

HMO 25/25 2021 Summary of Benefits

for New York State Employees and Retirees. No Referrals Needed.



Service Category	Coverage Information	
Physician Services	Primary Care Physician Office Visits	
	Adults	\$25 Co-pay
	Newborn up to age 26	\$0 Co-pay
	Laboratory Services	No Charge
	Specialist Office Visits	
	Office Visits	\$25 Co-pay
	Second Surgical Opinions	
Preventive and Well Care Services	Vision Exams (Every two years)	\$25 Co-pay
	X-ray Services	
	Well Baby, Child Care & Immunizations	
	Adult Physical (One Routine Physical/Contract Year)	
	Mammography	No Charge
	Annual Pap Test & Ob/Gyn Exam	
	Immunizations for Adults	
Hospital (Facility)	Adult Colonoscopy & Sigmoidoscopy Screening	
	Bone Density Tests	
	Hospital Inpatient	No Charge
	Hospital Outpatient Surgery	\$25 Co-pay per visit; \$0 Co-pay per visit at preferred provider facility
	Hospital Outpatient X-ray	\$25 Co-pay; \$0 Co-pay per visit at preferred provider facility
Maternity	High Tech Imaging Services (MRI, MRA, CT, etc.)	\$25 Co-pay; \$0 Co-pay per visit at preferred provider facility
	Hospital Outpatient Laboratory	No Charge; \$0 Co-pay per visit at preferred provider facility
	Physician Services	\$25 Co-pay applies to 1 st diagnostic visit only
myVisitNow® (Telemedicine)	Hospital Services	No Charge
Emergency Room (ER) Visit	Nursery Care	No Charge
Ambulance		\$0 Co-pay per visit
Preventive Dental Care for Kids	If admitted, emergency room co-pay is waived	\$75 Co-pay per visit
Chiropractic Benefit	Periodic Exams and X-rays to age 19	\$50 Co-pay per trip
Durable Medical Equipment		\$25 Co-pay per office visit
Mental Health		\$25 Co-pay per office visit
	Inpatient	50% Co-insurance
	Inpatient Physician	No Charge
Substance Use Disorder Diagnosis and Treatment	Outpatient	No Charge
	Inpatient (covered services only)	No Charge
Physical/Occupational/Speech Therapy	Rehabilitation Outpatient	\$25 Co-pay per visit
	Up to 30 visits per member, per calendar year; combined benefit for outpatient and office settings	\$25 Co-pay per visit
Home Health Care		\$25 Co-pay per visit
Prescription Coverage (For Eligible Subscribers)	Pharmacy 30-Day Supply	\$0 Co-pay Tier 1/ \$30 Co-pay Tier 2/ \$50 Co-pay Tier 3
	Mail Order 90-Day Supply	\$0 Co-pay Tier 1/ \$75 Co-pay Tier 2/ \$125 Co-pay Tier 3
Annual Out-of-Pocket Maximum		\$6,350 per individual / \$12,700 per family
Lifetime Maximum Coverage		No Maximums

This Summary of Benefits chart is intended to provide a general outline of coverage. In the event of any conflict between this document and your Certificate of Coverage, Schedule, and any applicable Rider(s), your Certificate of Coverage, Schedule, and Rider(s) will be controlling. For details, please call 1-800-TALK-MVP (825-5687).

Plan benefits for 2021 are pending NYS DFS approval.