

blind in line

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Prescription Drug Program

Up to a 30-day supply from a participating retail pharmacy or The Empire Plan Mail Service

\$5 Copayment – generic drug
 \$15 Copayment – preferred brand-name drug
 \$30 Copayment – non-preferred brand-name drug

31 to 90-day supply from a participating retail pharmacy

\$10 Copayment – generic drug
 \$30 Copayment – preferred brand-name drug
 \$60 Copayment – non-preferred brand-name drug

31 to 90-day supply through The Empire Plan Mail Service

\$5 Copayment – generic drug
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EMPIRE PLAN COPAYMENTS

For enrollees with Copay Code A on their NYSHIP Empire Plan Benefit Card.



See your Empire Plan Certificates and Reports for details, including pre-admission 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.

Copay Code (A)

Copay Code A-07

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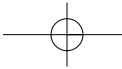
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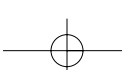
Copay Code A-07

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<p style="text-align: center;">perforated & tear</p> <div style="border: 1px solid black; padding: 5px;"> <p>Hospital Services (Hospital Program)</p> <p>\$18 Copayment – Outpatient Physical Therapy \$35 Copayment – Outpatient Services for Surgery, Diagnostic Radiology, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic \$60 Copayment – Emergency Room Care</p> <p>\$18 Copayment – Visit to Outpatient Substance Abuse Treatment Program \$18 Copayment – Visit to Mental Health Professional \$60 Copayment – Emergency Room Care</p> </div>	<p style="text-align: center;">perforated & tear</p> <div style="border: 1px solid black; padding: 5px;"> <p>Hospital Services (Hospital Program)</p> <p>\$18 Copayment – Outpatient Physical Therapy \$35 Copayment – Outpatient Services for Surgery, Diagnostic Radiology, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic \$60 Copayment – Emergency Room Care</p> <p>\$18 Copayment – Visit to Outpatient Substance Abuse Treatment Program \$18 Copayment – Visit to Mental Health Professional \$60 Copayment – Emergency Room Care</p> </div>	<p style="text-align: center;">perforated & tear</p>
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