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Department of Civil Service (<https://www.cs.ny.gov>)

UnitedHealth Group is announcing support for the cyberattack on Change Healthcare. Click [here \(/employee-benefits/nyship/shared/apps/whats-new/index.cfm\)](https://www.cs.ny.gov/employee-benefits/nyship/shared/apps/whats-new/index.cfm) to learn more.

Empire Plan Copayments

See your *Empire Plan Certificates* 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.

Medical/Surgical Program

* Note: Covered services defined as preventive under the Patient Protection and Affordable Care Act are not subject to copayment.

Service	Copayment
Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing Cardiac Rehabilitation Center Visit, Convenience Care Clinic Visit	\$25
Non-hospital Urgent Care Center Visit	\$30
Non-hospital Outpatient Surgical Locations	\$50
Licensed Ambulance Service	\$70

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

Service	Copayment
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Office Visit, Radiology, Diagnostic Laboratory Tests	\$25
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Hospital Program

Service	Copayment
Outpatient Physical Therapy	\$25
Urgent Care Center Visit, Outpatient Services for Diagnostic Radiology and Diagnostic Laboratory Tests in a network Hospital or Hospital Extension Clinic	\$50
Outpatient Surgery	\$95
Emergency Department Visit	\$100

Mental Health and Substance Use Program

Service	Copayment
Visit to Outpatient Substance Abuse Treatment Program	\$25
Visit to Mental Health Professional	\$25
Emergency Department Visit	\$100

Prescription Drug Program**

Medicare-primary enrollees or dependents should refer to the *Empire Plan Medicare Rx Evidence of Coverage* for prescription copayment amounts.

** Certain covered drugs do not require a copayment:

- Oral chemotherapy drugs, when prescribed for the treatment of cancer
- Generic oral contraceptive drugs and devices or brand-name contraceptive drugs/devices without a generic equivalent (single-source brand-name drugs/devices), with up to a 12-month supply of contraceptives at one time without an initial 3-month supply
- Tamoxifen, raloxifene, anastrozole and exemestane when prescribed for women age 35 and over for the primary prevention of breast cancer
- Pre-Exposure Prophylaxis (PrEP), when prescribed for enrollees who are at high risk of acquiring HIV

- Certain prescription and over-the-counter medications*** that are recommended for preventive services without cost sharing and have in effect a rating of “A” or “B” in the current recommendations of the U.S. Preventive Services Task Force (USPSTF).

*** When available over-the-counter, USPSTF “A” and “B” rated medications require a Prescription order to process without cost sharing.

<i>Up to a 30-day supply from a Network Pharmacy or through the Mail Service Pharmacy or the Specialty Pharmacy</i>	Copayment
Level 1 Drugs. Includes Most Generic Drugs	\$5
Level 2 Drugs. Includes Preferred Brand-name Drugs	\$30
Level 3 Drugs. Includes Non-preferred Brand-name Drugs	\$60
<i>31- to 90-day supply from a Network Pharmacy</i>	Copayment
Level 1 Drugs. Includes Most Generic Drugs	\$10
Level 2 Drugs. Includes Preferred Brand-name Drugs	\$60
Level 3 Drugs. Includes Non-preferred Brand-name Drugs	\$120
<i>31- to 90-day supply through the Mail Service Pharmacy or the Specialty Pharmacy</i>	Copayment
Level 1 Drugs. Includes Most Generic Drugs	\$5
Level 2 Drugs. Includes Preferred Brand-name Drugs	\$55
Level 3 Drugs. Includes Non-preferred Brand-name Drugs	\$110

