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**Prescription Drug Program - EP Advanced Flexible Formulary**

**Up to a 30-day supply from a Network Pharmacy, the Mail Service Pharmacy or the designated Specialty Pharmacy**

**\$5 Copayment for Level 1 or most Generic Drugs**

**\$30 Copayment for Level 2, Preferred or Compound Drugs**

**\$60 Copayment for Level 3 or Non-preferred 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 the Mail Service or Specialty Pharmacy**

**\$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**

Prescription Drug Program - EP Advanced Flexible Formulary	Up to a 30-day supply from a Network Pharmacy, the Mail Service Pharmacy or the designated Specialty Pharmacy	\$5 Copayment for Level 1 or most Generic Drugs	\$30 Copayment for Level 2, Preferred or Compound Drugs	\$60 Copayment for Level 3 or Non-preferred Drugs
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<b>Network Hospital Services (Hospital Program)</b>
<b>\$25 Copayment</b> – Outpatient Physical Therapy
<b>\$50 Copayment</b> – Urgent Care Center Visit
<b>\$50 Copayment</b> – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests
<b>\$95 Copayment</b> – Outpatient Surgery
<b>\$100 Copayment</b> – Emergency Department Visit
<b>Network Mental Health/Substance Abuse Program Services</b>
<b>\$25 Copayment</b> – Mental Health Professional Visit, Outpatient Services, Outpatient Substance Use Treatment
<b>\$100 Copayment</b> – Emergency Department Visit

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<b>Participating Provider Services (Medical/Surgical Program)</b>
<b>\$25 Copayment</b> – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit
<b>\$30 Copayment</b> – Non-hospital Urgent Care Center Visit
<b>\$50 Copayment</b> – Non-hospital Outpatient Surgical Locations
<b>\$70 Copayment</b> – Licensed Ambulance Service
<b>Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)</b>
<b>\$25 Copayment</b> – Office Visit, Radiology, Diagnostic Laboratory Tests

<b>Participating Provider Services (Medical/Surgical Program)</b>
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