

SMALL BUSINESS SMARTSTART PLAN RATES

Third Quarter 2004

SMALL BUSINESS SMARTSTART BENEFIT PLAN

THIRD QUARTER 2004

Benefits	Out-of-Network
Financial <ul style="list-style-type: none"> Maximum Benefits 	\$100,000 year individual \$500,000 lifetime individual
Preventive Care <ul style="list-style-type: none"> Physical Examinations (Well Child) Immunizations Hearing tests and Vision screening for children through age 19 	No Charge
Routine and Specialty Services <ul style="list-style-type: none"> Primary Care Office Visits Specialist Consultations and Treatment Allergy Testing and Treatment 	\$25 Copay
<ul style="list-style-type: none"> Radiology Laboratory 	No Charge
For Women Only <ul style="list-style-type: none"> Routine Exams including pap tests and mammography Maternity Care including prenatal visits, delivery and postnatal care (no charge after 1st visit) Inpatient care for breast cancer and reconstruction 	\$25 Copay
Outpatient Substance Abuse Services <ul style="list-style-type: none"> Up to 60 days of treatment for substance abuse or drug & alcohol addiction 	\$25 Copay/visit
Inpatient Hospital Services <ul style="list-style-type: none"> Preadmission Testing 	No Charge
<ul style="list-style-type: none"> Room and Board, semiprivate room, no day limit Intensive and Cardiac Care Short Term Physical, Occupational & Speech Therapy Diagnostic Services including X-ray and Laboratory testing Nursing Services Maternity Services including delivery room Newborn Nursery (if enrolled as eligible dependent) 	\$250 Copay for 1st Day \$250 Copay for 2nd Day; \$100 per day thereafter. Max. per stay \$1,400
<ul style="list-style-type: none"> Skilled Nursing Facility Care up to 45 days per calendar year (following, or in lieu of a hospitalization) 	\$100 per day Max. per stay \$1,500
Outpatient Surgery (Elective)	\$250 Copay
Emergency Services <ul style="list-style-type: none"> Emergency Treatment in an outpatient non-hospital or hospital facility 	\$50 Copay, reverts to inpatient copay if admitted
Home Health Care <ul style="list-style-type: none"> Up to 40 visits per calendar year 	\$25 Copay
Hospice <ul style="list-style-type: none"> Up to 210 days 	No Charge
Chiropractic Services (Medically Necessary) <ul style="list-style-type: none"> Visit Initial Exam X-rays 	\$25 Copay

This is a brief summary of benefits and should be used only as a guide. You must refer to the Vytra Health Plans Agreement for Comprehensive Services for a complete description of requirements for coverage, covered services, limitations and exclusions.

* SmartStart coverage does not meet the requirements of basic hospital insurance due to the amount of the inpatient copayment required.

SMARTSTART PLAN SUMMARY

THIRD QUARTER 2004

How does it work?

- Each family member selects from one of the eight participating primary hospital networks located in Nassau and Suffolk counties. (Each family member can choose a different primary hospital)
- Members do not select a Primary Care Physician and never need a referral to see a specialist, participating within their primary hospital network.

Plan details:

- \$25 Office Visit Copayment
- \$50 Emergency Room Copayment (world wide coverage paid at 100% of 80th percentile of HIAA) - reverts to hospital copayment if admitted into the hospital.
- Hospital Copayment: \$250 copayment for each of the first two days
\$100 copayment for each day thereafter
After member pays out \$1,400, no additional copayments are required
(Any non-participating physicians will be reimbursed at 100% of 80th percentile of HIAA for that hospital admission).
- Discount on prescription drugs
- Radiology (at your selected hospital) and Laboratory services (at designated lab) covered at 100%
- Unmarried Dependent Children are covered to the end of the month of age 19 - full time college students are covered to the end of the month of age 25.

What are the enrollment guidelines?

- Available to the Small Group Market (1-50 employees)
- No minimum participation requirements - no waivers required
- Proof of employment required when less than three employees are enrolling.
- When enrolling five or more employees another Vytra plan may be offered alongside SmartStart.

Things to keep in mind:

- SmartStart is an EPO program.
- As a low cost plan some benefits have been excluded. For example: Mental Health, Out-patient Physical Therapy, Durable Medical Equipment (other than state mandated). Please contact Vytra with questions on specific benefits.
- Maximum benefits: \$100,000 per individual per year
\$500,000 per individual per lifetime
- Primary Hospital selections can be changed once a year from the date of selection - exceptions made for qualifying events.
- SmartStart has a different Membership Application from Vytra's standard small group application. (The Small Group Employer Application remains the same for all 1-50 cases.)
- Flexible enrollment guidelines:
 - Multiple plans and tier structures can be offered, in addition to SmartStart, in the 5+ market.
 - The 1st and 15th of the month effective dates available.
(We will continue to accommodate other effective dates with a copy of the prior carrier's bill.)

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Three Tier Rates only	
Employee	\$170.76
Employee + 1	\$358.59
Family	\$461.05

PARTICIPATING HOSPITALS

Nassau County:

Mercy Medical Center,
Rockville Centre

New Island Hospital,
Bethpage

South Nassau Communities Hospital,
Oceanside

Winthrop-University Hospital,
Mineola

Suffolk County:

Brookhaven Memorial Hospital and Medical Center,
Patchogue

Good Samaritan Hospital Medical Center,
West Islip

St. Catherine of Siena Medical Center,
Smithtown

St. Charles Hospital and Rehabilitation Center,
Port Jefferson/

John T. Mather Memorial Hospital,
Port Jefferson

Vytra's SmartStart Health plan was created through the joint efforts of Vytra Health Plans and the member and affiliate hospitals of the Long Island Health Network (LIHN).