

ATTACHMENT 27



Department of  
Civil Service

DCS / NYSIF Prescription Drug Program Copayment Matrix  
RFP entitled: "Pharmacy Benefit Services for The Empire Plan,  
Excelsior Plan, Student Employee Health Plan, and NYS Insurance  
Fund Workers' Compensation Prescription Drug Programs"

Plan Name	Type of Drug/Level	COPAYMENTS <sup>(1)</sup>		
		Up to a 30-Day Supply from a Network Pharmacy, Mail Service Pharmacy, or Specialty Pharmacy	31-90-Day Supply from a Network Pharmacy	31- to 90-Day Supply through the Mail Service Pharmacy or Specialty Pharmacy
<b>Empire Plan - Flexible Formulary</b>	Level 1: Generic	\$5	\$10	\$5
	Level 2: Preferred Brand	\$25	\$50	\$50
	Level 3: Non-Preferred Brand	\$45	\$90	\$90
<b>Empire Plan - Advanced Flexible Formulary</b>	Level 1: Generic	\$5	\$10	\$5
	Level 2: Preferred Brand	\$30	\$60	\$55
	Level 3: Non-Preferred Brand	\$60	\$120	\$110
<b>Student Employee Health Plan (SEHP)</b>	Level 1: Generic	\$5	N/A	\$5
	Level 2: Preferred Brand	\$25	N/A	\$50
	Level 3: Non-Preferred Brand	\$45 <sup>(2)</sup>	N/A	\$90
<b>Excelsior Plan</b> (Formulary Follows Carrier's Book of Business, if allowed under Frozen Formulary Law)	Level 1: Generic	\$10	\$30	\$25
	Level 2: Preferred Brand	\$45	\$100	\$100
	Level 3: Non-Preferred Brand	\$85	\$200	\$200
<b>NYSIF Worker's Compensation Program</b> (Workers' Compensation Formulary)	All Covered Drugs <sup>(3)</sup>	\$0	\$0	\$0

**NOTES:**

(1) Copays are subject to change based on collective bargaining agreements.

(2) At certain SUNY Campus Student Health Centers, SUNY SEHP enrollees and/or their enrolled dependents are able to fill prescriptions for a \$7 copayment for up to a 30-day supply. See your Health Benefits Administrator for more information. (This does not apply to CUNY SEHP enrollees.)

(3) Mandatory generic substitution rules do not apply.