



An innovative option in affordable health coverage.

High quality care. Low monthly premiums.

You can afford to offer your employees a quality health plan with HIP SmartStart. Offered exclusively by HIP to Long Island employers, HIP's SmartStart EPO (Exclusive Provider Organization) provides exceptionally affordable health care for companies on a tight budget. In fact, SmartStart is at least **40% less** than a typical HMO plan.*

How it works

It's simple. Members select a participating hospital from the Long Island Health Network (LIHN). See below for a list of participating hospitals. They then have the freedom to access any of the HIP participating SmartStart providers affiliated with that hospital **without a referral**. Members also have the opportunity to change their hospital network selection once a year.

LIHN Network

The following leading hospitals, including their affiliated private practice physicians, comprise the Long Island Health Network:

Nassau County:

- Mercy Medical Center
- New Island Hospital
- South Nassau Communities Hospital
- Winthrop-University Hospital

Suffolk County:

- Brookhaven Memorial Hospital & Medical Center
- Good Samaritan Hospital & Medical Center
- John T. Mather Memorial Hospital
- St. Charles Hospital & Rehabilitation Center
- St. Catherine of Siena Medical Center

See reverse for plan benefits.

HIP SmartStart is the perfect way to provide health care coverage for businesses on a budget. Call your sales representative for more information.

* According to HealthConnect, SmartStart is at least 40% less than a typical HMO plan with \$25 PCP visit copay; \$40 specialist visit copay; \$500 hospital deductible; and \$10 generic/\$20 brand name/\$35 non-formulary prescription drug copays.

HIP SmartStart

| Professional Services | Participating Provider |
|--|---|
| Physician Office Visits | \$25 copay |
| Diagnostic Services X-rays, Lab tests, EKGs, MRIs and CAT scans | Included in physician office visit copay |
| Chiropractic Care | \$25 copay |
| Adult Preventive Care Well Woman Care Cervical Cytology Mammography Prostate Cancer Screening Bone Density Testing | \$25 copay per visit |
| Well-Baby/Well-Child Care (up to age 19) | \$0 copay |
| Inpatient Hospital Services* | Participating Provider |
| Semi-Private Room and Board | \$250 Hospital admission copay for days 1 and 2; \$100 copay for days 3 and after up to a maximum of \$1400 per benefit period |
| Hospital and Physician Services Operating and Recovery Room Intensive and Special Care Units General Nursing Care Prescribed Drugs Anesthesia X-rays and Lab Tests | Included in hospital admission copay |
| Short-term Speech, Physical, Cardiac, Occupational and Respiratory Therapy (when part of an acute admission) | Included in hospital admission copay Short-term only |
| Speech, Physical, Occupational and Respiratory Therapy (when part of a rehabilitation admission) | \$250 Hospital admission copay for days 1 and 2; \$100 copay for days 3-60 up to a maximum of \$1400 per benefit period; 60 days per calendar year |
| Pre-Admission Testing | \$0 copay |
| Outpatient Facility Services | Participating Provider |
| Emergency Room Copay** | \$50 copay (waived if admitted) |
| Ambulatory Surgery* | \$250 copay per occurrence |
| Renal Dialysis | \$25 copay per visit |
| Special Kinds of Care | Participating Provider |
| Emergency and Urgent Care | |
| Ambulance Service to the Hospital | \$0 copay |
| In Urgent Care Facility | Subject to physician office visit copay |
| In Physician's Office | Subject to physician office visit copay |
| Home Health Care* | \$25 copay; 40 visits per calendar year |
| Hospice Care* | \$0 copay; 210 days |
| Skilled Nursing Facility Care* | \$100 copay for days 1-15 up to a maximum of \$1,500 per benefit period; 45 days per calendar year |
| Diabetes Equipment, Supplies and Education | \$25 copay per 60 day supply |
| Outpatient Rehabilitation Treatment of Chemical Abuse and Dependence | \$25 copay per visit; 60 visits per calendar year; up to 20 visits for family members |
| Family Planning Services | Covered |

HIP Participating Providers have contracted with HIP to provide care to our members; they are not employees, agents, servants or representatives of HIP. This summary is provided for information only; it does not contain complete details of the Plan which are available only in the Contract or Certificate of Coverage and Schedule of Benefits, and it does not constitute an Agreement.

*Services must be approved in advance by the HIP Care Management Program.

**The Hospital Emergency Services Copay will be waived if the Member is admitted to the Hospital for treatment of the condition requiring Emergency Services. In such event, the Inpatient Hospital Services Copay will apply.