



2025 New York State Employees HMO Plan 069 Benefit Summary

| Physician and other health professional services | Cost |
|-----------------------------------------------------------|-------------------------------|
| Primary care office visit copayment | \$10 |
| Primary care office visit for children age 19 and under | \$0 |
| Specialty care office visit | \$15 |
| Specialty care office visit for children age 19 and under | \$0 |
| In-network out-of-pocket maximum | \$3,000 single/\$6,000 family |
| Telemedicine hosted by Well360 Virtual Health | \$0 |

| Prescription drugs | Cost |
|---------------------------|--------------------------------------------------------------------------------|
| Retail, 30-day supply | \$5 generic \$30 brand \$60 non-formulary \$0 preventive Rx drug list |
| Mail order, 90-day supply | \$10 generic \$60 brand \$90 non-formulary |

| Office or outpatient hospital-based health services | Cost |
|----------------------------------------------------------------------------------------------------------------------------|------|
| Routine physical exam | \$0 |
| Routine gynecological physical exam | \$0 |
| Diagnostic services; radiology and imaging, including X-rays, ultrasounds, diagnostic nuclear medicine, MRIs, and CT scans | \$15 |
| Mammograms | \$0 |
| Bone mineral density measurements and tests | \$0 |
| Cervical cytology screenings | \$0 |
| Well child visits | \$0 |
| Immunizations | \$0 |
| In-office surgical procedures | \$15 |
| Chiropractic services | \$15 |
| Standard diagnostic testing for prostatic cancer | \$0 |
| Chemotherapy | \$15 |
| Radiation therapy | \$15 |
| Urgent care services | \$0 |
| Physical therapy | \$15 |
| Occupational therapy | \$15 |
| Speech therapy | \$15 |

| Laboratory services | Cost |
|-----------------------------------------------------------------------------|--------------------------------------|
| Office laboratory services | \$0 |
| Outpatient hospital laboratory services | \$0 |
| Inpatient hospital services | Cost |
| Inpatient hospital service | \$0 |
| Maternity care | \$0 |
| Skilled nursing facility services | \$0 |
| Outpatient hospital surgery and ambulatory surgery facility services | Cost |
| Hospital | \$100 |
| Physician's office | \$15 |
| Outpatient surgery facility | \$100 |
| Emergency services | Cost |
| Emergency department services | \$100 |
| Professional ambulance services | \$100 |
| Additional services | Cost |
| Home health care | \$15 |
| Durable medical equipment | 50% |
| Prosthetic and orthotic devices | 20% |
| Hospice care* | \$0 |
| Wellness | Cost |
| Wellness card | \$600 Single/ \$750 Family Allowance |