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Prescription Drug Program – Excelsior Plan Drug List

Up to a 30-day supply from a Network Pharmacy, the Mail Service Pharmacy or the designated Specialty Pharmacy	31- to 90-day supply from a Network Pharmacy	31- to 90-day supply from the Mail Service or Specialty Pharmacy
\$10 Copayment for Level 1 Drugs	\$30 Copayment for Level 1 Drugs	\$25 Copayment for Level 1 Drugs
\$45 Copayment for Level 2 Drugs	\$100 Copayment for Level 2 Drugs	\$100 Copayment for Level 2 Drugs
\$85 Copayment for Level 3 Drugs	\$200 Copayment for Level 3 Drugs	\$200 Copayment for Level 3 Drugs

Excelsior Plan Copayments

For Active Employees, Retirees, Vestees and Dependent Survivors of Participating Agencies with Excelsior Plan (PAEx) benefits

See your current Excelsior Plan *At A Glance* 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.

EX0055 2020



EX0055 2020

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	\$85 Copayment for Level 3 Drugs
31- to 90-day supply from a Network Pharmacy	\$30 Copayment for Level 1 Drugs
	\$100 Copayment for Level 2 Drugs
	\$200 Copayment for Level 3 Drugs
31- to 90-day supply from the Mail Service or Specialty Pharmacy	\$25 Copayment for Level 1 Drugs
	\$100 Copayment for Level 2 Drugs
	\$200 Copayment for Level 3 Drugs

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The Excelsior Plan



NEW YORK STATE

NYSHIP

Excelsior Plan

MEMBERS

- JOHN CASPARE
- JACQUELINE BROWN
- JOHN CASPARE
- JOHN CASPARE
- JOHN CASPARE

NYSHIP Group 1000 Emergency Room

Excelsior Plan Copayments

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EX0055 2020

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EX0055 2020

Network Hospital Services (Hospital Program)
\$35 Copayment — Outpatient Physical Therapy
\$85 Copayment — Urgent Care Center Visit
\$85 Copayment — Outpatient Services for Diagnostic Radiology or Diagnostic Laboratory Tests
\$130 Copayment — Emergency Department Visit, Outpatient Surgery
\$250 Copayment — Inpatient Hospital Stay
Network Mental Health/Substance Abuse Program Services
\$35 Copayment — Mental Health Professional Visit, Outpatient Services, Outpatient Substance Use Treatment
\$70 Copayment — Emergency Ambulance Service
\$130 Copayment — Emergency Department Visit
\$250 Copayment — Inpatient Hospital Stay

Participating Provider Services (Medical/Surgical Program)
\$35 Copayment — Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit
\$40 Copayment — Non-hospital Urgent Care Center Visit
\$70 Copayment — Licensed Ambulance Service
\$80 Copayment — MRI, MRA, CT Scan, PET Scan, Nuclear Medicine Test
\$95 Copayment — Non-hospital Outpatient Surgical Locations
Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)
\$35 Copayment — Office Visit, Radiology, Diagnostic Laboratory Tests

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