

Department of Civil Service SAMPLE Schedule of Benefits – "Health Maintenance Organizations Specifications for the New York State Health Insurance Program"

HMO Schedule of Benefits

SERVICE CATEGORY	COVERAGE INFORMATION	
Physician Services	Primary Care Physician Office Visits	
	Adults	\$25 Copay
	Sick Child Visits (Age 0-25)	\$10 Copay
	Laboratory Services	No Charge
	Specialist Office Visits	
	Office Visits	\$40 Copay
	Vision Exams (every 2 years)	\$25 Copay
	X-ray Services	
	Inpatient Hospital Services	No Charge
	Anesthesiology	No Charge
	Radiology Visits/Consultations	
Preventive & Well Care	Well Baby, Child Care & Immunizations	
Services	Adult Physical	
	Mammography & Prostate Cancer Screening	
	Annual Pap Test & Ob/GYN Exam	No Charge
	Immunizations for Adults	
	Colonoscopy & Sigmoidoscopy Screening for	
	Adults	
	Bone Density Tests	
Hospital	Hospital Inpatient	No Charge
	Hospital Outpatient Surgery	\$40 Copay/Visit
	Hospital Outpatient X-ray	\$25 Copay
	Hospital Outpatient Laboratory	No Charge
Maternity	Physician Services	\$25 Copay for first visit
	Hospital Services	No Charge
	Nursery Care	No Charge
Emergency Room (ER) Visit		\$75 Copay/Visit
Ambulance		\$50 Copay/Trip
Chiropractic Benefit		\$40 Copay/Office Visit
Durable Medical Equipment		50% Copay
Mental Health	Inpatient	No Charge
	Outpatient	\$40 Copay/Visit
Substance Abuse	Inpatient	No Charge
Diagnosis & Treatment	Rehabilitation Outpatient	\$25 Copay/Visit
Physical/Occupational/		\$40 Copay/Visit
Speech Therapy	-	
Home Health Care		\$25 Copay/Visit
Prescription Coverage	Retail 30-Day Supply	\$10 Copay Tier 1/\$30
		Copay Tier 2/\$50 Copay
		Tier 3
	Mail Order 90-Day Supply	\$10 Copay Tier 1/\$30
		Copay Tier 2/\$50 Copay
		Tier 3
Lifetime Maximum		No Maximums
Coverage		

<u>HMO:</u> Insert additional benefit information, descriptions such as customer service contact information, PCP information, wellness programs, etc.