

# Medical Program Copayment Guide

January 2025

Employee group	Drug list +	Office				Urgent Care Center				Outpatient Surgical Location
		Visit	Surgery	Radiology	Laboratory	Visit	Surgery	Radiology	Laboratory	
APSU*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
Council 82*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
CSEA*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
District Council 37*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
Management /Confidential*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
NYS Retirees*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
NYSCOPBA*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
Participating Agencies* (primarily local governments)	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
Participating Employers* (primarily public authorities)	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
PBA – Supervisors	Advanced Flexible Formulary	\$25 <sup>1</sup>	\$25 <sup>1</sup>			\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
PBA – Troopers	Advanced Flexible Formulary	\$25 <sup>1</sup>	\$25 <sup>1</sup>			\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
PEF*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
PIA (NYS Police Investigators Unit)	Advanced Flexible Formulary	\$25 <sup>1</sup>	\$25 <sup>1</sup>			\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
Unified Court System*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
UUP (Including Lifeguards)*	Advanced Flexible Formulary	\$25 <sup>2</sup>				\$30 <sup>1</sup>	\$30 <sup>1</sup>			\$50
Student Employee Health Plan (SEHP)	Flexible Formulary	\$10 <sup>2</sup>				\$10 <sup>2</sup>				\$10
<p><b>For all groups, there are NO COPAYMENTS due for:</b></p> <ul style="list-style-type: none"> <li>• Allergy Immunizations/Serum (except SEHP, which has no coverage for allergy immunizations/serum)</li> <li>• Chemotherapy</li> <li>• Hemodialysis</li> <li>• Prenatal Care</li> <li>• Radiation Therapy</li> <li>• Well Child Care</li> <li>• Services defined as Essential Preventive Services by the Patient Protection and Affordable Care Act, also known as Federal Health Care Reform.</li> </ul> <p>* Groups noted with an asterisk also have NO COPAYMENTS for infusion services performed in an office/infusion suite.</p> <p>+ Medicare-primary enrollees and Medicare-primary dependents enrolled in Empire Plan Medicare Rx utilize a Part D drug list (Abridged Formulary) and Non-Part D drug list (Bonus Drug List). Enrollees and dependents who do not have Medicare as primary coverage utilize the drug lists noted in this column.</p> <p>1 - Maximum of 2 copayments per service date. Combine Visit &amp; Surgery or Radiology Service &amp; Laboratory Service. 2 - Maximum of 1 copayment per service date. Combine Visit, Surgery, Radiology Service &amp; Laboratory Service.</p>										



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