

**2025 HMOBlue 25**  
**Benefit Summary-Commercial Plan**  
**New York State Active Employees/Retirees**

	<b>In-Network Benefits</b>
<b>Plan Features</b>	
<b>Primary care physician (PCP)</b>	Required
<b>Referrals</b>	Not required
<b>Out-of-network benefits</b>	Not covered
<b>Out-of-area benefits</b>	Emergency coverage provided worldwide through the BlueCard® program
<b>Dependent coverage</b>	Qualified dependents covered to age 26 (last day of the month following 26 <sup>th</sup> birthday)
<b>Waiting periods for pre-existing Conditions</b>	Does not apply
<b>Plan Cost-Sharing Highlights</b>	
<b>Office visit copay (PCP)</b>	\$25
<b>Office visit copay (Specialist)</b>	\$25
<b>Coinsurance</b>	None, unless noted
<b>Deductible</b>	None
<b>Out-of-pocket maximum</b>	Single \$6,350 / Family \$12,700
<b>Lifetime maximum</b>	None
<b>Plan Benefits</b>	
<b>Preventive Health Care Services</b>	
<b>Well-child visits</b>	Covered in full
<b>Adult routine physical exams</b>	Covered in full
<b>Adult immunizations</b>	Covered in full
<b>Routine mammography</b>	Covered in full
<b>Routine Pap smear</b>	Covered in full
<b>Routine GYN exam</b>	Covered in full
<b>Prostate cancer screening</b>	Covered in full
<b>Physician Services</b>	
<b>Diagnostic office visits</b>	\$25 PCP copay \$25 Specialist copay

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<b>Diagnostic imaging (X-rays, CAT scans, MRI, MRA)</b>	\$25 copay
<b>Diagnostic laboratory and pathology including EKG/EEG,</b>	Covered in full
<b>Surgery - office</b>	Physician: lesser of \$50 copay or 20% coinsurance
<b>Chiropractic care</b>	\$25 copay
<b>Allergy tests</b>	\$25 PCP copay \$25 Specialist copay
<b>Allergy injections</b>	\$25 PCP copay \$25 Specialist copay
<b>Chemotherapy</b>	\$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit
<b>Radiation therapy</b>	\$25 copay
<b><u>Maternity Services</u></b>	
<b>Prenatal and postpartum care</b>	Covered in full
<b>Hospital care for mom (including delivery)</b>	Facility: Covered in full Physician: lesser of \$200 copay or 20% coinsurance
<b>Newborn nursery care</b>	Covered in full
<b><u>Prescription Drug</u></b>  Short-term, maintenance and specialty drugs are covered under the following copayments: <b>Retail:</b> Limit – 30-day supply. 1 copay per 30-day supply. <b>Mail Order:</b> Limit – 90-day supply. 2 copays per 90-day supply. Mail order is available through Express Scripts. Contraceptive coverage included.  Specialty medications after the initial first fill must be purchased from one of our participating specialty pharmacies.	Retail per 30-day supply: 3-Tier option Tier 1: \$10 copay Tier 2: \$30 copay* Tier 3: \$50 copay*  Mail order up to a 90-day supply: 3-Tier Option Tier 1: \$20 copay Tier 2: \$60 copay* Tier 3: \$100 copay*  *Tier 2 and tier 3 prescriptions are subject to Maximum Allowable Cost (MAC)

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	<b>In-Network Benefits</b>
<b><u>Inpatient Hospital Benefits</u></b>	
<b>Hospital benefits</b>	Covered in full
<b>Physician visits in the hospital</b>	Covered in full
<b>Inpatient physical rehabilitation</b>	Covered in full for up to 60 days per calendar year
<b>Surgery</b>	Physician: 20% coinsurance or \$200 copay, whichever is less
<b>Anesthesia</b>	Covered in full
<b><u>Emergency Care</u></b>	
<b>Emergency room care</b>	\$100 copay per visit (Copay waived if admitted inpatient)
<b>Freestanding urgent care center</b>	\$35 copay
<b>Ambulance (Medically necessary ground and air ambulance transportation)</b>	\$100 copay for emergency transportation
<b><u>Outpatient Hospital Benefits</u></b>	
<b>Diagnostic imaging (X-rays, CAT scans, MRI, MRA)</b>	\$25 copay
<b>Diagnostic laboratory and pathology</b>	Covered in full
<b>Surgical care</b>	Facility: \$50 copay Physician: \$25 copay
<b>Chemotherapy</b>	\$25 copay
<b>Radiation therapy</b>	\$25 copay
<b><u>Mental Health, Chemical Dependence and Substance Abuse Benefits</u></b>	
<b>Inpatient mental health care</b>	Covered in full
<b>Outpatient mental health care</b>	\$25 copay
<b>Inpatient chemical dependence care</b>	Covered in full (includes detoxification and rehabilitation)
<b>Outpatient chemical dependence care</b>	\$25 copay
<b>Inpatient substance abuse rehabilitation</b>	Covered in full

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<b><u>Other Services</u></b>	
<b>Diabetic insulin &amp; supplies</b>	\$25 copay for a 30-day supply
<b>Skilled nursing facility</b>	Covered in full for up to 45 days per calendar year
<b>Home care</b>	Covered in full for up to 40 visits per calendar year
<b>Hospice</b>	Covered in full for up to 210 days
<b>Outpatient therapy – physical, speech and occupational</b>	\$25 copay Limit: 30 visits per calendar, combined benefit
<b>Durable medical equipment &amp; medical supplies</b>	Covered at 50%
<b>External prosthetics/orthotics</b>	Covered at 50%
<b>Internal prosthetics</b>	Covered in full
<b>Hearing exams (routine and diagnostic)</b>	\$25 copay for diagnostic hearing exams \$25 copay for routine exam (Limit: once every 12 months)
<b>Hearing aids</b>	Covered in full for up to 2 hearing aids every 3 years for children to age 19 only
<b>Routine vision</b>	<b>Adult/pediatric exam</b> \$25 copay for one routine eye exam every 2 years; every year for children to age 19 <b>Adult eyewear</b> \$60 eyewear reimbursement once every 2 years <b>Pediatric eyewear</b> 50% Coins, 1 pair per calendar year
<b>Dental</b>	\$25 copay for accidental injury to sound natural teeth only
<b>Telemedicine-MD Live®</b>	Covered in full
<b>Telemedicine via PCP</b>	\$25 copay
<b>Telemedicine via Specialist</b>	\$25 copay
<b><u>Other Wellness Services</u></b>	
<b>ThriveWell<sup>SM</sup> Rewards</b>	With ThriveWell <sup>SM</sup> Rewards online incentive program, you can <b>earn up to \$500 per family</b> each year for doing healthy activities that fit into your day. Track your progress online as you earn dividends for doing simple activities such as eating better, exercising more and getting routine check-ups.

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	<b>In-Network Benefits</b>
<b>Welvie My Surgery<sup>SM</sup></b>	<b>Welvie My Surgery<sup>SM</sup> is your easy-to-use, online guide.</b> Excellus provides access to the Welvie My Surgery program <b>at no added cost.</b> Welvie (R) helps you work with your doctor to decide on, prepare for and recover from surgery.

Note: This is not a contract or binding agreement; it is a summary of benefits and services only. For complete benefits and conditions of coverage, please refer to your HMO Blue Member Certificate.

Note: Your Eligibility guidelines may be different from those guidelines listed in the contract. Please refer to your NYSHIP General Information Book for these guidelines or visit the New York State Department of Civil service’s website at [www.cs.ny.gov](http://www.cs.ny.gov).

Visit our website at [ExcellusBCBS.com](http://ExcellusBCBS.com) for our most up-to-date provider listing, prescription drug listing and member discount programs.