



## 2025 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 \$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
<b>Inpatient hospital services</b>	<b>Cost</b>
Inpatient hospital service	\$0
Maternity care	\$0
Skilled nursing facility services	\$0
<b>Outpatient hospital surgery and ambulatory surgery facility services</b>	<b>Cost</b>
Hospital	\$100
Physician's office	\$15
Outpatient surgery facility	\$100
<b>Emergency services</b>	<b>Cost</b>
Emergency department services	\$100
Professional ambulance services	\$100
<b>Additional services</b>	<b>Cost</b>
Home health care	\$15
Durable medical equipment	50%
Prosthetic and orthotic devices	20%
Hospice care*	\$0
<b>Wellness</b>	<b>Cost</b>
Wellness card	\$600 Single/ \$750 Family Allowance