

Medical Program Copayment Guide

August 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 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| Council 82* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| CSEA* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| District Council 37* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| Management /Confidential* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| NYS Retirees* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| NYSCOPBA* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| Participating Agencies* (primarily local governments) | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| Participating Employers* (primarily public authorities) | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| PBA – Supervisors* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| PBA – Troopers* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| PEF* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| PIA* (NYS Police Investigators Unit) | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| Unified Court System* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| UUP (Including Lifeguards)* | Advanced Flexible Formulary | | \$25 ² | | | \$30 ¹ | \$30 ¹ | | | \$50 |
| Student Employee Health Plan (SEHP) | Flexible Formulary | | \$10 ² | | | | \$10 ² | | | \$10 |

For all groups, there are NO COPAYMENTS due for:

- Allergy Immunizations/Serum (except SEHP, which has no coverage for allergy immunizations/serum)
- Chemotherapy
- Hemodialysis
- Prenatal Care
- Radiation Therapy
- Well Child Care
- Services defined as Essential Preventive Services by the Patient Protection and Affordable Care Act, also known as Federal Health Care Reform.

* Groups noted with an asterisk also have NO COPAYMENTS for infusion services performed in an office/infusion suite.

+ 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.

1 – Maximum of 2 copayments per service date. Combine Visit & Surgery or Radiology Service & Laboratory Service.
 2 – Maximum of 1 copayment per service date. Combine Visit, Surgery, Radiology Service & Laboratory Service.



Department of Civil Service
The Empire Plan

