

2026 Blue Choice 25
Benefit Summary-Commercial Plan
New York State Active Employees/ Under 65 Retirees

	In-Network Benefits
Plan Features	
Primary care physician (PCP)	Required
Referrals	Not required
Out-of-network benefits	Not covered
Out-of-area benefits	Emergency coverage provided worldwide through the BlueCard® program
Dependent coverage	Qualified dependents covered to age 26 (last day of the month following 26 th birthday)
Waiting periods for pre-existing conditions	Does not apply
Plan Cost-Sharing Highlights	
Office visit copay (PCP)	\$25 (\$5 for children to age 26)
Office visit copay (Specialist)	\$25
Coinsurance	None, unless noted
Deductible	None
Out-of-pocket maximum	Single \$6,350 / Family \$12,700
Lifetime maximum	None
Plan Benefits	
<u>Preventive Health Care Services</u>	
Well-child visits	Covered in full
Adult routine physical exams	Covered in full
Adult immunizations	Covered in full
Routine mammography	Covered in full
Routine Pap smear	Covered in full
Routine GYN exam	Covered in full
Prostate cancer screening	Covered in full
<u>Physician Services</u>	
Diagnostic office visits	\$25 PCP copay \$25 Specialist copay

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Diagnostic imaging (X-rays, CAT scans MRI, MRA)	\$25 copay
Diagnostic laboratory and pathology including EKG/EEG	Covered in full
Surgery - office	Physician: lesser of \$50 copay or 20% coinsurance
Chiropractic care	\$25 copay
Allergy tests	\$25 PCP copay \$25 Specialist copay
Allergy injections	\$25 PCP copay \$25 Specialist copay
Chemotherapy	\$25 copay for IV/injectable chemotherapy, in addition to a \$25 copay for the office visit
Radiation therapy	\$25 copay
<u>Maternity Services</u>	
Prenatal and postpartum care	Covered in full
Hospital care for mom (including delivery)	Facility: Covered in full Physician: \$50 copay
Newborn nursery care	Covered in full
Prescription Drug Short-term, maintenance and specialty drugs are covered under the following copayments: Retail: Limit – 30-day supply. 1 copay per 30-day supply. Mail Order: 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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	In-Network Benefits
<u>Inpatient Hospital Benefits</u>	
Hospital benefits	Covered in full
Physician visits in the hospital	Covered in full
Inpatient physical rehabilitation	Covered in full for up to 60 days per calendar year
Surgery	Covered in full
Anesthesia	Covered in full
<u>Emergency care</u>	
Emergency room care	\$100 copay per visit (Copay waived if admitted inpatient)
Freestanding urgent care center	\$35 copay
Ambulance (Medically necessary ground and air ambulance transportation)	\$100 copay for emergency transportation
<u>Outpatient Hospital Benefits</u>	
Diagnostic imaging (X-rays, CAT scans, MRI, MRA)	\$25 copay
Diagnostic laboratory and pathology	Covered in full
Surgical care	Facility: \$50 copay Physician: \$25 copay
<u>Mental Health, Chemical Dependence and Substance Abuse Benefits</u>	
Inpatient mental health care	Covered in full
Outpatient mental health care	\$25 (\$5 for children to age 26)
Inpatient chemical dependence care	Covered in full (includes detoxification and rehabilitation)
Outpatient chemical dependence care	\$25 (\$5 for children to age 26)
Inpatient substance abuse rehabilitation	Covered in full

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<u>Other Services</u>	
Diabetic insulin & supplies	\$25 copay for a 30-day supply
Skilled nursing facility	Covered in full for up to 45 days per calendar year, 360-day lifetime maximum
Homecare	Covered in full for up to 40 visits per calendar year
Hospice	Covered in full for up to 210 days
Outpatient therapy – physical, speech and occupational	\$25 copay Limit: 30 visits per calendar, combined benefit
Durable medical equipment & medical supplies	Covered at 50%
External prosthetics/orthotics	Covered at 50%
Internal prosthetics	Covered in full
Hearing exams (routine and diagnostic)	\$25 copay for diagnostic hearing exams \$25 copay for routine exam (Limit: once every 12 months)
Hearing aids	Covered in full for up to 2 hearing aids every 3 years for children to age 19 only
Routine vision	Adult/pediatric exam \$25 copay for one routine eye exam every 2 years; every year for children to age 19 Adult eyewear \$60 eyewear reimbursement once every 2 years Pediatric eyewear 50% Coins, 1 pair per calendar year for children to age 19
Dental	\$25 copay for accidental injury to sound natural teeth only
Telemedicine-MD Live® Telemedicine via PCP Telemedicine via Specialist	Covered in full \$25 copay (\$5 copay for dependents to age 26) \$25 copay

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<u>Other Wellness Services</u>	
ThriveWellSM Rewards	With ThriveWellSM Rewards online incentive program you can earn up to \$500 per family 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.
WelvieSM My SurgerySM	WelvieSM My SurgerySM is your easy-to-use, online guide. Excellus BCBS provides access to the Welvie My Surgery program at no added cost . Welvie (R) helps you work with your doctor to decide on, prepare for and recover from surgery.

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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 Blue Choice 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 <http://www.cs.ny.gov>

Visit ExcellusBCBS.com for our most up-to-date provider listing, prescription drug listing and member discount programs.