

PRESCRIPTION DRUG COVERAGE INCLUDED IN MEDICAL PLANS

DRUG COVERAGE	HIP VIP	HIP VIP with SUPPLEMENTAL COVERAGE	HIP VIP PLUS	HIP VIP PLUS with SUPPLEMENTAL COVERAGE	HIP VIP CARE IMPROVEMENT	HIP VIP CARE IMPROVEMENT w/ SUPPLEMENTAL COVERAGE	HIP VIP DUAL ELIGIBLE	HIP VIP MEDICAID ADVANTAGE
PART D PREMIUM	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL DEDUCTIBLE	\$0	\$0	\$0	\$0	\$0	\$0	LIS ²	LIS ²
TIER 1: Preferred Generic Medications	\$5	\$5	\$5	\$5	\$5	\$5	\$0 - \$2.40 ²	\$0 - \$2.40 ²
TIER 2: Preferred Brand Medications	\$25	\$25	\$25	\$25	\$25	\$25	\$0 - \$6.00 ²	\$0 - \$6.00 ²
TIER 3: Non- Preferred Brand/Generic Medications	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	50% coinsurance	\$0 - \$6.00 ²	\$0 - \$6.00 ²
TIER 4: Specialty Medications	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	25% coinsurance	\$0 - \$6.00 ²	\$0 - \$6.00 ²
TIER 5: Preferred Diabetic Medications	N/A	N/A	N/A	N/A	\$0	\$0	N/A	N/A
INITIAL COVERAGE LIMIT ² (total drug cost paid by member and plan)	\$2405	\$2405	\$2405	\$2405	\$2405	\$2405	\$2700 ²	\$2700 ²
COVERAGE DURING COVERAGE GAP (preferred generic drugs only)	\$5 for Tier 1 medications	\$5 for Tier 1 medications	\$5 for Tier 1 medications	\$5 for Tier 1 medications	\$5 copay for Tier 1; \$0 for Tier 5 ¹	\$5 copay for Tier 1; \$0 for Tier 5 ¹	No coverage gap ²	No coverage gap ²
CATASTROPHIC DRUG COVERAGE (after your out-of-pocket cost reaches \$4350)	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand

HIP publishes a formulary annually. You can also see the formulary at www.hipusa.com. The prescription drug coverage offered through HIP Medicare plans provides 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).

Tier medication prices are based on a 30-day supply when purchased from an in-network pharmacy. Mail Order is also available and can be ordered for 30-day, 60-day and 90-day supplies.

¹ The copay for Tier 5 is \$0 up to the catastrophic level.

² Prescription drug copays, coinsurance and deductibles may vary based on income. Copayment will be based on Low Income Subsidy (LIS) as determined by Social Security Administration. With LIS the maximum annual deductible is \$60, if applicable.

PRESCRIPTION DRUG COVERAGE ONLY

HIP STANDARD PART D	HIP ENHANCED PART D
\$21.00	\$39.00
\$295	\$0
\$5	\$5
25% coinsurance	\$25
40% coinsurance	50% coinsurance
25% coinsurance	25% coinsurance
N/A	N/A
\$2700	\$2405
Member pays 100%	\$5 for Tier 1 medications
The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand	The greater of \$2.40 or 5% for generic drugs or \$6.00 or 5% for preferred brand

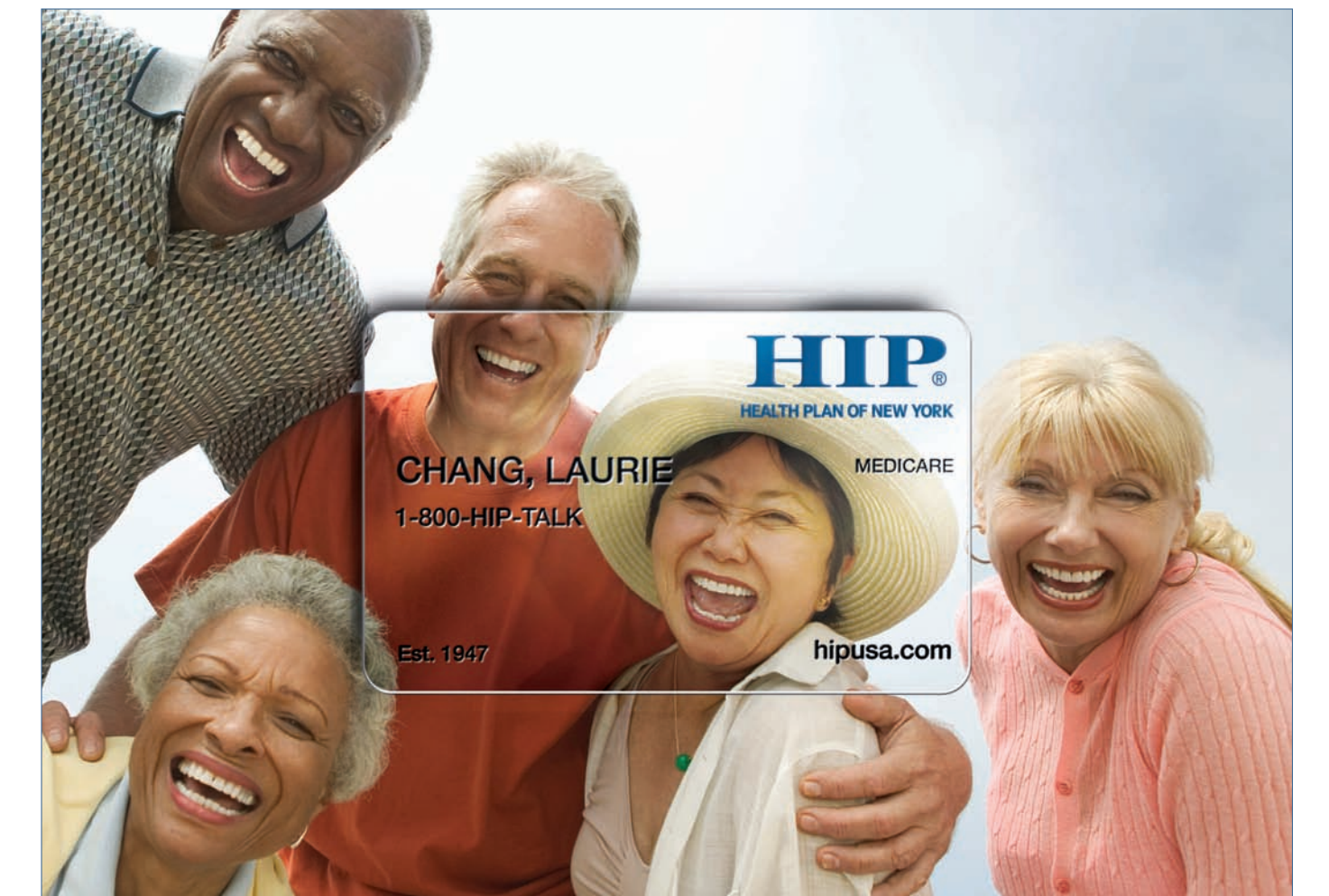
HIP Part D New York Standard and HIP Part D New York Enhanced give you access to HIP's discounted prescription drug rates through HIP's Pharmacy Network. And with our Enhanced Plan, you get unlimited coverage for formulary preferred generic drugs.

HIP Insurance Company of New York has a Medicare Advantage Contract.

HIP MEDICARE PLANS

2009 | NASSAU COUNTY

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



HIP MEDICARE PLANS									
MEDICAL PLANS	HIP VIP	HIP VIP with SUPPLEMENTAL COVERAGE	HIP VIP PLUS	HIP VIP PLUS with SUPPLEMENTAL COVERAGE	HIP VIP Rx CARVEOUT	HIP VIP CARE IMPROVEMENT	HIP VIP CARE IMPROVEMENT w/SUPPLEMENTAL COVERAGE	HIP VIP DUAL ELIGIBLE	HIP VIP MEDICAID ADVANTAGE
MONTHLY PREMIUM	\$0	\$65	\$0	\$79	\$0	\$0	\$69	\$0	\$0
ANNUAL DEDUCTIBLE	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
PRIMARY CARE PHYSICIAN OFFICE VISIT	\$5	\$0	\$5 ³	\$0 ³	\$0	\$5 ³	\$0 ³	\$0	\$0
SPECIALIST OFFICE VISIT	\$5 - \$10 ²	\$0	\$15 ³	\$0 ³	\$0	\$10 ³	\$0 ³	\$0	\$0
PRESCRIPTION DRUG	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes
ANNUAL PHYSICAL EXAM	\$5	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
ANNUAL EYE EXAM	\$0	\$0	\$15	\$0	\$0	\$15	\$0	\$0	\$0
URGENT CARE	\$5 - \$10	\$0	\$15	\$0	\$0	\$10	\$0	\$0	\$0
OUTPATIENT SURGERY COPAYMENT	\$0-outpatient hospital facility \$75-ambulatory surgery center	\$0-outpatient hospital facility \$0-ambulatory surgery center	\$0-outpatient hospital facility \$75-ambulatory surgery center	\$0-outpatient hospital facility \$0-ambulatory surgery center	\$0-outpatient hospital facility \$0-ambulatory surgery center	\$0-outpatient hospital facility \$75-ambulatory surgery center	\$0-outpatient hospital facility \$0-ambulatory surgery center	\$0-outpatient hospital facility \$0-ambulatory surgery center	\$0-outpatient hospital facility \$0-ambulatory surgery center
EMERGENCY ROOM	\$50	\$0	\$50	\$0	\$0	\$50	\$0	\$0	\$0
INPATIENT HOSPITAL COPAYMENT FOR EACH HOSPITAL STAY	\$0 - \$250 1st day, \$0 - \$50 days 2-10 ⁵	\$0	\$300 1st day \$50 days 2-10	\$0	\$0	\$300 1st day \$50 days 2-10	\$0	\$0	\$0
PREVENTIVE DENTAL COVERAGE	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	\$5 copayment for up to 2 oral exams per year \$10 copayment for up to 2 cleanings per year	Covered by Medicaid
PODIATRY ⁴	\$10	\$0	\$15	\$0	\$0	\$0	\$0	\$0	\$0

You must continue to pay your Medicare Part B premium. HIP VIP Care Improvement and HIP VIP Care Improvement with Supplemental Coverage are unique Special Needs Plans available to all people with Medicare who have diabetes and live in Nassau County.

HIP VIP Dual Eligible and HIP VIP Medicaid Advantage are unique Special Needs Plans available to all people with Medicare and Medicaid and live in Nassau County.

¹ By joining a HIP Medicare Plan, there is no Medicare annual deductible for medical services.

² A plan directed referral from a health center PCP (Primary Care Physician) will entitle you to lower specialist copayment for most speciality services.

³ No referrals required for network doctors, specialists and hospitals.

⁴ Podiatry is a Medicare covered benefits for medically necessary foot care. In addition, members are also covered for up to 4 routine visits a year.

⁵ A health center PCP (Promary Care Physician) will entitle you to a lower inpatient hospital copayment.

Since 1947, we've been working to provide quality, affordable health care to New Yorkers. And as everyone knows, New Yorkers are a demanding group. That's why we're proud that they've made HIP the largest Medicare Advantage Plan in New York State.*

No matter what your needs are, HIP has a plan for you. Each one is different, and most plans feature \$0 plan premiums.

- With the **HIP VIP Medicare Plan**, our most popular plan, you will get low co-pays and obtain referrals for most specialty care.
- With **HIP VIP Plus**, you won't need referrals to see doctors in-network.
- With **HIP VIP Care Improvement**, you get a plan designed for those with diabetes—and one that doesn't require referrals to see doctors in-network.
- With **HIP VIP Dual Eligible**, you get a quality plan created for people who are Medicare eligible and are receiving additional State assistance or in a Medicare savings program.
- With **HIP VIP Medicaid Advantage**, you get a plan that blends your Medicare and full Medicaid medical benefits together.
- With **HIP VIP Rx Carveout**, you receive the same benefits as Medicare Parts A and B, plus a heightened level of benefits unique to HIP. You do not have prescription drug coverage.

Which one is right for you? Call **1-800-862-4292** to find out more about each plan.



Take the next step in better managing your health care. Simply call: 1-800-862-4292 (TDD: 1-888-HIP-4833).



HIP Health Plan of New York is an HMO with a Medicare Advantage contract. Benefits and plan premiums reflect Nassau County. *According to the Centers for Medicare and Medicaid Services (CMS) as of May 2008.