

SMALL BUSINESS SMARTSTART PLAN RATES

First Quarter 2004

SMALL BUSINESS SMARTSTART BENEFIT PLAN

FIRST QUARTER 2004

Benefits	Hospital Network Only
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.

SMALL BUSINESS SMARTSTART PLAN SUMMARY

SMARTSTART AT A GLANCE

- 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.

THE BENEFITS

- \$25 Office Visit Copay.
- \$50 Emergency Room Copay (world wide coverage paid at 100% of UCR 80th Percentile of HIAA) - reverts to hospital copay if admitted into the hospital.
- Hospital Copay:
 - \$250 copay for each of the first two days
 - \$100 copay for each day thereafter
 - After member pays out \$1,400, no additional copays are required.
 - (Any non-participating physicians will be reimbursed at 100% of UCR 80th Percentile of HIAA).
- Approximately a 30% discount for prescription drugs at all Vytra participating pharmacies
- Radiology (at your selected hospital) and laboratory services (at Quest Diagnostics) covered at 100%.
- Unmarried dependent children (UDC) are covered to the end of the month in which they turn 19 - full-time college students are covered to the end of the month in which they turn 25.

THINGS TO REMEMBER

- Smart Start is an EPO Program
- As a low cost plan, some benefits have been excluded, including the following: mental health, out-patient physical therapy, prescription drugs (discounts only), adult annual physicals, inpatient substance abuse treatment, dental and durable medical equipment (other than state mandated).
- Maximum Benefits:
 - \$100,000 per individual per year
 - \$500,000 per individual per lifetime
- Participating hospital selection can be changed once a year from the date of selection - exceptions made for qualifying events.

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





2ND QUARTER 2005

April 1 - June 30, 2005 Premium Rates SMART START

3T	Single	\$192.08
	Two Party	\$403.36
	Family	\$518.62