



NYSHIP 2025 Senior Blue 699 (HMO) Benefit Summary

Physician and other health professional services	Cost
Primary care office visit copayment (In-network PCP copay is waived for follow-up visit after an inpatient discharge or observation discharge within 14 days)	\$10
Specialty care office visit	\$30
Office or outpatient hospital-based health services	Cost
Primary care office (In-network PCP copay is waived for follow-up visit after an inpatient discharge or observation discharge within 14 days)	\$10
Routine physical exam	\$0
Routine gynecological physical exam	\$0 Pap smear, pelvic exam, and clinical breast examinations
Diagnostic services: radiology and imaging, including X-rays, ultrasounds, MRIs and CT scans	\$30
Mammogram screening (preventive)	\$0
Bone mineral density measurements and tests (preventive)	\$0
Pap smear (preventive)	\$0
Immunizations – flu, N1N1, pneumonia, hepatitis B (preventive)	\$0
In-office surgical procedures	\$10 PCP/\$30 Specialist
Chiropractor	\$20
Prostate cancer screening (preventive)	\$0
Chemotherapy	\$0
Radiation therapy	\$30
Urgent care services	\$35
Physical therapy	\$20
Occupational therapy	\$20
Speech therapy	\$20
Laboratory services	Cost
Laboratory testing	\$0
Inpatient hospital services	Cost
Inpatient hospital service	\$0
Maternity care	\$0
Skilled nursing facility services (100-day limit each benefit period)	\$0
Outpatient hospital surgery and ambulatory surgery facility services	Cost

Surgery	\$75
Emergency services	Cost
Emergency department services (waived if admitted to the hospital within one day)	\$65
Professional ambulance services	\$100
Mental health services	Cost
Outpatient services	\$40
Inpatient facility services (190-day lifetime limit in a psychiatric facility)	\$0
Medical services	Cost
Home health care	\$0
Durable medical equipment, prosthetic and orthotic devices	\$0 compression stockings and diabetic shoes/inserts; 20% all other items
Hospice care	Covered by original Medicare
Fitness Program	Cost
FitOn Fitness Program	Covered in full
Prescription drugs – Part D plan only	Cost
Retail/Mail order (Rx) (31-day supply) * Part D insulin max copay \$35	\$0/\$15/\$30/\$50/\$50
Retail/Mail order (Rx) Tiers 1&2: 2 copays for 32-100 day supply Tiers 3&4: 2 copays for 32-90 day supply	Tiers 1-4: 2 copays for an extended day supply. Tier 5: Not covered
Coverage gap/donut hole	No coverage gap

Call us at 1-800-329-2792 (TTY 711,) we are available 8 a.m. to 8 p.m. 7 days a week from October 1 to March 31, and 8 a.m. to 8 p.m. Monday – Friday from April 1 to September 30 for more information.

*The 2025 benefits, member cost-sharing, and references are quoted and subject to change. Revisions may be necessary once the Centers for Medicare and Medicaid Services (CMS) releases the final 2025 Medicare benefit parameters and approves our plan options. This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits and copayments/coinsurance may change on January 1 of each year.