2027 New York State Employees HMO Plan 067 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
Primary 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 AmWell	$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 $120 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**

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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