAST AGE 55 AND HAS 10 YEARS OF SERVICE AND BENEFITS ARE FORFEITED IF PARTICIPANT LEAVES PRIOR TO AGE 55 WITH 10 YEARS OF SERVICE. DURING 2020, MR. DUDLEY RECEIVED A $548,470 DISTRIBUTION FROM THE PLAN RELATED TO HIS RETIREMENT IN 2018. 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 2020, THE FOLLOWING CORPORATE EXECUTIVES RECEIVED VESTED DISTRIBUTIONS UNDER THE PLAN: ROBERT BROERMANN ($173,276); MICHAEL DUDLEY ($38,888); HOWARD KERN ($369,666) AND JAMES HILBERT ($35,202). 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, COLIN DROZDOWSKI 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. 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

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OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization
OPTIMA HEALTH PLAN

Employer identification number
54-1283337

Return Reference	Explanation
FORM 990, PART III, LINE 4A	SENTARA HEALTHCARE I. SENTARA HEALTHCARE - YOUR NOT-FOR-PROFIT HEALTHCARE PARTNER SENTARA HEALTHCARE CELEBRATES MORE THAN 132 YEARS IN PURSUIT OF ITS MISSION "WE IMPROVE HEALTH EVERY DAY." NAMED TO IBM WATSON HEALTH'S 2018 "TOP 15 HEALTH SYSTEMS," SENTARA IS AN INTEGRATED, NOT-FOR-PROFIT SYSTEM OF 12 HOSPITALS IN VIRGINIA AND NORTHEASTERN NORTH CAROLINA, INCLUDING A LEVEL I TRAUMA CENTER, THE SENTARA HEART HOSPITAL AND THE SENTARA HEALTHCARE CARDIOVASCULAR RESEARCH INSTITUTE, THE SENTARA BROCK CANCER CENTER AND THE ACCREDITED SENTARA CANCER NETWORK, TWO ORTHOPEDIC HOSPITALS, AND THE SENTARA NEUROSCIENCES INSTITUTE. THE SENTARA FAMILY ALSO INCLUDES FOUR MEDICAL GROUPS, NIGHTINGALE REGIONAL AIR AMBULANCE AND GROUND MEDICAL TRANSPORT, HOME CARE AND HOSPICE, AMBULATORY OUTPATIENT CAMPUSES, ADVANCED IMAGING AND DIAGNOSTIC CENTERS, A CLINICALLY INTEGRATED NETWORK, THE SENTARA COLLEGE OF HEALTH SCIENCES AND THE OPTIMA HEALTH PLAN AND VIRGINIA PREMIER HEALTH PLAN SERVING 858,000 MEMBERS IN VIRGINIA, NORTH CAROLINA AND OHIO. WITH MORE THAN 28,000 EMPLOYEES AND RANKED ONE OF FORBES "AMERICA'S BEST EMPLOYERS" IN 2018, SENTARA IS STRATEGICALLY FOCUSED ON CLINICAL QUALITY AND SAFETY, INNOVATION AND CREATING AN EXTRAORDINARY HEALTH CARE EXPERIENCE FOR OUR PATIENTS AND MEMBERS. EFFORTS ARE CENTERED ON PROVIDING THE RIGHT CARE IN THE RIGHT SETTING AT THE RIGHT TIME AND ADDING VALUE TO THE COMMUNITIES WE SERVE. WE STRIVE TO SERVE ALL OUR COMMUNITIES THROUGH HEALTH OUTREACH PROGRAMS, EDUCATION, AND FINANCIAL SUPPORT FOR OTHER NOT FOR PROFIT ORGANIZATIONS WITH SIMILAR HEALTH MISSIONS. II. COMMITMENT TO THE COMMUNITY A. SENTARA HAS PROVIDED MUCH IN THE WAY OF COMMUNITY BENEFIT AND CHARITY CARE ON AN ANNUAL BASIS. THE 2020 VALUE OF COMMUNITY BENEFIT TOTALED $256,000,000. SENTARA PROVIDED $180,000,000 IN NET UNCOMPENSATED PATIENT CARE COSTS; $45,000,000 IN NET UNFUNDED COSTS OF TEACHING PROGRAMS; $20,000,000 IN INCURRED COSTS FOR COMMUNITY BENEFIT PROGRAMS; AND $11,000,000 IN PHILANTHROPY. B. SENTARA OFFICIALLY LAUNCHED ITS CORPORATE SOCIAL RESPONSIBILITY (CSR) PROGRAM, SENTARA CARES, TO SUPPORT THE NEEDS OF THE COMMUNITIES WE SERVE IN THE MOST IMPACTFUL WAY. THROUGH CSR WE EITHER GAVE OR PLEDGED NEARLY $6.5M TO THE COMMUNITIES WE SERVE THROUGH SPONSORSHIPS, GRANTS, AND PARTNERSHIPS. THE CSR PROGRAM WILL DELIVER ECONOMIC, SOCIAL, AND ENVIRONMENTAL BENEFITS FOR STAKEHOLDERS ACROSS ALL SENTARA MARKETS AND INCREASE OUR COMMUNITY CONNECTION. IT WILL BUILD ON SENTARA RECOGNIZED LEADERSHIP AND COMMITMENT TO THE COMMUNITIES WE SERVE. C. SENTARA HEALTHCARE AND OPTIMA HEALTH, IN PARTNERSHIP WITH THE LOCAL INITIATIVES SUPPORT CORPORATION (LISC), THE NATION'S LARGEST COMMUNITY DEVELOPMENT ORGANIZATION, CONTINUED ITS WORK TO INVEST $100 MILLION TO ADDRESS SOCIAL DETERMINANTS OF HEALTH IN UNDERSERVED COMMUNITIES ACROSS THE COMMONWEALTH OF VIRGINIA. THIS INVESTMENT, WHICH IS PART OF OUR CORPORATE SOCIAL RESPONSIBILITY PROGRAM, BUILDS UPON SENTARA'S COMMITMENT TO CREATE HEALTHIER COMMUNITIES AND IMPROVE THE QUALITY OF LIFE FOR VIRGINIANS MOST IN NEED. SENTARA WILL CONTRIBUTE $50M TO ADVANCE THESE GOALS IN PARTNERSHIP WITH LISC, WHO HAS COMMITTED TO ASSEMBLING AN ADDITIONAL $50M FROM PUBLIC AND PRIVATE SOURCES TO COMPLEMENT SENTARA'S INVESTMENT. FURTHER RESULTING FROM THE LISC PARTNERSHIP, $1.5M OF OUR PHILANTHROPY FUNDING WENT TOWARD THE DEVELOPMENT OF TWO FINANCIAL OPPORTUNITY CENTERS AND 2 HOUSING PROJECTS PLANNED IN 2021. D. THE SENTARA CHIEF DIVERSITY OFFICER 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 BEGAN ESTABLISHING DIVERSITY AND INCLUSION COUNCILS AT ALL 12 HOSPITALS. AND, WE DEVELOPED 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. TO THAT END, WE HOSTED SEVERAL "SAFE SPACES" SESSIONS WITH OUR TEAM MEMBERS FOR THEM TO SHARE, HEAR AND LEARN GIVEN OUR SOCIAL JUSTICE ENVIRONMENT. ADDITIONALLY, THE DIRECTOR OF HEALTH EQUITY CONTINUED THE EXCELLENT WORK IN IDENTIFYING AND REMOVING BARRIERS SO PEOPLE CAN RECEIVE THE CARE THEY NEED. THE TEAM IDENTIFIES HEALTH DISPARITIES AND RESEARCHES 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. A MAJOR FOCUS IN 2020 FOR THE HEALTH EQUITY DIVISION WAS TO ENABLE ACCESS FOR COVID TESTING IN UNDERSERVED COMMUNITIES AND ENABLE ACCESS TO THE COVID VACCINE FOR THOSE SAME COMMUNITIES. OUTREACH TO OUR FAITH-BASED ORGANIZATIONS AND COMMUNITY PARTNERS WAS UNPRECEDENTED AND STRONGLY POSITIONS OUR COMMUNITIES TO COLLABORATE DURING UNPRECEDENTED TIMES. E. IN RESPONSE TO THE TRAGEDY THAT TOOK PLACE AT THE VIRGINIA BEACH MUNICIPAL CENTER IN MAY 2019, SENTARA COLLABORATED WITH THE CITY OF VIRGINIA BEACH TO OPEN THE VB STRONG CENTER, WHICH CONTINUES TO PROVIDE RESOURCES AND DEDICATED STAFF TO ENSURE THOSE IN THE COMMUNITY WHO NEED OR WANT ASSISTANCE FOLLOWING THE TRAGEDY CAN RECEIVE PERSONALIZED CARE. SERVICES INCLUDE INDIVIDUAL COUNSELING, GROUP THERAPY, ART, YOGA, MEDITATION, MENTAL HEALTH COUNSELING, INTAKE AND CASE COORDINATION, AND OTHER SERVICES AS DIRECTED BY A LICENSED MENTAL HEALTH CLINICIAN. F. SENTARA IS PROUD OF THE MISSION-DRIVEN WORK OF THE THREE SENTARA FOUNDATIONS. THESE FOUNDATIONS RAISED MONEY 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.
FORM 990, PART III, LINE 4A	G. 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 2020, THE HOPE FUND AWARDED $166,992 TO SENTARA EMPLOYEES IN CRISES ACROSS THE SYSTEM. ADDITIONALLY, SENTARA ESTABLISHED A SPECIAL COVID HOPE FUND TO HELP EMPLOYEES

	ACROSS THE SYSTEM. ADDITIONALLY, SENTARA ESTABLISHED A SPECIAL COVID HOPE FUND TO HELP EMPLOYEES WHO EXPERIENCED EXTRAORDINARY HARDSHIP DURING THE COVID-19 PANDEMIC. THIS SENTARA COVID-19 HOPE FUND AWARDED $545,117 IN 2020. H. AS A RESULT OF COVID-19, FOOD INSECURITY REACHED NEW LEVELS OF UNPRECEDENTED NEED. IN PARTNERSHIP WITH TRUIST, THE COMMONWEALTH OF VIRGINIA, THE FEDERATION OF VIRGINIA FOOD BANKS AND MANY OTHER COMMUNITY-MINDED COMPANIES, SENTARA SPEARHEADED THE "WE CARE" COVID-19 VIRGINIA EMERGENCY FOOD SUPPORT PLAN. THIS INITIATIVE CENTERED ON PROVIDING FIVE-DAY, SHELF-STABLE FOOD SUPPLY BOXES CONTAINING 15 NUTRITIOUS MEALS THAT COULD BE MORE EASILY AND SAFELY ASSEMBLED AND DISTRIBUTED AT THE HEIGHT OF THE PANDEMIC. AS A RESULT, APPROXIMATELY 200,000 20-POUND, FIVE-DAY SUPPLY FOOD BOXES HAVE BEEN DISTRIBUTED THROUGH SENTARA'S "WE CARE" COVID -19 VIRGINIA EMERGENCY FOOD SUPPORT PLAN. SENTARA AND TRUIST EACH CONTRIBUTED $500,000. THE COMMONWEALTH OF VIRGINIA COMMITTED $1.4M FROM CARES ACT FUNDS PLUS OTHER FEDERAL FUNDING CAME THROUGH VIA THE COMMONWEALTH. ALONG WITH OTHER CORPORATE DONATIONS THE TOTAL AMOUNT RAISED FOR THIS EFFORT TOTALED OVER $6.4 MILLION. BECAUSE OF THE GROWING NUMBER OF INDIVIDUALS FACING HOMELESSNESS, SENTARA PARTNERED WITH MANY ORGANIZATIONS TO ADDRESS THIS CRITICAL NEED THAT HAS REACHED NEW HEIGHTS DUE TO THE COVID-19 PANDEMIC. HERE ARE A FEW EXAMPLES: I. HEALTHY HOTEL PROJECT: THANKS TO OUR PARTNERSHIP WITH THE NORFOLK COMMUNITY SERVICES BOARD (NCSB), SENTARA'S MEDICAL GROUP AND HOME CARE DIVISION 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. II. THE HELP CLINIC: THIS FREE CLINIC IN HAMPTON, VIRGINIA, OPENED A SINGLE SITE SHELTER FOR THE HOMELESS WITH COVID 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. III. 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 2020: HEALTH IMPROVEMENT EVENTS WERE OFFERED TO CHURCHES, EMPLOYER GROUPS, COMMUNITY HEALTH CENTERS AND OTHER COMMUNITY LOCATIONS. 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 SENTARA HEART, WE PROMOTED THE "28 DAYS OF HEART" IN FEBRUARY 2020 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, TWO SENTARA HOSPITALS, SENTARA NORFOLK GENERAL HOSPITAL (NORFOLK) AND SENTARA CAREPLEX HOSPITAL (HAMPTON) ACTIVATED THE VIOLENCE PREVENTION GRANTS THEY RECEIVED FROM THE VIRGINIA HOSPITALS AND HEALTHCARE ASSOCIATION ON JUNE 5, 2020 WEAR ORANGE DAY. THE GRANTS SUPPORT DEVELOPMENT OF COMMUNITY-BASED PROGRAMS TO PREVENT GUN AND INTIMATE PARTNER VIOLENCE BEFORE THEY RESULT IN MORE TRAUMATIC INJURIES. III. GROWTH IN SENTARA HEALTHCARE SENTARA HAS REACHED OUT TO OTHER INDUSTRY LEADERS AND JOINED FORCES TO EXTEND QUALITY HEALTHCARE AND SERVICES TO MORE PEOPLE. IN RECENT YEARS, WE HAVE GROWN IN VIRGINIA AND IN OTHER STATES - NORTH CAROLINA AND OHIO - BY SEEKING PARTNERSHIPS WITH SUCCESSFUL HOSPITALS AND HEALTH SYSTEMS THAT SHARE OUR DEDICATION TO EXCELLENCE, VALUE, QUALITY, AND CUSTOMER FOCUS. OUR GROWTH IN 2020 INCLUDED THE FOLLOWING: A. SENTARA PURCHASED 80% OF VIRGINIA PREMIER, AN INSURANCE COMPANY AFFILIATED WITH VCU HEALTH IN RICHMOND, VIRGINIA. THE TWO PLANS WILL SERVE MORE THAN 858,000 MEMBERS. B. OPTIMA HEALTH CONTINUED AS ONE OF 6 MANAGED CARE ORGANIZATIONS THAT COLLECTIVELY SERVED OVER 490,000 (BY END OF 2020) ELIGIBLE VIRGINIANS WHO QUALIFIED FOR MEDICAID EXPANSION. C. SENTARA OPENED THE NEW SENTARA BROCK CANCER CENTER IN NORFOLK, VIRGINIA, WHICH IS A PATIENT-CENTERED FACILITY THAT IS TRANSFORMING CANCER CARE IN SOUTHEAST VIRGINIA/NORTHEAST NORTH CAROLINA.
FORM 990, PART III, LINE 4A	IV. 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". SENTARA AND OPTIMA EXPERIENCED 118,963 NEW APP DOWNLOADS AND A COMBINED TOTAL OF 148,654 LOG-INS. 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. C. SENTARA WAS NAMED TO THE CIO 100 LIST OF THE WORLD'S LEADING INNOVATIVE ORGANIZATIONS FOR CLOUD-HOSTING APPLICATION DESIGN, SUPPORT, AND COST OPTIMIZATION. V. OFFERING NEW PROCEDURES AND TECHNOLOGIES A. CLINICAL BREAKTHROUGHS AND ADVANCEMENTS: SENTARA INTRODUCED MANY NEW CLINICAL BREAKTHROUGHS AND ADVANCEMENTS THAT BENEFITED THE PATIENT IN MANY AREAS OF CARE. ONE EXAMPLE IS THE FOLLOWING: I. SEPSIS SNIFFER: SENTARA HOSPITALS CREATED AND IMPLEMENTED THE SEPSIS SNIFFER, AN ARTIFICIAL INTELLIGENCE SYSTEM TO PREDICT WHICH PATIENTS ARE MOST AT RISK FOR SEPSIS. VI. EXPANDING EDUCATIONAL OPPORTUNITIES A. 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 2020, SENTARA REACHED 83.9% OF SENTARA NURSES HAVING EARNED OR ARE UNDER CONTRACT TO EARN A BSN. SENTARA HAD 68.7% OF ITS NURSING WORKFORCE HOLDING A BSN OR HIGHER DEGREE WITH 15.2% OF LICENSED RNS WITH A CONTRACT TO COMPLETE THEIR BSN. B. RESEARCH: RESEARCH IS ANOTHER WAY SENTARA IS ALWAYS IMPROVING. HERE ARE A FEW EXAMPLES OF OUR WORK WITHIN THE RESEARCH REALM: I. HEART AND VASCULAR: THE SENTARA CARDIOVASCULAR RESEARCH INSTITUTE WAS ESTABLISHED IN 2005 TO ADVANCE THE UNDERSTANDING AND TREATMENT OF CARDIOVASCULAR DISEASE, WHICH IS THE NATION'S NUMBER-ONE KILLER. UNIQUELY QUALIFIED REGISTERED NURSE RESEARCH COORDINATORS, CARDIOLOGISTS, HEART, AND VASCULAR SURGEONS COLLABORATE WITH LOCAL INSTITUTIONS, GOVERNMENT AGENCIES AND BIOMEDICAL COMPANIES TO PERFORM CLINICAL RESEARCH TRIALS. ULTIMATELY, THE WORK ENABLES CLINICIANS TO IMPROVE CLINICAL CARE DELIVERY, PATIENT OUTCOMES AND THE OVERALL HEALTH OF OUR COMMUNITY. OUR SERVICES COVER ALL TYPES OF CARDIOVASCULAR RESEARCH SUCH AS MEDICAL DEVICES, HEART FAILURE, ELECTROPHYSIOLOGY, CARDIAC SURGERY, VASCULAR SURGERY, CARDIAC INTERVENTIONAL PROCEDURES, AND MEDICAL MANAGEMENT OF CAD RISK FACTORS SUCH AS DIABETES AND LIPID MANAGEMENT, AMONG OTHERS. RESEARCH NURSES EDUCATE AND FOLLOW RESEARCH PARTICIPANTS THROUGH THE ENTIRE TRIAL PROCESS. THEY COORDINATE ALL ASPECTS OF THE PATIENT

	EXPERIENCE AND ADVOCATES FOR THEM, HELPING THEM FEEL CARED FOR WHILE AT THEIR MOST VULNERABLE. OUR PROGRAM CURRENTLY HAS RESEARCH NURSES WHO ARE HIGHLY AUTONOMOUS AND SELF-DIRECTED. COLLECTIVELY, THEY COORDINATE MORE THAN 80 CLINICAL TRIALS. MANY OF THE TRIALS WE PARTICIPATE IN ARE NATIONALLY AND INTERNATIONALLY RECOGNIZED. THEY HAVE BEEN DESIGNED TO IDENTIFY NEW, IMPROVED TREATMENT METHODS AND PROTOCOLS, WHILE AT THE SAME TIME ELIMINATE THERAPIES AND APPROACHES TO CLINICAL CARE THAT ARE NOT AS EFFECTIVE OR MAY HAVE BEEN SHOWN TO BE HARMFUL. II. CANCER: THE SENTARA CANCER NETWORK CONTINUES TO EXPAND ITS RESEARCH CAPABILITIES IN CONJUNCTION WITH VIRGINIA ONCOLOGY ASSOCIATES, EASTERN VIRGINIA MEDICAL SCHOOL, GEORGE MASON UNIVERSITY, AND OTHER NATIONAL AND LOCAL HEALTHCARE ORGANIZATIONS TO CHANGE THE FUTURE OF CANCER AND IMPROVE OUR PATIENTS' QUALITY OF LIFE. FOR TODAY'S PATIENTS, PHYSICIANS IN THE SENTARA NETWORK CAN PROVIDE ACCESS TO NUMEROUS CLINICAL TRIALS, BOTH LOCAL AND NATIONAL, THROUGHOUT THE SENTARA SYSTEM, WITH A FOCUS IN HAMPTON ROADS AND BLUE RIDGE REGIONS. PROMISING CLINICAL TRIALS ARE BEING CONDUCTED ALL OVER THE COUNTRY FOR PATIENTS WITH CANCER, AND SOME OF THESE ARE BEING CONDUCTED WITHIN THE SENTARA CANCER NETWORK. SOME PEOPLE THINK THAT CLINICAL RESEARCH IS INTENDED AS A LAST RESORT, BUT MANY OF THESE TRIALS ARE LOOKING AT PROMISING NEW FIRST-LINE TREATMENTS. MANY STUDIES ARE NOT FOCUSED ON INCREASED TREATMENTS, BUT ADJUSTMENTS IN TREATMENTS AND OPTIONS FOR LESS INVASIVE OPTIONS IN ADDITION TO CLINICAL TRIALS THAT ARE ADMINISTERED AS PART OF CANCER TREATMENT FOR PATIENTS NOW. THE SENTARA CANCER NETWORK PARTICIPATES IN RESEARCH THAT COULD LEAD TO MORE AND BETTER OPTIONS FOR PREVENTION, DIAGNOSIS, AND TREATMENT IN THE FUTURE. EXAMPLES OF OTHER RESEARCH INCLUDE FINDING WAYS TO IMPROVE THE QUALITY OF LIFE FOR OUR PATIENTS, COMPARING COMMON CHARACTERISTICS FOR A SPECIFIC TYPE OF CANCER, AND IMPROVING PROCESSES AND TECHNOLOGY. VII. BUILDING FOR TOMORROW AND STRENGTHENING OUR COMMUNITIES A. SENTARA OPENED AN ORTHOPEDIC MEDICAL OFFICE BUILDING IN NORFOLK, VIRGINIA THAT HOUSES A SURGERY CENTER, REHABILITATION, AND IMAGING SERVICES. ADDITIONALLY, SENTARA EXPANDED ITS EMERGENCY DEPARTMENTS AT SENTARA OBICI HOSPITAL AND SENTARA LEIGH HOSPITAL. B. IN THE BLUE RIDGE REGION (HARRISONBURG AND CHARLOTTESVILLE), SENTARA LAUNCHED NEW ANESTHESIA PROGRAMS; ADDED NEW CARDIOLOGISTS AT SENTARA RMH MEDICAL CENTER FOR THE STRUCTURAL HEART PROGRAM; ADDED A NEONATOLOGIST PROGRAM TO ENHANCE LEVEL II NURSERY CARE FOR THE SRMH COMMUNITY; ADDED TWO NEW PRIMARY LOCATIONS IN WAYNESBORO AND CHARLOTTESVILLE; AND EXPANDED THE GASTROINTESTINAL PROGRAM CAPACITY. C. IN THE HALIFAX REGION, SENTARA HALIFAX REGIONAL HOSPITAL AND ITS ASSOCIATED MEDICAL PRACTICES FULLY IMPLEMENTED EPIC, OUR ELECTRONIC MEDICAL RECORD SYSTEM.
FORM 990, PART III, LINE 4A	D. IN NORTHERN VIRGINIA, SENTARA OPENED A NEW NEUROLOGY PRACTICE AND A NEW PHYSICAL THERAPY CENTER. 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 RECEIVED 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 2020 AWARDS AND RECOGNITIONS: I. SENTARA NORFOLK GENERAL HOSPITAL EARNED A TOP 50 NATIONAL RANKING FROM U.S. NEWS & WORLD REPORT: UROLOGY. THIS EXTRAORDINARY RANKING, 23RD 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. II. SENTARA WAS RANKED #1 IN THE 2020 GENEROUS VIRGINIANS REPORT BY VA BUSINESS IN SUPPORT OF NONPROFIT ORGANIZATIONS, A RANKING BASED OFF DOLLARS DONATED OR PLEDGED. III. SENTARA WAS NAMED ONE OF FORBES 2020 BEST EMPLOYERS FOR WOMEN. SENTARA WAS ONE OF ONLY 22 HEALTH SYSTEMS INCLUDED. IV. ALL 12 SENTARA HOSPITALS EARNED A "LEADER IN LGBTQ HEALTHCARE EQUALITY" IN THE 2020 HEALTHCARE EQUALITY INDEX (HEI), A NATIONAL LGBTQ BENCHMARKING TOOL FROM THE HUMAN RIGHTS CAMPAIGN. IX. OPTIMA HEALTH A. GROWTH OPTIMA HEALTH CONTINUES TO SEE GROWTH IN THE COMMERCIAL EMPLOYER MARKET. OPTIMA HEALTH ALONG WITH VIRGINIA PREMIER SERVES OVER 858,000 MEMBERS IN VIRGINIA, NORTH CAROLINA, AND OHIO. OPTIMA MEDICARE STAR RATING INCREASED TO 3.5 FROM 3.0 AND OPTIMA CONTINUES TO PRESS FORWARD ON ITS QUALITY, AFFORDABILITY, ACCESSIBILITY, HEALTH AND WELLNESS, VIRTUAL CARE, AND CUSTOMER EXPERIENCE. X. COVID-19 A. THE YEAR 2020 WAS ONE OF GREAT UNKNOWNS DUE TO THE COVID-19 PANDEMIC. SENTARA LEADERS AND TEAM MEMBERS ROSE 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: I. SAFETY FOR OUR PATIENTS AND VISITORS: SENTARA INCORPORATED NATIONAL GUIDELINES FOR CLEANING/SANITIZING PATIENT CARE AREAS, MANDATORY MASKING, AND SOCIAL DISTANCING. SENTARA LAUNCHED A CALL CENTER AND DEVELOPED A WEBSITE TO FACILITATE PATIENT COMMUNICATION AND QUESTIONS. II. PROTECTING OUR TEAM MEMBERS: SENTARA PARTNERED WITH SEVERAL LOCAL COMPANIES TO PROCURE OR CREATE PERSONAL PROTECTION EQUIPMENT (PPE) AND OTHER MATERIALS. WE DEVELOPED EXTENSIVE PROCEDURES TO PROCURE AND SAFELY REPROCESS PPE. SENTARA IMPLEMENTED RIGOROUS SCREENING PROCEDURES AT ALL OUR FACILITIES AND WORK LOCATIONS. III. SUPPORTING OUR TEAM MEMBERS: SENTARA LAUNCHED A 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. IV. COMMUNITY TESTING: SENTARA WAS THE FIRST IN VIRGINIA TO IMPLEMENT DRIVE-THROUGH TESTING SITES. WE TESTED 8,700+ COMMUNITY MEMBERS IN DRIVE-THRU LOCATIONS AND PROVIDED FREE COVID-19 TESTING TO OVER 14,000+ PEOPLE IN UNDERSERVED COMMUNITIES. V. VIRTUAL CARE: SENTARA ACCELERATED THE USE OF VIRTUAL VISITS. EARLY IN THE PANDEMIC SENTARA TRAINED MORE THAN 900 PROVIDERS TO DELIVER VIRTUAL CARE. VI. SENTARA INCIDENT COMMAND CENTER: AS WITH ALL MAJOR INCIDENTS IMPACTING OUR COMMUNITY, PATIENTS, MEMBERS, AND INDUSTRY, SENTARA CREATED THE COVID-19 STEERING COMMITTEE IN JANUARY 2020 TO MONITOR AND RESPOND TO THE PANDEMIC. A CENTRALIZED DAILY INCIDENT COMMAND CENTER WAS ESTABLISHED IN MARCH WITH LEADERS FROM ALL KEY AREAS OF THE COMPANY REPRESENTED. THIS COMMAND CENTER STRUCTURE ALLOWED SENTARA TO SUCCESSFULLY RESPOND, PIVOT, PLAN, AND COORDINATE ACTIONS IN RESPONSE TO THE UNPRECEDENTED PANDEMIC. ADDITIONALLY, 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 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 CORPORATE SOCIAL RESPONSIBILITY 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 2021.
FORM 990,	SENTARA HEALTHCARE, A VIRGINIA NONSTOCK CORPORATION AND THE SECTION 501(C)(3) TAX-EXEMPT PARENT OF

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.
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.
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.
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.
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.
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.
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.
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.
FORM 990, PART VI, SECTION B, LINE 15	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 28 NOT-FOR-PROFIT HEALTHCARE SYSTEMS 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 MEMBERS 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.
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 WWW.DACBOND.COM. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICTS OF INTEREST POLICY ARE GENERALLY NOT MADE AVAILABLE TO THE PUBLIC.
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 16 VOTING MEMBERS, 15 OF WHICH ARE CONSIDERED INDEPENDENT, AS DEFINED IN THE FORM 990 INSTRUCTIONS.

Additional Data

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ 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 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

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	(g) No
(1)CLARKSVILLE SENIOR CARE LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1957066	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
(2)HALIFAX REGIONAL DEV FOUNDATION INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801459	HLTH/WELFARE	VA	501(C)(3)	LINE 7	HALIFAX REGIONAL HOSPITAL	Yes	
(3)HALIFAX REGIONAL HOSPITAL INCORPORATED 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0648699	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
(4)HALIFAX REGIONAL LONG TERM CARE INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-6074529	SENIOR CARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
(5)SENTARA HALIFAX REGIONAL PROPERTIES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1801463	HLTH/WELFARE	VA	501(C)(3)	LINE 12A, I	HALIFAX REGIONAL HOSPITAL	Yes	
(6)SENTARA PRINCESS ANNE HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-3208969	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HOSPITALS	Yes	
(7)SENTARA HOSPITALS 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1547408	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
(8)SENTARA MEDICAL GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217184	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
(9)SENTARA ENTERPRISES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1917649	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
(10)SENTARA LIFE CARE CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1217183	HEALTHCARE	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
(11)MPB INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1346393	TITLE HOLDING COMPANY	VA	501(C)(2)		SENTARA ENTERPRISES	Yes	
(12)POTOMAC HOSPITAL CORP OF PRINCE WILLIAM 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0853898	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA HEALTHCARE	Yes	
(13)SENTARA RMH MEDICAL CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0506331	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
(14)VALLEY WELLNESS CENTER 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1309257	PREVENTATIVE HEALTH/REHAB	VA	501(C)(3)	LINE 10	SENTARA RMH MEDICAL CENTER	Yes	
(15)MJH FOUNDATION 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	
(16)MARTHA JEFFERSON HOSPITAL FOUNDATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 30-0041113	FUNDRAISING FOR SUPPORTED ORG	VA	501(C)(3)	LINE 12A, I	MARTHA JEFFERSON HOSPITAL	Yes	
(17)MARTHA JEFFERSON HOSPITAL 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-0261840	HEALTHCARE	VA	501(C)(3)	LINE 3	SENTARA BLUE RIDGE LLC	Yes	
(18)OPTIMA FAMILY CARE OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 82-3610648	MEDICAID HMO	NC	501(C)(3)	LINE 10	OPTIMA HEALTH OF NORTH CAROLINA LLC	Yes	
(19)OPTIMA HEALTH OF NORTH CAROLINA LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502	SUPPORTS MCAID HMO	NC	501(C)(3)	LINE 12A, I	SENTARA HEALTHCARE	Yes	

82-3623430							
(20)SENTARA HEALTHCARE 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-1271901	HEALTHCARE	VA	501(C)(3)	LINE 7	N/A		No
(21)SENTARA MEDICARE ADVANTAGE OF NORTH CAROLINA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 84-2066617	MEDICARE HMO	NC	501(C)(4)	LINE 12A, I	SENTARA HEALTHCARE	Yes	
(22)VIRGINIA PREMIER HEALTH PLAN INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1760974	MEDICAID HMO	VA	501(C)(3)	LINE 10	SENTARA HEALTHCARE	Yes	
(23)SENTARA COMMERCIAL HEALTH PLANS OF NORTH CAROLINA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 85-1043564	SOCIAL WELFARE	NC	501(C)(4)		SENTARA HEALTHCARE	Yes	

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) Disproprtionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) MANAGEMENT SERVICES LLC 814 GREENBRIER CIRCLE STE H CHESAPEAKE, VA 23320 54-1365012	HLTH MGT SV	VA	N/A					No			No	
(2) OBICI REAL ESTATE HOLDINGS LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-1749881	RE RENTAL	VA	N/A					No			No	
(3) PRINCESS ANNE AMB SURG MGT LLC 1975 GLENN MITCHELL STE 300 VA BEACH, VA 23456 20-4920880	HEALTH CARE	VA	N/A					No			No	
(4) VA BEACH AMBULATORY SURGERY CENTER 1700 WILL O WISP DRIVE VA BEACH, VA 23454 54-1448218	HEALTH CARE	VA	N/A					No			No	
(5) CANCER CENTERS OF VA LLC 5900 LAKE WRIGHT DRIVE NORFOLK, VA 23502 20-1338518	HEALTH CARE	VA	N/A					No			No	
(6) HAMPTON ROADS LITHOTRIPSY LLC 225 CLEARFIELD AVE VIRGINIA BEACH, VA 23462 20-0942600	HEALTH CARE	VA	N/A					No			No	
(7) RADIOLOGY SERVICES OF HAMPTON ROADS LC 814 GREENBRIER CIRCLE STE H CHESAPEAKE, VA 23320 54-1774472	HEALTH CARE	VA	N/A					No			No	
(8) SENTARA OBICI AMBULATORY SURGERY LLC 2750 GODWIN BLVD SUFFOLK, VA 23434 26-0144898	HEALTH CARE	VA	N/A					No			No	
(9) ST LUKES PROPERTIES LLC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 27-2774684	MOB RENTAL	VA	N/A					No			No	
(10) POTOMAC INOVA HEALTHCARE ALLIANCE LLC 8110 GATEHOUSE RD STE 400W FALLS CHURCH, VA 22042 54-1802733	HEALTH CARE	VA	N/A					No			No	
(11) CAREPLEX ORTHOPAEDIC ASC LLC 3000 COLISEUM DRIVE HAMPTON, VA 23666 27-1867311	HEALTH CARE	VA	N/A					No			No	
(12) PHYSICAL THERAPY ACACLLC 501 ALBEMARLE SQUARE CHARLOTTESVILLE, VA 22901 26-0080717	HEALTH CARE	VA	N/A					No			No	
(13) MNS SUPPLY CHAIN NETWORK LLC 11525 N COMMUNITY HOUSE RD STE 450 CHARLOTTE, NC 28277 45-4235238	GPO	DE	N/A					No			No	
(14) LAKE RIDGE AMBULATORY SURGERY CENTER LLC 12825 MINNIEVILLE RD STE 204 WOODBRIDGE, VA 22192 45-5347932	HEALTH CARE	VA	N/A					No			No	
(15) HIGHLAND CORE FIXED INCOME FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4618533	POOLED INV FD	DE	N/A					No			No	
(16) HIGHLAND EQUITY FUND C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4606269	POOLED INV FD	DE	N/A					No			No	
(17) HIGHLAND PUBLIC INFLATION HEDGES FD C/O GTC 12 GILL ST SUITE 2600 WOBURN, MA 01801 47-4601867	POOLED INV FD	DE	N/A					No			No	
(18) LEIGH ORTHOPEDIC SURGERY CENTER LLC 830 KEMPSVILLE ROAD NORFOLK, VA 23502 83-2402528	HEALTH CARE	VA	N/A					No			No	
(19) SURGICAL SUITES OF COASTAL VIRGINIA LLC 400 SENTARA CIRCLE WILLIAMSBURG, VA 23188 83-3205375	HEALTH CARE	VA	N/A					No			No	

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	(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?

		country)						Yes	No
(1)SENTARA HOLDINGS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1555638	HOLDING COMPANY	VA	N/A	C				Yes	
(2)SENTARA HEALTH PLANS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 52-2368125	TPA	VA	N/A	C				Yes	
(3)OPTIMA HEALTH GROUP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1473382	HMO	VA	N/A	C				Yes	
(4)OPTIMA HEALTH INSURANCE COMPANY 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1642752	HEALTH INSURANCE	VA	N/A	C				Yes	
(5)OPTIMA BEHAVIORAL HEALTH SERVICES 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 62-1382666	MENTAL HEALTH SVCS	VA	N/A	C				Yes	
(6)SENTARA VENTURES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1688615	HOLDING COMPANY	VA	N/A	C				Yes	
(7)SENTARA HEALTH INSURANCE CO OF NC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 47-1888140	HEALTH INSURANCE	NC	N/A	C				Yes	
(8)SENTARA HEALTH PLANS OF NC INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 46-5510421	TPA	NC	N/A	C				Yes	
(9)MANAGED CARE SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 81-5421060	ALT HEALTH DELIVERY	VA	N/A	C				Yes	
(10)SENTARA SOUTHSIDE HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1417772	HEALTH SERVICES	VA	N/A	C				Yes	
(11)DOMINION HEALTH MEDICAL ASSOCIATES LTD 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1060357	PHYS PRACTICE	VA	N/A	C				Yes	
(12)SMG INNOVATIONS INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 20-3730331	HEALTH CARE	VA	N/A	C				Yes	
(13)POTOMAC VENTURES CORP 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1441420	HOLDING COMPANY	VA	N/A	C				Yes	
(14)ROCKINGHAM HEALTH SERVICES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1721387	CONTRACTING SVCS	VA	N/A	C				Yes	
(15)MARTHA JEFFERSON MEDICAL ENTERPRISES INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 54-1841528	MEDICAL BILLING SVCS	VA	N/A	C				Yes	
(16)BAY PRIMEX INSURANCE COMPANY LTD PO BOX 1051 GRAND CAYMAN KY1-1102 CJ 98-0704114	OTHER INSURANCE FUNDS	CJ	N/A	C				Yes	
(17)ALBEMARLE PHYSICIAN SERVICES-SENTARA INC 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 26-4592192	PHYS PRACTICE	NC	N/A	C				Yes	
(18)THE PORT WARWICK MEDICAL ARTS BUILDING ASSOCIATION 6015 POPLAR HALL DRIVE NORFOLK, VA 23502 56-2295574	BUILDING ASSOCIATION	VA	N/A	C				Yes	
(19)MEDSTREAMING EGYPT SOFTWARE 15 ANMAR IBN YASSER ST CAIRO EG	CONSULTING	EG	N/A	C				Yes	
(20)HIGHLAND DIRECT HEDGED EQUITY FUND LTD 27 HOSPITAL ROAD GEORGE TOWN KY1-9008 CJ	INVESTMENT	CJ	N/A	C					No
(21)MEDSTREAMING INC 9840 WILLOWS ROAD NE SUITE 200 REDMOND, WA 98052 45-1573625	SOFTWARE DEVELOPMENT	WA	N/A	C				Yes	
(22)PINEBRIDGE SSL SUB-TRUST 2 190 ELGIN AVENUE GEORGE TOWN KY1-9005 CJ 98-6079263	INVESTMENT	CJ	N/A	T					No

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
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	**1a**		No
b Gift, grant, or capital contribution to related organization(s)	**1b**		No
c Gift, grant, or capital contribution from related organization(s)	**1c**		No
d Loans or loan guarantees to or for related organization(s)	**1d**		No
e Loans or loan guarantees by related organization(s)	**1e**		No
f Dividends from related organization(s)	**1f**		No
g Sale of assets to related organization(s)	**1g**		No
h Purchase of assets from related organization(s)	**1h**		No
i Exchange of assets with related organization(s)	**1i**		No
j Lease of facilities, equipment, or other assets to related organization(s)	**1j**		No

k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		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
(1)HALIFAX REGIONAL HOSPITAL INC	M	2,310,283	CORP BOOKS/REC
(2)MARTHA JEFFERSON HOSPITAL	M	3,330,678	CORP BOOKS/REC
(3)OPTIMA HEALTH INSURANCE COMPANY	M	5,411,406	CORP BOOKS/REC
(4)OPTIMA HEALTH INSURANCE COMPANY	Q	6,506,473	CORP BOOKS/REC
(5)POTOMAC HOSPITAL CORPORATION OF PRINCE WILLIAM	M	1,639,119	CORP BOOKS/REC
(6)SENTARA ENTERPRISES	M	118,215,890	CORP BOOKS/REC
(7)SENTARA HEALTH PLANS INC	N	7,343,801	CORP BOOKS/REC
(8)SENTARA HEALTH PLANS INC	M	102,149,201	CORP BOOKS/REC
(9)SENTARA HEALTH PLANS INC	P	226,106,610	CORP BOOKS/REC
(10)SENTARA HOSPITALS	M	143,362,883	CORP BOOKS/REC
(11)SENTARA LIFE CARE CORPORATION	M	2,406,913	CORP BOOKS/REC
(12)SENTARA MEDICAL GROUP	M	9,545,621	CORP BOOKS/REC
(13)SENTARA PRINCESS ANNE HOSPITAL	M	9,504,240	CORP BOOKS/REC
(14)SENTARA RMH MEDICAL CENTER	M	4,098,519	CORP BOOKS/REC

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) Disproprtionate 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.

Return Reference	Explanation

Additional Data

Return to Form

Software ID:

Software Version: