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**Prescription Drug Program**

Up to a 30-day supply from a Network Pharmacy or  
The Empire Plan Mail Service Pharmacy  
\$5 Copayment for Level 1 or most Generic Drugs  
\$25 Copayment for Level 2, Preferred or Compound Drugs  
\$45 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  
\$50 Copayment for Level 2, Preferred or Compound Drugs  
\$90 Copayment for Level 3 or Non-preferred Drugs  
31- to 90-day supply from Mail or Specialty Pharmacies  
\$5 Copayment for Level 1 or most Generic Drugs  
\$50 Copayment for Level 2, Preferred or Compound Drugs  
\$90 Copayment for Level 3 or Non-preferred Drugs



**Empire Plan Copayments**  
For NYS Employees represented by  
the Public Employees Federation (PEF) and  
enrolled in The Empire Plan



NEW YORK STATE HEALTH INSURANCE PROGRAM

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.



NY0952 2012

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**Participating Provider Services (Medical/Surgical Program)**

**\$20 Copayment** – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Urgent Care Center Visit, Convenience Care Clinic Visit  
**\$30 Copayment** – Non-hospital Outpatient Surgical Locations  
**\$35 Copayment** – Professional Ambulance Transportation

**Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)**

**\$20 Copayment** – Office Visit, Radiology or Diagnostic Laboratory Tests

**Participating Provider Services (Medical/Surgical Program)**

**\$20 Copayment** – Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Freestanding Cardiac Rehabilitation Center Visit, Urgent Care Center Visit, Convenience Care Clinic Visit  
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**\$35 Copayment** – Professional Ambulance Transportation

**Network Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)**

**\$20 Copayment** – Office Visit, Radiology or Diagnostic Laboratory Tests

**Network Hospital Services (Hospital Program)**

**\$20 Copayment** – Outpatient Physical Therapy  
**\$60 Copayment** – Outpatient Surgery  
**\$40 Copayment** – Outpatient Services for Diagnostic Radiology, Mammography Screening or Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic  
**\$70 Copayment** – Emergency Room Care

**Mental Health/Substance Abuse Program Network Services**

**\$20 Copayment** – Visit to Outpatient Substance Abuse Treatment Program  
**\$20 Copayment** – Visit to Mental Health Professional  
**\$70 Copayment** – Emergency Room Care

**Network Hospital Services (Hospital Program)**

**\$20 Copayment** – Outpatient Physical Therapy  
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