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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

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NYSHIP
New York State
Health Insurance Program




123456789
THE EMPIRE PLAN
NYSHIP
ADVANCED FLEXIBLE PLAN MEMBERSHIP


Empire Plan Copayments

For Active Employees, Retirees, Vestees and Dependent Survivors of Participating Employers (PE) 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.



PE0165 2020



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| 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 – Mental Health Professional Visit, Outpatient Services, Outpatient Substance Use Treatment |
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| \$100 Copayment – Emergency Department Visit |

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| 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 |

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