

SmartStart. A neighborhood network plan provided by:

The Washwick Agency, Inc.
860 E. Main St.

HIP SmartStart

Riverhead, NY 11901

www.washwick.com

631-369-0888 Fax # 631-369-4438

SmartStart Benefit Plan

MONTHLY RATES

SOLE PROP. ONLY

***Coverage can be Effective the 1st of any month.
We MUST receive your application at least (10)
business days prior to the start date of your policy**

SmartStart Plan – Rates Effective 10/01/10

Single \$414.81
Employee & Spouse \$995.56
Employee & Child(ren) \$828.80
Family \$1343.99

(Rates are monthly & subject to change by insurance company – above rates are good until 12/31/10)

PARTICIPATING HOSPITALS

Nassau

* Mercy Medical Center,
Rockville Center

* New Island Hospital
Bethpage

* South Nassau
Communities Hospital
Oceanside

* Winthrop University Hospital,
Mineola

Suffolk County

* Brookhaven Memorial Hospital
Hospital and Medical Center
Patchogue

* Good Samaritan Hospital
and Medical Center,

* St. Catherine of Siena
Medical Center,
Smithtown

* St. Charles Hospital and
Rehabilitation Center
Port Jefferson/
John T. Mather
Memorial Hospital,

****** For current listing of
participating doctors visit
www.hipusa.com**

HOW TO ENROLL IN SMARTSTART

1. **Fill out the individual application.** Be sure to pick a hospital for each person enrolling. You and your dependents may choose different hospitals. Be sure it's signed in both places. If you are self-employed, you sign as both employer and employee.
2. **Fill out the Group application.** Complete Sections 1, 2a and 3. Owner to sign the last page.
3. **Provide proof of employment.** HIP will accept only the following as proof: An NYS-45 form that shows the employee's name or if you are **self-employed** or **not** on the NYS-45, send a signed copy of pages 1 & 2 of your 1040, **with** either a completed Schedule C or Schedule K1 (K1 must include pages 1-4 of 1065 or 1120). Sign anywhere on the bottom of **All Tax Documents**. If a New Business, provide copy of business certificate and letter from tax accountant indicating date business started and No. of eligible employees in the business.

**MAKE PREMIUM CHECK PAYABLE TO:
"HIP HEALTH PLAN OF NEW YORK"**

**Return ALL of the above to:
The Washwick Agency, 860 East Main Street Riverhead, NY 11901**

SUMMARY OF BENEFITS HIP SMART START

➤ PROFESSIONAL SERVICES	PARTICIPATING PROVIDER
PCP Office Visits	\$25 copay
Specialist Office Visits	\$25 copay
Diagnostic Services • X-rays, lab tests, EKG's, MRI's and CAT scans	Included in PCP office visit copay
Chiropractic Care	\$25 copay
➤ INPATIENT HOSPITAL SERVICES*	PARTICIPATING PROVIDER
Semi-private Room and Board	\$250 Hospital admission copay each day for days 1 and 2; \$100 copay each day for days 3 and after up to a maximum of \$1400 per benefit period
Hospital 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
Physician Hospital Visit	\$25 copay per visit
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 each day for days 1 and 2; \$100 copay each day for days 3-11 up to a maximum of \$1400 per benefit period (60 day inpatient stay limit)
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
➤ OUTPATIENT MEDICAL CARE	PARTICIPATING PROVIDER
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
➤ MENTAL HEALTH CARE	PARTICIPATING PROVIDER
Inpatient care*	Subject to Hospital admission copay; 30 days per calendar year
Outpatient care	\$25 copay; 20 visits per calendar year
➤ SPECIAL KINDS OF CARE	PARTICIPATING PROVIDER
Emergency and Urgent Care • Ambulance service to the hospital	\$0 copay
• In urgent care facility	Subject to PCP office visit copay
• In physician's office	Subject to PCP office visit copay
Home Health Care*	\$25 copay; 40 visits per calendar year

**SUMMARY OF BENEFITS
HIP SMART START**

➤ SPECIAL KINDS OF CARE (CONT'D)	PARTICIPATING PROVIDER
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

FOOTNOTES

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.*