

# Nassau County Government

# Your Cost

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## Preventive Care

- Physical Examinations (Adult) ----- \$5 Copay -----
- Physical examinations (Well Child)
  - Ages 0-2 7 visits per year
  - Ages 3-5 1 visit per year No Charge
  - Ages 6-12 1 visit for every 2 years
  - Ages 13-18 1 visit for every 3 years
- Immunizations
- Hearing Tests and Vision Screenings for children through age 17 -----
- Well child care in excess of above ----- \$5 Copay -----

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## Routine and Specialty Services

- Primary Care Office Visits
- Specialist Consultations and Treatment \$5 Copay
- Allergy Testing and Treatment
- Short-Term Physical, Occupational or Speech Therapy -----
- Diagnostic Tests including x-ray and laboratory ----- No Charge -----

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## For Women Only

- Members may select a personal Vytra Ob/Gyn, thus eliminating the need to obtain a referral from their Primary Care Physician. \$5 Copay
- Routine Exams including pap tests -----
- Maternity Care ----- No Charge -----

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## Hospital Services

- Preadmission Testing
- Room and Board, semiprivate room, no day limits
- Intensive and Cardiac Care
- Physician Services including surgery and anesthesiology
- Short-Term Physical, Occupational or Speech Therapy No Charge
- Diagnostic Services including x-ray and laboratory testing
- All Drugs and Medications
- Nursing Services
- Skilled Nursing Facility Care for up to 45 days per calendar year
- Maternity Services, including delivery room and newborn nursery

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## Mental Health/ Substance Abuse Services

- Outpatient*
  - Up to 20 Mental Health Visits in a calendar year for crisis intervention ----- Visits 1-3: \$5 Copay -----
  - Up to 60 Visits in a calendar year for treatment of alcohol or drug abuse ----- Visits 4-20 \$25 Copay -----
  - Up to 60 Visits in a calendar year for treatment of alcohol or drug abuse ----- \$5 Copay -----
- Inpatient*
  - Up to 30 Days of Psychiatric Care in a calendar year No Charge
  - Up to 3 Periods of Medical Detoxification in a calendar year

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## Emergency Services

- Medically Necessary Emergency Treatment in an outpatient non-hospital or hospital facility \$25 Copay  
Waived if Admitted
- Medically Necessary Emergency Transportation ----- No Charge -----

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## Pharmacy Services

- Prescription Drugs (including contraceptives & prescription vitamins e.g. prenatal and pediatric fluoride) \$5 Copay

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## Chiropractic Services

\$5 Copay

*This is a brief summary of benefits and should be used only as a guide. You must refer to the Vytra Health Plans Agreement for Comprehensive Services for a complete description of requirements for coverage, covered services, limitations, and exclusions.*