


HMO Schedule of Benefits

Benefit	
Lifetime Maximum – All Covered Benefits	Unlimited
Annual Maximum – All Covered Benefits	Unlimited
Office Visits	
Primary Care Office Visits	\$20 per visit
Annual Adult Physical Exam	No copayment
Well Child Visits	No copayment
Specialty Office Visits	\$20 per visit
Diagnostic/Therapeutic Services	
Radiology	\$20 per visit
Lab Tests	\$20 per visit
Pathology	\$20 per visit
EKG/EEG	\$20 per visit
Radiation	\$20 per visit
Chemotherapy	\$20 per visit
Dialysis	\$20 per visit
Women's Health Care/Reproductive Health	
Pap Tests	No copayment
Mammograms	No copayment
Prenatal Visits	\$20 copayment for initial visit; no copayment for subsequent visits
Postnatal Visits	No copayment
Bone Density Tests	No copayment
Breastfeeding Services and Equipment	No copayment
External Mastectomy Prosthesis	20% coinsurance
Family Planning Services	No copayment
Infertility Services	\$20 per visit
Contraceptive Drugs	No copayment
Contraceptive Devices	No copayment
Inpatient Hospital Surgery	No copayment
Outpatient Surgery	
Hospital	\$75 per visit
Physician's Office	\$20 per visit
Outpatient Surgery Facility	\$75 per visit
Weight Loss/Bariatric Surgery	\$75 copayment; preauthorization required
Emergency Department	\$50 per visit; waived if admitted within 24 hours
Urgent Care Facility	\$25 per visit
Ambulance	\$50 per trip
Telehealth	\$0 per visit
Telemedicine	\$20 per visit
Outpatient Mental Health	
Individual	\$20 per visit, unlimited
Group	\$20 per visit, unlimited
Inpatient Mental Health	No copayment, unlimited



**Department of
Civil Service**

SAMPLE Schedule of Benefits
 “Health Maintenance Organizations
 Specifications for the NYSHIP”

Outpatient Drug/Alcohol Rehab	\$20 per visit, unlimited
Inpatient Drug/Alcohol Rehab	No copayment; unlimited
Durable Medical Equipment	20% coinsurance
Prosthetics	20% coinsurance
Orthotics	20% coinsurance
Rehabilitative Care, Physical, Speech and Occupational Therapy	
Inpatient	No copayment, 30 days max
Outpatient Physical or Occupational Therapy	\$20 per visit; 30 visits max per calendar year
Outpatient Speech Therapy	\$20 per visit; 30 visits max per calendar year
Diabetic Supplies	
Retail	\$20 per item; 30-day supply
Mail Order	\$50 per item; 90-day supply
Insulin and Oral Agents	
Retail	\$20 per item; 30-day supply
Mail Order	\$40 per item; 90-day supply
Diabetic Shoes	\$20 per pair; one pair per year
Hospice	No copayment, 210 days max
Skilled Nursing Facility	No copayment; unlimited
Formulary Link:	