

Prescription Drugs: Empire Plan Copayment Chart Effective October 1, 2011 (For Retirees of New York State Agencies (NY) Only)

The copayment amount depends on the drug and quantity prescribed and where the prescription is filled. See the chart below.

Supply Dispensed	Level 1 or Most Generic Drugs	Level 2, Preferred Brand-Name or Compound Drugs	Level 3 or Non-Preferred Brand-Name Drugs
Up to a 30-day supply from a Network Pharmacy, the Mail Service Pharmacy or the designated Specialty Pharmacy	\$5 copayment	\$25 copayment	\$45 copayment
31—90-day supply from a Network Pharmacy	\$10 copayment	\$50 copayment	\$90 copayment
31—90-day supply through the Mail Service Pharmacy or the designated Specialty Pharmacy	\$5 copayment	\$50 copayment	\$90 copayment

Call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) and select "The Empire Plan Prescription Drug Program" to speak to a Medco registered pharmacist 24 hours a day, seven days a week