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Prescription Drug Program

Up to a 30-day supply from a Network Pharmacy, The Empire Plan 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 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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NY1257 2019

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

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