

GROUP NAME: NYSHIP - **New York State Retirees**

PLAN NAME: Senior Blue 699 (HMO) Plan E2 (2024)

Physician and other health professional services	In-Network
Primary doctor	\$10
Specialist	\$30
Radiation therapy	\$30
Emergency room (waived if admitted)	\$65
Urgent care (waived if admitted)	\$35
Ambulance	\$100
Telemedicine - Vendor	See Spec/MH Benefit
More than 20 preventive services	In-Network
Flu shots – Part B	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full
All other preventive screenings and tests	Covered in full
Hospital, home health care, and skilled services	In-Network
Hospital (inpatient)	Covered in full per stay
Observation	\$75
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
Mental health / chemical dependence services	In-Network
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

Laboratory and X-ray services	In-Network
Laboratory testing	Covered in full
X-rays	\$30
Advanced radiology – MRI, MRA, PET, and CT	\$30
Rehabilitation services	In-Network
Physical, occupational, and speech therapy	\$20
Chiropractor <small>includes 12 routine visits</small>	Not Covered
Acupuncture & Massage Therapy	Not Covered
Cardiac rehab	\$20
Vision	In-Network
Routine vision exam	Covered in full
Medical vision exam	\$30
Allowance (lenses and frames)	\$200 annual allowance
Hearing	In-Network
Routine hearing exam – TruHearing™	\$45
Diagnostic hearing exam	\$30
Hearing aid benefit – TruHearing™	\$699/\$999
Dental	In-Network
Dental	\$200 annual allowance
Supplies, equipment, and devices	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
Fitness program	In-Network
SilverSneakers® (“Steps” program included)	Covered in full
Prescription drugs – Part 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

Prescription drugs – Part D	In-Network
Prescription drug (Rx)	Preferred pharmacies: N/A Standard pharmacies: \$0/\$15/\$30/ \$50/\$50
Mail order	Tier 1: \$0 copay for a 100-day supply; Tier 2: 2 copays for 100-day supply; Tier 3 - 4: 2 copays for a 90-day supply
Shingles vaccine	Preferred pharmacies: N/A Standard pharmacies: \$0
Coverage gap/donut hole	No Coverage

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

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