



Employee Group	Drug List +	Office		Urgent Care Center		Outpatient Surgical Location	
		Visit	Surgery	Radiology	Laboratory		Visit
APSU	Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
Council 82	Flexible Formulary	\$20 ¹	\$20 ¹	\$20 ¹	\$20 ¹	\$30	
CSEA	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
District Council 37	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
Management / Confidential	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
NYS Retirees	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
NYSCOPBA	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
Participating Agencies – The Empire Plan <small>(primarily local governments)</small>	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
Participating Employers <small>(primarily public authorities)</small>	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
PBA – Supervisors	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
PBA – Troopers	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
PEF	Flexible Formulary	\$20 ¹	\$20 ¹	\$20 ¹	\$20 ¹	\$30	
PIA <small>(NYS Police Investigators Unit)</small>	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
Unified Court System – COBANC	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
Unified Court System – All Others	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
UUP (Including Lifeguards)	Advanced Flexible Formulary	\$25 ¹	\$25 ¹	\$30 ¹	\$30 ¹	\$50	
The Excelsior Plan <small>(primarily local governments)</small>	The Excelsior Plan Drug List	\$35 ²	\$35 ² (\$80 ²)	\$40 ²	\$40 ² (\$80 ²)	\$95	
Student Employee Health Plan (SEHP)	Flexible Formulary	\$10 ³		\$10 ³		\$10	

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 (PPACA), also known as Federal Health Care Reform. These services are summarized on the 2021 EMPIRE PLAN PREVENTIVE CARE COVERAGE GUIDE. Additional information regarding Preventive Care Services can be found at: UHCprovider.com → Policies and Protocols → Commercial Policies → Medical & Drug Policies and Coverage Determination Guidelines → Preventive Care Services

+ 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. Copayment increases to \$80 if visit includes Diagnostic Radiology and Imaging Services subject to Prospective Procedure Review (MRI, MRA, CT, PET, Nuclear Medicine Tests).
 3 – Maximum of 1 copayment per service date.