### Stroock & Stroock & Lavan

Seven Hanover Figure

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Fax: 212 800 6000

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212 806-6675

April 10, 1995

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

2000001456255 -04/14/95--01003--004 -\*\*\*\*87.50

Re: New Florida State Service Mark Application

HIP MEDICARE ADVANTAGE

Our Client/Matter No. 261773/39

#### Gentlemen:

We enclose an application for registration of the service mark HIP MEDICARE ADVANTAGE in the State of Florida. Also enclosed is our firm's check in the amount of \$87.50 in payment of the arequired fee.

We look forward to receiving the Certificate of Registration in due course.

Sincerely,

Jana C. Drawa

Laura E. Goldbard

Enclosure mab

789/740/749/671

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1095-8087

Name
Availability

Document
Examiner

Updater
Verifyer

NJC

Acknowledgement NJC
W. P. Verilyer NJC

Washington, D.C. 20036-4652 1150 Seventeenth Street N.W. 202 452 9250 Los Angoles, CA 90067-3086 2029 Century Park Ea.\* 310 556 5800 Miami, FL 33131-2385 200 South Biscayne Boulevard 305 358 9900 H-1088 Budapest, Hungary Rákóczi ut 1-3 361 266 9520



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

April 14, 1995

Laura E. Goldbard, Esquiro Stroock & Stroock & Lavan Seven Hanover Square New York, NY 10004-2696

SUBJECT: HIP MEDICARE ADVANTAGE

Ref. Number: W95000008087

We have received your document for HIP MEDICARE ADVANTAGE and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Your mark contains word(s)/design(s) that must have a disclaimer. All geographical terms, such as cities, states, countries, and designs of same, must be disclaimed. Some commonly used words and corporate suffixes must also be disclaimed. You must disclaim the following: MEDICARE

We need three permanent specimens. TYPED, HANDWRITTEN or PHOTOCOPIED MATERIALS ARE NOT ACCEPTABLE. We do not accept specimens which have been ALTERED or DEFACED. ANY SIZE SPECIMENS ARE ACCEPTABLE. If your mark falls under the classification of a trademark (classes 1-34), we need the labels, tags, decals, containers, boxes, wrappers or 3 LEGIBLE photographs of the goods or products with the specimen affixed. IF YOUR MARK FALLS UNDER THE CLASSIFICATION OF A SERVICE MARK (CLASSES 35-42), WE NEED SPECIMENS FROM WHICH WE CAN DETERMINE THE SERVICE(S) BEING RENDERED. We will accept magazine and-or newspaper advertisements, brochures or business cards. If business cards are submitted, we must be able to determine the services being rendered. If your mark falls under the classification of both a trade and service mark, we need specimens for both. WE WILL NOT ACCEPT LETTERHEAD STATIONERY, ENVELOPES OR INVOICES AS SPECIMENS.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filling of your document, please call (904) 487-6918.

Nanette Causseaux Corporate Specialist Supervisor

Letter Number: 395A00017309

### Broock & Stroock & Lavan

#### Tovon Hanovor Syuaro New York New York nxxvr 2696

212 000 6400 Fax: 212 000 6000 Telen: 177093 8TROOCH NY Direct Dial:

212 806-6675

May 19, 1995

Nanotte Causseaux Corporate Specialist Supervisor Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: New Florida State Service Mark Application

HIP MEDICARE ADVANTAGE

Our Client/Matter No. 261773/39

Dear Ms. Causseaux:

In response to your letter of April 14, we enclose an application for registration of the service mark HIP MEDICARE ADVANTAGE and a copy of your April 14, 1995 letter.

We have amended the application to disclaim the term "MEDICARE" apart of the mark as shown. We also include three brochures showing use of the service mark HIP MEDICARE ADVANTAGE.

We look forward to receiving the Certificate of Registration in due course.

Sincerely,

Laura E. Goldbard

Enclosure mab

#### Florida Department of State

### APPLICATION FOR THE REGISTRATION OF A TRADEMARK OR SERVICE MARK PURSUANT TO CHAPTER 495, FLORIDA STATUTES

to whom Division of Corporations Post Office Box 6327 address TOL acknowledgement should be sent: Laura E. Goldbard Stroock & Stroock & Lavan Tallahassee, FL 32314 <u> Seven Hanover Square</u> \_Now\_York\_ Now\_York\_10004\_ 1212 ) 806-6675 Daytime Telephone number PART I (a) Applicant's name: HIP Health Plan of Florida, Inc. (b) Applicant's business address: 300 South Park Road Zipi 33021 \_llollywood\_\_FL\_\_\_\_\_ (c) Applicant's telephone number: ( 305 ) 962-3008 Not for Profit Corporation Corporation Joint Venture X Other: \_ ☐ Individual Limited Partnership Union General Partnership If other than an individual, 11/A (1) Florida registration number: \_\_ (2) Federal Employer Identification Number: \_\_\_\_\_592552016\_ Florida (3) Domicile State: \_\_\_\_ 2.(a) If the mark to be registered is a service mark, the services in connection with which the mark is used: (i.e., furniture moving services, diaper services, house painting services, etc.) Health Care Plan Services If the mark to be registered is a trademark, the goods in connection with which the mark is used: (i.e., ladies sportswear, cat food, barbeque grills, shoe laces, etc.) The mode or manner in which the mark is used: (i.e., labels, decals, newspaper advertisements, brochures, etc.) Brochures

(d) The class(es) in which goods or s	orvices fall:
	PART II educessor, or a related company(must include month,
(a) Date first uned anywhere:	<u> January 20, 1995</u>
(b) Date first used in Florida:	January 20, 1995
1. The mark to be registered is: (If )	PART III ogo/denign is included, please give brief words or less.)
HIP MEDICARE ADVA	NTAGE
	4 - 12
	100 C OI
2. DISCLAIMER (if applicable)	المنتق ال
NO CLAIM IS MADE TO THE EXCLUSIVE RIGHT	TO USE THE TERM * MEDICARE
H	APART FROM THE MARK AS SHOWN.
I, Gorald Cohen , bein applicant herein, or that I am authori herein, and no other person except a x Florida either in the identical form or or confuse or to be mistaken therefor. applicant's behalf. I further acknowle contents thereof and that the facts state	g sworn, depose and say that I am the owner and the sed to sign on behalf of the owner and applicant elated company has the right to use such mark in such near resemblance as to be likely to deceive I make this affidavit and verification on my/the dge that I have read the application and know the ed herein are true and correct.
HIP_Health Plan	
\[\int_0\ullet\land{\land{A}\tau_1\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{\land{A}\tau_1\land{A}\tau_1\land{\land{A}\tau_1\land{A}\tau_1\land{A}\tau_1\land{\land{A}\tau_1\land{A}\tau_1\land{A}\tau_1\land{A}\tau_1\land{A}\tau_1\land{A}\tau_1\land{\land{A}\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1\tau_1	nted name of applicant
Applicant's signature	or authorized person's signature name and title)
STATE OFFlorida	Gerald Cohen
COUNTY OF : Broward	Vice President & General Counsel
on this and day of Anti-	, 19 95, Gerald Coben
personally appeared before me,	, I) :, Gerato Conen
	onally known to me ity I proved on the basis of
William To we were to were	0 0 00
AMY SWADLOW  ANY COMMISSION / CC283366 EXPIRES	Notary Public Signature
May 21/1997 BOHDED THRU THOY FAIN ASSURANCE, INC.	
	Hotary's Printed Name
nec?	My Commission Expires: 5/21/47
Seal	My Commission Expires: 3 10 / /

PEE: \$87.50 per class



## What is HIP MEDICARE Advantage?

IIIP MEDICARE Advantage is a health care plan for Southeast Florida area residents enrolled in Medicare. It offers all the benefits of Medicare without deductibles; plus coverage for important services not covered or limited in coverage by Medicare. These include prescription drugs, physical exams, eye exams, hearing tests, routine foot care, immunizations, nutritional counseling – even eyeglasses and hearing aids! HIP MEDICARE Advantage is a full medical and hospitalization plan (see page 8 for a Summary of Benefits). Some limitations and exclusions may apply, see page 40 for details.

In exchange for our wide range of medical and hospital coverage plus the special benefits of HIP MEDICARE. Advantage, members agree to obtain all their medical and hospital services through HIP participating physicians, hospitals and other HIP quality health care providers. Any care not provided or authorized by HIP Providers or HIP Medical Staff will not be covered by either HIP MEDICARE Advantage or Medicare.

Emergency and out-of-area urgently needed care will, of course, be covered, even when not provided by HIP Providers.

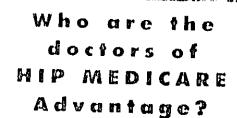
HIP MEDICARE Advantage represents a contract between HIP Health Plan of Florida, Inc. and Medicare's Administrative body known as HCFA. HCFA contracts with HIP to provide health care services to Medicare beneficiaries who enroll in HIP MEDICARE Advantage (except in the following cases).





## What are the advantages of HIP MEDICARE Advantage?

- No monthly premium.
- HIP MEDICARE Advantage offers you the security of a medical and hospitalization health plan from a company with over 47 years of experience.
- There are virtually no "costs" to you. Most other health
  plans pay hospital and medical bills up to the Medicare
  "allowable" amount, leaving unexpected out-of-pocket
  costs. With HIP "EDICARE Advantage most services
  obtained through AIP MEDICARE Advantage are
  covered in full. There are a few low co-payments.
- For medical service provided or arranged by an HIP MEDICARE Advantage participating physician, there are virtually no claim forms to fill out.
- There is no benefit waiting period for most benefits once enrollment goes into effect, full coverage begins immediately.\*
- HIP MEDICARE Advantage provides ADDITIONAL BENEFITS that regular Medicare does not offer (see the Benefits Section page 8).
- There are a few exceptions: 1 If an HIP MEDICARE Advantage member is hospitalized on the effective date of enrollment, HIP MEDICARE Advantage coverage for hospital services doesn't begin until the day after discharge; you are covered for that hospital stay by the insurance company you had when you were admitted. 2 See Benefit Summary for waiting period for eveglasses and hearing aids.

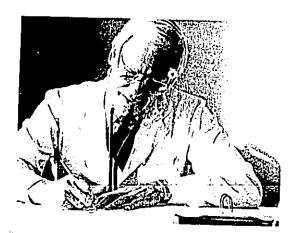


Fifth Construction of Standard Primary Care Physicians are adepended content of swho have entered into written and emocial with LHP to provide primary care services to our members in the privacy of their own offices. LHP Health Plan's Primary Care Physicians are either Family Practitioners, General Practitioners or Internists. These doctors are either board certified or board eligible.

Some key obligations of HIP MEDICARE Advantage participating PCPs:

- Commitment to provide 24 hour medical coverage to 1HP MEDICARE Advantage MEMBERS.
- Commitment to provide all covered services and coordinating all care for members,
- Coordination with HIP Medical Staff in conducting Quality Improvement activities to assure HIP MI DICARE Advantage members the best possible health care.
- . Commitment to promote patient dignity.

There are nearly 1100 HIP MEDICARE Advantage participating physicians...representing every medical specialty and practicing in over 30 full-service hospitals throughout the South Florida tricounty area. You choose a Primary Care Physician who is convenient to your home to become your own personal HIP physician—a doctor you can trust to meet your individual health care needs.



#### Snowbirds

If you spend part of the year in one so the local see No. York or New Jersey and part of the local sees south Housta or the Jampa Bay area. THP can detect year HIP. MEDICARL Advantage benefits with no meditor hange enrollment.

# Who is eligible for MIP MEDICARE Advantage?

- People enrolled in Medicare Parts Act lospitalizated
   B (Medical). Note: you're still responsible for your
   Part B premium, which usually is deducted from your
   monthly Social Security check
- People enrolled in Part B but not Part X It you talk into this category, call the numbers below for more information;

Broward, Dade or Palm Beach Countres

930-1999

Outside of the tri-county area

1-800-447-5116

 You must live in the HIP Health Plan of Florida service area (i.e. Dade, Broward or Palm Beach Counties)

## Who is not eligible for MIP MEDICARE Advantage?

- Those receiving hospice care
- Those undergoing freatment for end-stage renal disease, unless already enrolled in an HIP plan.
- Those living outside HIP MEDIC ARE Advantage's Florida service and