

The Plans described herein are offered by HIP Health Plan of New York, a Medicare Advantage organization with an annually renewed Medicare contract. The availability of coverage beyond the current contract year (2009) is not guaranteed. Benefits, limitations, service areas and premiums are subject to change on January 1 of each year. Anyone with Medicare Parts A & B who resides in the Bronx, Kings, New York, Nassau, Queens, Richmond, Suffolk or Westchester Counties may apply for HIP VIP Medicare Plans with/without drug coverage. Beneficiaries must continue to pay their Medicare Part B premium (and Part A, if applicable), if not otherwise paid for under Medicaid or by another third party. Prior authorization may be needed for certain in network services. Please refer to your Evidence of Coverage for complete details on participating provider networks and obtaining prior authorizations. The Medicare Prescription Drug Benefit is only available to members of the Medicare Advantage-Prescription Drug (MA-PD) Plan. If a beneficiary is already enrolled in a MA-PD plan, the enrollee must receive their Medicare Prescription Drug benefit through that plan.

The person discussing plan options with you is either employed by or contracted with HIP Health Plan of New York. The person may be compensated based on your enrollment in a plan.



20  
09 STANDARDIZED  
SUMMARY OF BENEFITS

HIP VIP® CARE IMPROVEMENT  
NASSAU COUNTY



55 WATER STREET  
NEW YORK, NY 10041

hipusa.com®  
English, Spanish, Chinese and Korean

H3330\_H08\_089b 9/08  
10-6028

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New Yorkers know how to live.  
We know how to keep them covered.



# HIP VIP CARE IMPROVEMENT PLAN

## Introduction to the Summary of Benefits for HIP Health Plan of New York

January 1, 2009 – December 31, 2009

### SECTION I - INTRODUCTION TO SUMMARY OF BENEFITS

Thank you for your interest in HIP VIP Care Improvement. Our plan is offered by HIP Health Plan of New York, a Medicare Advantage Health Maintenance Organization (HMO) Special Needs Plan. This plan is designed for people who meet specific enrollment criteria.

If you have been diagnosed with Diabetes you may be eligible to join this plan.

This Summary of Benefits tells you some features of our plan. It doesn't list every service we cover or list every limitation or exclusion. To get a complete list of our benefits, please call HIP and ask for the "Evidence of Coverage."

### YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like HIP VIP Care Improvement. You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call HIP at the telephone number listed at the end of this introduction or **1-800-MEDICARE (1-800-633-4227)** for more information. TTY users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

### HOW CAN I COMPARE MY OPTIONS?

You can compare HIP VIP Care Improvement and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

### WHERE IS HIP VIP CARE IMPROVEMENT AVAILABLE?

The service area for this plan includes: Nassau County. You must live in this county to join the plan.

### WHO IS ELIGIBLE TO JOIN HIP VIP CARE IMPROVEMENT?

You can join HIP VIP Care Improvement if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area.

You must have been diagnosed by your doctor with Diabetes.

Please call HIP to see if you are eligible to join.

### CAN I CHOOSE MY DOCTORS?

HIP VIP Care Improvement has formed a network of doctors, specialists, and hospitals. You can only use doctors who are part of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory for an up-to-date list or visit us at [www.hipusa.com](http://www.hipusa.com)<sup>®</sup>. Our Customer Service number is listed at the end of this introduction.

### WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

If you choose to go to a doctor outside of our network, you must pay for these services yourself. Neither HIP Health Plan of New York nor the Original Medicare Plan will pay for these services.

### DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

HIP VIP Care Improvement does cover both Medicare Part B prescription drugs and Medicare Part D prescription drugs.

### WHERE CAN I GET MY PRESCRIPTIONS IF I JOIN THIS PLAN?

HIP VIP Care Improvement has formed a network of pharmacies. You must use a network pharmacy to receive plan benefits. We may not pay for your prescriptions if you use an out-of-network pharmacy, except in certain cases. The pharmacies in our network can change at any time. You can ask for a current Pharmacy Network List or visit us at [www.hipusa.com](http://www.hipusa.com). Our customer service number is listed at the end of this introduction.

HIP Health Plan of New York has a list of preferred pharmacies. At these pharmacies, you may get your drugs at a lower co-pay or co-insurance. You may go to a non-preferred pharmacy, but you may have to pay more for your prescription drugs.

### WHAT IS A PRESCRIPTION DRUG FORMULARY?

HIP VIP Care Improvement uses a formulary. A formulary is a list of drugs covered by your plan to meet patient needs. We may periodically add, remove, or make changes to coverage limitations on certain drugs or change how much you pay for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made. We will send a formulary to you and you can see our complete formulary on our Web site at [www.hipusa.com](http://www.hipusa.com).

If you are currently taking a drug that is not on our formulary or subject to additional requirements or limits, you may be able to get a temporary supply of the drug. You can contact us to request an exception or switch to an alternative drug listed on our formulary with your physician's help. Call us to see if you can get a temporary supply of the drug or for more details about our drug transition policy.

### HOW CAN I GET EXTRA HELP WITH PRESCRIPTION DRUG PLAN COSTS?

If you qualify for extra help with your Medicare prescription drug plan costs, your premium and costs at the pharmacy will be lower. When you join HIP VIP Care Improvement, Medicare will tell us how much extra help you are getting. Then we will let you know the amount you will pay. If you are not getting this extra help you can see if you qualify by calling **1-800-MEDICARE (1-800-633-4227)**. TTY users should call **1-877-486-2048**. You can call this number 24 hours a day, 7 days a week.

### WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of HIP VIP Care Improvement, you have the right to request a coverage determination, which includes the right to request an exception, the right to file an appeal if we deny coverage for a prescription drug, and the right to file a grievance. You have the right to request a coverage determination if you want us to cover a Part D drug that you believe should be covered. An exception is a type of coverage determination. You may ask us for an exception if you believe you need a drug that is not on our list of covered drugs or believe you should get a non-preferred drug at a lower out-of-pocket cost. You can also ask for an exception to cost utilization rules, such as a limit on the quantity of a drug. If you think you need an exception, you should contact us before you try to fill your prescription at a pharmacy. Your doctor must provide a statement to support your exception request. If we deny

coverage for your prescription drug(s), you have the right to appeal and ask us to review our decision. Finally, you have the right to file a grievance if you have any type of problem with us or one of our network pharmacies that does not involve coverage for a prescription drug.

### WHAT IS A MEDICATION THERAPY MANAGEMENT (MTM) PROGRAM?

A Medication Therapy Management (MTM) Program is a free service we may offer. You may be invited to participate in a program designed for your specific health and pharmacy needs. You may decide not to participate but it is recommended that you take full advantage of this covered service if you are selected. Contact HIP for more details.

### WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Outpatient prescription drugs that may be covered under Medicare Part B. This may include, but are not limited to, the following types of drugs. Contact HIP Health Plan of New York for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin alpha or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen. Inhalation and infusion drugs provided through DME.

Please call HIP Health Plan of New York for more information about this plan.

Visit us at [www.hipusa.com](http://www.hipusa.com) or, call us:

Current members should call (800)-447-8255 for questions related to the Medicare Advantage program. (TTY/TDD (888)-447-4833)

Prospective members should call (800)-447-9169 for questions related to the Medicare Advantage program. (TTY/TDD (888)-447-4833)

Current members should call (800)-447-8255 for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (888)-447-4833)

Prospective members should call (866) HIP-NYRX ((866) 447-6979) for questions related to the Medicare Part D Prescription Drug program. (TTY/TDD (888)-447-4833)

For more information about Medicare, please call Medicare at 1-800 MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week. Or, visit [www.medicare.gov](http://www.medicare.gov) on the web.

**HIP VIP CARE IMPROVEMENT PLAN**

Benefit	Original Medicare	HIP VIP Care Improvement
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**Important Information**

<p>1 - Premium and Other Important Information</p>	<ul style="list-style-type: none"> <li>•In 2008, the monthly Part B premium was \$96.40 and will change for 2009.</li> <li>•If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.</li> </ul>	<p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>•There is no additional premium to your monthly Medicare Part B.</li> </ul> <p><b>Out-of-Network</b></p> <p>Unless otherwise noted, out-of-network services not covered.</p>
<p>2 - Doctor and Hospital Choice</p> <p>(For more information, see Emergency - #15 and Urgently Needed Care - #16.)</p>	<ul style="list-style-type: none"> <li>•You may go to any doctor, specialist or hospital that accepts Medicare.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•You must go to network doctors, specialists, and hospitals.</li> <li>•No referrals required for network doctors, specialists, and hospitals.</li> </ul>

**HIP VIP CARE IMPROVEMENT PLAN**

Benefit	Original Medicare	HIP VIP Care Improvement
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**Inpatient Care**

<p>3 - Inpatient Hospital Care (includes Substance Abuse and Rehabilitation Services)</p>	<ul style="list-style-type: none"> <li>•In 2008 the amounts for each benefit period (3) were: Days 1 - 60: \$1,024 deductible Days 61 - 90: \$256 per day Days 91 - 150: \$512 per lifetime reserve day. (4) These numbers will change for 2009.</li> <li>•Please call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•Day 1: \$300 copay</li> <li>•Days 2 - 10: \$50 copay per day</li> <li>• Days 11 - 90: \$0 copay per day</li> <li>•\$0 copay for additional hospital days</li> <li>•\$750 out of pocket limit every benefit period.</li> <li>•No limit to the number of days covered by the plan each benefit period.</li> <li>•Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul>
<p>4 - Inpatient Mental Health Care</p>	<ul style="list-style-type: none"> <li>•Same deductible and copay as inpatient hospital care (see "Inpatient Hospital Care" above).</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$0 copay</li> <li>•The maximum out of pocket limit is covered under "Inpatient Hospital Care".</li> </ul> <p>(continued on next page)</p>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. (4) Lifetime reserve days can only be used once.

HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
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Inpatient Care (continued)

4 - Inpatient Mental Health Care (continued)	<ul style="list-style-type: none"> <li>•190 day limit in a Psychiatric Hospital.</li> </ul>	<ul style="list-style-type: none"> <li>•You get up to 190 days in a Psychiatric Hospital in a lifetime.</li> <li>•Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital.</li> </ul>
5 - Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)	<ul style="list-style-type: none"> <li>•In 2008 the amounts for each benefit period (3) after at least a 3-day covered hospital stay were: Days 1 - 20: \$0 per day Days 21 - 100: \$128 per day. These numbers will change for 2009.</li> <li>•100 days for each benefit period.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•Prior authorization is required.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•For Medicare-covered SNF stays: Days 1 - 20: \$0 copay per day Days 21 - 100: \$25 copay per day \$2000 out-of-pocket limit every stay. 100 days covered for each benefit period. No prior hospital stay is required.</li> </ul>

(3) A benefit period begins the day you go to a hospital or skilled nursing facility. The benefit period ends when you have not received hospital or skilled nursing care for 60 days in a row. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have.

HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
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Inpatient Care (continued)

6 - Home Health Care (Includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)	<ul style="list-style-type: none"> <li>•\$0 copay.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$0 copay for Medicare-covered home health visits.</li> </ul>
7 - Hospice	<ul style="list-style-type: none"> <li>•You pay part of the cost for outpatient drugs and inpatient respite care.</li> <li>•You must get care from a Medicare-certified hospice.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•You must get care from a Medicare-certified hospice.</li> </ul>

Outpatient Care

8 - Doctor Office Visits	<ul style="list-style-type: none"> <li>•20% coinsurance (1)(2)</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•See "Routine Physical Exams," for more information.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$5 copay for each primary care doctor visit for Medicare-covered benefits</li> <li>• \$5 to \$10 copay for each in-area, network urgent care Medicare-covered visit.</li> <li>•\$10 copay for each specialist visit for Medicare-covered benefits.</li> </ul>
9 - Chiropractic Services	<ul style="list-style-type: none"> <li>•20% coinsurance</li> <li>•Routine care not covered</li> <li>•20% coinsurance for manual manipulation of the spine to correct subluxation if you get it from a chiropractor or other qualified provider. (1)(2)</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$5 copay for Medicare-covered visits.</li> <li>•Medicare-covered chiropractic visits are for manual manipulation of the spine to correct a displacement or misalignment of a joint or body part.</li> </ul>

(1) Each year, you pay a total of one \$135 deductible. This number will change for 2009. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
<b>Outpatient Care (continued)</b>		
10 - Podiatry Services	<ul style="list-style-type: none"> <li>•20% coinsurance</li> <li>•Routine care not covered.</li> <li>•20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. (1)(2)</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$0 copay for Medicare-covered visits</li> <li>-up to 4 routine visit(s) every year</li> <li>•Medicare-covered podiatry benefits are for medically-necessary foot care.</li> </ul>
11 - Outpatient Mental Health Care	<ul style="list-style-type: none"> <li>•50% coinsurance for most outpatient mental health services. (1)(2)</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$30 copay for each Medicare-covered individual or group therapy visit.</li> </ul>
12 - Outpatient Substance Abuse Care	<ul style="list-style-type: none"> <li>•20% coinsurance</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$30 copay for Medicare-covered individual or group visits.</li> </ul>
13 - Outpatient Services/Surgery	<ul style="list-style-type: none"> <li>•20% coinsurance for the doctor (1)(2)</li> <li>•20% of outpatient facility (1)(2)</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•Authorization rules apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$75 copay for each Medicare-covered ambulatory surgical center visit.</li> <li>•\$0 copay for each Medicare-covered outpatient hospital facility visit.</li> <li>•Additional facility charges may apply.</li> </ul>
14 - Ambulance Services  (medically necessary ambulance services)	<ul style="list-style-type: none"> <li>•20% coinsurance (1)(2)</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•Authorization rules apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$75 copay for Medicare-covered ambulance benefits.</li> </ul>

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HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
<b>Outpatient Care (continued)</b>		
15 - Emergency Care  (You may go to any emergency room if you reasonably believe you need emergency care.)	<ul style="list-style-type: none"> <li>•20% coinsurance for the doctor (1)(2)</li> <li>•20% of facility charge, or a set copay per emergency room visit (1)(2)</li> <li>•You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit.</li> <li>•NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$0 - 50 copay for Medicare-covered emergency room visits.</li> </ul> <p><b>Out-of-Network</b></p> <ul style="list-style-type: none"> <li>•Worldwide coverage.</li> </ul> <p><b>In and Out-of-Network</b></p> <ul style="list-style-type: none"> <li>•If you are admitted to the hospital within 1-day for the same condition, you pay \$0 for the emergency room visit</li> </ul>
16 - Urgently Needed Care  (This is NOT emergency care, and in most cases, is out of the service area.)	<ul style="list-style-type: none"> <li>•20% coinsurance, or a set copay (1)(2).</li> <li>•NOT covered outside the U.S. except under limited circumstances.</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•\$10 for Medicare-covered urgently needed care visits.</li> </ul>
17 - Outpatient Rehabilitation Services  (Occupational Therapy, Physical Therapy, Speech and Language Therapy)	<ul style="list-style-type: none"> <li>•20% coinsurance (1)(2)</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$10 copay for Medicare-covered Occupational Therapy visits.</li> <li>•\$10 copay for Medicare-covered Physical and/or Speech/Language Therapy visits.</li> </ul>
<b>Outpatient Medical Services and Supplies</b>		
18 - Durable Medical Equipment  (Includes wheelchairs, oxygen, etc.)	<ul style="list-style-type: none"> <li>•20% coinsurance (1)(2)</li> </ul>	<p><b>General</b></p> <ul style="list-style-type: none"> <li>•Authorization rules may apply.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•0%-20% coinsurance for Medicare-covered items.</li> </ul>

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## HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
<b>Outpatient Medical Services and Supplies (continued)</b>		
19 - Prosthetic Devices (Includes braces, artificial limbs and eyes, etc.)	•20% coinsurance (1)(2)	<b>General</b> •Authorization rules may apply. <b>In-Network</b> •0%-20% coinsurance for Medicare-covered items.
20 - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)	•20% coinsurance (1)(2)	<b>General</b> •Authorization rules may apply. <b>In-Network</b> •\$0 copay for Diabetes self-monitoring training. •\$0 copay for Nutrition Therapy for Diabetes. •\$0 copay for Diabetes supplies.
21 - Diagnostic Tests, X-Rays, and Lab Services	•20% coinsurance for diagnostic tests and x-rays •\$0 copay for Medicare-covered lab services (1)(2) •Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol.	<b>General</b> •Authorization rules may apply. <b>In-Network</b> \$0 copay for Medicare-covered: - lab services - diagnostic procedures and tests •\$0 for Medicare-covered X-rays. •\$0 - \$75 copay for Medicare-covered diagnostic radiology services. •\$75 copay for Medicare-covered therapeutic radiology services. •Additional facility charges may apply.

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## HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
<b>Preventive Services</b>		
22 - Bone Mass Measurement (for people with Medicare who are at risk)	•20% coinsurance (1)(2) •Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions.	<b>In-Network</b> •\$0 copay
23 - Colorectal Screening Exams (for people with Medicare age 50 and older)	•20% coinsurance (1)(2) •Covered when you are high risk or when you are age 50 and older.	<b>In-Network</b> •\$0 copay for Medicare-covered colorectal screenings.
24 - Immunizations (Flu vaccine, Hepatitis B vaccine - for people with Medicare who are at risk, Pneumonia vaccine)	•\$0 copay for Flu and Pneumonia vaccines •20% coinsurance for Hepatitis B vaccine (1)(2) •You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information.	<b>In-Network</b> •\$0 copay for Flu and Pneumonia vaccines. •\$0 copay for Hepatitis B vaccine. •No referral needed for Flu and pneumonia vaccines.
25 - Mammograms (Annual Screening) (for women with Medicare age 40 and older)	•20% coinsurance (2) •No referral needed. •Covered once a year for all women with Medicare age 40 and older. One baseline mammogram covered for women with Medicare between age 35 and 39.	<b>In-Network</b> •\$0 copay for Medicare-covered screening mammograms.
26 - Pap Smears and Pelvic Exams (for women with Medicare)	•\$0 copay for Pap smears (2) •Covered once every 2 years. Covered once a year for women with Medicare at high risk. •20% coinsurance for Pelvic Exams (2)	<b>In-Network</b> •\$0 copay for pap smears and pelvic exams.

(1) Each year, you pay a total of one \$135 deductible. This number will change in 2009. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
<b>Preventive Services (continued)</b>		
27 - Prostate Cancer Screening Exams  (for men with Medicare age 50 and older)	<ul style="list-style-type: none"> <li>•20% coinsurance for the digital rectal exam.</li> <li>•\$0 for the PSA test; 20% coinsurance for other related services. (1)(2)</li> <li>•Covered once a year for all men with Medicare over age 50.</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$0 copay for Medicare-covered prostate cancer screening.</li> </ul>
28 - ESRD	<ul style="list-style-type: none"> <li>•20% coinsurance for dialysis (1)(2)</li> </ul>	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$0 copay for in and out-of-area dialysis</li> <li>•\$0 copay for Nutrition Therapy for Renal Disease</li> </ul>
29 - Prescription Drugs	<ul style="list-style-type: none"> <li>•Most drugs not covered. (You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan.)</li> </ul>	<p><b>Drugs covered under Medicare Part B General.</b></p> <ul style="list-style-type: none"> <li>•10% of the cost for Part B-covered drugs (not including chemotherapy drugs.)</li> <li>•10% of the cost for Part B-covered chemotherapy drugs.</li> <p><b>Drugs covered under Medicare Part D General.</b></p> <ul style="list-style-type: none"> <li>•This plan uses a formulary. The plan will send you the formulary. You can also see the formulary at <a href="http://hipusa.com">hipusa.com</a> on the web.</li> <li>•Different out-of-pocket costs may apply for people who                             <ul style="list-style-type: none"> <li>- have limited incomes,</li> <li>- live in long term care facilities, or</li> <li>- have access to Indian/Tribal/Urban (Indian Health Service).</li> </ul> </li> </ul> <p>(continued on next page)</p> </ul>

(1) Each year, you pay a total of one \$135 deductible. This number will change for 2009. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
<b>Preventive Services (continued)</b>		
29 - Prescription Drugs  (continued)		<ul style="list-style-type: none"> <li>•The plan offers national in-network prescription coverage. This means that you will pay the same amount for your prescription drugs if you get them at an in-network pharmacy outside of the plan's service area (for instance when you travel).</li> <li>•Total yearly drug costs are the total drug costs paid by both you and the plan.</li> <li>•The plan may require you to first try one drug to treat your condition before it will cover another drug for that condition.</li> <li>•Some drugs have quantity limits.</li> <li>•Your provider must get prior authorization from HIP VIP Care Improvement for certain drugs.</li> <li>•You must go to certain pharmacies for a very limited number of drugs, due to the special handling requirements of these drugs. These drugs are listed on the plan's website, formulary, and printed materials, as well as on the Medicare Prescription Drug Plan Finder on <a href="http://Medicare.gov">Medicare.gov</a>.</li> <li>•If the actual cost of a drug is less than the normal copay amount for that drug, you will pay the actual cost, not the higher copay amount.</li> </ul> <p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•\$0 deductible.</li> </ul> <p><b>Initial Coverage</b></p> <ul style="list-style-type: none"> <li>•You pay the following until total yearly drug costs reach \$2405:</li> </ul> <p>(continued on next page)</p>

HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
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Preventive Services (continued)

<p>29 - Prescription Drugs (continued)</p>		<p><b>Retail Pharmacy Tier 1</b>                      - \$5 copay for a one-month (30-day) supply of drugs from a preferred pharmacy  <b>Retail Pharmacy Tier 1</b>                      - \$5 copay for a one-month (30-day) supply of drugs from a preferred pharmacy                      - \$10 copay for a three-month (90-day) supply of drugs from a preferred pharmacy                      - \$15 copay for a 60-day supply of drugs from a preferred pharmacy                      - \$5 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy                      - \$15 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy                      - \$15 copay for a 60-day supply of drugs from a non-preferred pharmacy  <b>Tier 2</b>                      - \$25 copay for a one-month (30-day) supply of drugs from a preferred pharmacy                      - \$50 copay for a three-month (90-day) supply of drugs from a preferred pharmacy                      - \$75 copay for a 60-day supply of drugs from a preferred pharmacy                      - \$25 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy                      - \$75 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy                      - \$75 copay for a 60-day supply of drugs from a non-preferred pharmacy                      (continued on next page)</p>
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HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
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Preventive Services (continued)

<p>29 - Prescription Drugs (continued)</p>		<p><b>Tier 3</b>                      - 50% coinsurance for a one-month (30-day) supply of drugs from a preferred pharmacy                      - 50% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy                      - 50% coinsurance for a 60-day supply of drugs from a preferred pharmacy                      - 50% coinsurance for a one-month (30-day) supply of drugs from a non-preferred pharmacy                      - 50% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy                      - 50% copay for a 60-day supply of drugs from a non-preferred pharmacy  <b>Tier 4</b>                      - 25% coinsurance for a one-month (30-day) supply of drugs from a preferred pharmacy                      - 25% coinsurance for a three-month (90-day) supply of drugs from a preferred pharmacy                      - 25% coinsurance for a 60-day supply of drugs from a preferred pharmacy                      - 25% coinsurance for a one-month (30-day) supply of drugs from a non-preferred pharmacy                      - 25% coinsurance for a three-month (90-day) supply of drugs from a non-preferred pharmacy                      - 25% copay for a 60-day supply of drugs from a non-preferred pharmacy                      (continued on next page)</p>
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HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
Preventive Services (continued)		
29 - Prescription Drugs (continued)		<p><b>Tier 5</b>                      - \$0 copay for a one-month (30-day) supply of drugs from a preferred pharmacy                      - \$0 copay for a three-month (90-day) supply of drugs from a preferred pharmacy                      - \$0 copay for a 60-day supply of drugs from a preferred pharmacy                      - \$0 copay for a one-month (30-day) supply of drugs from a non-preferred pharmacy                      - \$0 copay for a three-month (90-day) supply of drugs from a non-preferred pharmacy                      - \$0 copay for a 60-day supply of drugs from a non-preferred pharmacy  <b>Long Term Care Pharmacy</b>  <b>Tier 1</b>                      - \$5 copay for a one-month (31-day) supply of drugs  <b>Tier 2</b>                      - \$25 copay for a one-month (31-day) supply of drugs  <b>Tier 3</b>                      - 50% coinsurance for a one-month (31-day) supply of drugs  <b>Tier 4</b>                      - 25% coinsurance for a one-month (31-day) supply of drugs  <b>Tier 5</b>                      - \$0 copay for a one-month (31-day) supply of drugs  <b>Mail Order</b>  <b>Tier 1</b>                      - \$5 copay for a one-month (30-day) supply of drugs                      (continued on next page)</p>

HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
Preventive Services (continued)		
29 - Prescription Drugs (continued)		<p>- \$10 copay for a three-month (90-day) supply of drugs                      - \$10 copay for a 60-day supply of drugs  <b>Tier 2</b>                      - \$25 copay for a one-month (30-day) supply of drugs                      - \$50 copay for a three-month (90-day) supply of drugs                      - \$50 copay for a 60-day supply of drugs  <b>Tier 3</b>                      - 50% coinsurance for a one-month (30-day) supply of drugs                      - 50% coinsurance for a three-month (90-day) supply of drugs                      - 50% coinsurance for a 60-day supply of drugs  <b>Tier 4</b>                      - 25% coinsurance for a one-month (30-day) supply of drugs                      - 25% coinsurance for a three-month (90-day) supply of drugs                      - 25% coinsurance for a 60-day supply of drugs  <b>Tier 5</b>                      - \$0 copay for a one-month (30-day) supply of drugs                      - \$0 copay for a three-month (90-day) supply of drugs                      - \$0 copay for a 60-day supply of drugs  <b>Coverage Gap</b>                      You pay the following:                      The plan covers All Preferred Generics through the gap.                      (continued on next page)</p>

HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
Preventive Services (continued)		
29 - Prescription Drugs (continued)		<p><b>Retail Pharmacy</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of selected drugs you get at a preferred pharmacy</li> <li>- \$10 copay for a three-month (90-day) supply of selected drugs you get at a preferred pharmacy</li> <li>- \$15 copay for a 60-day supply of selected drugs you get at a preferred pharmacy</li> </ul> <p>- \$5 copay for a one-month (30-day) supply of selected drugs you get at a non-preferred pharmacy</p> <ul style="list-style-type: none"> <li>- \$15 copay for a three-month (90-day) supply of selected drugs you get at a non-preferred pharmacy</li> <li>- \$10 copay for a 60-day supply of selected drugs you get at a non-preferred pharmacy</li> </ul> <p><b>Tier 5</b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (30-day) supply of selected drugs you get at a preferred pharmacy</li> <li>- \$0 copay for a three-month (90-day) supply of selected drugs you get at a preferred pharmacy</li> <li>- \$0 copay for a 60-day supply of selected drugs you get at a preferred pharmacy</li> <li>- \$0 copay for a one-month (30-day) supply of selected drugs you get at a non-preferred pharmacy</li> </ul> <p>(continued on next page)</p>

HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
Preventive Services (continued)		
29 - Prescription Drugs (continued)		<ul style="list-style-type: none"> <li>- \$0 copay for a three-month (90-day) supply of selected drugs you get at a non-preferred pharmacy</li> <li>- \$0 copay for a 60-day supply of selected drugs you get at a non-preferred pharmacy</li> </ul> <p><b>Long Term Care Pharmacy</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (31-day) supply of selected drugs</li> </ul> <p><b>Tier 5</b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (31-day) supply of selected drugs</li> </ul> <p><b>Mail Order</b></p> <p><b>Tier 1</b></p> <ul style="list-style-type: none"> <li>- \$5 copay for a one-month (30-day) supply of selected drugs</li> <li>- \$10 copay for a three-month (90-day) supply of selected drugs</li> <li>- \$10 copay for a 60-day supply of selected drugs</li> </ul> <p><b>Tier 5</b></p> <ul style="list-style-type: none"> <li>- \$0 copay for a one-month (30-day) supply of selected drugs</li> <li>- \$0 copay for a three-month (90-day) supply of selected drugs</li> <li>- \$0 copay for a 60-day supply of selected drugs</li> </ul> <p>Please contact the plan for a complete list of drugs covered through the gap. For all other covered drugs, after your total yearly drug costs reach \$2405, you pay 100% until your yearly out-of-pocket drug costs reach \$4350.</p> <p>(continued on next page)</p>

HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
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Preventive Services (continued)

<p>29 - Prescription Drugs (continued)</p>		<p><b>Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4350, you pay the greater of: - \$2.40 copay for generic (including brand drugs treated as generic) and \$6 copay for all other drugs, or - 5% coinsurance.</p> <p><b>Out-of-Network</b> Plan drugs may be covered in special circumstances, for instance, illness while traveling outside of the plan's service area where there is no network pharmacy. You may pay more than the copay if you get your drugs at an out-of-network pharmacy.</p> <p><b>Out-of-Network Initial Coverage</b> You pay the following until total yearly drug costs reach \$2405: <b>Tier 1</b> - \$5 copay for a one-month (30-day) supply of drugs <b>Tier 2</b> - \$25 copay for a one-month (30-day) supply of drugs <b>Tier 3</b> - 50% coinsurance for a one-month (30-day) supply of drugs <b>Tier 4</b> - 25% coinsurance for a one-month (30-day) supply of drugs <b>Tier 5</b> - \$0 copay for a one-month (30-day) supply of drugs</p> <p>(continued on next page)</p>
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HIP VIP CARE IMPROVEMENT PLAN

Benefit	Original Medicare	HIP VIP Care Improvement
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Preventive Services (continued)

<p>29 - Prescription Drugs (continued)</p>		<p><b>Out-of-Network Coverage Gap</b> The plan covers All Preferred Generics through the gap. You pay the following: <b>Tier 1</b> - \$5 copay for a one-month (30-day) supply of drugs <b>Tier 2</b> - After your total yearly drug costs reach \$2,405, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by HIP VIP Care Improvement for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HIP VIP Care Improvement so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year. <b>Tier 3</b> - After your total yearly drug costs reach \$2,405, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by HIP VIP Care Improvement for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HIP VIP Care Improvement so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p>(continued on next page)</p>
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HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
<b>Preventive Services (continued)</b>		
29 - Prescription Drugs (continued)		<p><b>Tier 4</b> -After your total yearly drug costs reach \$2,405, you pay 100% of the pharmacy's full charge for drugs purchased out-of-network until your yearly out-of-pocket drug costs reach \$4,350. You will not be reimbursed by HIP VIP Care Improvement for out-of-network purchases when you are in the coverage gap. However, you should still submit documentation to HIP VIP Care Improvement so we can add the amounts you spent out-of-network to your total out-of-pocket costs for the year.</p> <p><b>Tier 5</b> - \$0 copay for a one-month (30-day) supply of drugs</p> <p><b>Out-of-Network Catastrophic Coverage</b> After your yearly out-of-pocket drug costs reach \$4350, you pay the greater of: - \$2.40 copay for generic (including brand drugs treated as generic) and \$6 copay for all other drugs, or - 5% coinsurance.</p>
30 - Dental Services	<ul style="list-style-type: none"> <li>•Preventive dental services (such as cleaning) not covered.</li> </ul>	<p><b>In-Network</b> - \$0 copay for Medicare-covered dental benefits - \$5 copay for up to 2 oral exam(s) every year - \$10 copay for up to 2 cleaning(s) every year - \$19 to \$23 for up to 1 fluoride treatment(s) every year</p>

HIP VIP CARE IMPROVEMENT PLAN		
Benefit	Original Medicare	HIP VIP Care Improvement
<b>Important Information</b>		
31 - Hearing Services	<ul style="list-style-type: none"> <li>•Routine hearing exams and hearing aids not covered.</li> <li>•20% coinsurance for diagnostic hearing exams. (1)(2)</li> </ul>	<p><b>General</b> •Authorization rules may apply.</p> <p><b>In-Network</b> •Hearing aids not covered. •\$15 copay for diagnostic hearing exams •\$15 copay for up to 1 routine hearing test(s) every year •\$15 copay for up to 1 hearing aid fitting evaluation(s) every three years</p>
32 - Vision Services	<ul style="list-style-type: none"> <li>•20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. (1)(2)</li> <li>•Routine eye exams and glasses not covered.</li> <li>•Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. (1)(2)</li> <li>•Annual glaucoma screenings covered for people at risk. (1)(2)</li> </ul>	<p><b>In-Network</b> •\$0 copay for - one pair of eyeglasses or contact lenses after each cataract surgery - up to 1 pair(s) of glasses every year - \$15 copay for exams to diagnose and treat diseases and conditions of the eye. - \$15 copay for up to 1 routine eye exam(s) every year •\$150 limit for eye wear every year.</p>
33 - Physical Exams	<ul style="list-style-type: none"> <li>•20% coinsurance for one exam within the first 6 months of your new Medicare Part B coverage</li> <li>•When you get Medicare Part B, you can get a one time physical exam within the first 6 months of your new Part B coverage. The coverage does not include lab tests. (1)(2)</li> </ul>	<p><b>In-Network</b> •\$0 copay for routine exams. •Limited to 1 exam(s) every year.</p>

(1) Each year, you pay a total of one \$135 deductible. This number will change in 2009. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HIP VIP CARE IMPROVEMENT PLAN**

Benefit	Original Medicare	HIP VIP Care Improvement
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**Important Information (continued)**

34 - Health/Wellness Education	•Not covered.	<p><b>In-Network</b></p> <ul style="list-style-type: none"> <li>•This plan covers health/wellness education benefits.</li> <li>- Written health education materials, including Newsletters</li> <li>- Nutritional Training</li> <li>- Smoking Cessation</li> <li>- Alternative Medicine Program</li> </ul>
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**Optional Supplemental Package #1**

Premium and Other Important Information		<p><b>General</b></p> <ul style="list-style-type: none"> <li>•Package: 1 - Premium #1: \$69 monthly premium, in addition to your \$0 monthly plan premium and monthly Medicare Part B premium, for the following optional benefits:</li> <li>- Inpatient Hospital Care</li> <li>- Skilled Nursing Facility</li> <li>- Home Health Care</li> <li>- Doctor Office Visits</li> <li>- Chiropractic Services</li> <li>- Outpatient Mental Health Care</li> <li>- Outpatient Substance Abuse Care</li> <li>- Outpatient Services/Surgery</li> <li>- Ambulance Services</li> <li>- Emergency Care</li> <li>- Urgently Needed Care</li> <li>- Outpatient Rehabilitation Services</li> <li>- Durable Medical Equipment</li> <li>- Prosthetic Devices</li> </ul> <p>(continued on next page)</p>
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(1) Each year, you pay a total of one \$135 deductible. This number will change in 2009. (2) If a doctor or supplier chooses not to accept assignment, their costs are often higher, which means you may pay more.

**HIP VIP CARE IMPROVEMENT PLAN**

Benefit	Original Medicare	HIP VIP Care Improvement
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**Optional Supplemental Package #1 (continued)**

Premium and Other Important Information (continued)		<ul style="list-style-type: none"> <li>- Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies</li> <li>- Bone Mass Measurement</li> <li>- Colorectal Screening Exam</li> <li>- Immunizations</li> <li>- Mammograms (Annual Screenings)</li> <li>- Pap Smears and pelvic exams</li> <li>- Prostate Cancer Screening Exams</li> <li>- ESRD</li> <li>- Hearing Services</li> <li>- Vision Services</li> <li>- Physical Exams</li> <li>- Health/Wellness Education</li> <li>- Comprehensive Outpatient Rehabilitation Facility (CORF)</li> <li>- Partial Hospitalization</li> <li>- Other Health Care Professional</li> <li>- Diagnostic Procedures/Test/Lab Benefits</li> <li>- Diagnostic/Therapeutic Radiological Services</li> <li>- Cardiac Rehabilitation Services</li> <li>- Blood</li> <li>- Nutrition Therapy for Diabetes and Renal Disease</li> </ul>
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## HIP VIP CARE IMPROVEMENT

We understand that getting a grasp on your coverage can be confusing. That's why we've produced this Special Features section to simplify things. It covers many of the benefits that are specific to HIP VIP Care Improvement that were only referenced in the prior section of the Standardized Summary of Benefits charts. Now let's get started.



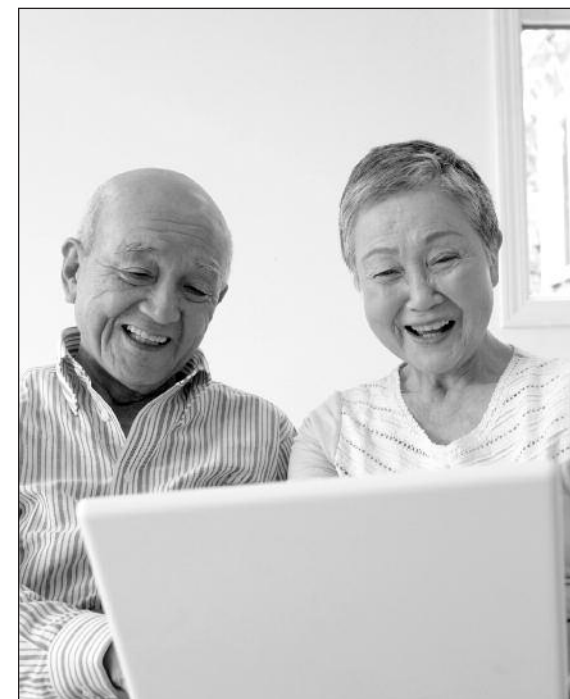
### Diabetes-Specific Benefits Designed Especially with You in Mind

As a member of HIP VIP Care Improvement, you can take advantage of specialized benefits to help you better manage your diabetes:

- Personal support team of nurses who can help you manage your health between doctor visits
- \$0 copay for certain diabetic drugs, including some insulins and insulin related supplies (syringes, gauze, and alcohol swabs).
- \$0 copay for podiatry or routine foot care, up to four visits a year
- No doctor referrals in network
- Medication monitoring and counseling

### Optional Supplemental Rider and Copayment Options

Looking for choice and flexibility in your health plan? For an additional monthly plan premium, HIP offers an Optional Supplemental Rider that enhances your medical plan benefits. When you purchase this supplemental rider, **you will not have the required copays you normally pay when you obtain most medical services.**



### Save Even More: Medicare Savings Program

If your monthly income is less than \$1190 (\$1595 combined if married), you could be eligible for additional benefits from New York State through the State medical assistance program. This may even include receiving more money in your Social Security checks. To learn more and see if you may be eligible, call **1-888-205-6038** Monday to Friday, 9 am - 5 pm (TDD: **1-888-HIP-4833**). [Note: Referenced income values are for 2008 and may change.]

### Prescription Drug Benefits - Coverage When You Need It

As a member of HIP VIP Care Improvement, you are automatically enrolled in Medicare Part D.

Medicare Part D prescription drug coverage was created by the federal government so that prescription drug costs are shared by members and health insurance plans.

**The HIP Formulary is organized into five Tiers of coverage:**

	DEDUCTIBLE \$0 You Pay	INITIAL \$0-\$2,405 <sup>a</sup> You Pay	GAP Over \$2,405 <sup>b</sup> You Pay	CATASTROPHIC Over \$4,350 <sup>c</sup> You Pay
<b>Tier 1</b> Preferred Generic formulary medications	No Deductible	\$5	\$5	5% <sup>d</sup>
<b>Tier 2</b> Preferred Brand formulary medications	No Deductible	\$25	100%	5% <sup>d</sup>
<b>Tier 3</b> Non-preferred Brand/Generic formulary medications	No Deductible	50%	100%	5% <sup>d</sup>
<b>Tier 4</b> Specialty formulary medications	No Deductible	25%	100%	5% <sup>d</sup>
<b>Tier 5</b> Preferred diabetic medications	No Deductible	\$0	\$0	5% <sup>d</sup>

**Deductibles and Initial Coverage Phases**

The HIP VIP Care Improvement plans have no deductibles.

During your initial coverage phase, you will have no copays or coinsurance for Tier 5 preferred diabetic medications. You will have a copay for Preferred Tier 1 and Tier 2 medication and coinsurance costs (a percentage of drug cost) for Tier 3 and Tier 4 prescription coverage. You will continue this benefit until you and others paying on your behalf spend \$2,405 in total annual costs.

**Coverage Gap Phase**

Once the total drug costs have exceeded \$2,405, you will enter the “coverage gap” phase. You will continue to pay your Tier 1 drug copay, and not have a copay for Tier 5 drugs. However, you will be responsible for 100% coinsurance for your Tier 2, Tier 3 and Tier 4 prescription drug costs—which have been negotiated at a discounted price—until the annual out-of-pocket drug costs reach \$4,350.

**Catastrophic Phase**

After your out-of-pocket costs reach \$4,350, you will have some nominal copays or coinsurance costs for each Tier level and HIP will cover your remaining drug costs. The cost for filling a prescription will depend on whether the drug you need is a generic or brand name prescription drug.

<sup>a</sup> Amounts between \$0 and \$2405 are paid by both the member and the plan.

<sup>b</sup> All of these drug amounts are paid by the member, with the exception of the balance the plan pays for Tier 1 medications.

<sup>c</sup> The member enters the catastrophic phase once they have paid a total out-of-pocket amount of \$4,350.

<sup>d</sup> After you have paid \$4,350 out-of-pocket, you will pay the greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for Preferred Brand, Brand and Specialty Drugs.

Read the “Prescription Drugs” section in your Summary of Benefits for an outline of what your plan covers. After you join, your Evidence of Coverage will contain full details on any limitations and exclusions related to your prescription drug coverage plan.

**The HIP Drug Formulary**

The HIP Drug Formulary is a list of both brand name and generic drugs covered by HIP. Drugs that are not on the HIP formulary are not covered. Tier 1 preferred generic drugs offer the best value and lowest cost.

HIP is dedicated to providing you with treatment that is safe and effective, at the most reasonable and affordable cost. The United States Food and Drug Administration (FDA) requires that generic medications stocked in a pharmacy contain the same active ingredient as the brand version. For example, the generic version (such as simvastatin) must meet the same quality standards as the equivalent brand medication (such as Zocor). The HIP Drug Formulary only includes generic drugs that have met FDA standards.

To view the HIP Medicare Formulary, visit the HIP Medicare plans and Part D information section of our Web site, [hipusa.com](http://hipusa.com) or call HIP Customer Service.

**Filling Your Prescriptions**

- **Online at [www.hipusa.com](http://www.hipusa.com).** Order online through our partner, a leading Internet pharmacy service staffed by licensed pharmacists, and save up to 33% on applicable copays for Preferred formulary drugs.
- **At HIP Participating Pharmacies.** With a network of over 36,000 nationwide chains, local and independent pharmacies, there is sure to be a HIP participating pharmacy near you. For a list of participating pharmacies, visit [hipusa.com](http://hipusa.com) or call HIP Customer Service.
- **By Mail.** Just like filling your prescriptions online, you can save up to 33% on applicable copays for Preferred formulary drugs. For a HIP Mail Order Pharmacy Program application, please call HIP Customer Service and listen to prompts for the “Forms and Literature” menu.

PRESCRIPTION DRUG COVERAGE	PREFERRED PHARMACY		NON-PREFERRED PHARMACY		MAIL ORDER	
	30 Days	90 Days	30 Days	90 Days	30 Days	90 Days
<b>Tier 1:</b> Preferred Generic Drugs	\$5	\$10	\$5	\$15	\$5	\$10
<b>Tier 2:</b> Preferred Brand Drugs	\$25	\$50	\$25	\$75	\$25	\$50
<b>Tier 3:</b> Non-Preferred Drugs	50%	50%	50%	50%	50%	50%
<b>Tier 4:</b> Specialty Drugs	25%	25%	25%	25%	25%	25%
<b>Tier 5:</b> Preferred Diabetic	\$0	\$0	\$0	\$0	\$0	\$0

**Urgent Care**

For those instances when you require immediate medical attention because of minor injuries and illnesses, and your primary care physician is unavailable, HIP has you covered. You can visit one of HIP’s participating urgent care centers without an appointment. Your plan may require a copay for this type of visit. To find a HIP urgent care center near you, please call **1-877-HIP-2911 (1-877-447-2911)**, anytime, day or night or visit the My Health section on our Web site at [www.hipusa.com](http://www.hipusa.com).

### Emergency Care

If you need to go to the emergency room, please note that your plan may require a copay. The copay will be waived if you are admitted to the hospital.

### Vision Benefit

In addition to the vision coverage you are entitled to after cataract surgery under Medicare, our HIP Optical Program provides reduced-cost prescription eyewear from a selection of frames at HIP participating Optical Providers. Your choices include a variety of safety, oversize, single vision, bifocal, and trifocal glasses (note: progressive lenses do not fall under these categories).

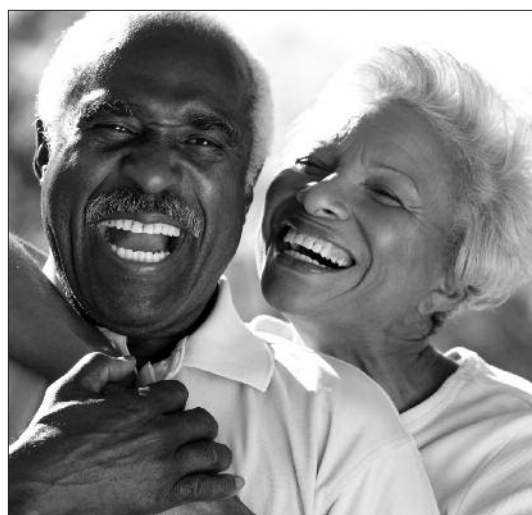
Your benefit provides for one pair of eyeglasses (up to \$150 in retail value for both frames and lenses) every 12 months at no cost to you. You may also choose to apply the \$150 toward a more expensive pair of eyeglasses. In that case, you will have to pay the difference between \$150 and the total cost of the more expensive pair.

### Dental Benefits

HIP will help you keep your healthy smile through our arrangement with Careington International, a leading national dental provider network.

Both general and specialist dental services may be self-referred, referred by a participating dentist, or arranged through Careington International. You must use participating dentists for all care under this benefit. All fees must be paid to the participating dentist.

To request a Careington dental provider directory, please call Careington International at **1-800-290-0523** or **1-877-LIV4HIP (1-877-548-4447)**, Monday to Friday, 8 am - 6:30 pm; or call HIP Customer Service and listen to the prompts for the "Forms and Literature" menu.



### Chiropractic Benefit

If you need to use chiropractic services, you do not need a referral for an initial consultation with a HIP participating chiropractor. HIP's chiropractic benefits are provided by Prism Network, Inc. For a list of HIP participating chiropractic providers, call HIP Customer Service or call Prism directly at **1-877-PRISM-93 (1-877-774-7693)**.

### Your Personal Health Advocate

HIP understands that navigating your way through health care administrative issues can be complicated. That's why we offer a benefit to assist all HIP Medicare Plan members at no additional cost – your Personal Health Advocate. Health Advocates are available 24 hours a day, 7 days a week at **1-866-407-9212** to help you better understand your benefits and access services. Your Personal Health Advocate can help you with a variety of issues, such as:

- Understanding your benefits
- Identifying healthcare providers and hospitals
- Scheduling appointments
- Resolving complex benefits and claims issues
- Locating community services

### Durable Medical Equipment & Prosthetic Devices and Medical Supplies

There is a 0% to 20% coinsurance applied to certain customized Medicare-covered Durable Medical Equipment and Prosthetic Devices. To receive this benefit you must use a HIP participating provider for covered items.

### Payment Made Easy: Direct Debit

If you must pay a monthly plan premium or you purchase the Optional Supplemental Rider, you will be billed monthly unless you have chosen to have this money directly deducted from your Social Security check. Most members pay by check, but you can also choose to pay through our convenient Direct Debit Program. With Direct Debit, your monthly plan premium will be automatically taken out of your checking account each month. To sign up for Direct Debit, call HIP Customer Service for an enrollment form.

### RESOURCES

#### www.hipusa.com®

Our Web site, **www.hipusa.com**, is available in English, Spanish, Chinese and Korean 24 hours a day, 365 days a year. You will find all of the following tools on our Web site:

- The most up-to-date listings of participating physicians and pharmacies.
- A snapshot of benefits available through HIP VIP Care Improvement and other Medicare plans offered through HIP.
- Information on the prescription drug coverage and our Internet Order prescription drug program.
- Easy-to-use medical forms.
- An online encyclopedia of health terms, illustrated health guides, interactive dietary tools and more.

### Customer Service

HIP Members:	Non-Members:
<b>1-800-HIP-TALK (1-800-447-8255)</b> Daily, 8 am - 8 pm	<b>1-800-447-9169</b> Daily, 8 am - 8 pm
<b>TDD: 1-888-447-4833</b> Monday - Friday, 8:30 am - 5 pm	<b>TDD: 1-888-447-4833</b> Monday - Friday, 8:30 am - 5 pm

