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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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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 – Visit to Outpatient Substance Use Treatment Program
\$25 Copayment – Visit to Mental Health Professional
\$100 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

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