



**Medicare Sales: 1-855-215-9237 (TTY 711)**

Monday-Friday: 8 a.m. - 5 p.m.

**GROUP NAME: New York State Employees Medicare**

**GROUP NUMBER: 10732985**

**PLAN NAME: Senior Blue 699 (HMO) Plan E1 (2023)**

<b>Physician and other health professional services</b>	<b>In-Network</b>
Primary doctor	\$10
Specialist	\$30
Radiation therapy	\$30
Emergency room (waived if admitted)	\$65
Urgent care (waived if admitted)	\$35
Ambulance	\$100
Telemedicine	Covered in full
<b>More than 20 preventive services</b>	<b>In-Network</b>
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full
<b>Hospital, home health care, and skilled services</b>	<b>In-Network</b>
Hospital (inpatient)	Covered in full per stay
Observation	\$65
Outpatient surgery – hospital	\$75
Outpatient surgery – ambulatory center	\$75
Home health care	Covered in full
Skilled nursing facility (100 days per benefit period)	Covered in full per stay
Dialysis	Covered in full
<b>Mental health / chemical dependence services</b>	<b>In-Network</b>
Mental health (inpatient, 190-day lifetime limit)	Covered in full per stay
Mental health (outpatient)	\$40
Mental health (with psychiatrist)	\$40
Alcohol substance abuse (inpatient)	Covered in full per stay
Alcohol substance abuse (outpatient)	\$40

<b>Laboratory and X-ray services</b>	In-Network
Laboratory testing	Covered in full
X-rays	\$30
Advanced radiology – MRI, MRA, PET, and CT	\$30
<b>Rehabilitation services</b>	In-Network
Physical, occupational, and speech therapy	\$20
Chiropractor	\$20
Acupuncture & Massage Therapy	N/A
Cardiac rehab	\$20
<b>Vision</b>	In-Network
Routine vision exam	Covered in full
Medical vision exam	\$30
Allowance (lenses and frames)	\$200 annual allowance
<b>Hearing</b>	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$30
Hearing aid benefit – TruHearing™	\$699/\$999
<b>Dental</b>	In-Network
Dental	\$200 annual allowance
<b>Supplies, equipment, and devices</b>	In-Network
Durable medical equipment	\$0 compression stockings; 20% all other items
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items
Diabetic supplies – Part B	Covered in full
<b>Fitness program</b>	In-Network
SilverSneakers® (“Steps” program included)	Covered in full
<b>Prescription drugs – Part B</b>	In-Network
Immunosuppressive drugs	Covered in full
Oral chemotherapy drugs	Covered in full
Physician administered injectables	Covered in full
Nebulizer inhalation solution	Covered in full
Part B drugs (other)	Covered in full

<b>Prescription drugs – Part D</b>	<b>In-Network</b>
Prescription drug (Rx)	Not Covered
Mail order	Not Covered
Shingles vaccine	Not Covered
Coverage gap/donut hole	N/A

<b>General product information</b>	<b>In-Network</b>
In-network out-of-pocket maximum	\$3,000
Combined out-of-pocket maximum	N/A
Prescription deductible	N/A

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请注意：如果您说中文，可向您提供免费语言协助服务。  
请拨打您的身份证背面的号码（TTY：711）。