New York State Department of Civil Service and the New York State Insurance Fund's

"PHARMACY BENEFIT SERVICES for THE EMPIRE PLAN, EXCELSIOR PLAN, STUDENT EMPLOYEE HEALTH PLAN, and NEW YORK STATE INSURANCE FUND WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAMS RFP"

Question Number	RFP Page #	Section and Sub-Section Reference	Question
<b> </b>			

## **Questions Template**

Offerors are requested to use the Question Template table above in submitting questions. Offerors' questions must be submitted to the Pharmacy Benefit Services Procurement Manager at the address specified in Section II.A.6 of this RFP, with an electronic copy of the Offeror's questions sent to the Pharmacy Benefit Services Procurement Manager's attention at: **2014RxBenefitRFP@cs.state.ny.us**