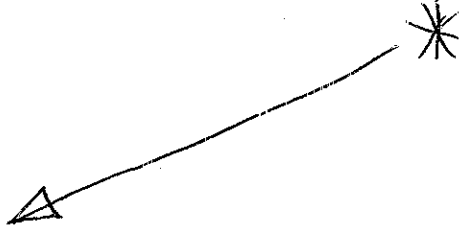




VIA UPS

February 15, 2006

Evelyn S. Berwick, MD  
1605 Lowrie Street  
Pittsburgh, PA 15212



Re: Termination of Contract

Dear Dr. Berwick:

Please be advised that HEALTHAMERICA PENNSYLVANIA, INC., a Pennsylvania corporation ("HealthAmerica"), HealthAssurance Pennsylvania, Inc., a Pennsylvania corporation ("HealthAssurance"), COVENTRY HEALTH & LIFE INSURANCE COMPANY, a Delaware corporation ("CHL"), and COVENTRY HEALTHCARE MANAGEMENT CORPORATION, a Delaware corporation ("CHMC"); (collectively "MCO") are hereby unilaterally terminating the Participating Physician Agreement dated April 1, 1996, as amended, with Evelyn Berwick, M.D. (the "Agreement").

The MCO is exercising its right to unilaterally terminate the Agreement under Appendix A, Section 7.2 Unilateral Termination of the Agreement. The termination shall become effective on May 15, 2006. We will notify MCO enrollees of the termination to coordinate the transfer of care and ensure continuity of care. After the date of termination, you may only treat MCO enrollees as a non-participating provider.

*before or after hearing? - RPH*

Should you wish to remain in the HealthAmerica Advantra network, you may appeal this decision with regard to the Advantra network only. If you wish to appeal this decision with regard to the Advantra network, you must notify us within fifteen (15) calendar days from the receipt of this letter. Your request for an appeal must be submitted in writing and addressed to:

*why, the Advantra Network only? - RPH*

HealthAmerica  
11 Stanwix Street, Suite 2300  
Pittsburgh, PA 15222  
Attention : Vice President, Provider Affairs

If we do not receive the notice by close of business within fifteen (15) calendar days of the date that you receive this letter, your right to request an appeal shall expire. You shall no longer be entitled to appeal the termination.

If you appeal this termination with regard to the Advantra network, HealthAmerica shall schedule a hearing to hear your appeal within twenty (20) calendar days. The hearing will be held at the plan's nearest regional office, and you may attend the hearing in person or via telephone. You may have one representative present during the entire hearing. At the hearing, you may present any information that you believe is relevant to your appeal. You may present witnesses at the hearing. Witnesses will only be allowed to attend the hearing while they are testifying. The hearing panel will consist of at least one physician and the Vice President of Provider Affairs for the region. HealthAmerica will notify you of the results of the hearing within five (5) business days of the hearing.

In the mean time, if you have any questions about the termination process or your appeal rights, please call me at 412.553.5553.

Sincerely,

Matthew L. Mallin  
Director, Provider Relations