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NY1258 DC-37 2019

Prescription Drug Program

Up to a 30-day supply from a Network, the Mail Service Pharmacy or the designated Specialty Pharmacy, your Copayment is:

\$5 Copayment for Level 1 or most Generic Drugs	\$60 Copayment for Level 3 or Non-preferred Drugs
\$30 Copayment for Level 2, Preferred or Compound Drugs	
\$31 - to 90-day supply from a Network Pharmacy	
\$10 Copayment for Level 1 or most Generic Drugs	
\$60 Copayment for Level 2, Preferred or Compound Drugs	
\$120 Copayment for Level 3 or Non-preferred Drugs	
31 - to 90-day supply from Mail or Specialty Pharmacies	
\$5 Copayment for Level 1 or most Generic Drugs	
\$55 Copayment for Level 2, Preferred or Compound Drugs	
\$110 Copayment for Level 3 or Non-preferred Drugs	



NYSHIP

New York State
Health Insurance Program



Empire Plan Copayments

For NYS Employees represented by
District Council 37 (DC-37) and enrolled in The Empire Plan
 See your current *Empire Plan Certificate* and *Empire Plan Reports*
 for details, including preadmission and prior authorization
 requirements, services that do not require copayments
 and limitations. If you have a question, call 1-877-7-NYSHIP
 (1-877-769-7447) toll free and select the appropriate program
 from the menu.



NY1258 2019

Prescription Drug Program

Up to a 30-day supply from a Network, the Mail Service Pharmacy or the designated Specialty Pharmacy, your Copayment is:

\$50 Copayment for Level 1 or most Generic Drugs	\$60 Copayment for Level 3 or Non-preferred Drugs
\$30 Copayment for Level 2, Preferred or Compound Drugs	\$60 Copayment for Level 3 or Non-preferred Drugs
\$50 Copayment for Level 1 or most Generic Drugs	\$30 Copayment for Level 2, Preferred or Compound Drugs
\$31 - to 90-day supply from a Network Pharmacy	\$60 Copayment for Level 3 or Non-preferred Drugs
\$10 Copayment for Level 1 or most Generic Drugs	\$120 Copayment for Level 3 or Non-preferred Drugs
\$31 - to 90-day supply from Mail or Specialty Pharmacies	\$55 Copayment for Level 1 or most Generic Drugs
	\$55 Copayment for Level 2, Preferred or Compound Drugs
	\$110 Copayment for Level 3 or Non-preferred Drugs



NYSHIP

New York State
Health Insurance Program

THE EMPLOYER PLAN

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ADDRESSES EMPLOYER PLAN ENROLLMENT



Employer Plan Copayments

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NY1258 2019

Prescription Drug Program

Up to a 30-day supply from a Network, the Mail Service Pharmacy or the designated Specialty Pharmacy, your Copayment is:

\$50 Copayment for Level 1 or most Generic Drugs	\$60 Copayment for Level 3 or Non-preferred Drugs
\$30 Copayment for Level 2, Preferred or Compound Drugs	\$310 Copayment for Level 2, Preferred or Compound Drugs
\$50 Copayment for Level 1 or most Generic Drugs	\$310 Copayment for Level 3 or Non-preferred Drugs
\$310 Copayment for Level 1 or most Generic Drugs	\$50 Copayment for Level 2, Preferred or Compound Drugs
\$50 Copayment for Level 1 or most Generic Drugs	\$50 Copayment for Level 2, Preferred or Compound Drugs
\$310 Copayment for Level 3 or Non-preferred Drugs	\$50 Copayment for Level 2, Preferred or Compound Drugs
\$310 Copayment for Level 3 or Non-preferred Drugs	\$50 Copayment for Level 2, Preferred or Compound Drugs



NYSHIP

New York State
Health Insurance Program



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NY1258 2015

Prescription Drug Program

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NYSHIP

New York State
Health Insurance Program

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THE EMPLOYER'S GUIDE TO NYSHIP

ANOTHER EMPLOYER PLAN ENROLLED



Employer Plan Copayments

For NYS Employees represented by
District Council 37 (DC-37) and enrolled in The Employer Plan

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NY1258 2015

Network Hospital Services (Hospital Program)
\$25 Copayment – Outpatient Physical Therapy \$50 Copayment – Urgent Care Center Visit \$50 Copayment – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests \$95 Copayment – Outpatient Surgery \$100 Copayment – Emergency Department Visit
Network Mental Health/Substance Abuse Program Services
\$25 Copayment – Visit to Outpatient Substance Use Treatment Program \$25 Copayment – Visit to Mental Health Professional \$100 Copayment – Emergency Department Visit

Participating Provider Services (Medical/Surgical Program)
\$25 Copayment – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit \$30 Copayment – Non-hospital Urgent Care Center Visit \$50 Copayment – Non-hospital Outpatient Surgical Locations
Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)
\$25 Copayment – Office Visit, Radiology, Diagnostic Laboratory Tests

Network Hospital Services (Hospital Program)
\$25 Copayment – Outpatient Physical Therapy \$50 Copayment – Urgent Care Center Visit \$50 Copayment – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests \$95 Copayment – Outpatient Surgery \$100 Copayment – Emergency Department Visit
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