



## 2024 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
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	\$12.50 generic \$75 brand \$150 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	\$25
Physical therapy	\$15
Occupational therapy	\$15
Speech therapy	\$15
Laboratory services	Cost
Office laboratory services	\$0

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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