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Prescription Drug Program - EF 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

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NYSHIP
New York State
Health Insurance Program





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THE EMPIRE PLAN
NYSHIP
ADVANCED FLEXIBLE FORMULARY

Empire Plan Copayments


For Judges, Justices, Nonjudicial Employees and M/Cs of the Unified Court System (UCS) who are 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.

CT0177 2020



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Network Hospital Services (Hospital Program)
\$25 Copayment – Outpatient Physical Therapy
\$40 Copayment – Urgent Care Center Visit
\$40 Copayment – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests
\$75 Copayment – Outpatient Surgery
\$90 Copayment – Emergency Department Visit
Network Mental Health/Substance Abuse Program Services
\$25 Copayment – Mental Health Professional Visit, Outpatient Services, Outpatient Substance Use Treatment
\$90 Copayment – Emergency Department Visit

Network Hospital Services (Hospital Program)
\$25 Copayment – Outpatient Physical Therapy
\$40 Copayment – Urgent Care Center Visit
\$40 Copayment – Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests
\$75 Copayment – Outpatient Surgery
\$90 Copayment – Emergency Department Visit
Network Mental Health/Substance Abuse Program Services
\$25 Copayment – Mental Health Professional Visit, Outpatient Services, Outpatient Substance Use Treatment
\$90 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
\$70 Copayment – Licensed Ambulance Service
Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)
\$25 Copayment – Office Visit, Radiology, Diagnostic Laboratory Tests

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
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