

Exhibit I.A Proposal Submission Requirement Checklist

Please indicate by checkmark that your Proposal meets **each** of the following submission requirements:

- ___ **1. TIMELY SUBMISSION:** Proposal submitted to assure receipt by the Procuring Agencies no later than 3:00 p.m. ET on the Proposal Due Date as indicated in RFP Section II.A.1.
- ___ **2. FORMATTING REQUIREMENTS:** The Offeror's Proposal must be organized in three parts: Administrative Proposal; Technical Proposal and Cost Proposal and each part must each comply with the formatting requirements stated in Section II.A.7.a and II.A.7.b of this RFP.
- ___ a. Sixteen (16) separately bound hardcopies – **four (4) Originals each of the Administrative Proposal, Technical Proposal and Cost Proposal** containing original documents (i.e., original signatures, no photocopies) and marked and numbered (i.e., "ORIGINAL #1," "ORIGINAL #2," etc.), **twelve (12) copies of each Administrative Proposal, Technical Proposal and Cost Proposal** marked and numbered (i.e., "COPY #1," "COPY #2," etc.) and a separate CD for the Administrative, Technical and Cost Proposal.
- ___ b. Proposals must be prepared in Adobe Acrobat, as applicable.
- ___ c. Each Administrative, Technical and Cost Proposal must be separately bound and externally labeled with "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan and New York State Workers' Compensation Prescription Drug Programs" and Offeror's name(s). (No cost information [i.e., \$ quotes] can be referenced in the Administrative or Technical Proposal.
- ___ d. Table of Contents
- ___ e. Index Tabs
- ___ f. Pagination
- ___ g. Updates/Corrections
- ___ h. Required Content of Proposals - The Proposal shall consist of three parts: the Administrative Proposal must contain the documentation required in Section III of this RFP. The Technical Proposal must be responsive to the programmatic duties and responsibilities set forth in Section IV of this RFP. The Cost Proposal must demonstrate a commitment to perform all programmatic duties and responsibilities in accordance with Section V of this RFP.
- ___ **3. REQUIRED CONTENT OF THE ADMINISTRATIVE PROPOSAL:** The Administrative Proposal must contain the following information, in the order enumerated below:
- ___ A. **Formal Offeror Letter:** The Offeror must submit a formal offer in the form of the "Formal Offer Letter" as set forth in RFP, Exhibit I.S in accordance with the requirements set forth in RFP, Section III.A
- ___ B. **Minimum Mandatory Requirements:** The Offeror must submit a completed Exhibit I.T "Offeror Attestations Form" containing the representations and warranties set forth therein.
- ___ C. **Exhibits:** The Offeror must complete and submit the Exhibits specified in Section III.C as follows:
- ___ Exhibit I.A Proposal Submission Requirement Checklist
- ___ Exhibit I.C Freedom of Information Law – Request for Redaction Chart
- ___ Exhibit I.D MacBride Statement and Non-Collusive Bidding Certification

Exhibit I.A Proposal Submission Requirement Checklist

- ___ Exhibit I.G. (A) DCS - EEO Staffing Plan (form EEO-100)
- ___ Exhibit I.G. (B) NYSIF - EEO Staffing Plan (form EEO-100)
- ___ Exhibit I.I New York State Standard Vendor Responsibility Questionnaire
- ___ Exhibit I.K Offeror's Affirmation of Understanding & Agreement
- ___ Exhibit I.M Compliance with Public Officers Law Requirements
- ___ Exhibit I.N Compliance with Americans with Disabilities Act
- ___ Exhibit I.O. (A) DCS - MWBE Utilization Plan (form MWBE-100)
- ___ Exhibit I.O. (B) NYSIF - MWBE Utilization Plan (form MWBE-100)
- ___ Exhibit I.P Offeror's Certification of Compliance Pursuant to State Finance Law §139-k
- ___ Exhibit I.Q. (A) DCS – Certification of Good Faith Efforts (form MWBE-104)
- ___ Exhibit I.Q. (B) NYSIF – Certification of Good Faith Efforts (form MWBE-104)
- ___ Exhibit I.S Formal Offer Letter
- ___ Exhibit I.T Offeror Attestations Form
- ___ Exhibit I.U Key Subcontractors
- ___ Exhibit I.V Program References
- ___ Exhibit I.Y.1 Participation/Non-Participation Status of Certain Chain Pharmacies
- ___ Exhibit I.Y.3 Offeror's Proposed Retail Pharmacy Network File
- ___ Exhibit I.Y.4 Offeror's Proposed Retail Pharmacy Network Access Prerequisite Worksheet
- ___ Exhibit I.Z, Confidentiality Agreement and Certificate of Non-Disclosure

___D. **Key Subcontractors:** The Offeror must provide a statement identifying all Key Subcontractors, if any, that the Offeror will be contracting with to provide Prescription Drug Program services and must, for each such Key Subcontractor identified, complete and submit **Exhibit I.U "Key Subcontractors"**:

1. provide a brief description of the services to be provided by the Key Subcontractor; and
2. provide a description of any current relationships with such Key Subcontractor and the clients/projects that the Offeror and Key Subcontractor are currently servicing under a formal legal agreement or arrangement, the date when such services began and the status of the project.

The Offeror must indicate whether or not, as of the date of the Offeror's Proposal, a subcontract has been executed between the Offeror and the Key Subcontractor for services to be provided by the Key Subcontractor relating to this RFP. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide Prescription Drug Program services, the Offeror must provide a statement to that effect.

Exhibit I.A Proposal Submission Requirement Checklist

- ___E. **Reference Checks:** The Offeror must provide four (4) references of current clients and one reference of a former client(s) for whom the Offeror has supplied prescription drug services similar to those describe in this RFP. The number of covered lives covered by the Offeror for each referenced client must be at least 100,000. For each client reference provided, the Offeror must complete and submit **Exhibit I.V "Program References."** The Offeror shall be solely responsible for providing contact names, e-mail addresses and phone numbers of client references who are readily available to be contacted by the State.
- ___F. **Financial Statements:** The Offeror must provide a copy of the Offeror's last issued GAAP annual audited financial statement. A complete set of statements, not just excerpts, must be provided. Additionally, for each Key Subcontractor, if any, that provides any of the Prescription Drug Program services; provide the most recent GAAP annual audited statement. If the Offeror, or a Key Subcontractor, is a privately held business and is unwilling to provide copies of their GAAP annual audited financial statements as part of their Proposal, the Offeror/Key Subcontractor must make arrangements for the procurement evaluation team to review the financial statements.

NOTE: If financial statements have not been prepared and/or audited, the Offeror must provide the following as part of its Administrative Proposal a letter from a bank reference attesting to the Offeror's financial viability and creditworthiness. (Note: for purposes of this reference, the Offeror may not give as a reference, a parent or subsidiary company, a partner or an affiliate organization. For the purpose of this requirement, "affiliate" means an organization which, through stock ownership or any other affiliation, directly, indirectly, or constructively controls another organization, is controlled by another organization, or is, along with another organization, under the control of a common parent.) The letter must include the bank's name, address, contact person name and telephone number and it must address, at a minimum, the following items:

1. a brief description of the business relationship between the parties (i.e., the Offeror and the bank), including the duration of the relationship and the Offeror's current standing with the bank. For example: "*The Offeror is currently and has been for "x" number of years a client in good standing.*";
2. a description of any ownership/partner relationship that may exist between the parties, if any. (Note: One party cannot be the parent, partner or subsidiary of the other, nor can one party be an affiliate of the other.); and,
3. any other facts or conclusions the bank may deem relevant to the State in regard to the bank's assessment of the Offeror's financial viability and creditworthiness concerning the nature and scope of the Project Services, which are the subject matter of this RFP, and the parties (i.e., DCS or NYSIF and the Offeror) contractual obligations should it be awarded the resultant contract(s).

Exhibit I.A Proposal Submission Requirement Checklist

 G. **Financial Protections and Transparency:** For the purpose of determining Offeror responsibility, the Offeror must participate in a responsibility determination that will include an assessment of the Offeror’s financial protections and transparency. This process will examine the Offeror’s proposal and business model to assess the extent to which the financial interests of the Programs and the Offeror are aligned. It is the goal of the Procuring Agencies to select an Offeror that provides clinically sound Program Services in a manner that aligns the financial interests of the Programs and the Offeror. The Procuring Agencies expect a commitment to full transparency which provides a level of confidence otherwise not present as undisclosed agreements with manufacturers and/or pharmacies can create real or perceived conflicts between the interests of the Programs and the Offeror. The receipt of revenue or other non-revenue considerations not related to the Programs’ utilization from pharmaceutical manufacturers or other entities involved in the provision of drugs to Programs’ Enrollees is not a disqualifying factor, provided the Offeror’s business model protects the clinical and financial interests of the Programs and eliminates real or perceived conflicts of interests. Detailed disclosure of such relationships is necessary to fully evaluate the value of the Offeror’s Proposal, both for 2014 and for the remaining years of the agreement resulting from this RFP.

 4. **REQUIRED CONTENT OF THE TECHNICAL PROPOSAL:** The Technical Proposal must be responsive to the duties and responsibilities and submission requirements set forth in Section IV of this RFP and it must contain the following information, in accordance with the submissions associated requirements, and in the order enumerated below:

 A. **Program Administration**

- 1. Executive Summary
- 2. General Qualifications of the Offeror

 B. **DCS and NYSIF Prescription Drug Program Services**

- 1. Account Team
- 2. Premium Development Services(Exclusive to DCS)
- 3. Implementation
- 4. Customer Service
- 5. Medicare Part D-Employer Group Waiver Plan PDP (Exclusive to DCS)
- 6. Enrollee Communication Support
- 7. Enrollment Management
- 8. Reporting
- 9. Consulting
- 10. Transition and Termination of Agreements
- 11. Network Management
- 12. Claims Processing
- 13. Retrospective Coordination of Benefits(Exclusive to DCS)
- 14. Utilization Management
- 15. Clinical Management/Drug Utilization Review (DUR)
- 16. Preferred Drug List Development and Management

Exhibit I.A Proposal Submission Requirement Checklist

- ___ **5. REQUIRED CONTENT OF THE COST PROPOSAL:** The Offeror's Cost Proposal must demonstrate that it will execute the duties and responsibilities set forth in Section V of this RFP and it must contain the following cost exhibits in strict accordance with the directions set forth in this RFP:
- ___ Exhibit V.A Offeror's Proposed Claim Reimbursement Quotes
 - ___ Exhibit V.B. Re-pricing Instructions for Exhibit V.B.2 entitled "Offeror's Re-Priced Claims Files" to be submitted in Support of the Offeror's Proposed Claim Reimbursement Quotes
 - ___ Exhibit V.B.1 Layout Specifications for Exhibit V.B.2 entitled "Offeror's Re-Priced Claims Files to be submitted in Support of the Offeror's Proposed Claim Reimbursement Quotes
 - ___ Exhibit V.B.2 Offeror's Re-priced Claim File
 - ___ Exhibit V.C Retail and Mail Service Generic Drugs – MAC List Costs Per GPI (for Offerors proposing to use **Medi-Span** as the claims adjudication platform)
 - ___ Exhibit V.C.1 Retail and Mail Service Generic Drugs – MAC List Costs Per GCN (for Offerors proposing to use **First Data Bank** as the claims adjudication platform)
 - ___ Exhibit V.D Specialty Pharmacy Program Dispensing Fee
 - ___ Exhibit V.E Pharma Revenue Guarantee Quote
 - ___ Exhibit V.E.1 Documentation to Support Pharma Revenue Guarantee Quote
 - ___ Exhibit V.F Claims Administration Fee Quote

Supplemental Information:

The FOIL-related materials described herein which the Offeror is requested to provide per RFP, Section II.B.8 will not be considered part of the Offeror's Proposal and will not be reviewed as a part of the Procurement's evaluation process. Notwithstanding this they have been identified in this Checklist as a reminder to Offerors of the need to provide the requested items.

- ___ **6. REQUESTED REDACTIONS CD and HARD COPY:**
At the time of Proposal submission the Offeror is requested to submit:

- ___ A. Separately bound hardcopy of the Administrative Proposal, Technical Proposal, and Cost Proposal with each specific item requested to be protected from FOIL disclosure by highlighting in yellow.
- ___ B. Electronic copy (on CD in Adobe Acrobat format) of the complete Proposal noting each the specific item requested to be protected from FOIL which contains no more than three pdf files; one for each part of the Proposal (Administrative Proposal, Technical Proposal, and Cost Proposal).

Exhibit I.B BIOGRAPHICAL SKETCH FORM

INSTRUCTION: Prepare this form for each key staff individual, including subcontractor provided key staff, if any.

Name: _____

Job Title: _____

Relationship to Project: _____

EDUCATION

<u>Institution & Location</u>	<u>Degree</u>	<u>Year Conferred</u>	<u>Discipline</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL EMPLOYMENT (Start with most recent.)

<u>Dates From - To</u>	<u>Employer</u>	<u>Title</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROFESSIONAL EXPERIENCE (Significant experience/education relevant to program)

Exhibit I.C Freedom of Information Law – Request for Redaction Chart

 (Name of Company)

Proposal Dated _____

In Response to the Procuring Agencies Request for Proposals entitled
PHARMACY BENEFIT SERVICES for THE EMPIRE PLAN, EXCELSIOR PLAN, STUDENT EMPLOYEE HEALTH PLAN, and NEW YORK STATE INSURANCE FUND WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAMS.

- Offeror asserts that the information noted in the table below constitutes proprietary and/or trade secret information and desires that such information not be disclosed if requested pursuant to the New York State Freedom of Information Law, Article 6 of the Public Officers Law.
- Offeror makes NO assertion that any information in its Proposal, in whole or in part, should be protected from FOIL disclosure.

Administrative Proposal:		
Requested Redaction Page #'s and Proposal Sections	Description	Offeror Rationale for Proposed Redaction
<i>Insert rows above as necessary</i>		
Technical Proposal:		
Requested Redaction Page #'s and Proposal Sections	Description	Offeror Rationale for Proposed Redaction
<i>Insert rows above as necessary</i>		
Cost Proposal:		
Requested Redaction Page #'s and Proposal Sections	Description	Offeror Rationale for Proposed Redaction
<i>Insert rows above as necessary</i>		

REDACTION CHART

Please provide specific justification for each item for which you seek protection from FOIL disclosure. An appropriate justification may any one or more of the following considerations by which to demonstrate reasonably whether the item for which you seek protection may be excepted from disclosure:

- a) the confidential nature of the specific item, including a description of the nature and extent of the injury to the Offeror's competitive position, such as unfair economic or competitive damage, which would be incurred were the information/record to be disclosed;
- b) whether the specific information/record is treated as confidential by the Offeror, including whether it ever has been made available to any person or entity;
- c) whether any patent, copyright, or similar legal protection exists for the specific item of information;
- d) whether the public disclosure of the information/record is otherwise restricted by law, and the specific source and content of such restriction;
- e) the date upon which the information/record no longer will need to be kept confidential, if applicable;
- f) whether the item of information is known by anyone outside the Offeror's business or organization;
- g) the extent to which the information is known by Offeror's employees and others involved in the Offeror's business;
- h) the value of the specific information/record to the Offeror and to its competitors;
- i) the amount of effort or money expended by the Offeror in developing the information/record; and
- j) the ease or difficulty with which the information could be properly acquired or duplicated (not merely copied) for use by others.



New York State Department of Taxation and Finance

Contractor Certification to Covered Agency
 (Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-CA
 (6/06)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a* (see *Need Help? on back*).

Contractor name		For covered agency use only Contract number or description	
Contractor's principal place of business	City	State	ZIP code
Contractor's mailing address (if different than above)		Estimated contract value over the full term of contract (but not including renewals)	
Contractor's federal employer identification number (EIN)	Contractor's sales tax ID number (if different from contractor's EIN)		\$
Contractor's telephone number	Covered agency name		
Covered agency address		Covered agency telephone number	

I, _____, hereby affirm, under penalty of perjury, that I am _____

(name)

(title)

of the above-named contractor, that I am authorized to make this certification on behalf of such contractor, and I further certify that:

(Mark an X in only one box)

- The contractor has filed Form ST-220-TD with the Department of Taxation and Finance in connection with this contract and, to the best of contractor's knowledge, the information provided on the Form ST-220-TD, is correct and complete.
- The contractor has previously filed Form ST-220-TD with the Tax Department in connection with _____
 (insert contract number or description)
 and, to the best of the contractor's knowledge, the information provided on that previously filed Form ST-220-TD, is correct and complete as of the current date, and thus the contractor is not required to file a new Form ST-220-TD at this time.

Sworn to this ____ day of _____, 20 ____

 (sign before a notary public)

 (title)

Instructions

General information

Tax Law section 5-a was amended, effective April 26, 2006. On or after that date, in all cases where a contract is subject to Tax Law section 5-a, a contractor must file (1) Form ST-220-CA, *Contractor Certification to Covered Agency*, with a covered agency, and (2) Form ST-220-TD with the Tax Department before a contract may take effect. The circumstances when a contract is subject to section 5-a are listed in Publication 223, Q&A 3. This publication is available on our Web site, by fax, or by mail. (See *Need help?* for more information on how to obtain this publication.) In addition, a contractor must file a new Form ST-220-CA with a covered agency before an existing contract with such agency may be renewed.

If you have questions, please call our information center at 1 800 698-2931.

Note: Form ST-220-CA must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 2 of this form must be completed before a notary public.

When to complete this form

As set forth in Publication 223, a contract is subject to section 5-a, and you must make the required certification(s), if:

- i. The procuring entity is a *covered agency* within the meaning of the statute (see Publication 223, Q&A 5);
- ii. The contractor is a *contractor* within the meaning of the statute (see Publication 223, Q&A 6); and
- iii. The contract is a *contract* within the meaning of the statute. This is the case when it (a) has a value in excess of \$100,000 and (b) is a contract for *commodities or services*, as such terms are defined for purposes of the statute (see Publication 223, Q&A 8 and 9).

Furthermore, the procuring entity must have begun the solicitation to purchase on or after January 1, 2005, and the resulting contract must have been awarded, amended, extended, renewed, or assigned on or after April 26, 2006 (the effective date of the section 5-a amendments).

Individual, Corporation, Partnership, or LLC Acknowledgment

STATE OF }
: SS.:
COUNTY OF }

On the ___ day of _____ in the year 20___, before me personally appeared _____,
known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that
_he resides at _____,
Town of _____,
County of _____,
State of _____; and further that:

[Mark an X in the appropriate box and complete the accompanying statement.]

- (If an individual): _he executed the foregoing instrument in his/her name and on his/her own behalf.
(If a corporation): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.
(If a partnership): _he is a _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said partnership as the act and deed of said partnership.
(If a limited liability company): _he is a duly authorized member of _____, LLC, the limited liability company described in said instrument; that _he is authorized to execute the foregoing instrument on behalf of the limited liability company for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said limited liability company as the act and deed of said limited liability company.

Notary Public
Registration No.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).
This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.
Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.
Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.
This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Need help?
Internet access: www.nystax.gov (for information, forms, and publications)
Fax-on-demand forms: 1 800 749-3676
Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday. 1 800 698-2931
To order forms and publications: 1 800 462-8100
From areas outside the U.S. and outside Canada: (518) 485-6800
Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110
Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.



Contractor Certification

(Pursuant to Section 5-a of the Tax Law, as amended, effective April 26, 2006)

ST-220-TD

(5/07)

For information, consult Publication 223, *Questions and Answers Concerning Tax Law Section 5-a (see Need help? below)*.

Contractor name				
Contractor's principal place of business		City	State	ZIP code
Contractor's mailing address (if different than above)				
Contractor's federal employer identification number (EIN)		Contractor's sales tax ID number (if different from contractor's EIN)		Contractor's telephone number ()
Covered agency or state agency	Contract number or description		Estimated contract value over the full term of contract (but not including renewals) \$	
Covered agency address			Covered agency telephone number	

General information

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded certain state contracts valued at more than \$100,000 to certify to the Tax Department that they are registered to collect New York State and local sales and compensating use taxes, if they made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000, measured over a specified period. In addition, contractors must certify to the Tax Department that each affiliate and subcontractor exceeding such sales threshold during a specified period is registered to collect New York State and local sales and compensating use taxes. Contractors must also file a Form ST-220-CA, certifying to the procuring state entity that they filed Form ST-220-TD with the Tax Department and that the information contained on Form ST-220-TD is correct and complete as of the date they file Form ST-220-CA.

All sections must be completed including all fields on the top of this page, all sections on page 2, Schedule A on page 3, if applicable, and Individual, Corporation, Partnership, or LLC Acknowledgement on page 4. If you do not complete these areas, the form will be returned to you for completion.

For more detailed information regarding this form and section 5-a of the Tax Law, see Publication 223, *Questions and Answers Concerning Tax Law Section 5-a, (as amended, effective April 26, 2006)*, available at www.nystax.gov. Information is also available by calling the Tax Department's Contractor Information Center at 1 800 698-2931.

Note: Form ST-220-TD must be signed by a person authorized to make the certification on behalf of the contractor, and the acknowledgement on page 4 of this form must be completed before a notary public.

Mail completed form to:

**NYS TAX DEPARTMENT
DATA ENTRY SECTION
W A HARRIMAN CAMPUS
ALBANY NY 12227**

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227.

Need help?



Internet access: www.nystax.gov
(for information, forms, and publications)



Fax-on-demand forms: 1 800 748-3676



Telephone assistance is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications: 1 800 462-8100

Sales Tax Information Center: 1 800 698-2909

From areas outside the U.S. and outside Canada: (518) 485-6800

Hearing and speech impaired (telecommunications device for the deaf (TDD) callers only): 1 800 634-2110



Persons with disabilities: In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call 1 800 972-1233.

I, _____, hereby affirm, under penalty of perjury, that I am _____
(name) *(title)*
of the above-named contractor, and that I am authorized to make this certification on behalf of such contractor.

Complete Sections 1, 2, and 3 below. Make only one entry in each section.

Section 1 — Contractor registration status

- The contractor has made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made. The contractor is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law, and is listed on Schedule A of this certification.
- The contractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 2 — Affiliate registration status

- The contractor does not have any affiliates.
- To the best of the contractor's knowledge, the contractor has one or more affiliates having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each affiliate exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more affiliates, and each affiliate has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Section 3 — Subcontractor registration status

- The contractor does not have any subcontractors.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors having made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made, and each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters is registered to collect New York State and local sales and compensating use taxes with the Commissioner of Taxation and Finance pursuant to sections 1134 and 1253 of the Tax Law. The contractor has listed each subcontractor exceeding the \$300,000 cumulative sales threshold during such quarters on Schedule A of this certification.
- To the best of the contractor's knowledge, the contractor has one or more subcontractors, and each subcontractor has not made sales delivered by any means to locations within New York State of tangible personal property or taxable services having a cumulative value in excess of \$300,000 during the four sales tax quarters which immediately precede the sales tax quarter in which this certification is made.

Sworn to this ____ day of _____, 20 ____

(sign before a notary public)

(title)



State of New York
 Department of Civil Service
 Alfred E. Smith State Office Building
 Albany, NY 12239

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

OFFICE OF FINANCIAL ADMINISTRATION

EEO-100 (9/2011)

Solicitation No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report includes: <input type="checkbox"/> Contractor's work force to be utilized on this contract <input type="checkbox"/> Contractor's total work force <input type="checkbox"/> Subcontractor's work force to be utilized on this contract <input type="checkbox"/> Subcontractor's total work force
Contractor/Subcontractor's Name:		
Contractor/Subcontractor's Address:		
FEIN:		

Enter the total number of employees in each classification in each of the EEO-Job Categories identified.

EEO Job Categories	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification														
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		American Indian or Alaskan Native (M) (F)		Disabled Individual (M) (F)		Veteran (M) (F)		
Executive/Senior level Officials & Managers																		
First/Mid level officials & Managers																		
Professionals																		
Technicians																		
Sales Workers																		
Administrative Support Workers																		
Craft Workers																		
Operatives																		
Laborers and Helpers																		
Service Workers																		
Totals																		

PREPARED BY (Signature):	TELEPHONE NO.:	DATE:
	EMAIL ADDRESS:	
NAME AND TITLE OF PREPARER (Print or Type):		



State of New York
Department of Civil Service
Alfred E. Smith State Office Building
Albany, NY 12239

EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

OFFICE OF FINANCIAL ADMINISTRATION

EEO-100 (9/2011)

Page 2 of 2

General Instructions: All Offerors must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's total work force, the Offeror shall complete this form for the contractor's total work force. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor must complete this form upon request of the Department.

Instructions for completing:

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror (contractor).
2. Check off the appropriate box to indicate if the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the contractor's/subcontractor's work force being reported is just for the contract or the total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading "Work force by Gender."
6. Break down the total work force by race/ethnic background and enter under the heading "Work force by Race/Ethnic Identification."
7. Enter information on any disabled or veteran employees included in the work force under the appropriate heading.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE: (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK: A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC: A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN & PACIFIC ISLANDER: A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE (Not of Hispanic Origin): A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

DISABLED INDIVIDUAL - any person who:

- has a physical or mental impairment that substantially limits one or more major life activity
- has a record of such an impairment; or
- is regarded as having such an impairment.

VIETNAM ERA VETERAN: A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

NEW YORK STATE INSURANCE FUND EQUAL EMPLOYMENT OPPORTUNITY STAFFING PLAN

Solicitation No.:	Reporting Entity: <input type="checkbox"/> Contractor <input type="checkbox"/> Subcontractor	Report includes Contractor's <input type="checkbox"/> Contractor's work force to be utilized on this contract <input type="checkbox"/> Contractor's total work force <input type="checkbox"/> Subcontractor's work force to be utilized on this contract <input type="checkbox"/> Subcontractor's total work force
Contractor/Subcontractor's Name:		
Contractor/Subcontractor's Address:		
FEIN:		

Enter the total number of employees for each classification in each of the EEO-Job Categories identified.

EEO Job Category	Total Work Force	Work force by Gender		Work force by Race/Ethnic Identification															
		Total Male (M)	Total Female (F)	White (M) (F)		Black (M) (F)		Hispanic (M) (F)		Asian (M) (F)		American Indian or Alaskan Native (M) (F)		Disabled Individual (M) (F)		Veteran (M) (F)			
Executive/Senior level Officials & Managers																			
First/Mid level officials & Managers																			
Professionals																			
Technicians																			
Sales Workers																			

Administrative Support Workers																	
Craft Workers																	
Operatives																	
Laborers and Helpers																	
Service Workers																	
Totals																	
PREPARED BY (Signature):									TELEPHONE NO.:						DATE:		
									EMAIL ADDRESS:								
NAME AND TITLE OF PREPARER (Print or Type):																	

General instructions: All Offerors must complete an EEO Staffing Plan (EEO 100) and submit it as part of the bid or proposal package. Where the work force to be utilized in the performance of the State contract can be separated out from the contractor's total work force, the Offeror shall complete this form only for the anticipated work force to be utilized on the State contract. Where the work force to be utilized in the performance of the State contract cannot be separated out from the contractor's total work force, the Offeror shall complete this form for the contractor's total work force. Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work") except where the Work is for the beneficial use of the Contractor must complete this form upon request of NYSIF.

Instructions for completing:

1. Enter the Solicitation Number that this report applies to along with the name and address of the Offeror (Contractor).
2. Check off the appropriate box to indicate if the Offeror completing the report is the contractor or a subcontractor.
3. Check off the appropriate box to indicate if the work force being reported is just for the contract or the Offerors' total work force.
4. Enter the total work force by EEO job category.
5. Break down the total work force by gender and enter under the heading "Work force by Gender."
6. Break down the total work force by race/ethnic background and enter under the heading "Work force by Race/Ethnic Identification."
7. Enter the information on any disabled or veteran employees included in the work force under the appropriate heading.
8. Enter the name, title, phone number and email address for the person completing the form. Sign and date the form in the designated boxes.

RACE/ETHNIC IDENTIFICATION

Race/ethnic designations as used by the Equal Employment Opportunity Commission do not denote scientific definitions of anthropological origins. For the purposes of this report, an employee may be included in the group to which he or she appears to belong, identifies with, or is regarded in the community as belonging. However, no person should be counted in more than one race/ethnic group. The race/ethnic categories for this survey are:

WHITE - (Not of Hispanic origin) All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

BLACK - A person, not of Hispanic origin, who has origins in any of the black racial groups of the original peoples of Africa.

HISPANIC - A person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN & PACIFIC ISLANDER - A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE (Not of Hispanic Origin) - A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

DISABLED INDIVIDUAL – any person who:

- Has a physical or mental impairment that substantially limits one or more major life activity
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

Vietnam Era VETERAN: A veteran who served at any time between and including January 1, 1963 and May 7, 1975.

NYS Department of Civil Service/New York State Insurance Fund Debriefing Guidelines

NYS State Finance Law §163(9)(c), as amended by Section 3 of Chapter 137 of the Laws of 2008, requires that:

“A state agency shall, upon request, provide a debriefing to any unsuccessful offerer¹ that responded to a request for proposal or an invitation for bids, regarding the reasons that the proposal or bid submitted by the unsuccessful offerer was not selected for an award. The opportunity for an unsuccessful offerer to seek a debriefing shall be stated in the solicitation, which shall provide a reasonable time for requesting a debriefing.”

The Procurement Council Guidelines define “Debriefing” as:

The practice whereby, upon the request of a bidder, the state agency advises such bidder of the reasons why its bid was not selected for an award. It is viewed as a learning process for the bidder to be better prepared to participate in future procurements.

In accordance with the law, the Procuring Agencies shall make a Debriefing available to any entity that submitted a proposal or bid in response to a given solicitation (“Offeror”), including the selected Offeror after notice award is made by the Procuring Agencies. All Offerors shall be given written notice of award, via email with hardcopy to follow.

Timeframes associated with requesting/conducting Debriefings:

Debriefing must be requested by Offerors in writing to the designated individual or email address as set forth in the notice of award.

- Pre-Award Debriefings:

Any Offeror, upon request, will be afforded an opportunity for a pre-award Debriefing at least five business days prior to the date by which any protest must be filed. An Offeror’s failure to timely request a pre-award Debriefing shall not cause an extension of the time period within which a protest must be filed. In those cases where the Offeror fails to make a timely request for a pre-award Debriefing, the Procuring Agencies will schedule the Debriefing as soon after the time the request is made as it deems practicable.

- Post-Award Debriefings:

In the case of requests made by an Offeror(s) for a post-award Debriefing, the request must be received by the Procuring Agencies not more than twenty calendar days after final approval of the contract is received or the date the award is posted on OSC’ website at the address set forth below and the Procuring Agencies will schedule the Debriefing as soon after the time the request is made as it deems practicable.

<http://wwe1.osc.state.ny.us/transparency/contracts/contractsearch.cfm>

¹ For purposes of this policy, the terms Offeror, Offerer and Bidder are understood to have same meaning.

NYS Department of Civil Service/New York State Insurance Fund Debriefing Guidelines

How Debriefings shall be conducted by the Procuring Agencies:

A Debriefing may be requested by any unsuccessful Offeror after a contract award is made regarding the reasons that the proposal or bid submitted by the unsuccessful Offeror was not selected for award. While a Debriefing is typically conducted in person, it may be conducted by video conference, over the phone, or through written summaries, if agreed to by the Offeror.

Since Debriefings are intended to make the procurement process open and transparent and to help the vendor community become more viable competitors for New York State goods and services, when conducting a Debriefing, the Procuring Agencies will, at a minimum, discuss the strengths and weaknesses of the Offeror's proposal and provide information as to the relative rating of the Offeror's proposal in each of the major evaluation categories as provided for in the solicitation document. Typically such a debriefing will include information as to the rating of the Offeror's proposal in both the technical and cost components of the evaluation and an identification of any areas in the proposal deemed deficient. The Procuring Agencies will not provide any documents/materials at a Debriefing as their release is subject to NYS FOIL laws.

During a pre-award Debriefing, the Procuring Agencies:

- will limit the discussion to the reasons why the Offeror's proposal/bid was unsuccessful;
- will not provide information concerning any other Offerors' proposals, including the winning proposal; will not discuss any other aspects of the Procurement Record, including but not limited to the detailed scoring and evaluation criteria as such information is subject to NYS FOIL laws; and
- may, but is not required to, offer general advice and guidance to the Offeror for the Offeror's consideration as regards future bidding opportunities.

During a post-award Debriefing, the Procuring Agencies:

- will provide information as to the reasons why the Offeror's proposal/bid was unsuccessful;
- will provide information concerning the other Offerors' proposals, including the winning proposal, but only in the context of the bid evaluation scoring;
- will not discuss specific details of other Offerors' proposals, including their individual strengths and weakness as such information is subject to NYS FOIL laws
- will not discuss any other aspects of the Procurement Record, including but not limited to the detailed scoring and evaluation criteria as such information is subject to NYS FOIL laws and
- may offer advice and guidance to the Offeror for the Offeror's consideration as regards future bidding opportunities, including those services which were the subject matter of the procurement.

General:

- ✓ The Procuring Agencies will schedule the same amount of time for each Offeror who requests a debriefing.
- ✓ Debriefing will not be scheduled for more than one hour.
- ✓ Debriefings will be held individually with a requesting Offeror.

NYS Department of Civil Service/New York State Insurance Fund Debriefing Guidelines

- ✓ The Procuring Agencies' Designated Agency Contact (i.e., the Procurement Manager) is the sole person authorized to schedule a Debriefing.
- ✓ The Offeror must provide a list of intended attendees prior to the Debriefing, including their titles or relationship to the Offeror and notify the Procuring Agencies if the Offeror is intending to bring legal counsel, so that the Procuring Agencies can notify agency legal counsel.
- ✓ At a minimum at least two agency employees must be present at each Debriefing.
- ✓ Debriefings will not be taped or transcribed by the Procuring Agencies, and Offerors are prohibited from taping the Debriefing.
- ✓ Any discussion of a proposal's strengths and weaknesses will relate to scoring of that bid submission against the RFP requirements, not against a competitor's proposal. The Procuring Agencies will not discuss the relative merits of one Offeror's submission against its competitors as that is not how proposals are evaluated and scored.
- ✓ Requests for copies of documents made by an Offeror at the Debriefing must be handled in accordance with the Procuring Agencies FOIL procedures.

April 2011

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT BUSINESS ENTITY

You have selected the For-Profit Non-Construction questionnaire which may be printed and completed in this format or, for your convenience, may be completed online using the New York State VendRep System.

COMPLETION & CERTIFICATION

The person(s) completing the questionnaire must be knowledgeable about the vendor's business and operations. An owner or officer must certify the questionnaire and the signature must be notarized.

DEFINITIONS

All underlined terms are defined in the "New York State Vendor Responsibility Definitions List," found at <http://www.osc.state.ny.us/vendrep/documents/definitions.pdf>. These terms may not have their ordinary, common or traditional meanings. Each vendor is strongly encouraged to read the respective definitions for any and all underlined terms. By submitting this questionnaire, the vendor agrees to be bound by the terms as defined in the "New York State Vendor Responsibility Definitions List" existing at the time of certification.

RESPONSES

Every question must be answered. Each response must provide all relevant information which can be obtained within the limits of the law. However, information regarding a determination or finding made in error which was subsequently corrected is not required. Individuals and Sole Proprietors may use a Social Security Number but are encouraged to obtain and use a federal Employer Identification Number (EIN).

REPORTING ENTITY

Each vendor must indicate if the questionnaire is filed on behalf of the entire Legal Business Entity or an Organizational Unit within or operating under the authority of the Legal Business Entity and having the same EIN. Generally, the Organizational Unit option may be appropriate for a vendor that meets the definition of "Reporting Entity" but due to the size and complexity of the Legal Business Entity, is best able to provide the required information for the Organizational Unit, while providing more limited information for other parts of the Legal Business Entity and Associated Entities.

ASSOCIATED ENTITY

An Associated Entity is one that owns or controls the Reporting Entity or any entity owned or controlled by the Reporting Entity. However, the term Associated Entity does **not** include "sibling organizations" (i.e., entities owned or controlled by a parent company that owns or controls the Reporting Entity), unless such sibling entity has a direct relationship with or impact on the Reporting Entity.

STRUCTURE OF THE QUESTIONNAIRE

The questionnaire is organized into eleven sections. Section I is to be completed for the Legal Business Entity. Section II requires the vendor to specify the Reporting Entity for the questionnaire. Section III refers to the individuals of the Reporting Entity, while Sections IV-VIII require information about the Reporting Entity. Section IX pertains to any Associated Entities, with one question about their Officials/Owners. Section X relates to disclosure under the Freedom of Information Law (FOIL). Section XI requires an authorized contact for the questionnaire information.

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT BUSINESS ENTITY

I. LEGAL BUSINESS ENTITY INFORMATION			
<u>Legal Business Entity Name*</u>		<u>EIN</u> (Enter 9 digits, without hyphen)	
Address of the <u>Principal Place of Business</u> (street, city, state, zip code)		Telephone ext.	Fax
E-mail		Website	
Additional <u>Legal Business Entity Identities</u> : If applicable, list any other <u>DBA</u> , <u>Trade Name</u> , <u>Former Name</u> , <u>Other Identity</u> , or <u>EIN</u> used in the last five (5) years and the status (active or inactive).			
Type	Name	EIN	Status
1.0 <u>Legal Business Entity Type</u> – Check appropriate box and provide additional information:			
<input type="checkbox"/> <u>Corporation</u> (including <u>PC</u>)		Date of Incorporation	
<input type="checkbox"/> <u>Limited Liability Company</u> (<u>LLC</u> or <u>PLLC</u>)		Date of Organization	
<input type="checkbox"/> <u>Partnership</u> (including <u>LLP</u> , <u>LP</u> or <u>General</u>)		Date of Registration or Establishment	
<input type="checkbox"/> <u>Sole Proprietor</u>		How many years in business?	
<input type="checkbox"/> Other		Date Established	
If Other, explain:			
1.1 Was the <u>Legal Business Entity</u> formed or incorporated in New York State?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If ‘No,’ indicate jurisdiction where <u>Legal Business Entity</u> was formed or incorporated and attach a <u>Certificate of Good Standing</u> from the applicable jurisdiction or provide an explanation if a <u>Certificate of Good Standing</u> is not available.			
<input type="checkbox"/> United States State _____			
<input type="checkbox"/> Other Country _____			
Explain, if not available:			
1.2 Is the <u>Legal Business Entity</u> publicly traded?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” provide <u>CIK Code</u> or Ticker Symbol			
1.3 Does the <u>Legal Business Entity</u> have a <u>DUNS</u> Number?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If “Yes,” Enter <u>DUNS</u> Number			

*All underlined terms are defined in the “New York State Vendor Responsibility Definitions List,” which can be found at <http://www.osc.state.ny.us/vendrep/documents/definitions.pdf>.

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

I. LEGAL BUSINESS ENTITY INFORMATION

1.4 If the <u>Legal Business Entity's Principal Place of Business</u> is not in New York State, does the <u>Legal Business Entity</u> maintain an office in New York State? (Select "N/A," if <u>Principal Place of Business</u> is in New York State.)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
--	--

If "Yes," provide the address and telephone number for one office located in New York State.

1.5 Is the <u>Legal Business Entity</u> a New York State certified <u>Minority-Owned Business Enterprise (MBE)</u> , <u>Women-Owned Business Enterprise (WBE)</u> , <u>New York State Small Business (SB)</u> or a federally certified <u>Disadvantaged Business Enterprise (DBE)</u> ? If "Yes," check all that apply: <input type="checkbox"/> New York State certified <u>Minority-Owned Business Enterprise (MBE)</u> <input type="checkbox"/> New York State certified <u>Women-Owned Business Enterprise (WBE)</u> <input type="checkbox"/> <u>New York State Small Business (SB)</u> <input type="checkbox"/> Federally certified <u>Disadvantaged Business Enterprise (DBE)</u>	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

1.6 Identify Officials and Principal Owners, if applicable. For each person, include name, title and percentage of ownership. Attach additional pages if necessary. If applicable, reference to relevant SEC filing(s) containing the required information is optional.

Name	Title	Percentage Ownership <i>(Enter 0% if not applicable)</i>

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

II. REPORTING ENTITY INFORMATION

The Reporting Entity for this questionnaire is:

Note: Select only one.

Legal Business Entity

Note: If selecting this option, "Reporting Entity" refers to the entire Legal Business Entity for the remainder of the questionnaire. (SKIP THE REMAINDER OF SECTION II AND PROCEED WITH SECTION III.)

Organizational Unit within and operating under the authority of the Legal Business Entity

SEE DEFINITIONS OF "REPORTING ENTITY" AND "ORGANIZATIONAL UNIT" FOR ADDITIONAL INFORMATION ON CRITERIA TO QUALIFY FOR THIS SELECTION.

Note: If selecting this option, "Reporting Entity" refers to the Organizational Unit within the Legal Business Entity for the remainder of the questionnaire. (COMPLETE THE REMAINDER OF SECTION II AND ALL REMAINING SECTIONS OF THIS QUESTIONNAIRE.)

IDENTIFYING INFORMATION

a) Reporting Entity Name

Address of the Primary Place of Business (street, city, state, zip code)

Telephone

ext.

b) Describe the relationship of the Reporting Entity to the Legal Business Entity

c) Attach an organizational chart

d) Does the Reporting Entity have a DUNS Number?

Yes No

If "Yes," enter DUNS Number

e) Identify the designated manager(s) responsible for the business of the Reporting Entity. For each person, include name and title. Attach additional pages if necessary.

Name

Title

NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE FOR-PROFIT BUSINESS ENTITY

INSTRUCTIONS FOR SECTIONS III THROUGH VII

For each "Yes," provide an explanation of the issue(s), relevant dates, the government entity involved, any remedial or corrective action(s) taken and the current status of the issue(s). For each "Other," provide an explanation which provides the basis for not definitively responding "Yes" or "No." Provide the explanation at the end of the section or attach additional sheets with numbered responses, including the Reporting Entity name at the top of any attached pages.

III. LEADERSHIP INTEGRITY WITHIN THE PAST FIVE (5) YEARS, HAS ANY CURRENT OR FORMER REPORTING ENTITY OFFICIAL OR ANY INDIVIDUAL CURRENTLY OR FORMERLY HAVING THE AUTHORITY TO SIGN, EXECUTE OR APPROVE BIDS, PROPOSALS, CONTRACTS OR SUPPORTING DOCUMENTATION ON BEHALF OF THE REPORTING ENTITY	
3.0 <u>Sanctioned</u> relative to any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.1 <u>Suspended, debarred, or disqualified</u> from any <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.2 The subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation for any business-related conduct?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
3.3 Charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other
For each "Yes" or "Other" explain:	

IV. INTEGRITY – CONTRACT BIDDING WITHIN THE PAST FIVE (5) YEARS, HAS THE REPORTING ENTITY:	
4.0 Been <u>suspended</u> or <u>debarred</u> from any <u>government contracting process</u> or been <u>disqualified</u> on any government procurement, permit, license, concession, franchise or lease, including, but not limited to, <u>debarment</u> for a violation of New York State Workers' Compensation or Prevailing Wage laws or New York State Procurement Lobbying Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.1 Been subject to a denial or revocation of a government prequalification?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.2 Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.3 Had a low bid rejected on a <u>government contract</u> for failure to <u>make good faith efforts</u> on any <u>Minority-Owned Business Enterprise, Women-Owned Business Enterprise or Disadvantaged Business Enterprise</u> goal or <u>statutory affirmative action requirements</u> on a previously held contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.4 Agreed to a voluntary exclusion from bidding/contracting with a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.5 Initiated a request to withdraw a bid submitted to a <u>government entity</u> in lieu of responding to an information request or subsequent to a formal request to appear before the <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," explain:	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

V. INTEGRITY – CONTRACT AWARD WITHIN THE PAST FIVE (5) YEARS, HAS THE REPORTING ENTITY:	
5.0 Been <u>suspended</u> , cancelled or <u>terminated for cause</u> on any <u>government contract</u> including, but not limited to, a <u>non-responsibility finding</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1 Been subject to an <u>administrative proceeding</u> or civil action seeking specific performance or restitution in connection with any <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.2 Entered into a formal monitoring agreement as a condition of a contract award from a <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

VI. CERTIFICATIONS/LICENSES WITHIN THE PAST FIVE (5) YEARS, HAS THE REPORTING ENTITY:	
6.0 Had a revocation, <u>suspension</u> or <u>disbarment</u> of any business or professional permit and/or license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.1 Had a denial, decertification, revocation or forfeiture of New York State certification of <u>Minority-Owned Business Enterprise</u> , <u>Women-Owned Business Enterprise</u> or federal certification of <u>Disadvantaged Business Enterprise</u> status for other than a change of ownership?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

VII. LEGAL PROCEEDINGS WITHIN THE PAST FIVE (5) YEARS, HAS THE REPORTING ENTITY:	
7.0 Been the subject of an <u>investigation</u> , whether open or closed, by any <u>government entity</u> for a civil or criminal violation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1 Been the subject of an indictment, grant of immunity, <u>judgment</u> or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2 Received any OSHA citation and Notification of Penalty containing a violation classified as <u>serious or willful</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.3 Had a <u>government entity</u> find a willful prevailing wage or supplemental payment violation or any other willful violation of New York State Labor Law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.4 Entered into a consent order with the New York State Department of Environmental Conservation, or received an enforcement determination by any <u>government entity</u> involving a violation of federal, state or local environmental laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.5 Other than previously disclosed: a) Been subject to fines or penalties imposed by <u>government entities</u> which in the aggregate total \$25,000 or more; or b) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each “Yes,” explain:	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

VIII. FINANCIAL AND ORGANIZATIONAL CAPACITY	
8.0 Within the past five (5) years, has the <u>Reporting Entity</u> received any <u>formal unsatisfactory performance assessment(s)</u> from any <u>government entity</u> on any contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.1 Within the past five (5) years, has the <u>Reporting Entity</u> had any <u>liquidated damages</u> assessed over \$25,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, contracting party involved, the amount assessed and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.2 Within the past five (5) years, have any <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$25,000 been filed against the <u>Reporting Entity</u> which remain undischarged?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien(s)</u> and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.3 In the last seven (7) years, has the <u>Reporting Entity</u> initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the bankruptcy chapter number, the court name and the docket number. Indicate the current status of the proceedings as "Initiated," "Pending" or "Closed." Provide answer below or attach additional sheets with numbered responses.	
8.4 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any tax returns required by <u>federal, state or local tax laws</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the taxing jurisdiction, the type of tax, the liability year(s), the tax liability amount the <u>Reporting Entity</u> failed to file/pay and the current status of the tax liability. Provide answer below or attach additional sheets with numbered responses.	
8.5 During the past three (3) years, has the <u>Reporting Entity</u> failed to file or pay any New York State unemployment insurance returns?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide the years the <u>Reporting Entity</u> failed to file/pay the insurance, explain the situation and any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
8.6 During the past three (3) years, has the <u>Reporting Entity</u> had any <u>government audit(s)</u> completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a) If "Yes," did any audit of the <u>Reporting Entity</u> identify any reported significant deficiencies in internal control, fraud, illegal acts, significant violations of provisions of contract or grant agreements, significant abuse or any <u>material disallowance</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes" to 8.6 a), provide an explanation of the issue(s), relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

IX. ASSOCIATED ENTITIES THIS SECTION PERTAINS TO ANY ENTITY(IES) THAT EITHER CONTROLS OR IS CONTROLLED BY THE REPORTING ENTITY. (SEE DEFINITION OF "ASSOCIATED ENTITY" FOR ADDITIONAL INFORMATION TO COMPLETE THIS	
9.0 Does the <u>Reporting Entity</u> have any <u>Associated Entities</u> ? Note: All questions in this section must be answered if the <u>Reporting Entity</u> is either: – An <u>Organizational Unit</u> ; or – The entire <u>Legal Business Entity</u> which controls, or is controlled by, any other entity(ies). If "No," SKIP THE REMAINDER OF SECTION IX AND PROCEED WITH SECTION X.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.1 Within the past five (5) years, has any <u>Associated Entity Official</u> or <u>Principal Owner</u> been charged with a misdemeanor or felony, indicted, granted immunity, convicted of a crime or subject to a <u>judgment</u> for: a) Any business-related activity; or b) Any crime, whether or not business-related, the underlying conduct of which was related to truthfulness?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), the individual involved, his/her title and role in the <u>Associated Entity</u> , his/her relationship to the <u>Reporting Entity</u> , relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s).	
9.2 Does any <u>Associated Entity</u> have any currently undischarged <u>federal</u> , New York State, New York City or New York local government <u>liens</u> or <u>judgments</u> (not including UCC filings) over \$50,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes," provide an explanation of the issue(s), identify the <u>Associated Entity</u> 's name(s), <u>EIN</u> (s), primary business activity, relationship to the <u>Reporting Entity</u> , relevant dates, the Lien holder or Claimant's name(s), the amount of the <u>lien</u> (s) and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	
9.3 Within the past five (5) years, has any <u>Associated Entity</u> :	
a) Been <u>disqualified</u> , <u>suspended</u> or <u>debarred</u> from any <u>federal</u> , New York State, New York City or other New York local <u>government contracting process</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b) Been denied a contract award or had a bid rejected based upon a <u>non-responsibility finding</u> by any <u>federal</u> , New York State, New York City, or New York local <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c) Been <u>suspended</u> , <u>cancelled</u> or <u>terminated for cause</u> (including for <u>non-responsibility</u>) on any <u>federal</u> , New York State, New York City or New York local <u>government contract</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d) Been the subject of an <u>investigation</u> , whether open or closed, by any <u>federal</u> , New York State, New York City, or New York local <u>government entity</u> for a civil or criminal violation with a penalty in excess of \$500,000?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e) Been the subject of an indictment, grant of immunity, <u>judgment</u> , or conviction (including entering into a plea bargain) for conduct constituting a crime?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f) Been convicted of a criminal offense pursuant to any administrative and/or regulatory action taken by any <u>federal</u> , New York State, New York City, or New York local <u>government entity</u> ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g) Initiated or been the subject of any bankruptcy proceedings, whether or not closed, or is any bankruptcy proceeding pending?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For each "Yes," provide an explanation of the issue(s), identify the <u>Associated Entity</u> 's name(s), <u>EIN</u> (s), primary business activity, relationship to the <u>Reporting Entity</u> , relevant dates, the <u>government entity</u> involved, any remedial or corrective action(s) taken and the current status of the issue(s). Provide answer below or attach additional sheets with numbered responses.	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

X. FREEDOM OF INFORMATION LAW (FOIL)	
10. Indicate whether any information supplied herein is believed to be exempt from disclosure under the Freedom of Information Law (FOIL). Note: A determination of whether such information is exempt from FOIL will be made at the time of any request for disclosure under FOIL.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Indicate the question number(s) and explain the basis for the claim.	

XI. AUTHORIZED CONTACT FOR THIS QUESTIONNAIRE		
Name	Telephone	Fax
	ext.	
Title	Email	

**NEW YORK STATE VENDOR RESPONSIBILITY QUESTIONNAIRE
FOR-PROFIT BUSINESS ENTITY**

Certification

The undersigned: (1) recognizes that this questionnaire is submitted for the express purpose of assisting New York State contracting entities in making responsibility determinations regarding an award of a contract or approval of a subcontract; (2) recognizes that the Office of the State Comptroller (OSC) will rely on information disclosed in the questionnaire in making responsibility determinations and in approving a contract or subcontract; (3) acknowledges that the New York State contracting entities and OSC may, in their discretion, by means which they may choose, verify the truth and accuracy of all statements made herein; and (4) acknowledges that intentional submission of false or misleading information may constitute a misdemeanor or felony under New York State Penal Law, may be punishable by a fine and/or imprisonment under Federal Law, and may result in a finding of non-responsibility, contract suspension or contract termination.

The undersigned certifies that he/she:

- is knowledgeable about the Reporting Entity's business and operations;
- has read and understands all of the questions contained in the questionnaire;
- has not altered the content of the questionnaire in any manner;
- has reviewed and/or supplied full and complete responses to each question;
- to the best of his/her knowledge, information and belief, confirms that the Reporting Entity's responses are true, accurate and complete, including all attachments, if applicable;
- understands that New York State will rely on the information disclosed in the questionnaire when entering into a contract with the Reporting Entity; and
- is under obligation to update the information provided herein to include any material changes to the Reporting Entity's responses at the time of bid/proposal submission through the contract award notification, and may be required to update the information at the request of the New York State contracting entities or OSC prior to the award and/or approval of a contract, or during the term of the contract.

Signature of Owner/Officer _____

Printed Name of Signatory _____

Title _____

Reporting Entity Name _____

Address _____

City, State, Zip _____

Sworn to before me this _____ day of _____ 20 _____ ;

_____ Notary Public

NYS Department of Civil Service
RFP No. 2012RX-1
entitled
"PHARMACY BENEFIT SERVICES for
THE EMPIRE PLAN, EXCELSIOR PLAN,
STUDENT EMPLOYEE HEALTH PLAN, and
NEW YORK STATE INSURANCE FUND
WORKERS' COMPENSATION PRESCRIPTION DRUG PROGRAMS"

Notice of Bidding Intention Form

(Please PRINT Firm's Name Above)

With regard to this RFP, (check one of the following boxes applicable):

- We **ARE INTERESTED & MAY** submit a bid response.
- We **ARE NOT INTERESTED & WILL NOT** be submitting a bid response because:

INTEREST IN M/WBE SUBCONTRACTING POSTING:

(Check box if applicable)

- Our firm is a NYS certified M/WBE interested in a subcontracting opportunity. Please add our firm's contact information, indicated at the top of this Form, to the list of certified M/WBE subcontractors that have expressed interest in this Procurement. The list will be posted on Procuring Agencies' web page for this Procurement. The NYS M/WBE certification documentation for our firm is attached

Name of Contact at Firm

Title

_____/_____/_____
Date

Complete the tables above and submit it to the **Pharmacy Benefit Services** Procurement Manager specified in RFP, § 11.A.2.b. The completed table may be emailed, faxed and/or mailed (see addresses provided in RFP, §11.A.2.b.).

Part 1 of this Attachment 1, as contained on the following page, should be completed by the Offeror and emailed, faxed and/or mailed to the Pharmacy Benefit Services Procurement Manager as set forth in RFP, §II.A.2.b.

Part 2 of this Attachment 1 should, prior to initiating any contact with the Procuring Agencies, be completed for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Procuring Agencies in regards to this Procurement and submit it to the Pharmacy Benefit Services Procurement Manager specified in RFP, §II.A.2.b.

Exhibit I.K. – Part 1

Offeror’s Affirmation of Understanding and Agreement

Instructions:

Pursuant to State Finance Law §§139-j and 139-k, this solicitation imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement’s “Restricted Period” (from the earliest written notice, advertisement or solicitation of a request for proposal, invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in a procurement contract with a governmental entity and ending with the final contract award and approval by the governmental entity and, where applicable, approval by the State Comptroller) to other than designated staff, unless the contact falls within certain statutory exceptions (“permissible contacts”). the Procuring Agencies’ employees are required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror’s responsibility that addresses the Offeror’s compliance with the statutes’ requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding.

Further information about these requirements can be found at:

<http://www.ogs.ny.gov/aboutOGS/regulations/defaultAdvisoryCouncil.html>.

As a prerequisite for participating in this procurement, an Offeror must provide the following Affirmation of Understanding and Agreement to comply with these procurement lobbying restrictions in accordance with State Finance Law §§139-j and 139-k.

Offeror Affirmation and Agreement	
The Offeror affirms that it understands the procurement lobbying requirements set forth in State Finance Law §§139-j and 139-k, and agrees to comply with the Procuring Agencies’ procedures regarding permissible contacts as required thereby.	
Name of Offeror:	<input type="text"/>
By:	<input type="text"/>
	(Signature)
Name:	<input type="text"/>
Title:	<input type="text"/>
Address:	<input type="text"/>
Date:	<input type="text"/>

Exhibit I.K. – Part 2

Offeror Designated Contact	
First Name	
Last Name	
Company Name	
Company Address:	
Street Address	
City	
State	
Zip	
Individual's Business Telephone # (xxx) xxx-xxxx	
Principal Place of Business (1)	
Individual's Occupation	

(1) Enter the location of the individual's Principal Place of Business (e.g. Albany, NY)

Complete the table above for each Offeror officer, employee, agent or consultant retained, employed or designated, by or on behalf of the Offeror to appear before or contact the Procuring Agencies in regards to this Procurement, prior to the individual initiating any contact with the Procuring Agencies, and submit it to the Pharmacy Benefit Services Procurement Manager specified in §II.A.2.b. of the RFP.



State of New York
Department of Civil Service
Albany, NY 12239

ADMINISTRATION DIVISION**Procurement Lobbying Policy: Restrictions
on Contacts During the Procurement Process**

Policy on Restrictions on Contacts During the Procurement Process
Procurement Lobbying, Ch.4, L. 2010 State Finance Law (SFL)
Sections 139-j and 139-k

I. Definitions

For the purpose of this policy as it regards RFP#2012-RX1, the following definitions apply:

"Article of procurement" means a commodity, service, technology, public work, construction, revenue contract, the purchase, sale or lease of real property or an acquisition or granting of other interest in real property, that is the subject of a Procuring Agencies governmental procurement.

"Contacts" means any oral, written, or electronic communication with DCS, NYSIF or any other State governmental entity under circumstances where a reasonable person would infer that the communication was intended to influence the governmental entity's conduct or decision regarding the governmental procurement. However, any communications received by the Procuring Agencies from members of the State legislature or legislative staff, when acting in his or her official capacity, shall not be considered to be a "contact" and shall not be recorded by the Procuring Agencies' staff pursuant to this policy.

"Procurement Contract" means any contract or other agreement, including an amendment, extension, renewal, or change order to an existing contract (other than amendments, extensions, renewals, or change orders that are authorized and payable under the terms of the contract as it was finally awarded or approved by the comptroller, as applicable), for an article of procurement involving an estimated annualized expenditure in excess of \$15,000. Grants, contracts entered into under SFL Article 11-B, and intergovernmental agreements shall not be deemed "procurement contracts" for the purpose of this policy.

"Governmental entity" means: (1) any department, board, bureau, commission, division, office, council, committee or officer of the state, whether permanent or temporary, including DCS and NYSIF; (2) each house of the state legislature; (3) the unified court system; (4) any public authority, public benefit corporation or commission created by or existing pursuant to the public authorities law; (5) any public authority or public benefit corporation, at least one of whose members is appointed by the governor or who serves as a member by virtue of holding a civil office of the state; (6) a municipal agency, as that term is defined

in paragraph (ii) of subdivision (s) of section one-c of the legislative law; (7) a subsidiary or affiliate of such a public authority.

"Offeror" means any individual or entity, or any employee, agent, consultant, or person acting on behalf of such individual or entity, who contacts the Procuring Agencies or any other State governmental entity about a governmental procurement during that procurement's restricted period of such governmental procurement whether or not the caller has a financial interest in the outcome of the procurement; provided, however, that a governmental agency or its employees that communicates with the Procuring Agencies regarding a governmental procurement in the exercise of its oversight duties shall not be considered an Offeror. "Offeror" includes prospective Offerors prior to the due date for the submission of offers/bids in response to the solicitation document.

"Proposal" means any bid, quotation, offer or response to the Procuring Agencies solicitation of submissions relating to procurement.

"Governmental procurement" means:

- a) the public announcement, public notice, or public communication to any potential vendor of a determination of need for a procurement, which shall include, but not be limited to, the public notification of the specifications, , bid documents, request for proposals or evaluation criteria for a procurement contract;
- b) the solicitation for a procurement contract;
- c) the evaluation of a procurement contract;
- d) the award, approval, denial, or disapproval of a procurement contract; or
- e) the approval or denial of an assignment, amendment (other than amendments that are authorized and payable under the terms of the procurement contract as it was finally awarded or approved by the State Comptroller, as applicable), renewal or extension of a procurement contract, or any other material change in the procurement contract resulting in a financial benefit to the Offeror/Contractor.

"Restricted period" means the period of time commencing with the earliest written notice, advertisement or solicitation of a request for proposal, or invitation for bids, or solicitation of proposals, or any other method for soliciting a response from Offerors intending to result in separate procurement contracts with DCS and NYSIF, and ending with the final contract award and approval of DCS and NYSIF and, where applicable, the State Comptroller.

"Revenue contract" means any written agreement between DCS and/or NYSIF and an Offeror whereby DCS and/or NYSIF gives or grants a concession or a franchise.

II. Designated Contacts

For each governmental procurement, the Procuring Agencies shall at the same time that a restricted period is imposed, designate, with regard to each governmental procurement, a person or person(s) who are knowledgeable about the procurement and who may be contacted by Offerors relating to the governmental procurement. Each Offeror who contacts the Procuring Agencies during a procurement's restricted period is permitted to make permissible contacts only the person(s) designated by the Procuring Agencies for that purpose (i.e., Designated Contact). Such contacts must comply with the requirements established by SFL sections 139-j and 139-k, and with the requirements set forth by the Procuring Agencies in the solicitation document.

III. Offeror Affirmation of Understanding and Agreement to Comply

As a threshold requirement to participating in a procurement, the Procuring Agencies shall require each Offeror to provide written affirmation of its understanding of and agreement to comply with the Procuring Agencies' policy and procedures relating to permissible contacts during the governmental procurement's restricted period. Such a written affirmation by an Offeror shall be deemed to apply to any amendments to a procurement submitted by the Procuring Agencies after an initial affirmation is received with an initial bid.

IV. Contact Documentation

Upon any contact during the procurement's restricted period, the Procuring Agencies' staff shall obtain the name, address, telephone number, place of principal employment, and occupation of the person or organization making the contact, and also shall inquire whether the person or organization making the contact was the Offeror or was retained, employed, or designated by or on behalf of the Offeror to appear before or contact the Procuring Agencies about the procurement. All recorded contacts shall be recorded on the appropriate form(s) and included in the procurement record.

V. Non-responsibility Disclosure

The Procuring Agencies' staff shall ensure that all solicitation documents require Offerors to disclose findings of non-responsibility made within the previous four years by any State governmental entity where such prior finding of non-responsibility was due to:

- a) a violation of the procurement lobbying requirements established at SFL section 139-j; or

- b) the intentional provision of false or incomplete information to a government entity.

VI. Non-responsibility Determination

The failure of an Offeror to timely disclose accurate or complete information to the Procuring Agencies regarding the above shall be considered by the Procuring Agencies in their determination of the Offeror's responsibility. No procurement contract shall be awarded to any such Offeror, its subsidiaries, and any related or successor entity with substantially similar function, management, board of directors, officers and shareholders unless the Procuring Agencies find that the award of the contract to that entity is necessary to protect public property or public health or safety, and that the entity is the only source capable of supplying the required article of procurement within the necessary timeframe, provided however, that the Procuring Agencies shall include in the procurement record a statement describing the basis for such finding.

VII. Contractor Certification

A contract award subject to SFL sections 139-j and 139-k shall contain a certification by the successful Offeror that all information provided to the Procuring Agencies with respect to the procurement lobbying requirements established by those sections is complete, true and accurate.

Each contract shall contain a provision authorizing the DCS/NYSIF to terminate such contract in the event such certification is found to be intentionally false or intentionally incomplete. The Procuring Agencies shall include in the procurement record a statement describing the basis for such termination.

Any employee of the Procuring Agencies who becomes aware that an Offeror has made an impermissible contact(s) during the procurement shall immediately notify the DCS Ethics Officer or the DCS Director of Internal Audit. If an Offeror violates these requirements with regard to permissible contacts at a governmental entity other than the DCS or NYSIF, the employee of that entity who becomes aware of the violation shall notify that entity's Ethics Officer, Inspector General, if any, or other official of that entity responsible for reviewing or investigating such matters, who shall in turn notify the DCS Ethics Officer or the DCS Director of Internal Audit.

VIII. DCS Review of Alleged Violations and the Imposition of Sanctions

- a) If the DCS Ethics Officer or the DCS Director of Internal Audit receives notification of an allegation that an Offeror has made an impermissible contact during the procurement's restricted period as described above, the DCS Director of Internal Audit shall immediately investigate such allegation. If the position of Director of Internal Audit is vacant, the

Ethics Officer shall conduct the investigation, or the Commissioner may appoint a designee to investigate the allegation. In no event shall the person conducting the investigation be someone who has participated in the preparation of the solicitation document, the evaluation of Proposals, or the selection decision.

- b) If the investigation indicates that sufficient cause exists to believe that the allegation is true, the Procuring Agencies shall give the Offeror reasonable notice that an investigation is ongoing and an opportunity to be heard in response to the allegation. At the Procuring Agencies' discretion, such opportunity to be heard may be provided by giving the Offeror the opportunity to meet with the DCS and/or NYSIF staff conducting the investigation or by the Offeror's submission of a written statement, or both. The Offeror may, but need not, be represented by counsel during the investigation. Any and all issues concerning the manner in which the investigation process is conducted shall be determined solely by the DCS and/or NYSIF staff conducting the investigation.
- c) If it is found that an Offeror has knowingly and willfully made an impermissible contact in violation of these requirements, then the DCS and/or NYSIF staff making such findings shall report to the President of the Civil Service Commission related instances, if any, of any Procuring Agencies employee's violation of Public Officers Law sections 73(5) and 74.

IX. Sanctions

- a) A finding that an Offeror has knowingly and willfully made an impermissible contact shall result in a determination of non-responsibility for such Offeror. Concomitantly, such Offeror and its subsidiaries, and any related or successor entity with substantially similar function, management, board of directors, officers and shareholders, shall not be awarded the procurement contract, unless the Procuring Agencies find that the award of the procurement contract to that entity is necessary to protect public property or public health or safety, and that the entity is the only source capable of supplying the required article of procurement within the necessary timeframe. If such in the case, the Procuring Agencies shall include in the procurement record a statement describing the basis for such a finding.
- b) Any subsequent determination of an Offeror's non-responsibility due to violation of these requirements within four years of a prior determination of non-responsibility due to a violation of these requirements shall result in the Offeror being rendered ineligible to submit a proposal on or be awarded any procurement contract for a period of four years from the date of the second non-responsibility determination.

X. Model Language For Solicitation Documents

The Procuring Agencies' staff shall ensure that the model language set forth below is included in all solicitation documents issued by the Procuring Agencies, subject to final review by their Offices of Counsel:

Restrictions on Contacts Between Offerors and State Staff During the Procurement Process

- a) Pursuant to State Finance Law sections 139-j and 139-k, this procurement imposes certain procurement lobbying limitations. Offerors are restricted from making contacts during the procurement's "Restricted Period" to other than designated staff of the Procuring Agencies and the Executive Branch of New York State government, unless the contact falls within certain statutory exceptions ("permissible contacts"). Staff is required to obtain certain information from Offerors and others whenever there is a contact about the procurement during the Restricted Period, and are required to make a determination of the Offeror's responsibility that addresses the Offeror's compliance with the statutes' requirements. Findings of non-responsibility result in rejection for contract award, and if an Offeror is subject to two non-responsibility findings within four years the Offeror also will be determined ineligible to submit a proposal on or be awarded a contract for four years from the date of the second non-responsibility finding. The Procuring Agencies' policy and procedures are attached as Exhibit (TBD) to this RFP. Further information about these requirements can be found at:

<http://www.ogs.ny.gov/aboutOGS/regulations/defaultAdvisoryCouncil.html>

- b) In order to ensure public confidence and integrity in the procurement process, the Procuring Agencies will control strictly all communications between any Offeror and participants in the evaluation process from the earliest notice of intent to solicit offers in this procurement through the final award and approval of the procurement contract by DCS/NYSIF and OSC, if applicable. "Offeror" means any individual or entity, or any employee, agent, consultant, or person acting on behalf of such individual or entity, who contacts the Procuring Agencies or any other State governmental entity about a governmental procurement during that procurement's restricted period whether or not the caller has a financial interest in the outcome of the governmental procurement; provided, however, that a governmental agency or its employees that communicates with the Procuring Agencies regarding a governmental procurement in the exercise of its oversight duties shall not be considered an Offeror. "Offeror" includes prospective Offerors prior to the due date for the submission of offers/bids in response to the solicitation document. All contacts and inquiries concerning this procurement must be made to the Procurement Manager. The Procuring Agencies shall disqualify any Offeror who fails to comply with this requirement.

Pharmacy Benefit Services Procurement Manager

Employee Benefits Division, Room 641
NYS Department of Civil Service
Alfred E. Smith Office Building
Albany, NY 12239
Fax: (518) 402-2835
E-mail: 2014RxBenefitRFP@cs.state.ny.us

Additionally, any Offeror is strictly prohibited from making any contacts or inquiries concerning the procurement with any member, officer or employee of any governmental entity other than the Procuring Agencies from the date the public announcement, public notice, or public communication to any potential vendor of a determination of need for a procurement, which shall include, but not be limited to, the date the RFP is released until the end of the procurement, subject only to the specific exceptions listed below. Further, any Offeror shall not attempt to influence the procurement in any manner that would result in a violation or an attempted violation of Public Officers Law sections 73(5) or 74.

- c) The following contacts are exempted from the provisions of paragraph 3 of section 139-j and as such do not need to be directed to the Procurement Manager pursuant to section 139-k:
- (1) the submission of written proposals in response to the solicitation document;
 - (2) the submission of written questions by a method set forth in the solicitation document when all written questions and responses are to be distributed to all Offerors who have expressed an interest in the procurement;
 - (3) participation in a demonstration, conference or other means for exchange of information in a setting open to all potential bidders provided for in the solicitation document;
 - (4) complaints by an Offeror regarding the failure of the Procuring Agencies' Procurement Manager to respond to an Offeror's authorized contacts, when such complaints are made in writing to the DCS' Office of the General Counsel, provided that any such written complaints shall become a part of the procurement record;
 - (5) communications by a successful Offeror(s) who has been tentatively awarded a contract and is engaged in communications with DCS/NYSIF solely for the purpose of negotiating the terms of the contracts after having been notified of tentative award;
 - (6) contact by an Offeror to request the review of a procurement award when done in accordance with the procedure specified in the solicitation document;

- (7) A. contacts by an Offeror in protests, appeals or other review proceedings (including the apparent successful Offeror and its representatives) before DCS/NYSIF seeking a final administrative determination, or in a subsequent judicial proceeding; or
 - B. complaints of alleged improper conduct in the procurement when such complaints are made to the State Attorney General, Inspector General, District Attorney, or to a court of competent jurisdiction; or
 - C. protests, appeals or complaints to the State Comptroller's office during the process of contract approval, where the State Comptroller's approval is required provided that the state comptroller shall make a record of such communications and any response thereto which shall be entered into the procurement record pursuant to State Finance Law section 163; or
 - D. complaints of alleged improper conduct in a governmental procurement conducted by a municipal agency or local legislative body to the state comptroller's office; and
- (8) communications between Offerors and governmental entities that solely address the determination of responsibility by a governmental entity of an Offeror.

Revised 4/2011

Exhibit I.M Compliance with Public Officers Law Requirements



State of New York
Department of Civil Service
Alfred E. Smith State Office Building
Albany, NY 12239

Compliance with Public Officers Law Requirements

ADM-992 (1/07)

The New York State Public Officers Law ("POL"), particularly POL Sections 73 and 74, as well as all other provisions of New York State law, rules and regulations, and policy establishes ethical standards for current and former State employees. In submitting its Proposal, the Offeror must guarantee knowledge and full compliance with such provisions for purposes of this RFP and any other activities including, but not limited to, contracts, bids, offers, and negotiations. Failure to comply with these provisions may result in disqualification from the procurement process, termination, suspension or cancellation of the contract and criminal proceedings as may be required by law.

The Offeror hereby submits its affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations.

Please provide below an affirmative statement as to the existence of, absence of, or potential for conflict of interest on the part of the Offeror because of prior, current, or proposed contracts, engagements, or affiliations. Please attach additional pieces of paper as necessary.

Name of Offeror: _____

Name & Title of Representative: _____

Signature: _____

Date: _____

Exhibit I.N Compliance with Americans with Disabilities Act



State of New York
Department of Civil Service
Albany, NY 12239

Compliance with Americans with Disabilities Act

ADM-987 (1/07)

The Offeror hereby provides assurance of its compliance with the Americans With Disabilities Act (42 USC§12101 et. seq.), in that any services and programs provided during the course of performance of the Agreement resultant from this RFP shall be accessible under Title II of the Americans With Disabilities Act, and as otherwise may be required under the Americans With Disabilities Act.

Name of Offeror: _____

Name & Title of Representative: _____

Signature: _____

Date: _____



State of New York
 Department of Civil Service
 Alfred E. Smith State Office Building
 Albany, NY 12239

MWBE UTILIZATION PLAN

OFFICE OF FINANCIAL ADMINISTRATION

MWBE-100 (9/2011)

INSTRUCTIONS: All Offerors must complete this MWBE Utilization Plan and submit it as part of their Proposal. The Plan must contain a detailed description of the services to be provided by each Minority and/or Woman-Owned Business Enterprise (M/WBE) identified by the Offeror.

Offeror Name:			Federal Identification No.:			
Address:			Solicitation No.:			
City, State, Zip Code:			M/WBE Goals for the Solicitation: MBE: % WBE: %			
1. M/WBE Subcontractors/Suppliers Name, Address, Email Address, Telephone No.	2. Classification	3. Federal ID No.	4. Detailed Description of Work (Attach additional sheets, if necessary.)	5. Dollar Value of Subcontracts/Supplies		
A.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE					
B.	NYS ESD Certified <input type="checkbox"/> MBE <input type="checkbox"/> WBE					
6. WAIVER REQUESTED: MBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit form MWBE101 / WBE: <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, submit form MWBE101						
PREPARED BY (Signature):			TELEPHONE NO.:	EMAIL ADDRESS:		
NAME AND TITLE OF PREPARER (Print or Type):						
DATE: Offeror's Certification Status: <input type="checkbox"/> MBE <input type="checkbox"/> WBE						
<p>SUBMISSION OF THIS FORM CONSTITUTES THE OFFEROR'S ACKNOWLEDGEMENT AND AGREEMENT TO COMPLY WITH THE M/WBE REQUIREMENTS SET FORTH UNDER NYS EXECUTIVE LAW, ARTICLE 15-A. FAILURE TO SUBMIT COMPLETE AND ACCURATE INFORMATION MAY RESULT IN A FINDING OF NONCOMPLIANCE AND/OR PROPOSAL DISQUALIFICATION.</p>			*****FOR DEPARTMENT USE ONLY*****			
			REVIEWED BY:		DATE:	
			UTILIZATION PLAN APPROVED: <input type="checkbox"/> YES <input type="checkbox"/> NO Date: _____			
			MBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
			WBE CERTIFIED: <input type="checkbox"/> YES <input type="checkbox"/> NO			
WAIVER GRANTED: <input type="checkbox"/> YES <input type="checkbox"/> NO						
<input type="checkbox"/> Total Waiver <input type="checkbox"/> Partial Waiver						
NOTICE OF DEFICIENCY ISSUED: <input type="checkbox"/> YES <input type="checkbox"/> NO						
Date: _____						

EXHIBIT I.P.Offeror’s Certification of Compliance Pursuant to State Finance Law §139-k(5)

Instructions:

New York State Finance Law (SFL) §139-k(5) requires that every contract award subject to the provisions of SFL §§139-k or 139-j shall contain a certification by the Offeror that all information provided to the Procuring Agencies with respect to SFL §139-k is complete, true and accurate.

At the time an Offer or Bid is submitted to the Procuring Agencies, the Offeror must provide the following certification that the information it has and will provide to the Procuring Agencies pursuant to SFL §139-k is complete, true and accurate including, but not limited to, disclosures of findings of non-responsibility made within the previous four years by any State governmental entity where such finding of non-responsibility was due to a violation of SFL §139-j or due to the intentional provision of false or incomplete information to a State governmental entity.

Offeror Certification

I certify that all information provided to the Governmental Entity with respect to State Finance Law §139-k is complete, true and accurate.

Name of Offeror: _____

By: _____
(Signature)

Name: _____

Title: _____

Address: _____

Date: _____



State of New York
 Department of Civil Service
 Alfred E. Smith State Office Building
 Albany, NY 12239

**M/WBE GOAL REQUIREMENTS
 CERTIFICATION OF GOOD FAITH EFFORTS**

OFFICE OF FINANCIAL ADMINISTRATION MWBE-104 (1/2012)

The Contractor must document “good faith efforts” to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers in the performance of the State Contract.

The undersigned hereby certifies that he/she has taken the following actions on behalf of the Contractor to demonstrate the aforesaid good faith efforts [check actions as applicable]:

- (a) The Contractor attended any pre-bid meetings that were scheduled by the Department or the NYS Department of Economic Development or its designee to inform minority and women business enterprises of contracting and subcontracting opportunities available on the project;
- (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to minority and women small business enterprises in order to increase the likelihood of participation by such enterprises;
- (c) The Contractor advertised in general circulation, trade association, and trade-oriented, minority and women-focused publications, if any, concerning the contracting or subcontracting opportunity;
- (d) The Contractor solicited and provided written notice to a reasonable number of minority and women business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development’s Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity in sufficient time to allow the enterprises to participate effectively;
- (e) The Contractor followed up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;
- (f) The Contractor provided interested minority and women business enterprises with adequate information about the plans, specifications and requirements for the contracting or subcontracting opportunity;
- (g) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises; and
- (h) The Contractor negotiated in good faith with minority and women business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any minority or women business. "Good faith" negotiating means engaging in good faith discussions with minority or women businesses about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available.

Signature:	Date:
Print Name:	
Title:	
Company:	

Sworn to before me this ____ day of 20____

 Notary Public



**New York State Insurance
Fund**

**M/WBE GOAL REQUIREMENTS
CERTIFICATION OF GOOD FAITH EFFORTS**

MWBE-104 (1/2012)

The Contractor must document “good faith efforts” to provide meaningful participation by New York State Certified M/WBE subcontractors or suppliers in the performance of the State Contract.

The undersigned hereby certifies that he/she has taken the following actions on behalf of the Contractor to demonstrate the aforesaid good faith efforts [check actions as applicable]:

- (a) The Contractor attended any pre-bid meetings that were scheduled by the Department or the NYS Department of Economic Development or its designee to inform minority and women business enterprises of contracting and subcontracting opportunities available on the project;
- (b) The Contractor identified economically feasible units of the project that could be contracted or subcontracted to minority and women small business enterprises in order to increase the likelihood of participation by such enterprises;
- (c) The Contractor advertised in general circulation, trade association, and trade-oriented, minority and women-focused publications, if any, concerning the contracting or subcontracting opportunity;
- (d) The Contractor solicited and provided written notice to a reasonable number of minority and women business enterprises identified from current certified lists of such business enterprises provided or maintained by the NYS Empire State Development’s Division of Minority and Women Owned Business Development, or its designee, of the contracting or subcontracting opportunity in sufficient time to allow the enterprises to participate effectively;
- (e) The Contractor followed up initial solicitations by contacting the enterprises to determine whether the enterprises were interested in such contracting or subcontracting opportunity;
- (f) The Contractor provided interested minority and women business enterprises with adequate information about the plans, specifications and requirements for the contracting or subcontracting opportunity;
- (g) The Contractor used the services of community organizations, contractor groups, state and federal business assistance offices and other organizations identified by the NYS Department of Economic Development or its designee that provide assistance in the recruitment and placement of minority and women business enterprises; and
- (h) The Contractor negotiated in good faith with minority and women business enterprises submitting bids, proposals, or quotations and did not, without justifiable reason, reject as unsatisfactory any bids, proposals or quotations prepared by any minority or women business. "Good faith" negotiating means engaging in good faith discussions with minority or women businesses about the nature of the work, scheduling, requirements for special equipment, opportunities for dividing of work among the bidders, proposers, and various subcontractors and the bids of the minority or women businesses, including sharing with them any cost estimates from the request for proposal or invitation to bid documents, if available.

Signature:	Date:
Print Name:	
Title:	
Company:	

Sworn to before me this ____ day of 20____

Notary Public

[TO BE COMPLETED ON OFFEROR'S LETTERHEAD]

Date

Mr. Robert Kennedy
Procurement Manager
Employee Benefits Division, Room 641
NYS Department of Civil Service
Alfred E. Smith State Office Building
Albany, New York 12239

**RE: Request for Proposals entitled:
"PHARMACY BENEFIT SERVICES for THE EMPIRE PLAN, EXCELSIOR PLAN, STUDENT
EMPLOYEE HEALTH PLAN, and NEW YORK STATE INSURANCE FUND WORKERS'
COMPENSATION PRESCRIPTION DRUG PROGRAMS"
Firm Offer to the State of New York**

[INSERT OFFEROR NAME] hereby submits this firm and binding offer to the State of New York in response to the Procuring Agencies' Request for Proposals entitled "**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). The Proposal hereby submitted meets or exceeds all terms, conditions, and requirements set forth in the above-referenced RFP and in the manner set forth in this RFP.

[INSERT OFFEROR NAME] accepts the terms and conditions as set forth in RFP, Section VIIA and VIIB and Appendices A, B (DCS), B (NYSIF), C (DCS), C (NYSIF), and D and agrees to satisfy the comprehensive programmatic duties and responsibilities outlined in this RFP in the manner set forth in this RFP.

[INSERT OFFEROR NAME] agrees to execute separate contractual agreements with the Department of Civil Service and the New York State Insurance Fund composed substantially of the terms and conditions set forth in the draft contracts included in the RFP, and accepts as non-negotiable the terms and conditions set forth in Appendices A, B (DCS), B (NYSIF), C (DCS), C (NYSIF) and D to the draft contract.

[INSERT OFFEROR NAME] further agrees, if selected as a result of the RFP, to comply with 1) the provisions of Tax Law Section 5-a, Certification Regarding Sales and Compensating Use Tax; and 2) the Workers' Compensation Law as set forth in Section II.B.9 of the RFP.

This formal offer will remain firm and non-revocable for a minimum period of 365 days from the Proposal Due Date as set forth in the RFP. In the event that a contract is not approved by the NYS Comptroller within the 365 day period, this offer shall remain firm and binding beyond the 365 day period and until a contract is approved by the NYS Comptroller, unless **[INSERT OFFEROR NAME]** delivers to the Procuring Agencies written notice of withdrawal of its Proposal.

[INSERT OFFEROR NAME]'s complete offer is set forth as follows:

Administrative Proposal: Total of sixteen (16) hard copy volumes [four (4) original and twelve (12) copies] and one (1) electronic copy on CD.

Exhibit I.S Formal Offer Letter

Technical Proposal: Total of sixteen (16) hard copy volumes [four (4) original and twelve (12) copies] and one (1) electronic copy on CD.

Cost Proposal: Total of sixteen (16) hard copy volumes [four (4) original and twelve (12) copies] and one (1) electronic copy on CD.

The undersigned affirms and swears s/he has the legal authority and capacity to sign and make this offer on behalf of, **[INSERT OFFEROR NAME]** and possesses the legal authority and capacity to act on behalf of **[INSERT OFFEROR NAME]** to execute a contract with the State of New York.

The undersigned affirms and swears as to the truth and veracity of all documents included in this offer.

Date: _____

[INSERT OFFEROR NAME]

By: _____
(signature)

(name)

(title)

CORPORATE OR PARTNERSHIP ACKNOWLEDGMENT

STATE OF _____ }
COUNTY OF _____ } : SS.:

On the ____ day of _____ in the year 2011, before me personally appeared: _____, known to me to be the person who executed the foregoing instrument, who, being duly sworn by me did depose and say that _he resides at _____, Town of _____, County of _____, State of _____; and further that:

[Check One]

(___ **If a corporation**): _he is the _____ of _____, the corporation described in said instrument; that, by authority of the Board of Directors of said corporation, _he is authorized to execute the foregoing instrument on behalf of the corporation for purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name of and on behalf of said corporation as the act and deed of said corporation.

(___ **If a partnership**): _he is the _____ of _____, the partnership described in said instrument; that, by the terms of said partnership, _he is authorized to execute the foregoing instrument on behalf of the partnership for the purposes set forth therein; and that, pursuant to that authority, _he executed the foregoing instrument in the name and on behalf of said partnership as the act and deed of said partnership.

Notary Public

Exhibit I.T Offeror Attestations Form (Amended April 4, 2012)

An authorized representative of the Offeror who is legally authorized to certify the information requested in the name of and on behalf of the Offeror is required to complete and sign the Offeror Attestations and provide all requested information. Offeror's authorized representative must certify as to the truth of the representations made by signing where indicated, below.

CERTIFICATION:

The Offeror (1) recognizes that the following representations are submitted for the express purpose of assisting the State of New York in making a determination to award a contract; (2) acknowledges and agrees by submitting the Attestation, that the State may at its discretion, verify the truth and accuracy of all statements made herein; (3) certifies that the information submitted in this certification and any attached documentation is true, accurate and complete.

Name of Business Entity Submitting Bid:		
Entity's Legal Form:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other
No.	RFP Ref.	RFP Requirement:
1.	Section III.B.1	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> possesses <input type="checkbox"/> does not possess the legal capacity to enter into separate contracts with the Procuring Agencies.
2.	Section III.B.2	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest it has the capability to dispense all covered prescriptions, including Compound Drugs, through the mail service pharmacy process. The Offeror must attest that it either owns or has subcontracted, a currently operational facility(ies) with available capacity to fully administer the Programs' Mail Service Pharmacy Process. The Offeror must attest that it will be capable of processing all the Programs' mail order prescriptions as of the contract's implementation date on January 1, 2014. The Programs do not require the facility(ies) processing prescriptions under the mail service pharmacy process be within New York State. Any facility serving the Programs' mail service pharmacy process must be registered with the NYS Education Department and meet all the requirements of Section 6808 of the New York State Education Law. The Offeror must recognize the full prescribing authority of medical professionals granted by NYS where allowed by state law.
3.	Section III.B.3	At time of Proposal Due Date, Offeror represents and warrants that it: <input type="checkbox"/> attests <input type="checkbox"/> does not attest it has the capability to dispense Specialty Medications through one or more Designated Specialty Pharmacy(ies), for those Employee groups participating in the Specialty Pharmacy Program.

Exhibit I.T Offeror Attestations Form (Amended April 4, 2012)

4.	Section III.B.4	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it provides Point of Service prescription claims adjudication and pharmacy benefit management services for a minimum of five million (5,000,000) lives. The Offeror must provide a list of client organizations with the number of lives served through each client to clearly demonstrate that the Offeror meets the minimum requirement of five million (5,000,000) lives. In determining lives, the Offeror should:</p> <ol style="list-style-type: none"> Include both at-risk and fee-for-service business; Include Medicaid business; Count all lives [i.e., DCS: an Enrollee, a Dependent Spouse and two (2) eligible Dependent Children count as four (4) – NYSIY: Claimant (1)]; Exclude any non-Pharmacy benefit management business; Exclude any mail service only lives and any discount savings card lives; and Exclude any discount card program lives.
5.	Section III.B.5	<p><u>As of the Proposal Due Date</u>, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>its proposed retail pharmacy network for the Programs meets the following <u>minimum</u> Retail Pharmacy Network access guarantees:</p> <ol style="list-style-type: none"> Ninety percent (90%) of Enrollees in urban areas will have at least one (1) Network Pharmacy <u>within two (2) miles</u>; Ninety percent (90%) of Enrollees in suburban areas will have at least one (1) Network Pharmacy <u>within five (5) miles</u>; and Seventy percent (70%) of Enrollees in rural areas will have at least one (1) Network Pharmacy <u>within fifteen (15) miles</u>.
6.	Section III.B.6	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it understands and agrees to comply with all specific duties and responsibilities set forth in Section IV.B.3. of this RFP, entitled Implementation, including Section IV.B.3.b.(2) requiring the Offeror to propose a financial guarantee supporting its commitment to satisfy all implementation requirements.</p>
7.	Section III.B.7	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>It will maintain and make available as required by the Procuring Agencies a complete and accurate set of records related to the Agreements resulting from this RFP as required by Appendices A and B and the draft Agreements set forth in Section VII of this RFP. This includes, but is not limited to, pharmacy contracts, manufacturer's rebate agreements, detailed claim records, and any and all other financial records as deemed necessary by the Procuring Agencies to discharge their fiduciary responsibilities to the Programs' participants and to ensure that public dollars are spent appropriately.</p>

Exhibit I.T Offeror Attestations Form (Amended April 4, 2012)

8.	Section III.B.8	<p>At time of bid submission, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it will participate in the Business Model Assessment a responsibility determination that will include an assessment of the Offeror's financial protections and transparency required by this RFP and that it will produce such documentation as the Procuring Agencies in their sole discretion may require during that process. The Business Model Assessment responsibility determination will evaluate compliance with the following:</p> <ol style="list-style-type: none"> a. Alignment of the Offeror's business model with the financial interests of the Programs; b. Adequacy of the financial protections proposed by the Offeror to address any conflicts presented between the Offeror's business model and the best financial interests of the Programs; and c. Transparency of all business relationships relating to the Programs. This includes but is not limited to sufficient documentation of existing business relationships to allow the Procuring Agencies to verify the reasonableness of the Offeror's proposal.
9.	Section III.B.9	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it has submitted as part of its Proposal, if so required by the RFP, or will submit all Transmittal letters, Statements, Formal Certifications and Exhibits as required in Section II of this RFP related to the Offeror's compliance with all rules, laws, regulations and executive orders.</p>
10.	Section III.B.10	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it will execute the duties and responsibilities set forth in Section IV of this RFP in strict conformance to the requirements described in that section of the RFP.</p>
11.	Section III.B.11	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it has the ability to adjudicate all Point of Service claims under the Programs using the applicable copayments (DCS only) for brand and generic drugs as defined in Section IV of this RFP.</p>
12.	Section III.B.12	<p>At time of Proposal Due Date, Offeror represents and warrants that it:</p> <p><input type="checkbox"/> attests <input type="checkbox"/> does not attest</p> <p>it has current URAC accreditation in the area of Pharmacy Benefit Management.</p>

Date: _____

_____ Signature

[INSERT OFFEROR NAME]

Exhibit I.U Key Subcontractors

The Offeror must complete and submit this Exhibit as part of its Administrative Proposal. A separate form should be completed for each Key Subcontractor, if any. If the Offeror will not be subcontracting with any Key Subcontractor(s) to provide any of the services required under the RFP, the Offeror must complete and submit a single Exhibit I.U to that affect.

INSTRUCTION: Prepare this form for each Key Subcontractor	
Offeror's Name:	
<p>The Offeror:</p> <p><input type="checkbox"/> is</p> <p><input type="checkbox"/> is not</p> <p>proposing to utilize the services of a subcontractor(s) to provide Program Services</p>	
Subcontractor's Legal Name:	
Business Address:	
Subcontractor's Legal Form:	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____
<p>As of the date of the Offeror's Proposal, a subcontract</p> <p><input type="checkbox"/> has</p> <p><input type="checkbox"/> has not</p> <p>been executed between the Offeror and the subcontractor(s) for services to be provided by such subcontractor(s) relating to the Prescription Drug Program Services.</p>	
<p>In the space provided below, describe the Subcontractor's role(s) and responsibilities regarding Program Services to be provided by the subcontractor:</p>	
<p>Relationship between Offeror and Subcontractor for Current Engagements: (Complete items 1 through 5 for each client engagement identified)</p>	
1. Client:	
2. Client Reference Name and Phone #	
3. Program Title:	
4. Program Start Date:	
5. In the space provided below, Program Status:	
6. In the space provided below, describe the roles and responsibilities of the Offeror and subcontractor in regard to the program identified in 3, above:	

Reference #: _____

Abstract
Customer For Whom Services Were Performed: _____
Customer Address: _____ _____ _____
Program Description: (The Offeror should submit specific details concerning the program identified in satisfaction of the requirements in RFP, Section III.E. This information should be provided as an attachment to this form and the information provided should support the Offeror's ascertain that it can successfully implement and administer programs of the scope and complexity as set forth in this RFP.)
Program Contact References: (Required And Will Be Verified) (Attach Additional References If Desired) Contact Name: _____ Contact Title: _____ Phone Number: _____ E-Mail Address: _____ Contact Name: _____ Contact Title: _____ Phone Number: _____ E-Mail Address: _____

Exhibit I.W Compliance with NYS Workers' Compensation Law

Sections 57 and 220 of the New York State Workers' Compensation Law (WCL) provide that the Procuring Agencies shall not enter into any contracts unless proof of workers' compensation and disability benefits insurance coverage is produced. Prior to entering into contracts with DCS/NYSIF, the selected Offeror will be required to verify for DCS/NYSIF, on forms authorized by the New York State Workers' Compensation Board, the fact that they are properly insured or are otherwise in compliance with the insurance provisions of the WCL. The forms to be used to show compliance with the WCL are listed below. DCS/NYSIF would prefer Offeror submit this insurance verification information with their Proposals, if possible. Any questions relating to either workers' compensation or disability benefits coverage should be directed to the State of New York Workers' Compensation Board, Bureau of Compliance at (518)486-6307. You may also find useful information at their website <http://www.wcb.state.ny.us>. Failure to provide verification of either of these types of insurance coverage by the time the winning Offeror is selected and the Contract is ready to be executed will be grounds for disqualification of an otherwise successful Proposal.

Workers' Compensation Requirements under WCL § 57:

To comply with coverage provisions of the WCL, businesses must:

- A) be legally exempt from obtaining workers' compensation insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

To assist State and municipal entities in enforcing WCL Section 57, businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the government entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage ⁽¹⁾; **OR**
- B) C-105.2 -- Certificate of Workers' Compensation Insurance (the business's insurance carrier will send this form to the government entity upon request) **PLEASE NOTE:** The State Insurance Fund provides its own version of this form, the U-26.3; **OR**
- C) SI-12 -- Certificate of Workers' Compensation Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247), **OR** GSI-105.2 -- Certificate of Participation in Worker's Compensation Group Self-Insurance (the business's Group Self-Insurance Administrator will send this form to the government entity upon request).

Disability Benefits Requirements under Workers' Compensation Law §220(8)

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A) be legally exempt from obtaining disability benefits insurance coverage; or
- B) obtain such coverage from insurance carriers; or
- C) be a Board-approved self-insured employer.

Accordingly, to assist State and municipal entities in enforcing WCL Section 220(8), businesses requesting permits or seeking to enter into contracts **MUST provide ONE** of the following forms to the entity issuing the permit or entering into a contract:

- A) CE-200, Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Coverage ⁽¹⁾; **OR**
- B) DB-120.1 -- Certificate of Disability Benefits Insurance (the business's insurance carrier will send this form to the government entity upon request); **OR**
- C) DB-155 -- Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).

⁽¹⁾ Starting December 1, 2008, Form CE-200 can be filled out electronically on the Board's website, www.wcb.state.ny.us, under the heading "Forms." Applicants filing electronically are able to print a finished Form CE-200 immediately upon completion of the electronic application. Applicants without access to a computer may obtain a paper application for the CE-200 by writing or visiting the Customer Service Center at any District Office of the Workers' Compensation Board. Applicants using the manual process may wait up to four weeks before receiving a CE-200. Once the applicant receives the CE-200, the applicant can then submit that CE-200 to the government agency from which he/she is getting the permit, license or contract.



DEPARTMENT OF CIVIL SERVICE
INFORMATION SECURITY POLICY

OCTOBER 1, 2007

Nancy Groenwegen
Commissioner

LIST OF POLICIES

<i>Information Security Policy Purpose</i>	3
<i>Information Security Program Scope</i>	4
<i>Information Security Organization and Responsibilities</i>	6
<i>Data Classification</i>	9
<i>Acceptable Use</i>	11
<i>Security Awareness</i>	19
<i>Physical Security</i>	21
<i>Access Control</i>	24
<i>Anti-Virus Protection</i>	27
<i>Monitoring System Access and Availability</i>	29
<i>User Accounts</i>	31
<i>Remote Access</i>	33
<i>Third Party Connection and Data Exchange</i>	35
<i>Information System Development</i>	40
<i>Security Incident Response and Management</i>	42
<i>Contingency Planning</i>	44
<i>System Backup and Restoration</i>	46
<i>Audit and Compliance</i>	48
<i>Policy Review and Revision</i>	50
<i>Risk Assessment and Management</i>	52
<i>Media Handling and Disposal</i>	54
<i>Operational Management</i>	56
<i>Third Party Acceptable Use Policy and Agreement</i>	58
<i>Citizen Notification</i>	62
<i>Blackberry Devices</i>	68

Policy Name	INFORMATION SECURITY POLICY PURPOSE
Category	Security
Policy Number	1.01
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To establish the purpose of the Department of Civil Service Information Security Policy.

POLICY STATEMENT

The Department of Civil Service (DCS) Information Security Policy implements the New York State policy issued by the Office of Cyber Security and Critical Infrastructure Coordination (CSCIC) and the HIPAA security requirements; and is a collection of over twenty security policies. The purpose of the Information Security Policy is to define a set of minimum security requirements that must be met by the Department.

The primary objectives of the Information Security Policy are to:

1. effectively manage the risk of security exposure or compromise within Department systems;
2. communicate the responsibilities for the protection of Department information;
3. establish a secure processing base and a stable processing environment;
4. to the extent reasonably possible, reduce the opportunity for errors to be entered into an electronic system supporting Department business processes;
5. preserve management's options in the event of an information asset misuse, loss or unauthorized disclosure; and
6. promote and increase the awareness of information security.

The policy applies to all workforce members, business partners, clients, and suppliers.

Where conflicts exist between this policy and Division policies, the more stringent policy takes precedence.

DEFINITIONS

Workforce Member: staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	INFORMATION SECURITY PROGRAM SCOPE
Category	Security
Policy Number	1.02
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To establish the scope of the Department of Civil Service Information Security Program.

POLICY STATEMENT

All Department information must be protected from unauthorized access to help ensure the information's confidentiality and maintain its integrity. The Department has established an information security function led by the ISO. The scope of the Information Security Program is to:

1. develop, deploy and maintain an information security architecture that will provide security policies, mechanisms, processes, standards and procedures that meet current and future business needs of the Department;
2. provide information security consulting to the Department regarding security threats that could affect the computing and business operations, and make recommendations to mitigate the risks associated with these threats;
3. assist management in the implementation of security measures that meet the business needs;
4. develop and implement security training and awareness programs that educate workforce members and vendors with regard to the information security requirements;
5. investigate and report to management breaches of security controls, and implement additional compensating controls when necessary to help ensure security safeguards are maintained;
6. participate in the development, implementation and maintenance of disaster recovery processes and techniques to ensure the continuity of the Department's business, in the event of an extended period of computing resource unavailability;

The Information Security Program will address all information, regardless of the form or format, which is created or used in support of business activities.

The Security program will contain protocols and procedures that support the implementation of the information security policy for systems and technologies being used within their domains. These security protocols and procedures will be produced and implemented to ensure uniformity of information protection and security management across the different technologies deployed within the Department. The protocols and procedures can be used as a basis for policy compliance measurement.

DEFINITIONS

Availability: The property of being operational, accessible, functional and usable upon demand by an authorized entity, e.g. a system or user.

Confidentiality: The property that information is not made available or disclosed to unauthorized individuals, entities, or processes.

Integrity: The property that data has not been altered or destroyed from its intended form or content in an unintentional or an unauthorized manner.

Workforce Member: staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	INFORMATION SECURITY ORGANIZATION AND RESPONSIBILITIES
Category	Security
Policy Number	1.03
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To establish the Department of Civil Service Information Security Organization roles and responsibilities.

POLICY STATEMENT

The Commissioner will establish the framework for the Department of Civil Service Information Security Program and appoint an ISO.

The ISO is responsible for the implementation, enhancement, monitoring, and enforcement of the information security policy and protocols of all stored, processed, or transmitted data. The ISO may delegate these responsibilities to others, at the same time ensuring the duties are completed with due diligence. The ISO's responsibilities include:

- Directing the Information Security Program
- Chairing the Information Security Steering Committee
- Producing recommendations for policy, protocols, and processes
- Educating workforce members
- Implementing appropriate safeguards
- Facilitating compliance with safeguards
- Investigating alleged incidents
- Participating in the development, implementation and maintenance of disaster recovery programs
- Reporting on security program activities
- Supporting statewide security initiatives
- Evaluating new threats and counter measures
- Reviewing and approving all external connections to the network
- Providing consulting to all levels of management on information security
- Following New York State cyber-incident reporting requirements
- Being aware of the laws and regulations affecting security controls
- Reporting information security program compliance to the Commissioner

The Information Security Steering Committee include, at a minimum, Office of Human Resources Management, Office of Financial Management, Director of Internal Audit, Information Resource Management (IRM), and Office of the Counsel. The Information Security Steering

Committee will meet regularly. The responsibilities of the Information Security Steering Committee include:

- Developing the Department's information security strategy
- Overseeing the Department of Civil Service Information Security Program
- Formulating the security policies, protocols, and standards

- The responsibilities of the members of the Information Security Team include:
 - Assisting in developing and communicating the Information Security Policy, protocols, standards for the Department
 - Identifying security awareness issues
 - Assisting Division Directors with the development of awareness materials and tools
 - Monitoring the effectiveness of information security measures
 - Conducting security reviews and identifying the need for additional controls
 - Participating in security incident response teams
 - Providing support to new application and system development, acquisition and deployment
 - Assessing security risks
 - Developing the access control strategy, firewall strategy, network deployment strategy, audit control strategy, and other security strategies as identified in the risk assessment
 - Facilitate security planning meetings with various members of Technical Support, the ISO, the CIO, and others as appropriate

- Division Directors/Information Owners have the accountability for all of the security safeguards regarding their information asset. The responsibilities of the Division Director/Information Owner include:
 - Classifying information assets
 - Ensuring consistent labeling and handling of information assets
 - Periodically reviewing security measures for information assets
 - Handling requests for information regarding the information assets
 - Ensuring security controls for third party access to the information asset
 - Assigning and supervising data custodians
 - Ensuring regulatory compliance
 - Implementing Department and Division policies
 - Ensuring adequate controls for the information assets
 - Establishing access privileges for the information assets
 - Ensuring that Division workforce members are informed of the security policies and understand their security responsibilities
 - Establishing and maintaining business continuity plans for their Division
 - Coordinating with the Division Liaison regarding issues related to IRM efforts

- The responsibilities of IRM include:
 - Implementing appropriate security controls in accordance with the Policies
 - Using their privileged access to information systems only as authorized
 - Responding quickly to suspected security incidents and escalating them in accordance with Security Incident Response Guidelines
 - Reporting information security related activity to the ISO
 - Creating a security team or appointing security analysts or security administrators to handle the tasks that support ISO goals.

- Ensuring processes, policies, and requirements are identified and implemented relative to security requirements of the Division Directors/Information Owners.
- Ensuring the proper controls of information are implemented.
- Ensuring the participation of the ISO and Information Security Team in identifying and selecting security controls and procedures.
- Ensuring that critical data and recovery plans are backed up and kept at a secure off site facility.

Workforce members are responsible for understanding of their role in the security of the Department's computing resources and information assets. They are responsible for gaining a clear understanding of what uses are acceptable and what uses are unacceptable. They must understand and adhere to all security policies, actively report suspected security incidents, report misclassification of information, and actively protect all information and resources. All workforce members are responsible for reading, understanding, and signing the security policies appropriate to their position, which includes at a minimum, the *Acceptable Use Policy*.

Refer to *Acceptable Use Policy*, *Security Incident Response Management Policy*, and *Contingency Planning Policy*.

DEFINITIONS

Data Custodian: The individual appointed by the Division Director/Information Owner to make decisions on their behalf.

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Information Owner: The Division Director that has responsibility for making classification and control decisions regarding use of information assets.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	DATA CLASSIFICATION
Category	Security
Policy Number	1.04
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2005
Revision Date	October 1, 2006

PURPOSE

To properly manage all Department information from its creation, through authorized use, to proper disposal.

POLICY STATEMENT

In order to ensure that all Department information is properly managed from its creation, through authorized use, to proper disposal, each information asset must be defined and classified based on its value, sensitivity, consequences of loss or compromise, and/or legal and retention requirements. Each classification will have a set or range of controls, designed to provide the appropriate level of protection of the information and its associated application software commensurate with the value of the information in that classification. Security controls will include considerations regarding identification and authentication, access control, confidentiality, network security, host security, physical security, data integrity, non-repudiation, monitoring and compliance.

All information must have a designated information owner. Division Directors/Information Owners are responsible for classifying all information.

The Division Director/Information Owner will be responsible for assigning the initial information classification, making all decisions regarding security controls, and making daily decisions regarding information management. Division Directors/Information Owners must conduct periodic high-level business impact analyses on the information to determine its relative value and risk of compromise. Based on the results of the assessment, the Division Directors/Information Owners must reclassify the information.

Data sensitivity will be established by assigning levels of confidentiality, integrity, and availability to each information asset. Additional information must be associated with each information asset regarding retention requirements, location, current access control measures, ease of recovery, and other legal requirements governing the handling of the information asset. When making such decisions the information "owner" must consider the external regulatory issues surrounding the data's classification, particularly those surrounding the Freedom of Information Law (FOIL) and the Health Insurance Portability and Accountability Act (HIPAA).

Ratings for confidentiality, integrity, and availability are to follow these definitions:

Confidentiality

- Confidential (High)
 - Unauthorized or unintentional disclosure of the information asset could result in grave loss of public confidence, in fraud, in major legal action, or in major financial loss.

- Internal (Medium)
 - Unauthorized disclosure of the information asset could compromise the Department enough to result in significant financial loss or legal action.
- Public (Low)
 - Unauthorized or unintentional disclosure of the information asset would result in only public relations issues and minor to no financial loss.

Integrity

- High
 - Unauthorized or unintentional modification of the information asset could result in grave loss of public confidence, in fraud, in major legal action, or in major financial loss.
- Medium
 - Unauthorized or unintentional modification of the information asset could compromise the Department enough to result in significant financial loss or legal action.
- Low
 - Unauthorized or unintentional modification of the information asset would result in only minor financial loss and would require only administrative action to correct.

Availability

- High
 - The loss of the information asset could result in grave loss of public confidence, major financial loss or major legal action.
- Medium
 - The lack of the information asset results in a serious compromise of a business function or a likelihood of significant financial loss or legal action.
- Low
 - The business function can continue without the information asset, or
 - The loss of the information asset will result in only minor financial loss.

DEFINITIONS

Data Custodian: The individual appointed by the Division Director/Information Owner to make decisions on their behalf.

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Information Owner: The Division Director that has responsibility for making classification and control decisions regarding use of information assets.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	ACCEPTABLE USE
Category	Security
Policy Number	1.05
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To identify acceptable use and non-acceptable use of the Department of Civil Service's computing resources and information assets, to set expectations regarding privacy while using the Department's email and Internet services, to explain Department rights, to address enforcement and violations provisions, and to set forth the Department's *Acceptable Use Policy* that all Department workforce members are required to read and sign.

POLICY STATEMENT

The use of the Department's computing resources and information assets by any workforce member must be consistent with this *Acceptable Use Policy*. All workforce members must follow this policy at all times while using Department computing resources and information assets. Any misuse of the Department's resources may result in disciplinary action including termination of employment. All workforce members must understand and sign a copy of this *Acceptable Use Policy*.

The Department provides computing resources, information, and technical support to workforce members for Department business purposes only. Personal and casual use is permitted and must be kept to a minimum.

Workforce members must:

- Conduct computer processing activities only within the limits of the access assigned or delegated by management and to inform management of situations necessitating a change in access levels.
- Take required actions to protect information and computing resources from unlawful, unauthorized, or unacceptable actions or events resulting in modification or destruction.
- Be personally accountable for the use and safekeeping of access codes, passwords, keys, or other means used to secure access to computing resources.
- Observe all contractual, regulatory, and legal obligations governing the use of Department information and facilities. Workforce members must comply with all software licenses, copyrights, patent, trade secret, and any state, federal, and international laws governing intellectual property.
- Report suspected security breaches promptly to the attention of management and/or the ISO.

Workforce members must not:

- Disable utilities including anti-virus software installed on their workstations or other computing resources and may not alter computing hardware, software or configurations provided by the Department;

- Install a wireless network or wireless access point and may not download software or utilities;
- Connect dial-up modems to the Department's computer systems connected to a Department local area network or to another internal communication network;
- Store data to local drives unless authorized; or
- Intentionally damage or alter the Department's information assets.

Public Web Site

Workforce members preparing public web site content must be compliant with copyright laws, Department policy, and Department protocols. All content posted on the public web site must be reviewed and approved the ISO or security designee.

Internet Access and Electronic Mail

Internet access and electronic mail (email) are to be used primarily for authorized activities based upon business need. Personal and casual use is permitted and must be kept to a minimum. Internet access is only authorized through the use of an appropriately configured browser as distributed by IRM technical support. Other methods of accessing the Internet using the Department systems are prohibited.

Workforce members are prohibited from using their Internet access in any manner that violates the law or Department policy. Material that is fraudulent, harassing, embarrassing, intimidating, profane, or otherwise unlawful or inappropriate may not be created, maintained, transmitted, displayed, downloaded, or stored on Department computing resources nor disseminated through the email system. Unacceptable use includes, but is not limited to, the use of computing resources:

- To represent yourself as someone else;
- For sending unsolicited email to persons with whom you do not have a relationship, or without the express permission of your manager;
- For unauthorized attempts to break into any computing system whether the Department's or another organization's;
- For theft or unauthorized copying of electronic files;
- For posting sensitive Department information without authorization from Department;
- To interfere with or disrupt network users, services or equipment;
- For any activity which can create a denial of service, such as "chain letters";
- For "sniffing" or monitoring network traffic;
- For personal gain;
- For representing personal opinions as those of the Department or New York State;
- For solicitation for religious and political causes;
- For private advertising of products or services;
- For marketing or business transactions;
- For harm against any person or entity; and
- To degrade, harass, or embarrass workforce members, other individuals, or groups.

The Department's Internet services are provided on an as is, as available basis. The Department makes no warranties, express or implied, with respect to Internet service, and it specifically assumes no responsibilities for:

- The content of any advice or information received by a workforce member via the Internet or any costs or charges incurred as a result of seeking or accepting such advice;

- Any costs, liabilities or damages caused by the way the workforce member chooses to use his/her agency Internet access;
- Any consequence of service interruptions or changes, even if these disruptions arise from circumstances under the control of the Department.

Workforce members must never set automatic forwarding of email to their personal email accounts unless authorized. Workforce members should anticipate regular automatic deletion of email in inboxes and should take measures to retain email accordingly.

Phishing is a scam in which an email message directs the email recipient to click on a link that takes them to a web site where they are prompted for personal information such as a pin number, social security number, bank account number or credit card number. Both the link and web site may closely resemble an authentic web site however, they are not legitimate. If the phishing scam is successful, personal accounts may be accessed. Workforce members must follow these rules if they receive one of these emails:

- Do not click on the link. In some cases, doing so may cause malicious software to be downloaded to your computer.
- Delete the email message.
- Do not provide any personal information in response to any email if you are not the initiator of the request.

Electronic Devices and Removable Media

Electronic devices must not be attached to a DCS PC unless the device has been issued by DCS and the use has been approved by the ISO. Once approved, electronic devices must always be secured and locked at the desk. Removable media, such as floppies and CD's must be issued by DCS, must be encrypted and must not be discarded via the trash. Workforce members must place discarded removable media in the security scrap box/container for removable media.

When mobile computing facilities such as notebooks, PDA's, blackberries, laptops and mobile phones are used in public places, care must be taken to avoid the risk of unauthorized persons viewing information on the screen. Such equipment must not be left unattended, must be physically locked when not in use, must be encrypted, and must be configured with a password supplied by the Help Desk to enable the equipment to function. All personal, private or sensitive business information (PPSI) must be stored only in encrypted form, and only on external (removable) storage media supplied by the Help Desk. No such information is to be stored on any internal (non-removable) storage devices.

Workforce members in the possession of portable, laptop, notebook, PDA's, blackberries, and other transportable computers must not check these computers in airline luggage systems. These computers must remain in the possession of the traveler as hand luggage unless other arrangements are required by federal or state authorities.

If using telephones outside the Department for business reasons, workforce members should take care that they are not overheard when discussing sensitive or confidential matters, avoid use of any wireless or cellular phones when discussing sensitive or confidential information, and avoid leaving sensitive or confidential messages on voicemail systems. Workforce members must not disclose non-public Department information over an instant messaging, electronic team-room or conferencing system. If sensitive or confidential information will be discussed during a teleconference, workforce members must not send teleconference call-in numbers and pass-codes to a pager.

Clear Desk

At the end of the workday, workforce members must clear their desk of sensitive material. When away from the desk for any length of time, removable media with personal, private or sensitive information (PPSI) must be secured.

Faxing and Printing

Workforce members must not use Internet fax services to send or receive PPSI, must not use third party fax services to send or receive PPSI, and must not send PPSI via wireless fax devices. If sending PPSI documents via fax, workforce members are to verify the phone number of the destination fax and contact the recipient to ensure protection of the fax either by having it picked up promptly or by ensuring that the fax output is in a secure area. When printing a document with PPSI, the document must be picked up immediately.

Passwords

Workforce members must follow password best practices whenever technology permits. These password best practices include but are not limited to:

- Do not write down passwords;
- Use passwords that are not easily guessed or subject to disclosure through a dictionary attack;
- Keep passwords confidential and do not share individual passwords with another individual;
- Change passwords at regular intervals;
- Change temporary passwords at the first logon;
- When technology permits, passwords should contain a mix of alphabetic, numeric, special, and upper/lower case characters; and
- Do not include passwords in any automated logon process, e.g., stored in a macro or function key, web browser or in application code.
- Whenever you leave your desk, press ctrl-alt-delete to lock your computer.

When Working From a Remote Location

Working from a remote location must not occur unless first authorized by the Department. Once approved by the Department, workforce members must ensure that, at a minimum, the following security controls are in place at the remote location:

- PPSI must not be in view of family, friends, or other guests at the home or remote location.
- Passwords must not be written down nor kept in visible locations at the remote location or home.
- Files, printed documents, external storage devices with PPSI must be secured.
- When transporting PPSI, such as files, printed documents, and external storage devices, in a car, these items must be secured.
- All external storage devices must be encrypted.
- Encryption keys must not be stored with external storage devices.
- Paper or media with PPSI must not be discarded at home but must be brought back to the site and disposed via the security scrap mechanisms provided by the Department.
- Home computers used for work must have current anti-virus software, a method for maintaining current signature files, and an active firewall.

Reporting Incidents

Each workforce member must understand his/her role and responsibilities regarding information security issues and protecting the Department's information. Workforce members are required to report any observed or suspected incidents to a manager and/or the ISO or security designee immediately. Workforce members must not attempt to prove a suspected weakness or incident.

Examples of suspected security incidents are:

1. Unsecured computing resources
2. Any unsupervised or otherwise unauthorized person in a server area or a protected area
3. Release of internal directories or other documentation that provides locations of server areas
4. Attempts by an unauthorized individual to obtain access credentials, e.g., ID badges, security access codes, keys.
5. Unauthorized attempts to gain access to DCS network systems or facilities
6. Unapproved hardware connected to the DCS network
7. Computer hardware left in an unsecured area
8. A potential fire or water hazard
9. Damaged equipment, facilities or utilities
10. Loss or misplacement of media (e.g. disks, tapes, paper) containing PPSI that has not been encrypted
11. Inappropriate use of the computing environment
12. Disclosure of PPSI

Reporting Computer Problems

Workforce members are to contact the Help Desk if they notice that their machine is compromised. Possible symptoms of a compromised computer are if the machine is:

- Slow or non-responsive
- Running programs that aren't expected
- Showing signs of high level of activity to the hard drive that is not the result of anything that was initiated by the user
- Displaying messages on the screen that the user hasn't seen before
- Running out of disk space unexpectedly
- Unable to run a program because of lack of memory – and this doesn't happen normally
- Rejecting a valid and correctly entered password

Management

Division Directors and Managers are accountable for enforcing this policy and reporting incidents to the ISO.

Monitoring of Workforce Member Activity

Workforce members should not have an expectation of privacy in anything they create, store, send, or receive on the Department's computing resources. The Department may monitor any and all aspects of its computer systems, including, but not limited to sites visited by workforce members on the Internet, chat groups or newsgroups, material downloaded or uploaded by workforce members to the Internet, or email sent and received by workforce members. The Department conducts content filtering of all Internet activity and outbound and inbound email.

Inspection, monitoring, or reviewing may be done as part of an investigation into allegations of misconduct, fraud, or other wrongdoing; for technical or maintenance purposes; to assure system security; to comply with Department policy and/or legal requirements; or for training purposes. Notifying workforce members that their electronically stored files or communications are being examined will occur optionally at the Department's discretion.

Department of Civil Service Rights

Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq), notice is hereby given that there are no facilities provided by this system for sending or receiving private or confidential electronic communications. The Department has access to all access attempts, messages created and received, and information created or stored using the Department's resources, and will monitor use as necessary to assure efficient performance and appropriate use. Information relating to or in support of illegal activities will be reported to the appropriate authorities.

The Department reserves the right to log and monitor use. The Department reserves the right to remove a user account from the network. The Department assumes no responsibility or liability for files or information deleted.

The Department will not be responsible for any damages. This includes the loss of data resulting from delays, non-deliveries, or service interruptions caused by negligence, errors or omissions. Use of any information obtained is at the user's risk. The Department makes no warranties, either express or implied, with regard to software obtained from the internet.

The Department makes no warranties, express or implied, with respect to Internet service, and it specifically assumes no responsibilities for:

- The content of any advice or information received by a user outside NYS or any costs or charges incurred as a result of seeking or accepting such advice;
- Any costs, liabilities or damages caused by the way the user chooses to use his/her agency Internet access;
- Any consequence of service interruptions or changes, even if these disruptions arise from circumstances under the control of the Department. The Department's Internet services are provided on an as is, as available basis.

Clear violations of this policy will result in disciplinary actions as appropriate. The Department reserves the right to change its policies and rules at any time.

DEFINITIONS

Electronic devices: Electronically controlled devices that store data, run programs, execute commands, or transmit information. Electronic devices include but are not limited to USB port memory sticks, laptops, personal digital assistants (PDA), and camera phones.

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Local Drive: A storage drive or device that is connected to one's local computer, rather than on a network server managed by IRM.

PPSI: Personal, private or sensitive information.

Remote Access: computing device access from outside the Department's private, trusted network. This access includes modem dial up, web access to applications, and direct connections with remote organizations.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq).
- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation.
- New York State Cyber Security Policy P03-002.
- Information technology – Code of practice for information security management, ISO/IEC 17799.



State of New York
 Department of Civil Service
 Alfred E. Smith Building
 Albany, New York 12236

OFFICE OF HUMAN RESOURCE MANAGEMENT
Acceptable Use Policy Signature Page

ADM-240 (6/05L)

I have read and understand the Acceptable Use Policy, Security Policy 1.05, dated October 1, 2007 that outlines the rights, responsibilities and governance of DCS computing resources and information assets.

I understand that I must do certain things to protect the Department’s data and systems. For example, I understand that I am to lock away any floppies that I use when I am away from my desk, lock my computer when I am away from my desk, clear my desk of sensitive material at the end of the day, and report security incidents.

I understand that there are actions that I must **not** take as well. For example, I understand that I must not install programs or change programs already installed on my computer, plug in a piece of equipment to my computer, or disclose my password to others.

I understand that the Department can monitor my actions. I have had the opportunity to ask questions.

I have read and understand this *Acceptable Use Policy*:

Workforce Member’s Signature	Date
Workforce Member’s Name (print)	
Division/Unit	
Telephone Number	Ext.

Please sign and return this page to Office of Human Resources Management. This page will be filed in your personal history folder. Keep the policy for your use. Please do not hesitate to ask questions to clarify items in this policy.

Policy Name	SECURITY AWARENESS
Category	Security
Policy Number	1.06
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008
Replaces	

PURPOSE

To ensure that workforce members are aware of information security threats and concerns, and are equipped to support organizational security policy in the course of their work.

POLICY STATEMENT

An information security awareness program that addresses the needs of all DCS workforce members must be developed, implemented and maintained. The program will include supplements to the new employee orientation program. When appropriate, the training will be role specific. The program must address security procedures, the workforce member's role and responsibilities regarding the protection of DCS's information assets, and the proper use of its computing resources and facilities. At a minimum, security awareness training must be reinforced annually.

All workforce members must complete the assigned information security awareness training. Division Directors/Information Owners must identify any information security awareness or training needs that arise in their Division. Division Directors must ensure that all Division workforce members complete the assigned information security awareness training, according to the prescribed security awareness program. The ISO will oversee the design and deployment of the information security awareness training. The Information Security Team and the Planning and Training Unit will collaborate in the design and deployment of the awareness program.

DEFINITIONS

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Information Owner: The Division Director that has responsibility for making classification and control decisions regarding use of information assets.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002

- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	PHYSICAL SECURITY
Category	Security
Policy Number	1.07
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To prevent physical breaches to the Department's computing resources and information assets.

POLICY STATEMENT

Critical or sensitive business information processing facilities should be housed in secure areas, protected by a defined security perimeter, with appropriate security barriers and entry controls. They must be physically protected from unauthorized access, damage and interference. The protection provided must be commensurate with the identified risks in the ongoing risk assessment.

Physical barriers must be established around the Department's premises and information processing facilities and facility access controls must be implemented. Access rights for all workforce members must be based on the workforce member's function and must be approved by the Division Director. Access rights should be reviewed and updated regularly. All workforce members must wear Department-issued visible identification. All visitors entering and exiting the building must be supervised or cleared and a record of the visit should be maintained. Workforce members must inquire about the location or activities of any unsupervised non-workforce member in the building. Unexplained activity of any kind must be reported.

All site or building digital access must be disabled immediately upon termination, resignation, or separation from a project, keys or key cards must be collected, and access codes must be changed.

All networking and server resources, whether it be in production, in development, or stored, must be secured in designated secure areas that are locked and either alarmed or monitored. Equipment receiving and distributing procedures should include a registration process and documentation of the personnel receiving and distributing the equipment. The receiving process for equipment must include a central holding and receiving area where incoming equipment can be inspected before moving it to the point of use. The external door(s) of a holding area should be secured when the internal door is opened. Equipment that is not expected must be turned away and not received. On receipt of all equipment, all appropriate inventories must be updated in a timely manner.

All doors to computer rooms must be fire doors and should slam shut. Barriers or walls securing computer rooms must be extended from real floor to real ceiling to prevent unauthorized entry and environmental contamination such as that caused by fire and flooding. Windows throughout the building must be locked and must not be opened. Computer rooms must have up-to-date fire protection. Computer rooms must be located on or above the ground floor. Consideration must

also be given to any security threats presented by neighboring premises, for example, leakage of water from other areas. Equipment must be protected from power failures and other electrical anomalies. Options to achieve continuity of power supplies can be selected based on the risk assessment and business need. Emergency lighting must be provided in case of main power failure. Cabling carrying data or supporting information services should have protective controls commensurate with the risk.

All computing equipment must be raised off of the floor at all times. When closets, drawers, or shelves are used to house production or in development networking equipment, these structures must be secured. Power switches to production servers must be protected from unauthorized and accidental access. All source media for production servers, applications and license keys must be clearly labeled and stored in a secured area. Photographic, video, audio or other recording equipment should not be allowed in server rooms unless authorized. Hazardous or combustible materials should be stored securely at a safe distance from any computing resource. Refer to *Media Handling and Disposal Policy* regarding equipment moves and disposal.

All computing equipment must be maintained in accordance with the supplier's recommended service intervals and specifications to ensure its continued availability and integrity. Only IRM may repair or service computers and records must be kept of all suspected or actual faults and all preventive and corrective maintenance.

All workforce members are involved in the physical security of the Department's security perimeters. Workforce members must not disable or circumvent physical security measures in any manner. These controls must be evaluated annually, during planning stages that may change physical security, or whenever the physical environment changes.

Clear screen technology must be used on all Department workstation screens. Workstation screens that display personal, private or sensitive information (PPSI) must be out of view of public areas. Sensitive material, computer screens, and security scrap deposit boxes must not be placed in an unsupervised common walkway. At the end of the day, workforce members must clear their desk of sensitive material.

Secure faxing procedures must be deployed to secure sensitive faxes that are either being received or being sent. Fax machines that receive or send sensitive information must be positioned out of the line of traffic of both clients and workforce members. Workforce members must retrieve sensitive print and/or faxes immediately upon printing. Access to electronic team-rooms that share sensitive information shall be limited. When working remotely, specific controls are required. Refer to *Acceptable Use Policy* regarding physical security measures when working remotely and when traveling.

Facility repairs relating to physical access must be repaired immediately. If a delay is necessary, additional physical security controls must be established for the time period. All repairs to the building must be supervised and documented. No repair work may occur that is outside of written scope definitions.

DEFINITIONS

Clear screen technology: technology that automatically clears the computer screen based on inactivity.

Electronic team-room: a computer-based multi-user data communication service.

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	ACCESS CONTROL
Category	Security
Policy Number	1.08
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To control access to information systems.

POLICY STATEMENT

The Department's information assets will be protected by logical and physical access control mechanisms commensurate with the value, sensitivity, consequences of loss or compromise, legal requirements and ease of recovery of these assets as identified by the Division Director/Information Owner. Division Directors/Information Owners are responsible for determining who should have access to protected resources within their jurisdiction and what those access privileges will be. These access privileges will be granted in accordance with the user's job responsibilities.

All access methods to the Department's trusted internal network must require all authorized users to authenticate themselves through use of an individually assigned user-ID and an authentication mechanism. Network controls must be developed and implemented that ensure that an authorized user can access only those network resources and services necessary to perform their assigned job responsibilities. Passwords must not be stored in clear text.

Logon banners must be implemented on all systems where that feature exists to inform all users that the system is for Department of Civil Service business or other approved use, and that user activities may be monitored.

When accessing the DCS network remotely, identification and authentication of the entity requesting access must be performed in such a manner as to not disclose the password or other authentication information that could be intercepted.

All remote connections to a computer must be made through managed central points-of-entry. Exceptions require a review by the Information Security Team and a waiver signed by the ISO. In the special case where a server, storage device or other computer equipment has the capability to automatically connect to a vendor to report problems or suspected problems, the review must ensure that connectivity is encrypted and does not compromise the DCS network or other third party connections. Third parties with connections must sign and process a *Third Party Connection and Data Exchange Agreement* with DCS. Every Third Party user must sign a *Third Party Acceptable Use Policy and Agreement*. Refer to *Third Party Connection and Data Exchange Policy* and *Remote Access Policy*.

Access to operating system code, services and commands is restricted to only those individuals for whom such access is necessary in the normal performance of their job responsibilities. All individuals requiring enhanced privileges must be provided with a unique privileged account for their sole use. Usernames must not give any indication of the user's privilege level. If privileged account holders are required to perform business transactions, they must use a second user-ID. Passwords to privileged accounts must not be shared with others unless specific authorization has been given.

In certain circumstances, where there is a clear business requirement or a system limitation, the use of a shared user-ID and password for a group of users or a specific job can be used. Approval by the ISO should be documented in these cases and additional compensatory controls must be implemented to ensure that accountability is maintained.

Where technically feasible, default administrator accounts must be renamed, removed or disabled. The default passwords for these accounts must be changed if the account is retained, even if the account is renamed or disabled.

Access to Department business and systems applications must be restricted to those individuals who have a business need to access those applications or systems in the performance of their job responsibilities. Access to source code for applications and systems must be restricted and additional controls must be placed on this type of access.

Networks will have sufficient controls to maintain a trusted internal network and ensure protection of the services connected to these networks. At a minimum this will contain:

1. Separation of operational responsibility for the networks from computer operations, where practical.
2. Separation of the administration of security from other system administrator roles, where practical.
3. Remote use procedures.
4. Safeguards for data passing across borders to public networks.

Electronic devices must not be attached to a DCS PC unless the use has been approved by the ISO.

Any electronic signature usage and any use of a public key infrastructure (PKI) shall comply with applicable laws and regulations.

Cryptographic controls must be used to protect sensitive information during transmission. A secure environment for controlling cryptographic keys must be created by IRM.

Protocols on network planning, analysis, controls, and deployments must be developed and maintained in a current state by the Information Security Team. The ISO shall be responsible for the analysis, selection, and appropriate use of information security tools. The ISO shall also assist the IRM staff in the establishment of security baselines and controls for networks, hosts, applications and users.

DEFINITIONS

Business Transactions: Procedures, electronic or manual, that are part of the overall mission of the business unit. This type of transaction is defined in order to distinguish it from system administration transactions.

Electronic devices: Electronically controlled devices that either store data, run programs, execute commands, or transmit information. Electronic devices include but are not limited to USB port memory sticks, laptops, personal digital assistants (PDA), and camera phones.

Remote Access: computing device access from outside the Department's private, trusted network. This access includes modem dial up, web access to applications, and direct connections with remote organizations.

Third Party: Any entity, such as state agency, department, office, division, board, bureau, commission, vendor that is not governed by the Department of Civil Service. Department of Civil Service workforce members are not third parties.

Third Party User: an individual that works for the Third Party and uses DCS computing resources and/or data.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	ANTI-VIRUS PROTECTION
Category	Security
Policy Number	1.09
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To ensure that controls are implemented across the Department's computing resources to prevent and detect the introduction of malicious software.

POLICY STATEMENT

Information Resource Management (IRM) must implement anti-virus technical controls to detect and prevent malicious software from being introduced to the Department computing environment. IRM must consider the types of anti-virus technical controls and timeliness of updating of these controls on a routine basis, dependent on the ongoing risk assessment and the sensitivity of the information that could be potentially at risk.

Virus signature files must be updated in a timely manner, based on the ongoing risk assessment. Regular updates are required.

On network production systems or servers, the signature files will be updated in a timely manner, based on the ongoing risk assessment. In the absence of a risk assessment, either daily updates must occur, or when the anti-virus software vendor's signature files are updated and published, whichever is later.

All employees are responsible for abiding by all requirements in the *Acceptable Use Policy* to assist in the protection of the Department's computing resources and information assets in regard to protection against malicious software.

Virus outbreaks must be fully documented and reported to the security incident response team. Refer to *Security Incident Response and Management Policy*.

DEFINITIONS

Anti-Virus Software: Software that can be installed to prevent and detect the introduction of malicious software.

Malicious Software: software such as computer viruses, network worm programs and Trojan horses that can cause serious damage to networks, workstations and business data or could cause the unauthorized disclosure of sensitive information.

Virus: A program that replicates itself on computer systems by incorporating itself into other programs that are shared among computer systems. Once in the new host, a virus may damage data in the host's memory, add data on the local drive and any mapped network drive, display unwanted messages, crash the host or, in some cases, simply lie dormant until a specified event occurs.

Worm: A program similar to a virus that replicates itself over a network, consuming large quantities of network resources.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	MONITORING SYSTEM ACCESS AND AVAILABILITY
Category	Security
Policy Number	1.10
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To ensure the detection of unauthorized activities, system and application unavailability, and to provide information for capacity planning.

POLICY STATEMENT

Systems must be monitored to record and review events to detect deviation from access control policy, to detect deviation from system availability requirements, and to provide evidence in case of security incidents. Monitoring controls must be established and reviewed based on conformity to the access control policy and availability requirements.

The risk factors that are monitored are based on the criticality of the application processes, the sensitivity of the information involved, the past experience of system infiltration and misuse, and the extent of system interconnections.

The areas of risk in monitoring for system access and use and availability will change with technology changes, incident reporting, and deployment of new applications/systems.

Event logging must be designed to support all anticipated investigations of security incidents. Event log accuracy measures must be implemented. Technical or operational procedures must be developed and maintained to synchronize system clocks and to verify that system clocks do not vary significantly.

Routine log review is required. The design of log review must also be responsive to the risk factors and the risk areas. Automated alerts may be implemented.

In monitoring system access and use, the areas in scope must include, but not be limited to: user, date and time of key events, type of event, program/utilities used, use of privileged accounts, system start-up and stop, device attachment, and suspected violations of access control policy. When technically feasible, files accessed should be monitored. In monitoring system availability, the areas in scope must include, but not be limited to console alerts or messages, system log exceptions, network management alarms, and application availability.

Access to the system log(s) is restricted to designated system administrators. A list of approved system administrators must be maintained by the security office. Occasional reviews of the system log access approval list will occur without notice. All access to system logs must be logged and monitored. Additional protections must be applied to protect the system log from alteration, overwriting, or failure to record.

Disabling any type of system logging service without written authorization is prohibited, will be considered a security incident, and will be investigated.

Log files will be retained, deleted and purged according to a schedule. If an investigation has begun, the log files will not be purged for the time period of interest to the investigation.

Workforce members should be advised that monitoring of their system use is occurring. All DCS systems can be subject to user monitoring. This monitoring of system use may include the sites visited.

Division Directors must supervise system use to ensure compliance with this and other related policies. Workforce members may be required to participate in security incident investigations. All workforce members are required to report security incidents to a manager and/or the ISO.

Refer to *Access Control Policy, Acceptable Use Policy, Security Incident Response and Management Policy*.

DEFINITIONS

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	USER ACCOUNTS
Category	Security
Policy Number	1.11
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To prevent unauthorized access to Department computing resources and information assets.

POLICY STATEMENT

Access to computer systems must be provided through the use of individually assigned unique computer identifiers.

The Department will employ a user management process of generating, distributing, modifying, suspending, and deleting user accounts for access to resources, including privileged user accounts. Users with privileged accounts should only use these accounts to carry out administrative tasks that require privileged access; accounts with non-privileged rights should be used for routine tasks. Privileged accounts shall be monitored and misuse investigated.

The use of shared accounts must be approved by the ISO. User registration standards for external users must be defined by the Division Director/Information Owner. All third party accounts must have a termination date. Refer to *Third Party Connection and Data Exchange Policy*.

All privileged accounts must be monitored and suspected misuse of these accounts must be promptly investigated. Passwords of privileged accounts must be changed regularly.

All accounts must be reviewed periodically.

Password rules must be mandated by automated system controls whenever possible. Refer to *Acceptable Use Policy* for password best practices. Complex passwords must be enforced for remote access to the network. Refer to *Remote Access Policy* and *Third Party Connection and Data Exchange Policy*.

Information Resource Management is responsible for creating, suspending, disabling, and deleting user accounts based on instructions from Office of Human Resources Management. They are also responsible for granting access permissions to users based on instructions from the appropriate authorizing manager. Additionally, these administrators, in conjunction with Director of Internal Audit, are responsible for monitoring information system activity to identify potential security events, verifying that access permissions are being properly implemented, resetting passwords, and assisting users with difficulties involving system and network access.

DEFINITIONS

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Privileged Account: The account of an individual whose job responsibilities require special system authorization, such as a network administrator, security administrator, system administrator.

Remote Access: computing device access from outside the Department's private, trusted network. This access includes modem dial up, web access to applications, and direct connections with remote organizations.

Suspending an Account: Making an account not usable while not deleting the account or account information.

Third Party: Any entity, such as state agency, department, office, division, board, bureau, commission, vendor that is not governed by the Department of Civil Service. Department of Civil Service workforce members are not third parties.

Third Party User: an individual that works for the Third Party and uses DCS computing resources and/or data.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	REMOTE ACCESS
Category	Security
Policy Number	1.12
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To establish security controls for users accessing the Department of Civil Service's computing resources and information assets from a remote location.

POLICY STATEMENT

Remote access connections to the Department of Civil Service's network must be done in a secure manner to preserve the integrity of the network, data transmitted over that network, and the availability of the network. All remote access requests must be reviewed for appropriateness of access and to ensure that the work environment at the remote location provides adequate security. Of consideration are:

1. physical security of the remote location
2. sensitivity of the information that may be accessed and transmitted
3. current level of risk of unauthorized access to information or resources from other people using the accommodation, e.g. family and friends
4. the suitability of the communication equipment, including methods for securing remote access
5. anti-virus software and method for maintaining current signature files
6. firewalls and intrusion detection techniques at the remote location
7. encryption of personal, private or sensitive information (PPSI) in transit and on the local computer workstation
8. family and visitor access to equipment and information
9. the provision of hardware and software support and maintenance
10. the procedures for back-up
11. audit and security monitoring
12. revocation of authority, access rights and the return of equipment, if applicable, when the remote access activities cease
13. segregation of remote networks accessing the Department networks

Remote access users must have a legitimate business need and be approved by their manager, the applicable Division Director/Information Owner, and the ISO.

All remote access to the Department's network must use designated remote access gateways and authorized user accounts. Centralized and secure mechanisms for dial up must be in place. Individual accountability must be maintained at all times during remote access. Identification and authentication of the entity requesting access must be performed in such a manner as to not disclose the password or other authentication information that could be intercepted and used by a third party. Remote access points shall be monitored.

Remote users connected to the Department's network must not be simultaneously connected to any other network such as third party agency networks or separate dial-up connections to the Internet.

Under no circumstances will a user attempt to add a remote access server to the network.

The remote user must ensure the physical security of the remote location. The remote user must use best practices to protect any password(s) used when working from a remote location. The computer used for the remote access must have a firewall and up-to-date anti-virus software. All workforce members must have signed an *Acceptable Use Policy* prior to gaining approval for remote access. All third party users must have signed a *Third Party Connection and Data Exchange Agreement* prior to gaining approval for remote access. Third party remote access is also addressed in the *Third Party Connections and Data Exchange Policy*.

Division Directors shall be accountable to ensure that employees and contractors are provided with approved access to the Department network.

The ISO shall regularly determine and review the various methods of connectivity into the Department networks for the appropriateness of the controls. A risk assessment must be conducted annually.

DEFINITIONS

Remote Access: computing device access from outside the Department's private, trusted network. This access includes modem dial up, web access to applications, and direct connections with remote organizations.

Third Party: Any entity, such as state agency, department, office, division, board, bureau, commission, vendor that is not governed by the Department of Civil Service. Department of Civil Service workforce members are not third parties.

Third Party User: an individual that works for the Third Party and uses DCS computing resources and/or data.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	THIRD PARTY CONNECTION AND DATA EXCHANGE
Category	Security
Policy Number	1.13
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2005
Revision Date	October 1, 2006

PURPOSE

To ensure that 1) a secure method of network connectivity between the Department of Civil Service and all third parties are used and to provide a formalized method for the request, approval and tracking of such connections, and 2) to ensure secure controls for information that is released outside of DCS.

POLICY STATEMENT

All Third Party connection and data exchange requests must be approved by the ISO or designee. All requests for Third Party connections and data exchanges must be submitted to the ISO by Division Directors/Information Owners. Division Directors/Information Owners may permit a Third Party to create, receive, maintain, or transmit sensitive DCS information only if the Third Party provides satisfactory assurances that the third party will appropriately safeguard the information. The satisfactory assurances must be documented in the Third Party Connection and Data Exchange Agreement and signed by the Third Party.

Division Directors/Information Owners must evaluate and document the level of sensitivity of the information to be created, received, maintained, or transmitted by the Third Party.

Information Resource Management (IRM) is responsible for the security review of the request, account creation, installation and configuration for the Third Party connection, and determination of the data exchange method.

As a part of the request and approval process, the technical and administrative contact within Third Party's organization, if authorized, or an authorized officer of the Third Party will be required to read and sign the Third Party Connection and Data Connection Agreement.

The Third Party must require that each third party user completes a Third Party Acceptable Use Policy and User Agreement. The Third Party must ensure that DCS is notified by fax or mail when the user base changes, following the specifications in the Third Party Connection and Data Exchange Agreement.

1. Right to Use Connection. Third Party may only use the connection and the information obtained from DCS for business purposes as outlined by the Third Party Connection and Data Exchange Request Requirements Document (Attachment 2).
2. Data Exchange.

- 2.1 Third Party may only use the data obtained for purposes outlined by the Third Party Connection and Data Exchange Request Requirements Document (Attachment 2) and the contract or Memoranda of Understanding, if any, that exists between DCS and Third Party for the provision of goods or services or governing conduct between DCS and Third Party with respect to the access to and use of DCS data.
 - 2.2 Data exchange may be conducted only by methods and/or services outlined by the Third Party Connection and Data Exchange Request Requirements Document (Attachment 2). Third Party should expect that access to information and services may be limited, as determined or required by DCS.
3. Network Security.
- 3.1 Third Party will allow only its own employees approved in advance by DCS (“Third Party Users”) to access the Network Connection or any DCS-owned equipment. Third Party shall be solely responsible for ensuring that Third Party Users are not security risks, and upon DCS’ request, Third Party will provide DCS with any information reasonably necessary for DCS to evaluate security issues relating to any Third Party User.
 - 3.2 Third Party will promptly notify DCS whenever any Third Party User leaves Third Party’s employ or no longer requires access to the connection or DCS-owned Equipment.
 - 3.3 Each Party will be solely responsible for the selection, implementation, and maintenance of security procedures and policies that are sufficient to ensure that (a) such party’s use of the connection (and Third Party’s use of DCS-owned Equipment) is secure and is used only for authorized purposes, and (b) such Party’s business records and data are protected against improper access, use, loss alteration or destruction.
 - 3.4 The preferred connectivity method is via the Internet to a DCS-approved or DCS-provided Virtual Private Network (VPN) device. If the device is DCS-provided, DCS will loan the Third Party, in accordance with the DCS Equipment Loan Agreement, the required client software for establishing VPN connections with DCS. Normal DCS perimeter security measures will control access to the internal network.
 - 3.5 Extranet – Designated routers are used in combination with firewall rules to allow access to be managed. A second authentication may be required.
 - 3.6 Remote Access - Using the DCS-provided remote access software, Third Party will connect via an Internet browser. The account may be disabled until usage is required and controls are placed and managed by DCS. Third Party will be required to follow procedures to enable the account for each use.
 - 3.7 Third Party Connections will be audited. All remote access user accounts for Third Parties will be given an expiration time. Renewals must be requested by

Third Party and approved by the Department Sponsor. Obsolete Third Party connections will be terminated.

- 3.8 Software versions on all Third Party computers that connect to the DCS network must be versions that are currently supported by the software manufacturer, and all available security updates and hot fixes for that software must be applied in a timely fashion. Software and firmware for all Third Party networking equipment that is part of the connection to the DCS network must be kept up to date, especially with patches that fix security vulnerabilities.
- 3.9 Anti-virus software and firewalls must be installed and enabled at all times on DCS-owned computers and on Third Party computers that connect to the DCS network. Additionally, virus definition files must be kept up to date.
- 3.10 In no case may a Third Party Connection to DCS be used as an Internet Connection for Third Party or for a Third Party User.

4. Notifications.

- 4.1 Third Party shall notify DCS in writing promptly of any change in its Users for the work performed over the Network Connection or whenever Third Party believes a change in the connection and/or functional requirements of the connection is necessary.

Any notices required by this Agreement shall be given in hand, sent by first class mail, or via facsimile to the applicable address set forth below.

Third Party:

NYS Department of Civil Service:
 State Campus, Building One
 Albany, New York 12239

Attention: _____

Attention: _____

5. Citizen Notification

If Third Party maintains "identifying personal information" on behalf of the Department and such information is compromised, Third Party shall notify the Department immediately that the information has been compromised, the circumstances under which the information was compromised, and the measures undertaken by Third Party to address those circumstances and to otherwise mitigate the effects of the compromise. If encrypted data is compromised along with the corresponding encryption key and encryption software, the data shall be considered unencrypted and the information will be considered compromised through unauthorized access. If the Department requests Third Party to do so, Third Party shall notify the persons whose identifying information was compromised. Such notification shall be communicated via postal service or email, as directed by the Department, and shall otherwise be executed in accordance with the Department's direction. Notification shall be delayed if a law enforcement agency determines that such notification may impede a criminal investigation. For the purpose of this section, "identifying personal information" shall be any information concerning an individual which, because of name, number, symbol, mark or other identifier in combination with any of the following, is unencrypted: (1) Social Security Number; or

- (2) driver's license number; or (3) financial account number, credit or debit card number, in combination with any required security code, access code, or password which would permit access to an individual's financial account; or (4) password which would permit access to the individual's account.
6. Payment of Costs. Each Party will be responsible for all costs incurred by that Party under this Agreement, including, without limitation, costs for phone charges, telecommunications equipment and personnel for maintaining the connection.
7. Confidentiality.
- 7.1 Information exchanged for the business purposes outlined in Attachment 2 will be held confidential by the Parties to the maximum extent permitted by law. Each Party may internally use the information received from the other Party hereunder in connection with and as specifically necessary to accomplish the Business Purpose set forth in Attachment 2 and for no other purposes. Each Party may otherwise share such information with other third parties (e.g. consultants, subcontractors, control agencies) as required or permitted by law in order to effect the business purposes outlined in Attachment 2 and for no other purposes, provided that such third parties agree to the confidentiality restrictions set forth herein and as may be required otherwise by State and federal law.
- 7.2 Third Party must implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the sensitive information that it creates, receives, maintains, or transmits on behalf of DCS.
- 7.3 Unencrypted DCS information must not be transmitted over email.
- 7.4 Third Party must ensure that any agent, including a subcontractor, to whom it provides such information agrees to implement reasonable and appropriate safeguards to protect it and report to the DCS Help Desk any security incident of which it becomes aware.
8. Third Party Users
- 8.1 Third Party must require that each Third Party User executes a Third Party Acceptable Use Policy and Agreement (Attachment 3). Third Party must ensure that DCS is notified by fax or mail when the user base changes, following the specifications in the Third Party Connection & Data Exchange Agreement.
- 8.2 All aspects of Third Party connections within DCS control may be monitored by the appropriate DCS support group and/or the DCS ISO. Any unauthorized use or change to devices will be investigated immediately.
- 8.3 All Third Party Connections will be reviewed on a regular basis and information regarding specific Third Party connection will be updated as necessary. Obsolete Third Party connections will be terminated.
9. DCS-owned Equipment.

- 9.1 DCS may, in DCS' sole discretion, loan to Third Party certain equipment and/or software for use on Third Party premises (the DCS-owned Equipment) under the terms of the DCS Equipment Loan Agreement set forth in Attachment 4. DCS-owned equipment will only be configured for TCP/IP, and will be used solely by Third Party on Third Party's premises or other locations authorized by DCS for the purposes set forth in this Agreement. DCS is responsible for ensuring that it has the right under applicable software licenses to permit third party use.
- 9.2 Third Party may modify the configuration of the DCS-owned equipment only after notification and approval in writing by authorized DCS personnel.
- 9.3 Third Party will not change or delete any passwords set on DCS-owned equipment without prior approval by authorized DCS personnel. Promptly upon any such change, Third Party shall provide DCS with such changed password.

DEFINITIONS

Department Sponsor: An individual in the DCS business unit that acts as custodian and requester for the third party connection. Often this is the Information Owner/Division Director or the Data Custodian.

Remote Access: computing device access from outside the Department's private, trusted network. This access includes modem dial up, web access to applications, and direct connections with remote organizations.

Third Party: Any entity, such as state agency, department, office, division, board, bureau, commission, vendor that is not governed by the Department of Civil Service. Department of Civil Service workforce members are not third parties.

Third Party User: an individual that works for the Third Party and uses DCS computing resources and/or data.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	INFORMATION SYSTEM DEVELOPMENT
Category	Security
Policy Number	1.14
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To ensure that security is built into information systems, and to prevent loss, modification or misuse of user data in information systems in production.

POLICY STATEMENT

To ensure that security is built into information systems, statements of business requirements for new information systems, or enhancements to existing information systems. Specifications must address security needs and include requirements for controls. Such specifications must consider the automated controls to be incorporated in the system, and the need for supporting manual controls. Similar considerations must be applied when evaluating software packages for business applications. The ISO must be involved in all phases of the lifecycle of system development, from the requirements definition phase through implementation and eventual application retirement.

Security requirements should reflect the sensitivity of the information assets. The framework used to identify controls is the risk assessment and risk management framework. Refer to *Data Classification Policy* and *Risk Analysis and Management Policy*. Procedural, technical and administrative controls should address:

1. Audit controls
2. Data input validation
3. Internal processing controls
4. Message integrity
5. Output data validation
6. The possible need for cryptographic controls
7. Security of system files

All specific control mechanisms must be documented.

Test Data

Once test data is developed, it must be protected and controlled for the life of the testing to ensure a valid and controlled simulation with predictable outcomes.

Production data may be used for testing only if all of the following controls are applied;

1. A business case is documented and approved in writing by the Division Director/Information Owner and access controls, system configurations and logging requirements for the production data are applied to the test environment; or

2. A business case is documented and approved in writing by the Division Director/Information Owner and Personal, Private or Sensitive Information (PPSI) will be masked or overwritten with fictional information and the data will be deleted as soon as the testing is completed.

Change Control Processes

To minimize the possibility of corruption of information systems, formal change control procedures for business applications must be developed, implemented and enforced. The procedures must ensure that security and control procedures are not compromised, that support programmers are given access only to those parts of a system necessary to perform their jobs, and that formal agreement and approval processes for changes are implemented. These change control procedures will apply to business applications as well as systems software used to maintain operating systems, network software, and hardware changes.

Source Code Libraries

In addition, access to source code libraries for both business applications and operating systems must be tightly controlled to ensure that only authorized individuals have access to these libraries and that access is logged to ensure all activity can be monitored.

Restrictions on Changes to Software Packages

Modifications to software packages are discouraged. Where it is deemed essential to modify a software package, the following points must be addressed:

1. The risk of built-in controls and integrity processes being compromised
2. Whether the consent of the vendor should be obtained
3. The possibility of obtaining the required changes from the vendor as standard program updates
4. The impact if the organization becomes responsible for the future maintenance of the software as a result of changes

Outsourced Software Development

Where software development is outsourced, the following points should be considered:

1. Licensing arrangement, code ownership and intellectual property rights
2. Certification of the quality and accuracy of the work carried out
3. Escrow arrangements in the event of failure of the third party
4. Rights of access for audit of the quality and accuracy of work done
5. Contractual requirements for quality of code
6. Testing before installation to detect Trojan code

DEFINITIONS

Information System: an interconnected set of information resources under the same direct management control that shares common functionality. A system may include hardware, software, information, data, applications or communications infrastructure.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	SECURITY INCIDENT RESPONSE AND MANAGEMENT
Category	Security
Policy Number	1.15
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To minimize the damage from security incidents and malfunctions, and to monitor and learn from such incidents.

POLICY STATEMENT

All workforce members must work to contribute to an effective Department incident response and management process that results in a prompt and organized response to security incidents.

Each workforce member must understand his/her role and responsibilities regarding information security issues and protecting the Department's information. Workforce members are required to report any observed or suspected incidents to a manager and/or the ISO or security designee immediately. Workforce members must not attempt to prove a suspected weakness or incident.

Examples of suspected security incidents are:

1. Unsecured protected computing resources
2. Any unsupervised or otherwise unauthorized person in a server area or a protected area
3. Release of internal directories or other documentation that provides locations of server areas
4. Attempts by an unauthorized individual to obtain access credentials, e.g., ID badges, security access codes, keys.
5. Unauthorized attempts to gain access to DCS network systems or facilities
6. Unapproved hardware connected to the DCS network
7. Hardware left in an unsecured area
8. A potential fire or water hazard
9. Damaged equipment, facilities or utilities
10. Loss or misplacement of media (e.g. disks, tapes, paper) containing Personal, Private, or Sensitive Information (PPSI)
11. Inappropriate use of the computing environment
12. Disclosure of PPSI
13. Other violations to the *Acceptable Use Policy*

Managers receiving a security report must report the incident upward to the ISO. It is the ISO's responsibility to establish an incident investigation and alert Information Resource Management (IRM) and affected Divisions of possible damages. IRM, including the Help Desk, and affected Divisions receiving an alert must act immediately, or as described on the ISO alert.

The ISO must notify the Information Security Team of all reported incidents. The Information Security Team must document the symptoms of the problem and must take steps to isolate the problem immediately. The Information Security Team and other workforce members will be identified to assist with analysis and identification of the cause of the incident, planning and implementation of corrective actions to prevent reoccurrence, collection of audit log information, and communication with those affected by or involved in the recovery from the incident.

To capture recurring incidents and to record lessons learned, the Information Security Team must ensure that all incidents are tracked by type and that information on volumes of security incidents and malfunctions is gathered.

Because the act of testing weaknesses could have unintended consequences, workforce members must not attempt to prove a suspected weakness unless specifically authorized by the ISO to do so.

Disciplinary action, consistent with the Civil Service Law and the negotiated agreements, will be brought against any employee of the Department found to be engaging in such incidents or who retaliates against any employee who reports or complains of activities related to an incident.

Feedback on investigations must be provided regularly and promptly to the ISO. Individuals reporting incidents will be notified when the incident has been closed. The details of the incident review, including the resolution, are confidential and will not be disclosed to the reporting individual.

The Office of Cyber Security Critical Infrastructure and Coordination will receive incident reports from the ISO. The ISO is responsible for all external reporting and notification.

See also Policy 1.24, *Citizen Notification*, for special procedures relating to security breaches that may have disclosed the private information of any New York State residents to unauthorized persons.

DEFINITIONS

Information Security Incident: The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	CONTINGENCY PLANNING
Category	Security
Policy Number	1.16
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To ensure the continuity of critical operations, the protection of information assets, and the prevention of damage to computing resources in the event of an emergency, disaster, or other occurrence that damages or compromises computing resources, information assets, or business functions.

POLICY STATEMENT

The Department of Civil Service requires each Division to participate in a Department-wide contingency planning effort to establish and implement policies and procedures for responding to an emergency or other occurrence that damages or compromises computing resources, information assets, and business functions. In addition, the Department is committed to compliance with Federal and State regulations including the Health Insurance Portability Accountability Act (HIPAA) Security rule that requires contingency planning for responding to an emergency or other occurrence that damages or compromises systems that contain electronic protected health information. Division contingency planning efforts must result in written plans. These plans may include a Contingency Plan, a Disaster Recovery Plan and a Business Continuity Plan. Plans must be maintained to a current state of readiness.

Contingency plans must be developed and must be written in coordination between other emergency preparedness planning efforts including, but not limited to, emergency preparedness planning and crisis communication planning. Contingency plans must be written with input and support from other planning efforts such as cyber-incident response planning, monitoring planning, and auditing planning. Contingency plans must be developed in relation to sensitivity levels assigned by Division Directors/Information Owners to each information asset. Contingency plans must be compatible with program requirements for the business and support functions.

The scope of the contingency planning must include:

- Organizational framework for contingency efforts including the roles and responsibilities of team members.
- Scope as applied to the type of platform and organizational functions subject to the planning
- Procedures for responding to an emergency or other occurrence that damages or compromises computing resources and/or information assets in the Department.
- List of applications with Private, Personal or Sensitive Information (PPSI) including those with protected health information.

- Procedures for system/application backup planning, including frequency of backups and storage of backup media.
- Procedures for system/application recovery.
- Procedures for the continuity of system support.
- Enabling the continuation of critical business processes for protection of the security of electronic protected health information while operating in emergency mode.
- Coordination with system development projects to ensure that contingency is addressed in each system development lifecycle phase.
- Business recovery goals and procedures, by priority, based on a business impact analysis.
- Notification, plan activation, and plan deactivation procedures.
- Resource requirements, training requirements, exercise and testing schedules.
- Plan maintenance schedule.
- Maintenance and distribution responsibilities.

DEFINITIONS

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Information Owner: The Division Director that has responsibility for making classification and control decisions regarding use of information assets.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799
- National Institute of Standards and Technology (NIST), Contingency Planning Guide for Information Technology Systems, SP 800-34

Policy Name	SYSTEM BACKUP AND RESTORATION
Category	Security
Policy Number	1.17
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To ensure that interruptions to normal business operations are minimized and that sensitive business applications and processes are protected from the effects of major failures.

POLICY STATEMENT

To ensure that interruptions to normal business operations are minimized and that sensitive business applications and processes are protected from the effects of major failures, a comprehensive backup strategy must be developed and maintained, based on a risk assessment and the sensitivity of each information asset. The Division Director/Information Owner, in cooperation with the Information Security Team and Information Resource Management (IRM), must ensure that regular backups are created of all sensitive information that is stored on network file servers or production servers. IRM must develop plans that can meet the backup and recovery requirements of the Division. Retention requirements must be determined by the Division Director/Information Owner. If personal, private or sensitive information (PPSI) is stored on a personal computer, the owner of that data is responsible for backing up that information. All users must follow the instructions of Division Directors/Information Owners on the proper storage and disposal of electronic information.

Routine backups of the operating system, programs, applications, and data files must be performed. Backup tapes and removable media must be stored in a secure facility offsite. A separate network should be used for backups where feasible. Access to the back-up network must be restricted. Back-up equipment, tape library and tapes must be kept in a secure area. Only authorized workforce members will be allowed to enter this secured area. Personnel charged with performing backups will receive training. The backup planning efforts should keep training requirements in mind. Backup and recovery procedures must be fully documented and must be tested regularly. Backup procedures must include procedures to be followed whenever equipment is moved. Requests for data restores must be authorized by the Data Custodian for that information asset.

The ISO and the Information Security Team must review the physical and logical security controls used in the backup strategy and recommend changes to the process when information security considerations warrant the changes.

Refer to *Data Classification Policy*.

DEFINITIONS

Data Custodian: The individual appointed by the Division Director/Information Owner to make decisions on their behalf.

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Information Owner: The Division Director that has responsibility for making classification and control decisions regarding use of information assets.

Sensitivity: The measurable, harmful impact resulting from disclosure, modification, or destruction of information. There are three measures of sensitivity for every information asset: confidentiality, integrity, and availability.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	AUDIT AND COMPLIANCE
Category	Security
Policy Number	1.18
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To avoid breaches of any criminal and civil law, statute, regulation or contract; to ensure compliance of systems with organizational security policies and standards; and to maximize the effectiveness of and to minimize interference to/from the system audit process.

POLICY STATEMENT

An effective ongoing audit process is an important component of the Department security and risk management program. The Department is subject to both external and internal audits on a regular basis and as deemed necessary by the Director of Internal Audit. At a minimum, the Director of Internal Audit conducts a comprehensive annual review of the Department's computer network policies and procedures.

The Director of Internal Audit performs independent checks of the Information Security Team, using audit software to track administrative activities for unauthorized access and sign-on attempts. Additionally, in the course of normal system maintenance and administration, the Information Security Team must periodically test the effectiveness of the controls of its own logical and administrative security control systems.

On at least an annual basis and whenever operational or environmental changes affect the security of sensitive information, the Department, through the direction of the ISO, shall review security policies and procedures to ensure that they continue to meet all legal and regulatory requirements and relevant best practices.

Regular reporting on the effectiveness of compliance efforts shall be accomplished by the ISO. The Department shall have the expectation of CSCIC reviews. The Department will evaluate compliance against the CSCIC policy annually and develop appropriate mitigation plans.

All workforce members are responsible for ensuring that all relevant security processes and procedures are followed and can expect regular reviews of compliance. Workforce members shall report any compromise or suspected compromise to management. Refer to *Security Incident Response and Management Policy*.

The Director of Internal Audit is responsible for regularly auditing information security controls and practices to ensure compliance with all relevant Department security policies and procedures.

The ISO or his/her designee is responsible for overseeing regular reviews of information system activities to verify compliance with security policies and to be aware the risks to which

information assets are vulnerable. Additionally the ISO or his/her designee is responsible for evaluating the extent to which the information security program and its policies are still in compliance with relevant laws and regulations. The Office of the Counsel will assist the ISO in this effort.

DEFINITIONS

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	POLICY REVIEW AND REVISION
Category	Security
Policy Number	1.19
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To establish a process for revising the Department's Information Security Policy.

POLICY STATEMENT

Policy revisions may be required as the business needs of the Department change, as the technology environment advances, as additional compliance issues arise, and when business environment changes demand a more robust security orientation. In addition, all information security policies must have a scheduled review date and must be reviewed at that time for revisions. When making the decision to revise these policies, the following should be considered:

- Whether or not there is an acceptable alternative to the established policy
- When a particular business function cannot be performed effectively if the policy is not revised
- When a business function is no longer cost-effective by following the policy as written
- When failure to change the policy would result in an unacceptable level of risk to the Department

Requests for policy changes can be sent to the ISO, briefly stating the underlying business problem and recommended approach. The ISO will be responsible for maintaining overall Information Security Policies. Should any exceptions to these policies be granted, they will be documented and maintained by the ISO.

The Information Security Steering Committee is chaired by the ISO, and includes representatives from Information Resource Management, Office of Human Resources Management, the Office of Financial Administration, Director of Internal Audit, and the Office of the Counsel. The Information Security Steering Committee oversees the activities and deliverables of the Information Security Team and formulates Department of Civil Service information security policy and strategy. The Commissioner's Office has final approval authority over all policies, protocols, standards, guidelines, and procedures.

Exceptions to this policy must be first submitted for approval to the Division Director/Information Owner and then to the ISO. The ISO will be responsible for maintaining this policy and obtaining approval for changes.

DEFINITIONS

Information Owner: The Division Director that has responsibility for making classification and control decisions regarding use of information assets.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	RISK ASSESSMENT AND MANAGEMENT
Category	Security
Policy Number	1.20
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To enable the Department to identify risks to the confidentiality, integrity, and availability of the Department's information assets and computing resources, and to determine reasonable and appropriate security measures to address those identified risks.

POLICY STATEMENT

The Department must conduct an accurate and thorough assessment of the potential risks and vulnerabilities to the confidentiality, integrity, and availability of the Department's information assets and computing resources, and then determine and implement security measures sufficient to reduce the risks and vulnerabilities to a reasonable and appropriate level. The scope of the risk assessment should be comprehensive enough to enable these measures to be developed.

The risk assessment and management framework includes:

1. **Risk Assessment:** comprehensive annual review, measurement, and rating of security vulnerability and threats.
2. **Mitigation Strategy Development:** ongoing process of developing and refining a strategy towards resolving and addressing security risks.
3. **Intervention and Mitigation:** execution of the interventions established in the mitigation strategy
4. **Workforce Communication and Training:** utilizing communication and training techniques to explain risk mitigation efforts and to enlist partnership and participation in security risk mitigation
5. **Evaluation and Revision:** determination of success measures and revision of the mitigation strategy

Security domains that must be addressed in the risk assessment and management process include:

1. Security Policy
2. Organizational Security
3. Asset Classification and Control
4. Personnel Security
5. Physical and Environmental Security
6. Communications and Operations Management
7. Access Control
8. Systems Development and Maintenance
9. Business Continuity Management
10. Compliance

The ISO has the responsibility for:

- Overseeing the risk assessment and management process for the Department
- Approving the risk assessment and management strategy
- Endorsing and promoting the risk assessment and management strategy

Each Division Director/Information Owner has the responsibility for:

- Oversight of the risk management program for the Division
- Coordinating risk management activities across the Division
- Assigning of assessment team participants
- Endorsing and promoting the risk assessment processes in the Division
- Approving the risk management processes in their Division

The Information Security Team has the responsibility for:

- Developing and recommending risk management strategies and processes
- Establishing risk assessment schedules and scope
- Conducting risk assessments processes

Each Application Owner has the responsibility for:

- Participating in risk assessment interviews
- Completing risk assessment questionnaires
- Identifying and clarifying security risks
- Assigning assessment team participants

All workforce members have responsibilities to follow the security policies that DCS has established.

To reduce the security risks of new technology and workforce practices, focused security risk assessments must occur as an integral part of the introduction and design of new technologies and workforce procedures. These risk assessments are in addition to the ongoing requirement of risk assessment.

Use of vulnerability scanning and penetration testing methods to assist with risk assessment will be based on an evaluation of the environment and the development of a strategy for the use of the findings. All scanning and penetration testing requires prior approval from the ISO. Workforce members must not attempt to test vulnerabilities.

DEFINITIONS

Information Asset: All categories of information, including but not limited to: records, files, and databases.

Information Owner: The Division Director that has responsibility for making classification and control decisions regarding use of information assets.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	MEDIA HANDLING AND DISPOSAL
Category	Security
Policy Number	1.21
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To prevent disclosure of personal, private or sensitive information (PPSI) and to prevent loss, damage, or compromise of assets and interruption to business activities.

POLICY STATEMENT

All procedures for the handling of computer and server equipment and storage media must be approved by the ISO. Computer and server handling for reassignment, service, or for disposal procedures can only be conducted by authorized Information Resource Management (IRM) individuals. IRM must ensure that hard disk drives are physically destroyed or securely overwritten when no longer to be used. IRM must ensure that PPSI is removed from computers when the computers will be reused or reassigned. Logs must be maintained for all computer and server moves.

Workforce members observed using or moving equipment or other media that is not assigned to their individual use must be reported to the manager immediately.

Workforce members must not dispose of removable media in the trash. Collection boxes for removable media must be provided in each Division and must be secured until pickup. These collection boxes must be clearly marked as security scrap and must be separate from paper security scrap. For pickup, Divisions should tape the box closed and contact Shipping.

Division Director approval must be obtained to use removable media with Department computing resources. All portable or removable media must be encrypted. Encryption keys must not be stored with portable device. Workforce members authorized to use removable media must not leave removable media unsecured on their desktops. Before removing media from the physical site, workforce members must inform their supervisor. On returning media to the physical site, workforce members must scan the media for viruses. Assistance is provided by the Help Desk.

Paper documents and printed output with sensitive information must be disposed of by either shredding the document or using the security scrap boxes supplied to each Division. Security scrap boxes must be stored in supervised areas or locked in rooms during unsupervised hours. They should not be stored within public or commonly used walkways.

When Division policies are more stringent, the Division policy will supersede this policy.

Refer to *Acceptable Use Policy* and *Physical Security Policy*.

DEFINITIONS

Removable media: storage platforms that can be separated easily from the computing resource. Examples include: removable disks of any kind, magnetic tapes, cassettes, CDs, personal digital assistants, film, memory sticks.

Workforce Member: Staff, contractor, volunteer, intern working for or on behalf of the Department of Civil Service.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	OPERATIONAL MANAGEMENT
Category	Security
Policy Number	1.22
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To ensure the correct and secure operation of information processing facilities.

POLICY STATEMENT

All Department information processing facilities must develop and maintain documented operating instructions and management processes for information security incidents. Computing hardware, software or system configurations provided by the Department must not be altered or added to in any way unless exempted by documented written policy or specific approval.

Operational and management responsibilities must be clearly defined for service provisioning by or for the Department. The Division Directors shall implement organizational structures and request system designs that segregate the activities requiring collusion to commit fraud.

Where practical, management and execution duties must be separated. Where separation is difficult to achieve, compensating controls must be implemented. The ISO and the Information Security Team shall not audit itself.

Separation of Development, Test, and Production Environments

Separation must be implemented between development and test functions. A stable quality assurance environment where testing can be conducted and changes cannot be made to the programs being tested must be ensured. Processes must be documented and implemented to govern the transfer of software between environments. The following controls must be used:

1. Development software and tools must be maintained on computer systems isolated from the production environment, either physically separate machines or separated by access controlled domains or directories.
2. Access to compilers, editors and other system utilities must be removed from production systems when not required.
3. Logon procedures and environmental identification must be sufficiently unique for production, testing and development.
4. Controls must be in place to issue short-term access to development staff to correct problems with production systems allowing only necessary access.

System Planning and Acceptance

Advance planning and preparation must be performed to ensure the availability of adequate capacity and resources. The security requirements of new information systems must be established, documented and tested prior to their acceptance and use.

Acceptance criteria must be developed and documented for new information systems, upgrades and new versions of existing systems. Testing to ensure that the security requirements are met must be performed prior to the information system being migrated to the production environment.

Covert Channels and Trojan Code

Where covert channels or Trojan code are a concern, the following must be considered:

1. Buying programs only from a reputable source
2. Buying programs in source code so the code may be verified
3. Using evaluated products
4. Inspecting all source code before operational use
5. Controlling access to, and modification of, code once installed
6. Use staff of proven trust to work on key systems

Software Maintenance

Vendor supplied software must be maintained at a level supported by the vendor. Exceptions require a waiver from the ISO. Maintenance of DCS-developed software will be logged to ensure changes are authorized, tested and accepted by DCS management. All known security patches must be reviewed, evaluated and appropriately applied in a timely manner.

Technical Review of Operating System Changes

All operating system changes must undergo both testing and a technical review. These processes should cover:

1. Review of application control and integrity procedures to ensure that they have not been compromised by the operating system changes
2. Ensuring that annual support planning will cover reviews and system testing resulting from operating system changes
3. Ensuring that notification of operating system changes is provided in time to allow appropriate reviews to take place before implementation
4. Ensuring that appropriate changes are made to the business continuity plans

DEFINITIONS

Trojan Code: Covertly-placed code that when executed performs an unauthorized activity or function. It may be activated by changing a parameter accessible by both secure and insecure elements of a computing system, or by embedding information into a data stream.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	THIRD PARTY ACCEPTABLE USE POLICY AND AGREEMENT
Category	Security
Policy Number	1.23
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To establish the Third Party Acceptable Use Policy and Agreement as a requirement for individual third party users to sign before providing access to DCS systems and data is provided.

POLICY STATEMENT

This policy and agreement applies to all forms of computer and networking use, including local access at the Department of Civil Service (DCS) premises, remote access via public or private networks, access using DCS equipment, access using individual or group accounts, and access via other methods.

A signed paper copy of this form must be submitted by any individual (1) for whom authorization of a new user account is requested, (2) who will use a shared third party account, and/or (3) who is requesting reauthorization of an existing use. Modifications to the terms and conditions of this agreement will not be accepted by DCS management.

Indicate here if this is a notification that the user no longer requires access:

User's Name (print): _____

Organization: _____

Telephone Number: _____
Area code Number Extension

Office Address: _____
Street Address

Office Address (cont): _____
City State Zip

By signing this agreement, the undersigned acknowledges that he or she has read, understands, and agrees to comply with the above principles governing the use of DCS computing resources.

User Signature: _____ Date: _____

You must sign this signature page and send it to DCS. Retain a copy of the signature page and the attached Policy for your records. This form must be delivered either by fax or mail to:

Mail: NYS Department of Civil Service, Alfred E Smith Office Building, 80 Swan Street,
Albany, NY 12239
Attention: Help Desk
FAX: 518-485-5588

Protection of DCS Information

All records and information maintained in DCS systems accessed by the User are confidential and shall be used by the User solely for the purpose of carrying out the User's official duties. Users may not use any such records and information for any other purpose. No such records or information may otherwise be used or released to any person by the User or by the User's employer or agent, except as may be required by applicable State or federal law or by a court of competent jurisdiction. All accounts and connections will be regularly reviewed.

Banners

All users will follow the guidelines of the DCS Log-on Banner as stated below.

NOTICE * The contents of this banner have been recommended to all State agencies by the Office for Technology in the NYS Preferred Standards and Procedures for Information Security. * This electronic system, which includes hardware, software and network components and all data contained therein (the "system"), is the property of the New York State Department of Civil Service (DCS). * Unauthorized use or attempted unauthorized use of this system is not permitted and may constitute a federal or state crime. Such use may subject you to appropriate disciplinary and/or criminal action. Use of this system is only permitted to the extent authorized by DCS. * Use is limited to conducting official business of DCS. Under the Electronic Communications Privacy Act of 1986 (18 U.S.C. 2510, et seq.), notice is hereby given that there are NO facilities provided by this system for sending or receiving private confidential electronic communication. Any use, whether authorized or not, may be monitored, intercepted, recorded, read, copied, accessed or captured in any manner, and used or disclosed in any manner, by authorized DCS personnel without additional prior notice to users. In this regard, users have no legitimate expectation of privacy during any use of this system or in any data on this system. * Use, whether authorized or unauthorized, constitutes expressed consent for DCS to monitor, intercept, record, read, copy, access or capture and use or disclose such information. * DCS policy regarding this matter can be reviewed on the DCS internal website. Copies can also be obtained from the Office of Human Resources Management. Such policies are subject to revision. This notice is consistent with the Acceptable Use Policy issued to DCS employees regarding acceptable use, June 15, 2005. I have read and understand this notification and department policy.

Passwords

The User is not permitted to share his/her password with anyone. Passwords must never be written down. The User must not use the same password for multiple applications. The User must use passwords that are not easily guessed and must not use their email address as their password.

Shared Accounts

All use of shared accounts must be authorized by DCS. Users of shared accounts must be identified to DCS via the completion and signing of this policy/agreement. Third Parties are

responsible for notification to DCS when the user base changes. Passwords for shared accounts must not be provided to individuals who have not been identified by Third Party to DCS and who have not completed and signed this policy/agreement.

Virus Protection

Anti-virus software must be installed and enabled at all times on DCS-owned computers and on third party computers used to conduct DCS business. Virus definition files must be kept up to date. DCS Information Resource Management (IRM) provides anti-virus software and maintains the configuration of that software for all DCS-owned computers.

Acceptable Use

DCS computers, computing systems and their associated communication systems are provided to support the official business of DCS. All uses inconsistent with DCS' business activities and administrative objectives are considered to be inappropriate use.

Examples of unacceptable behavior include, but are not limited to the following.

- Any illegal activities that could result in legal actions against and/or financial damage to DCS.
- Computer usage that reasonably harasses or offends other employees, users, or outsiders, or results in public embarrassment to DCS.
- Computer usage that is not specifically approved and which consumes significant amounts of computer resources not commensurate with its benefit to DCS' mission or which interferes with the performance of a worker's assigned job responsibilities.
- Use in connection with compensated outside work or unauthorized not-for-profit business activities.
- Use of sniffers, spyware, adware or other related technology.

Software Protection

The User is responsible for complying with copyright, licensing, trademark protection, and fair use restrictions.

Reporting Incidents

Users are required to report incidents of system errors, data discrepancies, application performance problems, to the DCS Help Desk, at (518) 457-5406 phone; 518-485-5588 Fax.

DCS Rights

Pursuant to the Electronic Communications Privacy Act of 1986 (18 USC 2510 et seq), notice is hereby given that there are no facilities provided by this system for sending or receiving private or confidential electronic communications. DCS has access to all access attempts, messages created and received, and information created or stored using DCS resources, and will monitor use as necessary to assure efficient performance and appropriate use. Information relating to or in support of illegal activities will be reported to the appropriate authorities.

DCS reserves the right to log and monitor use. DCS reserves the right to remove a user account from the network. DCS assumes no responsibility or liability for files or information deleted.

The DCS will not be responsible for any damages. This includes the loss of data resulting from delays, non-deliveries, or service interruptions caused by negligence, errors or omissions, or caused by the way the user chooses to use DCS computing facilities.

DCS reserves the right to change its policies and rules at any time.

Penalties

The User shall hold the State and DCS harmless from any loss or damage to the State and/or DCS resulting from the User's inappropriate disclosure of information covered by this User Agreement. Further, the User's non-compliance with this Agreement may result in the revocation of system privileges, termination of employment or contract with DCS, and/or criminal and/or civil penalties.

DEFINITIONS

Remote Access: computing device access from outside the Department's private, trusted network. This access includes modem dial up, web access to applications, and direct connections with remote organizations.

Third Party: Any entity, such as state agency, department, office, division, board, bureau, commission, vendor that is not governed by the Department of Civil Service. Department of Civil Service workforce members are not third parties.

Third Party User: an individual that works for the Third Party and uses DCS computing resources and/or data.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799

Policy Name	CITIZEN NOTIFICATION
Category	Security
Policy Number	1.24
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To establish citizen notification requirements and procedures in the case of a compromise of identifying personal information.

POLICY STATEMENT

Discovery and reporting of security breach. The Department values the protection of Personal, Private, Sensitive Information (PPSI) and takes considerable measures to secure it. Whenever any Department workforce member learns, or has reason to believe, that there has been a breach of the security of any of the Department's computer systems, (s)he must immediately notify the Information Security Officer, who will then notify the Director(s) of the affected Division(s) and the Director of Information Resource Management. A breach of the security of a system includes unauthorized acquisition or acquisition without valid authorization of computerized data which compromises the confidentiality or integrity of PPSI maintained by the Department. Good faith acquisition of PPSI by an employee or agent of the Department for the purposes of the agency is not a breach of the security of the system, provided that the private information is not used for unauthorized purposes or subject to unauthorized disclosure. This notification shall be made in the most expedient time possible and without unreasonable delay.

Investigation of reported security breach. The Division Director, the Information Security Officer and the Director of Information Resource Management, will investigate the reported security breach to determine the nature and extent of any such unauthorized acquisition of PPSI. In determining whether information has been acquired, or is reasonably believed to have been acquired, by an authorized person or a person without valid authorization, the Department may consider indications of the following factors, among others:

1. The information is in the physical possession and control of an unauthorized person, such as a lost or stolen computer or other device containing information; or
2. The information has been downloaded or copied without authorization; or
3. The information as used by an unauthorized person, such as fraudulent accounts opened or instances of identity theft reported.

If encrypted data is compromised along with the corresponding encryption key and encryption software, the data shall be considered unencrypted and information will be considered compromised through unauthorized access.

Notification to New York State residents. At the conclusion of the investigation, if it is determined that a security breach of the Department's computer systems occurred, or is

reasonably likely to have occurred, and that the identifying personal information of one or more New York State residents may have been acquired by an unauthorized person or persons, the Information Security Officer will present the findings of the investigation in writing to the Commissioner or designee of the Commissioner, who shall notify the affected New York State residents.

If a third party maintains information on behalf of the Department and identifying personal information is compromised, the Department or the third party will notify the individual of the compromise.

Method of notification. The notice will be provided directly to the affected persons via 1) written notice, 2) electronic notice if the affected person has expressly consented to receiving the information in electronic form, or 3) telephone notice. If the cost of providing notice would exceed two hundred fifty thousand dollars, or if the affected class of subject persons to be notified exceeds five hundred thousand, or if the Department does not have sufficient contact information to provide direct notice, then upon the approval of the Office of Attorney General, substitute notice may be provided. Substitute notice shall consist of all of the following:

- (1) e-mail notice when such state entity has an e-mail address for the subject persons;
- (2) conspicuous posting of the notice on such state entity's web site page, if such agency maintains one; and
- (3) notification to major statewide media.

Notifications will be made as soon as possible after the Department's internal investigation is complete, but may be delayed if a law enforcement agency determines that the notification might impede a criminal investigation.

Content of notice. Such notifications shall include 1) Department contact information, 2) a description of the categories of information that were, or are reasonably believed to have been, acquired by a person without valid authorization, and 3) the elements of identifying personal information that were, or are reasonably believed to have been, acquired by a person without valid authorization.

The Department will notify the Office of Attorney General, the Consumer Protection Board, and the Office of Cyber Security and Critical Infrastructure Coordination as to the timing, content and distribution of the notices and approximate number of affected persons. If more than 5,000 residents are to be notified at one time, the Department shall also notify consumer reporting agencies as to the timing, content and distribution of the notices and approximate number of affected persons. Such additional notices shall be made without delaying the notice to the affected New York State residents.

SAMPLE NOTICE TO NYS RESIDENTS

Name
Address
City, State Zip

Dear :

We are writing to you because of a recent security incident at the NYS Department of Civil Service.

- A. The nature of the incident is as follows:**
- B. The incident may have involved the following types of private information:**
- C. The Department of Civil Service is taking the following actions to protect against this type of incident in the future:**

To protect yourself from the possibility of identity theft, we recommend that you take the following steps:

If credit card or other financial account information is indicated above, you should immediately contact your credit card or financial account issuers and inform them that an unauthorized person may have your account information.

If a Driver's License or Non-Driver's ID number is indicated, immediately contact your local office of the NYS Department of Motor Vehicles to report the theft.

In all cases, to further protect yourself we recommend that you place a fraud alert on your credit files. A fraud alert informs creditors to contact you before opening any new accounts in your name. Contact the three credit reporting agencies at a number below. You will then be able to receive a free copy of your credit report from each.

Experian: 888-397-3742
Equifax: 800-525-6285
TransUnion: 800-680-7289

When you receive your credit reports, look them over carefully. Look for accounts you did not open. Look for inquiries from creditors that you did not initiate. And look for personal information that is not accurate, such as home address and Social Security number. If you see anything you do not understand, call the credit reporting agency at the telephone number on the report.

For more information on identity theft, we suggest that you visit the Web site of the New York State Consumer Protection Board [www.consumer.state.ny.us] or call them at (518) 474-8583 or (800) 697-1220. Information regarding identity theft is also available from the Federal Trade Commission at www.consumer.gov/idtheft.

If there is anything that the Department of Civil Service can do to assist you, please call [**toll-free phone number**].

Sincerely,

PLEASE SUBMIT THE FOLLOWING FORM TO ALL THREE (3) STATE AGENCIES as follows:

Fax this form to the Consumer Protection Board (CPB):

Security Breach Notification
Fax: 518-474-2474

Also Fax & Mail this form to:

NYS Office of Cyber Security and Critical Infrastructure Coordination (CSCIC):
30 South Pearl St. Floor P2
Albany, NY 12207
Fax: 518-474-9090

Office of the Attorney General
Asst. Attorney General in Charge
Bureau of Consumer Frauds
120 Broadway - 3rd Floor
New York, NY 10271
Fax: 212-416-6003

**New York State Department of Civil Service
Report of
“Breach of the Security of the System”
Pursuant to the Information Security Breach
and Notification Act (State Technology Law §208)**

Name of State Entity:

Date of Discovery of Breach:

Estimated Number of Affected Individuals:

Date of Notification to Affected Individuals:

Manner of Notification: written notice
 electronic notice (email)
 telephone notice

Are you requesting substitute notice? Yes No (If yes, attach justification)

Content of Notification to Affected Individuals: Describe what happened in general terms and what kind of information was involved. Please attach copy of Notice.

Name of Contact Person:

Title:

Telephone number:

Email:

Dated:

Submitted by:

Title:

Address:

Email:

Telephone:

Fax:

Refer to *Security Incident Response and Management Policy*.

DEFINITIONS

Private information: Personal information in combination with any one or more of the following data elements, when either the personal information or the data element is not encrypted or encrypted with an encryption key that has also been acquired: (1) social security number; (2) driver's license number or non-driver identification card number; or (3) account number, credit or debit card number, in combination with any required security code, access code, or password which would permit access to an individual's financial account. Private information does not include publicly available information that is lawfully made available to the general public from federal, state, or local government records.

PPSI: Personal, private or sensitive information.

Third Party: Any entity, such as state agency, department, office, division, board, bureau, commission, vendor that is not governed by the Department of Civil Service. Department of Civil Service workforce members are not third parties.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799
- New York State Information Security Breach and Notification Act (New York State Technology Law Section 208)

Policy Name	BLACKBERRY DEVICES
Category	Security
Policy Number	1.25
Policy Owner	Information Security Officer (ISO)
Policy Level	Department
Effective Date	October 1, 2007
Revision Date	October 1, 2008

PURPOSE

To ensure that guidelines and security controls are in place for the issuance of all personal digital assistant (PDA) devices including Blackberries within the Department.

POLICY STATEMENT

The Department recognizes the importance of utilizing new communication technologies to enable workforce members to increase their productivity and efficiency while away from the office. Blackberry devices used in conjunction with the Blackberry Enterprise Server can give Department staff the ability to maintain e-mail contact with co-workers, to access and update their calendars, and to provide access to limited Department applications while away from the office. To ensure that the security and confidentiality of Departmental data and communication is protected and the investment in these devices provides the maximum benefit to the Department, the following guidelines will be followed.

Assignment of Blackberries

Only Department owned and assigned PDA devices will be used to access Department resources. No personally owned devices will be allowed, since the Department has no control over the security on these devices, and any DCS data downloaded to them may be susceptible to interception, theft or loss.

The cost of procuring, supporting and maintaining these tools is significant. Assignment of these devices to workforce members should be carefully considered and based on business need. The following factors, at a minimum, will be considered in evaluating any request for assignment of a Blackberry:

- 1) The amount of time spent outside of the office.
- 2) The applications, e.g., e-mail, calendar, or other, that the employee needs access to while outside of the office.
- 3) The impact of not having access to the needed applications while outside of the office.
- 4) The availability of the wireless services in the location where the requesting employee will be using while outside of the office.
- 5) The availability of less expensive alternatives, such as remote access to the Department network from a home computer.

Blackberry users must have a legitimate business need and all requests for this equipment must be approved by their manager, the applicable Division Director, the CIO and the ISO.

Security and Passwords

The New York State Information Security Policy requires that all PDA devices must be encrypted. All PDA devices will now require the password and the content protection options to be enabled.

The Blackberry will have an initial password that Desktop Support issues in order to activate the device. The password option must remain enabled. Users will have the ability to change their password under the security settings, however all other settings must not be changed. This password is in addition to, and different from, the employee's normal passwords used to log into the Department network and to access applications. To protect Department data in the event that the device is lost or stolen, the Blackberry will go into a locked mode after a set period of inactivity, and the password will be needed to unlock it.

The Desktop Support Unit will maintain a list of Blackberry users and their device serial numbers. The employee assigned a Blackberry device must not communicate their password to anyone else. In the event the employee forgets the password, the employee must notify the Help Desk for a password reset. In some instances, the Desktop Support Unit can reset the password remotely and the employee will be notified of the new password. Otherwise the Blackberry will have to be returned to the Desktop Support Unit for a password reset. After 5 incorrect password attempts the user must type **blackberry** in order to continue. After 10 incorrect password attempts, all data will be erased from the Blackberry and the unit must be returned to the Desktop Support Unit for reinitialization of the device.

Rules of Use

When PDA devices are used in public places, care must be taken to avoid the risk of unauthorized persons viewing information on the screens. Such equipment must not be left unattended and must be physically locked when not in use. Workforce members must not check these devices in airline luggage systems. These devices must remain in the possession of the traveler unless other arrangements are required by federal or state authorities.

Lost devices

Should a device become lost or stolen it is imperative that the Help Desk (485-1618) be notified immediately so that the device can be deactivated and disallowed from accessing the Department network.

REFERENCES

- Health Insurance Portability and Accountability Act (HIPAA), Security Regulation, Privacy and Security Regulation
- New York State Cyber Security Policy P03-002
- Information technology – Code of practice for information security management, ISO/IEC 17799
- New York State Information Security Breach and Notification Act (New York State Technology Law Section 208)

Exhibit I.Y.1

**DCS and NYSIF Prescription Drug Programs
Participation/Non-Participation Status of Certain Chain Pharmacies
In the Offeror's Proposed Retail Pharmacy Network**

Instructions for Completion: The following list contains the name of certain chain pharmacies. Next to each pharmacy name, place an X in the proper column to indicate the participation/non-participation status of certain chain pharmacies that will participate in your retail pharmacy network on January 1, 2014.

<u>Chain Pharmacy Name</u>	<u>Participating in Offeror's Proposed Retail Pharmacy Network on 1/1/14</u>	<u>Not Participating in Offeror's Proposed Retail Pharmacy Network on 1/1/14</u>
CVS PHARMACY, INC.	<input type="checkbox"/>	<input type="checkbox"/>
DUANE READE	<input type="checkbox"/>	<input type="checkbox"/>
MED WORLD PHARMACY	<input type="checkbox"/>	<input type="checkbox"/>
KINNEY DRUGS	<input type="checkbox"/>	<input type="checkbox"/>
RITE AID CORPORATION	<input type="checkbox"/>	<input type="checkbox"/>
WALGREEN DRUG STORE INC.	<input type="checkbox"/>	<input type="checkbox"/>

Note: Placing an X in the "participating" column means that the Offeror holds an executed contract with the chain pharmacy and requires the participation of this pharmacy in the Programs' Retail Pharmacy Network commencing on January 1, 2014, to the extent that the pharmacy is continuing in operation. This exhibit must be completed in a manner that accurately reflects the contents of the Offeror's Proposed Retail Pharmacy Network File.

Exhibit I.Y.2

**DCS and NYSIF Prescription Drug Programs
File Layout Specifications for the Offeror's Proposed Retail Pharmacy Network File**

Instructions: Utilize this file layout to prepare Exhibit I.Y.3 of your technical proposal and submit on a CD. This file must include each pharmacy that you have an executed contract with for participation in the Empire Plan Retail Pharmacy Network commencing on January 1, 2014. The pharmacies listed in this file must be included in the Retail Pharmacy Network implemented for the Program on 1/1/14 in accordance with Section IV.B.3.2(a) "Implementation" and Section IV.B.11 "Retail Pharmacy Network" of this RFP.

- 1) The Pharmacy Corporate ID is a number that represents a unique identifier of the contracting or bargaining entity. Place this identifier in the Pharmacy Corporate ID column for each pharmacy included in this file.
- 2) The Contracting Entity Name is the name of the contracting or bargaining entity that corresponds to the pharmacy corporate ID. Include the contracting entity name for each pharmacy listed in this file in the Contracting Entity Name column.
- 3) The Provider ID# or NCPDP# is a unique pharmacy identifier. Enter the number for each pharmacy included in this file in the NCPDP or Provider ID# Column below.
- 4) Include the Pharmacy Name, Street Address, City, State and five-digit zip code for each pharmacy listed in this file.

Pharmacy Corporate ID	Contracting Entity Name	NCPDP# or Provider ID#	Pharmacy Name	Street Address	City	State	Zip Code (five-digit) only
-----------------------	-------------------------	------------------------	---------------	----------------	------	-------	----------------------------

Exhibit I.Y.3

**Empire Plan Prescription Drug Program
Offeror's Proposed Retail Pharmacy Network File**

All Offerors are required to submit their proposed retail pharmacy network as Exhibit I.Y.3 entitled, "Offeror's Proposed Retail Pharmacy Network File" in the format specified by Exhibit I.Y.2.

Exhibit I.Y.4

**DCS Prescription Drug Program
Offeror's Proposed Retail Pharmacy Network Access Prerequisite Worksheet**

Location Column (2)	# of Empire Plan Enrollees With Access Column (3)	# of Empire Plan Enrollees Without Access Column (4)	Total Empire Plan Enrollees Column (5)	% With Access Column (6)
Urban	0	0	0	#DIV/0!
Suburban	0	0	0	#DIV/0!
Rural	0	0	0	#DIV/0!
Total	<u>0</u>	<u>0</u>	<u>0</u>	<u>#DIV/0!</u>

A. Enter the number of Empire Plan enrollees who are within the Program's minimum access requirements from your GeoAccess Accessibility Summaries (column 3)

B. Enter the number of Empire Plan enrollees who are not within the Program's minimum access requirements from your GeoAccess Accessibility Summaries. (column 4)

C. Column (5) equals Column (3) plus Column (4).

D. Column (6) equals Column (3) divided by Column (5).

E. The Offeror's proposed retail pharmacy network access %'s in column (6) must equal, the Program's minimum mandatory access requirements, defined in this RFP, in order for their proposal to be evaluated.

F. The Total Number of Empire Plan Enrollees in the Offeror's Geo Access Accessibility Summaries should equal the totals in Column (5).

Note: All enrollees must be counted in calculating whether the Offeror meets the Retail Pharmacy Network access guarantees. No enrollee may be excluded even if there is no pharmacy located within the minimum mandatory access requirements.

**NYSIF Prescription Drug Program
Offeror's Proposed Retail Pharmacy Network Access Prerequisite Worksheet**

Location Column (2)	# of NYSIF Enrollees With Access Column (3)	# of NYSIF Enrollees Without Access Column (4)	Total NYSIF Enrollees Column (5)	% With Access Column (6)
Urban	0	0	0	#DIV/0!
Suburban	0	0	0	#DIV/0!
Rural	0	0	0	#DIV/0!
Total	0	0	0	#DIV/0!

A. Enter the number of NYSIF enrollees who are within the Program's minimum access requirements from your GeoAccess Accessibility Summaries (column 3)

B. Enter the number of NYSIF enrollees who are not within the Program's minimum access requirements from your GeoAccess Accessibility Summaries. (column 4)

C. Column (5) equals Column (3) plus Column (4).

D. Column (6) equals Column (3) divided by Column (5).

E. The Offeror's proposed retail pharmacy network access %'s in column (6) must equal, the Program's minimum mandatory access requirements, defined in this RFP, in order for their proposal to be evaluated.

F. The Total Number of NYSIF Enrollees in the Offeror's Geo Access Accessibility Summaries should equal the totals in Column (5).

Note: All enrollees must be counted in calculating whether the Offeror meets the Retail Pharmacy Network access guarantees. No enrollee may be excluded even if there is no pharmacy located within the minimum mandatory access requirements.

**DCS and NYSIF Prescription Drug Programs
Comparison of DCS Current Program Network Pharmacies and the Offeror's
Proposed Retail Network**

The DCS Program Retail Network Pharmacy File can be obtained by completing and submitting **Exhibit I.Z, Confidentiality Agreement and Certificate of Non-Disclosure** with a letter requesting the file ~~and also attesting that the Offeror meets minimum mandatory requirements of Section III.B of this RFP.~~ The completed, notarized Confidentiality Agreement and Certificate of Non-Disclosure form and letter must be sent to:

**Robert Kennedy, Procurement Manager
Employee Benefits Division, Room 641
NYS Department of Civil Service
Alfred E. Smith State Office Building
Albany, New York 12239**

The DCS Program Retail Network Pharmacy File will only be sent to those prospective Offerors that request said file; and complete and submit a properly executed **Exhibit I.Z**; ~~and attest that they meet the minimum mandatory requirements of Section III.B of this RFP.~~

Upon receipt of the completed, notarized **Exhibit I.Z** and the Offeror's letter containing requesting the required attestation data file, the prospective Offeror's designated Information Technology (IT) contact indicated in **Exhibit I.Z** will be contacted by the Procuring Agencies to arrange secure delivery of the DCS Program Network Pharmacy Data File along with the accompanying record layout

INSTRUCTIONS:

This exhibit will compare the DCS Program network pharmacies that have submitted claims between November 10, 2010 and October 28, 2011 with the Offeror's Proposed Retail Network File provided in Exhibit I.Y.2.

Utilize this file layout to prepare Exhibit I.Y.3 of your Technical Proposal and submit on a CD.

- 1) The first two columns in the provided file list the National Provider Indicators (NPI) and names of the DCS Program Retail Network Pharmacies.

Exhibit I.Y.5 (Amended April 4, 2012)

- 2) Identify whether each of the DCS Program Retail Network Pharmacies will or will not participate in the Offeror's proposed Retail Network Pharmacy by indicating "YES" or "NO" in the third column.

- 3) For those pharmacies indicated with a "YES", insert the Pharmacy Corporate ID (number that represents a unique identifier of the contracting or bargaining entity) and Contracting Entity Name (name of the contracting or bargaining entity that corresponds to the pharmacy NPI) in the fourth and fifth columns respectively.

Pharmacy NPI	Pharmacy Name	Network Indicator (Y/N)	Pharmacy Corporate ID	Contracting Entity Name
--------------	---------------	-------------------------	-----------------------	-------------------------

Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and New York State Insurance Fund Workers' Compensation Prescription Drug Programs

CONFIDENTIAL AGREEMENT AND CERTIFICATE OF NON-DISCLOSURE

This Exhibit MUST be filled out by all Offerors and Key Subcontractors

THIS AGREEMENT is between the New York State Department of Civil Service (DCS) and the New York State Insurance Fund (NYSIF), jointly referred to herewith as the Procuring Agencies, their successors and assigns, acting on behalf of the State of New York, and having their principal places of business at: DCS; the Alfred E. Smith State Office Building, Albany, New York, 12239 / NYSIF; 199 Church Street, New York, New York 10007 , and

_____ (Respondent), its successors and assigns, having its principal place of business at:

_____.

_____ being duly sworn, deposes and says that he/she is _____
 (Print or type full name) (Title or Capacity)

of _____, the firm that executed this instrument and that he/she is authorized by said
 (Name of firm)

firm to execute this instrument, and further, in consideration of release of the paid claims and Network Pharmacy data by DCS and NYSIF, the firm hereby agrees that any information pertaining to the Programs and their documentation, including the information contained on the paid claims and Network Pharmacy data as referenced in the Request for Proposals entitled, Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and New York State Insurance Fund Workers' Compensation Prescription Drug Programs, which has been or may be supplied to or obtained by the firm, its officers, agents and employees, based upon the representations made above in relation to the procurement of a Contractor to administer the Programs under New York State Civil Service Law, Article XI, and New York State Workers' Compensation Law, is confidential and may not be used for any purpose other than the formulation of a good faith offer for said procurement, and that any other use, release or dissemination to any party, of any such confidential information, without the prior written consent of Procuring Agencies, shall constitute a breach of this Confidentiality Agreement and Statement of Non-Disclosure and may result in disqualification of the firm from said procurement, or the imposition of other sanctions as determined by the Procuring Agencies or as required by the State of New York or by law.

The firm further acknowledges that access to the paid claims and Network Pharmacy information (Programs data) is subject to the following warranty disclaimer by the Procuring Agencies: all paid claims and Network Pharmacy information supplied for the Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and New York State Insurance Fund Workers' Compensation Prescription Drug Programs Request for Proposal contain information provided by the current insurers/administrators which has not been audited by the Procuring Agencies and are provided on an "as is" basis. For purposes of the Programs data, any interested Offeror's or Offerors' use of the Programs data, or the results of any interested Offeror's or Offerors' use of the Programs data, the Procuring Agencies and State of New York make no warranties, guarantees or representations of any kind expressed or implied, or arising by custom or trade usage, as to any matter whatsoever, without limitation, and specifically make no implied warranty of fitness for any particular purpose or use, including but not limited to adequacy, accuracy, completeness or conformity to any representation, description, sample or model.

Please complete to receive paid claims and Network Pharmacy data			
Designated Information Technology (IT) Contact Information		Alternate Contact Information	
Contact Name:		Contact Name:	
Address:		Address:	
Phone Number:		Phone Number:	
Fax:		Fax:	
E-Mail:		E-Mail:	

Designated Information Technology (IT) Contact Information (this individual will be contacted by the Procuring Agencies to arrange secure delivery of the paid claims and Network Pharmacy data)

**DCS and NYSIF Prescription Drug Programs
Enrollment by Zip Code & Geo Access Network Report File**

Enrollee counts by zip code and the associated GeoNetwork reporting format are accessible to all potential Offerors by clicking on the links, below:

DCS:

DCS Census for Geo.zip (528,536 Records) (Microsoft Access format)

NYSIF:

NYSIF Census for Geo.zip (55,313 Records) (Microsoft Access format)

Note: The above files are compressed in a Zip format to reduced file size. Offerors will need to download and unzip the Access 2000 Database files. The Geocoded files were created with GeoNetworks software Version 5.0 2011 and Software Systems Data V 2011 R3.

Reporting Format:

DCS:

DCSGeoNetworks Report Template.rpt (GeoAccess reporting format)

NYSIF:

NYSIFGeoNetworks Report Template.rpt (GeoAccess reporting format)

**Empire Plan Prescription Drug Program
Enrollment by Month**

Empire Plan

Individual Coverage				Family Coverage				Total							
Month	Individual Coverage	Family Coverage	Total	Month	Individual Coverage	Family Coverage	Total	Month	Individual Coverage	Family Coverage	Total	Month	Individual Coverage	Family Coverage	Total
Jan-02	200,802	270,696	471,498	Jan-04	208,081	276,338	484,419	Jan-06	215,953	281,583	497,536	Jan-08	226,959	287,163	514,122
Feb-02	201,092	270,887	471,979	Feb-04	208,138	276,320	484,458	Feb-06	216,072	281,568	497,640	Feb-08	227,126	287,359	514,485
Mar-02	201,224	270,917	472,141	Mar-04	208,199	276,288	484,487	Mar-06	216,253	281,560	497,813	Mar-08	227,671	287,561	515,232
Apr-02	201,471	270,897	472,368	Apr-04	208,403	276,129	484,532	Apr-06	216,854	281,630	498,484	Apr-08	228,018	287,506	515,524
May-02	201,445	270,901	472,346	May-04	208,383	276,128	484,511	May-06	216,735	281,647	498,382	May-08	228,188	287,575	515,763
Jun-02	201,282	270,929	472,211	Jun-04	208,406	276,481	484,887	Jun-06	216,884	281,632	498,516	Jun-08	228,685	287,645	516,330
Jul-02	201,046	270,951	471,997	Jul-04	208,388	276,927	485,315	Jul-06	217,078	281,907	498,985	Jul-08	228,476	288,126	516,602
Aug-02	200,476	270,928	471,404	Aug-04	208,008	277,359	485,367	Aug-06	216,949	281,868	498,817	Aug-08	227,999	288,012	516,011
Sep-02	201,637	271,642	473,279	Sep-04	209,227	277,872	487,099	Sep-06	217,744	282,400	500,144	Sep-08	228,947	288,453	517,400
Oct-02	202,465	272,207	474,672	Oct-04	209,806	278,249	488,055	Oct-06	218,552	282,696	501,248	Oct-08	229,837	288,634	518,471
Nov-02	203,017	272,699	475,716	Nov-04	210,185	278,526	488,711	Nov-06	219,035	283,142	502,177	Nov-08	230,351	288,960	519,311
Dec-02	202,890	272,942	475,832	Dec-04	210,316	278,521	488,837	Dec-06	219,182	283,422	502,604	Dec-08	229,956	289,087	519,043
Jan-03	204,906	274,606	479,512	Jan-05	211,642	279,400	491,042	Jan-07	220,876	284,418	505,294	Jan-09	231,190	290,760	521,950
Feb-03	204,826	274,540	479,366	Feb-05	211,756	279,468	491,224	Feb-07	221,384	284,431	505,815	Feb-09	231,053	290,657	521,710
Mar-03	204,977	274,587	479,564	Mar-05	211,724	279,369	491,093	Mar-07	221,559	284,402	505,961	Mar-09	231,056	290,681	521,737
Apr-03	205,093	274,428	479,521	Apr-05	211,912	279,211	491,123	Apr-07	221,995	284,695	506,690	Apr-09	231,157	290,547	521,704
May-03	204,950	274,318	479,268	May-05	211,926	279,109	491,035	May-07	222,446	284,579	507,025	May-09	231,128	290,257	521,385
Jun-03	204,991	274,366	479,357	Jun-05	212,109	279,103	491,212	Jun-07	222,492	284,628	507,120	Jun-09	231,231	290,206	521,437
Jul-03	204,716	274,362	479,078	Jul-05	211,794	279,035	490,829	Jul-07	222,654	284,933	507,587	Jul-09	232,364	289,191	521,555
Aug-03	204,207	274,016	478,223	Aug-05	211,615	279,043	490,658	Aug-07	222,430	284,840	507,270	Aug-09	231,525	288,963	520,488
Sep-03	205,335	274,455	479,790	Sep-05	212,249	279,122	491,371	Sep-07	223,364	285,497	508,861	Sep-09	231,902	289,190	521,092
Oct-03	206,241	274,765	481,006	Oct-05	213,323	279,586	492,909	Oct-07	224,520	285,920	510,440	Oct-09	232,242	289,316	521,558
Nov-03	206,629	274,768	481,397	Nov-05	213,785	280,017	493,802	Nov-07	225,543	286,507	512,050	Nov-09	232,343	289,581	521,924
Dec-03	206,647	274,815	481,462	Dec-05	213,946	280,294	494,240	Dec-07	225,651	286,827	512,478	Dec-09	232,295	289,816	522,111
Jan-10	241,113	286,707	527,820	Jan-11	236,994	292,144	529,138	Jan-12	232,876	289,581	522,457	Jan-13	232,876	289,581	522,457
Feb-10	239,498	288,495	527,993	Feb-11	236,347	292,166	528,513	Feb-12	232,876	289,581	522,457	Feb-13	232,876	289,581	522,457
Mar-10	242,793	285,181	527,974	Mar-11	235,910	292,343	528,253	Mar-12	232,876	289,581	522,457	Mar-13	232,876	289,581	522,457
Apr-10	240,543	287,430	527,973	Apr-11	235,270	292,284	527,554	Apr-12	232,876	289,581	522,457	Apr-13	232,876	289,581	522,457
May-10	240,807	287,240	528,047	May-11	234,933	292,092	527,025	May-12	232,876	289,581	522,457	May-13	232,876	289,581	522,457
Jun-10	240,115	288,249	528,364	Jun-11	234,654	292,034	526,688	Jun-12	232,876	289,581	522,457	Jun-13	232,876	289,581	522,457
Jul-10	239,663	288,760	528,423	Jul-11	233,826	291,768	525,594	Jul-12	232,876	289,581	522,457	Jul-13	232,876	289,581	522,457
Aug-10	238,622	289,186	527,808	Aug-11	233,166	291,776	524,942	Aug-12	232,876	289,581	522,457	Aug-13	232,876	289,581	522,457
Sep-10	239,083	289,500	528,583	Sep-11	232,861	291,720	524,581	Sep-12	232,876	289,581	522,457	Sep-13	232,876	289,581	522,457
Oct-10	239,408	289,857	529,265	Oct-11	232,826	291,434	524,260	Oct-12	232,876	289,581	522,457	Oct-13	232,876	289,581	522,457
Nov-10	239,427	290,141	529,568	Nov-11	232,621	291,280	523,901	Nov-12	232,876	289,581	522,457	Nov-13	232,876	289,581	522,457
Dec-10	239,436	290,220	529,656	Dec-11	232,213	291,008	523,221	Dec-12	232,876	289,581	522,457	Dec-13	232,876	289,581	522,457

**Empire Plan Prescription Drug Program
Enrollment by Month**

**Exhibit II.B
Page 2 of 3**

Student Employee Health Plan

	Individual Coverage	Family Coverage	Total
Jan-02	2,811	470	3,281
Feb-02	2,733	483	3,216
Mar-02	2,739	486	3,225
Apr-02	2,817	498	3,315
May-02	2,870	500	3,370
Jun-02	2,823	501	3,324
Jul-02	2,439	468	2,907
Aug-02	2,169	449	2,618
Sep-02	2,467	512	2,979
Oct-02	2,945	513	3,458
Nov-02	2,865	494	3,359
Dec-02	2,915	501	3,416
Jan-03	2,938	508	3,446
Feb-03	2,918	506	3,424
Mar-03	2,873	493	3,366
Apr-03	2,887	509	3,396
May-03	2,891	515	3,406
Jun-03	2,888	524	3,412
Jul-03	2,297	465	2,762
Aug-03	2,343	476	2,819
Sep-03	2,584	518	3,102
Oct-03	2,747	497	3,244
Nov-03	2,926	490	3,416
Dec-03	2,976	499	3,475

	Individual Coverage	Family Coverage	Total
Jan-04	2,973	503	3,476
Feb-04	2,909	498	3,407
Mar-04	2,846	490	3,336
Apr-04	2,849	498	3,347
May-04	2,871	508	3,379
Jun-04	2,853	513	3,366
Jul-04	2,239	433	2,672
Aug-04	2,270	448	2,718
Sep-04	2,516	502	3,018
Oct-04	2,712	481	3,193
Nov-04	2,903	498	3,401
Dec-04	2,896	501	3,397
Jan-05	2,902	497	3,399
Feb-05	2,868	504	3,372
Mar-05	2,844	486	3,330
Apr-05	2,893	487	3,380
May-05	2,906	489	3,395
Jun-05	2,887	493	3,380
Jul-05	2,213	411	2,624
Aug-05	2,226	421	2,647
Sep-05	2,477	472	2,949
Oct-05	2,896	437	3,333
Nov-05	3,008	443	3,451
Dec-05	3,003	442	3,445

	Individual Coverage	Family Coverage	Total
Jan-06	3,020	442	3,462
Feb-06	3,040	450	3,490
Mar-06	2,974	436	3,410
Apr-06	2,993	436	3,429
May-06	2,984	435	3,419
Jun-06	2,979	440	3,419
Jul-06	2,526	370	2,896
Aug-06	2,264	366	2,630
Sep-06	2,652	442	3,094
Oct-06	2,984	466	3,450
Nov-06	3,039	456	3,495
Dec-06	3,073	464	3,537
Jan-07	3,094	457	3,551
Feb-07	3,150	464	3,614
Mar-07	3,115	446	3,561
Apr-07	3,151	448	3,599
May-07	3,165	455	3,620
Jun-07	3,147	460	3,607
Jul-07	2,587	392	2,979
Aug-07	2,575	392	2,967
Sep-07	3,000	455	3,455
Oct-07	3,242	464	3,706
Nov-07	3,439	474	3,913
Dec-07	3,415	459	3,874

	Individual Coverage	Family Coverage	Total
Jan-08	3,397	453	3,850
Feb-08	3,304	443	3,747
Mar-08	3,392	458	3,850
Apr-08	3,420	467	3,887
May-08	3,427	464	3,891
Jun-08	3,218	463	3,681
Jul-08	2,543	368	2,911
Aug-08	2,622	367	2,989
Sep-08	3,031	417	3,448
Oct-08	3,500	459	3,959
Nov-08	3,530	462	3,992
Dec-08	3,547	461	4,008
Jan-09	4,325	532	4,857
Feb-09	4,474	562	5,036
Mar-09	4,315	544	4,859
Apr-09	4,324	560	4,884
May-09	4,361	575	4,936
Jun-09	4,364	582	4,946
Jul-09	3,700	513	4,213
Aug-09	3,720	522	4,242
Sep-09	3,983	551	4,534
Oct-09	4,537	593	5,130
Nov-09	4,752	622	5,374
Dec-09	4,739	639	5,378

	Individual Coverage	Family Coverage	Total
Jan-10	4,755	644	5,399
Feb-10	4,724	647	5,371
Mar-10	4,745	657	5,402
Apr-10	4,753	672	5,425
May-10	4,734	687	5,421
Jun-10	4,705	684	5,389
Jul-10	4,121	608	4,729
Aug-10	4,074	617	4,691
Sep-10	4,502	687	5,189
Oct-10	4,857	706	5,563
Nov-10	4,994	733	5,727
Dec-10	5,017	744	5,761
Jan-11	5,012	741	5,753
Feb-11	4,969	753	5,722
Mar-11	4,960	764	5,724
Apr-11	4,860	765	5,625
May-11	4,751	777	5,528
Jun-11	4,736	784	5,520
Jul-11	4,134	709	4,843
Aug-11	4,060	704	4,764
Sep-11	4,355	746	5,101
Oct-11	4,693	758	5,451
Nov-11	4,839	767	5,606
Dec-11	4,891	775	5,666

**Empire Plan Prescription Drug Program
Enrollment by Month**

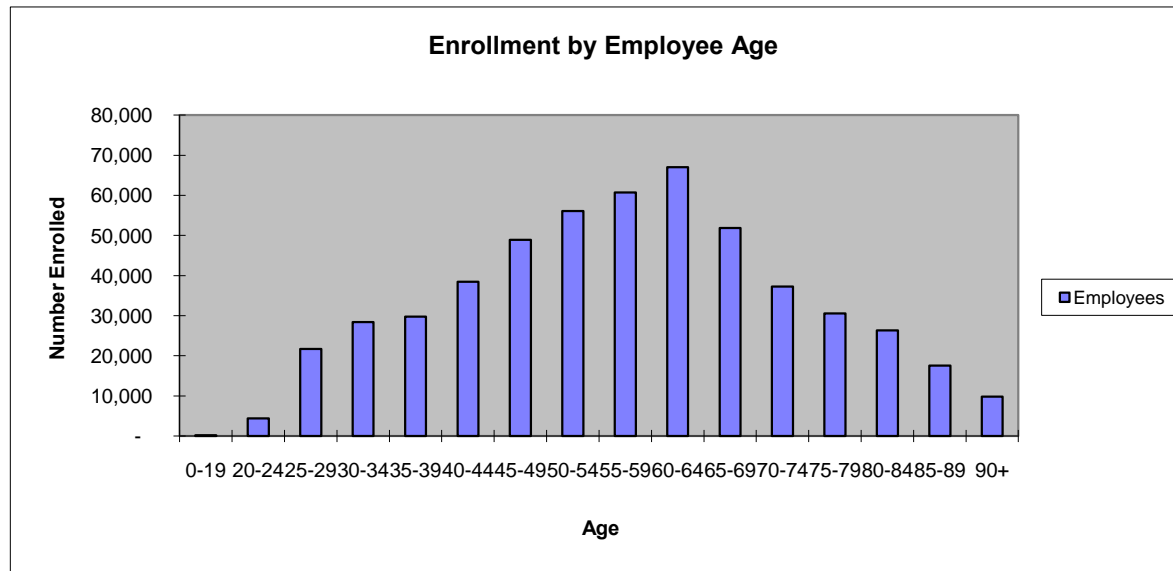
Excelsior Plan

	Individual Coverage	Family Coverage	Total
Jan-09	132	156	288
Feb-09	128	156	284
Mar-09	128	152	280
Apr-09	127	150	277
May-09	126	148	274
Jun-09	131	148	279
Jul-09	132	145	277
Aug-09	131	145	276
Sep-09	131	143	274
Oct-09	130	143	273
Nov-09	130	142	272
Dec-09	129	142	271
Jan-10	127	139	266
Feb-10	129	138	267
Mar-10	150	120	270
Apr-10	138	133	271
May-10	135	134	269
Jun-10	131	139	270
Jul-10	121	128	249
Aug-10	45	17	62
Sep-10	44	16	60
Oct-10	44	16	60
Nov-10	44	16	60
Dec-10	43	15	58

	Individual Coverage	Family Coverage	Total
Jan-11	43	20	63
Feb-11	44	20	64
Mar-11	44	22	66
Apr-11	40	20	60
May-11	40	20	60
Jun-11	41	20	61
Jul-11	42	21	63
Aug-11	41	21	62
Sep-11	41	20	61
Oct-11	41	20	61
Nov-11	39	21	60
Dec-11	32	20	52

**TOTAL EMPIRE, EXCELSIOR AND SEHP ENROLLMENT BY AGE
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY
AS OF DECEMBER 2, 2011**

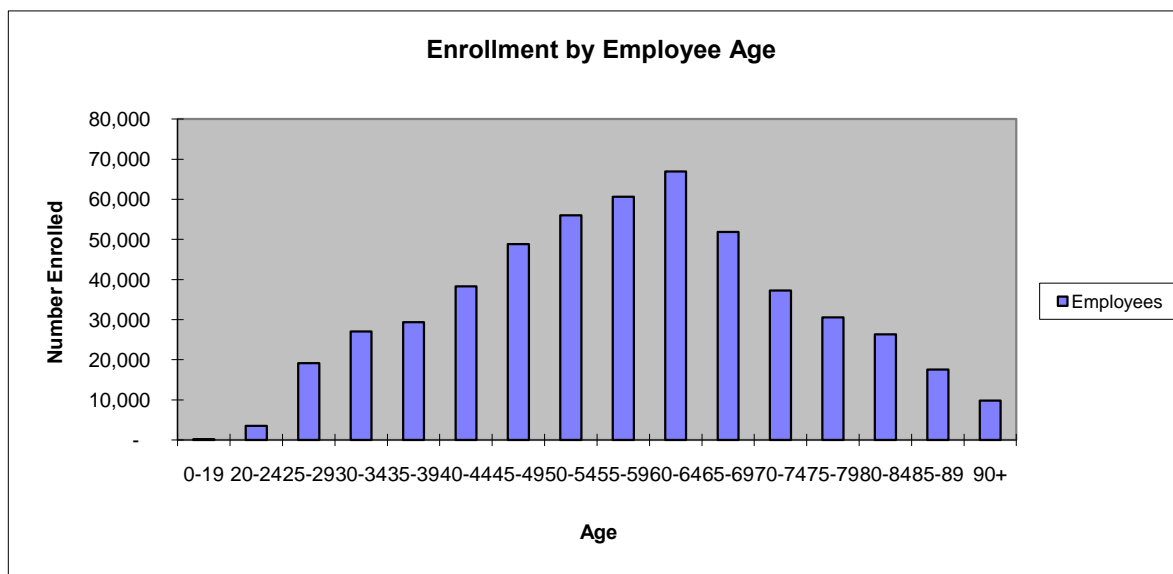
Age Group	Employees	Spouses	Dependents	Total
0-19	161	37	226,566	226,764
20-24	4,414	582	69,653	74,649
25-29	21,732	5,654	8,471	35,857
30-34	28,414	13,748	465	42,627
35-39	29,766	18,934	372	49,072
40-44	38,427	25,457	255	64,139
45-49	48,890	30,551	207	79,648
50-54	56,079	33,510	138	89,727
55-59	60,671	33,862	60	94,593
60-64	66,981	33,605	17	100,603
65-69	51,886	24,785	7	76,678
70-74	37,293	16,508	2	53,803
75-79	30,567	11,166	-	41,733
80-84	26,313	7,384	-	33,697
85-89	17,568	3,378	-	20,946
90+	9,780	995	-	10,775
Total:	528,942	260,156	306,213	1,095,311



Source: NYBEAS, December 2, 2011

**TOTAL EMPIRE PLAN ENROLLMENT BY AGE
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY
AS OF DECEMBER 2, 2011**

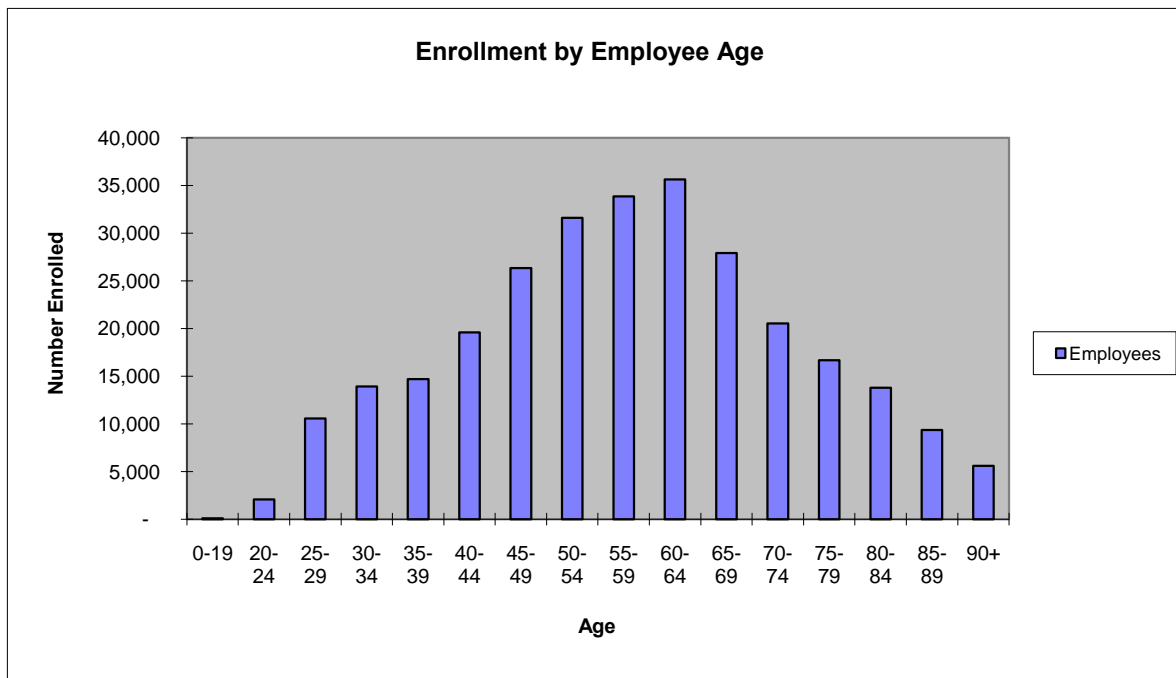
Age Group	Employees	Spouses	Dependents	Total
0-19	149	37	226,102	226,288
20-24	3,516	551	69,634	73,701
25-29	19,109	5,409	8,469	32,987
30-34	27,043	13,513	465	41,021
35-39	29,334	18,819	372	48,525
40-44	38,253	25,392	255	63,900
45-49	48,801	30,524	207	79,532
50-54	56,022	33,495	138	89,655
55-59	60,643	33,852	60	94,555
60-64	66,965	33,601	17	100,583
65-69	51,883	24,780	7	76,670
70-74	37,292	16,508	2	53,802
75-79	30,564	11,165	-	41,729
80-84	26,312	7,383	-	33,695
85-89	17,559	3,378	-	20,937
90+	9,779	995	-	10,774
Total:	523,224	259,402	305,728	1,088,354



Source: NYBEAS, December 2, 2011

**EMPIRE PLAN - NYS ENROLLMENT BY AGE
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY
AS OF DECEMBER 2, 2011**

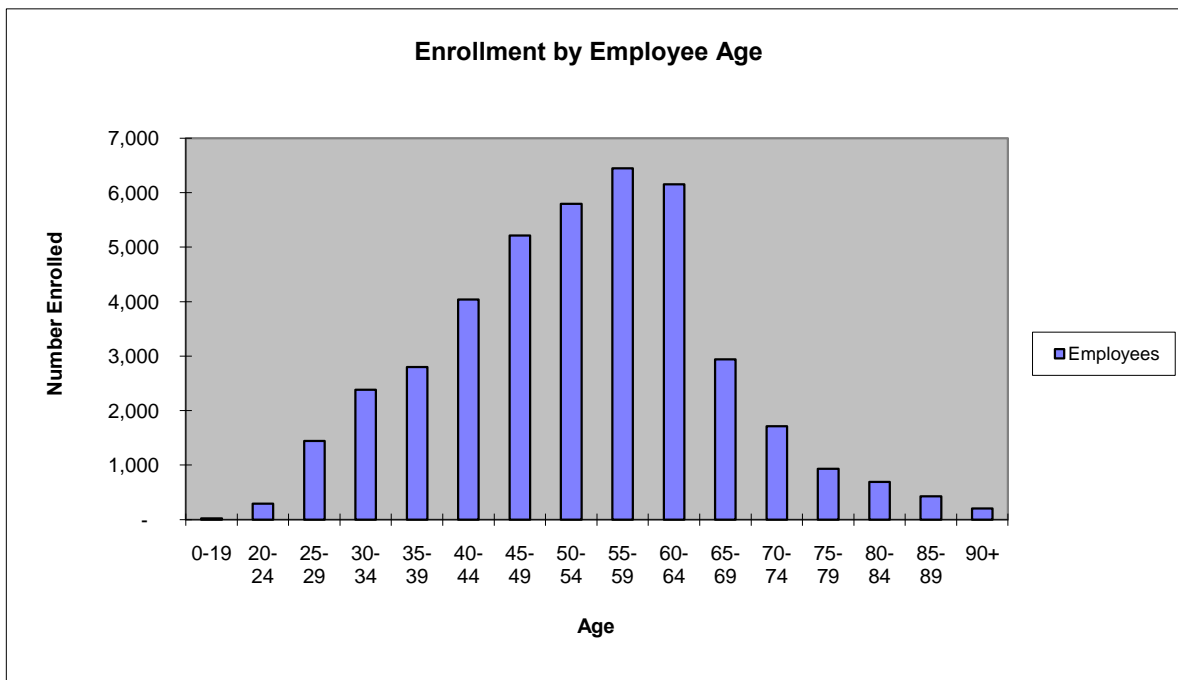
Age Group	Employees	Spouses	Dependents	Total
0-19	84	20	111,376	111,480
20-24	2,065	356	35,944	38,365
25-29	10,571	3,025	4,223	17,819
30-34	13,910	6,445	217	20,572
35-39	14,669	8,666	168	23,503
40-44	19,586	11,890	123	31,599
45-49	26,328	15,069	112	41,509
50-54	31,611	17,002	87	48,700
55-59	33,831	16,656	33	50,520
60-64	35,639	15,938	7	51,584
65-69	27,902	11,787	3	39,692
70-74	20,525	8,104	2	28,631
75-79	16,647	5,247	-	21,894
80-84	13,781	3,334	-	17,115
85-89	9,355	1,444	-	10,799
90+	5,603	443	-	6,046
Total:	282,107	125,426	152,295	559,828



Source: NYBEAS, December 2, 2011

**EMPIRE PLAN - PARTICIPATING EMPLOYERS ENROLLMENT BY AGE
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY
AS OF DECEMBER 2, 2011**

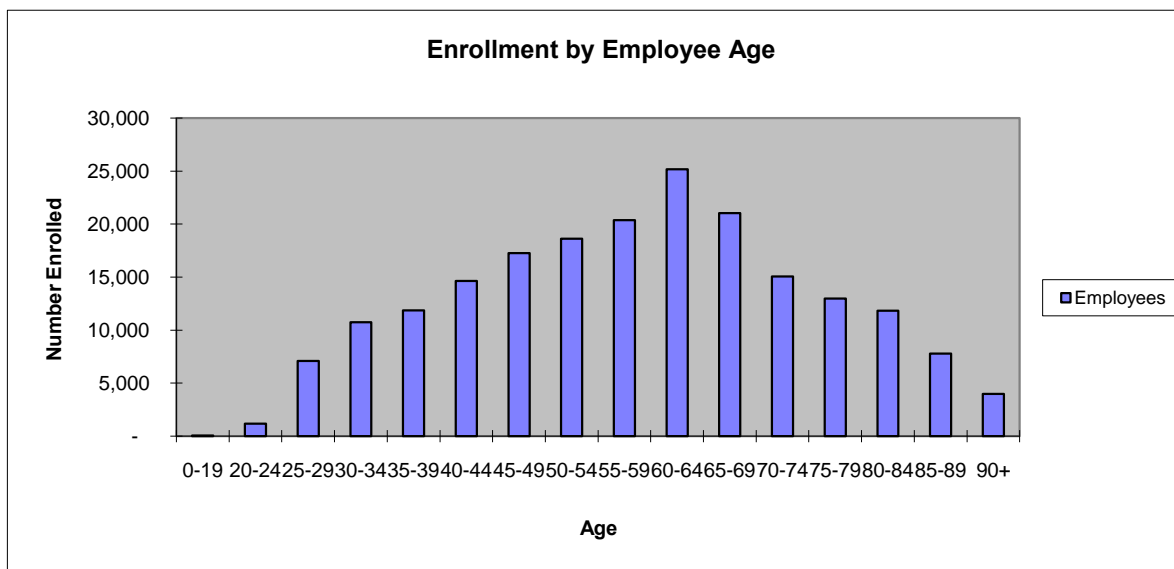
Age Group	Employees	Spouses	Dependents	Total
0-19	22	5	24,426	24,453
20-24	292	47	7,201	7,540
25-29	1,441	509	792	2,742
30-34	2,385	1,396	38	3,819
35-39	2,799	2,022	27	4,848
40-44	4,038	2,914	10	6,962
45-49	5,212	3,818	12	9,042
50-54	5,792	4,087	3	9,882
55-59	6,445	3,964	2	10,411
60-64	6,154	3,022	1	9,177
65-69	2,938	1,608	-	4,546
70-74	1,716	741	-	2,457
75-79	934	398	-	1,332
80-84	691	215	-	906
85-89	428	81	-	509
90+	203	19	-	222
Total:	41,490	24,846	32,512	98,848



Source: NYBEAS, December 2, 2011

**EMPIRE PLAN - PARTICIPATING AGENCIES ENROLLMENT BY AGE
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY
AS OF DECEMBER 2, 2011**

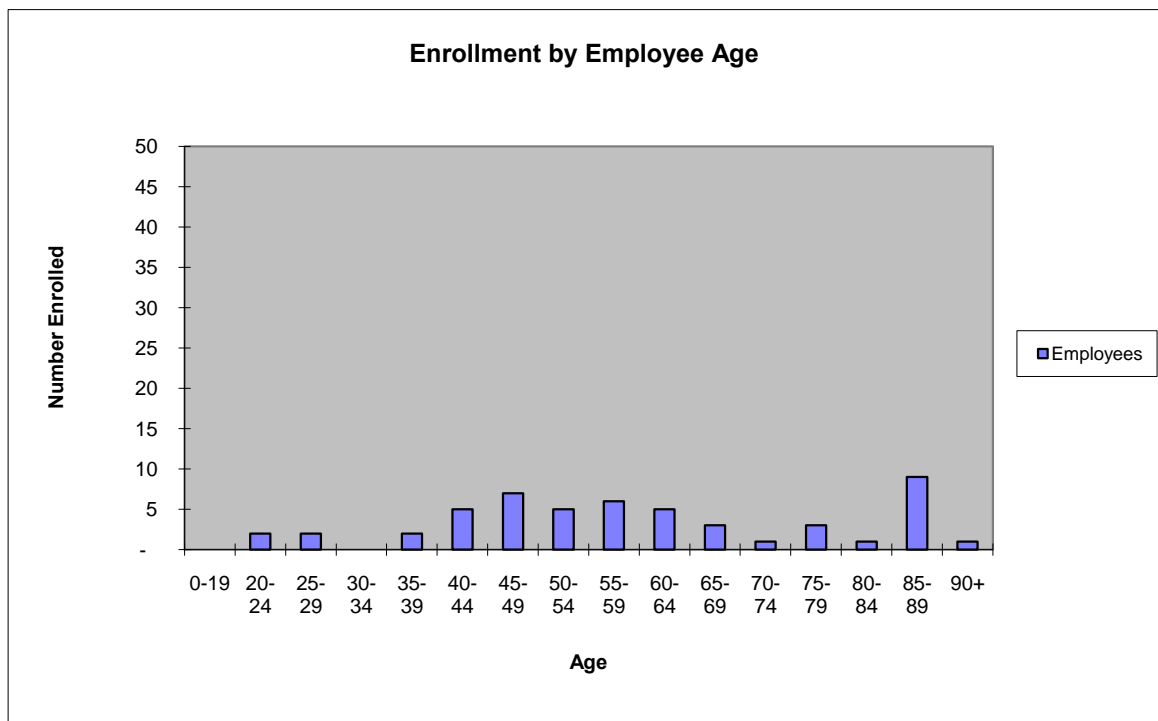
Age Group	Employees	Spouses	Dependents	Total
0-19	43	12	90,300	90,355
20-24	1,159	148	26,489	27,796
25-29	7,097	1,875	3,454	12,426
30-34	10,748	5,672	210	16,630
35-39	11,866	8,131	177	20,174
40-44	14,629	10,588	122	25,339
45-49	17,261	11,637	83	28,981
50-54	18,619	12,406	48	31,073
55-59	20,367	13,232	25	33,624
60-64	25,172	14,641	9	39,822
65-69	21,043	11,385	4	32,432
70-74	15,051	7,663	-	22,714
75-79	12,983	5,520	-	18,503
80-84	11,840	3,834	-	15,674
85-89	7,776	1,853	-	9,629
90+	3,973	533	-	4,506
Total:	199,627	109,130	120,921	429,678



Source: NYBEAS, December 2, 2011

**EXCELSIOR (PARTICIPATING AGENCIES) ENROLLMENT BY AGE (1)
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY (2)
AS OF DECEMBER 2, 2011**

Age Group	Employees	Spouses	Dependents	Total
0-19	-	-	17	17
20-24	2	-	7	9
25-29	2	1	1	4
30-34	-	-	-	-
35-39	2	1	-	3
40-44	5	2	-	7
45-49	7	4	-	11
50-54	5	4	-	9
55-59	6	3	-	9
60-64	5	1	-	6
65-69	3	2	-	5
70-74	1	-	-	1
75-79	3	1	-	4
80-84	1	1	-	2
85-89	9	-	-	9
90+	1	-	-	1
Total:	52	20	25	97



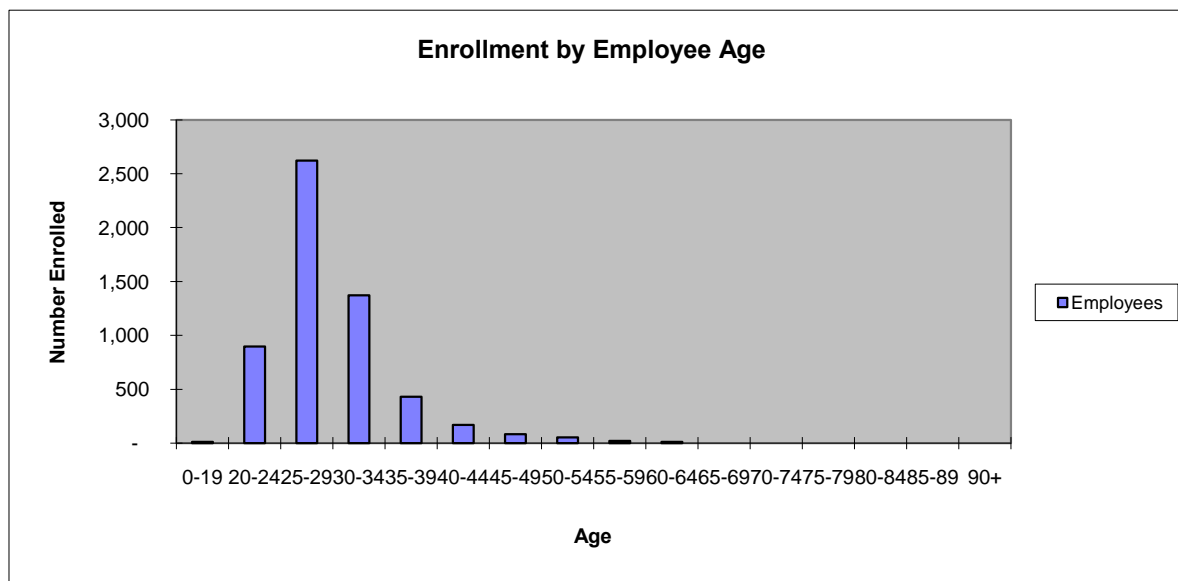
(1) Program enrollment is comprised solely of Participating Agency enrollees.

(2) As of 12/2/2011 all Excelsior Plan enrollees have prescription drug coverage. There are no Medicare Low Income Subsidy enrollees without Excelsior Plan Rx coverage.

Source: NYBEAS, December 2, 2011

**TOTAL STUDENT EMPLOYEE HEALTH PLAN ENROLLMENT (SEHP) BY AGE (1)
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY (2)
AS OF DECEMBER 2, 2011**

Age Group	Employees	Spouses	Dependents	Total
0-19	-	-	-	-
20-24	-	-	-	-
25-29	-	-	-	-
30-34	-	-	-	-
35-39	-	-	-	-
40-44	-	-	-	-
45-49	-	-	-	-
50-54	-	-	-	-
55-59	-	-	-	-
60-64	-	-	-	-
65-69	-	-	-	-
70-74	-	-	-	-
75-79	-	-	-	-
80-84	-	-	-	-
85-89	-	-	-	-
90+	-	-	-	-
Total:	-	-	-	-



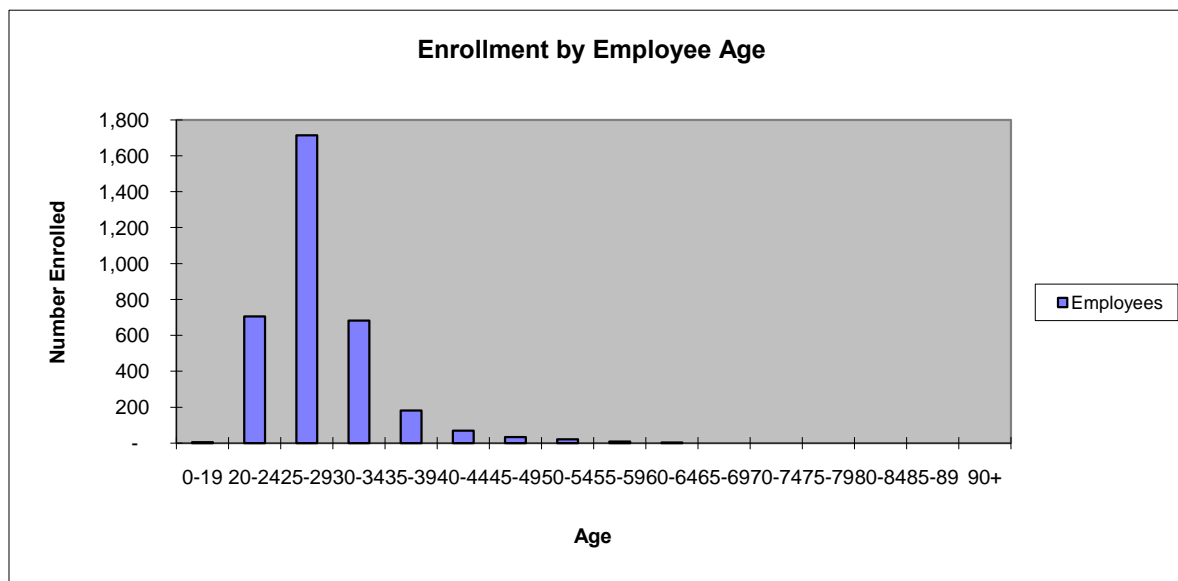
(1) Program enrollment includes NYS (SUNY) and CUNY Graduate Student Employee Union (GSEU) enrollees.

(2) All enrollees in SEHP have prescription drug coverage.

Source: NYBEAS, December 2, 2011

**STUDENT EMPLOYEE HEALTH PLAN ENROLLMENT (SEHP) - NYS BY AGE
 PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY (1)
 AS OF DECEMBER 2, 2011**

Age Group	Employees	Spouses	Dependents	Total
0-19	6	-	244	250
20-24	706	17	6	729
25-29	1,714	153	1	1,868
30-34	682	120	-	802
35-39	181	36	-	217
40-44	69	30	-	99
45-49	33	9	-	42
50-54	22	5	-	27
55-59	8	2	-	10
60-64	4	-	-	4
65-69	-	2	-	2
70-74	-	-	-	-
75-79	-	-	-	-
80-84	-	-	-	-
85-89	-	-	-	-
90+	-	-	-	-
Total:	3,425	374	251	4,050

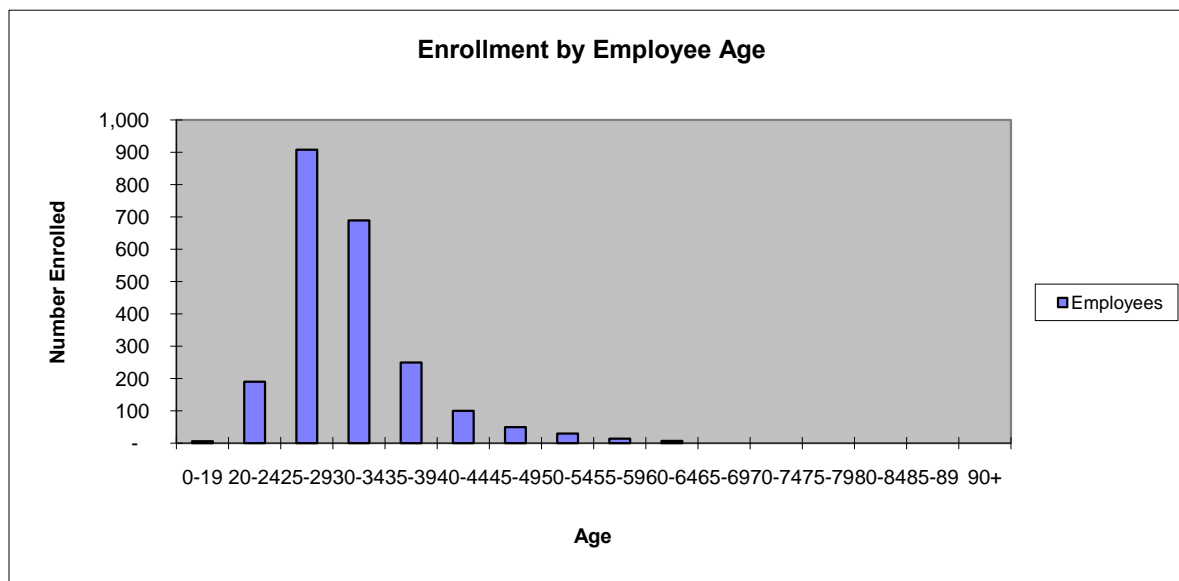


(1) All enrollees in SEHP have prescription drug coverage.

Source: NYBEAS, December 2, 2011

**STUDENT EMPLOYEE HEALTH PLAN ENROLLMENT (SEHP) - CUNY BY AGE
PRESCRIPTION DRUG COVERAGE ENROLLEES ONLY (1)
AS OF DECEMBER 2, 2011**

Age Group	Employees	Spouses	Dependents	Total
0-19	6	-	203	209
20-24	190	14	6	210
25-29	907	91	-	998
30-34	689	115	-	804
35-39	249	78	-	327
40-44	100	33	-	133
45-49	49	14	-	63
50-54	30	6	-	36
55-59	14	5	-	19
60-64	7	3	-	10
65-69	-	1	-	1
70-74	-	-	-	-
75-79	-	-	-	-
80-84	-	-	-	-
85-89	-	-	-	-
90+	-	-	-	-
Total:	2,241	360	209	2,810



(1) All enrollees in SEHP have prescription drug coverage.

Source: NYBEAS, December 2, 2011

**New York State Health Insurance Program
Empire Plan , Excelsior Plan and SEHP
Dec-11**

With Drug Coverage

Empire Plan		Enrollee	Spouse	Dependents	Total Covered Lives	Medicare Primary Lives
NYS	Individual	137,983	-	-	137,983	60,051
	Family	144,123	125,426	152,295	421,844	62,399
	Total	282,106	125,426	152,295	559,827	122,450
PEs	Individual	13,668	-	-	13,668	3,302
	Family	27,821	24,846	32,512	85,179	7,134
	Total	41,489	24,846	32,512	98,847	10,436
PAs	Individual	80,562	-	-	80,562	40,484
	Family	119,064	109,129	120,921	349,114	59,711
	Total	199,626	109,129	120,921	429,676	100,195
Total With Drug Coverage	Individual	232,213	-	-	232,213	103,837
	Family	291,008	259,401	305,728	856,137	129,244
	Total	523,221	259,401	305,728	1,088,350	233,081

With No Drug Coverage

NYS	Individual	24	-	-	24	24
	Family	-	-	-	-	-
	Total	24	-	-	24	24
PEs	Individual	999	-	-	999	162
	Family	1,901	1,591	2,268	5,760	454
	Total	2,900	1,591	2,268	6,759	616
PAs	Individual	8	-	-	8	8
	Family	-	-	-	-	-
	Total	8	-	-	8	8
Total With No Drug Coverage	Individual	1,031	-	-	1,031	194
	Family	1,901	1,591	2,268	5,760	454
	Total	2,932	1,591	2,268	6,791	648
Total Empire(a)	Individual	233,244	-	-	233,244	104,031
	Family	292,909	260,992	307,996	861,897	129,698
	Total	526,153	260,992	307,996	1,095,141	233,729

(a) Excludes Excelsior Plan & SEHP

New York State Health Insurance Program
 Empire Plan , Excelsior Plan and SEHP
 Dec-11

		With Drug Coverage			Total	Medicare
		Enrollee	Spouse	Dependents	Covered Lives	Primary Lives
PAs Excelsior Plan	Individual	32	-	-	32	15
	Family	20	20	25	65	8
	Total	52	20	25	97	23
		With No Drug Coverage				
PAs Excelsior Plan	Individual	-	-	-	-	-
	Family	-	-	-	-	-
	Total	-	-	-	-	-
Total Excelsior Plan	Individual	32	-	-	32	15
	Family	20	20	25	65	8
	Total	52	20	25	97	23
		With Drug Coverage				
SEHP						
NYS	Individual	3,028	-	-	3,028	-
	Family	397	374	251	1,022	-
	Total	3,425	374	251	4,050	-
PEs (CUNY)	Individual	1,863	-	-	1,863	-
	Family	378	360	209	947	-
	Total	2,241	360	209	2,810	-
Total SEHP	Individual	4,891	-	-	4,891	-
	Family	775	734	460	1,969	-
	Total	5,666	734	460	6,860	-
Total Empire, Excelsior and SEHP	Individual	238,167	-	-	238,167	104,046
	Family	293,704	261,746	308,481	863,931	129,706
	Total	531,871	261,746	308,481	1,102,098	233,752

**New York State Health Insurance Program
Empire Plan , Excelsior Plan and SEHP
Dec-11**

HMOs		With Drug Coverage			Total Covered Lives	
		Enrollee	Spouse	Dependents		
NYS	Individual	26,763	-	-	26,763	8,592
	Family	26,672	22,927	32,461	82,060	7,707
	Total	53,435	22,927	32,461	108,823	16,299
PEs	Individual	3,278	-	-	3,278	535
	Family	4,673	4,020	6,001	14,694	835
	Total	7,951	4,020	6,001	17,972	1,370
Total With Drug Coverage	Individual	30,041	-	-	30,041	9,127
	Family	31,345	26,947	38,462	96,754	8,542
	Total	61,386	26,947	38,462	126,795	17,669
With No Drug Coverage						
NYS	Individual	-	-	-	-	-
	Family	-	-	-	-	-
	Total	-	-	-	-	-
PEs	Individual	210	-	-	210	47
	Family	323	263	392	978	74
	Total	533	263	392	1,188	121
Total With No Drug Coverage	Individual	210	-	-	210	47
	Family	323	263	392	978	74
	Total	533	263	392	1,188	121
Total HMO's	Individual	30,251	-	-	30,251	9,174
	Family	31,668	27,210	38,854	97,732	8,616
	Total	61,919	27,210	38,854	127,983	17,790
NYSHIP Total	Individual	268,418	-	-	268,418	113,220
	Family	325,372	288,956	347,335	961,663	138,322
	Total	593,790	288,956	347,335	1,230,081	251,542

NYBEAS Code: Active, Monthly, COBRA, Retiree, Extended Benefits, Young Adult Option	Year	Type of Drug / Level	COPAYS			Plan Maximum	Formulary	Specialty Pharmacy Program
			Day's Supply Up to 30 Mail & Retail	Day's Supply 31-90 Retail	Day's Supply 31-90 Mail			
Empire Plan Council 82 - A25, A50, C25, C50, D15, D20	4/1/2010-Present	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes
	1/1/2007-3/31/2010	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No
Empire Plan NYSOPBA (Represented Correction Titles) – A04, C04, D09	4/1/2010-Present	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes
	1/1/2010-3/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	No
	7/1/2009-12/31/2009	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Traditional PDL	No
	1/1/2007-6/30/2009	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No
Empire Plan NYSOPBA (Law Enforcement Contract Affected Titles) – A24, A48, A64, M02, C48, C63, D13, D14, G86, G89 Note: UUP Lifeguards represented by NYSOPBA (A53, A65, C53, C64, D23) are currently subject to the 1/1/2007 – 3/31/2010 benefit levels.	7/1/2012-Present	Level 1 Level 2 Level 3 (2)	\$5 \$25 \$45	\$10 \$50 \$90	\$5 \$50 \$90	Unlimited Unlimited Unlimited	Enhanced Flexible Formulary	Yes
	4/1/2010-6/30/2012	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes
	1/1/2007-3/31/2010	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No
Empire Plan M/C - A05, A06, A07, A19, A28, A29, A33, A34, A35, A61, A62, C05, C06, C07, C29, C61, D02, D25, L19, G85, G87	10/1/2011-Present	Level 1 Level 2 Level 3 (2)	\$5 \$25 \$45	\$10 \$50 \$90	\$5 \$50 \$90	Unlimited Unlimited Unlimited	Enhanced Flexible Formulary	Yes
	4/1/2010-9/31/2011	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes
	1/1/2009-3/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	No
	7/1/2008-12/31/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Traditional PDL	No
	1/1/2007-6/30/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No

NYBEAS Code: Active, Monthly, COBRA, Retiree, Extended Benefits, Young Adult Option	Year	Type of Drug / Level	COPAYS			Plan Maximum	Formulary	Specialty Pharmacy Program	
			Day's Supply Up to 30 Mail & Retail	Day's Supply 31-90 Retail	Day's Supply 31-90 Mail				
Empire Plan PIA State Police - A11, C11, D08	4/1/2010-Present	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	Yes	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	1/1/2009-3/31/2010	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	No	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	1/1/2007-12/31/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No	
		Preferred Brand	\$15	\$30	\$20	Unlimited			
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited			
Empire Plan PBA State Police Troopers - A09,C09, D07	4/1/2010-Present	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	Yes	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	1/1/2009-3/31/2010	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	No	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	1/1/2007-12/31/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No	
		Preferred Brand	\$15	\$30	\$20	Unlimited			
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited			
Empire Plan PBA State Police Supervisors - A10, C10, D22	4/1/2010-Present	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	Yes	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	1/1/2009-3/31/2010	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	No	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	1/1/2007-12/31/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No	
		Preferred Brand	\$15	\$30	\$20	Unlimited			
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited			
Empire Plan PEF - A02, A22, A60, C02, C60, D03, D26, G84, G88	12/1/2011-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes	
		Level 2	\$25	\$50	\$50	Unlimited			
		Level 3 (2)	\$45	\$90	\$90	Unlimited			
	10/1/2011-11/30/11	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	4/1/2010-9/31/2011	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	Yes	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
	1/1/2009-3/31/2010	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	No	
		Level 2	\$15	\$30	\$20	Unlimited			
		Level 3 (2)	\$40	\$70	\$65	Unlimited			
				COPAYS					

NYBEAS Code: Active, Monthly, COBRA, Retiree, Extended Benefits, Young Adult Option	Year	Type of Drug / Level	Day's Supply Up to 30 Mail & Retail	Day's Supply 31-90 Retail	Day's Supply 31-90 Mail	Plan Maximum	Formulary	Specialty Pharmacy Program		
Empire Plan PEF – Cont'd. A02, A22, A60, C02, C60, D03, D26, G84, G88	7/1/2008-12/31/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Traditional PDL	No		
	1/1/2007-6/30/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No		
	4/1/2010-Present	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes		
			1/1/2009-3/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	No
			7/1/2008-12/31/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Traditional PDL	No
	1/1/2007-6/30/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No		
Empire Plan DC-37 - A12, A40,C12,C40, D05, D06	4/1/2010-Present	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes		
			1/1/2009-3/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	No
					7/1/2008-12/31/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited
	1/1/2007-6/30/2008	Generic Preferred Brand Non-Preferred Brand (2)					\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited

COPAYS

NYBEAS Code: Active, Monthly, COBRA, Retiree, Extended Benefits, Young Adult Option	Year	Type of Drug / Level	Day's Supply Up to 30 Mail & Retail	Day's Supply 31-90 Retail	Day's Supply 31-90 Mail	Plan Maximum	Formulary	Specialty Pharmacy Program	
Empire Plan Participating Employers - A23, C29, D01, E02, G01, G03, G04, G05, G06, G07, G08, G09, G10, G11, G13, G15, G16, G17, G19, G20, G21, G23, G24, G25, G27, G77, G78, G80, G85, G87, M04, M11	1/1/12-Present	Level 1 Level 2 Level 3 (2)	\$5 \$25 \$45	\$10 \$50 \$90	\$5 \$50 \$90	Unlimited Unlimited Unlimited	Enhanced Flexible Formulary	Yes	
	10/1/11-12/31/11	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Enhanced Flexible Formulary	Yes	
	4/1/2010-9/31/11	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes	
	1/1/2009-3/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	No	
	7/1/2008-12/31/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Traditional PDL	No	
	1/1/2007-6/30/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No	
	Empire Plan Retirees, Vesteas, Dependent Survivors & Preferred List - C31, C32, D10, D11, M07, R01, R02, R03, R04, R14, R15, R16, R17, R18, R19, R20, R21, R22, R23, R24, R51, R53, R54, R65, R69, R71, R73, R74 E01, E11, R05, R06, R07, R08, R09, R10, R11, R13, R25, R27, R55, R56, R57, R58, R59, R61, R75	10/1/2011-Present	Level 1 Level 2 Level 3 (2)	\$5 \$25 \$45	\$10 \$50 \$90	\$5 \$50 \$90	Unlimited Unlimited Unlimited	Enhanced Flexible Formulary	Yes
		4/1/2010-9/31/11	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	Yes
		1/1/2009-3/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Flexible Formulary	No
		7/1/2008-12/31/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$40	\$10 \$30 \$70	\$5 \$20 \$65	Unlimited Unlimited Unlimited	Traditional PDL	No
		1/1/2007-6/30/2008	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30	\$10 \$30 \$60	\$5 \$20 \$55	Unlimited Unlimited Unlimited	Traditional PDL	No

COPAYS

NYBEAS Code: Active, Monthly, COBRA, Retiree, Extended Benefits, Young Adult Option	Year	Type of Drug / Level	Day's Supply Up to 30 Mail & Retail	Day's Supply 31-90 Retail	Day's Supply 31-90 Mail	Plan Maximum	Formulary	Specialty Pharmacy Program
Empire Plan Participating Agency PA7, PC7, PD7, PE7, PF7, PN7, PR7, PS7, PV7	1/1/12-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$25	\$50	\$50	Unlimited		
		Level 3 (2)	\$45	\$90	\$90	Unlimited		
	10/1/11-12/31/11	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$15	\$30	\$20	Unlimited		
		Level 3 (2)	\$40	\$70	\$65	Unlimited		
	4/1/2010-9/31/11	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	Yes
		Level 2	\$15	\$30	\$20	Unlimited		
		Level 3 (2)	\$40	\$70	\$65	Unlimited		
	1/1/2009-3/31/2010	Level 1	\$5	\$10	\$5	Unlimited	Flexible Formulary	No
		Level 2	\$15	\$30	\$20	Unlimited		
		Level 3 (2)	\$40	\$70	\$65	Unlimited		
	1/1/2007-12/31/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited		
Empire Plan CSEA - A01, A21, A39, A45, C01, C21, C39, C45, D18, D19, G90, G91, M01, M09	10/1/11-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$25	\$50	\$50	Unlimited		
		Level 3 (2)	\$45	\$90	\$90	Unlimited		
	7/1/2008-9/31/11	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$40	\$70	\$65	Unlimited		
	1/1/2007-6/30/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited		
Empire Plan UCS (DC-37) - A14, A42, C14, C42	12/1/2011-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$25	\$50	\$50	Unlimited		
		Level 3 (2)	\$45	\$90	\$90	Unlimited		
	10/1/2011-11/30/11	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$15	\$30	\$20	Unlimited		
		Level 3 (2)	\$40	\$70	\$65	Unlimited		
	7/1/2008-9/31/2011	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$40	\$70	\$65	Unlimited		
	1/1/2007-6/30/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited		
			COPAYS					

NYBEAS Code: Active, Monthly, COBRA, Retiree, Extended Benefits, Young Adult Option	Year	Type of Drug / Level	Day's Supply Up to 30 Mail & Retail	Day's Supply 31-90 Retail	Day's Supply 31-90 Mail	Plan Maximum	Formulary	Specialty Pharmacy Program
Empire Plan UCS (Various Union Groups) – A20, A44, A47, C20, C44, C47, D17	12/1/2011-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$25	\$50	\$50	Unlimited		
		Level 3 (2)	\$45	\$90	\$90	Unlimited		
	10/1/2011-11/30/11	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$15	\$30	\$20	Unlimited		
		Level 3 (2)	\$40	\$70	\$65	Unlimited		
	7/1/2008-9/31/2011	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$40	\$70	\$65	Unlimited		
	1/1/2007-6/30/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited		
Empire Plan UCS (CSEA) - A13, A41, A13, C41	10/1/2011-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$25	\$50	\$50	Unlimited		
		Level 3 (2)	\$45	\$90	\$90	Unlimited		
	7/1/2008-9/31/2011	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$40	\$70	\$65	Unlimited		
	1/1/2007-6/30/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited		
Empire Plan UCS (Judges/Justices) A15, A17, A36, A43, A46, C15, C17, C43, D16	10/1/2011-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$25	\$50	\$50	Unlimited		
		Level 3 (2)	\$45	\$90	\$90	Unlimited		
	7/1/2008-9/31/2011	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$40	\$70	\$65	Unlimited		
	1/1/2007-6/30/2008	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited		
Empire Plan APSU - A37, C37, A51, C51, D24	4/1/12-Present	Level 1	\$5	\$10	\$5	Unlimited	Enhanced Flexible Formulary	Yes
		Level 2	\$25	\$50	\$50	Unlimited		
		Level 3 (2)	\$45	\$90	\$90	Unlimited		
	1/1/2007-3/31/12	Generic	\$5	\$10	\$5	Unlimited	Traditional PDL	No
		Preferred Brand	\$15	\$30	\$20	Unlimited		
		Non-Preferred Brand (2)	\$30	\$60	\$55	Unlimited		

			COPAYS					
NYBEAS Code: Active, Monthly, COBRA, Retiree, Extended Benefits, Young Adult Option	Year	Type of Drug / Level	Day's Supply Up to 30 Mail & Retail	Day's Supply 31-90 Retail	Day's Supply 31-90 Mail	Plan Maximum	Formulary	Specialty Pharmacy Program
Student Employee Health Plan (SEHP)	1/1/2011-Present	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40 (3)	N/A	\$5 \$20 \$65	Unlimited	Flexible Formulary	Yes
	9/1/2010-12/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$40 (3)	N/A	\$5 \$20 \$65	\$3,000	Flexible Formulary	Yes
	4/1/2010-8/31/2010	Level 1 Level 2 Level 3 (2)	\$5 \$15 \$30 (3)	N/A	\$5 \$20 \$55	\$3,000	Flexible Formulary	Yes
	1/1/2007-3/31/2010	Generic Preferred Brand Non-Preferred Brand (2)	\$5 \$15 \$30 (3)	N/A	\$5 \$20 \$55	\$2,500	Traditional PDL	No
Excelsior Plan PA9, PC9, PE9, PF9, PN9, PR9, PS9, PV9	4/1/2010-Present	Generic Preferred Brand Non-Preferred Brand (2)	\$10 \$30 \$65	\$25 \$75 \$160	\$20 \$60 \$130	Unlimited Unlimited Unlimited	Excelsior PDL – Follows Carrier's Book of Business	Yes
	1/1/2009-3/31/2010	Generic Preferred Brand Non-Preferred Brand (2)	\$10 \$30 \$65	\$25 \$75 \$160	\$20 \$60 \$130	Unlimited Unlimited Unlimited	Excelsior PDL – Follows Carrier's Book of Business	No
NYSIF Workers' Compensation Program	1/1/2007-Present	All Covered Drugs	\$0	\$0	\$0	Unlimited	Workers' Compensation Formulary	Yes

- (1) For a brand name drug with no generic equivalent, enrollee pays the brand copayment. For a brand name drug with a generic equivalent (with some exceptions), enrollee pays the brand copayment plus the difference in cost between the brand name drug and its generic equivalent.
- (2) Mandatory generic substitution rules continue to apply. Non-preferred brand with generic equivalent available dispensed –Enrollee pays non-preferred co-pay plus difference in cost between brand and generic.
- (3) Effective June 1, 2005 claims for employees enrolled in the SEHP plan who fill prescriptions at the SUNY Stonybrook Student Health Service pharmacy, SUNY Buffalo Student Health Service pharmacy, and SUNY Albany Student Health Service pharmacy will be reimbursed by the SEHP for covered prescriptions under the following arrangement: SEHP Enrollees will be able to have prescriptions filled at the SUNY Stonybrook Student Health Service pharmacy and SUNY Buffalo Student Health Service pharmacy for up to a thirty (30)-day-supply for a \$7 co-payment. SEHP Enrollees filling prescriptions at the SUNY Albany Student Health Service pharmacy who have reached their \$200 SUNY Albany Student prescription maximum will be able to have prescriptions filled for up to a thirty (30)-day-supply for a \$7 co-payment. Reimbursement should be made for submitted charges. Prescriptions under this arrangement must be dispensed according to existing rules for the SEHP, including required prior authorizations and, where applicable, supply limits. These Health Service pharmacies will not be Empire Plan network pharmacies. Effective June 1, 2005, the generic appeal process is available to SEHP enrollees.

Bargaining Units and the Unions Representing the Employee Bargaining Units

- a. *Administrative Services Unit (ASU)*, represented by the Civil Service Employees Association (CSEA), is comprised primarily of office support staff and administrative personnel;
- b. *Institutional Services Unit (ISU)*, represented by the Civil Service Employees Association (CSEA), is comprised primarily of employees who are responsible for providing therapeutic and custodial care such as mental health therapy aides, developmental aides, licensed practical nurses, etc.;
- c. *Operational Services Unit (OSU)*, represented by the Civil Service Employees Association (CSEA), is comprised of craft workers, maintenance and repair personnel, and machine operators;
- d. *Division of Military and Naval Affairs (DMNA)*, represented by the Civil Service Employees Association (CSEA), is comprised of civilian employees within the New York State Division of Military and Naval Affairs;
- e. *Professional, Scientific and Technical Services Unit (PS&T)*, represented by the Public Employees Federation (PEF), is comprised primarily of professional and technical personnel;
- f. *Security Services Unit (SSU)*, represented by New York State Correctional Officers and Police Benevolent Association (NYSCOPBA), is comprised of State security personnel (other than State Police) and institutional safety officers;
- g. *Security Supervisors Unit (SSPU)*, represented by Council 82, AFSCME, AFL-CIO, is comprised of supervisory security personnel;
- h. *Agency Police Services Unit (APSU)*, represented by The Police Benevolent Association of New York State, Inc., is comprised of certain personnel who police duties and responsibilities and are employed in the State University system, Office of Parks & Recreation & Historic Preservation, and Department of Environmental Conservation;
- i. *State University Professional Services Negotiating Unit (PSNU)*, represented by the United University Professions (UUP), is comprised of faculty and non-teaching professional staff within the State University system;

- j. *State Police Troopers*, represented by the Police Benevolent Association (PBA) of the New York State Troopers, Inc., is comprised of troopers in the New York State Division of State Police who are responsible for road patrol and law enforcement;
- k. *State Police Commissioned and Non-Commissioned Officers (Supervisors Unit)*, represented by the Police Benevolent Association (PBA), is comprised of staff responsible for supervising troopers and investigators in the New York State Division of State Police;
- l. *State Police Investigators (BCI)*, represented by the New York State Police Investigators Association (PIA), is comprised of investigators and senior investigators in the New York State Division of State Police; and
- m. *Rent Regulation Services Unit (RRSU)*, represented by District Council 37 of AFSCME, AFL-CIO, is comprised of employees in the New York State Division of Housing and Community Renewal.
- n. In addition, the following groups of employees are eligible to participate in the Empire Plan Prescription Drug Program:
 - 1) *NYS Management/Confidential employees (M/C)*: Unrepresented Employees of the Executive Branch who serve in management positions and/or whose work is of a confidential nature. For purposes of this Request for Proposal this includes Legislative Employees and unrepresented Employees of the Office of the State Comptroller and Office of the Attorney General.
 - 2) *Unified Court System (UCS)*: Judges, Judicial Branch Employees, including represented and non-represented Judicial Employees of the Judiciary Branch of the NYS Unified Court System.
 - 3) *Participating Employer (PE)*: Employees of public authorities, public benefit corporations, or other public agencies, subdivisions, or quasi-public organizations of the State which elects, with the approval of the President of the Civil Service Commission, to participate in the New York State Health Insurance Program.
 - 4) *Participating Agencies (PA)*: Employees of any unit of local government such as school districts, special districts, and district or municipal corporations, which elects with the approval of the President of the Civil Service Commission, to participate in the New York State Health Insurance Program.
 - 5) *NY Retirees*: Retired employees of NYS, PEs or PAs eligible to continue coverage in NYSHIP; and

- o. *Other* - The following groups are included in this category:
- 1) *Vestees*: Former employees of NYS or PEs who are eligible to continue coverage in NYSHIP after leaving employment and prior to retirement;
 - 2) *Dependent Survivors*: Unmarried covered spouses and covered eligible dependent children who choose to continue coverage under NYSHIP after the death of the Enrollee;
 - 3) *Preferred List Employees*: Former employees of NYS whose positions were abolished and who are eligible to remain covered by NYSHIP until reemployed, or up to one year, whichever occurs first; and
 - 4) *NYS and PA COBRA Enrollees*: Enrollees and Dependents who have continued coverage under the Federal continuation of coverage law, under which former employees and their families may temporarily extend health care coverage at the same level of benefits they received as active employees enrolled in NYSHIP.
- p. The following groups of employees are covered by the Empire Plan Prescription Drug Program through the Student Employee Health Plan (SEHP):
- 1) *State University Graduate Student Negotiating Unit (GSNU)*: Represented by the Graduate Student Employees Union/Communication Workers of America (GSEU/CWA), is comprised of teaching assistants and graduate student assistants who are pursuing advanced degrees at State University campuses; and
 - 2) *GSNU COBRA Enrollees*: Enrollees and Dependents who have continued coverage under the Federal continuation of coverage law under which former employees and their families may temporarily extend health care coverage at the same level of benefits they received as active employees enrolled in NYSHIP.



GENERAL INFORMATION & BOOK EMPIRE PLAN CERTIFICATE AMENDMENTS

For Employees of the State of New York
represented by **Civil Service Employees Association**
and for their enrolled Dependents
and for COBRA enrollees with their benefits

JANUARY 2009

State of New York Department of Civil Service
Employee Benefits Division
<https://www.cs.state.ny.us>

**Keep these amendments with
your August 1, 2001 New York
State Health Insurance Program
General Information Book and
Empire Plan Certificate.**

Pages in your Book/Certificate and
later Certificate Amendments have
consecutive numbers.

Empire Plan Certificate Amendments

UnitedHealthcare/Medco Prescription Drug Program

Certificate of Insurance250

The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your August 1, 2001 *NYSHIP General Information Book and Empire Plan Certificate* and later *Empire Plan Reports* and *Certificate Amendments*, this is the controlling document.

Substitute the following for the Empire BlueCross BlueShield Certificate of Insurance on pages 127-140 of your Empire Plan Certificate as amended in your January 2007 Amendments.

**Certificate
of Insurance**

**CERTIFICATE OF INSURANCE
for eligible enrollees of State of New York
(called the State)
insured by**

**UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Hauppauge, New York
(called UnitedHealthcare)**

UnitedHealthcare Insurance Company of New York has issued Group Policy No. 712959-G. It insures certain eligible enrollees covered by The Empire Plan. This Certificate of Insurance describes the benefits and provisions of the policy. This is a covered person's Certificate of Insurance only while that person is insured under the policy. Dependent benefits apply only to eligible dependents covered under an enrollee's family coverage if the eligible enrollee is insured under The Empire Plan for family coverage.

This Certificate describes the Plan in effect on the later of:

- A. January 1, 2009 and
- B. The date determined in accordance with the Regulations of the President of the Civil Service Commission

for Employees of the State of New York and their Dependents enrolled in The Empire Plan through Civil Service Employees Association (CSEA) and for COBRA enrollees with their benefits. It is void if issued to any other Employee. This Certificate replaces any and all Certificates previously issued to eligible enrollees under the Plan.

UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK

Form No. 712959

**UNITEDHEALTHCARE
CERTIFICATE OF INSURANCE
Empire Plan Prescription Drug Program**

Section V

**UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
CERTIFICATE OF INSURANCE
Empire Plan Prescription Drug Program**

UnitedHealthcare Insurance Company of New York (the “Insurer”) insures and jointly administers The Empire Plan Prescription Drug Program (the “Program”). UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Solutions, Inc. (Medco).

Meaning of Terms Used

The following terms used in this Certificate with either upper or lower case initial letters shall have the following meanings.

- A. **Brand-Name Drug** means a prescription drug sold under a trade name other than its chemical name that is manufactured and marketed by a single manufacturer (or single group of manufacturers pursuant to agreement among manufacturers) where the manufacturer holds or held a patent protecting the active ingredient from generic competition.
- B. **Compound Drug(s)/Medication(s) or Compounded Drug(s)/Medication(s)** means a drug with two or more ingredients (solid, semi-solid or liquid), where the primary active ingredient is an FDA approved covered drug with a valid NDC requiring a Prescription for dispensing, combined together in a method specified in a Prescription issued by a medical professional. The end result of this combination must be a Prescription medication for a specific patient that is not otherwise commercially available in that form or dose/strength from a single manufacturer. The Prescription must identify the multiple ingredients in the Compound, including active ingredient(s), diluents(s), ratio's or amounts of product, therapeutic use, and directions for use. The act of compounding must be performed or supervised by a licensed Pharmacist. Any commercially available product with a unique assigned NDC requiring reconstitution or mixing according to the FDA approved package insert prior to dispensing will not be considered a Compound Prescription by this Program.
- C. **Controlled Drug** means drugs designated by Federal Law or New York State law as a Class I, II, III, IV or V substance. A Controlled Drug includes but is not limited to: some tranquilizers; stimulants; and pain medications.
- D. **Doctor** means a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.), who is legally licensed, without limitations, to practice medicine. For benefits provided under this certificate, and for no other purpose, Doctor also means a Doctor of Dental Surgery (D.D.S.), a Doctor of Dental Medicine (D.D.M.), a Podiatrist and any other health care professional licensed to prescribe medication, when he or she is acting within the scope of his or her license.
- E. **Generic Drug** means a drug sold under its chemical name or sold under a name other than its chemical name by a manufacturer other than the manufacturer that held the original patent for the active ingredient in the drug. The term Generic Drug shall include authorized generics marketed by or in conjunction with the manufacturer that is the holder of the original patent for the active ingredient of the drug. Any drug approved through an

FDA Generic Drug approval process, including any FDA approval process established for approving generic equivalents of biologic drugs shall be classified as a Generic Drug.

F. **Mail Service Pharmacy** means all facilities that are owned, operated or affiliated with Medco to fill enrollee prescriptions for all drugs covered by the Program through the mail service pharmacy process including Medco by Mail. Medco by Mail shall dispense drugs per the terms of this Certificate and in accordance with the laws, rules and regulations that govern pharmacy practice.

G. **Medically Necessary Drug** means any drug that, as determined by the Insurer, is:

1. Provided for the diagnosis or treatment of a medical condition;
2. Appropriate for the symptoms, diagnosis or treatment of a medical condition,
3. Within the standards of generally accepted health care practice; and
4. Not used for cosmetic purposes.

If your claim is denied for benefits for a drug or drugs on the basis that the drug is not medically necessary, benefits will be paid under The Empire Plan Prescription Drug Program if the drug is covered under your benefit plan design and:

- Another Empire Plan carrier has liability for some portion of the expense related to the administration of that drug being provided to you, has determined the medical necessity of a medical procedure or service provided related to the administration of that drug, and has paid benefits in accordance with Empire Plan provisions on your behalf for a medical procedure or service related to the administration of that drug; or
- Another Empire Plan carrier has liability for some portion of the expense related to the administration of that drug being provided to you, has determined the medical necessity of a medical procedure or service provided related to the administration of that drug, and has provided to you a written pre-authorization of benefits based on their determination of medical necessity, stating that The Empire Plan benefits will be available to you for a medical procedure or service related to the administration of that drug; and
- You provide to the Program proof of payment or pre-authorization of benefits from the other Empire Plan carrier based on their determination of medical necessity regarding the availability of Empire Plan benefits to you for a medical procedure or service related to the administration of that drug.

In addition, the above provisions do not apply if another Empire Plan carrier paid benefits in error or if the expenses are specifically excluded elsewhere in this Certificate.

H. **Network Pharmacy** means a Pharmacy, other than a Mail Service Pharmacy, that has entered into a contract with Medco as an independent contractor to dispense drugs per the terms of the contract. It must regularly dispense drugs described in the “*What is Covered*” section.

I. **No-Fault Motor Vehicle Plan** means a motor vehicle plan that is required by law. It provides medical or dental care payments that are made, in whole or in part, without regard to fault. A person subject to such law who has not complied with the law will be deemed to have received the benefits required by the law.

- J. **Non-Network Pharmacy** means any Pharmacy, other than a Mail Service Pharmacy, that has not entered into a contract with Medco to dispense drugs. The Enrollee must file a claim form with the Insurer in order to receive reimbursement for covered drugs received from a Non-Network Pharmacy.
- K. **Non-Preferred Brand-Name Drug** means a Brand-Name Drug that has not been placed on The Empire Plan Preferred Drug List by the Insurer.
- L. **Pharmacist** means a person who is legally licensed to practice the profession of pharmacy. He or she must regularly practice such profession in a pharmacy.
- M. **Pharmacy** means an establishment that is registered as a pharmacy with the appropriate state licensing agency or is a Veterans' Affairs medical center or hospital pharmacy, and regularly dispenses medications that require a Prescription from a Doctor. Drugs described in the section "What Is Covered" must be regularly dispensed from the Pharmacy by a Pharmacist.
- N. **Preferred Brand-Name Drug** means a Brand-Name Drug that has been placed on The Empire Plan Preferred Drug List by the Insurer.
- O. **Preferred Drug List** means a listing of the most commonly prescribed Generic and Preferred Brand-Name Drugs covered under the Program. These medications are safe and effective alternatives to higher cost Non-Preferred Brand-Name Drugs.
- P. **Prescription** means the written or oral request for drugs issued by a Doctor duly licensed to make such a request in the ordinary course of his or her professional practice. This order must be written in the name of the person for whom it is prescribed or be an authorized refill of that order.
- Q. **Program** means The Empire Plan Prescription Drug Program described in this Certificate.
- R. **Workers' Compensation Law** means a law that requires employees to be covered, at the expense of the employer, for benefits in case they are disabled because of accident or sickness or billed due to a cause connected with their employment.
- S. **You, your, or yours** refers to you, the eligible enrollee to whom this Certificate is issued. It also refers to your eligible enrolled dependents who are covered under this Program. For information on eligibility, refer to your *New York State Health Insurance Program General Information Book*.
- The information below explains your benefits and responsibilities in detail.

Your Benefits and Responsibilities

Copayments

Copayments for covered drugs are based on the drug, the days' supply and whether the Prescription is filled at a Network Pharmacy or a Mail Service Pharmacy.

When you fill your Prescription for a covered drug for up to a **30-day supply at a Network Pharmacy or through a Mail Service Pharmacy**, your copayment is:

- **\$5** for a **Generic** Drug or a Level 1 Drug
- **\$15** for a **Preferred Brand-Name** Drug, Compound Drug or a Level 2 Drug
- **\$40** for a **Non-Preferred Brand-Name** Drug, or a Level 3 Drug

When you fill your Prescription for a **31- to 90-day supply at a Network Pharmacy**, your copayment is:

- **\$10** for a **Generic** Drug or a Level 1 Drug
- **\$30** for a **Preferred Brand-Name** Drug, Compound Drug or a Level 2 Drug
- **\$70** for a **Non-Preferred Brand-Name** Drug or a Level 3 Drug

When you fill your Prescription for a **31- to 90-day supply through the Mail Service Pharmacy**, your copayment is:

- **\$5** for a **Generic Drug** or a **Level 1 Drug**
- **\$20** for a **Preferred Brand-Name Drug**, **Compound Drug** or a **Level 2 Drug**
- **\$65** for a **Non-Preferred Brand-Name Drug** or a **Level 3 Drug**

One copayment covers up to a 90-day supply. Refills are valid for up to one year from the date the Prescription is written.

If the full cost of the drug is less than your copayment, your cost is the lesser amount.

Supply and Coverage Limits

Certain drugs may be subject to quantity level limits based on clinical and safety factors related to the dispensing of the medication. Additional clinical quantity level limits are based on criteria developed by the Insurer. Days supply for Controlled Drugs are in accordance with Federal and State mandates.

Erectile dysfunction drugs are limited to a specific quantity per day supply; 6 units for a 30-day supply and 7-18 units for a 31- to 90-day supply.

Mandatory Generic Substitution

When your Prescription is written Dispense As Written (DAW) for a Brand-Name Drug that has a generic equivalent, you pay the Non-Preferred Brand-Name copayment plus the difference in cost between the Brand-Name and the Generic Drug, not to exceed the full retail cost of the drug. When your Prescription is not written DAW, in most cases, the generic equivalent is substituted for the Brand-Name Drug and you pay the Generic Drug copayment.

The following Brand-Name Drugs are excluded from mandatory generic substitution: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid and Tegretol. For these drugs, you pay only the applicable copayment, which in most cases will be the Non-Preferred Brand-Name copayment.

If your Doctor believes it is Medically Necessary for you or your family member to have a Brand-Name Drug (that has a generic equivalent), you may appeal the mandatory generic substitution requirement. To begin the appeal process, your Doctor should call toll free 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program.

Act promptly. If your appeal is approved, upon request, the Insurer will adjust claims processed by a pharmacy only within the last 30 days prior to the date the Insurer received all information needed to decide the appeal. You are responsible for requesting a claims adjustment after your claim has been approved.

If your appeal is granted and you fill your prescription for a Brand-Name Drug at a Network Pharmacy or through a Mail Service Pharmacy, you pay the Non-Preferred copayment. If your appeal is denied, you can make a second appeal to the Insurer.

Prior authorization required for certain drugs

You must have prior authorization to receive Empire Plan Prescription Drug Program benefits for certain medications. If your Doctor prescribes one of these drugs, the Insurer will request from your Doctor the clinical information required to authorize coverage of the medication. Your Pharmacy or Doctor may contact the Insurer to begin the authorization process. The Insurer and/or pharmacy will notify you of the results of the review. The prior authorization requirements apply whether you use your Empire Plan Benefit Card or will be filing a claim for direct reimbursement. The following is a list of drugs (including generic equivalents) that require prior authorization:

- Amevive
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Enbrel
- Epogen/Procrit
- Flolan
- Forteo
- Growth Hormones
- Humira
- Immune Globulins
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Letairis
- Myobloc
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Roferon-A
- Synagis
- Tracleer
- Tysabri
- Ventavis
- Weight Loss Drugs
- Xolair

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound Drugs that have a claim cost to the Program that exceeds \$100 will require Prior Authorization under this Program. This list of drugs is subject to change. For the most current list of drugs requiring prior authorization, call The Empire Plan Prescription Drug Program at the number below or go to the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. For more information about drugs requiring prior authorization and how to obtain it, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program.

If the prior authorization review results in authorization for payment, you will receive Empire Plan Prescription Drug Program benefits for the drug. If the payment is not authorized, no Empire Plan Prescription Drug Program benefits will be paid for the drug.

An appeal process allows you or your Doctor to ask for further review if authorization is not granted. You may call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program for information on how to initiate an appeal.

What is Covered

You are covered for the following prescription drugs or medicines when they are covered under this Program's benefit plan design, Medically Necessary and dispensed by a Pharmacy:

- A. FDA approved drugs that must bear the legend: RX Only.
- B. State Restricted Drugs. Drugs or medicines that can be dispensed in accordance with New York State Law (or by the laws of the state or jurisdiction in which the Prescription is filled) by Prescription only
- C. Compound Drug(s)/Medication(s)
- D. Injectable insulin
- E. Oral, injectable or surgically implanted contraceptives that bear the legend RX Only, diaphragms and contraceptive devices
- F. Vitamins, which are FDA approved prescription drugs and bear the legend RX Only.
- G. Covered prescription drugs dispensed by on-premises pharmacies to patients in a Skilled Nursing Facility; rest home; sanitarium; extended care facility; convalescent hospital; or similar facility. Such on-premises pharmacies are considered Non-Network Pharmacies and require submission of a claim form for reimbursement.
- H. Claims for drugs dispensed outside of the U.S. that have an available U.S. FDA approved equivalent.

Please refer to the section “*Exclusions and Limitations*” below for conditions under which benefits for the above are not available.

Exclusions and Limitations

Charges for the following items are **not** covered expenses:

- A. Drugs obtained with no prescription order, including over-the-counter products except insulin
- B. Drugs taken or given at the time and place of the prescription order and billed by the Doctor
- C. Drugs provided or required by any governmental program or statute (other than Medicaid) unless there is a legal obligation to pay
- D. Drugs for which there is no charge or legal obligation to pay in the absence of insurance
- E. Drugs administered to you by the facility while a patient in a licensed hospital

This limit applies only if the hospital in which you are a patient operates on its premises, or allows to be operated on its premises, a facility that dispenses pharmaceuticals; and dispenses such drugs administered to you by the hospital.

- F. Any drug refill that is more than the number approved by the Doctor
- G. Contraceptive jellies, ointments and foams or devices not requiring a Doctor’s order, prescribed for any reason
- H. Contraceptive Intrauterine Devices (I.U.D.) that do not contain any FDA approved hormone prescription drug products
- I. Therapeutic devices or appliances (e.g., hypodermic needles, syringes, support garments or other non-medicinal substances), regardless of their intended use
- J. The administration of any drug or injectable insulin
- K. Any drug refill that is dispensed more than one year after the original date of the prescription order
- L. Any drug labeled “Caution: Limited by Federal Law to Investigational Use,” or experimental drugs except for drugs used for the treatment of cancer as specified in Section 3221(1)12 of New York State Insurance Law as may be amended from time to time: Prescribed drugs approved by the U.S. Food and Drug Administration for the treatment of certain types of cancer shall not be excluded when the drug has been prescribed for another type of cancer. However, coverage shall not be provided for experimental or investigational drugs or any drug that the U.S. Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.

Experimental or investigational drugs shall also be covered when approved by an External Appeal Agent in accordance with an external appeal. For external appeal provisions, see “*Your right to an External Appeal*” under Miscellaneous Provisions. If the External Appeal Agent approves coverage of an experimental or investigational drug that is part of a clinical trial, only the costs of the drug will be covered. Coverage will not be provided for the costs of experimental or investigational drugs or devices, the costs of non-health care services, the costs of managing research or costs not otherwise covered by The Empire Plan for non-experimental or non-investigational drugs provided in connection with such clinical trial.

- M. Immunizing agents, biological sera, blood or blood plasma, except immune globulin
- N. Any drug that a Doctor or other health professional is not authorized by his or her license to prescribe

- O. Drugs for an injury or sickness related to employment for which benefits are provided by any State or Federal workers' compensation, employers' liability or occupational disease law or under Medicare or other governmental program, except Medicaid
- P. Drugs purchased prior to the start of coverage or after coverage ends
However if the person is totally disabled on the date this insurance ends, see *"Benefits after termination of coverage"*.
- Q. Any drug prescribed and/or dispensed in violation of State or Federal law
- R. Drugs furnished solely for the purpose of improving appearance rather than physical function or control of organic disease, which include but are not limited to:
 1. Non-amphetamine anorexiant, except for morbid obesity
 2. Amphetamines that are prescribed for weight loss, except for morbid obesity
 3. Products used to promote hair growth
 4. Products (ex. Retinoic Acid) used for prevention of skin wrinkling
- S. Coverage for drugs where the amount dispensed exceeds the supply limit
- T. Coverage for drugs as a replacement for a previously dispensed drug
- U. Products for which the primary use is nutrition
- V. Any non-medically necessary drugs
- W. Claims for drugs dispensed outside the US that have no available US FDA approved equivalent

IMPORTANT: See your *NYSHIP General Information Book and Empire Plan Certificate* for other conditions that may affect this coverage. See especially the Home Care Advocacy Program (HCAP) section of your UnitedHealthcare Certificate for coverage for prescription drugs billed by a home care agency.

How to Use Your Empire Plan Prescription Drug Program

When your Doctor prescribes a Medically Necessary Drug covered under The Empire Plan, you can fill the prescription for a supply of up to 90 days and refills for up to one year in one of three ways: at a Network Pharmacy, at a Non-Network Pharmacy or through a Mail Service Pharmacy.

Network Pharmacies

You can use your Empire Plan Benefit Card for covered prescription drugs at Empire Plan Network Pharmacies. Be sure your Pharmacist knows that you and your family have Empire Plan Prescription Drug Program coverage.

To find a Network Pharmacy, check with your Pharmacist or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program or go to the web site at <https://www.cs.state.ny.us>.

Many retail pharmacies in New York State participate in this Program. Many out-of-State pharmacies participate, as well. All Empire Plan Network Pharmacies can fill Prescriptions for supplies of up to 90 days. Refills of covered drugs are provided for up to a year from the date the Prescription is written. Only one copayment applies for up to a 90-day supply.

Non-Network Pharmacies

You can use a Non-Network Pharmacy or pay the full amount for your Prescription at a Network Pharmacy (instead of using your Empire Plan Benefit Card) and fill out a claim for reimbursement.

In almost all cases, you will not be reimbursed the total amount you paid for the Prescription and your out-of-pocket expense may exceed the usual



copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card whenever possible.

Out-of-pocket expenses: When you use a Non-Network Pharmacy or pay the full amount for your Prescription at a Network Pharmacy, you are responsible for the difference between the amount charged and the amount you are reimbursed under this Program.

For claim forms, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program or download one from the web site at <https://www.cs.state.ny.us>.

Mail the completed form with your bills or receipts to:

Medco Health Solutions
P.O. Box 14711
Lexington, KY 40512

Several factors affect the amount of your reimbursement. If your Prescription was filled with:

- A Generic Drug, a Brand-Name Drug with no generic equivalent or insulin, you will be reimbursed up to the amount this Program would reimburse a Network Pharmacy for that Prescription as calculated using the Program's standard reimbursement rate for Network Pharmacies less the applicable copayment.
- A Brand-Name Drug with a generic equivalent (other than drugs excluded from mandatory generic substitution), you will be reimbursed up to the amount this Program would reimburse a Network Pharmacy for filling the Prescription with that drug's generic equivalent as calculated using the Program's standard reimbursement rates for Network Pharmacies less the applicable copayment, which in most cases will be the Non-Preferred copayment.

Deadline for filing claims

Claims must be submitted within 90 days after the end of the calendar year in which the prescription drugs were purchased, or 90 days after another plan processes your claim, whichever is later, unless it was not reasonably possible for you to meet this deadline (for example, due to your illness).

Mail Service Pharmacy

All drugs covered by the Program can be ordered through a Mail Service Pharmacy.

You can order and receive up to a 90-day supply of your Prescriptions, shipped by first class mail or private carrier. You can pay your copayment(s) and other costs by credit card, check or money order. To request mail service envelopes, refills or to speak to a Pharmacist about your mail service Prescription, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program, 24 hours a day, seven days a week.

The Mail Service Pharmacy address is:

Medco by Mail
P.O. Box 6500
Cincinnati, OH 45201-6500

Using the Preferred Drug List

One way you can help control the rapidly increasing cost of prescription drugs is to encourage your Doctor(s) to prescribe and Pharmacist to dispense Generic and Preferred Brand-Name Drugs. (The Empire Plan Preferred Drug List is available at <https://www.cs.state.ny.us>.)

This list provides the most commonly prescribed Generic and Preferred Brand-Name Drugs included on The Empire Plan Preferred Drug List. These medications are safe and effective alternatives to higher cost drugs. Using Prescription drugs that appear on this list will save you money. Using Generics will save you even more.

The Insurer will provide the Preferred Drug List to you and to Empire Plan participating Doctors. Doctors are encouraged - but not required - to use this list. Help control the rising cost of the prescription drug program by asking your Doctor to prescribe a drug on the Preferred Drug List that is appropriate for you.

Half Tablet/Pill Splitting Program

The Half Tablet Program provides an opportunity for you to reduce your prescription medication copayments for certain eligible medications by using double strength tablets and splitting them in half.

This program is voluntary.

To participate in the Half Tablet Program, ask your Doctor to write a new Prescription for an eligible medication for twice the dosage and half the quantity, with directions to take half the tablet at the regularly scheduled time. When the Prescription is filled at either a Network pharmacy or through a Mail Service Pharmacy, the copayment is automatically cut in half. For an updated list of the medications eligible for the Half Tablet Program go to <https://www.cs.state.ny.us> and select Benefits Programs in the left-hand navigation on the home page. Follow the prompts to NYSHIP Online, then choose Find a Provider. Scroll to the Medco links and click Empire Plan Half Tablet Program.

Contact The Empire Plan Prescription Drug Program

For questions about your Empire Plan Prescription Drug Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. The Teletypewriter (TTY) number for callers with a hearing or speech disability is 1-800-759-1089.

Call 24 hours a day, 7 days a week if you need to:

- Verify your eligibility
- Find out if your claims have been paid
- Locate an Empire Plan Network Pharmacy
- Order refills from a Mail Service Pharmacy or check order status
- Talk to a customer service representative
- Request prior authorization or a generic appeal
- Talk to a Pharmacist

Go to <https://www.cs.state.ny.us>, select Benefit Programs and follow the prompts to NYSHIP Online. Then choose Find a Provider. Scroll to the Medco links if you need to:

- Locate an Empire Plan Network Pharmacy
- Order refills online from Medco by Mail or check order status
- Download a Medco by Mail order form
- View the list of drugs subject to prior authorization or eligible for the Half Tablet Program
- View the 2009 Preferred Drug List.

Coordination of Benefits

A. **Coordination of Benefits** means that the benefits provided for you under The Empire Plan Prescription Drug Program are coordinated with the benefits provided for you under another group plan. The purpose of Coordination of Benefits is to avoid duplicate benefit payments so that the total payment under The Empire Plan and under another plan is not more than the total allowable charge for a service covered under both group plans.

If a covered drug is submitted under the Program, the Program will reimburse the enrollee the submitted balance or the amount that would have been paid as a network benefit under The Empire Plan, whichever is lower. In addition, if you or any of your dependent(s) is covered under two separate Empire Plan policies, you may submit Empire Plan copayments for reimbursement under your secondary Empire Plan coverage using a paper claim form.

B. Definitions

1. **Plan** means a plan that provides benefits or services for or by reason of medical or dental care and that is:
 - a. A group insurance plan; or
 - b. A blanket plan, except for blanket school accident coverages or such coverages issued to a substantially similar group where the policyholder pays the premium; or
 - c. A self-insured or non-insured plan; or
 - d. Any other plan arranged through any employee, trustee, union, employer organization or employee benefit organization; or
 - e. A group service plan; or
 - f. A group prepayment plan; or
 - g. Any other plan that covers people as a group; or
 - h. A governmental program or coverage required or provided by any law except Medicaid or a law or plan when, by law, its benefits are excess to those of any private insurance plan or other non-governmental plan.
 2. **Order of Benefit Determination** means the procedure used to decide which plan will determine its benefits before any other plan. Each policy, contract or other arrangement for benefits or services will be treated as a separate plan. Each part of The Empire Plan that reserves the right to take the benefits or services of other plans into account to determine its benefits will be treated separately from those parts that do not.
- C. When coordination of benefits applies and The Empire Plan is secondary, payment under The Empire Plan will be reduced so that the total of all payments or benefits payable under The Empire Plan and under another plan is not more than the total allowable charge for the service you receive.
- D. Payments under The Empire Plan will not be reduced on account of benefits payable under another plan if the other plan has a Coordination of Benefits or similar provision with the same order of benefit determination as stated in Item E. and under that order of benefit determination, the benefits under The Empire Plan are to be determined before the benefits under the other plan.
- E. When more than one plan covers the person making the claim, the order of benefit payment is determined using the first of the following rules that applies:
1. The benefits of the plan that covers the person as an enrollee are determined before those of other plans that cover that person as a dependent;

2. When this Plan and another plan cover the same child as a dependent of different persons called “parents” and the parents are **not** divorced or separated (For coverage of a dependent of parents who are divorced or separated, see paragraph 3. below)
 - a. The benefits of the plan of the parent whose birthday falls earlier in the year are determined before those of the plan of the parent whose birthday falls later in the year but;
 - b. If both parents have the same birthday, the benefits of the plan that has covered one parent for a longer period of time are determined before those of the plan that has covered the other parent for the shorter period of time;
 - c. If the other plan does not have the rule described in subparagraphs a. and b. above, but instead has a rule based on gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits; and
 - d. The word birthday refers only to month and day in a calendar year, not the year in which the person was born.
3. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:
 - a. First, the plan of the parent with custody of the child;
 - b. Then, the plan of the spouse of the parent with custody of the child;
 - c. Finally, the plan of the parent not having custody of the child; and
 - d. If the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. This paragraph does not apply to any benefits paid or provided before the entity had such knowledge.
4. The benefits of a plan that covers a person as an employee or as the dependent of an employee who is neither laid-off nor retired are determined before those of a plan that covers that person as a laid-off or retired employee or as the dependent of such an employee. If the other plan does not have this rule and if as a result the plans do not agree on the order of benefits, this Rule 4. is ignored.
5. If none of the rules in 1. through 4. above determined the order of benefits, the plan that has covered the person for the longest period of time determines its benefits first.
- F. For the purpose of applying this provision, if both spouses/domestic partners are covered as employees under The Empire Plan, each spouse/domestic partner will be considered as covered under separate plans.
- G. Any information about covered expenses and benefits that is needed to apply this provision may be given or received without the consent of or notice to any person, except as required by Article 25 of the General Business Law.
- H. If an overpayment is made under The Empire Plan before it is learned that you also had other coverage, there is a right to recover the overpayment. You will have to refund the amount by which the benefits paid on your behalf should have been reduced. In most cases, this will be the amount that was received from the other plan.
- I. If payments that should have been made under The Empire Plan have been made under other plans, the party that made the other payments will have the right to receive any amounts that are considered proper under this provision.

Medicare Prescription Drug Coverage

If you or a covered dependent is eligible for Medicare-primary coverage and have enrolled in a Medicare Part D prescription drug plan, read the following information about how to use your Empire Plan benefits for secondary coverage.

A Medicare-primary Empire Plan enrollee or dependent enrolled in a Medicare Part D drug plan must use his or her Medicare Part D prescription drug program first. Any amounts not covered by your Medicare Part D plan, such as deductibles, copayments and charges for non-covered drugs, can be submitted to The Empire Plan for consideration using The Empire Plan Prescription Drug Program claim form specifically labeled Medicare Part D Secondary Claim Form. This claim form is available on the New York State Department of Civil Service web site, <https://www.cs.state.ny.us>. The form is also available by calling The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447). When you call, be sure to ask for the Medicare Part D claim form.

At Network Pharmacies: Any claim submitted to The Empire Plan Prescription Drug Program by a Network Pharmacy will be rejected and the Pharmacist will be advised that you have alternate insurance, which is your Medicare Part D drug plan. You are responsible for providing the Pharmacist with the necessary Medicare Part D plan information to submit the claim. Then, you must follow the instructions described above to submit a paper claim to The Empire Plan Prescription Drug Program for any additional reimbursement to which you may be entitled.

At Mail Service Pharmacies: Any prescription sent to a Mail Service Pharmacy for a Medicare-primary Empire Plan enrollee or dependent who is also enrolled in a Medicare Part D drug plan will be rejected and returned. You must use your Medicare Part D drug plan first and then follow the instructions described above to submit a paper claim to The Empire Plan Prescription Drug Program for any additional reimbursement to which you may be entitled.

IMPORTANT: If you or a covered dependent is eligible for Medicare-primary coverage and have enrolled in a Medicare Part D prescription drug plan, you must submit your out-of-pocket expenses to The Empire Plan Prescription Drug Program using The Empire Plan Prescription Drug Program Medicare Part D Secondary Claim Form only. Your claim will be processed in accordance with the coordination of benefits provisions of The Empire Plan Prescription Drug Program. If you use the standard Empire Plan Prescription Drug Program claim form, your claim will be rejected and you will have to resubmit it using the Medicare Part D Secondary Claim Form.

Miscellaneous Provisions

Termination of coverage

A. Coverage will end when you are no longer eligible to participate in this Program. Refer to the eligibility section of your *NYSHIP General Information Book*.

Under certain conditions, you may be eligible to continue coverage under The Empire Plan temporarily after eligibility ends. Refer to the COBRA section of your *NYSHIP General Information Book*.

B. If this Program ends, your Program coverage will end.

C. Coverage of a dependent will end on the date that dependent ceases to be a dependent as defined in your *NYSHIP General Information Book*.

Under certain conditions, dependent(s) of employees or former employees may be eligible to continue coverage under The Empire Plan temporarily after eligibility ends. Refer to the COBRA section of your *NYSHIP General Information Book*.

- D. If a payment that is required from you toward the cost of The Empire Plan coverage is not made, the coverage will end on the last day of the period for which a payment was made.
- E. If coverage ends, any claim incurred before your coverage ends for any reason will not be affected; also, see “*Benefits after termination of coverage*” below.

Benefits after termination of coverage

You may be Totally Disabled on the date coverage ends on your account. If so, benefits will be provided on the same basis as if coverage had continued with no change until the day you are no longer Totally Disabled or for three months after the date your coverage ended, whichever is earlier.

Totally Disabled means that because of a sickness or injury you, the enrollee, cannot do your job, or any other work for which you might be trained, or your dependent cannot do his or her usual duties.

Request for repayment of benefits

The Insurer will seek reimbursement from you for any money paid on behalf of you or your dependents for expenses incurred after loss of eligibility for benefits for any reason. Use of The Empire Plan Benefit Card after eligibility ends constitutes fraud.

Audits/prescription benefit records

From time to time, the Insurer may ask you to verify receipt of particular drugs from Network Pharmacies or from a Mail Service Pharmacy. These requests are part of the auditing process. Your cooperation may be helpful in identifying fraudulent practices or unnecessary charges to your plan. All such personal information will remain confidential.

Legal action

Lawsuits to obtain benefits may not be started less than 60 days or more than two years following the date you receive written notice that benefits have been denied.

Appeals

Claims appeal: 60-day deadline

In the event a claim has been denied, as not medically necessary or as a result of investigational or experimental use of a covered prescription drug, you can request a review of your claim. This request for review should be sent to the Claims Review Unit at the following address within 60 days after you receive notice of denial of the claim. When requesting a review, please state the reason you believe the claim was improperly denied and submit any data questions or comments you deem appropriate.

To request a review of your claim, write to:

The Empire Plan Prescription Drug Program
UnitedHealthcare
P.O. Box 5900
Kingston, NY 12402-5900

If you are unable to resolve a problem with an Empire Plan carrier, you may contact the Consumer Services Bureau of the New York State Insurance Department at: New York State Department of Insurance, One Commerce Plaza, Albany, NY 12257. Phone: 1-800-342-3736, Monday - Friday, 9 a.m. – 5 p.m.

Your right to an External Appeal

Under certain circumstances, you have a right to an external appeal of a denial of coverage. Specifically, if the Insurer has denied coverage on the basis that a prescription drug is not medically necessary or is an experimental or investigational drug, you or your representative may appeal for review of that

decision by an External Appeal Agent, an independent entity certified by the New York State Department of Insurance to conduct such appeals.

Your right to appeal a determination that a drug is not medically necessary

If you have been denied coverage on the basis that the prescription drug is not medically necessary, you may appeal for review by an External Appeal Agent if you satisfy the following two criteria:

- A. The prescription drug must otherwise be covered under The Empire Plan Prescription Drug Program; and
- B. You must have received a final adverse determination through the internal appeal process described above and the Insurer must have upheld the denial or you and the Insurer must agree in writing to waive any internal appeal.

Your rights to appeal a determination that a service is experimental or investigational

If you have been denied coverage on the basis that the drug is experimental or investigational, you must satisfy the following two criteria:

- A. The prescription drug must otherwise be covered under The Empire Plan Prescription Drug Program; and
- B. You must have received a final adverse determination through the internal appeal process described above and the Insurer must have upheld the denial or you and the Insurer must agree in writing to waive any internal appeal.

In addition, your attending Doctor must certify that you have a life-threatening or disabling condition or disease. A “life-threatening condition or disease” is one that, according to the current diagnosis of your attending Doctor, has a high probability of death. A “disabling condition or disease” is any medically determinable physical or mental impairment that can be expected to result in death, or that has lasted or can be expected to last for a continuous period of not less than 12 months, which renders you unable to engage in any substantial gainful activities. In the case of a child under the age of eighteen, a “disabling condition or disease” is any medically determinable physical or mental impairment of comparable severity.

Your attending Doctor must also certify that your life-threatening or disabling condition or disease is one for which standard drugs are ineffective or medically inappropriate **or** one for which there does not exist a more beneficial standard drug or procedure covered by the Program.

In addition, your attending Doctor must have recommended a drug that two documents from available medical and scientific evidence indicate is likely to be more beneficial to you than any standard covered drug. (Only certain documents will be considered in support of this recommendation. Your attending Doctor should contact the New York State Department of Insurance in order to obtain current information as to what documents will be considered acceptable.)

For the purposes of this section, your attending Doctor must be a licensed, board-certified or board-eligible physician qualified to practice in the area appropriate to treat your life-threatening or disabling condition or disease.

The External Appeal process

If, through the internal appeal process described above, you have received a final adverse determination upholding a denial of coverage on the basis that the prescription drug is not medically necessary or is an experimental or investigational drug, you have 45 days from receipt of such notice to file a written request for an external appeal. If you and the Insurer have agreed in writing to waive any internal appeal, you have 45 days from receipt of such waiver to file a written request for an external appeal. The Insurer will provide an external appeal application with the final adverse determination issued through the Insurer’s internal appeal process described above or its written waiver of an

internal appeal. You may also request an external appeal application from the New York State Department of Insurance at 1-800-400-8882. Submit the completed application to the Insurance Department at the address indicated on the application. If you satisfy the criteria for an external appeal, the Insurance Department will forward the request to a certified External Appeal Agent.

You will have an opportunity to submit additional documentation with your request. If the External Appeal Agent determines that the information you submit represents a material change from the information on which the Insurer based its denial, the External Appeal Agent will share this information with the Insurer in order for it to exercise its right to reconsider its decision. If the Insurer chooses to exercise this right, the Insurer will have three business days to amend or confirm its decision. Please note that in the case of an expedited appeal (described below), the Insurer does not have a right to reconsider its decision.

In general, the External Appeal Agent must make a decision within 30 days of receipt of your completed application. The External Appeal Agent may request additional information from you, your Doctor or the Insurer. If the External Appeal Agent requests additional information, it will have five additional business days to make its decision. The External Appeal Agent must notify you in writing of its decision within two business days.

If your attending Doctor certifies that a delay in providing the prescription drug that has been denied poses an imminent or serious threat to your health, you may request an expedited external appeal. In that case, the External Appeal Agent must make a decision within three days of receipt of your completed application. Immediately after reaching a decision, the External Appeal Agent must try to notify you and the Insurer by telephone or facsimile of that decision. The External Appeal Agent must also notify you in writing of its decision. If the External Appeal Agent overturns the Insurer's decision that a service is not medically necessary or approves coverage of an experimental or investigational drug, the Insurer will provide coverage subject to the other terms and conditions of the Program.

The External Appeal Agent's decision is binding on both you and the Insurer. The External Appeal Agent's decision is admissible in any court proceeding.

The Insurer will charge you a fee of \$50 for an external appeal. The external appeal application will instruct you on the manner in which you must submit the fee. The Insurer will also waive the fee if it is determined that paying the fee would pose a hardship to you. If the External Appeal Agent overturns the denial of coverage, the fee shall be refunded to you.

Your responsibilities in filing an External Appeal

It is **YOUR RESPONSIBILITY** to initiate the external appeal process. You may initiate the external appeal process by filing a completed application with the New York State Department of Insurance. If the requested service has already been provided to you, your Doctor may file an external appeal application on your behalf, but only if you have consented to this in writing.

45-day deadline

Under New York State law, your completed request for appeal must be filed within 45 days of either the date upon which you receive written notification from the Insurer that it has upheld a denial of coverage or the date upon which you receive a written waiver of any internal appeal. The Insurer has no authority to grant an extension of this deadline.

More About Your Empire Plan Prescription Drug Program Drug Utilization Review (DUR)

Prescription drugs can work wonders in curing ailments and keeping you healthy — often at a cost much lower than surgery or other procedures. But they can also cause serious harm when taken in the wrong dosage or in a harmful combination with another drug.

DUR identifies possible problems

Your Empire Plan Prescription Drug Program includes a Drug Utilization Review (DUR) program to check for possible inappropriate drug consumption, medical conflicts or dangerous medication interactions.

The DUR process

This review process generally asks:

- Is the Prescription written for the recommended daily dose?
- Is the patient already taking another drug that might conflict with the newly prescribed drug?
- Does the patient's prescription drug record indicate a medical condition that might be made worse by this drug?
- Has the age of the patient been taken into account in prescribing this medication?
- Is the patient taking a quantity of medication that is consistent with the Doctor's directions on the prescription?

When you use your card

When you use your Empire Plan Benefit Card at a Network Pharmacy or a Mail Service Pharmacy and the Pharmacist enters the information into the computer, the computer system will review your recent Empire Plan Prescription Drug Program medication history. If a possible problem is found, a warning message will be flashed to your Pharmacist.

The Pharmacist may talk with you and your Doctor. Once any issues are resolved, the appropriate medication can be dispensed.

Safety

In addition, a “behind the scenes” safety review is conducted to identify any potential drug therapy related problems. If a potential problem is detected, the information is reviewed by a clinical Pharmacist, who notifies your Doctor of the possible risks. If two prescribing Doctors are involved, both will be notified of the potential problem.

If, as a result of DUR, it is determined that a member may be using prescription medications in a harmful or abusive manner or with harmful frequency, the Plan reserves the right to limit an enrollee to the use of a single network pharmacy plus the Mail Service Pharmacy.

This process helps your Doctor make more informed decisions about your prescription drugs.

Refill Too Soon

A key component of the DUR safety process implemented for this Program is the application of the “refill too soon” (RTS) edit for all claims submitted under the Program. The RTS program ensures that The Empire Plan Prescription Drug Program provides safety and utilization review across all supply chains; Network Pharmacy claims, Mail Service Pharmacy claims and Non-Network Pharmacy claims processed for an individual enrollee. Upon processing of an incoming claim, the previous 180 days of an enrollee's prescription drug claim history is reviewed by the systematic RTS criteria. The RTS edit will cause the claim to reject if the enrollee has consumed (based on days supply) less than

75 percent of their medication on a cumulative basis over the past 180 days. When a claim is rejected, the Pharmacist is sent a message indicating the next refill date for the enrollee. The RTS will also take into account the cumulative days supply on hand.

Confidential Service

Confidentiality is key. You can be assured that these reviews are confidential and that pertinent information is shared only with your Pharmacist and Doctor or as permitted or required by law.

Education is the Right Prescription

For patients

It's important that you understand the drugs being prescribed for you – what they will do and how they should be taken. To help you with that understanding, The Empire Plan Prescription Drug Program has a patient education program.

For doctors

To help your Doctor keep up to date on the most current information on prescription drugs, The Empire Plan has a doctor education program.



State of New York
 Department of Civil Service
 Employee Benefits Division
 P.O. Box 1068
 Schenectady, New York 12301-1068
<https://www.cs.state.ny.us>



**Important. Prescription Drug Certificate Amendment
 For the Enrollee, Enrolled Spouse/Domestic Partner
 and Other Enrolled Dependents**

CSEA Book/Certificate Amendment - January 2009

CHANGE SERVICE REQUESTED

**Please do not send mail or
 correspondence to the return
 address. See below for
 address information.**

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service Web site (<https://www.cs.state.ny.us>). Click on Employee Benefits for timely information that meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA enrollees may call the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands.)

NY0819

○ GIB-EMPIRE PLAN/CSEA/09-2

This *Empire Plan Certificate Amendment* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.



State of New York
 Department of Civil Service
 Employee Benefits Division
 Albany, New York 12239
 518-457-5754 (Albany area)
 1-800-833-4344
 (U.S., Canada, Puerto Rico,
 Virgin Islands)
<https://www.cs.state.ny.us>

**SAVE THIS AMENDMENT
 IMPORTANT INFORMATION ABOUT
 THE NEW YORK STATE HEALTH
 INSURANCE PROGRAM**

This Amendment is for employees represented by Civil Service Employees Association and enrolled in The Empire Plan. Benefit changes that are mailed to you are also posted on our web site, <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Choose your group, if prompted, and click on Using Your Benefits. Select the Publications link.



GENERAL INFORMATION & BOOK EMPIRE PLAN CERTIFICATE AMENDMENTS

For Employees of the State of New York
represented by **Public Employees Federation (PEF)**
and for their enrolled Dependents
and for COBRA enrollees with their benefits

JANUARY 2009

State of New York Department of Civil Service
Employee Benefits Division
<https://www.cs.state.ny.us>

**Keep these amendments with
your June 1, 2002 *New York
State Health Insurance Program
General Information Book and
Empire Plan Certificate.***

Pages in your Book/Certificate and
later Certificate Amendments have
consecutive numbers.

Empire Plan Certificate Amendments

UnitedHealthcare/Medco Prescription Drug Program

Certificate of Insurance249

The policies and benefits described in this booklet are established by the State of New York through negotiations with State employee unions and administratively for non-represented groups. Policies and benefits may also be affected by federal and state legislation and court decisions. The Department of Civil Service, which administers the New York State Health Insurance Program (NYSHIP), makes policy decisions and interpretations of rules and laws affecting these provisions.

Where this document differs from your June 1, 2002 *NYSHIP General Information Book and Empire Plan Certificate* and later *Empire Plan Reports* and *Certificate Amendments*, this is the controlling document.

Substitute the following for the Empire BlueCross BlueShield Certificate of Insurance on pages 129-142 of your Empire Plan Certificate as amended in your January 2007 Amendments.

**Certificate
of Insurance**

CERTIFICATE OF INSURANCE
for eligible enrollees of State of New York
(called the State)
insured by
UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
Hauppauge, New York
(called UnitedHealthcare)

UnitedHealthcare Insurance Company of New York has issued Group Policy No. 712959-G. It insures certain eligible enrollees covered by The Empire Plan. This Certificate of Insurance describes the benefits and provisions of the policy. This is a covered person's Certificate of Insurance only while that person is insured under the policy. Dependent benefits apply only to eligible dependents covered under an enrollee's family coverage if the eligible enrollee is insured under The Empire Plan for family coverage.

This Certificate describes the Plan in effect on the later of:

- A. January 1, 2009 and
- B. The date determined in accordance with the Regulations of the President of the Civil Service Commission

for Employees of the State of New York and their Dependents enrolled in The Empire Plan through Public Employees Federation (PEF) and for COBRA enrollees with their benefits. It is void if issued to any other Employee.

This Certificate replaces any and all Certificates previously issued to eligible enrollees under the Plan.

UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK

Form No. 712959

**UNITEDHEALTHCARE
CERTIFICATE OF INSURANCE
Empire Plan Prescription Drug Program**

Section V

**UNITEDHEALTHCARE INSURANCE COMPANY OF NEW YORK
CERTIFICATE OF INSURANCE
Empire Plan Prescription Drug Program**

UnitedHealthcare Insurance Company of New York (the “Insurer”) insures and jointly administers The Empire Plan Prescription Drug Program (the “Program”). UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Solutions, Inc. (Medco).

Meaning of Terms Used

The following terms used in this Certificate with either upper or lower case initial letters shall have the following meanings.

- A. **Appeal** means a request for review of your claim in the event a claim has been denied as not medically necessary or as a result of investigational or experimental use of a covered prescription drug in whole or in part.
- B. **Brand-Name Drug** means a prescription drug sold under a trade name other than its chemical name that is manufactured and marketed by a single manufacturer (or single group of manufacturers pursuant to agreement among manufacturers) where the manufacturer holds or held a patent protecting the active ingredient from generic competition.
- C. **Compound Drug(s)/Medication(s) or Compounded Drug(s)/Medication(s)** means a drug with two or more ingredients (solid, semi-solid or liquid), where the primary active ingredient is an FDA approved covered drug with a valid NDC requiring a Prescription for dispensing, combined together in a method specified in a Prescription issued by a medical professional. The end result of this combination must be a Prescription medication for a specific patient that is not otherwise commercially available in that form or dose/strength from a single manufacturer. The Prescription must identify the multiple ingredients in the Compound, including active ingredient(s), diluent(s), ratios or amounts of product, therapeutic use and directions for use. The act of compounding must be performed or supervised by a licensed Pharmacist. Any commercially available product with a unique assigned NDC requiring reconstitution or mixing according to the FDA approved package insert prior to dispensing will not be considered a Compound Prescription by this Program.
- D. **Controlled Drug** means drugs designated by Federal Law or New York State law as a Class I, II, III, IV or V substance. A Controlled Drug includes but is not limited to: some tranquilizers; stimulants; and pain medications.
- E. **Doctor** means a Doctor of Medicine (M.D.) or a Doctor of Osteopathy (D.O.), who is legally licensed, without limitations, to practice medicine. For benefits provided under this certificate, and for no other purpose, Doctor also means a Doctor of Dental Surgery (D.D.S.), a Doctor of Dental Medicine (D.D.M.), a Podiatrist and any other health care professional licensed to prescribe medication, when he or she is acting within the scope of his or her license.
- F. **Exception** means a request for review of a previous decision made by The Empire Plan Prescription Drug Program that does not involve denial based on medical necessity or as a result of an investigational or experimental use of a covered prescription drug in whole or in part.

- G. **Excluded Drug:** A drug that is excluded from coverage under this Program's benefit plan design. This Program will provide no benefit for an excluded drug and you will be responsible for paying the total retail cost of the drug. An Excluded Drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.
- H. **Flexible Formulary:** In a flexible formulary, Brand-Name Drugs may be assigned to different copayment levels based on value to this Program and clinical judgment. In some cases, drugs may be excluded from coverage if a Therapeutic Equivalent is covered or available as an over-the-counter drug.
- I. **Generic Drug** means a drug sold under its chemical name or sold under a name other than its chemical name by a manufacturer other than the manufacturer that held the original patent for the active ingredient in the drug. The term Generic Drug shall include authorized generics marketed by or in conjunction with the manufacturer that is the holder of the original patent for the active ingredient of the drug. Any drug approved through an FDA Generic Drug approval process, including any FDA approval process established for approving generic equivalents of biologic drugs shall be classified as a Generic Drug.
- J. **Mail Service Pharmacy** means all facilities that are owned, operated or affiliated with Medco to fill enrollee prescriptions for all drugs covered by the Program through the mail service pharmacy process including Medco by Mail. Medco by Mail shall dispense drugs per the terms of this Certificate and in accordance with the laws, rules and regulations that govern pharmacy practice.
- K. **Medically Necessary Drug** means any drug that, as determined by the Insurer, is:
1. Provided for the diagnosis or treatment of a medical condition;
 2. Appropriate for the symptoms, diagnosis or treatment of a medical condition,
 3. Within the standards of generally accepted health care practice; and
 4. Not used for cosmetic purposes.

If your claim is denied for benefits for a drug or drugs on the basis that the drug is not medically necessary, benefits will be paid under The Empire Plan Prescription Drug Program if the drug is covered under your benefit plan design and:

- Another Empire Plan carrier has liability for some portion of the expense related to the administration of that drug being provided to you, has determined the medical necessity of a medical procedure or service provided related to the administration of that drug, and has paid benefits in accordance with Empire Plan provisions on your behalf for a medical procedure or service related to the administration of that drug; or
- Another Empire Plan carrier has liability for some portion of the expense related to the administration of that drug being provided to you, has determined the medical necessity of a medical procedure or service provided related to the administration of that drug, and has provided to you a written pre-authorization of benefits based on their determination of medical necessity, stating that The Empire Plan benefits will be available to you for a medical procedure or service related to the administration of that drug; and
- You provide to the Program proof of payment or pre-authorization of benefits from the other Empire Plan carrier based on their determination of medical necessity regarding the availability of Empire Plan benefits to you for a medical procedure or service related to the administration of that drug.

In addition, the above provisions do not apply if another Empire Plan carrier paid benefits in error or if the expenses are specifically excluded elsewhere in this Certificate.

- L. **Network Pharmacy** means a Pharmacy, other than a Mail Service Pharmacy, that has entered into a contract with Medco as an independent contractor to dispense drugs per the terms of the contract. It must regularly dispense drugs described in the “*What is Covered*” section.
- M. **No-Fault Motor Vehicle Plan** means a motor vehicle plan that is required by law. It provides medical or dental care payments that are made, in whole or in part, without regard to fault. A person subject to such law who has not complied with the law will be deemed to have received the benefits required by the law.
- N. **Non-Network Pharmacy** means any Pharmacy, other than a Mail Service Pharmacy, that has not entered into a contract with Medco to dispense drugs. The Enrollee must file a claim form with the Insurer in order to receive reimbursement for covered drugs received from a Non-Network Pharmacy.
- O. **Non-Preferred Brand-Name Drug** means a Brand-Name Drug that has not been placed on The Empire Plan Flexible Formulary drug list by the Insurer.
- P. **Pharmacist** means a person who is legally licensed to practice the profession of pharmacy. He or she must regularly practice such profession in a pharmacy.
- Q. **Pharmacy** means an establishment that is registered as a pharmacy with the appropriate state licensing agency or is a Veterans’ Affairs medical center or hospital pharmacy, and regularly dispenses medications that require a Prescription from a Doctor. Drugs described in the section “*What Is Covered*” must be regularly dispensed from the Pharmacy by a Pharmacist.
- R. **Preferred Brand-Name Drug** means a Brand-Name Drug that has been placed on The Empire Plan Flexible Formulary drug list by the Insurer.
- S. **Prescription** means the written or oral request for drugs issued by a Doctor duly licensed to make such a request in the ordinary course of his or her professional practice. This order must be written in the name of the person for whom it is prescribed or be an authorized refill of that order.
- T. **Program** means The Empire Plan Prescription Drug Program described in this Certificate.
- U. **Therapeutic Category** means categories by which drugs are identified and grouped by the main conditions they treat.
- V. **Therapeutic Equivalent** means prescription drug products that, when compared, can be expected to produce essentially the same therapeutic outcome and toxicity as determined by the Insurer.
- W. **Workers’ Compensation Law** means a law that requires employees to be covered, at the expense of the employer, for benefits in case they are disabled because of accident or sickness or billed due to a cause connected with their employment.
- X. **You, your, or yours** refers to you, the eligible enrollee to whom this Certificate is issued. It also refers to your eligible enrolled dependents who are covered under this Program. For information on eligibility, refer to your *New York State Health Insurance Program General Information Book*.

The information below explains your benefits and responsibilities in detail.

Your Benefits and Responsibilities

Copayments

Copayments for covered drugs are based on the drug, the days' supply and whether the Prescription is filled at a Network Pharmacy or a Mail Service Pharmacy.

When you fill your Prescription for a covered drug for up to a **30-day supply at a Network Pharmacy or through a Mail Service Pharmacy**, your copayment is:

- **\$5** for a **Generic** Drug or a Level 1 Drug
- **\$15** for a **Preferred Brand-Name** Drug, Compound Drug or a Level 2 Drug
- **\$40** for a **Non-Preferred Brand-Name** Drug, or a Level 3 Drug

When you fill your Prescription for a **31- to 90-day supply at a Network Pharmacy**, your copayment is:

- **\$10** for a **Generic** Drug or a Level 1 Drug
- **\$30** for a **Preferred Brand-Name** Drug, Compound Drug or a Level 2 Drug
- **\$70** for a **Non-Preferred Brand-Name** Drug or a Level 3 Drug

When you fill your Prescription for a **31- to 90-day supply through a Mail Service Pharmacy**, your copayment is:

- **\$5** for a **Generic** Drug or a Level 1 Drug
- **\$20** for a **Preferred Brand-Name** Drug, Compound Drug or a Level 2 Drug
- **\$65** for a **Non-Preferred Brand-Name** Drug or a Level 3 Drug

One copayment covers up to a 90-day supply. Refills are valid for up to one year from the date the Prescription is written.

If the full cost of the drug is less than your copayment, your cost is the lesser amount.

Supply and Coverage Limits

Certain drugs may be subject to quantity level limits based on clinical and safety factors related to the dispensing of the medication. Additional quantity level limits are based on criteria developed by the Insurer. Days supply for Controlled Drugs are in accordance with Federal and State mandates.

Erectile dysfunction drugs are limited to a specific quantity per day supply; 6 units for a 30-day supply and 7-18 units for a 31- to 90-day supply.

Mandatory Generic Substitution

When your Prescription is written Dispense As Written (DAW) for a Brand-Name Drug that has a generic equivalent, you pay the Non-Preferred Brand-Name copayment plus the difference in cost between the Brand-Name and the Generic Drug, not to exceed the full retail cost of the drug. When your Prescription is not written DAW, in most cases, the generic equivalent is substituted for the Brand-Name Drug and you pay the Generic Drug copayment.

The following Brand-Name Drugs are excluded from mandatory generic substitution: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid and Tegretol. For these drugs, you pay only the applicable copayment, which in most cases will be the Non-Preferred Brand-Name copayment.

If your Doctor believes it is Medically Necessary for you or your family member to have a Brand-Name Drug (that has a generic equivalent), you may appeal the mandatory generic substitution requirement. To begin the appeal process, your Doctor should call toll free 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program.

Act promptly. If your appeal is approved, upon request, the Insurer will adjust claims processed by a pharmacy within 30 days from the date the Insurer received all information needed to decide the appeal.

If your appeal is granted and you fill your prescription for a Brand-Name Drug at a Network Pharmacy or through a Mail Service Pharmacy, you pay the Non-Preferred copayment. If your appeal is denied, you can make a second appeal to the Insurer.

Empire Plan Flexible Formulary

Under The Empire Plan Flexible Formulary plan design drugs are classified by therapeutic category or medical condition in order to manage prescription costs without affecting the quality of care. A therapeutic category is a group of drugs that treat a specific health condition or that work in a certain way. For example, antibiotics are used for the treatment of infections.

Drugs on The Empire Plan Flexible Formulary are grouped into Levels and your copayment is determined by the “Level” that your medication is on.

- A. Level 1 drugs have the lowest copayment and include all Generic Drugs.
- B. Level 2 drugs have the mid-range copayment and include Preferred Brand-Name Drugs that have been selected because of their overall healthcare value.
- C. Level 3 drugs have the highest copayment and include Non-Preferred Brand-Name Drugs.

The Flexible Formulary works with The Empire Plan Prescription Drug Program plan design as described below:

- A. When clinically appropriate and financially advantageous to this Program, Brand-Name Drugs may be available on Level 1;
- B. Certain therapeutic categories of prescription drugs with two or more clinically sound and therapeutically equivalent Level 1 options may not have a Brand-Name Drug in Level 2; and
- C. Access to one or more drugs in select therapeutic categories may be excluded (not covered) if the drug(s) has no clinical advantage over other Generic Drug(s) and Brand-Name Drug(s) in the same therapeutic category. Drugs considered to have no clinical advantage that may be excluded include any products that:
 - 1. Contain one or more active ingredients available in and therapeutically equivalent to another covered prescription drug in the therapeutic category or in an over-the-counter drug; or
 - 2. Contain one or more active ingredients which is a modified version of and therapeutically equivalent to another covered prescription drug or in an over-the-counter drug.

Please refer to the Exclusions and Limitations section of the Certificate for a list of drugs not covered by The Empire Plan Prescription Drug Program.

Periodically, the Program may offer enrollees taking certain prescription medications covered under the benefit design an instant rebate of the copayment for that particular prescription drug.

Prior authorization required for certain drugs

You must have prior authorization to receive Empire Plan Prescription Drug Program benefits for certain medications. If your Doctor prescribes one of these drugs, the Insurer will request from your Doctor the clinical information required to authorize coverage of the medication. Your Pharmacy or Doctor may contact the Insurer to begin the authorization process. The Insurer and/or pharmacy will notify you of the results of the review. The prior authorization requirements apply whether you use your Empire Plan Benefit Card or will be filing a claim for direct reimbursement. The following is a list of drugs (including generic equivalents) that require prior authorization:

- Amevive
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Enbrel
- Epogen/Procrit
- Flolan
- Forteo
- Growth Hormones
- Humira
- Immune Globulins
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Letairis
- Myobloc
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Roferon-A
- Synagis
- Tracleer
- Tysabri
- Ventavis
- Weight Loss Drugs
- Xolair

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound Drugs that have a claim cost to the Program that exceeds \$100 will require Prior Authorization under this Program. This list of drugs is subject to change. For the most current list of drugs requiring prior authorization, call The Empire Plan Prescription Drug Program at the number below or go to the New York State Department of Civil Service web site at <https://www.cs.state.ny.us>. For more information about drugs requiring prior authorization and how to obtain it, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program.

If the prior authorization review results in authorization for payment, you will receive Empire Plan Prescription Drug Program benefits for the drug. If the payment is not authorized, no Empire Plan Prescription Drug Program benefits will be paid for the drug.

An appeal process allows you or your Doctor to ask for further review if authorization is not granted. You may call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program for information on how to initiate an appeal.

What is Covered

You are covered for the following prescription drugs or medicines when they are covered under this Program's benefit design, Medically Necessary and dispensed by a Pharmacy:

- A. FDA approved drugs that must bear the legend: RX Only.
- B. State Restricted Drugs. Drugs or medicines that can be dispensed in accordance with New York State Law (or by the laws of the state or jurisdiction in which the Prescription is filled) by Prescription only
- C. Compound Drug(s)/Medication(s)
- D. Injectable insulin
- E. Oral, injectable or surgically implanted contraceptives that bear the legend RX Only, diaphragms and contraceptive devices
- F. Vitamins, which are FDA approved prescription drugs and bear the legend RX Only.
- G. Covered prescription drugs dispensed by on-premises pharmacies to patients in a Skilled Nursing Facility; rest home; sanitarium; extended care facility; convalescent hospital; or similar facility. Such on-premises pharmacies are considered Non-Network Pharmacies and require submission of a claim form for reimbursement.
- H. Claims for drugs dispensed outside of the U.S. that have an available U.S. FDA approved equivalent.

Please refer to the section “*Exclusions and Limitations*” below for conditions under which benefits for the above are not available.

Exclusions and Limitations

Charges for the following items are **not** covered expenses:

- A. Drugs obtained with no prescription order, including over-the-counter products except insulin
- B. Drugs taken or given at the time and place of the prescription order and billed by the Doctor
- C. Drugs provided or required by any governmental program or statute (other than Medicaid) unless there is a legal obligation to pay
- D. Drugs for which there is no charge or legal obligation to pay in the absence of insurance
- E. Drugs administered to you by the facility while a patient in a licensed hospital
This limit applies only if the hospital in which you are a patient operates on its premises, or allows to be operated on its premises, a facility that dispenses pharmaceuticals; and dispenses such drugs administered to you by the hospital.
- F. Any drug refill that is more than the number approved by the Doctor
- G. Contraceptive jellies, ointments and foams or devices not requiring a Doctor’s order, prescribed for any reason
- H. Contraceptive Intrauterine Devices (I.U.D.) that do not contain any FDA approved hormone prescription drug products
- I. Therapeutic devices or appliances (e.g., hypodermic needles, syringes, support garments or other non-medicinal substances), regardless of their intended use
- J. The administration of any drug or injectable insulin
- K. Any drug refill that is dispensed more than one year after the original date of the prescription order
- L. Any drug labeled “Caution: Limited by Federal Law to Investigational Use,” or experimental drugs except for drugs used for the treatment of cancer as specified in Section 3221(1)12 of New York State Insurance Law as may be amended from time to time: Prescribed drugs approved by the U.S. Food and Drug Administration for the treatment of certain types of cancer shall not be excluded when the drug has been prescribed for another type of cancer. However, coverage shall not be provided for experimental or investigational drugs or any drug that the U.S. Food and Drug Administration has determined to be contraindicated for treatment of the specific type of cancer for which the drug has been prescribed.
Experimental or investigational drugs shall also be covered when approved by an External Appeal Agent in accordance with an external appeal. For external appeal provisions, see “*Your right to an External Appeal*” under Miscellaneous Provisions. If the External Appeal Agent approves coverage of an experimental or investigational drug that is part of a clinical trial, only the costs of the drug will be covered. Coverage will not be provided for the costs of experimental or investigational drugs or devices, the costs of non-health care services, the costs of managing research or costs not otherwise covered by The Empire Plan for non-experimental or non-investigational drugs provided in connection with such clinical trial.
- M. Immunizing agents, biological sera, blood or blood plasma, except immune globulin
- N. Any drug that a Doctor or other health professional is not authorized by his or her license to prescribe

- O. Drugs for an injury or sickness related to employment for which benefits are provided by any State or Federal workers' compensation, employers' liability or occupational disease law or under Medicare or other governmental program, except Medicaid
- P. Drugs purchased prior to the start of coverage or after coverage ends
However if the person is totally disabled on the date this insurance ends, see "Benefits after termination of coverage".
- Q. Any drug prescribed and/or dispensed in violation of State or Federal law
- R. Prescription drug products excluded from the benefit plan design, including: Adoxa, Caduet, Coreg CR, Doryx, Kapidex, Nexium (capsules or suspension), Prevacid (capsules), Testim, Treximet, Veramyst, Omnitrope, Genotropin (except for the treatment of growth failure due to Prader-Willi syndrome or Small for Gestational Age), Humatrope (except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age), and Norditropin (except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age)
- S. New Prescription Drug Products that are in the same therapeutic category as existing drugs excluded under The Empire Plan Flexible Formulary or that are in the same therapeutic category as drugs excluded from benefit coverage under this Plan.
- T. Drugs furnished solely for the purpose of improving appearance rather than physical function or control of organic disease, which include but are not limited to:
 1. Non-amphetamine anorexiant, except for morbid obesity
 2. Amphetamines that are prescribed for weight loss, except for morbid obesity
 3. Products used to promote hair growth
 4. Products (ex. Retinoic Acid) used for prevention of skin wrinkling
- U. Coverage for drugs where the amount dispensed exceeds the supply limit
- V. Coverage for drugs as a replacement for a previously dispensed drug
- W. Products for which the primary use is nutrition
- X. Any non-medically necessary drugs
- Y. Claims for foreign drugs for which there is no available US equivalent approved by the FDA

IMPORTANT: See your *NYSHIP General Information Book and Empire Plan Certificate* for other conditions that may affect this coverage. See especially the Home Care Advocacy Program (HCAP) section of your UnitedHealthcare Certificate for coverage for prescription drugs billed by a home care agency.

How to Use Your Empire Plan Prescription Drug Program

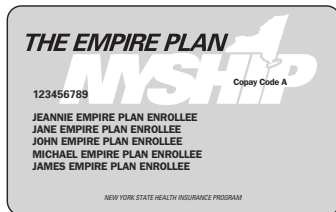
When your Doctor prescribes a Medically Necessary Drug covered under The Empire Plan, you can fill the prescription for a supply of up to 90 days and refills for up to one year in one of three ways: at a Network Pharmacy, at a Non-Network Pharmacy or through a Mail Service Pharmacy.

When your Doctor starts you on a new medication, you may want to have your prescription filled for a 30-day supply to ensure the prescription medication is right for your condition.

Network Pharmacies

You can use your Empire Plan Benefit Card for covered prescription drugs at Empire Plan Network Pharmacies. Be sure your Pharmacist knows that you and your family have Empire Plan Prescription Drug Program coverage.

To find a Network Pharmacy, check with your Pharmacist or call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program or go to the web site at <https://www.cs.state.ny.us>. Many retail pharmacies in New York State participate in this Program. Many out-of-State pharmacies participate, as well. All Empire Plan Network Pharmacies can fill Prescriptions for supplies of up to 90 days. Refills of covered drugs are provided for up to a year from the date the Prescription is written. Only one copayment applies for up to a 90-day supply.



Non-Network Pharmacies

You can use a Non-Network Pharmacy or pay the full amount for your Prescription at a Network Pharmacy (instead of using your Empire Plan Benefit Card) and fill out a claim for reimbursement.

In almost all cases, you will not be reimbursed the total amount you paid for the Prescription and your out-of-pocket expense may exceed the usual

copayment amount. To reduce your out-of-pocket expenses, use your Empire Plan Benefit Card whenever possible.

Out-of-pocket expenses: When you use a Non-Network Pharmacy or pay the full amount for your Prescription at a Network Pharmacy, you are responsible for the difference between the amount charged and the amount you are reimbursed under this Program.

For claim forms, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program or download one from the web site at <https://www.cs.state.ny.us>.

Mail the completed form with your bills or receipts to:

Medco Health Solutions
P.O. Box 14711
Lexington, KY 40512

Several factors affect the amount of your reimbursement. If your Prescription was filled with:

- A Generic Drug, a Brand-Name Drug with no generic equivalent or insulin, you will be reimbursed up to the amount this Program would reimburse a Network Pharmacy for that Prescription as calculated using the Program's standard reimbursement rate for Network Pharmacies less the applicable copayment.
- A Brand-Name Drug with a generic equivalent (other than drugs excluded from mandatory generic substitution), you will be reimbursed up to the amount this Program would reimburse a Network Pharmacy for filling the Prescription with that drug's generic equivalent as calculated using the Program's standard reimbursement rates for Network Pharmacies less the applicable copayment, which in most cases will be the Non-Preferred copayment.

Deadline for filing claims

Claims must be submitted within 90 days after the end of the calendar year in which the prescription drugs were purchased, or 90 days after another plan processes your claim, whichever is later, unless it was not reasonably possible for you to meet this deadline (for example, due to your illness).

Mail Service Pharmacy

All drugs covered by the Program can be ordered through a Mail Service Pharmacy. You can order and receive up to a 90-day supply of your Prescriptions, shipped by first class mail or private carrier. You can pay your copayment(s) and other costs by credit card, check or money order. To request mail service envelopes, refills or to speak to a Pharmacist about your mail service Prescription, call

The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program, 24 hours a day, seven days a week.

The Mail Service Pharmacy address is:

Medco by Mail
P.O. Box 6500
Cincinnati, OH 45201-6500

Using The Empire Plan Flexible Formulary drug list

One way you can help control the rapidly increasing cost of prescription drugs is to encourage your Doctor(s) to prescribe and Pharmacist to dispense Generic and Preferred Drugs listed on The Empire Plan Flexible Formulary drug list. (The Empire Plan Flexible Formulary drug list is available at <https://www.cs.state.ny.us>.)

This list provides the most commonly prescribed Generic and Brand-Name Drugs included on The Empire Plan Flexible Formulary drug list. These medications are safe and effective alternatives to higher cost drugs. Using Prescription drugs that appear on this list will save you money. Using Generics will save you even more.

The Insurer will provide the Flexible Formulary drug list to you and to Empire Plan participating Doctors. Doctors are encouraged - but not required - to use this list.

Remember, if your Doctor prescribes a prescription drug that is excluded from coverage under The Empire Plan benefit plan design, you will pay the full retail cost for your prescription.

Help control the rising cost of the prescription drug program by asking your Doctor to prescribe a drug that is appropriate for you from the Flexible Formulary drug list.

Half Tablet/Pill Splitting Program

The Half Tablet Program provides an opportunity for you to reduce your prescription medication copayments for certain eligible medications by using double strength tablets and splitting them in half.

This program is voluntary.

To participate in the Half Tablet Program, ask your Doctor to write a new Prescription for an eligible medication for twice the dosage and half the quantity, with directions to take half the tablet at the regularly scheduled time. When the Prescription is filled at either a Network pharmacy or through a Mail Service Pharmacy, the copayment is automatically cut in half. For an updated list of the medications eligible for the Half Tablet Program, go to <https://www.cs.state.ny.us> and select Benefits Programs in the left-hand navigation on the home page. Follow the prompts to NYSHIP Online, then choose Find a Provider. Scroll to the Medco links and click Empire Plan Half Tablet Program.

Contact The Empire Plan Prescription Drug Program

For questions about your Empire Plan Prescription Drug Program, call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. The Teletypewriter (TTY) number for callers with a hearing or speech disability is 1-800-759-1089.

Call 24 hours a day, 7 days a week if you need to:

- Verify your eligibility
- Find out if your claims have been paid
- Locate an Empire Plan Network Pharmacy
- Order refills from a Mail Service Pharmacy or check order status
- Talk to a customer service representative

- Request prior authorization or a generic appeal
- Talk to a Pharmacist

Go to <https://www.cs.state.ny.us>, select Benefit Programs and follow the prompts to NYSHIP Online. Then choose Find a Provider and scroll to the Medco links if you need to:

- Locate an Empire Plan Network Pharmacy
- Order refills online from Medco by Mail or check order status
- Download a Medco by Mail order form
- View the list of drugs subject to prior authorization or eligible for the Half Tablet Program
- View the 2009 Flexible Formulary drug list

Coordination of Benefits

A. Coordination of Benefits means that the benefits provided for you under The Empire Plan Prescription Drug Program are coordinated with the benefits provided for you under another group plan. The purpose of Coordination of Benefits is to avoid duplicate benefit payments so that the total payment under The Empire Plan and under another plan is not more than the total allowable charge for a service covered under both group plans.

If a covered drug is submitted under the Program, the Program will reimburse the enrollee the submitted balance or the amount that would have been paid as a network benefit under The Empire Plan, whichever is lower. In addition, if you or any of your dependent(s) is covered under two separate Empire Plan policies, you may submit Empire Plan copayments for reimbursement under your secondary Empire Plan coverage using a paper claim form.

B. Definitions

- 1. Plan** means a plan that provides benefits or services for or by reason of medical or dental care and that is:
 - a. A group insurance plan; or
 - b. A blanket plan, except for blanket school accident coverages or such coverages issued to a substantially similar group where the policyholder pays the premium; or
 - c. A self-insured or non-insured plan; or
 - d. Any other plan arranged through any employee, trustee, union, employer organization or employee benefit organization; or
 - e. A group service plan; or
 - f. A group prepayment plan; or
 - g. Any other plan that covers people as a group; or
 - h. A governmental program or coverage required or provided by any law except Medicaid or a law or plan when, by law, its benefits are excess to those of any private insurance plan or other non-governmental plan.
- 2. Order of Benefit Determination** means the procedure used to decide which plan will determine its benefits before any other plan. Each policy, contract or other arrangement for benefits or services will be treated as a separate plan. Each part of The Empire Plan that reserves the right to take the benefits or services of other plans into account to determine its benefits will be treated separately from those parts that do not.

C. When coordination of benefits applies and The Empire Plan is secondary, payment under The Empire Plan will be reduced so that the total of all payments or benefits payable under The Empire Plan and under another plan is not more than the total allowable charge for the service you receive.

- D. Payments under The Empire Plan will not be reduced on account of benefits payable under another plan if the other plan has a Coordination of Benefits or similar provision with the same order of benefit determination as stated in Item E. and under that order of benefit determination, the benefits under The Empire Plan are to be determined before the benefits under the other plan.
- E. When more than one plan covers the person making the claim, the order of benefit payment is determined using the first of the following rules that applies:
1. The benefits of the plan that covers the person as an enrollee are determined before those of other plans that cover that person as a dependent;
 2. When this Plan and another plan cover the same child as a dependent of different persons called “parents” and the parents are **not** divorced or separated (For coverage of a dependent of parents who are divorced or separated, see paragraph 3. below)
 - a. The benefits of the plan of the parent whose birthday falls earlier in the year are determined before those of the plan of the parent whose birthday falls later in the year but;
 - b. If both parents have the same birthday, the benefits of the plan that has covered one parent for a longer period of time are determined before those of the plan that has covered the other parent for the shorter period of time;
 - c. If the other plan does not have the rule described in subparagraphs a. and b. above, but instead has a rule based on gender of the parent, and if, as a result, the plans do not agree on the order of benefits, the rule in the other plan will determine the order of benefits; and
 - d. The word birthday refers only to month and day in a calendar year, not the year in which the person was born.
 3. If two or more plans cover a person as a dependent child of divorced or separated parents, benefits for the child are determined in this order:
 - a. First, the plan of the parent with custody of the child;
 - b. Then, the plan of the spouse of the parent with custody of the child;
 - c. Finally, the plan of the parent not having custody of the child; and
 - d. If the specific terms of a court decree state that one of the parents is responsible for the health care expenses of the child, and the entity obligated to pay or provide the benefits of the plan of that parent has actual knowledge of those terms, the benefits of that plan are determined first. This paragraph does not apply to any benefits paid or provided before the entity had such knowledge.
 4. The benefits of a plan that covers a person as an employee or as the dependent of an employee who is neither laid-off nor retired are determined before those of a plan that covers that person as a laid-off or retired employee or as the dependent of such an employee. If the other plan does not have this rule and if as a result the plans do not agree on the order of benefits, this Rule 4. is ignored.
 5. If none of the rules in 1. through 4. above determined the order of benefits, the plan that has covered the person for the longest period of time determines its benefits first.
- F. For the purpose of applying this provision, if both spouses/domestic partners are covered as employees under The Empire Plan, each spouse/domestic partner will be considered as covered under separate plans.

- G. Any information about covered expenses and benefits that is needed to apply this provision may be given or received without the consent of or notice to any person, except as required by Article 25 of the General Business Law.
- H. If an overpayment is made under The Empire Plan before it is learned that you also had other coverage, there is a right to recover the overpayment. You will have to refund the amount by which the benefits paid on your behalf should have been reduced. In most cases, this will be the amount that was received from the other plan.
- I. If payments that should have been made under The Empire Plan have been made under other plans, the party that made the other payments will have the right to receive any amounts that are considered proper under this provision.

Medicare Prescription Drug Coverage

If you or a covered dependent is eligible for Medicare-primary coverage and have enrolled in a Medicare Part D prescription drug plan, read the following information about how to use your Empire Plan benefits for secondary coverage.

A Medicare-primary Empire Plan enrollee or dependent enrolled in a Medicare Part D drug plan must use his or her Medicare Part D prescription drug program first. Any amounts not covered by your Medicare Part D plan, such as deductibles, copayments and charges for non-covered drugs, can be submitted to The Empire Plan for consideration using The Empire Plan Prescription Drug Program claim form specifically labeled Medicare Part D Secondary Claim Form. This claim form is available on the New York State Department of Civil Service web site, <https://www.cs.state.ny.us>. The form is also available by calling The Empire Plan Prescription Drug Program at 1-877-7-NYSHIP (1-877-769-7447). When you call, be sure to ask for the Medicare Part D claim form.

At Network Pharmacies: Any claim submitted to The Empire Plan Prescription Drug Program by a Network Pharmacy will be rejected and the Pharmacist will be advised that you have alternate insurance, which is your Medicare Part D drug plan. You are responsible for providing the Pharmacist with the necessary Medicare Part D plan information to submit the claim. Then, you must follow the instructions described above to submit a paper claim to The Empire Plan Prescription Drug Program for any additional reimbursement to which you may be entitled.

At Mail Service Pharmacies: Any prescription sent to a Mail Service Pharmacy for a Medicare-primary Empire Plan enrollee or dependent who is also enrolled in a Medicare Part D drug plan will be rejected and returned. You must use your Medicare Part D drug plan first and then follow the instructions described above to submit a paper claim to The Empire Plan Prescription Drug Program for any additional reimbursement to which you may be entitled.

IMPORTANT: If you or a covered dependent is eligible for Medicare-primary coverage and have enrolled in a Medicare Part D prescription drug plan, you must submit your out-of-pocket expenses to The Empire Plan Prescription Drug Program using The Empire Plan Prescription Drug Program Medicare Part D Secondary Claim Form only. Your claim will be processed in accordance with the coordination of benefits provisions of The Empire Plan Prescription Drug Program. If you use the standard Empire Plan Prescription Drug Program claim form, your claim will be rejected and you will have to resubmit it using the Medicare Part D Secondary Claim Form.

Miscellaneous Provisions

Termination of coverage

- A. Coverage will end when you are no longer eligible to participate in this Program. Refer to the eligibility section of your *NYSHIP General Information Book*.
Under certain conditions, you may be eligible to continue coverage under The Empire Plan temporarily after eligibility ends. Refer to the COBRA section of your *NYSHIP General Information Book*.
- B. If this Program ends, your Program coverage will end.
- C. Coverage of a dependent will end on the date that dependent ceases to be a dependent as defined in your *NYSHIP General Information Book*.
Under certain conditions, dependent(s) of employees or former employees may be eligible to continue coverage under The Empire Plan temporarily after eligibility ends. Refer to the COBRA section of your *NYSHIP General Information Book*.
- D. If a payment that is required from you toward the cost of The Empire Plan coverage is not made, the coverage will end on the last day of the period for which a payment was made.
- E. If coverage ends, any claim incurred before your coverage ends for any reason will not be affected; also, see “*Benefits after termination of coverage*” below.

Benefits after termination of coverage

You may be Totally Disabled on the date coverage ends on your account. If so, benefits will be provided on the same basis as if coverage had continued with no change until the day you are no longer Totally Disabled or for three months after the date your coverage ended, whichever is earlier.

Totally Disabled means that because of a sickness or injury you, the enrollee, cannot do your job, or any other work for which you might be trained, or your dependent cannot do his or her usual duties.

Request for repayment of benefits

The Insurer will seek reimbursement from you for any money paid on behalf of you or your dependents for expenses incurred after loss of eligibility for benefits for any reason. Use of The Empire Plan Benefit Card after eligibility ends constitutes fraud.

Audits/prescription benefit records

From time to time, the Insurer may ask you to verify receipt of particular drugs from Network Pharmacies or from a Mail Service Pharmacy. These requests are part of the auditing process. Your cooperation may be helpful in identifying fraudulent practices or unnecessary charges to your plan. All such personal information will remain confidential.

Legal action

Lawsuits to obtain benefits may not be started less than 60 days or more than two years following the date you receive written notice that benefits have been denied.

Appeals and Coverage Exceptions

Coverage exceptions: Flexible Formulary

Coverage for prescription drugs excluded and/or limited in quantity under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under The Empire Plan Flexible Formulary. Non-Preferred Brand-Name Drugs covered under the Program are subject to the Level 3 copayment. Under the Program benefit design, copayment exceptions are not permitted.

Claims appeal: 60-day deadline

In the event a claim has been denied as not medically necessary or as a result of investigational or experimental use of a covered prescription drug, you can request a review of your claim. This request for review should be sent to the Claims Review Unit at the following address within 60 days after you receive notice of denial of the claim. When requesting a review, please state the reason you believe the claim was improperly denied and submit any data questions or comments you deem appropriate.

To request a review of your claim, write to:

The Empire Plan Prescription Drug Program
UnitedHealthcare
P.O. Box 5900
Kingston, NY 12402-5900

If you are unable to resolve a problem with an Empire Plan carrier, you may contact the Consumer Services Bureau of the New York State Insurance Department at: New York State Department of Insurance, One Commerce Plaza, Albany, NY 12257. Phone: 1-800-342-3736, Monday - Friday, 9 a.m. – 5 p.m.

Your right to an External Appeal

Under certain circumstances, you have a right to an external appeal of a denial of coverage. Specifically, if the Insurer has denied coverage on the basis that a prescription drug is not medically necessary or is an experimental or investigational drug, you or your representative may appeal for review of that decision by an External Appeal Agent, an independent entity certified by the New York State Department of Insurance to conduct such appeals.

Your right to appeal a determination that a drug is not medically necessary

If you have been denied coverage on the basis that the prescription drug is not medically necessary, you may appeal for review by an External Appeal Agent if you satisfy the following two criteria:

- A. The prescription drug must otherwise be covered under The Empire Plan Prescription Drug Program; and
- B. You must have received a final adverse determination through the internal appeal process described above and the Insurer must have upheld the denial or you and the Insurer must agree in writing to waive any internal appeal.

Your rights to appeal a determination that a service is experimental or investigational

If you have been denied coverage on the basis that the drug is experimental or investigational, you must satisfy the following two criteria:

- A. The prescription drug must otherwise be covered under The Empire Plan Prescription Drug Program; and
- B. You must have received a final adverse determination through the internal appeal process described above and the Insurer must have upheld the denial or you and the Insurer must agree in writing to waive any internal appeal.

In addition, your attending Doctor must certify that you have a life-threatening or disabling condition or disease. A “life-threatening condition or disease” is one that, according to the current diagnosis of your attending Doctor, has a high probability of death. A “disabling condition or disease” is any medically determinable physical or mental impairment that can be expected to result in death, or that has lasted or can be expected to last for a continuous period of not less than 12 months, which renders you unable to engage in any substantial gainful activities. In the case of a child under the age of eighteen, a “disabling condition or disease” is any medically determinable physical or mental impairment of comparable severity.

Your attending Doctor must also certify that your life-threatening or disabling condition or disease is one for which standard drugs are ineffective or medically inappropriate **or** one for which there does not exist a more beneficial standard drug or procedure covered by the Program.

In addition, your attending Doctor must have recommended a drug that two documents from available medical and scientific evidence indicate is likely to be more beneficial to you than any standard covered drug. (Only certain documents will be considered in support of this recommendation. Your attending Doctor should contact the New York State Department of Insurance in order to obtain current information as to what documents will be considered acceptable.)

For the purposes of this section, your attending Doctor must be a licensed, board-certified or board-eligible physician qualified to practice in the area appropriate to treat your life-threatening or disabling condition or disease.

The External Appeal process

If, through the internal appeal process described above, you have received a final adverse determination upholding a denial of coverage on the basis that the prescription drug is not medically necessary or is an experimental or investigational drug, you have 45 days from receipt of such notice to file a written request for an external appeal. If you and the Insurer have agreed in writing to waive any internal appeal, you have 45 days from receipt of such waiver to file a written request for an external appeal. The Insurer will provide an external appeal application with the final adverse determination issued through the Insurer's internal appeal process described above or its written waiver of an internal appeal. You may also request an external appeal application from the New York State Department of Insurance at 1-800-400-8882. Submit the completed application to the Insurance Department at the address indicated on the application. If you satisfy the criteria for an external appeal, the Insurance Department will forward the request to a certified External Appeal Agent.

You will have an opportunity to submit additional documentation with your request. If the External Appeal Agent determines that the information you submit represents a material change from the information on which the Insurer based its denial, the External Appeal Agent will share this information with the Insurer in order for it to exercise its right to reconsider its decision. If the Insurer chooses to exercise this right, the Insurer will have three business days to amend or confirm its decision. Please note that in the case of an expedited appeal (described below), the Insurer does not have a right to reconsider its decision.

In general, the External Appeal Agent must make a decision within 30 days of receipt of your completed application. The External Appeal Agent may request additional information from you, your Doctor or the Insurer. If the External Appeal Agent requests additional information, it will have five additional business days to make its decision. The External Appeal Agent must notify you in writing of its decision within two business days.

If your attending Doctor certifies that a delay in providing the prescription drug that has been denied poses an imminent or serious threat to your health, you may request an expedited external appeal. In that case, the External Appeal Agent must make a decision within three days of receipt of your completed application. Immediately after reaching a decision, the External Appeal Agent must try to notify you and the Insurer by telephone or facsimile of that decision. The External Appeal Agent must also notify you in writing of its decision. If the External Appeal Agent overturns the Insurer's decision that a service is not medically necessary or approves coverage of an experimental

or investigational drug, the Insurer will provide coverage subject to the other terms and conditions of the Program.

The External Appeal Agent's decision is binding on both you and the Insurer. The External Appeal Agent's decision is admissible in any court proceeding. The Insurer will charge you a fee of \$50 for an external appeal. The external appeal application will instruct you on the manner in which you must submit the fee. The Insurer will also waive the fee if it is determined that paying the fee would pose a hardship to you. If the External Appeal Agent overturns the denial of coverage, the fee shall be refunded to you.

Your responsibilities in filing an External Appeal

It is **YOUR RESPONSIBILITY** to initiate the external appeal process. You may initiate the external appeal process by filing a completed application with the New York State Department of Insurance. If the requested service has already been provided to you, your Doctor may file an external appeal application on your behalf, but only if you have consented to this in writing.

45-day deadline

Under New York State law, your completed request for appeal must be filed within 45 days of either the date upon which you receive written notification from the Insurer that it has upheld a denial of coverage or the date upon which you receive a written waiver of any internal appeal. The Insurer has no authority to grant an extension of this deadline.

More About Your Empire Plan Prescription Drug Program Drug Utilization Review (DUR)

Prescription drugs can work wonders in curing ailments and keeping you healthy — often at a cost much lower than surgery or other procedures. But they can also cause serious harm when taken in the wrong dosage or in a harmful combination with another drug.

DUR identifies possible problems

Your Empire Plan Prescription Drug Program includes a Drug Utilization Review (DUR) program to check for possible inappropriate drug consumption, medical conflicts or dangerous medication interactions.

The DUR process

This review process generally asks:

- Is the Prescription written for the recommended daily dose?
- Is the patient already taking another drug that might conflict with the newly prescribed drug?
- Does the patient's prescription drug record indicate a medical condition that might be made worse by this drug?
- Has the age of the patient been taken into account in prescribing this medication?
- Is the patient taking a quantity of medication that is consistent with the Doctor's directions on the prescription?

When you use your card

When you use your Empire Plan Benefit Card at a Network Pharmacy or a Mail Service Pharmacy and the Pharmacist enters the information into the computer, the computer system will review your recent Empire Plan Prescription Drug Program medication history. If a possible problem is found, a warning message will be flashed to your Pharmacist.

The Pharmacist may talk with you and your Doctor. Once any issues are resolved, the appropriate medication can be dispensed.

Safety

In addition, a “behind the scenes” safety review is conducted to identify any potential drug therapy related problems. If a potential problem is detected the information is reviewed by a clinical Pharmacist who notifies your Doctor of the possible risks. If two prescribing Doctors are involved, both will be notified of the potential problem.

If, as the result of DUR, it is determined that a member may be using prescription medications in a harmful or abusive manner or with harmful frequency, the Plan reserves the right to limit an enrollee to the use of a single network pharmacy plus the Mail Service Pharmacy.

This process helps your Doctor make more informed decisions about your prescription drugs.

Refill Too Soon

A key component of the DUR safety process implemented for this Program is the application of the “refill too soon” (RTS) edit for all claims submitted under the Program. The RTS program ensures that The Empire Plan Prescription Drug Program provides safety and utilization review across all supply chains; Network Pharmacy claims, Mail Service Pharmacy claims and Non-Network Pharmacy claims processed for an individual enrollee. Upon processing of an incoming claim, the previous 180 days of an enrollee’s prescription drug claim history are reviewed by the systematic RTS criteria. The RTS edit will cause the claim to reject if the enrollee has consumed (based on days supply) less than 75 percent of their medication on a cumulative basis over the past 180 days. When a claim is rejected, the Pharmacist is sent a message indicating the next refill date for the enrollee. The RTS will also take into account the cumulative days supply on hand.

Confidential Service

Confidentiality is key. You can be assured that these reviews are confidential and that pertinent information is shared only with your Pharmacist and Doctor or as permitted or required by law.

Education is the Right Prescription

For patients

It’s important that you understand the drugs being prescribed for you – what they will do and how they should be taken. To help you with that understanding, The Empire Plan Prescription Drug Program has a patient education program.

For doctors

To help your Doctor keep up to date on the most current information on prescription drugs, The Empire Plan has a doctor education program.

Notes

Notes



State of New York
 Department of Civil Service
 Employee Benefits Division
 P.O. Box 1068
 Schenectady, New York 12301-1068
<https://www.cs.state.ny.us>



**Important. Prescription Drug Certificate Amendment
 For the Enrollee, Enrolled Spouse/Domestic Partner
 and Other Enrolled Dependents**

PEF Book/Certificate Amendment - January 2009

CHANGE SERVICE REQUESTED

**Please do not send mail or
 correspondence to the return
 address. See below for
 address information.**

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service Web site (<https://www.cs.state.ny.us>). Click on Employee Benefits for timely information that meets universal accessibility standards adopted by New York State for NYS Agency Web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA enrollees may call the Employee Benefits Division at (518) 457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands.)

NY0824



GIB-EMPIRE PLAN/PEF/09-2

This *Empire Plan Certificate Amendment* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.



State of New York
 Department of Civil Service
 Employee Benefits Division
 Albany, New York 12239
 518-457-5754 (Albany area)
 1-800-833-4344
 (U.S., Canada, Puerto Rico,
 Virgin Islands)
<https://www.cs.state.ny.us>

**SAVE THIS AMENDMENT
 IMPORTANT INFORMATION ABOUT
 THE NEW YORK STATE HEALTH
 INSURANCE PROGRAM**

This Amendment is for employees represented by Public Employees Federation and enrolled in The Empire Plan.

Benefit changes that are mailed to you are also posted on our web site, <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Choose your group, if prompted, and click on Using Your Benefits. Select the Publications link.

SEHP

Student Employee Health Plan

The New York State Health Insurance Program's Student Employee Health Plan (SEHP)

For Graduate Student Employees and their enrolled dependents, COBRA enrollees with SEHP benefits and Young Adult Option enrollees

**Call toll free 1-877-7-NYSHIP
(1-877-769-7447)**

For preauthorization of services or if you have questions about eligibility, providers or claims, call the Plan toll free and choose the program you need. Medical/Surgical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time and Hospital Program representatives are available Monday through Friday 8 a.m. to 5 p.m. Eastern time. Mental Health and Substance Abuse and Prescription Drug Program representatives are available 24 hours a day, seven days a week. This number is for both The Empire Plan (another NYSHIP plan) and NYSHIP SEHP (except for the NurseLine_{SM} option, which is for The Empire Plan only). SEHP dental and vision care plans have separate toll-free numbers (see inside cover).

This guide briefly describes the principal NYSHIP SEHP benefits. It is not a complete description and is subject to change.

If you have questions about eligibility, enrollment procedures or the cost of health insurance, contact the Health Benefits Administrator (HBA) on your SUNY campus.

CUNY SEHP enrollees with questions may contact their Health Benefits Administrator (HBA) at the CUNY University Benefits Office.

State of New York Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, NY 12239
<https://www.cs.ny.gov>



Summary *of* Benefits

JANUARY 1, 2012

Benefit Summary

The NYSHIP Student Employee Health Plan (SEHP) is a health insurance plan for CUNY and SUNY graduate and teaching assistant employees and their families. The Plan provides medical, dental and vision care benefits.

What's New

- The **Combined Annual Coinsurance Maximum** for Network and Non-network services, Basic Medical, Mental Health and Substance Abuse and Prescription Drugs has increased from \$750,000 to \$1,250,000.
- The **Annual Deductible** is now \$100 per person per plan year for Hospital, Medical and Mental Health and Substance Abuse combined.
- **2012 Empire Plan Flexible Formulary**

Contact Information

Hospital Program

Empire BlueCross BlueShield
New York State Service Center, P.O. Box 1407, Church Street Station
New York, NY 10008-1407

Medical/Surgical Program

UnitedHealthcare
P.O. Box 1600, Kingston, NY 12402-1600

Mental Health and Substance Abuse Program

OptumHealth Behavioral Solutions
P.O. Box 5190, Kingston, NY 12402-5190

Prescription Drug Program

The Empire Plan Prescription Drug Program
P.O. Box 5900, Kingston, NY 12402-5900

Dental Care Plan

GHI, NYS Dental Service
P.O. Box 12365, Albany, NY 12212-2365

Vision Care Plan

Davis Vision
711 Troy Schenectady Rd, Suite 301, Latham NY 12110

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Hospital Program.....TTY only 1-800-241-6894
Medical/Surgical ProgramTTY only 1-888-697-9054
**Mental Health and
Substance Abuse Program**TTY only 1-800-855-2881
Prescription Drug Program.....TTY only 1-800-759-1089

Quick Reference

The NYSHIP Student Employee Health Plan (SEHP) is a health insurance plan for CUNY and SUNY graduate and teaching assistant employees and their families. The Plan has six main parts:

- (1) Hospital Program**
insured and administered by Empire BlueCross BlueShield
Provides coverage for inpatient and outpatient services provided by a hospital or birthing center and for hospice care. Also provides inpatient Benefits Management Program services for preadmission certification of scheduled hospital admissions or within 48 hours after an emergency or urgent admission.
Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.
- (2) Medical/Surgical Program**
insured and administered by UnitedHealthcare
Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the network and non-network programs. Coverage for chiropractic care and physical therapy is provided through the Managed Physical Medicine Program. Home care services provided in lieu of hospitalization and diabetic supplies provided by the Home Care Advocacy Program (HCAP). Benefits Management Program services for Prospective Procedure Review for MRI, MRA, CT, PET scan and Nuclear Medicine tests.
- (3) Mental Health and Substance Abuse Program**
insured by UnitedHealthcare and administered by OptumHealth Behavioral Solutions (OptumHealth)
Provides coverage for inpatient and outpatient mental health and substance abuse services. Also provides preadmission certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.
- (4) Prescription Drug Program**
insured and administered by UnitedHealthcare
UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Solutions, Inc. (Medco) for services including the pharmacy network and mail pharmacy services.
Provides coverage for prescription drugs dispensed through Empire Plan participating pharmacies, the mail service pharmacy and non-participating pharmacies.
- (5) Dental Care Plan**
administered by GHI 1-800-947-0101
Provides coverage for dental examinations, cleaning and bitewing X-rays. Also provides discounts on other services.
- (6) Vision Care Plan**
administered by Davis Vision 1-888-588-4823
Provides coverage for routine eye examinations, eyeglasses or contact lenses.

2012 SEHP Copayments at a Glance

Medical/Surgical Program*

Participating Provider Program

\$10 copayment - office visit, office surgery, urgent care visit, contraceptive drugs and devices (injections, insertions or other physician intervention provided during visit subject to additional copayment), infertility treatment visit, allergy testing, mammography, cervical cytology screening.

\$10 copayment - diagnostic laboratory tests and radiology (not performed during an office visit)

\$10 copayment - ambulatory surgical center (including same day on-site testing and anesthesiology)

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

\$10 copayment - office visit, up to 15 chiropractic visits per person per calendar year; up to 60 physical therapy visits per diagnosis

\$10 copayment - diagnostic laboratory tests or radiology

*Note: some medically necessary services are paid in full; others are subject to copayment or a 15-visit per person per calendar year limit.

Hospital Program

\$15 copayment - surgery, diagnostic radiology, diagnostic laboratory tests, bone mineral density screening and administration of Desferal for Cooley's Anemia in the hospital outpatient department of a network hospital or an extension clinic (including outpatient surgical locations)

\$25 copayment - emergency room care

\$200 copayment - per admission for covered inpatient hospital stays

\$10 copayment - per visit for medically necessary physical therapy (following related hospitalization or surgery); up to 60 visits

Mental Health and Substance Abuse Program

\$10 copayment - visit to network practitioner, for up to 15 visits per person per calendar year (for visits 16 and beyond, non-network outpatient coverage applies)

\$25 copayment - emergency room care

\$200 copayment - per admission for covered network, inpatient mental health stay or inpatient care in a residential treatment center, group home or halfway house

Prescription Drug Program**

Up to a 30-day supply from a participating retail pharmacy, mail service or designated specialty pharmacy:

\$5 copayment - Level 1 or generic drug

\$15 copayment - Level 2 or preferred brand-name drug

\$40 copayment - Level 3 or non-preferred brand-name drug

31 to 90-day supply through the mail service or designated specialty pharmacy:

\$5 copayment - Level 1 or generic drug

\$20 copayment - Level 2 or preferred brand-name drug

\$65 copayment - Level 3 or non-preferred brand-name drug

** Oral chemotherapy drugs for the treatment of cancer do not require a copayment.

Dental Care

\$20 copayment - participating provider visit

\$10 copayment - filling

Vision Care

\$10 copayment - routine eye exam

Preventive Care Services

Annual Benefit Maximum

For all services combined, including network and non-network hospital, medical, mental health and substance abuse, and prescription drugs, there is one annual maximum of \$1,250,000.

All services must be medically necessary. "Allowable amount" means the amount you actually paid for medically necessary services covered under SEHP, or the network allowance as determined by the carriers, whichever is lower.

Benefits Management Program



for preadmission certification

If NYSHIP SEHP coverage is primary for you or your covered dependents:

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (non-emergency) hospital admission
- Before a maternity hospital admission
- Within 48 hours or as soon as reasonably possible after an emergency or urgent hospital admission.

If you do not call, or if the Hospital Program does not certify the hospitalization, the Plan pays up to 50 percent of the allowable amount after your \$200 copayment. If the Hospital Program does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.



for Prospective Procedure Review - MRI, MRA, CT, PET scan or Nuclear Medicine Tests

If NYSHIP SEHP coverage is primary for you or your covered dependents:

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program for prior authorization before having a scheduled (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or a Nuclear Medicine test, unless you are having the test or procedure as an inpatient in a hospital. If you do not call, your out of pocket cost will be substantially higher. If the test is determined not to be medically necessary, you will be responsible for the entire cost.

Hospital Program

The Hospital Program pays for covered services provided in an inpatient or outpatient hospital setting or hospice organization. The covered services are the same for network and non-network hospitals, however network and non-network benefits differ, as described below. The Medical/Surgical Program provides benefits for certain medical and surgical care provided in a hospital setting when it is not covered by the Hospital Program. Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program if you have questions about your hospital benefits, coverage or an Explanation of Benefits (EOB) Statement.

Hospital Inpatient • Semi-Private Room or Birthing Center



for preadmission certification

Network Coverage

Copayment: \$200 per person per admission; new copayment required if hospitalization occurs more than 90 days after previous discharge.

Coverage Level: The Plan pays 100 percent of allowable amount after you pay the copayment.

Unlimited days for covered medical or surgical care in a hospital, including inpatient detoxification.

Maternity Care: First 48 hours of hospitalization for mother and newborn after any delivery other than a cesarean section or first 96 hours following a cesarean section are presumed medically necessary and covered at the same copayment and coverage level as other inpatient admissions. If you choose early discharge following delivery, you may request one paid-in-full home care visit.

Non-network Coverage

Copayment: \$200 per person per admission; new copayment required if hospitalization occurs more than 90 days after previous discharge.

Coverage Level: The Plan pays 80 percent of allowable amount after you pay the copayment. You are responsible for the balance.

Unlimited days for covered medical or surgical care in a hospital, including inpatient detoxification.

Maternity Care: First 48 hours of hospitalization for mother and newborn after any delivery other than a cesarean section or first 96 hours following a cesarean section are presumed medically necessary. The Plan pays 80 percent of the allowable amount after you pay the copayment. You are responsible for the balance.

Hospital Outpatient

Network Coverage

Surgery, diagnostic radiology, diagnostic laboratory tests, bone mineral density screening and administration of Desferal for Cooley's Anemia in the hospital outpatient department of a network hospital (or an extension clinic, including outpatient surgical locations) are subject to one copayment of \$15 per visit. The copayment is waived if you are admitted as an inpatient directly from the outpatient department.

Paid-in-full benefits for chemotherapy, radiation therapy or dialysis and for preadmission testing and/or presurgical testing prior to an inpatient admission.

You must have prior authorization for an MRI, MRA, CT, PET scan or a Nuclear Medicine test (see page 3).

\$10 copayment per visit for up to 60 visits for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery.

Medically necessary physical therapy coverage available under the Managed Physical Medicine Program when not covered under the Hospital Program. See page 10 for coverage information.

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services are subject to one copayment of \$25 per visit. The copayment is waived if you are admitted as an inpatient directly from the emergency room.

Emergency is defined as the sudden onset of symptoms of sufficient severity, including severe pain, that a prudent layperson could reasonably expect the absence of immediate care to put the person's life in jeopardy or cause serious impairment of bodily functions.

Infertility

Network Coverage

The following services provided in the inpatient or outpatient departments of a hospital are covered: artificial/intra-uterine insemination, inpatient and/or outpatient surgical or medical procedures, performed in the hospital, which would correct malfunction, disease or dysfunction resulting in infertility and associated diagnostic tests and procedures including but not limited to those described in New York State Insurance Law as set forth in Chapter 82 of the Laws of 2002.

Hospice Care

Network Coverage

Paid-in-full benefit for up to 210 days when provided by an approved hospice program.

Non-network Coverage

Deductible: The combined annual deductible of \$100 per covered individual applies.

Coinsurance: The Plan pays 80 percent of allowable amount after you meet the \$100 deductible.

Same as network coverage

Non-network physical therapy subject to combined \$100 annual deductible per covered individual.

Emergency Care: Network coverage applies.

Non-network Coverage

Outpatient Infertility Treatment: The Plan pays 80 percent of the allowable amount after you pay the \$100 deductible.

Inpatient Infertility Treatment: The Plan pays 80 percent of the allowable amount after you pay the \$200 copayment.

Non-network Coverage

Plan pays up to 100 percent of allowable amount for up to 210 days.

Medical/Surgical Program

The Medical/Surgical Program pays for covered medical/surgical services by physicians and other covered providers under either network or non-network coverage. Some medically necessary services are paid in full; others are subject to copayment or to a 15-visit per person limit. **Note:** Any visit you make to your SUNY Campus Student Health Center (which is not a network provider), does not count toward the 15-visit per person limit or network dollar maximum. (This does not apply to CUNY SEHP enrollees). Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical/Surgical Program if you have questions about your coverage.

Network Coverage

Some covered services received from a network provider are paid in full and others are subject to a copayment as described below.

The Plan does not guarantee that participating providers are available in all specialties or geographic locations.

To learn whether a provider participates, check with the provider directly, call the Plan and choose the Medical Program or visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online then click on Find a Provider.

Always confirm the provider's participation **before** you receive services.

Non-network Coverage

Annual Deductible: Subject to combined \$100 annual deductible per covered individual.

Coinsurance: Plan pays 80 percent of allowable amount for covered services after you meet the annual deductible.

Inpatient in a Hospital or Birthing Center

Network Coverage

Covered services received from a network provider while you are an inpatient are paid in full and do not count toward the 15-visit per person limit.

Paid-in-full benefit for preadmission testing and/or presurgical testing prior to an inpatient admission, radiology, anesthesiology and pathology.

Non-network Coverage

Non-network deductible and coinsurance apply for covered services by a non-network provider.

Same as network coverage.

Outpatient Department of a Hospital

Network Coverage

Paid-in-full benefits for covered outpatient services provided in the outpatient department of a hospital by a network provider.

For medical emergency: paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services when these services are not covered by the Hospital Program. Services of other participating physicians are also paid-in-full.

Non-network Coverage

Non-network deductible and coinsurance apply for covered services by a non-network provider.

For medical emergency: paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services when these services are not covered under the Hospital Program. Services of other physicians who are non-network are subject to the deductible but not coinsurance. Charges above the allowable amount are not covered.

Outpatient Department of a Hospital, continued

Network Coverage

Paid-in-full benefit for preadmission testing and/or presurgical testing prior to an inpatient admission, chemotherapy, anesthesiology, radiology, pathology or dialysis when not covered by Empire BlueCross BlueShield; does not count toward 15-visit per person limit.

Non-network Coverage

Plan pays up to 100 percent of allowable amount.

Doctor's Office Visit, Office Surgery, Laboratory and Radiology

Network Coverage

You have network coverage for up to 15 visits per person per calendar year to a participating provider, subject to a \$10 copayment per visit. The copayment includes diagnostic laboratory tests and radiology done during the office visit.

The following types of office visits and services are paid in full and do not count toward the 15-visit per person limit: dialysis, chemotherapy and radiation therapy, well-child care, prenatal and postnatal office visits included in your provider's delivery charge. Prenatal and postnatal office visits that are not included in the delivery charge are subject to a \$10 copayment but do not count toward 15-visit per person limit.

Diagnostic laboratory tests and radiology not performed during an office visit, including interpretation of mammograms and analysis of cervical cytology screening, are covered subject to a \$10 copayment and do not count toward the 15-visit per person limit.

Office-based surgery visits are subject to copayment and count toward the 15-visit per person limit.

Visit to a participating Urgent Care Center are subject to a \$10 copayment and do not count toward the 15-visit per person limit.

You must have prior authorization for an MRI, MRA, CT, PET scan or a Nuclear Medicine test (see page 3).

Non-network Coverage

Non-network deductible and coinsurance apply for covered services received from non-participating providers or after the 15th visit to a participating provider subject to the limit.

Doctor's Office Visit, Office Surgery, Laboratory and Radiology *continued*

Network Coverage

Contraceptive Drugs and Devices: \$10 copayment for required injections, insertion or other physician intervention provided during an office visit. (This copayment is in addition to your \$10 copayment for the office visit.)

Infertility Treatment: \$10 copayment for covered services such as artificial/intrauterine insemination (See Infertility on page 5) provided during an office visit.

Second Surgical Opinion: \$10 copayment for one out-of-hospital specialist consultation in each specialty field per condition per calendar year; counts toward 15-visit per person limit. One paid-in-full in-hospital consultation in each field per confinement.

Second Opinion for Cancer Diagnosis: \$10 copayment for a second medical opinion by an appropriate specialist in the event of a positive or negative diagnosis of cancer or recurrence of cancer or a recommendation of course of treatment for cancer.

Non-network Coverage

Contraceptive Drugs and Devices: Covered drugs and devices are the same as under network coverage; deductible and coinsurance apply.

Infertility Treatment: Covered services (see page 5) are subject to deductible and coinsurance.

Second Surgical Opinion: Same limits apply as under network coverage; deductible and coinsurance apply.

Second Opinion for Cancer Diagnosis: Covered services are the same as under network coverage; deductible and coinsurance apply.

Routine Health Exams

Network Coverage

Same as non-network coverage.

Non-network Coverage

Routine Physicals are covered once every two years for the active employee under age 40, or annually for the active employee over age 40. The Plan pays 80 percent of the allowable amount for covered services. There is no coverage for routine health exams for a spouse or domestic partner. This benefit is not subject to copayment or 15-visit per person limit or deductible.

Allergy Care

Network Coverage

Office visits are covered subject to a \$10 copayment and count toward 15-visit per person limit. No separate copayment for basic skin tests done during an office visit. Tests provided on different date or different location require a separate \$10 copayment, but do not count toward 15-visit per person limit. Allergy injections and extracts are not covered; see *Exclusions*, page 18.

Non-network Coverage

Not covered

Routine Well-Child Care

Network Coverage

Paid-in-full benefit for children up to age 19 including examinations and immunizations administered pursuant to pediatric guidelines. Well-child care visits do not count toward the 15-visit per person limit.

Non-network Coverage

Plan pays 100 percent of allowable amount. This benefit is not subject to deductible or coinsurance.

Mammograms and Cervical Cytology Screening

Network Coverage

\$10 copayment for mammography received from a network provider following recommended guidelines; \$10 copayment for cervical cytology screening. (Also see Hospital Outpatient, page 5.)

Non-network Coverage

Plan pays 80 percent of allowable amount after you meet the annual deductible.

Pregnancy Termination

Network Coverage

Paid-in-full benefit; does not count toward 15-visit per person limit.

Non-network Coverage

Plan pays 80 percent of allowable amount after you meet the annual deductible.

Ambulatory Surgical Center

Network Coverage

\$10 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center.

Non-network Coverage

Plan pays 80 percent of allowable amount after you meet the annual deductible.

Ambulance Service

Network Coverage

Plan pays for local commercial ambulance charges for emergency transportation, subject to a \$15 copayment.

Non-network Coverage

Same as Network Coverage.

Emergency Ambulance Transportation is covered when the service is provided by a licensed ambulance service to the nearest hospital where emergency care can be performed and ambulance transportation is required because of an emergency condition.

Enteral Formulas; Modified Solid Food Products

Network Coverage

Same as non-network coverage.

Non-network Coverage

For prescribed enteral formulas, Plan pays up to 80 percent of allowable amount after you meet the annual deductible. For certain prescribed modified solid food products, Plan pays up to 80 percent of allowable amount after you meet the annual deductible, up to a total maximum reimbursement of \$2,500 per covered person per calendar year.

Managed Physical Medicine Program administered by Managed Physical Network (MPN)

Chiropractic Treatment and Physical Therapy

Network Coverage (When you use MPN)

You pay a \$10 copayment for each office visit to an MPN provider. You pay an additional \$10 copayment for related radiology and diagnostic laboratory services billed by the MPN provider.

Chiropractic Treatment: Up to 15 visits per person per calendar year.

Physical Therapy: Up to 60 visits per diagnosis, if determined by MPN to be medically necessary.

Access to network benefits is guaranteed for chiropractic treatment and physical therapy. If there is no network provider in your area, call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program.

Program requirements apply even if Medicare or another health insurance plan is primary.

Non-network Coverage (When you don't use MPN)

Annual Deductible: Subject to \$100 deductible per covered individual. This deductible is separate from other plan deductibles.

Coinsurance: Plan pays up to 80 percent of allowable amount after you meet the annual deductible. Non-network benefits for covered services received from non-network providers, or after the 15th chiropractic visit per year, or after the 60th physical therapy visit per diagnosis, by a network provider.

Home Care Advocacy Program (HCAP)

Home Care Services in Lieu of Hospitalization and Diabetic Equipment/Supplies



for prior authorization

Network Coverage (When you use HCAP)

Home care services provided in lieu of hospitalization are paid in full for 365 visits. To receive this benefit, you must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program then HCAP for prior authorization.

Diabetic equipment and supplies, including insulin pumps and Medijectors are paid in full. To receive diabetic equipment and supplies, (except insulin pumps and Medijectors) call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**. For insulin pumps and Medijectors you must use a network provider. Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program then HCAP for prior authorization.

Important: If Medicare is your primary coverage, and you do not use a Medicare contracted provider, your benefits will be further reduced.

Program requirements apply even if Medicare or another health insurance plan is primary.

Non-network Coverage (When you don't use HCAP)

Home care services are not covered unless precertified. If precertified, Plan pays 80 percent of allowable amount after you meet the annual deductible.

Diabetic equipment and supplies are covered up to 100 percent of allowable amount; not subject to deductible and coinsurance.

Mental Health and Substance Abuse Program



to ensure the highest level of benefits

Call the Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Mental Health and Substance Abuse Program before seeking any treatment for mental health or substance abuse, including alcoholism. The Mental Health and Substance Abuse Program's Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits. Access to network benefits is guaranteed.

In an emergency, the Mental Health and Substance Abuse Program will either arrange for an appropriate provider to call you back (usually within 30 minutes) or direct you to an appropriate facility for treatment. In a life-threatening situation, go to the emergency room. If you are admitted as an inpatient, you or someone acting on your behalf should call the Mental Health and Substance Abuse Program within 48 hours or as soon as reasonably possible after an emergency mental health or substance abuse hospitalization.

Program requirements apply even if Medicare or another health insurance plan is primary.

Only treatment determined medically necessary by OptumHealth is covered.

If you are in treatment for mental health or alcohol/substance abuse at the time your NYSHIP SEHP coverage begins, please contact OptumHealth for help in making the transition to your NYSHIP coverage.

Facility Charges

Network Coverage

Inpatient care in an Approved General Acute or Psychiatric Hospital or Clinic: inpatient and partial hospitalization, intensive outpatient and day treatment programs, 23 hour extended and 72 hour crisis beds.

Copayment: \$200 per person per admission; new copayment required if admission occurs more than 90 days after the previous admission. Coverage level: The Plan pays up to 100 percent of the network allowance after you pay the copayment.

Inpatient care in a Residential Treatment Center, Group Home or Halfway House. Coverage for up to 30 days per person per year in an approved facility. \$200 copayment per admission; new copayment required if admission occurs more than 90 days after the previous admission. Coverage level: Plan pays up to 80 percent of the network allowance after the copayment. You pay the remaining balance.

Hospital Emergency Room: You pay a \$25 copayment (waived if you are admitted as an inpatient directly from the emergency room).

Practitioner Visits

Network Coverage

Network coverage for up to 15 visits per person per calendar year to a network practitioner, subject to a \$10 copayment per visit. You pay the copayment. For visit 16 and beyond, non-network outpatient coverage applies.

Non-network Coverage

Inpatient care in an Approved General Acute or Psychiatric Hospital or Clinic: inpatient and partial hospitalization, intensive outpatient and day treatment programs, 23 hour extended and 72 hour crisis beds.

Copayment: \$200 per person per admission; new copayment required if admission occurs more than 90 days after the previous admission. Coverage level: The Plan pays 80 percent of the allowable amount after you pay the copayment. You pay the remaining balance.

Inpatient care in a Residential Treatment Center, Group Home or Halfway House. Not a covered benefit.

Hospital Emergency Room: Same as network benefits.

Non-network Coverage

Non-network benefits for covered services received from non-network practitioners or after the 15th visit to a network practitioner subject to combined \$100 annual deductible per covered individual. Plan pays 80 percent of OptumHealth's allowable amount for covered services after the deductible. You pay the deductible and the remaining balance.

Prescription Drug Program

Benefit Maximum

Prescription drug coverage is included in the combined \$1,250,000 annual benefit maximum.

Copayments

You have the following copayments for drugs purchased from a participating pharmacy or through the mail service pharmacy.

Up to a 30-day supply from a Participating Pharmacy, Mail Service Pharmacy or designated Specialty Pharmacy	31- to 90-day supply through the Mail Service Pharmacy or designated Specialty Pharmacy
Level 1 or Generic Drug..... \$5	Level 1 or Generic Drug..... \$5
Level 2 or Preferred Brand-name Drug..... \$15	Level 2 or Preferred Brand-name Drug..... \$20
Level 3 or Non-preferred Brand-name Drug \$40	Level 3 or Non-preferred Brand-name Drug \$65

Note: Oral chemotherapy drugs for the treatment of cancer do not require a copayment.

When you fill a prescription for a covered brand-name drug that has a generic equivalent, you pay the Level 3 non-preferred brand-name copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the drug. Certain drugs are excluded from this requirement. You pay only the applicable copayment for these brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol, and Tegretol XR. You have coverage for prescriptions for more than a 30-day supply through the mail service pharmacy or designated specialty pharmacy. Oral contraceptives are covered as brand-name or generic. Prescriptions may be refilled for up to one year.

Note: At certain SUNY Campus Student Health Centers, SUNY SEHP enrollees and/or their 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.)

Mail Service Pharmacy

You may fill your prescription by mail through the mail service pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Prescription Drug Program. To refill a prescription on file with the mail service pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider and scroll down to Mail Service Pharmacy Mail-Order Form.

Non-Participating Pharmacy

If you do not use your benefit card at a participating or non-participating pharmacy and pay the full retail cost of your prescription, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a participating pharmacy for filling the prescription with that drug's generic equivalent. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Specialty Pharmacy Program

The Empire Plan Specialty Pharmacy Program offers individuals using specialty drugs enhanced services including disease and drug education, compliance management, side-effect management and safety management. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo, a subsidiary of Medco. Also included in this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Drug Program to see a complete list of specialty medications included in the Specialty Pharmacy Program. Specialty medications must be ordered through the Specialty Pharmacy Program using the Medco Pharmacy Mail-Order Form. Prior authorization is required for some specialty medications.

To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose The Empire Plan Prescription Drug Program and ask to speak with Accredo, 24 hours a day, seven days a week.

Prior Authorization Required

You must have prior authorization for the following drugs, including generic equivalents:

- | | | | | |
|-------------|---------------------------|------------|--------------|---------------------|
| • Abstral | • Egrifta | • Increlex | • Orencia | • Tracleer |
| • Actemra | • Enbrel | • Infergen | • Pegasys | • Tysabri |
| • Actiq | • Epogen/Procrit | • Intron-A | • Peg-Intron | • Tyvaso |
| • Adcirca | • fentanyl citrate powder | • Iplex | • Provigil | • Veletri |
| • Amevive | • Fentora | • Kineret | • Rebif | • Ventavis |
| • Ampyra | • Flolan | • Kuvan | • Remicade | • Victrelis |
| • Aranesp | • Forteo | • Lamisil | • Remodulin | • Weight Loss Drugs |
| • Avonex | • Gilenya | • Lazanda | • Revatio | • Xeomin |
| • Betaseron | • Growth Hormones | • Letairis | • Ribavirin | • Xolair |
| • Botox | • Humira | • Makena | • Simponi | • Xyrem |
| • Cimzia | • Incivek | • Myobloc | • Sporanox | |
| • Copaxone | • Immune Globulins | • Nuvigil | • Stelara | |
| • Dysport | | • Onsolis | • Synagis | |

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. Compound Drugs that have a claim cost to the Program that exceeds \$100 will also require prior authorization under this Program. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For the most current Empire Plan drug list, prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Prescription Drug Program. Or, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to NYSHIP Online. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

Half Tablet Program

The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you will automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this program, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov> and select Benefit Programs. Follow the prompts to access NYSHIP Online and choose Find a Provider. Scroll to the Prescription Drug Program links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Flexible Formulary

The Empire Plan Prescription Drug Program has a flexible formulary for prescription drugs. The Empire Plan Flexible Formulary drug list is designed to provide enrollees and the Plan with the best value in prescription drug spending. This is accomplished by:

- excluding coverage for a small number of drugs;
- placing brand-name drugs that provide the best value to the Plan on the Flexible Formulary drug list; and
- applying the highest copayment to non-preferred brand-name drugs that provide no clinical advantage over generic or preferred brand-name drug alternatives.

2012 Flexible Formulary Changes

Certain drugs have been added to the list of drugs excluded from coverage under the 2012 Flexible Formulary. A list of accepted alternatives to these excluded drugs, along with a complete list of all excluded drugs, is available online. Visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Using Your Benefits and then 2012 Empire Plan Flexible Formulary.

New prescription drugs may be subject to exclusion when they first become available on the market. Check the web site for current information regarding exclusions of newly launched prescription drugs. Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under the Empire Plan Flexible Formulary.

Newly Excluded drugs:

- | | | | | |
|----------------------------|------------------------------------|---------------|---------------|-----------|
| • Androgel | • Clindacin PAC | • Pennsaid | • Tribenzor | • Vimovo |
| • Analpram
Advanced Kit | • Jalyn | • Rybix ODT | • Tricor | • Xerese |
| • Aricept 23mg | • Morgidox Kit | • Silenor | • Trilipix | • Zuplenz |
| • Cambia | • Orbivan | • Sumaxin TS | • Uramaxin GT | • Zyclara |
| • Centany AT | • Pacnex HP/Pacnex
LP/Pacnex Mx | • Tobradex ST | • Veltin | |

An excluded drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.

SEHP Dental Care Benefit Summary

Dental Program

Each visit is subject to a \$20 copayment, up to two visits per 12-month period when you visit a participating provider in the SEHP dental program for covered services.

Covered Services

- Initial examination, including charting
- Periodic examination
- Cleaning
- Bitewing X-rays, maximum four X-rays per year

Up to two fillings per 12-month period are covered subject to a \$10 copayment per filling when you visit a participating provider in the SEHP dental program.

Participating Provider: To locate a participating provider in the SEHP dental program, you can link to the GHI web site by accessing <https://www.cs.ny.gov>. From the home page, click on Other Benefits and then choose Dental, or call **1-800-947-0101**.

GHI's Discounted Dental Access Program

When you enroll in the SEHP dental program you are automatically enrolled in GHI's Discounted Dental Access Program. If you utilize a provider who participates in the GHI Discounted Dental Access Program (and receive services other than the covered services above), you are required to pay the provider directly for all care received, and your liability is reduced to a prearranged discounted access rate. You are not subject to precertification or eligibility verification when you utilize the discounted program.

Participating Provider: To locate a participating provider in the GHI Discounted Dental Access Program, please call GHI's Dedicated Customer Service Center at **1-800-947-0101** for a list or a CD-ROM identifying GHI Discounted Dental Access Program participating providers.

Administration

For **Eligibility** questions, please contact the Health Benefits Administrator (HBA) on your campus.

For **Customer Service**, please contact GHI's Dedicated Customer Services Center at **1-800-947-0101** after you have enrolled.

Correspondence: Please direct your correspondence to:
GHI, Attn: NYS Dental Customer Service, P.O. Box 12365, Albany, NY 12212-2365
Please be sure to include your identification number on all correspondence.

ID Card: If you go to a provider who participates in the SEHP dental program and/or the GHI Discounted Dental Access Program, present your GHI identification card before you receive services.

SEHP Vision Care Benefit Summary

Network Benefits

A routine eye examination (subject to a \$10 copayment) is covered once in any 24-month period (based on your last date of service).

A limited selection of frames and lenses or daily wear, disposable or planned replacement contact lenses offered by a participating provider at the time and place of an eye exam will be paid in full. This benefit is available only once in any 24-month period. There is no coverage for services received from a non-participating provider.

To Confirm Eligibility or Locate a Network Provider

Contact Davis Vision, the plan administrator, at **1-888-588-4823** or link to their web site by accessing <https://www.cs.ny.gov>. Choose Benefit Programs then NYSHIP Online, and choose your group, if prompted. From the home page, click on Other Benefits and then choose Vision.

To Receive Services from a Network Provider

- Contact the network provider and schedule an appointment.
- Identify yourself as covered under the SEHP vision care program available through the NYS Vision Plan, which is administered by Davis Vision.
- Give the provider your name and date of birth, or member ID number.

The provider will confirm your eligibility and obtain an authorization to provide services. At the time of your appointment, be sure to pay the provider your \$10 eye examination copayment.

Exclusions

Services not covered under the SEHP include, but are not limited to, the following:

- Combined expenses in excess of \$1,250,000 for network and non-network hospital, medical, mental health and substance abuse, and prescription drugs;
- Care that is not medically necessary;
- Experimental or investigative procedures;
- Custodial care;
- Cosmetic surgery;
- Routine foot care;
- Sex change;
- Durable medical equipment and supplies unless provided under the Home Care Advocacy Program (HCAP);
- Prosthetics (except breast prostheses, which are paid in full);
- Orthotics;
- TMJ treatment (except when caused by a medical condition);
- Hearing aids;
- Weight loss treatment (except for otherwise covered medical care and prescription drugs for treatment of morbid obesity);
- Adult immunizations (except as part of a covered routine physical);
- Skilled nursing facility care including rehabilitation;
- Allergy extracts and injections;
- Inpatient alcohol and substance abuse rehabilitation;
- Psychological testing and evaluation and outpatient psychiatric second opinion;
- Drugs furnished solely for the purpose of improving appearance rather than physical function or control of organic disease;
- Reversal of sterilization; assisted reproductive technology and other infertility services (except artificial/intra-uterine insemination and other services for which coverage is mandated by New York State Insurance Law); cloning;
- Cardiac rehabilitation;
- Occupational therapy;
- Speech therapy.

Benefits On the Web

You'll find NYSHIP Online, the Employee Benefits Division home page, on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs and follow the prompts to NYSHIP Online.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group on a toolbar near the top left of the page.

Without enabling cookies, when you select your group and health benefits plan to view your group-specific health insurance benefits, you will be required to reselect your group and benefits plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online is a complete resource for your health insurance benefits, including up-to-date publications. You'll also find links to select Empire Plan carrier web sites. These web sites include the most current list of providers. You can search by location, specialty or name. Announcements, an event calendar, prescription drug information and handy contact information are only a click or two away.

Federal Health Care Reform

Grandfathered Health Plans

Under the Patient Protection and Affordable Care Act, a grandfathered health plan is permitted to preserve certain basic health coverage that was already in effect when the Act was signed into law on March 23, 2010. Being a grandfathered health plan means that the plan may delay implementation of certain features of health care reform that apply to other non-grandfathered health plans. For example, the requirement for the provision of preventive health services without any cost sharing does not need to be included under a health care plan until the plan is no longer grandfathered. However, grandfathered health plans must comply with certain other consumer protections in the Act such as the elimination of lifetime limits on certain benefits. The benefit package provided to your group is a grandfathered plan.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan status can be directed to the New York State Department of Civil Service Employee Benefits Division, Alfred E. Smith State Office Building, Albany, NY 12239. You may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.

The *NYSHIP SEHP Summary of Benefits* is published by the Employee Benefits Division of the State of New York Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits. If you have questions, call 1-877-7-NYSHIP (1-877-769-7447) and choose the program you need.



New York State Department of Civil Service
Employee Benefits Division, Albany, NY 12239

518-457-5754 (Albany area) 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
<https://www.cs.ny.gov>

This document provides a brief look at SEHP medical, dental and vision care benefits. If you have any questions or need claim forms, call the appropriate benefits carrier.

State of New York
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, NY 12301-1068
<https://www.cs.ny.gov>

Address Service Requested

Save this document



Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents

SEHP Summary of Benefits – January 2012



**Please do not send mail
or correspondence
to the return address
above. See boxed
address on page 19.**

It is the policy of the State of New York Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.ny.gov>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 (Albany area) or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This document was printed using recycled paper and environmentally sensitive inks.

NY0936 SEHP-1/12

Notice of Access to Women's Health Services

This notice is provided in accordance with the NYS Women's Health and Wellness Act. The Plan provides direct access to primary and preventive obstetric and gynecologic services for no fewer than two examinations annually. The Plan covers services required as a result of such examinations. The Plan covers services required as a result of an acute gynecologic condition. The Plan covers all care related to pregnancy. Benefits for these services are paid according to the terms of network or non-network coverage.

Benefits Management Program requirements apply. See page 3.

Annual Notice of Mastectomy and Reconstructive Surgery Benefits

The Plan covers inpatient hospital care for lymph node dissection, lumpectomy and mastectomy for treatment of breast cancer for as long as the physician and patient determine hospitalization is medically necessary. The Plan covers all stages of reconstructive breast surgery following mastectomy, including surgery of the other breast to produce a symmetrical appearance. The Plan also covers treatment for complications of mastectomy, including lymphedema and breast prostheses.

Benefits Management Program requirements apply. See page 3.



2010 NYSHIP Benefit Plan Comparison

Program Component				
	Network	Non-Network	Network	Non-Network
Hospital Benefits				
Covered Inpatient Services <i>Preadmission Certification Required</i>	\$250 deductible per stay for enrollee, \$250 per stay for spouse/domestic partner, and \$250 per stay for all dependent children combined (maximum of four deductibles per year for each) Paid-in-full after deductible.	No coverage in a non-network hospital except network benefits apply in the event of an emergency or when there is no network hospital available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.	Paid-in-full	Coinsurance of 10 percent of billed charges up to combined annual inpatient/outpatient maximum of \$1,500 for enrollee, \$1,500 for spouse/domestic partner, and \$1,500 for all dependent children combined. Coinsurance maximums apply as follows: Enrollee pays the first \$500, UnitedHealthcare reimburses the enrollee the next \$500 of coinsurance (upon written request from enrollee), then the enrollee pays the final \$500 of coinsurance.
Skilled Nursing Facility Care (No coverage if Medicare Primary)	Paid-in-full in an approved facility when medically necessary		Paid-in-full in an approved facility when medically necessary	
Hospice Care	Paid-in-full when provided by an approved network program		Paid-in-full when provided by an approved network program	
Outpatient chemotherapy, radiation therapy, dialysis, preadmission testing	Paid-in-full		Paid-in-full	
Covered Outpatient Services (diagnostic radiology/laboratory)	\$75 copayment per visit		\$40 copayment per visit	
Covered Outpatient Surgery	\$100 copayment per visit		\$60 copayment per visit	
Physical Therapy Following Related Hospitalization or Inpatient/Outpatient Surgery	\$30 copayment when medically necessary		\$20 copayment when medically necessary	
Emergency Room Visit	\$100 copayment (waived if admitted)	Network benefit applies	\$70 copayment (waived if admitted)	Network benefit applies
Medical/Surgical Benefits	Participating Providers	Non-Participating	Participating Providers	Non-Participating
Physician Office Visits and covered services provided during office visit.	Single \$30 copayment for all covered services provided during the visit and billed by the provider	Basic Medical Program: After annual deductible of \$750 per enrollee, \$750 per spouse/domestic partner, and \$750 per all dependent children combined is met, Plan pays 80 percent of allowed amount for covered services. After coinsurance maximum of \$2,500 is reached, Plan pays 100 percent of allowed amount for covered services. Allowed amount is based on Medicare reimbursement rates.	\$20 copayment for each of the following services: Office visit/office surgery; laboratory/radiology; contraceptives (maximum two copayments per visit).	Basic Medical Program: After annual deductible of \$375 per enrollee, \$375 per spouse/domestic partner, and \$375 per all dependent children combined is met, Plan pays 80 percent of reasonable and customary charges for covered services. After combined coinsurance maximum of \$1,033 per enrollee, \$1,033 per spouse/domestic partner, and \$1,033 per all dependent children combined is met, Plan pays 100 percent of reasonable and customary charges.
Diagnostic Laboratory Services	Single \$30 copayment for all covered services provided during the visit and billed by the provider		\$20 copayment	
Diagnostic Radiology and Imaging Services (Certain radiology procedures subject to a Prospective Procedure Review)	\$30 copayment per visit \$75 copayment per visit for procedures subject to Prospective Procedure Review		\$20 copayment	
Routine Pediatric Care	Paid-in-full		Paid-in-full	
Routine Newborn Care	Paid-in-full	Up to \$100 not subject to deductible or coinsurance	Paid-in-full	Up to \$150 not subject to deductible or coinsurance
Routine Health Exams	\$30 copayment per visit	Basic Medical Benefits up to \$50 per calendar year for an active employee age 50 or older. This benefit is not subject to deductible or coinsurance. There is no Basic Medical coverage for routine health exams for spouses, retirees, vestees or dependent survivors.	\$20 copayment for the office visit. An additional \$20 copayment for any laboratory/radiology services provided during the visit.	Basic Medical Benefits up to \$250 per calendar year for active employees age 50 or older and their covered spouses/domestic partners. No coverage for retirees, vestees, or dependent survivors.
Adult Immunizations	\$30 copayment per visit	No coverage	\$20 copayment	No coverage
Outpatient Surgical Locations	\$75 copayment per visit	Basic Medical Benefits	\$30 copayment	Basic Medical Benefits
Emergency Ambulance Service	Local commercial ambulance covered except first \$35		Local commercial ambulance covered except first \$35	
Prostheses and Orthotic Devices	Paid-in-full	Basic Medical benefits for Prostheses/Orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.	Paid-in-full	Basic Medical benefits for Prostheses/Orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.



2010 NYSHIP Benefit Plan Comparison (continued)

Program Component				
	Participating Providers	Non-Participating	Participating Providers	Non-Participating
Medical/Surgical Benefits				
External Mastectomy Protheses	Paid-in-full benefit once each calendar year for one single or double external mastectomy prosthesis. Any single external mastectomy prosthesis costing \$1,000 or more requires approval through HCAP.		Paid-in-full benefit once each calendar year for one single or double external mastectomy prosthesis. Any single external mastectomy prosthesis costing \$1,000 or more requires approval through HCAP.	
Chiropractic Treatment and Physical Therapy	\$30 copayment for all covered services provided during the visit and billed by the provider.	No Coverage	\$20 copayment for each office visit. An additional \$20 copayment for radiology and diagnostic laboratory services provided during the visit (maximum of two copayments per visit).	\$250 annual deductible per enrollee; \$250 per enrolled spouse/domestic partner; \$250 per all dependent children combined. After combined maximum of \$1,500 per enrollee; \$1,500 per enrolled spouse/domestic partner; \$1,500 per all dependent children combined is met, the Plan pays 50 percent of the network allowance.
Home Care Services, Skilled Nursing Services and Durable Medical Equipment	Paid-in-full through Home Care Advocacy Program (HCAP).	First 48 hours of nursing care not covered. After meeting Basic Medical deductible, Plan pays up to 50 percent of HCAP network allowance.	Paid-in-full through Home Care Advocacy Program (HCAP).	First 48 hours of nursing care not covered. After meeting Basic Medical deductible, Plan pays up to 50 percent of HCAP network allowance.
Mental Health and Substance Abuse Benefits	Network Providers/Facilities	Non-Network	Network Providers/Facilities	Non-Network
Inpatient Services – Approved Facilities	\$250 deductible per stay for enrollee, \$250 per spouse/domestic partner, and \$250 per all dependent children combined (maximum of four deductibles per year for each).	No coverage in a non-network facility except network benefits apply in the event of an emergency or when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.	Paid-in-full No deductibles No annual or lifetime benefit maximums	Coinsurance of 10 percent of billed charges up to combined annual inpatient/outpatient maximum of \$1,500 for enrollee, \$1,500 for spouse/domestic partner and \$1,500 for all dependent children combined. Coinsurance maximums apply as follows: Enrollee pays the first \$500, the Program reimburses the enrollee the next \$500 of coinsurance (upon written request from enrollee), then the enrollee pays the final \$500 of coinsurance.
Inpatient Practitioner Treatment or Consultation	Paid-in-full	After annual deductible of \$750 per enrollee, \$750 per spouse/domestic partner, and \$750 per all dependent children combined is met, Plan pays 80 percent of allowed amount for covered services. After coinsurance maximum of \$2,500 is reached, Plan pays 100 percent of allowed amount for covered services. Allowed amount is based on Medicare reimbursement rates.	Paid-in-full	After annual deductible of \$375 per enrollee, \$375 per spouse/domestic partner, and \$375 per all dependent children combined is met, Plan pays 80 percent of reasonable and customary charges for covered services. After combined coinsurance maximum of \$1,033 per enrollee, \$1,033 per spouse/domestic partner, and \$1,033 per all dependent children combined is met, Plan pays 100 percent of reasonable and customary charges.
Outpatient Services	Paid-in-full benefit for up to three visits per crisis; Additional visits subject to a \$30 copayment.		Paid-in-full benefit for up to three visits per crisis Additional visits subject to a \$20 copayment	
Covered Outpatient Substance Abuse Services	\$30 copayment per visit		\$20 copayment per visit	
Emergency Room Visit	\$100 copayment (waived if admitted)	Network benefit applies	\$70 copayment (waived if admitted)	Network benefit applies
Emergency Ambulance Service	Local commercial ambulance covered except first \$35		Local commercial ambulance covered except first \$35	
Prescription Drug Program				
Prescription Drug Benefits	Mail Order Pharmacy		Participating Retail Pharmacy	
Level 1	Excelsior Plan (most generics)	Empire Plan (generics)	Excelsior Plan (most generics)	Empire Plan (generics)
Up to 30 Days	\$10	\$5	\$10	\$5
31-90 Days	\$20	\$5	\$25	\$10
Level 2	Excelsior Plan (most Preferred Brand-Name Drugs)	Empire Plan (Preferred Brand-Name Drugs)	Excelsior Plan (most Preferred Brand-Name Drugs)	Empire Plan (Preferred Brand-Name Drugs)
Up to 30 Days	\$30	\$15	\$30	\$15
31-90 Days	\$60	\$20	\$75	\$30
Level 3	Excelsior Plan (all other covered drugs)	Empire Plan (all other covered drugs)	Excelsior Plan (all other covered drugs)	Empire Plan (all other covered drugs)
Up to 30 Days	\$65	\$40	\$65	\$40
31-90 Days	\$130	\$65	\$160	\$70

A Specialty Drug Program is scheduled to be implemented effective April 1, 2010 for both The Empire Plan and The Excelsior Plan.


Empire Plan: If enrollee's doctor believes a brand drug is medically necessary, enrollee may appeal mandatory generic substitution. If approved, level 3 copayment applies and ancillary fee is waived. Quantity level limits exist for erectile dysfunction and migraine medications.

Excelsior Plan: No generic appeal, Level 3 copayment and applicable ancillary fee is charged. Quantity level limits are included in most therapeutic categories. Plan benefit maximums are included for all smoking cessation and infertility therapies.



This page is intentionally left blank.

Empire Plan Prescription Drug Program Empire Plan Health Plan Card

THE EMPIRE PLAN 
NYSHIP Copay Code A

123456789



JEANNIE EMPIRE PLAN ENROLLEE
JANE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN ENROLLEE
MICHAEL EMPIRE PLAN ENROLLEE
JAMES EMPIRE PLAN ENROLLEE

NEW YORK STATE HEALTH INSURANCE PROGRAM


For enrollee services, precertification & provider relations, please call:
1-877-7-NYSHIP
(1-877-769-7447)

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Cross and/or Blue Shield Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

  **BLUE CROSS PLAN 303** Blue Cross Prefix: **YLS**

Submit medical provider claims in accordance with your participating provider agreement.

UnitedHealthcare  **MultiPlan**

All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

Administered by the NYS Department of Civil Service.

Empire Plan Prescription Drug Program Student Employee Health Plan Card



Student Employee Health Plan
1-877-7-NYSHIP (1-877-769-7447)

John Q. Sample
000000000
Effective until 8/31/11 or when coverage ends, whichever is sooner

<p>Hospital benefits</p> <ul style="list-style-type: none">• \$200 copayment per admission / inpatient hospital stays• \$15 copayment / outpatient hospital visits• \$25 copayment / Emergency Room	<p>Mental Health / Substance Abuse</p> <ul style="list-style-type: none">• \$200 copayment per admission / general acute or psychiatric hospital, clinic, residential treatment center, group home or halfway house• \$10 copayment / outpatient visit
<p>Medical benefits</p> <ul style="list-style-type: none">• \$10 copayment / office visit, laboratory services, chiropractic treatment, PT	<p>Rx benefits</p> <p>Network Pharmacy 30 days / Mail Service 90 days*</p> <ul style="list-style-type: none">• \$5/\$5* generic• \$15/\$20* preferred brand-name• \$40/\$65* non-preferred brand-name

This card represents but does not guarantee enrollment in the New York State Health Insurance Program. It is insurance fraud for an enrollee or dependent to use the card to obtain services after eligibility for coverage ends.



You must call

Toll Free
1-877-7-NYSHIP
1-877-769-7447

Precertification required for:
Admission to a hospital or birthing center: Select Empire BlueCross BlueShield. For an emergency admission, call within 48 hours.

Outpatient MRI, MRA, CT, PET and nuclear medicine tests: Select UnitedHealthcare

Mental Health and/or Outpatient Substance Abuse Services: Select OptumHealth™

Home Care and Diabetic Supplies/ Equipment: Select UnitedHealthcare

Submit hospital, skilled nursing facility and hospice claims to your local Blue Cross and/or Blue Shield Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent BlueCross and BlueShield Plans.



BLUE CROSS PLAN 303

Blue Cross Prefix: YLS

Administered by the New York State Department of Civil Service.

Empire Plan Prescription Drug Program Excelsior Health Plan Card



123456789

JEANNIE EMPIRE PLAN ENROLLEE
JANE EMPIRE PLAN ENROLLEE
JOHN EMPIRE PLAN ENROLLEE
MICHAEL EMPIRE PLAN ENROLLEE
JAMES EMPIRE PLAN ENROLLEE

\$30 Office Visit \$100 Emergency Room

**For enrollee
services,
recertification &
provider relations,
please call:**

**1-877-7-NYSHIP
(1-877-769-7447)**

Providers: This card represents but does not guarantee enrollment in the New York State Health Insurance Program (NYSHIP) for Government Employees.

Submit hospital, skilled nursing facility and hospice claims to your local Blue Cross and/or Blue Shield Plan. Hospital and related services provided by Empire HealthChoice Assurance, Inc., a licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.



BLUE CROSS
PLAN 303

Blue Cross Prefix: YLS

Submit medical provider claims in accordance with your participating provider agreement.

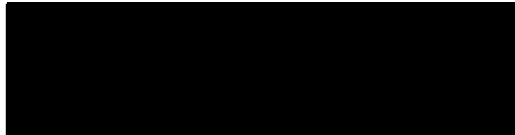
UnitedHealthcare

Bin# 610014 Group# UH0712959

All other non-hospital providers call 1-877-769-7447 for information about eligibility, benefits and claims submission.

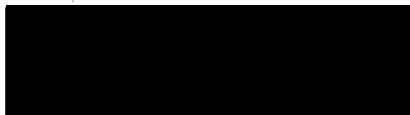
Administered by the New York State Department of Civil Service.

NEW YORK STATE INSURANCE FUND
ATTN: CLAIMS DEPARTMENT
199 CHURCH STREET
NEW YORK, NY 10007
WCN NYS NYSIF [REDACTED]



[REDACTED]	NYSIF
RxBIN 003858	
RxPCN A4	
RxGrp NYSIF	
Issuer	
Name	[REDACTED]
CLM#	[REDACTED]

This card was intentionally left blank



Dear Injured Worker:

If you need to fill a prescription for your work-related injury or illness, then New York State Insurance Fund (NYSIF) has a program that will make getting your prescription a lot easier for you. We have selected [REDACTED] to administer this program for you.

Prescription Drug ID Card

Effective immediately, you may take the *enclosed card* (above ... it's perforated for easy removal) to a participating retail pharmacy. By using the retail pharmacy, you will not have to pay any money up front for the prescription drugs that you need. Also, you will not have to submit a claim to NYSIF. [REDACTED] pays the pharmacy directly. To find a participating retail pharmacy in your neighborhood, please refer to the list on the other side of this sheet, or call [REDACTED] at 1.866.[REDACTED]

You also have one other convenient option available to you: You can use the [REDACTED] Mail Service Pharmacy to fill prescriptions that you must keep taking for a longer period of time. With the Mail Service Pharmacy, your prescriptions are usually filled within 48 hours of receipt, and then are mailed directly to your home. You will receive your prescriptions within two weeks. Again, you do not have to pay any money up front for these work injury-related prescriptions.

Call [REDACTED] Customer Service at 1.866.[REDACTED] to request a Mail Order Form. When you receive the Mail Order Form, just fill out the "Patient Information" and "Ship To" sections, enclose your prescription(s), and then mail it in to [REDACTED]. Each time you receive a mail service prescription from [REDACTED], you will receive a new "Refill Authorization Form" along with a new envelope for you to use when you request your next mail order prescription.

If you have any questions, please call [REDACTED] at 1.866.[REDACTED]. A courteous Customer Service representative is available to take your call at any time. Thank you for choosing to use [REDACTED].

Sincerely,

NYSIF

This card was intentionally left blank

NOTICE TO CARDHOLDER: This card is to be used to obtain prescription drugs for workers' compensation related illness or injury only. By signing this card, the injured employee agrees if any time a pharmacy claim is denied non-compensable by administrator, reimbursement for these costs will be sought outside the workers' compensation system.

Injured Worker's Signature

NOTICE TO PARTICIPATING PHARMACIES:

Covered prescriptions must be filled at Participating Pharmacies. is not responsible for payment of claims to a non-participating pharmacy. It is unlawful for you to accept this card for prescriptions dispensed to anyone other than the cardholder whose name is on this card. Please ask the injured worker to present positive identification when using this card. Use of this card constitutes acceptance of the terms and conditions of the formal Agreement between and Participating Pharmacies. You may contact Provider Services by telephone at the number on this card if you have any questions regarding the Comp Program. This card is the property of . Legal action will be instituted for any unauthorized use of this card.

Pharmacy Help Desk/Customer: 1.866.
TDD Phone Number for hearing impaired: 1.800.

P.O. Box

Frequently Asked Questions About Your Prescription Benefits

What is ?

is a pharmacy benefit management company experienced with workers' compensation prescriptions. makes it possible for you to fill your injury-related prescription at your local pharmacy at no cost to you. Just take your **enclosed pharmacy card** and your prescription to one of the participating network pharmacies listed below and present it to the pharmacist.

How much does the prescription drug ID card cost?

The prescription drug ID card is free and covers all prescriptions for work related injuries.

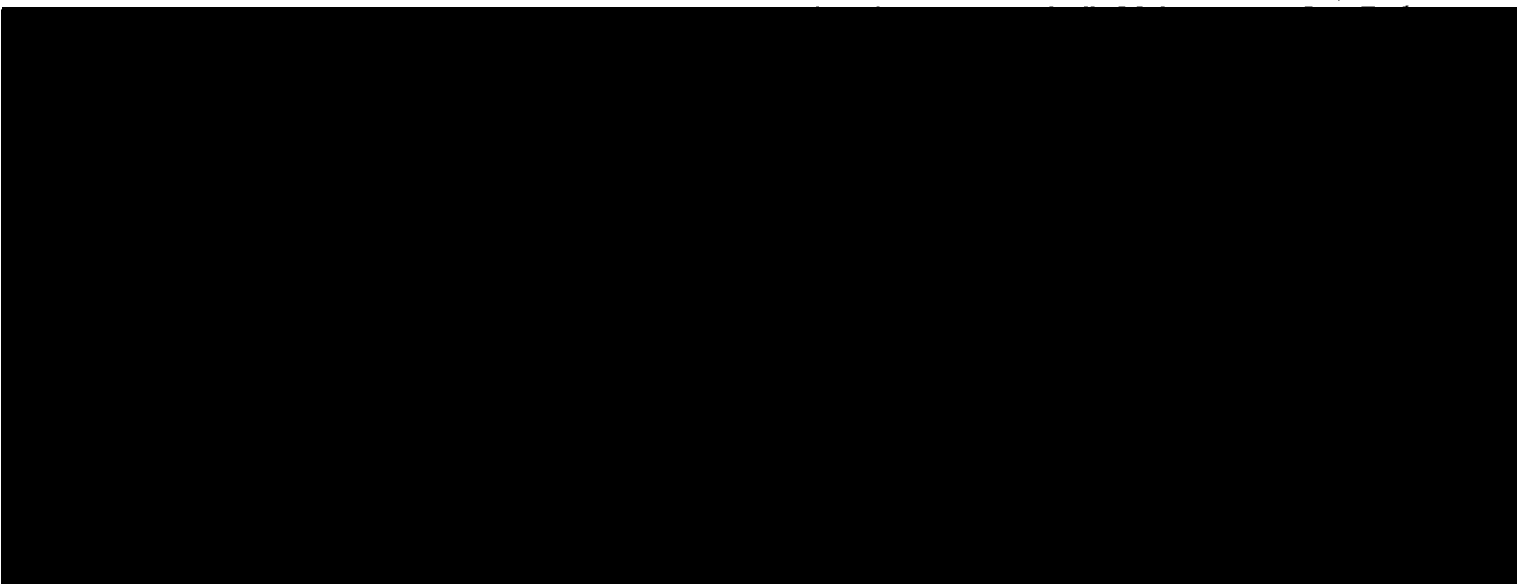
Can I use the prescription ID card right away?

Yes, you may use it at any participating retail pharmacy. Just take your prescription and ID card to the pharmacy. To locate a pharmacy in your neighborhood, refer to the enclosed list or call at 1.866.

Who can provide me with more information?

Call at 1.866. for any additional questions or concerns regarding this program.

Following is a partial list of participating Network Chain Pharmacies in the Comp Network. This Pharmacy Listing is subject to change without notice. Please call the customer service number to locate additional pharmacies.



HCAP Providers for NYS Empire Plan

Accredo

AHG (affiliated with Accredo)

Advanced Care

Alere (Limited to treatment of preterm labor)

American Outcomes Management

Anthem Health Services

Basic Home Infusion

Biomedical (very limited treatment of preterm labor)

Bioscrip (Multiple affiliates)

Brookhaven Memorial Hospital Medical Center HHA

CarePoint Partners (Multiple affiliates)

Centric Health Resources

Coram

Critical Care Systems

CVS/Caremark

Empire Home Infusion

Heartland Home Care

Lincare

Option Care

ALESU

Agency Law Enforcement Services Unit

The New York State Health Insurance Program

For employees of the State of New York in the Agency Law Enforcement Services Unit (ALESU) represented by Police Benevolent Association of New York State (PBANYS) and for their enrolled dependents, for COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

**Call toll free 1-877-7-NYSHIP
(1-877-769-7447)**

For preauthorization of services or if you have questions about eligibility, providers or claims, call The Empire Plan toll free and choose the program you need. Medical/Surgical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time and Hospital Program representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. Mental Health and Substance Abuse Program, Prescription Drug Program and NurseLineSM representatives are available 24 hours a day, seven days a week. See inside cover for addresses and teletypewriter (TTY) numbers.

This guide briefly describes Empire Plan benefits. It is not a complete description and is subject to change. For a complete description of your benefits and your responsibilities, refer to your July 2003 *NYSHIP General Information Book and Empire Plan Certificate* and all *Empire Plan Reports and Certificate Amendments* issued since. If you have health insurance questions, contact your agency Health Benefits Administrator (HBA).

New York State Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, NY 12239
<https://www.cs.ny.gov>

at a Glance



JANUARY 1, 2012

What's New

Federal Parity Legislation - As a result of the Federal Mental Health Parity and Addiction Equity Act of 2008:

- **Combined Annual Deductible** for the Basic Medical Program and non-network coverage under the Home Care Advocacy Program and Mental Health and Substance Abuse Program increases to \$400.
- **Combined Annual Coinsurance Maximum** for the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program increases to \$1,483 for the enrollee and all covered dependents combined.
- **2012 Empire Plan Preferred Drug List**

Contact Information

Hospital Program

Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

Medical/Surgical Program

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Mental Health and Substance Abuse Program

OptumHealth Behavioral Solutions
P.O. Box 5190
Kingston, NY 12402-5190

Prescription Drug Program

The Empire Plan Prescription Drug Program
P.O. Box 5900
Kingston, NY 12402-5900

Empire Plan NurseLineSM

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLineSM for health information and support.

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Hospital Program.....TTY only 1-800-241-6894

Medical/Surgical Program.....TTY only 1-888-697-9054

Mental Health and Substance Abuse ProgramTTY only 1-800-855-2881

Prescription Drug Program.....TTY only 1-800-759-1089

Quick Reference

The Empire Plan is a comprehensive health insurance program for New York's public employees and their families. The Plan has four main parts:

**(1) Hospital Program
insured and administered by
Empire BlueCross BlueShield**

Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility and hospice care. Includes the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including preadmission certification of hospital admissions and admission or transfer to a skilled nursing facility, concurrent reviews, discharge planning, inpatient Medical Case Management and The Empire Plan Future Moms Program.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

**(2) Medical/Surgical Program
insured and administered by UnitedHealthcare**

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider, Basic Medical and Basic Medical Provider Discount Programs. Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

Also provides: coverage for home care services, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; and Benefits Management Program services including Prospective Procedure Review for MRI, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

**(3) Mental Health and Substance Abuse Program
insured by UnitedHealthcare and administered by
OptumHealth Behavioral Solutions (OptumHealth)**

Provides coverage for inpatient and outpatient mental health and substance abuse services. Also provides preadmission certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.

**(4) Prescription Drug Program
insured and administered by UnitedHealthcare**

Provides coverage for prescription drugs dispensed through Empire Plan network pharmacies, the mail service pharmacy and non-network pharmacies.

UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Services, Inc. (Medco) for services including the retail pharmacy network and mail service pharmacy.

Benefits Management Program



for preadmission certification

If The Empire Plan is primary for you or your covered dependents:

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call as soon as a pregnancy is certain.
- Within 48 hours, or as soon as reasonably possible, after an emergency or urgent hospital admission.

If you do not call, a \$200 penalty will be applied to the charges if it is determined that your hospitalization is medically necessary. If Empire BlueCross BlueShield does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined not to be medically necessary, you will be responsible for the entire cost.

Empire BlueCross BlueShield also provides concurrent review, discharge planning, inpatient Medical Case Management and the Empire Plan Future Moms Program.



for Prospective Procedure Review

If The Empire Plan is primary for you or your covered dependents:

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical/Surgical Program before having a scheduled (non-emergency) Magnetic Resonance Imaging (MRI) test unless you are having the test as an inpatient in a hospital. If you do not call, you will pay a large part of the cost. If the test or procedure is determined not to be medically necessary, you will be responsible for the entire cost.

UnitedHealthcare helps coordinate Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management for serious conditions.

Centers of Excellence

Cancer Services



to participate

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or call the Cancer Resources Center toll free at **1-866-936-6002** and register to participate in the Centers of Excellence for Cancer Program.

Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through UnitedHealthcare. You will also receive nurse consultations and assistance in locating cancer centers. When applicable, a travel, lodging and meal allowance is available. See page 3 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan Hospital Program coverage and/or Medical/Surgical Program coverage.

Program requirements apply even if Medicare or another health insurance plan is primary.

Transplants Program



for prior authorization

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preauthorization of the following transplants provided through the Centers of Excellence for Transplants Program: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas.

Paid-in-full benefits are available for the following transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence: pretransplant evaluation, inpatient and outpatient hospital and physician services and up to twelve months of follow-up care. When applicable, a travel allowance is available. See below for details.

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital and/or medical/surgical coverage. If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a small bowel or multivisceral transplant, you may still take advantage of the Hospital Program case management services for transplant patients if you enroll in the Centers of Excellence for Transplants Program. A case management nurse will help you through the transplant process.

To enroll in the Program and receive these benefits, The Empire Plan must be your primary insurance coverage.

Infertility Benefits



for prior authorization

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program for preauthorization and a list of Qualified Procedures before receiving services.

A paid-in-full benefit is available subject to the lifetime maximum of \$50,000 per covered person for Qualified Procedures, including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. When applicable, a travel allowance is available. See below for details.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan Hospital Program coverage and/or Medical/Surgical Program coverage.

All authorized procedures are subject to the lifetime maximum for Qualified Procedures. If you do not receive prior authorization, no benefits are available for Qualified Procedures under The Empire Plan's Hospital Program or Medical/Surgical Program. You will pay the full cost regardless of the provider.

Program requirements apply even if Medicare or another health insurance plan is primary.

Centers of Excellence Travel Allowance

When you are enrolled in the Centers of Excellence Program or are preauthorized for Infertility Benefits, you will not have any copayments. A travel, lodging and meal expenses benefit is available to you for travel within the United States. The travel and meals benefit is available to the patient and one travel companion when the facility is more than 100 miles (200 miles for airfare) from the patient's home. If the patient is a minor child, the benefit will include coverage for up to two companions. Benefits will also be provided for one lodging per day. Reimbursement for lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence. The Travel Allowance will be applied toward the \$50,000 maximum lifetime benefit for Infertility Benefits.

Combined Annual Deductible and Combined Coinsurance Maximum

Combined Annual Deductible

The Empire Plan deductible is \$400 for the enrollee, \$400 for the enrolled spouse/domestic partner and \$400 for all dependent children combined.

The combined deductible must be met before your Basic Medical Program and non-network expenses under the Home Care Advocacy Program and the Mental Health and Substance Abuse Program claims can be reimbursed.

Combined Coinsurance Maximum

The coinsurance maximum is \$1,483 for the enrollee and all covered dependents combined.

The coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program.

Hospital Program

The Hospital Program pays for covered services provided in a network/non-network inpatient or outpatient hospital, skilled nursing facility or hospice setting. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book & Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*. The non-network coinsurance is only applicable when The Empire Plan is providing primary insurance coverage. The Medical/Surgical Program provides benefits for certain medical and surgical care when it is not covered by the Hospital Program. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preadmission certification or if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) Statement.

Network coverage applies when you receive emergency or urgent services in a non-network hospital, or when you do not have access to a network hospital.

Hospital Inpatient • *Semi-private room*



for preadmission certification

Hospital Program

You are covered under the Hospital Program for up to a combined maximum of 365 days per spell of illness for covered inpatient diagnostic and therapeutic services or surgical care in a network and/or non-network hospital as defined in the *NYSHIP General Information Book & Empire Plan Certificate*. Inpatient hospital coverage is provided under the Basic Medical Program after Hospital Program benefits end.

Network Coverage

When you use a network hospital, you pay no coinsurance, copayment or deductible.

Non-network Hospital Coverage

When you use a non-network hospital, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. See page 3.

Hospital Outpatient

The hospital outpatient services covered under the Program are the same whether received in a network or non-network hospital outpatient department or in a network or non-network hospital extension clinic.

Network Coverage

Outpatient surgery in a hospital-owned extension clinic, diagnostic radiology, mammography screening, diagnostic laboratory tests, bone mineral density screening and administration of Desferal for Cooley's Anemia provided in the outpatient department of a network hospital or a network hospital extension clinic are subject to one copayment of \$35 per visit. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.

Paid-in-full benefit for preadmission testing and/or testing before surgery prior to an inpatient admission, chemotherapy, radiology, anesthesiology, pathology or dialysis.

\$15 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery. (Refer to your *Empire Plan Certificate* for other conditions of coverage.)

Medically necessary physical therapy is covered under the Managed Physical Medicine Program when not covered under the Hospital Program. (See Medical/Surgical Coverage.)

Non-network Hospital Coverage

You are responsible for a coinsurance amount of 10 percent of billed charges or \$75 (whichever is greater) up to the combined annual coinsurance maximum. See page 3. When the coinsurance maximum has been satisfied, you will receive network benefits subject to all applicable network copayments.

Network Coverage

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services are subject to one copayment of \$50 per visit when billed by the hospital. The copayment is waived if you are admitted as an inpatient directly from the emergency room.

Note: In case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams, and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Non-network Hospital Coverage

Emergency room services, Network Coverage applies.

Skilled Nursing Facility Care • *Semi-private room*



for preadmission certification (see page 2)

If Medicare is your primary coverage, The Empire Plan does not provide Skilled Nursing Facility benefits (except for active enrollees disabled due to end-stage renal disease), even for short-term rehabilitation care.

Network Coverage

Skilled nursing services covered under the Program are covered in an approved network facility when medically necessary in place of hospitalization. Refer to the *NYSHIP General Information Book & Empire Plan Certificate* regarding the number of days of skilled nursing facility care for which coverage is provided and other conditions of coverage.

Non-network Coverage

The skilled nursing services covered under the Program are the same whether received in a network or non-network facility. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. When the coinsurance maximum has been satisfied, you will receive network benefits. See page 3.

Hospice Care



for preadmission certification (see page 2)

Network Coverage

Paid in full when provided by an approved network hospice program as described in the *Empire Plan Certificate*.

Non-network Coverage

The hospice care services covered under the Program are the same whether received in a network or non-network hospice program. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. When the coinsurance maximum has been satisfied, you will receive network benefits. See page 3.

Medical and Surgical Benefits for Covered Services Received in a Hospital Inpatient or Outpatient Setting, Skilled Nursing Facility or Hospice

Participating Provider Program

Paid-in-full benefits for covered services.

Basic Medical Program

Paid-in-full benefits for covered radiology, anesthesiology and laboratory services received while in a network facility. Basic Medical benefits for all other covered medical/surgical services.

Note: In case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams, and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Medical/Surgical Program

The Medical/Surgical Program pays for covered medical/surgical services under either the Participating Provider Program or the Basic Medical Program. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program if you have questions about your benefits coverage or an Explanation of Benefits (EOB) Statement. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book & Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*.

Participating Provider Program

You pay a copayment for office visits, surgical procedures performed during an office visit, contraceptive drugs and devices dispensed in a doctor's office, radiology services and diagnostic laboratory services, outpatient surgical location visits, cardiac rehabilitation center visits and urgent care center visits. Other covered services received from a participating provider are paid in full.

The Plan does not guarantee that participating providers are available in all specialties or geographic locations.

To learn whether a provider participates, check with the provider directly, call The Empire Plan toll-free number and choose the Medical Program or visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Then click on Find a Provider.

Always confirm the provider's participation **before** you receive services.

Basic Medical Program

Basic Medical Annual and Lifetime Maximum: Unlimited.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 3.

Coinsurance: The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the combined annual deductible. See page 3.

Reasonable and Customary Charge: The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. See page 3. The annual deductible and annual coinsurance maximum will increase on January 1 of each year based on the percentage increase in the medical care component of the Consumer Price Index (C.P.I.) for Urban Wage Earners and Clerical Workers, all Cities, (C.P.I.-W) for the period July 1 through June 30 of the preceding year.

(or) Basic Medical Provider Discount Program:

If The Empire Plan is your primary insurance coverage and you use a non-participating provider who is part of the Empire Plan MultiPlan group, your out-of-pocket expense will, in most cases, be reduced. Your share of the cost will be based on the lesser of the Empire Plan MultiPlan fee schedule or the reasonable and customary charge.

The Empire Plan MultiPlan provider will submit bills and receive payments directly from UnitedHealthcare. You are only responsible for the applicable deductible and coinsurance amounts. To find a provider, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>.

Doctor's Office Visit/Office Surgery; Laboratory/Radiology; Contraceptives

Participating Provider Program

You pay a \$15 copayment for each of the following when you use a participating provider: office visit/office surgery; laboratory/radiology; contraceptives. No copayment for prenatal visits and well-child care.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers.

Routine Health Exams

Participating Provider Program

Covered services subject to a \$15 copayment per visit to a participating provider.

Basic Medical Program

Routine health exams are covered for you, the active employee, if you are age 40 or over and for your spouse/ domestic partner age 40 or older. This benefit is not subject to deductible or coinsurance.

Adult Immunizations

Participating Provider Program

You pay a \$15 copayment for the following immunizations when received from a participating provider: influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chickenpox), tetanus immunizations, Human Papillomavirus (HPV) immunizations (covered for female enrollees and dependent children age 19 through 26 and male enrollees and dependents age 19 through 21), meningitis immunizations (covered for dependent children up to age 26) and Herpes Zoster (Shingles) immunization (for enrollees and dependents age 55 or older). The copayment also covers the cost of oral and injectable substances received from a participating provider.

Basic Medical Program

Not covered

Routine Pediatric Care • *Up to age 19*

Participating Provider Program

Paid-in-full benefit for routine well-child care received from a participating provider, including examinations, immunizations and cost of oral and injectable substances (including influenza vaccine) when administered according to pediatric immunization guidelines.

Basic Medical Program

Routine Newborn Child Care Doctor's services for routine care of a newborn child are covered. This benefit is not subject to deductible or coinsurance.

Routine Pediatric Care Basic Medical benefits for covered services provided by non-participating providers.

Hearing Aids

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Hearing aid evaluation, fitting and purchase of hearing aids covered up to a maximum reimbursement of \$1,200 per hearing aid, per ear, once every four years; children age 12 years and under, covered up to \$1,200 per hearing aid, per ear, once every two years if the existing hearing aid can no longer compensate for the child's hearing loss. This benefit is not subject to deductible or coinsurance.

Prostheses and Orthotic Devices

Participating Provider Program

Paid-in-full benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a participating provider.

Basic Medical Program

Basic Medical benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.

External Mastectomy Protheses

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or non-participating provider.

Basic Medical Program

Paid-in-full benefits will be provided once each calendar year for one single or double external mastectomy prosthesis. You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Medical Program, then the Benefits Management Program, for precertification of any single prosthesis costing \$1,000 or more. For a prosthesis requiring prior approval, benefits will be available for the most cost-effective prosthesis that meets an individual's functional needs.

This benefit is not subject to deductible or coinsurance.

Diabetes Education Centers

Participating Provider Program

Covered services are subject to a \$15 copayment per visit to a Diabetes Education Center.

To find an Empire Plan participating provider Diabetes Education Center, call toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program. Or, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Select Find a Provider and then The Empire Plan Medical/Surgical Provider Directory under Medical/Surgical Program.

Basic Medical Program

Basic Medical benefits for covered visits to a Diabetes Education Center.

Outpatient Surgical Locations

Participating Provider Program

\$15 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital and hospital-based Outpatient Surgical Locations are covered. See page 4.)

Basic Medical Program

Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital and hospital-based Outpatient Surgical Locations are covered. See page 4.)

Emergency Ambulance Service

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Local commercial ambulance charges are covered except the first \$35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, up to \$50 for under 50 miles and up to \$75 for 50 miles and over.

This benefit is not subject to deductible or coinsurance.

Managed Physical Medicine Program administered by Managed Physical Network (MPN)

Chiropractic Treatment and Physical Therapy

Network Coverage (when you use MPN)

You pay a \$15 copayment for each office visit to an MPN provider. You pay an additional \$15 copayment for related radiology and diagnostic laboratory services billed by the MPN provider. Maximum of two copayments per visit.

Guaranteed access to network benefits. Contact MPN prior to receiving services if there is not a network provider in your area.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by UnitedHealthcare.

Non-network Coverage (when you don't use MPN)

Annual Deductible: \$250 enrollees; \$250 enrolled spouse/domestic partner; \$250 all dependent children combined. This deductible is separate from the combined annual deductible.

Coinsurance: The Empire Plan pays up to 50 percent of the network allowance after you meet the annual deductible. There is no coinsurance maximum.

Home Care Advocacy Program (HCAP)

Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies



for prior authorization

Network Coverage (when you use HCAP)

To receive a paid-in-full benefit, you must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, then Benefits Management Program, to precertify and help make arrangements for covered services, durable medical equipment and supplies, insulin pumps, Medijectors and enteral formulas. Diabetic shoes have an annual maximum benefit of \$500.

Important: If Medicare is your primary coverage, and you do not use a Medicare contract provider, your benefits will be further reduced.

Exceptions: For diabetic supplies (except insulin pumps and Medijectors), call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**. For ostomy supplies, call Byram Healthcare Centers at **1-800-354-4054**.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by UnitedHealthcare.

Important: If Medicare is your primary coverage and you live in an area or need supplies while visiting an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program, you must use a Medicare-approved supplier. See your January 1, 2011 and later Empire Plan Reports for areas affected by DMEPOS. If you need assistance locating a Medicare contract supplier, contact HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program, then Benefits Management Program.

Non-network Coverage (when you don't use HCAP)

The first 48 hours of nursing care are not covered. After you meet the combined annual deductible, see page 3, The Empire Plan pays up to 50 percent of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum. You are also covered for one pair of diabetic shoes per year that are paid up to 75 percent of the HCAP network allowance with a \$500 annual maximum.

Mental Health and Substance Abuse Program



to ensure highest level of benefits

Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Mental Health and Substance Abuse Program before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. The OptumHealth Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits. If you contact the Mental Health and Substance Abuse Program before you receive services, you have guaranteed access to network benefits.

In an emergency, go to the nearest hospital emergency room. You or your designee must call the Mental Health and Substance Abuse Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by OptumHealth.

Mental Health and Substance Abuse Benefits

Network Coverage

No deductibles

No annual or lifetime benefit maximums

Non-network Coverage

The amount you pay for non-network inpatient and outpatient services counts toward meeting your combined annual deductible. See page 3 for the combined annual deductibles and the maximum coinsurance amounts.

Inpatient Services

Approved Facilities

Network Coverage

Paid-in-full

Non-network Coverage

When you use a non-network facility, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. Benefits will be paid at 100 percent after the combined coinsurance maximum is met. See page 3.

No non-network benefits are available for Residential Treatment Facilities, Halfway Houses or Group Homes.

Same as inpatient non-network coverage above.

Practitioner Treatment or Consultation

Paid-in-full

Ambulance Service

Ambulance service to a hospital where you will be receiving mental health or substance abuse treatment is covered when medically necessary.

Outpatient Services

Network Coverage

Mental Health: \$15 copayment per visit with up to three visits per crisis paid in full.

Substance Abuse: \$15 copayment per visit.

Non-network Coverage

Annual and Lifetime Maximum: Unlimited.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 3.

Coinsurance: The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the combined annual deductible.

Reasonable and Customary Charge: The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum (see page 3) is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. The annual deductible and annual coinsurance maximum will increase on January 1 of each year based on the percentage increase in the medical care component of the Consumer Price Index (C.P.I.) for Urban Wage Earners and Clerical Workers, all Cities, (C.P.I.-W) for the period July 1 through June 30 of the preceding year.

Same as network benefits.

Hospital Emergency Room

\$50 copayment per visit. The copayment is waived if you are admitted to the hospital as an inpatient directly from the hospital emergency room.

Psychological Testing

Network or non-network psychological testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore, precertification by OptumHealth is recommended before testing or evaluation begins.

Note: Psychological testing done by a physician, such as a neurologist, is covered under the Medical Program. These services will be reviewed by UnitedHealthcare for medical necessity. Precertification by UnitedHealthcare is recommended before testing or evaluation begins.

Prescription Drug Program

This section does not apply if you have enrolled in a Medicare Part D prescription drug program.

Copayments

You have the following copayments for drugs purchased from a Network Pharmacy or through the Mail Service Pharmacy.

Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Service Pharmacy, or designated Specialty Pharmacy	31- to 90-day supply of a covered drug from a Network Pharmacy	31- to 90-day supply of a covered drug through the Mail Service Pharmacy or designated Specialty Pharmacy
Level 1 or Generic Drugs.....\$5	Level 1 or Generic Drugs.....\$10	Level 1 or Generic Drugs.....\$5
Level 2, Preferred Brand-name Drugs or Compound Drugs\$15	Level 2, Preferred Brand-name Drugs or Compound Drugs\$30	Level 2, Preferred Brand-name Drugs or Compound Drugs\$20
Level 3 or Non-preferred Brand-name Drugs\$30	Level 3 or Non-preferred Brand-name Drug\$60	Level 3 or Non-preferred Brand-name Drug\$55

Note: Oral chemotherapy drugs for the treatment of cancer do not require a copayment.

If you choose to purchase a covered brand-name drug that has a generic equivalent, you will pay the Level 3 non-preferred drug copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the covered drug. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these covered brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol and Tegretol XR. One copayment covers up to a 90-day supply.

You have coverage for prescriptions of up to a 90-day supply at all network, non-network and mail service pharmacies. Prescriptions may be refilled for up to one year.

Mail Service Pharmacy

You may fill your prescription by mail through the Mail Service Pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Prescription Drug Program. To refill a prescription on file with the mail service pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider and scroll down to Pharmacy Mail-Order Form.

Non-Network Pharmacy

If you do not use a network pharmacy, or pay cash at a network pharmacy, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the Program would reimburse a network pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the Program would reimburse a Network Pharmacy for filling the prescription with that drug's generic equivalent. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Empire Plan Preferred Drug List

The Empire Plan Preferred Drug List (PDL) is a list of the Plan's most commonly prescribed generic and brand-name drugs. The PDL is not a complete list of all prescription drugs covered under The Empire Plan. The list is subject to change due to Food and Drug Administration (FDA) approval of new brand-name and generic drugs and product availability.

Half Tablet Program

The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this Program, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov> and select Benefit Programs. Follow the prompts to access NYSHIP Online and choose Find a Provider. Scroll to Prescription Drug Program links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Prior Authorization Required

You must have prior authorization for the following drugs, including generic equivalents:

- Abstral
- Actemra
- Actiq
- Adcirca
- Amevive
- Ampyra
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Dysport
- Egrifta
- Enbrel
- Epogen/Procrit
- fentanyl citrate powder
- Fentora
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Incivek
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Lazanda
- Letairis
- Makena
- Myobloc
- Nuvigil
- Onsolis
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Ribavirin
- Simponi
- Sporanox
- Stelara
- Synagis
- Tracleer
- Tysabri
- Tyvaso
- Veletri
- Ventavis
- Victrelis
- Weight Loss Drugs
- Xeomin
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For information about prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose The Empire Plan Prescription Drug Program. Or, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to NYSHIP Online. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

Benefits On the Web

You'll find NYSHIP Online, the Employee Benefits Division home page, on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs and follow the prompts to NYSHIP Online.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group on a toolbar near the top left of the page.

Without enabling cookies, when you select your group and health benefits plan to view your group-specific health insurance benefits, you will be required to reselect your group and benefits plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online is a complete resource for your health insurance benefits, including up-to-date publications, Option Transfer and a Plan Comparison tool with summaries for The Empire Plan and NYSHIP HMOs. You'll also find links to select Empire Plan carrier web sites. These web sites include the most current list of providers. You can search by location, specialty or name. Announcements, an event calendar, prescription drug information and handy contact information are only a click or two away.

Federal Health Care Reform

Grandfathered Health Plans

Under the Patient Protection and Affordable Care Act, a grandfathered health plan is permitted to preserve certain basic health coverage that was already in effect when the Act was signed into law on March 23, 2010. Being a grandfathered health plan means that the plan may delay implementation of certain features of health care reform that apply to non-grandfathered health plans. For example, the requirement for the provision of preventive health services without any cost sharing does not need to be included under a health care plan until the plan is no longer grandfathered. However, grandfathered health plans must comply with certain other consumer protections in the Act such as, the elimination of lifetime limits on certain benefits. The Empire Plan benefit package provided to your group is a grandfathered plan.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the New York State Department of Civil Service Employee Benefits Division, Alfred E. Smith State Office Building, Albany, NY 12239. You may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.

This document provides a brief look at Empire Plan benefits for Agency Law Enforcement Services Unit (ALESU) enrollees who are represented by Police Benevolent Association of New York State (PBANYS). Use it with your *NYSHIP General Information Book & Empire Plan Certificate* and *Empire Plan Reports and Certificate Amendments*. If you have questions, call **1-877-7-NYSHIP (1-877-769-7447)** and choose the program you need.

New York State
Department of Civil Service
Employee Benefits Division
Albany, New York 12239



518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
<https://www.cs.ny.gov>

The *Empire Plan At A Glance* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
<https://www.cs.ny.gov>

Address Service Requested

Save this document



Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents

ALESU At A Glance – January 2012

**Please do not send mail
or correspondence
to the return address
above. See boxed
address on page 15.**

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.ny.gov>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This document was printed using recycled paper and environmentally sensitive inks.

NY0926 AAG-ALESU-1/12

The Empire Plan Copayments at a Glance

Medical/Surgical Program

Participating Provider Program

\$15 Copayment - Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing participating Cardiac Rehabilitation Center Visit, Urgent Care Visit

\$15 Copayment - Non-hospital Outpatient Surgical Locations

\$35 Copayment - Local Professional/Commercial Ambulance Transportation

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

\$15 Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)

\$15 Copayment - Outpatient Physical Therapy

\$35 Copayment - Outpatient Services for Outpatient Surgery, Diagnostic Radiology, Diagnostic Laboratory Tests, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic

\$50 Copayment - Emergency Room Care

Mental Health and Substance Abuse Program

\$15 Copayment - Visit to Outpatient Substance Abuse Treatment Program

\$15 Copayment - Visit to Mental Health Professional

\$50 Copayment - Emergency Room Care

Prescription Drug Program

Up to a 90-day supply from a retail pharmacy or mail service (see copayment chart on page 12).

MC; Legislature

Management/Confidential;
Legislature

The New York State Health Insurance Program

For Employees of the State of New York designated Management/Confidential; Legislature; and for their enrolled dependents, for COBRA enrollees with their Empire Plan benefits and Young Adult Option enrollees

**Call toll free 1-877-7-NYSHIP
(1-877-769-7447)**

For preauthorization of services or if you have questions about eligibility, providers or claims, call The Empire Plan toll free and choose the program you need. Medical/Surgical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time and Hospital Program representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. Mental Health and Substance Abuse Program, Prescription Drug Program and NurseLineSM representatives are available 24 hours a day, seven days a week. See page 15 for addresses and teletypewriter (TTY) numbers.

This guide briefly describes Empire Plan benefits. It is not a complete description and is subject to change. For a complete description of your benefits and your responsibilities, refer to your January 2002 *NYSHIP General Information Book and Empire Plan Certificate* and all *Empire Plan Reports* and *Certificate Amendments* issued since. If you have health insurance questions, contact your agency Health Benefits Administrator (HBA).

New York State Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, NY 12239
<https://www.cs.ny.gov>

at a Glance



JANUARY 1, 2012

What's New

- **Combined Annual Deductible** for the Basic Medical Program, non-network coverage under the Home Care Advocacy Program and Mental Health and Substance Abuse Program increases to \$1,000.*
- **Combined Annual Coinsurance Maximum** for the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program increases to \$3,000.*
*Each \$1,000 deductible and \$3,000 coinsurance maximum is reduced to a \$500 deductible and \$1,500 coinsurance maximum for calendar year 2012 for employees in (or equated to) salary grade 6 or below on January 1, 2012. Newly eligible employees who meet these requirements become eligible for the reduced deductible and coinsurance maximums on the later of January 1, 2012 or the date their coverage begins.
- **Federal Health Care Reform** - As a result of the federal Patient Protection and Affordable Care Act:
 - Certain covered preventive care services are paid in full when received from a participating provider or at a network hospital
 - In a medical emergency, non-participating specialty provider charges considered under the Basic Medical Program are subject to deductible, but not coinsurance
- **Convenience Care Clinics** - Health clinics in fixed locations in retail stores, supermarkets and pharmacies that provide a range of services including treatment of uncomplicated minor illness and preventive health care services. Covered services rendered at a participating convenience care clinic will be subject to the usual office copayment. There is no non-network benefit.
Note: Drop-in seasonal flu vaccine clinics held in pharmacies are not convenience care clinics and are not covered.
- **Guaranteed Access** - For primary care access to physicians and certain specialists in New York State and surrounding counties.
- **Licensed Nurse Practitioners** - The participating provider network has expanded to include licensed and certified nurse practitioners. Services are subject to the usual copayment rules and amounts. There is no non-network benefit.
- **2012 Empire Plan Flexible Formulary**

Please see *Contact Information* on page 15 for NYSHIP addresses and teletypewriter (TTY) numbers.

Quick Reference

The Empire Plan is a comprehensive health insurance program for New York's public employees and their families. The Plan has four main parts:

(1) Hospital Program insured and administered by Empire BlueCross BlueShield

Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility and hospice care. Includes the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including preadmission certification of hospital admissions and admission or transfer to a skilled nursing facility, concurrent reviews, discharge planning, inpatient Medical Case Management and The Empire Plan Future Moms Program.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

(2) Medical/Surgical Program insured and administered by UnitedHealthcare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider, Basic Medical and Basic Medical Provider Discount Programs. Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

Also provides: coverage for home care services, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; and Benefits Management Program services including Prospective Procedure Review for MRI, MRA, CT, PET scan, and Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

(3) Mental Health and Substance Abuse Program insured by UnitedHealthcare and administered by OptumHealth Behavioral Solutions (OptumHealth)

Provides coverage for inpatient and outpatient mental health and substance abuse services. Also provides preadmission certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.

(4) Prescription Drug Program insured and administered by UnitedHealthcare

Provides coverage for prescription drugs dispensed through Empire Plan network pharmacies, the mail service pharmacy, the specialty pharmacy and non-network pharmacies.

UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Services, Inc. (Medco) for services including the retail pharmacy network, mail service pharmacy and specialty pharmacy.

Preventive Care Services

This publication reflects the coverage changes for your benefit plan as required under the federal Patient Protection and Affordable Care Act (PPACA). Among the PPACA provisions is a requirement to cover certain in-network preventive care services without enrollee cost sharing. As required by PPACA, certain services received from an Empire Plan participating provider or network hospital will be paid at 100% (not subject to copayment).

Preventive care services covered under PPACA with no copayment at a network hospital or from a participating provider include: bone density tests, colonoscopies, mammograms, pap smears, proctosigmoidoscopies and sigmoidoscopies, certain immunizations and certain preventive care and screenings for infants, children, adolescents and adults. This is not the complete list of preventive screenings and services.

For further information on preventive services, visit www.healthcare.gov.

Benefits Management Program



for preadmission certification

If The Empire Plan is primary for you or your covered dependents:

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call as soon as a pregnancy is certain.
- Within 48 hours, or as soon as reasonably possible, after an emergency or urgent hospital admission.

If you do not call, a \$200 penalty will be applied to the charges if it is determined that your hospitalization is medically necessary. If Empire BlueCross BlueShield does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined not to be medically necessary, you will be responsible for the entire cost.

Empire BlueCross BlueShield also provides concurrent review, discharge planning, inpatient Medical Case Management and the Empire Plan Future Moms Program.



for Prospective Procedure Review

If The Empire Plan is primary for you or your covered dependents:

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program before having a scheduled (non-emergency) Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or a Nuclear Medicine test unless you are having the test as an inpatient in a hospital. If you do not call, you will pay a large part of the cost. If the test or procedure is determined not to be medically necessary, you will be responsible for the entire cost.

UnitedHealthcare helps coordinate Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management for serious conditions.

Centers of Excellence

Cancer Services



to participate

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or call the Cancer Resources Center toll free at **1-866-936-6002** and register to participate in the Centers of Excellence for Cancer Program.

Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through UnitedHealthcare. You will also receive nurse consultations and assistance in locating cancer centers. When applicable, a travel, lodging and meal allowance is available. See page 4 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan Hospital Program coverage and/or Medical/Surgical Program coverage.

Program requirements apply even if Medicare or another health insurance plan is primary.

Transplants Program



for prior authorization

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preauthorization of the following transplants provided through the Centers of Excellence for Transplants Program: bone marrow, peripheral stem cell, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney and simultaneous kidney/pancreas.

A paid-in-full benefits are available for the following transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence: pretransplant evaluation, inpatient and outpatient hospital and physician services and up to twelve months of follow-up care. When applicable, a travel allowance is available. See page 4 for details.

If a transplant is authorized but you do not use a designated Center of Excellence, benefits will be provided in accordance with The Empire Plan hospital and/or medical/surgical coverage. If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a small bowel or multivisceral transplant, you may still take advantage of the Hospital Program case management services for transplant patients if you enroll in the Centers of Excellence for Transplants Program. A case management nurse will help you through the transplants process.

To enroll in the Program and receive these benefits, The Empire Plan must be your primary insurance coverage.

Infertility Benefits



for prior authorization

You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program for preauthorization and a list of Qualified Procedures before receiving services.

Paid-in-full benefit is available subject to the lifetime maximum of \$50,000 per covered person for Qualified Procedures, including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. When applicable, a travel allowance is available. See page 4 for details.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits will be provided in accordance with The Empire Plan Hospital Program coverage and/or Medical/Surgical Program coverage.

All authorized procedures are subject to the lifetime maximum for Qualified Procedures. If you do not receive prior authorization, no benefits are available for Qualified Procedures under The Empire Plan's Hospital Program or Medical/ Surgical Program. You will pay the full cost, regardless of the provider.

Program requirements apply even if Medicare or another health insurance plan is primary.

Centers of Excellence Travel Allowance

When you are enrolled in the Centers of Excellence Program or are preauthorized for Infertility Benefits, you will not have any copayments. A travel, lodging and meal expenses benefit is available to you for travel within the United States. The travel and meals benefit is available to the patient and one travel companion when the facility is more than 100 miles (200 miles for airfare) from the patient's home. If the patient is a minor child, the benefit will include coverage for up to two companions. Benefits will also be provided for one lodging per day. Reimbursement for lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence. The Travel Allowance will be applied toward the \$50,000 maximum lifetime benefit for Infertility Benefits.

Combined Annual Deductible and Combined Coinsurance Maximum

Combined Annual Deductible

The Empire Plan deductible is \$1,000 for the enrollee, \$1,000 for the enrolled spouse/domestic partner and \$1,000 for all dependent children combined.

The combined deductible must be met before your Basic Medical Program and non-network expenses under the Home Care Advocacy Program and the Mental Health and Substance Abuse Program claims can be reimbursed.

Each \$1,000 deductible amount shall be reduced to \$500 per calendar year for employees in or equated to salary level six or below as of January 1, 2012.

Combined Coinsurance Maximum

The coinsurance maximum is \$3,000 for the enrollee, \$3,000 for the enrolled spouse/domestic partner and \$3,000 for all dependent children combined.

The coinsurance maximum will be shared among the Basic Medical Program and non-network coverage under the Hospital Program and Mental Health and Substance Abuse Program.

Each \$3,000 coinsurance maximum shall be reduced to \$1,500 per calendar year for employees in or equated to salary level six or below as of January 1, 2012.

Hospital Program

The Hospital Program pays for covered services provided in a network/non-network inpatient or outpatient hospital, skilled nursing facility or hospice setting. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book & Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*. The non-network coinsurance is only applicable when The Empire Plan is providing primary insurance coverage. The Medical/Surgical Program provides benefits for certain medical and surgical care when it is not covered by the Hospital Program. Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preadmission certification or if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) Statement.

Network coverage applies when you receive emergency or urgent services in a non-network hospital, or when you do not have access to a network hospital.

Hospital Inpatient • Semi-private room



for preadmission certification

Hospital Program

You are covered under the Hospital Program for up to a combined maximum of 365 days per spell of illness for covered inpatient diagnostic and therapeutic services or surgical care in a network and/or non-network hospital as defined in the *NYSHIP General Information Book & Empire Plan Certificate*. Inpatient hospital coverage is provided under the Basic Medical Program after Hospital Program benefits end.

Network Coverage

When you use a network hospital, you pay no coinsurance, copayment or deductible.

Non-network Hospital Coverage

When you use a non-network hospital, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. See above.

Hospital Outpatient

The hospital outpatient services covered under the Program are the same whether received in a network or non-network hospital outpatient department or in a network or non-network hospital extension clinic.

Network Coverage

Outpatient surgery is subject to a \$60 copayment. Diagnostic radiology, diagnostic laboratory tests and administration of Desferal for Cooley's Anemia provided in the outpatient department of a network hospital or a network hospital extension clinic are subject to one copayment of \$40 per visit. Paid-in-full benefits for bone mineral density tests, colonoscopies, mammograms, pap smears, proctosigmoidoscopy and sigmoidoscopy screenings considered preventive as defined in the Patient Protection and Affordable Care Act. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.

Paid-in-full benefit for preadmission testing and/or testing before surgery prior to an inpatient admission, chemotherapy, radiology, anesthesiology, pathology or dialysis.

\$20 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery. (Refer to your *Empire Plan Certificate* for other conditions of coverage.)

Medically necessary physical therapy is covered under the Managed Physical Medicine Program when not covered under the Hospital Program. (See Medical/Surgical Coverage.)

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services are subject to one copayment of \$70 per visit when billed by the hospital. The copayment is waived if you are admitted as an inpatient directly from the emergency room.

Non-network Hospital Coverage

You are responsible for a coinsurance amount of 10 percent of billed charges or \$75 (whichever is greater) up to the combined annual coinsurance maximum. See page 4. When the coinsurance maximum has been satisfied, you will receive network benefits subject to all applicable network copayments.

Emergency room services, Network Coverage applies.

Note: In case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams, and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Skilled Nursing Facility Care • *Semi-private room*



for preadmission certification (see page 2)

If Medicare is your primary coverage, The Empire Plan does not provide Skilled Nursing Facility benefits (except for active enrollees disabled due to end-stage renal disease), even for short-term rehabilitation care.

Network Coverage

Skilled nursing services covered under the Program are covered in an approved network facility when medically necessary in place of hospitalization. Refer to the *NYSHIP General Information Book & Empire Plan Certificate* regarding the number of days of skilled nursing facility care for which coverage is provided and other conditions of coverage.

Non-network Coverage

The skilled nursing services covered under the Program are the same whether received in a network or non-network facility. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. When the coinsurance maximum has been satisfied, you will receive network benefits. See page 4.

Hospice Care

for preadmission certification (see page 2)



Network Coverage

Paid in full when provided by an approved network hospice program as described in the *Empire Plan Certificate*.

Non-network Coverage

The hospice care services covered under the Program are the same whether received in a network or non-network hospice program. However, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. When the coinsurance maximum has been satisfied, you will receive network benefits. See page 4.

Medical and Surgical Benefits for Covered Services Received in a Hospital Inpatient or Outpatient Setting, Skilled Nursing Facility or Hospice

Participating Provider Program

Paid-in-full benefits for covered services.

Basic Medical Program

Paid-in-full benefits for covered radiology, anesthesiology and laboratory services received while in a network facility. Basic Medical benefits for all other covered medical/surgical services.

Note: In case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram exams, and/or pathology services. This benefit applies to the Participating Provider Program and the Basic Medical Program. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Medical/Surgical Program

The Medical/Surgical Program pays for covered medical/surgical services under either the Participating Provider Program or the Basic Medical Program. Call the Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program if you have questions about your benefits coverage or an Explanation of Benefits (EOB) Statement. Covered services and supplies must be medically necessary as defined in the current version of your *NYSHIP General Information Book & Empire Plan Certificate* or as amended in subsequent *Empire Plan Reports*.

Participating Provider Program

You pay a copayment for office visits, surgical procedures performed during an office visit, contraceptive drugs and devices dispensed in a doctor's office, radiology services and diagnostic laboratory services, outpatient surgical location visits, cardiac rehabilitation center visits, urgent care center visits and convenience care clinics. Other covered services received, including covered preventive care services as defined in the Patient Protection and Affordable Care Act, from a participating provider are paid in full.

The Plan does not guarantee that participating providers are available in all specialties or geographic locations. See page 7.

Basic Medical Program

Basic Medical Annual and Lifetime Maximum: Unlimited.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 4.

Coinsurance: The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the combined annual deductible.

Reasonable and Customary Charge: The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. See page 4.

Participating Provider Program, continued

To learn whether a provider participates, check with the provider directly, call The Empire Plan toll-free number and choose the Medical Program or visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Then click on Find a Provider.

Always confirm the provider's participation **before** you receive services.

Basic Medical Program, continued

(or) Basic Medical Provider Discount Program:

If The Empire Plan is your primary insurance coverage and you use a non-participating provider who is part of the Empire Plan MultiPlan group, your out-of-pocket expense will, in most cases, be reduced. Your share of the cost will be based on the lesser of the Empire Plan MultiPlan fee schedule or the reasonable and customary charge.

The Empire Plan MultiPlan provider will submit bills and receive payments directly from UnitedHealthcare. You are only responsible for the applicable deductible and coinsurance amounts. To find a provider, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>.

Guaranteed Access Feature

The Empire Plan will guarantee access to primary care physicians and certain specialists (listed below) in New York State and counties in Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont that share a border with the State of New York when there are no Empire Plan participating providers within a reasonable distance from the enrollees's residence, (see chart below). To receive network benefits, enrollees must contact the Benefits Program at **1-877-7-NYSHIP (1-877-769-7447)** prior to receiving services and use one of the providers approved by the Benefits Program. You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Benefits Management Program does not guarantee that a provider will be available in a specified time period.

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Primary Care

Urban: 8 miles
Suburban: 15 miles
Rural: 25 miles

Specialist

Urban: 15 miles
Suburban: 25 miles
Rural: 50 miles

Within these mileage standards, network benefits are guaranteed for the following primary care physicians and core specialties:

Primary Care Physicians

Family Practice
General Practice
Internal Medicine
Pediatrics
Obstetrics/Gynecology

Specialties

Allergy
Anesthesia
Cardiology
Dermatology
Emergency Medicine
Gastroenterology
General Surgery
Hematology/Oncology
Neurology

Specialties Continued

Ophthalmology
Orthopedic Surgery
Otolaryngology
Pulmonary Medicine
Radiology
Rheumatology
Urology

Doctor's Office Visit/Office Surgery; Laboratory/Radiology; Contraceptives

Participating Provider Program

You pay a \$20 copayment for each of the following when you use a participating provider: office visit/office surgery; laboratory/radiology; contraceptives. No copayment for prenatal visits and well-child care.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers.

Routine Health Exams

Participating Provider Program

Paid-in-full benefits for preventive care services as defined in the Patient Protection and Affordable Care Act. Other covered services subject to a \$20 copayment per visit to a participating provider.

Basic Medical Program

Routine health exams are covered for you, the active employee, if you are age 50 or over and for your spouse/domestic partner age 50 or older. This benefit is not subject to deductible or coinsurance.

Adult Immunizations

Participating Provider Program

Paid-in-full benefit for covered adult immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers of Disease Control and Prevention when received from a participating provider, including influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chickenpox), tetanus immunizations, Human Papillomavirus (HPV) immunizations (covered for female enrollees and dependents age 19 through 26 and male enrollees and dependents age 19 through 21), meningitis immunizations and Herpes Zoster (Shingles) immunization for enrollees and dependents age 60 or older. Herpes Zoster (Shingles) immunization is covered subject to a \$20 copayment for enrollees under age 60. The copayment also covers the cost of oral and injectable substances received from a participating provider.

Note: Vaccines/immunizations are not covered if administered by a pharmacist or purchased from a pharmacy. (Does not apply to participating convenience care clinics.)

Basic Medical Program

Not covered

Routine Pediatric Care • Up to age 19

Participating Provider Program

Paid-in-full benefit for routine well-child care received from a participating provider, including examinations, immunizations and cost of oral and injectable substances (including influenza vaccine) when administered according to pediatric immunization guidelines.

Basic Medical Program

Routine Newborn Child Care Doctor's services for routine care of a newborn child are covered. This benefit is not subject to deductible or coinsurance.

Routine Pediatric Care Basic Medical benefits for covered services provided by non-participating providers.

Hearing Aids

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Hearing aid evaluation, fitting and purchase of hearing aids covered up to a maximum reimbursement of \$1,500 per hearing aid, per ear, once every four years; children age 12 years and under, covered up to \$1,500 per hearing aid, per ear, once every two years if the existing hearing aid can no longer compensate for the child's hearing loss. This benefit is not subject to deductible or coinsurance.

Prostheses and Orthotic Devices

Participating Provider Program

Paid-in-full benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a participating provider.

Basic Medical Program

Basic Medical benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.

Wigs are covered up to a \$1,500 lifetime maximum when hair loss is due to a chronic or acute condition. This benefit is not subject to deductible or coinsurance.

External Mastectomy Protheses

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or non-participating provider.

Basic Medical Program

Paid-in-full benefits will be provided once each calendar year for one single or double external mastectomy prosthesis. You must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Medical Program, then the Benefits Management Program, for precertification of any single prosthesis costing \$1,000 or more. For a prosthesis requiring prior approval, benefits will be available for the most cost-effective prosthesis that meets an individual's functional needs.

This benefit is not subject to deductible or coinsurance.

Diabetes Education Centers

Participating Provider Program

Covered services are subject to a \$20 copayment per visit to a Diabetes Education Center.

Basic Medical Program

Basic Medical benefits for covered visits to a Diabetes Education Center.

Outpatient Surgical Locations

Participating Provider Program

\$30 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital and hospital-based Outpatient Surgical Locations are covered. See page 5.)

Basic Medical Program

Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital and hospital-based Outpatient Surgical Locations are covered. See page 5.)

Emergency Ambulance Service

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Local commercial ambulance charges are covered except the first \$35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, up to \$50 for under 50 miles and up to \$75 for 50 miles and over.

This benefit is not subject to deductible or coinsurance.

Managed Physical Medicine Program administered by Managed Physical Network (MPN)

Chiropractic Treatment and Physical Therapy

Network Coverage (when you use MPN)

You pay a \$20 copayment for each office visit to an MPN provider. You pay an additional \$20 copayment for related radiology and diagnostic laboratory services billed by the MPN provider. Maximum of two copayments per visit.

Guaranteed access to network benefits. Contact MPN prior to receiving services if there is not a network provider in your area.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by UnitedHealthcare.

Non-network Coverage (when you don't use MPN)

Annual Deductible: \$250 enrollees; \$250 enrolled spouse/domestic partner; \$250 all dependent children combined. This deductible is separate from the combined annual deductible.

Coinsurance: The Empire Plan pays up to 50 percent of the network allowance after you meet the annual deductible. There is no coinsurance maximum.

Home Care Advocacy Program (HCAP)

Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies



for prior authorization

Network Coverage (when you use HCAP)

To receive a paid-in-full benefit, you must call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, then Benefits Management Program, to precertify and help make arrangements for covered services, durable medical equipment and supplies, including one pair of diabetic shoes per year, insulin pumps, Medijectors and enteral formulas. Diabetic shoes have an annual maximum benefit of \$500.

Important: If Medicare is your primary coverage, and you do not use a Medicare contract provider, your benefits will be further reduced.

Exceptions: For diabetic supplies (except insulin pumps and Medijectors), call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**. For ostomy supplies, call Byram Healthcare Centers at **1-800-354-4054**.

Program requirements apply even if Medicare or another health insurance plan is primary.

Important: If Medicare is your primary coverage and you live in an area or need supplies while visiting an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program, you must use a Medicare-approved supplier. See your January 1, 2011 and later Empire Plan Reports for areas affected by DMEPOS. If you need assistance locating a Medicare contract supplier, contact HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program, then Benefits Management Program.

Non-network Coverage (when you don't use HCAP)

The first 48 hours of nursing care are not covered. After you meet the combined annual deductible, see page 4, The Empire Plan pays up to 50 percent of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum. You are also covered for one pair of diabetic shoes per year that are paid up to 75 percent of the HCAP network allowance with a \$500 annual maximum.

Mental Health and Substance Abuse Program



to ensure highest level of benefits

Call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Mental Health and Substance Abuse Program before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. The OptumHealth Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits. If you contact the Mental Health and Substance Abuse Program before you receive services, you have guaranteed access to network benefits.

In an emergency, go to the nearest hospital emergency room. You or your designee must call the Mental Health and Substance Abuse Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by OptumHealth.

Mental Health and Substance Abuse Benefits

Network Coverage

No deductibles

No annual or lifetime benefit maximums

Non-network Coverage

The amount you pay for non-network inpatient and outpatient services counts toward meeting your combined annual deductible. See page 4 for the combined annual deductibles and maximum coinsurance amounts.

Inpatient Services

Approved Facilities

Network Coverage

Paid-in-full

Non-network Coverage

When you use a non-network facility, you will be responsible for a coinsurance amount of 10 percent of billed charges up to the combined annual coinsurance maximum. Benefits will be paid at 100 percent after the combined coinsurance maximum is met. See page 4.

No non-network benefits are available for Residential Treatment Facilities, Halfway Houses or Group Homes.

Same as inpatient non-network coverage above.

Practitioner Treatment or Consultation

Paid-in-full

Ambulance Service

Ambulance service to a hospital where you will be receiving mental health or substance abuse treatment is covered when medically necessary.

Outpatient Services

Network Coverage

Mental Health: \$20 copayment per visit with up to three visits per crisis paid in full.

Substance Abuse: \$20 copayment per visit.

Non-network Coverage

Annual and Lifetime Maximum: Unlimited.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 4.

Coinsurance: The Empire Plan pays 80 percent of reasonable and customary charges for covered services after you meet the combined annual deductible.

Reasonable and Customary Charge: The lowest of the actual charge, the provider's usual charge or the usual charge within the same geographic area.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of reasonable and customary charges for covered services. See page 4.

Same as network benefits.

Hospital Emergency Room

\$70 copayment per visit. The copayment is waived if you are admitted to the hospital as an inpatient directly from the hospital emergency room.

Psychological Testing

Network or non-network psychological testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore, precertification by OptumHealth is recommended before testing or evaluation begins.

Note: Psychological testing done by a physician, such as a neurologist, is covered under the Medical Program. These services will be reviewed by UnitedHealthcare for medical necessity. Precertification by UnitedHealthcare is recommended before testing or evaluation begins.

Prescription Drug Program

This section does not apply if you have enrolled in a Medicare Part D prescription drug program.

Copayments

You have the following copayments for drugs purchased from a Network Pharmacy or through the Mail Service Pharmacy or designated Specialty Pharmacy.

Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Service Pharmacy, or designated Specialty Pharmacy	31- to 90-day supply of a covered drug from a Network Pharmacy	31- to 90-day supply of a covered drug through the Mail Service Pharmacy or designated Specialty Pharmacy
Level 1 Drugs or for most Generic Drugs.....\$5	Level 1 Drugs or for most Generic Drugs.....\$10	Level 1 Drugs or for most Generic Drugs.....\$5
Level 2, Preferred Drugs or Compound Drugs\$25	Level 2, Preferred Drugs or Compound Drugs\$50	Level 2, Preferred Drugs or Compound Drugs\$50
Level 3 or Non-preferred Drugs.....\$45	Level 3 or Non-preferred Drugs.....\$90	Level 3 or Non-preferred Drugs.....\$90

Note: Oral chemotherapy drugs for the treatment of cancer do not require a copayment.

If you choose to purchase a covered brand-name drug that has a generic equivalent, you will pay the Level 3 non-preferred drug copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the covered drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these covered brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothroid, Mysoline, Premarin, Synthroid, Tegretol and Tegretol XR. One copayment covers up to a 90-day supply.

You have coverage for prescriptions of up to a 90-day supply at all network, non-network and mail service pharmacies. Prescriptions may be refilled for up to one year.

Flexible Formulary

The Empire Plan Prescription Drug Program has a flexible formulary for prescription drugs. The Empire Plan Flexible Formulary drug list is designed to provide enrollees and the Plan with the best value in prescription drug spending. This is accomplished by:

- Excluding coverage for certain brand-name or generic drugs, if the drug has no clinical advantage over other covered medications in the same therapeutic class.
- Placing a brand-name drug on Level 1 or excluding or placing a generic drug on Level 3, subject to the appropriate copayment. These placements may be revised mid-year when such changes are advantageous to The Empire Plan. Enrollees will be notified in advance of such changes.
- Applying the highest copayment to non-preferred drugs that provide no clinical advantage over two or more Level 1 drug alternatives in the same therapeutic class. This may result in no Level 2 brand-name drugs.

Certain drugs have been added to the list of drugs excluded from coverage under the 2012 Empire Plan Flexible Formulary. A list of accepted alternatives to these excluded drugs, along with a complete list of all excluded drugs, is available online. Visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs and follow the prompts to access NYSHIP Online. On the NYSHIP Online home page, select Using Your Benefits and then 2012 Empire Plan Flexible Formulary.

New prescription drugs may be subject to exclusion when they first become available on the market. Check the web site for current information regarding exclusions of newly launched prescription drugs. Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under the Empire Plan Flexible Formulary.

Newly Excluded Drugs for 2012

- Androgel
- Analpram Advanced Kit
- Aricept 23mg
- Cambiac 250 (generic Soma 250mg)
- Centany AT
- Clindacin PAC
- Jalyn
- Morgidox Kit
- Orbivan
- Pacnex HP/Pacnex LP/Pacnex Mx
- Pennsaid
- Rybix ODT
- Silenor
- Sumaxin TS
- Tobradex ST
- Tribenzor
- Tricor
- Trilipix
- Uramaxin GT
- Veltin
- Vimovo
- Xerese
- Zuplenz
- Zyclara

An excluded drug is not subject to any type of appeal or coverage review, including a medical necessity appeal.

Half Tablet Program

The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this program, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov> and select Benefit Programs. Follow the prompts to access NYSHIP Online and choose Find a Provider. Scroll to Prescription Drug Program links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Prior Authorization Required

You must have prior authorization for the following drugs, including generic equivalents:

- Abstral
- Actemra
- Actiq
- Adcirca
- Amevive
- Ampyra
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Dysport
- Egrifta
- Enbrel
- Epogen/Procrit
- fentanyl citrate powder
- Fentora
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Incivek
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Lazanda
- Letairis
- Makena
- Myobloc
- Nuvigil
- Onsolis
- Orenia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Ribavirin
- Simponi
- Sporanox
- Stelara
- Synagis
- Tracleer
- Tysabri
- Tyvaso
- Veletri
- Ventavis
- Victrelis
- Weight Loss Drugs
- Xeomin
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For information about prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Empire Plan Prescription Drug Program. Or, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to NYSHIP Online. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

Refer to the Certificate Amendments in your January 2011 Empire Plan Report for additional information.

Specialty Pharmacy Program

The Empire Plan Specialty Pharmacy Program offers individuals using specialty drugs enhanced services including: disease and drug education, compliance management, side-effect management and safety management. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo, a subsidiary of Medco. Also included in this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Drug Program to see a complete list of specialty medications included in the Specialty Pharmacy Program. Specialty medications must be ordered through the Specialty Pharmacy Program using the Medco Pharmacy Mail-Order Form. Prior authorization is required for some specialty medications.

To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose The Empire Plan Prescription Drug Program and ask to speak with Accredo, 24 hours a day, seven days a week.

Mail Service Pharmacy

You may fill your prescription by mail through the Mail Service Pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Prescription Drug Program. To refill a prescription on file with the mail service pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider and scroll down to Pharmacy Mail-Order Form.

Non-Network Pharmacy

If you do not use a Network Pharmacy, or if you pay cash at a Network Pharmacy, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for filling the prescription with that drug's generic equivalent unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Benefits On the Web

You'll find NYSHIP Online, the Employee Benefits Division home page, on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Click on Benefit Programs and follow the prompts to NYSHIP Online.

On your first visit, you will be asked what group and benefit plan you have. Thereafter, you will not be prompted to enter this information if you have your cookies enabled. Cookies are simple text files stored on your web browser to provide a way to identify and distinguish the users of this site. If enabled, cookies will customize your visit to the site and group-specific pages will then display each time you visit unless you select Change Your Group on a toolbar near the top left of the page.

Without enabling cookies, when you select your group and health benefits plan to view your group-specific health insurance benefits, you will be required to reselect your group and benefits plan each time you navigate the health benefits section of the web site or revisit the site from the same computer at another time.

NYSHIP Online is a complete resource for your health insurance benefits, including up-to-date publications, Option Transfer and a Plan Comparison tool with summaries for The Empire Plan and NYSHIP HMOs. You'll also find links to select Empire Plan carrier web sites. These web sites include the most current list of providers. You can search by location, specialty or name. Announcements, an event calendar, prescription drug information and handy contact information are only a click or two away.

Federal Health Care Reform

Non-Grandfathered Health Plan

Your Empire Plan benefit package is no longer a “grandfathered” plan under the Patient Protection and Affordable Care Act (PPACA), signed into law March 30, 2010. This means that your Empire Plan benefits will now reflect changes as required by the federal health care reform of 2010 according to the Act’s implementation timetable.

Contact Information

Hospital Program

Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

Medical/Surgical Program

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Mental Health and Substance Abuse Program

OptumHealth Behavioral Solutions
P.O. Box 5190
Kingston, NY 12402-5190

Prescription Drug Program

The Empire Plan Prescription Drug Program
P.O. Box 5900
Kingston, NY 12402-5900

Empire Plan NurseLineSM

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLineSM for health information and support.

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Hospital Program TTY only 1-800-241-6894

Medical/Surgical Program..... TTY only 1-888-697-9054

Mental Health and

Substance Abuse Program TTY only 1-800-855-2881

Prescription Drug Program..... TTY only 1-800-759-1089

This document provides a brief look at Empire Plan benefits for enrollees designated M/C. Use it with your *NYSHIP General Information Book & Empire Plan Certificate and Empire Plan Reports and Certificate Amendments*. If you have questions, call **1-877-7-NYSHIP (1-877-769-7447)** and choose the program you need.

New York State
Department of Civil Service
Employee Benefits Division
Albany, New York 12239



518-457-5754 or 1-800-833-4344
(U.S., Canada, Puerto Rico, Virgin Islands)
<https://www.cs.ny.gov>

The *Empire Plan At A Glance* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Empire Plan.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
<https://www.cs.ny.gov>

Address Service Requested

Save this document



Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents
MC; Legislature At A Glance – January 2012

**Please do not send mail
or correspondence
to the return address
above. See boxed
address on page 15.**

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.ny.gov>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This document was printed using recycled paper and environmentally sensitive inks.

NY0930 AAG-MC-1/12

The Empire Plan Copayments at a Glance

Medical/Surgical Program*

Participating Provider Program

\$20 Copayment - Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing participating Cardiac Rehabilitation Center Visit, Urgent Care Visit, Convenience Care Clinic Visit

\$30 Copayment - Non-hospital Outpatient Surgical Locations

\$35 Copayment - Local Professional/Commercial Ambulance Transportation

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

\$20 Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)*

\$20 Copayment - Outpatient Physical Therapy

\$40 Copayment - Outpatient Services for Diagnostic Radiology, Diagnostic Laboratory Tests, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic

\$60 Copayment - Outpatient Surgery

\$70 Copayment - Emergency Room Care

Mental Health and Substance Abuse Program

\$20 Copayment - Visit to Outpatient Substance Abuse Treatment Program

\$20 Copayment - Visit to Mental Health Professional

\$70 Copayment - Emergency Room Care

Prescription Drug Program

Up to a 90-day supply from a participating retail pharmacy or mail service (see copayment chart on page 12).

*Covered services defined as preventive under the Patient Protection and Affordable Care Act are not subject to copayment.



PA

Participating Agencies

The New York State Health Insurance Program

For Active Employees, Retirees, Vestees and Dependent Survivors, their dependents and Young Adult Option enrollees enrolled through Participating Agencies with Excelsior Plan benefits

Call toll free 1-877-7-NYSHIP (1-877-769-7447)

For preauthorization of services or if you have questions about eligibility, providers or claims, call The Empire Plan toll free and choose the program you need. Medical/Surgical Program representatives are available Monday through Friday, 8 a.m. to 4:30 p.m. Eastern time and Hospital Program representatives are available Monday through Friday, 8 a.m. to 5 p.m. Eastern time. Mental Health and Substance Abuse Program, Prescription Drug Program and NurseLineSM representatives are available 24 hours a day, seven days a week. See page 15 for addresses and teletypewriter (TTY) numbers.

This guide briefly describes Excelsior Plan benefits. If you have health insurance questions, contact your agency Health Benefits Administrator (HBA).

State of New York Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, NY 12239
<https://www.cs.ny.gov>

at a Glance



JANUARY 1, 2012

What's New

- **Combined Annual Deductible** for the Basic Medical Program and non-network coverage under the Home Care Advocacy Program and Mental Health and Substance Abuse Program is \$750.
- **Combined Annual Coinsurance Maximum** for the Basic Medical Program and non-network coverage under the Mental Health and Substance Abuse Program is \$2,500.
- **Convenience Care Clinics** - Health clinics in fixed locations in retail stores, supermarkets and pharmacies that provide a range of services including treatment of uncomplicated minor illness and preventive health care services. Covered services rendered at a participating convenience care clinic will be subject to the usual office copayment. There is no non-network benefit. Note: Drop-in seasonal flu vaccine clinics held in pharmacies are not convenience care clinics and are not covered.
- **Licensed Nurse Practitioners** - The participating provider network has expanded to include licensed and certified nurse practitioners. Services are subject to the usual copayment rules and amounts. There is no non-network benefit.
- **2012 Excelsior Plan Three-Level Preferred Drug List**

Please see *Contact Information* on page 15 for NYSHIP addresses and teletypewriter (TTY) numbers.

Quick Reference

The Excelsior Plan is a comprehensive health insurance program for New York's public employees and their families. The Plan has four main parts:

(1) Hospital Program insured and administered by Empire BlueCross BlueShield

Provides coverage for inpatient and outpatient services provided by a hospital, skilled nursing facility and hospice care. Includes the Centers of Excellence for Transplants Program. Also provides inpatient Benefits Management Program services, including preadmission certification of hospital admissions and admission or transfer to a skilled nursing facility, concurrent reviews, discharge planning, inpatient Medical Case Management and The Empire Plan Future Moms Program.

Services provided by Empire HealthChoice Assurance, Inc., a licensee of the BlueCross and BlueShield Association, an association of independent BlueCross and BlueShield plans.

(2) Medical/Surgical Program insured and administered by UnitedHealthcare

Provides coverage for medical services, such as office visits, surgery and diagnostic testing under the Participating Provider, Basic Medical and Basic Medical Provider Discount Programs. Coverage for physical therapy and chiropractic care is provided through the Managed Physical Medicine Program.

Also provides: coverage for home care services, durable medical equipment and certain medical supplies through the Home Care Advocacy Program (HCAP); the Prosthetics/Orthotics Network; Centers of Excellence Programs for Infertility and Cancer; and Benefits Management Program services including Prospective Procedure Review for MRI, MRA, CT, PET scan, and Nuclear Medicine tests, Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management.

(3) Mental Health and Substance Abuse Program insured by UnitedHealthcare and administered by OptumHealth Behavioral Solutions (OptumHealth)

Provides coverage for inpatient and outpatient mental health and substance abuse services. Also provides preadmission certification of inpatient and outpatient services, concurrent reviews, case management and discharge planning.

(4) Prescription Drug Program insured and administered by UnitedHealthcare

Provides coverage for prescription drugs dispensed through Empire Plan network pharmacies, the mail service pharmacy and non-network pharmacies.

UnitedHealthcare utilizes the administrative and mail distribution services of Medco Health Services, Inc. (Medco) for services including the retail pharmacy network, mail service pharmacy and specialty pharmacy.

Preventive Care Services

This publication reflects the coverage changes for your benefit plan as required under the federal Patient Protection and Affordable Care Act (PPACA). Among the PPACA provisions is a requirement to cover certain in-network preventive care services without enrollee cost sharing. As required by PPACA, certain services received from an Empire Plan participating provider or network hospital will be paid at 100% (not subject to copayment).

Preventive care services covered under PPACA with no copayment at a network hospital or from a participating provider include: bone density tests, colonoscopies, mammograms, pap smears, certain immunizations and certain preventive care and screenings for infants, children, adolescents and adults. This is not the complete list of preventive screenings and services.

For further information on preventive services, visit www.healthcare.gov.

Benefits Management Program



for preadmission certification

If The Excelsior Plan is primary for you or your covered dependents:

You must call The Excelsior Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program:

- Before a scheduled (non-emergency) hospital admission.
- Before a maternity hospital admission. Call as soon as a pregnancy is certain.
- Within 48 hours, or as soon as reasonably possible, after an emergency or urgent hospital admission.

If you do not call, a \$200 penalty will be applied to the charges if it is determined that your hospitalization is medically necessary. If the Hospital Program does not certify the hospitalization, you will be responsible for the entire cost of care determined not to be medically necessary.

- Before admission or transfer to a skilled nursing facility. If the admission or transfer to a skilled nursing facility is determined not to be medically necessary, you will be responsible for the entire cost.

Empire BlueCross BlueShield also provides concurrent review, discharge planning, inpatient Medical Case Management and the Empire Plan Future Moms Program.



for Prospective Procedure Review

If The Excelsior Plan is primary for you or your covered dependents:

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program before having one of the following imaging procedures in an outpatient setting on a scheduled (non-emergency) basis: Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scans or Nuclear Medicine tests. If you do not call, you will pay a large part of the cost. If the test or procedure is determined not to be medically necessary, you will be responsible for the entire cost.

UnitedHealthcare helps coordinate Voluntary Specialist Consultant Evaluation services and outpatient Medical Case Management for serious conditions.

Centers of Excellence

Cancer Services



to participate

You must call the plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program or call the Cancer Resources Center toll free at **1-866-936-6002** and register to participate in the Centers of Excellence for Cancer Program.

Paid-in-full benefits are available for cancer services at a designated Center of Excellence when arranged through UnitedHealthcare. You will also receive nurse consultations and assistance in locating cancer centers. When applicable, a travel, lodging and meal allowance is available. See page 4 for details.

If you do not use a Center of Excellence, benefits will be provided in accordance with the plan's Hospital Benefits Program coverage and/or Medical/Surgical Program coverage.

Program requirements apply even if Medicare or another health insurance plan is primary.

Transplants Program



for prior authorization

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program for preauthorization of the following transplants provided through the Centers of Excellence for Transplants Program: bone marrow, cord blood stem cell, heart, heart-lung, kidney, liver, lung, pancreas, pancreas after kidney, peripheral stem cell and simultaneous kidney/pancreas.

A paid-in-full benefits for the following transplant services when authorized by Empire BlueCross BlueShield and received at a designated Center of Excellence: pretransplant evaluation, inpatient and outpatient hospital and physician services and up to twelve months of follow-up care. When applicable, a travel allowance is available. See page 4 for details.

If a transplant is authorized but you do not use a designated Center of Excellence, benefits for covered services are provided in accordance with the Plan's hospital and/or medical surgical coverage. If you choose to have your transplant in a facility other than a designated Center of Excellence, or if you require a small bowel or multivisceral transplant, you may still take advantage of the Hospital Program case management services for transplant patients if you enroll in the Centers of Excellence for Transplants Program. A case management nurse will help you through the transplants process.

To enroll in the Program and receive these benefits, The Excelsior Plan must be your primary insurance coverage.

Infertility Benefits



for prior authorization

You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program for preauthorization and a list of Qualified Procedures before receiving services.

Paid-in-full benefit is available, subject to the lifetime maximum of \$50,000 per covered person for Qualified Procedures including any travel allowance, when you choose a Center of Excellence for Infertility Treatment and receive prior authorization. When applicable, a travel allowance is available. See page 4 for details.

If a Qualified Procedure is authorized but you do not use a Center of Excellence, benefits will be provided in accordance with the Plan's Hospital Program coverage and/or Medical/Surgical Program coverage.

All authorized procedures are subject to the lifetime maximum for Qualified Procedures. If you do not receive prior authorization, no benefits are available for Qualified Procedures under the Plan's Hospital Program or Medical/Surgical Program. You will pay the full cost, regardless of the provider.

Program requirements apply even if Medicare or another health insurance plan is primary. Prescription drug benefit (not included in the \$50,000 medical infertility benefit) and annual maximums apply to infertility drugs (see page 13).

Centers of Excellence Travel Allowance

When you are enrolled in the Centers of Excellence Program or are preauthorized for Infertility Benefits, you will not have any copayments. A travel, lodging and meal expenses benefit is available to you for travel within the United States. The travel and meals benefit is available to the patient and one travel companion when the facility is more than 100 miles (200 miles for airfare) from the patient's home. If the patient is a minor child, the benefit will include coverage for up to two companions. Benefits will also be provided for one lodging per day. Reimbursement for lodging and meals will be limited to the United States General Services Administration per diem rate. Reimbursement for automobile mileage will be based on the Internal Revenue Service medical rate. Only the following travel expenses are reimbursable: meals, auto mileage (personal or rental car), economy class airfare, train fare, taxi fare, parking, tolls and shuttle or bus fare from lodging to the Center of Excellence. The Travel Allowance will be applied toward the \$50,000 maximum lifetime benefit for Infertility Benefits.

Combined Annual Deductible and Combined Coinsurance Maximum

Combined Annual Deductible

The Excelsior Plan deductible is \$750 for the enrollee, \$750 for the enrolled spouse/domestic partner and \$750 for all dependent children combined.

The combined deductible must be met before your Basic Medical Program and non-network expenses under the Home Care Advocacy Program and the Mental Health and Substance Abuse Program claims can be reimbursed.

Combined Coinsurance Maximum

The coinsurance maximum is \$2,500 for the enrollee, \$2,500 for the enrolled spouse/domestic partner and \$2,500 for all dependent children combined.

The coinsurance maximum will be shared between the Basic Medical Program and non-network coverage under the Mental Health and Substance Abuse Program.

Hospital Program

The Hospital Program pays for covered services provided by a network inpatient or outpatient hospital, skilled nursing facility or hospice setting. There is no coverage for services provided in a non-network facility except in an emergency or if a network facility is not available. The Medical/Surgical Program provides benefits for medical and surgical services as well as certain hospital services if not covered by The Hospital Program. Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Hospital Program if you have questions about your benefits, coverage or an Explanation of Benefits (EOB) Statement.

Hospital Inpatient • Semi-private room



for preadmission certification

Network Coverage

You are covered for up to a combined maximum of 365 days per spell of illness for covered inpatient diagnostic and therapeutic services or surgical care in a network hospital.

Inpatient Deductible

You pay a \$250 copayment for each in-network hospitalization. There is no coinsurance maximum.

Non-network Hospital Coverage

No coverage in a non-network hospital except network benefits apply in the event of an emergency or when there is no network hospital available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Hospital Outpatient

Network Coverage

Diagnostic radiology, diagnostic laboratory tests and administration of Desferal for Cooley's Anemia provided in the outpatient department of a network hospital or a network hospital extension clinic are subject to one copayment of \$75 per visit. Paid-in-full benefits for bone mineral density tests, colonoscopies, mammograms, pap smears, proctosigmoidoscopy and sigmoidoscopy screenings considered preventive as defined in the Patient Protection and Affordable Care Act. The copayment is waived if you are admitted as an inpatient directly from the outpatient department or the clinic.

Outpatient surgery is subject to a \$100 copayment.

Emergency room services, including use of the facility for emergency care and services of the attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services are subject to one copayment of \$100 per visit when billed by the hospital. The copayment is waived if you are admitted as an inpatient directly from the emergency room.

Note: In the case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services. This benefit applies to the Participating Provider and Basic Medical Programs. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Paid-in-full benefit for chemotherapy, radiology, anesthesiology, pathology, dialysis, and preadmission testing and/or presurgical testing prior to an inpatient admission.

\$30 copayment for medically necessary physical therapy following a related hospitalization or related inpatient or outpatient surgery.

Claims for inpatient and outpatient hospital services are sent directly to Empire BlueCross BlueShield by the network hospital.

Non-network Hospital Coverage

No coverage in a non-network hospital except network benefits apply in the event of an emergency or when there is no network hospital available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Emergency room services, Network Coverage applies

Skilled Nursing Facility Care • *Semi-private room*



for preadmission certification (see page 2)

If Medicare is your primary coverage, The Excelsior Plan does not provide Skilled Nursing Facility benefits, (except for active enrollees disabled due to end-stage renal disease), even for short-term rehabilitation care.

Network Coverage

Covered in an approved network facility when medically necessary in place of hospitalization.

Non-network Coverage

No coverage in a non-network facility except network benefits apply in the event of an emergency or when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Hospice Care

Network Coverage

Paid in full when provided by an approved network hospice program.

Non-network Coverage

No coverage in a non-network program except network benefits apply in the event of an emergency or when there is no network program available within 30 miles of your residence or when no network program within 30 miles of your residence can provide the covered service you require.

Medical and Surgical Benefits for Covered Services Received in a Hospital Inpatient or Outpatient Setting, Skilled Nursing Facility or Hospice

Participating Provider

Paid-in-full benefits for covered services except radiology, anesthesiology and pathology services subject to a \$50 copayment.

Non-Participating Provider

Basic Medical benefits for covered services except radiology, anesthesiology and pathology services subject to a \$50 copayment. Basic Medical benefits for continued hospital inpatient services after Empire BlueCross BlueShield hospital inpatient benefits end.

Note: In the case of a medical emergency: Paid-in-full benefits for attending emergency room physician and providers who administer or interpret laboratory tests and electrocardiogram services. This benefit applies to the Participating Provider and Basic Medical Programs. For other participating specialty physicians, benefits will be paid in full. For non-participating specialty physicians, benefits will be considered under the Basic Medical Program subject to deductible but not coinsurance.

Medical/Surgical Program

The Medical/Surgical Program pays for covered medical/surgical services under either the Participating Provider Program or the Basic Medical Program. Call The Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program if you have questions about your benefits coverage or an Explanation of Benefits (EOB) Statement.

Participating Provider Program

No deductibles or lifetime benefit maximums. You pay a copayment for certain services. Other covered services, including covered preventive care services as defined in the Patient Protection and Affordable Care Act, received from a participating provider are paid in full. The Plan provides guaranteed access for primary care physicians and certain medical specialties (see page 7).

To learn whether a provider participates, check with the provider directly, call The Excelsior Plan toll-free number and choose the Medical Program or visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online, then click on Find a Provider.

Always confirm the provider's participation **before** you receive services.

Basic Medical Program

Annual Maximum: Annual maximum benefit of \$750,000.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 4.

Coinsurance: After you meet the combined annual deductible, The Plan pays 80 percent of the allowed amount. The allowed amount is:

- 110 percent of the published rates allowed by the Centers for Medicare and Medicaid Services (CMS) for Medicare for the same or similar service within the geographic market, or
- When a rate is not published by CMS for the service, UnitedHealthcare uses a gap methodology developed by OptumInsight to determine a rate for the service. This methodology uses relative values from the Ingenix Relative Value Scale, which is usually based on the difficulty, time, work, risk and resources of the service, or
- When a rate is not published by CMS and the Ingenix gap methodology does not apply to the service, the eligible expense is based on 50 percent of the billed charge.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services. See page 4.

Guaranteed Access Feature

When there are no participating providers within a reasonable distance, access to network benefits will be available to enrollees for primary care physicians and certain core provider specialties. To receive network benefits, enrollees must contact the Benefits Management Program at **1-877-7-NYSHIP (1-877-769-7447)** prior to receiving services and use one of the providers approved by the Benefits Management Program. You will be responsible for contacting the provider to arrange care. Appointments are subject to provider's availability and the Benefits Management Program does not guarantee that a provider will be available in a specified time period. Guaranteed access applies when The Excelsior Plan is your primary health insurance coverage (pays benefits first, before any other group plan or Medicare).

Reasonable distance from the enrollee's residence is defined by the following mileage standards:

Within New York State

Urban: 3 miles
Suburban: 15 miles
Rural: 40 miles

Outside New York State

Urban: 10 miles
Suburban: 20 miles
Rural: 40 miles

Within these mileage standards, network benefits are guaranteed for the following primary care physicians and core specialties:

Primary Care Physicians

Family Practice
General Practice
Internal Medicine
Pediatrics
Obstetrics/Gynecology

Specialties

Allergy
Anesthesia
Cardiology
Dermatology
Laboratory
Neurology

Specialties Continued

Ophthalmology
Orthopedic Surgery
Otolaryngology
Pathology
Pulmonary Medicine
Radiology
Urology

Office Visits

Participating Provider Program

You pay a single \$30 copayment per visit for all covered services provided during the visit and billed by the provider. No copayment for prenatal visits, well child care, and preventive services as defined by the Patient Protection and Affordable Care Act.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 6.)

Diagnostic Laboratory Services

Participating Provider Program

You pay a single \$30 copayment for covered services provided by a participating laboratory.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 6.)

Diagnostic Radiology and Imaging Services

Participating Provider Program

You pay a single \$30 copayment per visit for covered services provided by a participating free-standing (non hospital-based) facility except as noted below.

You pay a \$75 copayment per visit for imaging procedures subject to Prospective Procedure Review (PPR) – MRIs, MRAs, CT Scan, PET Scan or Nuclear Medicine tests – provided by a participating free-standing (non hospital-based) facility.

Note: Interpretation of diagnostic test results billed separately by a different provider are covered separately and subject to a copayment or Basic Medical benefits.

Basic Medical Program

Basic Medical benefits for covered services received from non-participating providers. (See page 6.)

Routine Health Exams

Participating Provider Program

Paid-in-full benefits for preventive care services as defined in the Patient Protection and Affordable Care Act. Other covered services subject to a \$30 copayment per visit to a participating provider.

Basic Medical Program

Basic Medical benefits for active employee, 50 or older. This benefit is not subject to deductible or coinsurance. There is no Basic Medical coverage for routine health exams for spouses, retirees, vestees or dependent survivors.

Adult Immunizations

Participating Provider Program

Paid-in-full benefit for covered adult immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention when received from a participating provider, including influenza, pneumonia, measles-mumps-rubella (MMR), varicella (chickenpox), and tetanus immunizations, Human Papillomavirus (HPV) immunizations (covered for female enrollees and dependents age 19 through 26 and male enrollees and dependents age 19 through 21), meningitis immunizations and Herpes Zoster (Shingles) immunization for enrollees and dependents age 60 or older. Herpes Zoster (Shingles) immunization is covered subject to a \$30 copayment for enrollees under age 60. The copayment also covers the cost of oral and injectable substances received from a participating provider.

Basic Medical Program

Not covered

Note: Vaccines/immunizations are not covered if administered by a pharmacist or purchased from a pharmacy. (Does not apply to participating convenience care clinics.)

Routine Pediatric Care • up to age 19

Participating Provider Program

Paid-in-full benefit for routine well-child care received from a participating provider including examinations, immunizations and cost of oral and injectable substances (including influenza vaccine) when administered according to pediatric immunization guidelines.

Basic Medical Program

Routine Newborn Child Care – Doctor's services for routine care of a newborn child are covered. This benefit is not subject to deductible or coinsurance.

Routine Pediatric Care – Basic Medical benefits for covered services provided by non-participating providers. This benefit is subject to deductible and coinsurance.

Prostheses and Orthotic Devices

Participating Provider Program

Paid-in-full benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a participating provider.

Basic Medical Program

Basic Medical benefits for prostheses/orthotic devices that meet the individual's functional needs when obtained from a non-participating provider.

External Mastectomy Prostheses

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or non-participating provider.

Basic Medical Program

Paid-in-full benefits will be provided once each calendar year for one single or double external mastectomy prosthesis. You must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose the Medical Program and then the Home Care Advocacy Program (HCAP) for precertification of any single prosthesis costing \$1,000 or more. For a prosthesis requiring approval, benefits will be available for the most cost-effective prosthesis that meets an individual's functional needs.

This benefit is not subject to deductible or coinsurance.

Outpatient Surgical Locations

Participating Provider Program

\$75 copayment covers facility, same-day on-site testing and anesthesiology charges for covered services at a participating surgical center. (Hospital outpatient surgical locations are covered under hospital extension clinic provisions. See page 5.)

Basic Medical Program

Basic Medical benefits for covered services provided by non-participating surgical centers. (Hospital-owned and operated outpatient surgical locations are covered under hospital extension clinic provisions. See page 5.)

Emergency Ambulance Service

Participating Provider Program

The Basic Medical benefit applies whether you use a participating or a non-participating provider.

Basic Medical Program

Local commercial ambulance charges are covered except the first \$35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, up to \$50 for under 50 miles and up to \$75 for 50 miles and over.

This benefit is not subject to deductible or coinsurance.

Managed Physical Medicine Program administered by Managed Physical Network (MPN)

Chiropractic Treatment and Physical Therapy

Network Coverage (when you use MPN)

You pay a \$30 copayment for each office visit to an MPN provider that includes related radiology and diagnostic laboratory services provided during the office visit and billed by the MPN provider.

Guaranteed access to network benefits. Contact MPN prior to receiving services if there is no network provider in your area.

Non-network Coverage (when you don't use MPN)

No coverage

Program requirements apply even if Medicare or another health insurance plan is primary.

Home Care Advocacy Program (HCAP)

Home Care Services, Skilled Nursing Services and Durable Medical Equipment/Supplies



for prior authorization

Network Coverage (when you use HCAP)

To receive a paid-in-full benefit, you must call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Medical Program, then Benefits Management Program, to precertify and help make arrangements for covered services, durable medical equipment and supplies, including one pair of diabetic shoes per year, insulin pumps, Medijectors and enteral formulas. Diabetic shoes have an annual maximum benefit of \$500. You have guaranteed access to network coverage when you follow Plan requirements.

Important: If Medicare is your primary coverage, and you do not use a Medicare contract provider, your benefits will be further reduced.

Exceptions: For **diabetic supplies** (except insulin pumps and Medijectors), call The Empire Plan Diabetic Supplies Pharmacy at **1-888-306-7337**.

For **ostomy supplies** call Byram Healthcare Centers at **1-800-354-4054**.

Program requirements apply even if Medicare or another health insurance plan is primary.

Important: If Medicare is your primary coverage and you live in an area or need supplies while visiting an area that participates in the Medicare Durable Medical Equipment, Prosthetics and Orthotics Supply (DMEPOS) Competitive Bidding Program, you must use a Medicare-approved supplier. See your January 1, 2011 and later Empire Plan Reports for areas affected by DMEPOS. If you need assistance locating a Medicare contract supplier, contact HCAP toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose the Medical Program, then Benefits Management Program.

Non-network Coverage (when you don't use HCAP)

The first 48 hours of nursing care are not covered. After you meet the combined annual deductible, see page 4, the Plan pays up to 50 percent of the HCAP network allowance for covered services, durable medical equipment and supplies. There is no coinsurance maximum.

Mental Health and Substance Abuse Program



to ensure the highest level of benefits

Call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Mental Health and Substance Abuse Program before seeking services from a covered mental health or substance abuse provider, including treatment for alcoholism. The OptumHealth Clinical Referral Line is available 24 hours a day, every day of the year. By following the Program requirements for network coverage, you will receive the highest level of benefits. If you contact the Mental Health and Substance Abuse Program before you receive services, you have guaranteed access to network benefits.

In an emergency, go to the nearest hospital emergency room. You or your designee must call the Mental Health and Substance Abuse Program within 48 hours of an admission for emergency care or as soon as reasonably possible.

Program requirements apply even if Medicare or another health insurance plan is primary.

All benefits apply to treatment determined medically necessary by OptumHealth.

Inpatient Services

Network Coverage

\$250 copayment per stay for the enrollee

\$250 copayment per stay for an enrolled spouse/domestic partner

\$250 copayment per stay for all enrolled dependent children combined

Paid-in-full

Non-network Coverage

No coverage in a non-network facility except network benefits apply in the event of an emergency or when there is no network facility available within 30 miles of your residence or when no network facility within 30 miles of your residence can provide the covered service you require.

Same as inpatient non-network coverage above.

**Approved
Facilities**

**Practitioner
Treatment or
Consultation**

Ambulance Service

Ambulance service to a hospital where you receive mental health or substance abuse treatment is covered when medically necessary, except for the first \$35. Donations to voluntary ambulance services, when the enrollee has no obligation to pay, up to \$50 for under 50 miles and up to \$75 for 50 miles and over. This benefit is not subject to deductible or coinsurance.

Outpatient Services

Network Coverage

Mental Health: Paid-in-full benefit for up to three visits per crisis. Additional visits subject to a \$30 copayment.

Substance Abuse: \$30 copayment per visit.

Non-network Coverage

Annual Maximum: Combined annual maximum benefit of \$750,000. See page 4.

Combined Annual Deductible: The combined annual deductible must be satisfied before benefits are payable. See page 4.

Coinsurance: After you meet the combined annual deductible (see page 4), The Plan pays 80 percent of the allowed amount. The allowed amount is:

- 110 percent of the published rates allowed by the Centers for Medicare & Medicaid Services (CMS) for Medicare for the same or similar service within the geographic market, or
- When a rate is not published by CMS for the service, UnitedHealthcare uses a gap methodology developed by OptumInsight to determine a rate for the service. This methodology uses relative values from the OptumInsight Relative Value Scale, which is usually based on the difficulty, time, work, risk and resources of the service, or
- When a rate is not published by CMS and the OptumInsight gap methodology does not apply to the service, the eligible expense is based on 50 percent of the billed charge.

OptumInsight is a wholly-owned subsidiary of UnitedHealthGroup and is an affiliate of UnitedHealthcare.

Combined Annual Coinsurance Maximum: After the combined annual coinsurance maximum is reached, benefits are paid at 100 percent of the allowed amount for covered services. See page 4.

Network benefits apply for emergency room care provided by a non-network facility. To receive network benefits when a network facility is not accessible, call the Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**.

Hospital Emergency Room

\$100 copayment per visit. The copayment is waived if you are admitted to the hospital as an inpatient directly from the hospital emergency room.

Psychological Testing

Network or non-network psychological testing and evaluations will be reviewed for medical necessity; only medically necessary services are covered. Therefore, precertification by OptumHealth is recommended before testing or evaluation begins.

Note: Psychological testing done by a physician, such as a neurologist, is covered under the Medical Program. These services will be reviewed by UnitedHealthcare for medical necessity. Precertification by UnitedHealthcare is recommended before testing or evaluation begins.

Prescription Drug Program

This section does not apply if you have enrolled in a Medicare Part D prescription drug program.

You have coverage for prescriptions of up to a 90-day supply, subject to quantity limit provisions, at all network, non-network pharmacies and the mail service pharmacy. Prescriptions may be refilled for up to one year.

The Excelsior Plan uses UnitedHealthcare's Advantage Preferred Drug List (PDL). This is a managed formulary that may exclude certain drugs in a therapeutic category as well as having certain generic drugs subject to a Level 2 or 3 copayment. The drug list may be subject to change on January 1 and July 1 of each calendar year. For the current drug list, visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online, selecting your group (PA) and Plan (Excelsior) if prompted. Or, you may call **1-877-7-NYSHIP (1-877-769-7447)** and request an updated printed copy of the Excelsior Plan Preferred Drug List. The Plan includes the following:

Annual Maximum - Annual maximum benefit of \$750,000.

Coverage Limits - There are benefit maximums for infertility drugs (\$5,000/year and \$25,000/lifetime) and smoking cessation drugs (\$500/year).

Mandatory Generic Substitution - If you choose to purchase a covered brand-name drug that has a generic equivalent, you will pay the Level 3 non-preferred brand name copayment plus the difference in cost between the brand-name drug and the generic (ancillary charge), not to exceed the full retail cost of the drug. Certain covered drugs are excluded from this requirement. You pay only the applicable copayment for these brand-name drugs with generic equivalents: Coumadin, Dilantin, Lanoxin, Levothyroid, Mysoline, Premarin, Synthroid, Tegretol and Tegretol XR.

Half Tablet Program - The Half Tablet Program can dramatically lower your costs on select medications that you take on a regular basis. To participate in the Program, your doctor must write a new prescription for twice the dosage and half the quantity. Then when you fill the prescription, you automatically pay only half your usual copayment. Split each tablet and take half to get your usual dosage at half the cost. To see a list of medications available under this program, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov> and select Benefit Programs. Follow the prompts to access NYSHIP Online and choose Find a Provider. Scroll to the Prescription Drug Program links and click on Empire Plan Half Tablet Program. The Empire Plan will provide participants with one free tablet splitter by mail upon request.

Copayments

You have the following copayments for drugs purchased from a Network Pharmacy or through the Mail Service Pharmacy or designated Specialty Pharmacy.

Up to a 30-day supply of a covered drug from a Network Pharmacy or through the Mail Service Pharmacy, or designated Specialty Pharmacy	31- to 90-day supply of a covered drug from a Network Pharmacy	31- to 90-day supply of a covered drug through the Mail Service Pharmacy or designated Specialty Pharmacy
Level 1.....\$10	Level 1.....\$25	Level 1.....\$20
Level 2.....\$30	Level 2.....\$75	Level 2.....\$60
Level 3.....\$65	Level 3.....\$160	Level 3.....\$130

Specialty Drug Program

The Empire Plan Specialty Pharmacy Program offers to individuals using specialty drugs enhanced services including disease and drug education, compliance management, side-effect management and safety management. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo, a subsidiary of Medco. Also included in this Program are expedited, scheduled delivery of your medications at no additional charge, refill reminder calls and all necessary supplies such as needles and syringes applicable to the medication.

For a complete list of specialty medications included in the Specialty Pharmacy Program, visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider, scroll down to Prescription Drug Program and then select Specialty Drug Program to see a complete list of specialty medications included in the Specialty Pharmacy Program. Specialty medications must be ordered through the Specialty Pharmacy Program using the Medco Pharmacy Mail-Order Form. Prior authorization is required for some specialty medications.

To request mail service envelopes, refills or to speak to a specialty-trained pharmacist or nurse regarding the Specialty Pharmacy Program, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)**, choose The Empire Plan Prescription Drug Program and ask to speak with Accredo, 24 hours a day, seven days a week.

Prior Authorization Required

You must have prior authorization for the following drugs, including generic equivalents:

- Actemra
- Actiq/Fentora/Onsolis/Abstral
- Adcirca
- Amevive
- Amitiza
- Ampyra
- Aranesp
- Arcalyst
- Avodart
- Botulinum Toxins
- Cimzia
- Copaxone
- Crinone/Endometrin/Procheive/First Progesterone
- Differin
- Egrifta
- Elidel/Protopic
- Enbrel
- Epogen/Procrit
- fentanyl citrate powder
- Flolan/Veletri
- Forteo
- Growth Hormones
- Humira
- Immunoglobulin
- Incivek
- Kineret
- Kuvan
- Lamisil/Sporanox
- Letairis
- Lotronex
- Lovaza
- Makena
- Multiple Sclerosis Agents
- Nuvigil
- Oral Oncology
- Orencia
- Provigil
- Regranex
- Remicade
- Remodulin
- Restasis
- Retinoids
- Revatio
- Sandostatin/Octreotide
- Select Interferons and Ribivirin
- Simponi
- Stelara
- Suboxone/Subutex
- Synagis
- Tazorac
- Tracleer
- Tyvaso
- Ventavis
- Victrelis
- Weight loss agents
- Xolair
- Xyrem

Certain medications that require prior authorization based on age, gender or quantity limit specifications are not listed here. The above list of drugs is subject to change as drugs are approved by the Food and Drug Administration and introduced into the market. For information about prior authorization requirements, or the current list of drugs requiring authorization, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose the Empire Plan Prescription Drug Program. Or, go to the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to NYSHIP Online. Select Find a Provider and scroll to Prescription Drug Program and click The Empire Plan: Drugs that Require Prior Authorization.

Mail Service Pharmacy

You may fill your prescription by mail through the Mail Service Pharmacy by using the mail service envelope. For envelopes and refill orders, call The Empire Plan toll free at **1-877-7-NYSHIP (1-877-769-7447)** and choose Prescription Drug Program. To refill a prescription on file with the mail service pharmacy, you may order by phone or download order forms online at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. From the home page, click on Benefit Programs and follow the prompts to access NYSHIP Online. Click on Find a Provider and scroll down to Pharmacy Mail-Order Form.

Non-Network Pharmacy

If you do not use a Network Pharmacy, or if you pay cash at a Network Pharmacy, you must submit a claim for reimbursement to The Empire Plan Prescription Drug Program, c/o Medco, P.O. Box 14711, Lexington, KY, 40512. If your prescription was filled with a generic drug or a covered brand-name drug with no generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for that prescription. If your prescription was filled with a covered brand-name drug that has a generic equivalent, you will be reimbursed up to the amount the program would reimburse a network pharmacy for filling the prescription with that drug's generic equivalent unless the brand-name drug has been placed on Level 1 of the Excelsior Preferred Drug List. In most cases, you will not be reimbursed the total amount you paid for the prescription.

Non-Grandfathered Health Plan

Your Empire Plan benefit package is no longer a "grandfathered" plan under the Patient Protection and Affordable Care Act (PPACA), signed into law March 30, 2010. This means that your Empire Plan benefits reflect changes as required by the federal health care reform of 2010 according to the Act's implementation timetable.

Contact Information

Hospital Program

Empire BlueCross BlueShield
New York State Service Center
P.O. Box 1407
Church Street Station
New York, NY 10008-1407

Medical/Surgical Program

UnitedHealthcare
P.O. Box 1600
Kingston, NY 12402-1600

Mental Health and Substance Abuse Program

OptumHealth Behavioral Solutions
P.O. Box 5190
Kingston, NY 12402-5190

Prescription Drug Program

The Empire Plan Prescription Drug Program
P.O. Box 5900
Kingston, NY 12402-5900

Empire Plan NurseLine_{SM}

Call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan NurseLine_{SM} for health information and support.

Teletypewriter (TTY) numbers for callers who use a TTY because of a hearing or speech disability:

Hospital Program..... TTY only 1-800-241-6894

Medical/Surgical Program..... TTY only 1-888-697-9054

Mental Health and

Substance Abuse Program TTY only 1-800-855-2881

Prescription Drug Program..... TTY only 1-800-759-1089

This document provides a brief look at Excelsior Plan benefits for Participating Agency enrollees. If you have questions, call **1-877-7-NYSHIP (1-877-769-7447)** and choose the program you need.



New York State Department of Civil Service
Employee Benefits Division
Albany, New York 12239

518-457-5754 (Albany area) 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands)
<https://www.cs.ny.gov>

The *Excelsior Plan At A Glance* is published by the Employee Benefits Division of the New York State Department of Civil Service. The Employee Benefits Division administers the New York State Health Insurance Program (NYSHIP). NYSHIP provides your health insurance benefits through The Excelsior Plan.

New York State
Department of Civil Service
Employee Benefits Division
P.O. Box 1068
Schenectady, New York 12301-1068
<https://www.cs.ny.gov>

Address Service Requested

Save this document



Information for the Enrollee, Enrolled Spouse/
Domestic Partner and Other Enrolled Dependents
Excelsior Plan At A Glance – January 2012

**Please do not send mail
or correspondence
to the return address
above. See boxed
address on page 15.**

It is the policy of the New York State Department of Civil Service to provide reasonable accommodation to ensure effective communication of information in benefits publications to individuals with disabilities. These publications are also available on the Department of Civil Service web site (<https://www.cs.ny.gov>). Check the web site for timely information that meets universal accessibility standards adopted by New York State for NYS agency web sites. If you need an auxiliary aid or service to make benefits information available to you, please contact your agency Health Benefits Administrator. COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

This document was printed using recycled paper and environmentally sensitive inks.

EX0014 AAG-Excelsior-1/12

The Excelsior Plan Copayments at a Glance

Participating Provider Program*

- \$30 Copayment - Office Visit, Office Surgery, Radiology, Diagnostic Laboratory Tests, Free-standing participating Cardiac Rehabilitation Center Visit, Urgent Care Visit, Convenience Care Clinic Visit
- \$75 Copayment - Non-hospital Outpatient Surgical Locations
- \$75 Copayment - Prospective Procedure Review (PPR) - MRIs, MRAs, CT Scans, PET Scans and Nuclear Medicine tests

Chiropractic Treatment or Physical Therapy Services (Managed Physical Medicine Program)

- \$30 Copayment - Office Visit, Radiology, Diagnostic Laboratory Tests

Hospital Services (Hospital Program)*

- \$30 Copayment - Outpatient Physical Therapy
- \$75 Copayment - Outpatient Services for Surgery, Diagnostic Radiology, Diagnostic Laboratory Tests, Mammography Screening and Administration of Desferal for Cooley's Anemia in a Network Hospital or Hospital Extension Clinic
- \$100 Copayment - Emergency Room Care

\$250 Copayment - Inpatient Hospital Services

Mental Health and Substance Abuse Program

- \$30 Copayment - Visit to Outpatient Substance Abuse Treatment Program
- \$30 Copayment - Visit to Mental Health Professional
- \$100 Copayment - Emergency Room Care
- \$250 Copayment - Inpatient Hospital Services

Prescription Drug Program

- Up to a 30-day supply from a participating retail pharmacy or through the mail service
 - \$10 Copayment - Level 1 Drug
 - \$30 Copayment - Level 2 Drug
 - \$65 Copayment - Level 3 Drug
- 31- to 90-day supply from a participating retail pharmacy
 - \$25 Copayment - Level 1 Drug
 - \$75 Copayment - Level 2 Drug
 - \$160 Copayment - Level 3 Drug
- 31- to 90-day supply through the mail service
 - \$20 Copayment - Level 1 Drug
 - \$60 Copayment - Level 2 Drug
 - \$130 Copayment - Level 3 Drug

*Covered services defined as preventive under the Patient Protection and Affordable Care Act are not subject to copayment.

Empire Plan Prescription Drug Program

SCHEDULE OF PRESCRIPTION DRUG REPORTS

Report Name	Frequency	Due Date	Type
MIS REPORTS (ACCESS Format):			
1 Monthly Paid Claims by Month of Incurral	Monthly	30th day after end of month	electronic file
2 Monthly Paid Claims by by Pharmacy and Rx Type	Monthly	30th day after end of month	electronic file
3 Participating Agency (PA) Claims (Medicare/Non Medicare)	Quarterly	30th day after end of quarter	electronic file
4 Claims & Credits Paid by Agency	Annual	Jan. 30th	electronic file

Empire Plan Prescription Drug Program

REQUIRED DATA FIELDS FOR PRESCRIPTION DRUG PROGRAM MIS REPORTS

Report	Description	Field Name
(a) Monthly Paid Claims by Month of Incurral	1 Month Paid	MONTH PAID
	2 Year Paid	YEAR PAID
	3 Month Incurred	MONTH INC
	4 Year Incurred	YEAR INC
	5 Benefit Program Code	PROGRAM/BP
	6 Pharmacy Type	PHARMACY TYPE
	7 Medicare Part B Eligible (Yes or No)	MEDICARE
	8 # of Claims: Enrollees	EE CLAIMS
	9 \$ Amount Paid: Enrollees	EE PAID
	10 # of Claims: Dependents	DEP CLAIMS
	11 \$ Amount Paid: Dependents	DEP PAID
	12 # of Claims: Total	TOTAL CLAIMS
	13 \$ Amount Paid: Total	TOTAL PAID
(b) Monthly Paid Claims by Pharmacy and Rx Type	1 Year Paid	YEAR PAID
	2 Month Paid	MONTH PAID
	3 Transaction Type (P = Payment, R = Reversal)	TRANS TYPE
	4 Pharmacy Type	PHARMACY TYPE
	5 Drug Type	RXTYPE
	6 # of Claims: Total	TOTAL CLAIMS
	7 # of the days supply	QUANTITY DAYS
	8 Average whole price (AWP) of RX Dispensed	AWP
	9 Allowed ingredient cost (after discount)	INGCOST
	10 Dispensing Fee	DISPFEEES
	11 Sales Tax	TAXES
	12 \$ Ancillary Charge Amount	ANC CHRGR
	13 \$ Employee Co-Pay	COPAY
	14 \$ Amount Paid (by the Plan)	AMT PAID
(c) Participating Agency (PA) Claims (Medicare/Non Medicare)	1 Quarter Paid	QUARTER PAID
	2 Year Paid	YEAR PAID
	3 Year Incurred	YRINC
	4 Agency Code	AGNCYCD
	5 Coverage (Individual or Family)	COV
	6 Medicare Part B Eligible (Yes or No)	MEDICARE
	7 Pharmacy Type	PHARMACY TYPE
	8 # of Claims: Enrollees	EE CLAIMS
	9 \$ Amount Paid: Enrollees	EE PAID
	10 # of Claims: Dependents	DEP CLAIMS
	11 \$ Amount Paid: Dependents	DEP PAID
	12 # of Claims: Total	TOTAL CLAIMS
	13 \$ Amount Paid: Total	TOTAL PAID

Empire Plan Prescription Drug Program**REQUIRED DATA FIELDS FOR PRESCRIPTION DRUG PROGRAM MIS REPORTS**

<u>Report</u>	<u>Description</u>	<u>Field Name</u>
(d) Annual Claims & Credits Paid by Agency	1 Year Paid	YEARPD
	2 Agency Code	AGNCYCD
	3 Year Incurred	YEARINC
	4 Enrollee or Dependent Claim	EEDEP
	5 Agency Type (P = Participating Agency, N = New York Agency/ All Non-PA Agencies)	AGENCY TYPE
	6 Number of Claims	CLAIMS
	7 Amount Paid	AMTPD
	8 Constant: D-Drugs	CARRIER

Empire Plan Prescription Drug Program New York State Detailed Claim File Layout

FIELD NAME	FIELD TYPE	LENGTH
Transaction ID	N	18
Transaction ID Cross Reference	N	18
Julian Date	A/N	5
Rx Number	A/N	9
Date of Service	A/N	8
NDC	A/N	11
Product Name	A/N	70
New Refill Code	A/N	2
Quantity Dispensed	Number (13,3)	13
Days Supply	N	4
Cost Type Invoiced to NYS	A/N	10
Claim Status	A/N	1
NYS Generic Brand Code	A/N	1
Specialty Indicator	A/N	1
Adjustment Type	A/N	1
Adjustment Code	A/N	2
Client Ingredient Cost	Number (11,2)	11
Dispensing Fee	Number (11,2)	11
Copay Amount	Number (11,2)	11
Sales Tax	Number (11,2)	11
Invoice Amount	Number (11,2)	11
Submitted Ingredient Cost	Number (11,2)	14
Ancillary Amount	Number (11,2)	11
AWP	Number (13,5)	13
Calculated AWP	Number (13,2)	13
Submitted U&C	Number (11,2)	11
Amount Exceeding Benefit Maximum	N(10,2)	10
Member Submit Amount	N(10,2)	10
MAC Price	N(13,5)	13
COB Primary Claim Type	A/N	1
COB Indicator	A/N	1
Other Payer Amount Paid	N(10,2)	10
Member Subscriber ID	A/N	20
Member Alternate ID	A/N	20
Subscriber First Name	A/N	15
Subscriber Middle Initial	A/N	1
Cardholder Gender	N	1
Benefit Program	A/N	18
Customer ID	A/N	15
Dependent SSN	A/N	10
First Name	A/N	15
Middle Initial	A/N	1
Date of Birth	A/N	8
Gender Code	A/N	1
Relationship Code	A/N	1
NY Eligibility Sequence Number	A/N	3

Empire Plan Prescription Drug program New York State Detailed Claim File Layout

Prescriber DEA	A/N	15
Prescriber NPI	A/N	15
Provider ID	A/N	15
Provider Class	A/N	3
Provider Name	A/N	25
Provider Zip Code	A/N	10
Pharmacy State Code	A/N	2
Pharmacy Corporate ID	A/N	12
Pharmacy NPI	A/N	15
Date Written	A/N	8
Date Received	A/N	8
Date Submitted	A/N	8
Bill Date	A/N	8
Product Selection DAW Code	A/N	1
Prior Authorization Code	A/N	11
GCN	A/N	14
Route of Administration Code	A/N	2
Multi Source Code	A/N	1
Pharmacy Cost Type Code	A/N	10
Drug Strength	A/N	13
Network	A/N	6
Therapeutic Class	A/N	6
Formulary Status Code	A/N	1
Claim Origination Flag	A/N	1
Submitted Number Refills Authorized	N	3
Generic Name	A/N	60
Compound Indicator	A/N	1
Other Coverage Code	A/N	1
Dispenser Type	A/N	3
Prior Auth Reason Code	A/N	2
Rebate Class System	A/N	60
Label Name	A/N	30
Part B Indicator	A/N	1
Orange Book Therapeutic Equivalent	A/N	2
Package Size	Number (12,3)	12
Dosage Form	A/N	4
Maintenance Drug Indicator	A/N	1
Obsolete Date	N	8
Repackage Indicator	A/N	1
Client Cost Tier	A/N	3
ANDA	A/N	8
NDA	A/N	8
Dispensing Status	A/N	1
Claim Override Code 1	A/N	2
Claim Override Code 2	A/N	2
Claim Override Code 3	A/N	2
Unit of Measure	A/N	2
Submitted Clarification Code	A/N	2
Half-Tab Indicator	A/N	1

This page is intentionally left blank.

EMPIRE RETIREE DRUG SUBSIDY PAYMENT FILES FOR DCS (2008) (unique identifier 40 positions in detail file)

Note: All data should be right justified, do not include leading zeros in any field.

(MTD = month to date; DOB= date of birth)

Detail File		
Data Item	Description	Positions
Application #	CHAR (10)	1-10
Plan Year	CHAR (4)	11 - 14
Month Incurred	CHAR (2)	15 - 16
Year Incurred	CHAR (4)	17 - 20
Month Reporting	CHAR (2)	21 - 22
Benefit Plan	CHAR (3)	23 - 25
Cust-ID	CHAR (5)	26 - 30
Contract Holder SSN	CHAR (9)	31 - 39
Subsidy Eligible Member SSN	CHAR (9)	40 - 48
Subsidy Eligible Member DOB YYYYMMDD	DATE (8)	49-56
Subsidy Eligible Member Gender M/F	CHAR (1)	57
Subsidy Eligible Member First Name	CHAR (30)	58 - 87
Subsidy Eligible Member Last Name	CHAR (40)	88 - 127
Subsidy Eligible Member Middle Initial	CHAR (1)	128
Subsidy Begin Date YYYYMMDD	DATE (8)	129- 136
Subsidy End Date YYYYMMDD	DATE (8)	137- 144
Date Dispensed/Filled YYYYMMDD	DATE (8)	145- 152
Date Paid YYYYMMDD	DATE (8)	153 - 160
NDC Code	CHAR (11)	161 - 171

Summary File		
Data Item	Description	Positions
Application #	CHAR (10)	1-10
Plan Year	CHAR (4)	11 - 14
Month Incurred	CHAR (2)	15 - 16
Year Incurred	CHAR (4)	17 - 20
Month Reporting	CHAR (2)	21 - 22
Benefit Plan	CHAR (3)	23 - 25
Cust-ID	CHAR (5)	26 - 30
Contract Holder SSN	CHAR (9)	31 - 39
Subsidy Eligible Member SSN	CHAR (9)	40 - 48
Subsidy Eligible Member DOB YYYYMMDD	DATE (8)	49-56
Subsidy Eligible Member Gender M/F	CHAR (1)	57
Subsidy Eligible Member First Name	CHAR (30)	58 - 87
Subsidy Eligible Member Last Name	CHAR (40)	88 - 127
Subsidy Eligible Member Middle Initial	CHAR (1)	128
Subsidy Begin Date YYYYMMDD	DATE (8)	129- 136
Subsidy End Date YYYYMMDD	DATE (8)	137- 144
Gross Retiree Cost per member (Ingredient Cost + Dispensing Fee + Taxes for Qualified Drugs) MTD	S999999.99 (10)	145 - 154
Threshold Reduction per member (Amount paid up to the \$275 reduction) MTD	S999999.99 (10)	155 - 164
Limit Reduction per member (Amount paid over the \$5,600 limit) MTD	S999999.99 (10)	165 - 174

EMPIRE RETIREE DRUG SUBSIDY PAYMENT FILES FOR DCS (2008) (unique identifier 40 positions in detail file)

**Note: All data should be right justified, do not include leading zeros in any field.
(MTD = month to date; DOB= date of birth)**

Detail File		
GCN Code or GPI Code	CHAR (14)	172 – 185
Ingredient Cost	S999999.99 (10)	186-195
Dispensing Fee	S999999.99 (10)	196-205
Taxes	S999999.99 (10)	206-215
Unique Identifier for the claim (claim #)	CHAR (18)	216 – 255
Prior Period Adjustment indicator (use PPA if applicable otherwise leave blank)	CHAR (3)	256-258

Summary File		
Estimated Cost Adjustment - spread/applied per member (Estimate of expected rebates and other price concessions) MTD	S999999.99 (10)	175 – 184
Net Retiree Cost per member (NRC = GRC – TR – LR – ECA) MTD	S999999.99 (10)	185 – 194
Subsidy Amount Due per member (SAD = NRC x 28%) MTD	S999999.99 (10)	195- 204
Prior Period Adjustment indicator (use PPA if applicable otherwise leave blank)	CHAR (3)	205-207

Empire Plan Prescription Drug Program - MAC List

GCN	Drug Name	Form	Strength	Reference Product	FDA Rating	Date Initially MAC'd
-----	-----------	------	----------	-------------------	------------	----------------------

*Continued
Below*

Initial MAC Price	Previous MAC Price	Current MAC Price	Effective Date of Current MAC Price	Pct diff of change	Dollar diff of Change	Term Date if applicable
-------------------	--------------------	-------------------	-------------------------------------	--------------------	-----------------------	-------------------------

*Continued
Below*

Number of Different MAC Prices within GCN	Ext AWP NYS Cumulative	Qty NYS Cumulative	Rxs NYS Cumulative	Current MAC Price A = Add C = Change D = Delete	GCN being removed from next month's list	Comments/Reason GCN is being removed
---	------------------------	--------------------	--------------------	--	--	--------------------------------------

Cycle Summary/Detail Report
DCS Prescription Drug Program

Exhibit II.F.5
Section 3

Cycle 15	Cycle 16	Cycle 17
----------	----------	----------

Source and Drug Type:

RETAIL-GENERIC

MAC'd Rx's

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

Non-MAC'd Rx's

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

RETAIL-BRAND

Preferred Brand Rx's

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

Cycle Summary/Detail Report
DCS Prescription Drug Program

Exhibit IL.F.5
Section 3

Cycle 15	Cycle 16	Cycle 17
----------	----------	----------

RETAIL-BRAND

Single Source Non-Preferred Brand

Rx's Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

Multi-Source Non-Preferred Brand

Rx's Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

RETAIL-COMPOUND

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

Cycle Summary/Detail Report
DCS Prescription Drug Program

Exhibit IL.F.5
Section 3

Cycle 15	Cycle 16	Cycle 17
----------	----------	----------

MAIL-GENERIC
MAC'd Rx's

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

Non-MAC'd Rx's

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

MAIL-BRAND
Preferred Brand Rx's

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

Cycle 15	Cycle 16	Cycle 17
----------	----------	----------

MAIL-BRAND

Single Source Non-Preferred Brand

Rx's
Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

Multi-Source Non-Preferred Brand

Rx's
Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

MAIL-COMPOUND

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx
Avg. AWP per Rx

SPECIALTY

Total Rx's
Total AWP
Total Ing. Cost
Computed Discount

Total Plan Cost
Total Patient Cost
Avg. Total Cost Per Rx
Avg. Plan Cost Per Rx
Avg. Patient Cost Per Rx
Avg. Days Supply Per Rx

Cycle Summary/Detail Report
DCS Prescription Drug Program

Exhibit II.F.5
Section 3

Avg. AWP per Rx

Cycle 15	Cycle 16	Cycle 17
----------	----------	----------

Cycle Summary/Detail Report
DCS Prescription Drug Program

Exhibit II.F.5
Section 3

Cycle 15	Cycle 16	Cycle 17
----------	----------	----------

DIRECT SUBMIT CLAIMS

Medicaid	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Medicare	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
VA	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
COB	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Nursing Home, In-Network	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Nursing Home, Out of Network	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
In-Network	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Out-of-Network	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Member Adjustment	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Manual Rebill	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Student Employee Health Centers	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Foreign	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx
Mail Order COB	Total Rx's Total Plan Cost Avg. Plan Cost Per Rx

Cycle 15	Cycle 16	Cycle 17
----------	----------	----------

Other Total Rx's
 Total Plan Cost
 Avg. Plan Cost Per Rx

Days Supply (Retail):

0-30	#Rx's Total Plan Cost Cost per Rx
31-60	#Rx's Total Plan Cost Cost per Rx
61-90+	#Rx's Total Plan Cost Cost per Rx

Days Supply (Mail):

0-30	#Rx's Total Plan Cost Cost per Rx
31-60	#Rx's Total Plan Cost Cost per Rx
61-90+	#Rx's Total Plan Cost Cost per Rx

**Percentage of Total Rx's by Source
and Drug Type**

Retail

% Rx's of Total

% Preferred Brand Rx's / Total Brand Rx's
% Single Source Non-Preferred brand Rx's / Total Brand Rx's
% Multi-Source Non-Preferred brand Rx's / Total Brand Rx's
% Mac'd Rx's / Total Generic Rx's
% Non-Mac'd Rx's / Total Generic Rx's
% Compounds

Mail

% Rx's of Total

% Preferred Brand Rx's / Total Brand Rx's
% Single Source Non-Preferred brand Rx's / Total Brand Rx's
% Multi-Source Non-Preferred brand Rx's / Total Brand Rx's
% Mac'd Rx's / Total Generic Rx's
% Non-Mac'd Rx's / Total Generic Rx's

Formulary Chapter Description	GCN	Chemical	Trade Name	Strength	Dosage Form	Route	NDC-11	Sub Indicator	Repack Indicator	Maintenance Indicator	Manufacturer Name	GMQ Value	1st Generic Date	Unit AWP	AWP Effective Date	MAC Price	MAC Effective Date	NDC Add Date	Tier

Continued Below

30 Days - Retail							90 Days - Retail						90 Days - Mail							
AWP Price for 30 Days Supply Fill	Price Post network discount/MAC	Copay	Avg Rebate/Rx	Tier 1 Net Price	Tier 2 Net Price	Tier 3 Net Price	AWP Price for 90 Days Supply Fill	Price Post network discount/MAC	Copay	Avg Rebate/Rx	Tier 1 Net Price	Tier 2 Net Price	Tier 3 Net Price	AWP Price for 90 Days Supply Fill	Price Post network discount/MAC	Copay	Avg Rebate/Rx	Tier 1 Net Price	Tier 2 Net Price	Tier 3 Net Price

Continued Below

FDA Rating	Patent Expiration Date	Does generic have 6 month exclusivity	Authorized Generic	Generic ship date to wholesalers	Mail Preferred Generic	Comments

PRODUCT:

Brand Name:

Generic Name:

QUESTION:	ANSWER:
How many generics will be/are on the market at patent expiration? Generic AWP?	
The date of patent expiration?	
Does the generic have 6 month exclusivity?	
Is the generic an authorized generic?	
What is the ship date (date product shipped to wholesalers by manufacturer)?	
What was the date the product was MAC'd?	
Is the Generic product available at Medco Mail?	
What is the NDC of the generic product dispensed by mail or the house generic reference NDC?	
Date that house generic went into effect. If not the same as the shipment date, please include an explanation why?	
Expected duration of the house generic dispensing, including the length of time that Medco has committed to the manufacturer to dispense the brand as the house generic in order to get more favorable pricing.	

RECOMMENDATION:

It is recommended the brand remain in T3 and that mandatory generic substitution rules be applied.

Utilization

PharmType	GCN	DS Range	Avg Qty	Avg Ingr Cost	RX_COUNT (YTD)
------------------	------------	-----------------	----------------	----------------------	-----------------------

Table of Contents

Column	Definition
Formulary Chapter Description	PBM Formulary Chapter Description
GCN	FDB GCN
Chemical	Generic Chemical Name
Trade Name	Product Trade Name
Strength	Strength
Dosage Form	Dosage Form
Route	Route
NDC-11	NDC-11
Sub Indicator	W = Single Source Brand, X = Multisource Brand, Y = Generic
Repack Indicator	1 = Repackager, 0 = Not a Repackager
Maintenance Indicator	FDB Maintenance Indicator: 1 = Maintenance, 0 = Acute
Manufacturer Name	Manufacturer Name
GMQ Value	Number of approved Generic manufacturers
1st Generic Date	Date first Generic was added to the FDB database
Unit AWP	FDB AWP for the 11 digit NDC
AWP Effective Date	FDB AWP Effective Date
MAC Price	Unit MAC price for the 11 digit NDC
MAC Effective Date	MAC price effective date
NDC Add Date	Date FDB added NDC to the database
AWP Price for 30 Days Supply Rx	Full AWP price for typical 30 days supply fill.
Price Post Network Discount/MAC	Full AWP price minus brand discount or MAC price for typical fill.
Tier	Tier level used to adjudicate claim.
Copay	Copay for product for 30 day retail claim.
Price Net of Copay	Calculated discount minus appropriate copay
Avg Rebate/Rx	Average amount of rebate revenue generated per claim.
Net Price	Estimated plan cost after reduction of average rebate amounts
FDA Rating	FDA Rating of product
Patent Expiration Date	Date Brand Manufacturer patent ended
Does generic have 6 month exclusivity	Does the Generic manufacturer have 6 month market exclusivity?
Authorized Generic	Is the 11 digit NDC an authorized generic?
Generic ship date to wholesalers	Estimated date that wholesalers received shipments from the manufacturer
Comments	Additional comments

Empire Plan Prescription Drug Program
Quarterly Audit Report
Audit Recovery Summary

Field Audit Recoveries/Daily Review Savings
For Period From ____ to ____

	<u>Total # of Audits</u>	<u># of Open Audits</u>	<u># of Closed Audits</u>	<u>Audit Recoveries</u>
Field Audit Recoveries (\$)				
Daily Review Savings (\$)				
Total Audit Recoveries/Savings				

Empire Plan Prescription Drug Program
Quarterly Audit Report
Field Audits Performed during ___ Quarter ___

NABP	Name	Status Open/Closed	Audit Date	Audit Profile Beg Date	Audit Profile End Date	# Claims Reviewed
------	------	--------------------	------------	------------------------	------------------------	-------------------

Empire Plan Prescription Drug Program
Quarterly Audit Report
Open Audits Performed in ___ Quarter ___

NCPCP	Address	City	State	Audit Type	Audit Date	Status	Generic Dispensed/ Brand Billed	No Signature Logged	Insert column for other Errors
-------	---------	------	-------	------------	------------	--------	--	---------------------------	--------------------------------------

Empire Plan Prescription Drug Program
Quarterly Audit Report
Audits Closed/Finalized during ___ Quarter ___

NABP	Pharmacy Name	Closed	Audit Date	Closed Date	Audit Profile Beg Date	Audit Profile End Date	# of Claims Reviewed	Discrepancy Type	Total Recoveries
------	---------------	--------	------------	-------------	------------------------	------------------------	----------------------	------------------	------------------

**Empire Plan Prescription Drug Program
Quarterly Audit Report
Desk Audit Detail**

NCPDP	Audit Date	Pharmacy Name	ID#	RX#	Fill Date	Drug Name	Amt Saved	Reason
-------	------------	---------------	-----	-----	-----------	-----------	-----------	--------

**Empire Plan Prescription Drug Program
Quarterly Audit Report
Planned Audits for ___ Quarter ___**

NABP	Name	City	State	Zip
------	------	------	-------	-----

Empire Plan Prescription Drug Program
Quarterly Rebate and Other Pharma Revenue Report - Manufacturer Detail
For the quarter ending ____; Collections through ____

Manufacturer Name	Claim Volume	Invoiced			Collections		Payment	Percent To- Date	Invoice
		Original	Adjustments	Net	To-Date	Paid Prior	Due		Amount Outstanding

Empire Plan Prescription Drug Program
MAC Savings Alert

GCN	Drug Name	Strength	Form	Initial Price	MAC	January 2010 Changes	February 2010 Changes	March 2010 Changes	April 2010 Changes
-----	-----------	----------	------	---------------	-----	----------------------	-----------------------	--------------------	--------------------

Continued below

May 2010 Changes	June 2010 Changes	July 2010 Changes	August 2010 Changes	September 2010 Changes	October 2010 Changes	November 2010 Changes	December 2010 Changes
------------------	-------------------	-------------------	---------------------	------------------------	----------------------	-----------------------	-----------------------

Continued below

Current Price	Quantity Filled	Annualized Quantity	2010 Actual Savings	2010 Annual Savings
---------------	-----------------	---------------------	---------------------	---------------------

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Mapping Notes
										Min	Max		
ISA		Interchange Header		ISA		Interchange Control Header			Required			Identifies an interchange of functional groups and interchange control data.	ISA*00* *00* *30*141788609*30*123456789*000309*1356*U*00401*000000001*1*P*:-
					ISA01	Author Info Qualifier	Author Information Qualifier		M	2	2	00 = No Authorization Information Present 03 = Additional Data Identification	Set to 00 (zero zero)
					ISA02	Author Information	Authorization Information		M	10	10		n/a
					ISA03	Security Info Qual	Security Information Qualifier		M	2	2	00 = No Security Information Present 01 = Password	Set to 00 (zero zero)
					ISA04	Security Information	Security Information		M	10	10		n/a
					ISA05	Interchange Id Qual	Interchange Id Qualifier		M	2	2	01 = Duns Number 14 = Duns Plus Prefix 20 = Health Industry Number 27 = Carrier Identification Num 28 = FIIN Number 29 = Medicare Provider Num 30 = Federal Tax Id Num 33 = NAIC Company Code ZZ = Mutually Defined	Set to 30
					ISA06	Interchange Sender Id	Interchange Sender Id		M	15	15		Set to 146013200
					ISA07	Interchange ID Qual	Interchange Id Qualifier		M	2	2	01 = Duns Number 14 = Duns Plus Prefix 20 = Health Industry Number 27 = Carrier Identification Num 28 = FIIN Number 29 = Medicare Provider Num 30 = Federal Tax Id Num 33 = NAIC Company Code ZZ = Mutually Defined	Set to 30
					ISA08	Interchange Receiver Id	Interchange Receiver Id		M	15	15	In absence of a value from the Carrier, defaulted to the Benefit Plan Name.	Set to Trading partner ID
					ISA09	Interchange Date	Interchange Date		M	8	8	CCYYMMDD	System generated. Format: yymmdd
					ISA10	Interchange Time	Interchange Time		M	4	4	HHMM	System generated. Format: hhmm
					ISA11	Inter Ctrl Stand Ident	Interchange Control Standards Identifier		M	1	1	U = US EDI ASC X12, TDCC, and USC	Set to U
					ISA12	Inter Ctrl Version Num	Interchange Control Version Number		M	5	5		00401
					ISA13	Inter Ctrl Number	Interchange Control Number		M	9	9		System generated
					ISA14	Ack Requested	Acknowledgement Requested		M	1	1	0 = No Acknowledgement Requested 1 = Acknowledgement Requested	Set to 1
					ISA15	Test Indicator	Test Indicator		M	1	1	P = Production Data T = Test Data	set to P
					ISA16	Component Elem Sepera	Component Element Separator		M	1	1		Set to :

Functional Group Header													
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Mapping Notes
										Min	Max		
GS		Group Header		GS		Functional Group Header			Required			Identifies the start of a functional group and provides control data.	GS*BE*146013200*123456789*20031009*1700*1*X*004010X095A1~
					GS01	Functional ID Code	Functional Identifier Code		M	2	2	BE = Benefit Enrollment and Maintenance (834)	Set to BE
					GS02	Application Send's Code	Application Sender's Code		M	2	15		Set to 146013200
					GS03	Application Rec's Code	Application Receiver's Code		M	2	15		By agreement between partners
					GS04	Date	Date		M	8	8	CCYYMMDD	System generated. Format: ccyymmdd
					GS05	Time	Time		M	4	8	Can be HHMM, HHMMSS, HHMMSSD, or HHMMSSDD (D = decimal seconds)	System generated. Format: hhmm
					GS06	Group Ctrl Number	Group Control Number		M	1	9		System generated.
					GS07	Responsible Agency Code	Responsible Agency Code		M	1	2		Set to X
					GS08	Ver/Release ID Code	Version/Release/Industry Identifier Code		M	1	12		Set to 004010X095A1

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Mapping Notes
										Min	Max		
Functional Group Trailer													
GE	Trailer			GE		Functional Group Trailer			Required			Indicates the end of a functional group and provides control information	GE*6542*1~
					GE01	Number of TS Included	Number of Transactions Sets Included	M	1	6		Total number of transaction sets in the functional group or interchange group	System generated.
					GE02	Group Ctrl Number	Group Control Number	M	1	9		Unique control number .	System generated.
Interchange Control Trailer													
IEA	Trailer			IEA		Interchange Control Trailer			Required			Indicates the end of an interchange functional groups and related control segments	IEA*1*00000001~
					IEA01	Num of Inc Funct Group	Number of Included Functional Groups	M	1	5		The number of functional groups included in the interchange	System generated.
					IEA02	Inter Ctrl Number	Interchange Control Number	M	9	9		An assigned control number .	System generated.

EDI 834 Transaction Set File Layout													
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
ST	Header	Header	010	ST		Transaction Set Header			Required			Indicates start of transaction set and assigns control number.	ST*834*6 ~
834					ST01	TS ID Code	Transaction Set Identifier Code		M	3	3	Code to identify transaction set type. Set benefit enrollment transaction set to 834.	Set to 834.
					ST02	TS Control Number	Transaction Set Control Number		M	4	9	Unique control number.	The transaction set control numbers in ST02 and SE02 must be identical. Assign starting with 0001 and increment forward. Control numbers are unique within a specific functional group but can repeat in other groups and interchanges.
					ST03	Implementation Convention Reference	Implementation Convention Reference		M	1	35	Reference assigned to identify Implementation Convention	Set to 005010X220A1. This field contains the same value as GS08.
BGN	Header	Header	020	BGN		Beginning Segment			Required			Indicates the beginning of a transaction set.	BGN*00*000000000000196*20000309*1356****2~
					BGN01	TS Purpose Code	Transaction Set Purpose Code		M	2	2	00 = Original. First time transaction sent 15 = Resubmission. Corrected transaction, original not yet processed by receiver. 22 = Information Copy. Same as original transmission.	Default to '00'
					BGN02	Reference Ident	Reference Identification Transaction Set Identifier Code		M	1	30	Unique control number.	Set to a unique identifying reference number.
					BGN03	Date	Date Transaction Set Creation Date		M	8	8	CCYYMMDD	System generated. Set to 8 positions. Format: ccyyymmdd
					BGN04	Time	Time Transaction Set Creation Time		M	4	8	Can be HHMM, HHMMSS, HHMMSSD, or HHMMSSDD (D = decimal seconds)	System generated. Format: hhmmss
					BGN05	Time Code	Time Code Time Zone Code		S	2	2	CD Central Daylight Time,CS Central Standard Time,CT Central Time,ED Eastern Daylight Time,ES Eastern Standard Time,ET Eastern Time,MD Mountain Daylight Time,MS Mountain Standard Time,MT Mountain Time,PT Pacific Time. If BGN05 , then BGN04 is required.	Optional. Not used.
					BGN06	Reference Ident	Reference Identification Transaction Set Identifier Code		O	1	30	If BGN01 = 15 or 22, then cross reference Reference Ident of the original transaction.	Optional. If 00 then not used. If 15 or 22 then write original transaction ref id number.
					BGN07	Transaction Type Code - Not Used			n/a	2	2		n/a
					BGN08	Action Code	Reference Identification Transaction Set Identifier Code		M	1	2	2 = Change (Update) - Identifies transactions for additions, terminations and changes to current enrollment 4 = Verify - Identifies system compare or verify partner's systems	Required Default = 2
REF	Header	Header	030	REF		Transaction Set Policy Number			Situational			Segment is used if a unique ID number applies to the entire transaction set.	REF*38*0000~
38					REF01	Reference Ident Qual	Reference Identification Qualifier		M	2	3	38 = Master policy number code.	Set to 38.
					REF02	Reference Ident	Reference Identification Master Policy Number		X	1	30	Master Policy Number. At least one REF02 is required.	Set to master policy number. Value to be supplied by Carrier Default =00000
DTP	Header	Header	040	DTP		File Effective Date			Situational				Carrier information requirement can adequately be satisfied without it. Data element is not used.

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
					DTP01		Date/Time Qualifier	Date/Time Qualifier	M	3	3	007 = Effective 303 = Maintenance Effective 382 = Enrollment 388 = Payment Commencement	Not used
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Not used
					DTP03		Date Time Period	Date Time Period	M	1	35		Not used

1000A Sponsor Name													
N1	Header	1000A Sponsor Name	070	N1		Sponsor Name			Required			Identifies the organization paying for the coverage by type, name, and code. At least one N102 or N103 is required.	N1*P5*NEW YORK STATE*FI*141788609~
P5					N101	Entity ID Code	Entity Identifier Code		M	2	3	P5 = Plan Sponsor.	Set to P5.
					N102	Name			X	1	0	NEW YORK STATE	NEW YORK STATE
					N103	ID Code Qualifier	Entity Identifier Code		X	1	2	FI = Federal Taxpayers Identification Number. ZZ = Mutually Defined (HIPAA Id) If N104 present then required.	Set to FI = Federal Taxpayers Identification Number. Once National Payer ID is mandated, then use ZZ.
					N104	ID Code	Identification Code Sponsor Identifier		X	2	80	Sponsor Identifier. If N103 present then required.	Set to 146013200

1000B Payer Name													
N1	Header	1000B Payer Name	070	N1		Payer Name			Required			Identifies the insurance company (receiver) type, name, and code. At least one N102 or N103 is required.	N1*IN**FI*123456789~
IN					N101	Entity ID Code	Entity Identifier Code		M	2	3	IN = Insurer.	Set to IN.
					N102	Name			n/a	1	60	Not used.	Set to placeholder.
					N103	ID Code Qualifier	Entity Identifier Code		X	1	2	FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification. If N104 present then required.	FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification. Once National Payer ID is mandated, then use only XV
					N104	ID Code	Identification Code Insurer Identification Code		X	2	80	Insurer identification code. If N103 present then required.	Data not captured by a PS field. Value to be supplied by carrier.

1000C Broker Name													
N1	Header	1000C Broker Name	70	N1		TPA/Broker Name			Situational			Identifies TPA/broker organization by type, name, and code. At least one N102 or N103 is required.	Segment does not apply.
n/a					N101	Entity ID Code	Entity Identifier Code		M	2	3	BO = Broker TV = Third party admin	n/a
Not used					N102	Name - Not Used			n/a	1	60	Not used.	n/a
n/a					N103	ID Code Qualifier	Entity Identifier Code		X	1	2	94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification. If N104 present then required.	n/a
n/a					N104	ID Code	Identification Code TPA or Broker Identification		X	2	80	TPA or Broker Identification code. If N103 present then required.	n/a

1100C Broker Account													
ACT	Header	1100C Broker Account	120	ACT		TPA/Broker Account Information			Situational			Specifies account information if different than account number of sponsor.	Segment does not apply.
n/a					ACT01	Account Number	TPA or Broker Account Number		M	1	35	Account number assigned.	n/a
Not used					ACT02	Name - Not Used			n/a	1	60		n/a
Not used					ACT03	ID Code Qual - Not Used			n/a	1	2		n/a
Not used					ACT04	ID Code - Not Used			n/a	2	80		n/a
Not used					ACT05	Acct Num Qual-Not Used			n/a	1	3		n/a
n/a					ACT06	Account Number			X	1	35	Account number - more than one account number applies to this transaction.	n/a

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		

2000 Member Detail													
INS	Detail	2000 Member Detail	010	INS		Member Level Detail			Optional			Provides insured benefit information for subscriber and dependents. Subscriber information must precede dependent information or have been submitted in a previous transmission.	INS*Y*18*021**A*E**FT**N~
					INS01	Yes/No Cond Resp Code	Yes/No Condition or Response Code Subscriber Indicator		M	1	1	N = No Status of Insured is dependent. Y = Yes Status of insured is subscriber.	N = No Status of Insured is dependent. Y = Yes Status of insured is subscriber.
					INS02	Individual Relat Code	Individual Relationship Code		M	2	2	01 = Spouse 18 = Self 19 = Child 25 = Ex-spouse 53 = Life partner 38 = Collateral dependent	Set SP = 01 Set subscriber = 18 Set S and D = 19 Set X = 25 Set DP = 53 Set O = 38
					INS03	Maintenance Type Code	Maintenance Type Code		O	3	3	001 = Change 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or compare	001 = Change 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or compare
					INS04	Maintain Reason Code	Maintenance Reason Code		O	2	3	01 = Divorce 02 = Birth 03 = Death 04 = Retirement 05 = Adoption 06 = Strike 07 = Termination of Benefits 08 = Termination of Employment 09 = COBRA 10 = COBRA Premium Paid 11 = Surviving Spouse 14 = Voluntary Withdrawal 15 = Primary Care Provider Change 16 = Quit 17 = Fired 18 = Suspended 20 = Active 21 = Disability 22 = Plan Change 25 = Change in Identifying Data Elements 26 = Declined Coverage 27 = Pre-Enrollment 28 = Initial Enrollment 29 = Benefit Selection 31 = Legal Separation 32 = Marriage 33 = Personnel Data 37 = Leave of Absence with Benefits 38 = Leave of Absence without Benefits 39 = Lay Off with Benefits 40 = Lay Off without Benefits 41 = Re-enrollment 43 = Change of Location XN = Notification Only XT = Transfer	Use of this segment is limited to identify a change in Benefit Program and Termination Reason for Conversion of Coverage. Set Termination of Benefits = 07 Set Termination of Employment = 08 Set change in Benefit Program = 22 Set Plan Change = 22 Set Alternate Identifier Change = 25 Set Initial Enrollment = 28 Set Re-enrollment = 41
					INS05	Benefit Status Code	Benefit Status Code		O	1	1	Type coverage for which benefits paid A= Active C = Cobra S = Surviving Insured T = Tax equity and fiscal responsibility act	Type of Set default to 'A' unless termination, Cobra or surviving spouse Valid values are 'A', 'C', and 'S' TEFRA is a medical assistance program for families with children with disabilities. Eligibility is determined based on medical and level of care criteria.

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
					INS06		Medicare Plan Code	Medicare Plan Code	O	1	1	A = Medicare Part A B = Medicare Part B C = Medicare Part A and B D = Medicare E = No Medicare	Currently only track Medicare Part B Valid values are 'B' and 'E'
					INS07		Cobra Qual Event Code	Cobra Qualifying Event Code	O	1	2	1 = Termination of Employment 2 = Reduction of work hours 3 = Medicare 4 = Death 5 = Divorce 6 = Separation 7 = Ineligible Child 8 = Bankruptcy of a Retired Employee	1 = Termination of Employment 2 = Reduction of work hours 3 = Medicare 4 = Death 5 = Divorce 6 = Separation 7 = Ineligible Child 8 = Bankruptcy of a Retired Employee
					INS08		Employment Status Code	Employment Status Code	O	2	2	If enrollment is in a non employment based program such as medicare, then use status of subscriber in that program. AO = Active Military - Overseas AU = Active Military - USA FT = Full Time Active L1 = Leave of Absence PT = Part Time Active RT = Retired TE = Terminated	Subscriber only Valid values are: FT PT TE RT L1
					INS09		Student Status Code	Student Status Code	O	1	1	F = Full-time N = Not a student P = Part-time	F = Full-time N = Not a student
					INS10		Yes/No Cond Resp Code	Yes/No Condition or Response Code Handicap Indicator	O	1	1	Handicap indicator: N = no Y = yes	For dependent only
D8					INS11		Date Time Format Qual	Date Time Period Format Qualifier	X	2	3	D8 = Date expressed in CCYYMMDD If INS12 present then required.	Set to D8
					INS12		Date Time Period	Date Time Period Insured Individual Death Date	X	1	35	Date of Death If INS11 present then required.	Dependent date of death not captured on the database
Not used					INS13		Confidentiality - Not Used		n/a			Not used.	Set to placeholder.
Not used					INS14		City Name - Not Used		n/a			Not used.	Set to placeholder.
Not used					INS15		State Code - Not Used		n/a			Not used.	Set to placeholder.
Not used					INS16		Country Code - Not Used		n/a			Not used.	Set to placeholder.
					INS17		Number	Number	O	1	9	Not available	Not a PeopleSoft delivered database element. Data for this element is not available.

REF	Detail	2000 Member Detail	020	REF	Subscriber Number		Required			Specifies identifying information. Segment contains a unique SUBSCRIBER Id Number (SSN or other) This occurrence identified by the OF qualifier. Identifier is used in order to link subscriber with dependents.	REF*0F*123456789~
OF				REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3	OF = Subscriber Number.	Set to 0F (zero f).
				REF02	Reference Ident	Reference Identification Subscriber Identifier	X	1	30	At least one REF02 is required.	Social security number should be used until the National identifier is available.

REF	Detail	2000 Member Detail	020	REF	Member Policy Number		Situational			Specifies identifying information. Segment is used if group number applies to all coverage data for the member.	REF*1L*NYSLWOP~
				REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3	1L = Group or Policy Number	Set to 1L.
				REF02	Reference Ident	Reference Identification Insured Group or Policy Number	X	1	30	At least one REF02 is required	Join Company and Ben_Status Valid Company Values: PA ,PE ,NYS, MTH Valid Benefit Statuses: DISP,FAML,IMIL,LPTA,LTDS,LWOP, MILL,PRFL,STDS,WCDF,WCLV, WCMC,WCLR, RTNA. If 'CBL' then = '0030666'

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
REF	Detail	2000 Member Detail	020	REF		Member Identification Number			Situational			Specifies identifying information. Segment is used to send additional member information.	REF*23*891234567~
					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3		23 = Client Number	Set to 23
					REF02	Reference Ident	Reference Identification Subscriber Supplemental Identifier	X	1	30		Subscriber Supplemental Identifier. At least one REF02 is required.	Bea_Altid
REF	Detail	2000 Member Detail	020	REF		Member Identification Number			Situational			Specifies identifying information. Segment is used to send additional member information.	REF*DX*00001~
					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3		DX = Department/Agency Number	Set to DX
					REF02	Reference Ident	Reference Identification Subscriber Supplemental Identifier	X	1	30		Subscriber Supplemental Identifier. At least one REF02 is required.	Cust_Id If 'HIP' and CUSTID = '00001' then map DEPTID If 'UHG' and txn for dep then add dep # to end of CUSTID field
REF	Detail	2000 Member Detail	020	REF		Member Identification Number			Situational			Specifies identifying information. Segment is used to send additional member information.	REF*F6*123456789A~
					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3		F6 = Health Insurance Claim(HIC) Number	Set to F6
					REF02	Reference Ident	Reference Identification Subscriber Supplemental Identifier	X	1	30		Subscriber Supplemental Identifier. At least one REF02 is required.	Health Insurance Claim(HIC) Number
REF	Detail	2000 Member Detail	020	REF		Member Identification Number			Situational			Specifies identifying information. Segment is used to send additional member information.	REF*Q4*999999999~
					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3		Q4 = Prior Identification Number	Set to Q4
					REF02	Reference Ident	Reference Identification Subscriber Supplemental Identifier	X	1	30		Subscriber Supplemental Identifier. At least one REF02 is required.	Previous Subscriber SSN covered under.
REF	Detail	2000 Member Detail	020	REF		Member Identification Number			Situational			Specifies identifying information. Segment is used to send additional member information.	REF*6O*999999999~
					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3		6O = Cross Reference Number	Set to 6O
					REF02	Reference Ident	Reference Identification Subscriber Supplemental Identifier	X	1	30		Subscriber Supplemental Identifier. At least one REF02 is required.	This number is used to tie the Surviving Insured back to the original Subscriber ID.
REF	Detail	2000 Member Detail	020	REF		Member Identification Number			Situational			Specifies identifying information. Segment is used to send additional member information.	REF*ZZ*E~
					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3		ZZ = Mutually Defined	Set to ZZ
					REF02	Reference Ident	Reference Identification Subscriber Supplemental Identifier	X	1	30		Subscriber Supplemental Identifier. At least one REF02 is required.	Valid values are: 'E' = Employee Rate 'T' = Total Rate
DTP	Detail	2000 Member Detail	025	DTP		Member Level Dates			Situational			Specifies date, time, and time period for member enrollment and benefit changes.	DTP*336*D8*20000207~

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
					DTP01		Date/Time Qualifier	Date/Time Qualifier	M	3	3	286 = Retirement 296 = Return to Work 297 = Date Last Worked 300 = Enrollment Signature Date 301 = Cobra Qualifying Event 303 = Maintenance Effective 336 = Employment Begin 337 = Employment End 338 = Medicare Begin 339 = Medicare End 340 = Cobra Begin 341 = Cobra End 350 = Education Begin 351 = Education End 356 = Eligibility Begin 357 = Eligibility End 383 = Adjusted Hire 393 = Plan Participation Suspension 394 = Rehire 473 = Medicaid Begin 474 = Medicaid End	Valid values are: 303 = Maintenance Effective 336 = Employment Begin 338 = Medicare Begin 339 = Medicare End
DTP	Detail	2000 Member Detail	025	DTP		Member Level Dates			Situational			Specifies date, time, and time period for member enrollment and benefit changes.	DTP*336*D8*20000207~
					DTP01		Date/Time Qualifier	Date/Time Qualifier	M	3	3	286 = Retirement 296 = Return to Work 297 = Date Last Worked 300 = Enrollment Signature Date 301 = Cobra Qualifying Event 303 = Maintenance Effective 336 = Employment Begin 337 = Employment End 338 = Medicare Begin 339 = Medicare End 340 = Cobra Begin 341 = Cobra End 350 = Education Begin 351 = Education End 356 = Eligibility Begin 357 = Eligibility End 383 = Adjusted Hire 393 = Plan Participation Suspension 394 = Rehire 473 = Medicaid Begin 474 = Medicaid End	Valid values are: 303 = Maintenance Effective 336 = Employment Begin 338 = Medicare Begin 339 = Medicare End
					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8
					DTP03		Date Time Period	Date Time Period Status Information Effective Date	M	1	35		Effective Date

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		

2100A Member Name														
NM1	Detail	2100A Member Name	030	NM1	Member Name				Required					
													Segment identifies member being enrolled, changed, or corrected.	NM1*IL*1*SMITH*JOHN*M**SR*34*123456789~
					NM101	Entity ID Code	Entity Identifier Code		M	2	3		74 = Transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B. IL = Enrollment of a new member or update of a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.	Set to 74 if changing existing identifying information. Set to IL for new enrollment or change not related to identifying information.
1					NM102	Entity Type Qualifier	Entity Type Qualifier		M	1	1		1 = Person.	Set to 1.
					NM103	Name Last/ Org Name	Name Last or Organization Name Subscriber Last Name		O	1	35			Member Last Name
					NM104	Name First	Name First Subscriber First Name		O	1	25			Member First Name
					NM105	Name Middle	Name Middle Subscriber Middle Name		O	1	25			Member Middle Name
					NM106	Name Prefix - Not Used								Not used
					NM107	Name Suffix	Name Suffix Subscriber Name Suffix		O	1	10			Member Name Suffix
					NM108	ID Code Qualifier			X	1	2		34 = Social security number. ZZ = Mutually defined Use of NM109 is required with NM108.	For BCBS,CBL,ESI, set to ZZ. All other carriers, set to 34 If value is invalid ssn then set to ZZ
					NM109	ID Code	Identification Code Subscriber Identifier		X	2	80		Use of NM108 is required with NM109.	For BCBS, CBL,ESI set to ssn + dependent_benef. All other carriers set to ssn until the National identifier is available

2100A Member Name														
PER	Detail	2100A Member Name	040	PER	Member Communications Numbers				Situational					
													Identifies where administrative communication should be sent.	PER*IP**TE*518/229-0457~
IP					PER01	Contact Funct Code	Contact Function Code		M	2	2		IP = Insured Party	Set to IP
					PER02				n/a	1	60		Name - Not Used.	Set to placeholder.
TE					PER03	Comm Number Qual	Communication Number Qualifier		X	2	2		EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number If PER04 present then required.	Set to TE (if available)
					PER04	Comm Number	Communication Number		X	1	80		If PER03 present then required.	Format: 9999999999
TE					PER05	Comm Number Qual	Communication Number Qualifier		X	2	2		EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number If PER06 present then required.	Not used
					PER06	Comm Number	Communication Number		X	1	80		If PER05 present then required.	Not used
					PER07	Comm Number Qual	Communication Number Qualifier		X	2	2		If PER08 present then required.	Not used
					PER08	Comm Number	Communication Number		X	1	80		If PER07 present then required.	Not used

2100A Member Name														
N3	Detail	2100A Member Name	050	N3	Member Residence Street Address				Situational					
													Identifies location of member. Send for subscriber and dependents.	N3*81 COLUMBIA STREET~
					N301	Address Information	Address Information Subscriber Address Line		M	1	55			Address line 1
					N302	Address Information	Address Information Subscriber Address Line		O	1	55			Address line 2

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
N4	Detail	2100A Member Name	060	N4		Member Residence City, State, ZIP Code			Situational			Identifies location of member. Send for subscriber and dependents.	N4*ALBANY*NY*122100000*USA*~
					N401	City Name	City Name Subscriber City Name		O	2	30		City Name
					N402	State or Prov Code	State or Province Code Subscriber State Code		O	2	2		State or Prov Code
					N403	Postal Code	Postal Code Subscriber Postal Code		O	3	15		Postal Code
					N404	Country Code	Country Code		O	2	3		Country
CY					N405	Location Qualifier	Location Qualifier		O	1	2	CY = County	Set to CY
					N406	Location Identifier	Location Identifier Location Identification Code (County)		O	1	30	If N406 is present then N405 is required.	County

DMG	Detail	2100A Member Name	080	DMG		Member Demographics			Situational			This segment is required for dependents until the national identifier for individuals is available. Once a national identifier is available, the national identifier should be sent in NM109. If DMG01 or DMG02 is present, then other is required.	DMG*D8*19720310*M*1~
D8					DMG01	Date Time format Qual	Date Time Format Qualifier		X	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DMG02	Date Time Period	Date Time Period Member Birth Date		X	1	35	Date of Birth.	Date of Birth.
					DMG03	Gender Code	Gender Code		O	1	1	F = female M = male U = unknown	F = female M = male U = unknown
					DMG04	Marital Status Code	Marital Status Code		O	1	1	B = Registered Domestic Partner D = Divorced I = Single M = Married R = Unreported S = Separated U = Unmarried(single,divorced,widowed) W = Widowed X = Legally Separated	Set C, Common Law = M Set D, Divorced = D Set E, Separated = S Set H, Head Household = U Set M, Married = M Set S, Single = I Set U, Unknown = R Set W, Widowed = W
					DMG05	Race or Ethnic Code	Race or Ethnic Code		O	1	1		Not Used
					DMG06	Citizen Status Code	Citizen Status Code		O	1	2		Not Used

LUI	Detail	2100A Member Name	150	LUI		Member Language			Situational			Used if member's language is other than english. This data should only be transmitted when required by the insurance contract and allowed by federal and state regulations.	Not used
					LUI01	ID Code Qualifier	Identification Code Qualifier		X	1	2	Use of LUI02 is required with LUI01.	Not used
					LUI02	ID Code	Identification Code Language Code		X	2	80	Use of LUI01 is required with LUI02.	Not used
					LUI03	Description	Description Language Description		X	1	80		Not used
					LUI04	Use of Lang Indica	Use of Language Indicator Language Use Indicator		O	1	2		Not used

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		

2100B Incorrect Member Name													
NM1	Detail	2100B Incorrect Member Name	030	NM1		Incorrect Member Name			Situational			Segment is used only with a corrected name in loop 2100A.	NM1*70*1*SMITH*JON***34*987654321~
70					NM101	Entity ID Code	Entity Identifier Code		M	2	3	70 = Prior Incorrect Insured Use if correcting identifier information on a member already enrolled. Send NM1 with code 74 in loop 2100A.	Set to 70.
1					NM102	Entity Type Qualifier	Entity Type Qualifier		M	1	1	1 = Person	Set to 1
					NM103	Name Last/ Org Name	Name Last or Organization Name Prior Incorrect Insured Last Name		O	1	35		Prior Incorrect Insured Last Name
					NM104	Name First	Name First Prior Incorrect Insured First Name		O	1	25		Prior Incorrect Insured First Name
					NM105	Name Middle	Name Middle Prior Incorrect Insured Middle Name		O	1	25		Prior Incorrect Insured Middle Name
					NM106	Name Prefix	Name Prefix Prior Incorrect Insured Name Prefix		O	1	10		Set to placeholder.
					NM107	Name Suffix	Name Suffix Prior Incorrect Insured Name Suffix		O	1	10		Prior Incorrect Insured Name Suffix
34					NM108	ID Code Qualifier	Identification Code Qualifier		X	1	2	34 = Social security number. ZZ = Mutually Defined Use of NM109 is required with NM108.	For BCBS,CBL,ESI, set to ZZ All other carriers, set to 34
					NM109	ID Code	Identification Code Prior Incorrect Insured Identifier		X	2	80	Use of NM108 is required with NM109.	For BCBS, CBL,ESI set to ssn + dependent_benef. All other carriers set to ssn

DMG	Detail	2100B Incorrect Member Name	080	DMG		Incorrect Member Demographics			Situational			Segment used only if demographic information, such as date of birth is used to identify a member and it is being changed.	DMG*D8*19740311~
D8					DMG01	Date Time Format Qual	Date Time Period Format Qualifier		M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DMG02	Date Time Period	Date Time Period Prior Incorrect Insured Birth Date		X	1	35	Prior incorrect insured birth date. Use of DMG01 is required with DMG02.	Prior Incorrect Insured Birth Date
					DMG03	Gender Code	Gender Code		O	1	1	F = female M = male U = unknown	F = female M = male U = unknown

2100C Member Address													
NM1	Detail	2100C Member Address	030	NM1		Member Mailing Address			Situational			This loop is sent if the member has a different mailing address from the residence address in loop 2100A.	NM1*31*1~
31					NM101	Entity ID Code	Entity Identifier Code		M	2	3	31 = Postal Mailing Address	Set to 31
1					NM102	Entity Type Qualifier	Entity Type Qualifier		M	1	1	1 = Person	Set to 1

N3	Detail	2100C Member Address	050	N3		Member Mail Street Address			Situational			This loop is sent if the member has a different mailing address from the residence address in loop 2100A.	N3*P.O. BOX 12334~
					N301	Address Information	Address Information Subscriber Address Line		M	1	55		Address Information
					N302	Address Information	Address Information Subscriber Address Line		O	1	55		Address Information

N4	Detail	2100C Member Address	060	N4		Member Mail City, State, Zip			Situational			This loop is sent if the member has a different mailing address from the residence address in loop 2100A.	N4*ALBANY*NY*122100000*USA*~
					N401	City Name	City Name Subscriber City Name		O	2	30		City Name
					N402	State or Prov Code	State or Province Code Subscriber State Code		O	2	2		State or Prov Code
					N403	Postal Code	Postal Code Subscriber Postal Code		O	3	15		Postal Code
					N404	Country Code	Country Code		O	2	3		Country Code
Not Used					N405	Location Qualifier-not used			n/a				Not Used
Not Used					N406	Location Identifier-not used			n/a				Not Used

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
2100D Member Employer													
NM1	Detail	2100D Member Employer	030	NM1		Member Employer			Situational			This loop is to be sent when the member is employed by someone other than the sponsor and the insurance contract requires the payer be notified of such employment.	Segment does not apply.
						NM101	Entity ID Code	Entity Identifier Code	M	2	3		n/a
						NM102	Entity Type Qualifier	Entity Type Qualifier	M	1	1		n/a
						NM103	Name Last/ Org Name	Name Last or Organization Name Insured Employer Name	O	1	35		n/a
						NM104	Name First	Name First Insured Employer First Name	O	1	25		n/a
						NM105	Name Middle	Name Middle Insured Employer Middle Name	O	1	25		n/a
						NM106	Name Prefix	Name Prefix Insured Employer Name Prefix	O	1	10		n/a
						NM107	Name Suffix	Name Suffix Insured Employer Name Suffix	O	1	10		n/a
						NM108	ID Code Qualifier	Identification Code Qualifier	X	1	2	Use of NM109 is required with NM108.	n/a
						NM109	ID Code	Identification Code Insured Employer Identifier	X	2	80	Use of NM108 is required with NM109.	n/a
2100D Member Employer Communications Numbers													
PER	Detail	2100D Member Employer	040	PER		Member Employer Communications Numbers			Situational			When employer is applicable, segment identifies to whom administrative communications should be sent.	Segment does not apply.
						PER01	Contact Funct Code	Contact Function Code	M	2	2		n/a
						PER02	Name - Not Used		n/a	1	60	Name - Not Used.	n/a
						PER03	Comm Number Qual	Communication Number Qualifier	X	2	2	If PER04 present then required.	n/a
						PER04	Comm Number	Communication Number	X	1	80	If PER03 present then required.	n/a
						PER05	Comm Number Qual	Communication Number Qualifier	X	2	2	If PER06 present then required.	n/a
						PER06	Comm Number	Communication Number	X	1	80	If PER05 present then required.	n/a
						PER07	Comm Number Qual	Communication Number Qualifier	X	2	2	If PER08 present then required.	n/a
						PER08	Comm Number	Communication Number	X	1	80	If PER07 present then required.	n/a
2100D Member Street Address													
N3	Detail	2100D Member	050	N3		Member Employer Street Address			Situational			When employer is applicable, segment identifies employer address.	Segment does not apply.
						N301	Address Information	Address Information	M	1	55		n/a
						N302	Address Information	Address Information	O	1	55		n/a
2100D Member City, State, Zip													
N4	Detail	2100D Member Employer	060	N4		Member Employer City, State, Zip			Situational			When employer is applicable, segment identifies employer address.	Segment does not apply.
						N401	City Name	City Name	O	2	30		n/a
						N402	State or Prov Code	State or Province Code	O	2	2		n/a
						N403	Postal Code	Postal Code	O	3	15		n/a
						N404	Country Code	Country Code	O	2	3		n/a
						N405	Location Qualifier	Location Qualifier	O	1	2		n/a
						N406	Location Identifier	Location Identifier	O	1	30	If N406 is present then N405 is required.	n/a
2100E Member School													
NM1	Detail	2100E Member School	030	NM1		Member School			Situational			Loop is sent when member is enrolled in school and sponsor is required to notify payer.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
						NM101	Entity ID Code	Entity Identifier Code	M	2	3		Not used
						NM102	Entity Type Qualifier	Entity Type Qualifier	M	1	1		Not used
						NM103	Name Last/ Org Name	Name Last or Organization Name	O	1	35		Not used

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
PER	Detail	2100E Member School	040	PER		Member School Communications Numbers			Situational			When school is applicable, segment identifies to whom administrative communications should be sent.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					PER01	Contact Funct Code	Contact Function Code		M	2	2	SK = School clerk	Not used
					PER02	Name - Not Used			n/a	1	60	Name - Not Used.	Set to placeholder.
					PER03	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER04 present then required.	Not used
					PER04	Comm Number	Communication Number		X	1	80	If PER03 present then required.	Not used
					PER05	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER06 present then required.	Not used
					PER06	Comm Number	Communication Number		X	1	80	If PER05 present then required.	Not used
					PER07	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER08 present then required.	Not used
					PER08	Comm Number	Communication Number		X	1	80	If PER07 present then required.	Not used

N3	Detail	2100E Member School	050	N3		Member School Street Address			Situational			When school is applicable, segment identifies school address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N301	Address Information	Address Information		M	1	55		Not used
					N302	Address Information	Address Information		O	1	55		Not used

N4	Detail	2100E Member School	060	N4		Member School City, State, Zip			Situational			When school is applicable, segment identifies school address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N401	City Name	City Name		O	2	30		Not used
					N402	State or Prov Code	State or Province Code		O	2	2		Not used
					N403	Postal Code	Postal Code		O	3	15		Not used
					N404	Country Code	Country Code		O	2	3		Not used

2100F Custodial Parent													
NM1	Detail	2100F Custodial Parent	030	NM1		Custodial Parent			Situational			Loop is sent when custodial parent of a minor is someone other than the subscriber.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended.
					NM101	Entity ID Code	Entity Identifier Code		M	2	3		Not used
					NM102	Entity Type Qualifier	Entity Type Qualifier		M	1	1		Not used
					NM103	Name Last/ Org Name	Name Last or Organization Name		O	1	35		Not used
					NM104	Name First	Name First		O	1	25		Not used
					NM105	Name Middle	Name Middle		O	1	25		Not used
					NM106	Name Prefix	Name Prefix		O	1	10		Not used
					NM107	Name Suffix	Name Suffix		O	1	10		Not used
					NM108	ID Code Qualifier	Identification Code Qualifier		X	1	2	Use of NM109 is required with NM108.	Not used
					NM109	ID Code	Identification Code		X	2	80	Use of NM108 is required with NM109.	Not used

PER	Detail	2100F Custodial Parent	040	PER		Custodial Parent Communications Numbers			Situational			When custodial parent is applicable, segment identifies to whom administrative communications should be sent.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					PER01	Contact Funct Code	Contact Function Code		M	2	2		Not used
					PER02	Name - Not Used			n/a	1	60	Name - Not Used.	Not used
					PER03	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER04 present then required.	Not used
					PER04	Comm Number	Communication Number		X	1	80	If PER03 present then required.	Not used
					PER05	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER06 present then required.	Not used
					PER06	Comm Number	Communication Number		X	1	80	If PER05 present then required.	Not used
					PER07	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER08 present then required.	Not used
					PER08	Comm Number	Communication Number		X	1	80	If PER07 present then required.	Not used

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
N3	Detail	2100F Custodial Parent	050	N3		Custodial Parent Street Address			Situational			When custodial parent is applicable, segment identifies custodial address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N301	Address Information	Address Information		M	1	55		Not used
					N302	Address Information	Address Information		O	1	55		Not used
N4	Detail	2100F Custodial Parent	060	N4		Custodial Parent City, State, Zip			Situational			When custodial parent is applicable, segment identifies custodial address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N401	City Name	City Name		O	2	30		Not used
					N402	State or Prov Code	State or Province Code		O	2	2		Not used
					N403	Postal Code	Postal Code		O	3	15		Not used
					N404	Country Code	Country Code		O	2	3		Not used
2100G Responsible Person													
NM1	Detail	2100G Responsible Person	030	NM1		Responsible Person			Situational			Loop identifies person responsible for the member. Responsible person is someone other than the subscriber. Data is intended for coverage programs that are not to be employment related, such as Medicare and Medicaid.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					NM101	Entity ID Code	Entity Identifier Code		M	2	3		Not used
					NM102	Entity Type Qualifier	Entity Type Qualifier		M	1	1		Not used
					NM103	Name Last/ Org Name	Name Last or Organization Name		O	1	35		Not used
					NM104	Name First	Name First		O	1	25		Not used
					NM105	Name Middle	Name Middle		O	1	25		Not used
					NM106	Name Prefix	Name Prefix		O	1	10		Not used
					NM107	Name Suffix	Name Suffix		O	1	10		Not used
					NM108	ID Code Qualifier	Identification Code Qualifier		X	1	2	Use of NM109 is required with NM108.	Not used
					NM109	ID Code	Identification Code		X	2	80	Use of NM108 is required with NM109.	Not used
PER	Detail	2100G Responsible Person	040	PER		Responsible Person Communications Numbers			Situational			When responsible person is applicable, segment identifies to whom administrative communications should be sent.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					PER01	Contact Funct Code	Contact Function Code		M	2	2		Not used
					PER02	Name - Not Used			n/a	1	60	Name - Not Used.	Not used
					PER03	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER04 present then required.	Not used
					PER04	Comm Number	Communication Number		X	1	80	If PER03 present then required.	Not used
					PER05	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER06 present then required.	Not used
					PER06	Comm Number	Communication Number		X	1	80	If PER05 present then required.	Not used
					PER07	Comm Number Qual	Communication Number Qualifier		X	2	2	If PER08 present then required.	Not used
					PER08	Comm Number	Communication Number		X	1	80	If PER07 present then required.	Not used
N3	Detail	2100G Responsible Person	050	N3		Responsible Person Street Address			Situational			When responsible person is applicable, segment identifies responsible address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N301	Address Information	Address Information		M	1	55		Not used
					N302	Address Information	Address Information		O	1	55		Not used
N4	Detail	2100G Responsible Person	060	N4		Responsible Person City, State, Zip			Situational			When responsible person is applicable, segment identifies responsible address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N401	City Name	City Name		O	2	30		Not used
					N402	State or Prov Code	State or Province Code		O	2	2		Not used
					N403	Postal Code	Postal Code		O	3	15		Not used
					N404	Country Code	Country Code		O	2	3		Not used

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		

2200 Disability Information													
DSB	Detail	2200 Disability Information	200	DSB		Disability Information			Situational			Segment used when enrolling or changing a disabled member. The DSB loop may only appear for the Subscriber.	DSB*3~
					DSB01	Disability Type Code	Disability Type Code		M	1	1	1 = Short Term Disability 2 = Long Term Disability 3 = Permanent or Total Disability 4 = No Disability	Valid Values: Set T = 2 Set P = 3 Set N = 4
Not used					DSB02	Quantity - Not Used						Not used	Not used
Not used					DSB03	Occupation Cd - Not Used						Not used	Not used
Not used					DSB04	Work Inty Code - Not Used						Not used	Not used
Not used					DSB05	Product Opt Cd - Not Used						Not used	Not used
Not used					DSB06	Monetary Amt - Not Used						Not used	Not used
DX					DSB07	Prod/Serv ID Qual	Product Service ID Qualifier		X	2	2	DX = International Classification of Diseases Clinical Modification(lcd-9-cm) Diagnosis If DSB09 present then required.	Not used
585					DSB08	Medical Code Value	Medical Code Value Diagnosis Code		X	1	15	Medical Code Value the only allowed value is 585 - End Stage Renal Disease If DSB08 present then required.	Not used

DTP	Detail	2200 Disability Information	210	DTP		Disability Eligibility Dates			Situational			Segment is used to send first and last date of disability.	DTP*360*D8*1996*1001~
					DTP01	Date/Time Qualifier	Date/Time Qualifier		M	3	3	360 = Disability Begin 361 = Disability End	360 = Disability Begin 361 = Disability End
D8					DTP02	Date Time Format Qual	Date Time Period Format Qualifier		M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03	Date Time Period	Date Time Period Disability Eligibility Date		M	1	35	Disability Eligibility Date	Disability Eligibility Date

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		

2300 Health Coverage													
HD	Detail	2300 Health Coverage	260	HD		Health Coverage			Situational			Segment is used to enroll a new member or add, update, or terminate coverage for an existing member.	HD*021**HLT**IND~
					HD01	Maintenance Type Code	Maintenance Type Code		M	3	3	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 026 = Correction 030 = Audit or compare 032 = Employee Info Not Applicable	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or Compare
Not used					HD02	Maint Reason - Not Used						Not used	Not Used
					HD03	Insurance Line Code	Insurance Line Code		O	2	3	AG = Preventive Care/Wellness AH = 24 Hour Care AJ = Medicare Risk AK = Mental Health DCP = Dental Capitation DEN = Dental EPO = Exclusive Provider Organization FAC = Facility HE = Hearing HLT = Health HMO = Health Maintenance Organization LTC = Long-Term Care LTD = Long-Term Disability MM = Major Medical MOD = Mail Order Drug PDG = Prescription Drug POS = Point of Service PPO = Preferred Provider Organization PRA = Practitioners STD = Short-Term Disability UR = Utilization Review VIS = Vision	Evaluate retro stack Valid Values : HLT PDG DEN VIS
					HD04	Plan Cvr Description	Plan Cvr Description		O	1	50	Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element.	Not applicable
					HD05	Coverage Level Code	Coverage Level Code		O	3	3	CHD = Children Only DEP = Dependents Only E1D = Employee and 1 Dependent E2D = Employee and 2 Dependents E3D = Employee and 3 Dependents E5D = Employee and 1 or More Dependents E6D = Employee and 2 or More Dependents E7D = Employee and 3 or More Dependents E8D = Employee and 4 or More Dependents E9D = Employee and 5 or More Dependents ECH = Employee and Children EMP = Employee Only ESP = Employee and Spouse FAM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only TWO = Two Party	Valid Values: IND FAM

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		

DTP	Detail	2300 Health Coverage	270	DTP		Health Coverage Eligibility Dates			Required			Segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage.	DTP*348*D8*20000320~
					DTP01	Date/Time Qualifier	Date/Time Qualifier		M	3	3	303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End	Valid Values: 348 = Benefit Begin 349 = Benefit End 303 = Maintenance Effective
D8					DTP02	Date Time Format Qual	Date Time Period Format Qualifier		M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03	Date Time Period	Date Time Period		M	1	35	Coverage Period	Coverage Period

REF	Detail	2300 Health Coverage	290	REF		Health Coverage Policy Number			Situational			Segment is used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy.	REF*1L*001A01~
					REF01	Reference Ident Qual	Reference Identification Qualifier		M	2	3	17 = Client Reporting Category	Set to 1L
					REF02	Reference Ident	Reference Identification Insured Group or Policy Number		X	1	30	Insured Group or Policy Number At least one REF02 is required.	Join Benefit Plan and Benefit Program

HD	Detail	2300 Health Coverage	260	HD		Health Coverage			Situational			Segment is used to indicate Med D enrollment	HD*021**PDG~ (Medicare D Enrollment)
					HD01	Maintenance Type Code	Maintenance Type Code		M	3	3	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 026 = Correction 030 = Audit or compare 032 = Employee Info Not Applicable	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or Compare

Not used					HD02	Maint Reason - Not Used						Not used	Not Used
					HD03	Insurance Line Code	Insurance Line Code		O	2	3	AG = Preventive Care/Wellness AH = 24 Hour Care AJ = Medicare Risk AK = Mental Health DCP = Dental Capitation DEN = Dental EPO = Exclusive Provider Organization FAC = Facility HE = Hearing HLT = Health HMO = Health Maintenance Organization LTC = Long-Term Care LTD = Long-Term Disability MM = Major Medical MOD = Mail Order Drug PDG = Prescription Drug POS = Point of Service PPO = Preferred Provider Organization PRA = Practitioners STD = Short-Term Disability UR = Utilization Review VIS = Vision	Evaluate retro stack Valid Values : PDG

					HD04	Plan Cvrq Description	Plan Cvrq Description		O	1	50	Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element.	Not applicable
--	--	--	--	--	------	-----------------------	-----------------------	--	---	---	----	---	----------------

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
					HD05		Coverage Level Code	Coverage Level Code	O	3	3	CHD = Children Only DEP = Dependents Only E1D = Employee and 1 Dependent E2D = Employee and 2 Dependents E3D = Employee and 3 Dependents E5D = Employee and 1 or More Dependents E6D = Employee and 2 or More Dependents E7D = Employee and 3 or More Dependents E8D = Employee and 4 or More Dependents E9D = Employee and 5 or More Dependents ECH = Employee and Children EMP = Employee Only ESP = Employee and Spouse FAM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only TWO = Two Party	Not applicable
DTP	Detail	2300 Health Coverage	270	DTP		Health Coverage Eligibility Dates			Required			Segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage.	DTP*348*D8*20000320~
					DTP01		Date/Time Qualifier	Date/Time Qualifier	M	3	3	303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End	Valid Values: 348 = Benefit Begin 349 = Benefit End 303 = Maintenance Effective
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03		Date Time Period	Date Time Period Coverage Period	M	1	35	Coverage Period	Coverage Period
REF	Detail	2300 Health Coverage	290	REF		Health Coverage Policy Number			Situational			Segment is used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy.	Not applicable
					REF01		Reference Ident Qual	Reference Identification Qualifier	M	2	3	17 = Client Reporting Category	Not applicable
					REF02		Reference Ident	Reference Identification Insured Group or Policy Number	X	1	30	Insured Group or Policy Number At least one REF02 is required.	Not applicable
IDC	Detail	2300 Health Coverage	300	IDC		Identification Card			Situational			Segment is used to request the production of an identification card due to an enrollment add, change, or statement. An enrollment statement refers to no change being made except to request a replacement ID card.	IDC*12345678901016*H~ Not used anymore
					IDC01		Plan Cvrq Description	Plan Coverage Description	M	1	50	A description or number that identifies the plan or coverage. Element used when additional information is needed by the insurer to identify the type of ID card that will be produced. If requested, this information must be established by the insurer. Set IDC01 to a single zero if this does not apply.	Set to the member's card number.
					IDC02		ID Card Type Code	ID Card Type Code	M	1	1	D = Dental Insurance H = Health Insurance P = Prescription Drug Insurance	D = Dental Insurance H = Health Insurance P = Prescription Drug Insurance
					IDC03		Quantity	Quantity Identification Card Count	O	1	15	Send only if quantity is greater than 1	Set to zero

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
					IDC04		Action Code	Action Code	O	1	2	1 = Add 2 = Change RX = Replace (no data change)	Set new enrollee to '1' Set changes to '2'
LX	Detail	2300 Health Coverage	310	LX		Provider Information			Situational			Loop provides information about primary care or capitated physicians and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. Use one iteration of the loop to identify each applicable health care service.	The scope of Nybeas does not include the maintenance of a PC P dictionary by DCS and does not provide for maintaining database records to support employee PCP selections and changes. The delivered interface will not include PCP data fields
					LX01		Assigned Number	Assigned Number	M	1	6	Number assigned for differentiation within a transaction set.	Not used

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
2310 Provider Information													
NM1	Detail	2310 Provider Information	320	NM1		Provider Name			Required			The National Provider ID should be passed in NM109. Until the NP ID is available the Federal Tax ID should be used. Fields NM103 through NM107 are used when the sponsor has the provider's name but does not pass the standard ID in NM109 because the ID is unknown or local regulations prevent using Social Security Numbers or Federal Tax IDs. If the entity code, NM102, is 1 for person and the name is being passed, NM103 and NM104 must be used and NM105, NM106 and NM107 may be used. When the name is being passed for a non-person entity, then use only NM103. NM104 through NM107 are not populated.	The scope of Nybeas does not include the maintenance of a PC P dictionary by DCS and does not provide for maintaining database records to support employee PCP selections and changes. The delivered interface will not include PCP data fields
						NM101	Entity ID Code	Entity Identifier Code	M	2	3		Not used
						NM102	Entity Type Qualifier	Entity Type Qualifier	M	1	1		Not used
						NM103	Name Last/ Org Name	Name Last or Organization Name	O	1	35		Not used
						NM104	Name First	Name First	O	1	25		Not used
						NM105	Name Middle	Name Middle	O	1	25		Not used
						NM106	Name Prefix	Name Prefix	O	1	10		Not used
						NM107	Name Suffix	Name Suffix	O	1	10		Not used
						NM108	ID Code Qualifier	Identification Code Qualifier	X	1	2	Use of NM109 is required with NM108.	Not used
						NM109	ID Code	Identification Code	X	2	80	Use of NM108 is required with NM109.	Not used
						NM110	Entity Relat Code	Entity Relationship Code	X	2	2		Not used

PLA	Detail	2310 Provider Information	395	PLA		PCP Change Reason			Situational			Segment is used to report the reason and the effective date that a member changes primary care provider.	The scope of Nybeas does not include the maintenance of a PC P dictionary by DCS and does not provide for maintaining database records to support employee PCP selections and changes. The delivered interface will not include PCP data fields
						PLA01	Action Code	Action Code	M	1	2		Not used
						PLA02	Entity ID Code	Entity Identifier Code	M	2	3		Not used
						PLA03	Date	Date	M	8	8		Not used
						PLA05	Maintain Reason Code	Maintain Reason Code	O	2	3		Not used

2320 Coordination of Benefits													
COB	Detail	2320 Coordination of Benefits	400	COB		Coordination of Benefits			Situational			Loop is used when an individual has another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.	COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due to Medicare D enrollment
						COB01	Payer Resp Seq No Code	Payer Responsibility Sequence Number Code	O	1	1	P = Primary S = Secondary T = Tertiary U = Unknown	Valid Values: S = Secondary
						COB02	Reference Ident	Reference Identification Insured Group or Policy Number	O	1	30	Insured Group or Policy Number	NYSHIP
						COB03	Benefits Coord Code	Coordination of Benefits Code	O	1	1	1 = Coordination of Benefits 5 = Unknown 6 = No Coordination of Benefits	1 = Coordination of Benefits

EDI 834 Transaction Set File Layout

Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute		Comments	Notes / Examples
										Min	Max		
REF	Detail	2320 Coordination of Benefits	405	REF		Additional Coordination of Benefits Identifiers			Situational			Specifies COB identifying information.	The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields
					REF01	Reference Ident Qual	Reference Identification Qualifier		M	2	3	1W = Member Identification Number 6O = Account Suffix Code 6P = Group Number A6 = Employee Identification Number SY = Social Security Number	Not used
					REF02	Reference Ident	Reference Identification		X	1	30	Insured Group or Policy Number At least one REF02 is required.	Not used
N1	Detail	2320 Coordination of Benefits	410	N1		Other Insurance Company Name			Situational			Identifies other insurance company (COB) by type, name, and code.	The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields
IN					N101	Entity ID Code	Entity Identifier Code		M	2	3	IN = Insurer.	Not Used
					N102	Name	Entity Identifier Code		X	1	60	Insurer name.	Not Used
					N103	ID Code Qualifier	Entity Identifier Code		X	1	2	FI = Federal Taxpayers Identification Number. NI = National Association of Insurance Commissioners Identification. XV = Health Care Financing Administration National Payer Identification.	Not used
					N104	ID Code	Plan Sponsor		X	2	80	Insured Group or Policy Number	Not used
DTP	Detail	2320 Coordination of Benefits	450	DTP		Coordination of Benefits Eligibility Dates			Situational			Segment contains the dates for which coordination of benefits is in effect.	The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields
					DTP01	Date/Time Qualifier	Date/Time Qualifier		M	3	3	344 = Coordination of benefits begin. 345 = Coordination of benefits end.	Not Used
D8					DTP02	Date Time Format Qual	Date Time Period Format Qualifier		M	2	3	D8 = Date expressed in CCYYMMDD.	Not Used
					DTP03	Date Time Period	Date Time Period		M	1	35	Date COB is in effect.	Not Used
Transaction Set Trailer													
SE	Trailer			SE		Transaction Set Trailer			Required			Indicates end of transaction set and provides a count of the segments.	SE*39*1 ~
					SE01	Number of Inc Segs	Number of Included Segments		M	1	10	Total number of segments in the transaction set including ST and SE.	System generated.
					SE02	TS Control Number	Transaction Set Control Number		M	4	9	Unique control number .	The transaction set control numbers in SE02 and ST02 must be identical. Assign starting with 0001 and increment forward. Control numbers are unique within a specific functional group but can repeat in other groups and interchanges.

The Empire Plan Prescription Drug Program



Drugs that Require Prior Authorization

- Abstral
- Actemra
- Actiq
- Adcirca
- Amevive
- Ampyra
- Aranesp
- Avonex
- Betaseron
- Botox
- Cimzia
- Copaxone
- Dysport
- Egrifta
- Enbrel
- Epogen/Procrit
- Extavia (applies to The Preferred Drug List only)
- fentanyl powder
- Fentora
- Flolan
- Forteo
- Gilenya
- Growth Hormones
- Humira
- Immune Globulins
- Incivek
- Increlex
- Infergen
- Intron-A
- Iplex
- Kineret
- Kuvan
- Lamisil
- Lazanda
- Letairis
- Makena
- Myobloc
- Nuvigil
- Onsolis
- Orencia
- Pegasys
- Peg-Intron
- Provigil
- Rebif
- Remicade
- Remodulin
- Revatio
- Ribavirin
- Simponi
- Sporanox
- Stelara
- Synagis
- Terbinex (applies to The Preferred Drug List only)
- Tracleer
- Tysabri
- Tyvaso
- Veletri
- Ventavis
- Victrelis
- Weight Loss Drugs
- Xeomin
- Xolair
- Xyrem

Period:

Label Name	Therapeutic Category / Drug or Drug Class Name	RXs Requiring Submitted	Reviews Requested	APPROVALS			DENIALS		
				Original	Preapproval / Renewals	Appeal	Approval Rate % (1)	Original	Preapproval / Renewals
Category Sub Total									
Total Q1 2012									
TOTAL YTD 2012									

1 Denial rate is the inverse of the approval rate

Empire Plan Prescription Drug Program
Prior Authorization Selected Statistics

	2008	2009	2010	*2011
# of Approvals - Requested	18,021	12,616	17,308	12,164
# of Approvals - Original	12,282	8,340	11,163	7,906
# of Approvals - Renewals	3,276	2,634	3,788	2,558
# of Approvals - On Appeal	462	302	436	295
% Approved	86.33%	86.98%	86.38%	86.02%

* 2011 data through 9/16/2011

2011 EMPIRE PLAN PREFERRED DRUG LIST

Administered by UnitedHealthcare

The following is a list of the most commonly prescribed generic and brand-name drugs included on the 2011 Empire Plan Preferred Drug List. **This is not a complete list of all prescription drugs on the preferred drug list or covered under the Empire Plan.** This list is subject to change due to FDA approval of new brand and generic drugs and product availability. For specific questions about your prescriptions, coverage and copayments, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select The Empire Plan Prescription Drug Program.

For the enrollee: Enrollees are encouraged to ask their doctors to prescribe generic versions of brand-name drugs whenever appropriate, as this will result in a lower copayment. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe Level 1 or generic and Level 2 or preferred products when medically appropriate for your patients.

CARDIOVASCULAR

Antiarrhythmics

amiodarone
disopyramide
mexiletine
quinidine gluconate
quinidine sulfate
sotalol

Blood Modifiers

ticlopidine
warfarin
Arixtra
Lovenox
Plavix

Blood Pressure Lowering

amlodipine (generic Norvasc)
amlodipine and benazepril (generic Lotrel)
atenolol
atenolol with chlorthalidone
benazepril
benazepril with hydrochlorothiazide
bisoprolol with hydrochlorothiazide
captopril
captopril with hydrochlorothiazide
clonidine
clonidine patch (generic Catapres-TTS)
diltiazem (all formulations)
enalapril
enalapril with hydrochlorothiazide
felodipine (generic Plendil)
fosinopril
fosinopril with hydrochlorothiazide

furosemide
guanfacine
hydrochlorothiazide
indapamide
isradipine
labetalol
lisinopril
lisinopril with hydrochlorothiazide
losartan (generic Cozaar) ½T
losartan with hydrochlorothiazide (generic Hyzaar)
metoprolol
metoprolol succinate sustained release (generic Toprol XL)
moexipril ½T
nadolol
nadolol with bendroflumethiazide
nifedipine (all formulations)
perindopril (generic Aceon) ½T
prazosin
propranolol sustained action capsule
propranolol tablet
quinapril
quinapril with hydrochlorothiazide
ramipril
spironolactone
spironolactone with hydrochlorothiazide
torsemide
trandolapril ½T
triamterene with hydrochlorothiazide
verapamil
verapamil sustained release
Atacand ½T
Atacand HCT

Azor
Benicar ½T
Benicar HCT
Bystolic
Cardizem LA (g)*
Innopran XL
Micardis
Micardis HCT
Sular (g)*

Cholesterol Lowering

cholestyramine
colestipol
fenofibrate
gemfibrozil
lovastatin
pravastatin (generic Pravachol) ½T
simvastatin (generic Zocor) ½T
Advicor
Altoprev
Antara
Crestor ½T
Fenoglide
Lipitor*½T
Lipofen
Lofibra Tablet
Niaspan
Simcor
Tricor
Triglide
Vytorin
Welchol

Heart Failure

carvedilol (generic Coreg)
digoxin
BiDil

Nitrates/Other Angina

isosorbide
Nitrostat
Ranexa

Pulmonary Artery Hypertension Agents

Revatio (PA)
Tracleer (PA)
Ventavis (PA)

CENTRAL NERVOUS SYSTEM

Alzheimer's Disease

galantamine (generic Razadyne)
galantamine extended release (generic Razadyne ER)
Aricept*, Aricept ODT*
Namenda

Multiple Sclerosis

Ampyra (PA)
Avonex (PA)
Copaxone (PA)
Rebif (PA)

Nausea/Vomiting

granisetron (generic Kytril)
ondansetron (generic Zofran)
prochlorperazine
promethazine
Emend

Parkinson's Disease

amantadine
benztropine
carbidopa/levodopa
pramipexole (generic Mirapex)
ropinirole (generic Requip)
Akineton
Apokyn

Seizure Disorder

carbamazepine
clonazepam
divalproex sodium (generic Depakote)

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2010 or 2011. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. The symbol (g) next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. For the drug Dilantin, enrollees will not be charged the difference in cost between the brand-name drug and the generic version when the brand-name drug is dispensed instead of the generic. The symbol (PA) next to a drug name indicates that prior authorization is required. The symbol ½T next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Provide your Group and Plan information if prompted. On the resulting NYSHIP Online page, select Find a Provider and scroll to the 2011 Empire Plan Preferred Drug List link.

divalproex sodium extended release (generic Depakote ER)
gabapentin
lamotrigine
levetiracetam (generic Keppra)
oxcarbazepine
phenobarbital
phenytoin
primidone
topiramate (generic Topamax) ½T
Dilantin (g)
Felbatol
Gabitril
Lyrica
Tegretol XR (g)*

DERMATOLOGY/ SKIN DISORDER

adapalene (generic Differin) (PA)
benzoyl peroxide/erythromycin
betamethasone dipropionate
clindamycin (all formulations)
clobetasol
erythromycin topical
fluocinonide
hydrocortisone topical
imiquimod (generic Aldara)
isotretinoin
metronidazole topical
mometasone furoate topical
podofilox topical
sulfacetamide/sulfur
tretinoin (PA)
triamcinolone topical
Condylox (g)*
Dovonex (g)*
Duac
Protopik
Retin-A Micro Gel (PA)
Soriatane

DIABETES

acarbose (generic Precose)
glimepiride
glipizide
glipizide extended release
glipizide with metformin
glyburide
glyburide with metformin
glyburide, micronized
metformin
metformin extended release
nateglinide (generic Starlix)
Actoplus Met
Actos ½T
Avandamet
Avandaryl
Avandia
Byetta
Duetact
Humalog

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2010 or 2011. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. For the drug Dilantin, enrollees will not be charged the difference in cost between the brand-name drug and the generic version when the brand-name drug is dispensed instead of the generic. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Provide your Group and Plan information if prompted. On the resulting NYSHIP Online page, select Find a Provider and scroll to the 2011 Empire Plan Preferred Drug List link.

Humulin
Janumet
Januvia
Lantus
Levemir
Novolin
Novolog
Onglyza
Prandin
Symlin
Victoza

GASTROINTESTINAL

GERD/Peptic Ulcer
lansoprazole capsule
(generic Prevacid capsule)
metoclopramide
misoprostol
omeprazole (generic Prilosec)
pantoprazole (generic Protonix)
ranitidine
sucralfate
Axid Oral Solution
Helidac
Pevpac
Pylera

Gastrointestinal-Other
chloridiazepoxide/clidinium
dicyclomine
hyoscyamine

Pancreatic Enzymes
Creon
Ultrase

Ulcerative Colitis
balsalazide disodium
(generic Colazal)
mesalamine enema
sulfasalazine
Apriso
Asacol
Entocort EC
Lialda

GROWTH HORMONES

Nutropin/Nutropin AQ (PA)
Saizen (PA)
Serostim (PA)
Tev-Tropin (PA)
Zorbtive (PA)

INFECTION

Antibiotics-Oral
amoxicillin
amoxicillin with potassium
clavulanate (generic
Augmentin)
ampicillin
azithromycin (generic Zithromax)
cefaclor
cefadroxil

cefdinir (generic Omnicef)
cefprozil
cefuroxime
cephalexin
ciprofloxacin
clarithromycin (generic Biaxin)
clarithromycin extended release
(generic Biaxin XL)
clindamycin capsule
doxycycline
erythromycin
metronidazole
minocycline
penicillin V potassium
sulfamethoxazole with
trimethoprim
tetracycline
Gantrisin
Levaquin*

Antifungal Drugs-Oral
fluconazole
itraconazole (PA)
ketoconazole
nystatin
terbinafine (generic Lamisil) (PA)
Noxafil
Vfend

Antifungal Drugs-Topical
ciclopirox solution, non-oral
clotrimazole with
betamethasone
nystatin
nystatin with triamcinolone
Naftin

Antiviral Drugs
acyclovir
amantadine
famciclovir
rimantadine
valacyclovir (generic Valtrex) ½T
Tamiflu
Zovirax Ointment, Cream

Hepatitis
ribavirin (PA)
Baraclude
Hepsera
Infergen (PA)
Intron-A (PA)
Pegasys (PA)
Peg-Intron (PA)
Tyzeka

MIGRAINE HEADACHE

butalbital/acetaminophen/
caffeine
butalbital/aspirin/caffeine
butorphanol nasal spray
ergotamine/caffeine
propranolol tablet
sumatriptan (generic Imitrex)

Frova
Maxalt
Relpax
Zomig

MUSCLE RELAXANTS

carisoprodol
cyclobenzaprine
diazepam
metaxalone (generic Skelaxin)
methocarbamol
orphenadrine/orphenadrine
compound

OPHTHALMIC (EYE)

Glaucoma

betaxolol
brimonidine
dorzolamide (generic Trusopt)
pilocarpine
timolol maleate
Azopt
Betimol
Combigan
Lumigan
Travatan/Travatan Z

Other Eye Medications

azelastine (generic Optivar)
ciprofloxacin drops
cromolyn sodium drops
cyclopentolate
diclofenac sodium drops (generic
Voltaren Ophthalmic)
flurbiprofen drops
ketorolac tromethamine drops
ofloxacin drops
prednisolone drops
tobramycin drops
tobramycin/dexamethasone
drops (generic Tobradex)
Elestat
Flarex
FML Forte/FML SOP
Pred Mild
Restasis
Vexol

OTIC (EAR)

ofloxacin (generic Floxin)
Ciprodex

PAIN/ARTHRITIS

acetaminophen with codeine
acetaminophen with
hydrocodone
diclofenac
etodolac
fentanyl citrate lollipop
fentanyl transdermal system
flurbiprofen
ibuprofen

ibuprofen with hydrocodone
indomethacin
ketoprofen
leflunomide
meloxicam (generic Mobic)
methotrexate
nabumetone
naproxen
oxaprozin
oxycodone with acetaminophen
oxycodone with aspirin
piroxicam
propoxyphene with
acetaminophen
sulindac
tolmetin
tramadol
tramadol extended release
tramadol with acetaminophen
Celebrex
Cimzia (PA)
Enbrel (PA)
Humira (PA)
Opana ER
Oxycontin
Prevacid NapraPAC
Simponi (PA)
Voltaren Gel

PSYCHOTHERAPEUTIC AGENTS

Anxiety, Insomnia and Sedative Agents

alprazolam/alprazolam extended release
buspirone
diazepam
flurazepam
lorazepam
temazepam
triazolam
zaleplon (generic Sonata)
zolpidem (generic Ambien)

Attention Deficit Hyperactivity Disorder (ADHD)

amphetamine with dextroamphetamine salt combination
amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR)
dextroamphetamine sustained release
methylphenidate
methylphenidate extended release

Intuniv
Vyvanse
Depression
amitriptyline
bupropion hcl
bupropion hcl extended release
bupropion hcl sustained release
citalopram (generic Celexa)
desipramine
doxepin
fluoxetine (generic Prozac)
imipramine
mirtazapine
mirtazapine dispersible tablet
nortriptyline
paroxetine (generic Paxil)
paroxetine sustained release 24 hour (generic Paxil CR)
sertraline (generic Zoloft) ½T
tranylcypromine
trazodone
venlafaxine (generic Effexor)
venlafaxine extended release capsule (generic Effexor XR)
Nardil

Psychosis

clozapine
haloperidol
risperidone (generic Risperdal)
Geodon
Moban
Seroquel (except for XR) ½T
Symbyax
Zyprexa (except for Zydys)* ½T

RESPIRATORY

Allergy-Antihistamines

fexofenadine (generic Allegra)
hydroxyzine

Allergy-Antihistamines/

Decongestants

Allegra-D (g)*

Allergy-Nasal Antihistamines

azelastine nasal spray (generic Astelin)

Allergy-Nasal Corticosteroids

flunisolide nasal spray
fluticasone (generic Flonase)
Nasonex

Allergy-Other

Epipen
Twinject

Asthma-Inhaled Drugs

albuterol inhalation solution
albuterol/ipratropium solution
cromolyn
ipratropium inhalation solution

Advair
Asmanex
Combivent
Flovent
Foradil
Pulmicort Flexhaler
Pulmicort Respules (g)*
QVAR
Serevent
Spiriva
Symbicort
Ventolin HFA

Asthma-Oral Drugs

albuterol
prednisolone
prednisone
terbutaline
theophylline
Singulair

THYROID REPLACEMENT

levothyroxine (generic Synthroid)
liothyronine (generic Cytomel)

URINARY TRACT

Benign Prostatic Hyperplasia (BPH)

doxazosin
finasteride (generic Proscar)
tamsulosin (generic Flomax)
terazosin

Erectile Dysfunction

Viagra

Miscellaneous

Anticholinergics/

Antispasmodics-Other

desmopressin
oxybutynin/oxybutynin extended release
trospium (generic Sanctura)
Enblex
Gelnique
Oxytrol
Sanctura XR
Vesicare

VITAMIN DEFICIENCY

cyanocobalamin injection
Nascobal

WEIGHT LOSS

phentermine (PA)

WOMEN'S HEALTH

Contraceptives

aviane
gianvi (generic Yaz)

kariva
levonorgestrel-ethinyl estradiol tablet, dosepack, 3 month (generic Seasonale)
medroxyprogesterone 150mg/ml
microgestin fe
ocella (generic Yasmin)
tri-sprintec
trinessa
NuvaRing

Hormone Therapy-Oral

estropipate
medroxyprogesterone tablet
methyltestosterone with esterified estrogens
Activella (g)*
Cenestin
Enjuvia
Prefest
Prometrium

Hormone Therapy-Patches

estradiol patch
Combipatch
Esclim
Estraderm
Vivelle/Vivelle-Dot

Hormone Therapy-Miscellaneous

Estrace Cream
Estring
Vagifem

Infertility

clomiphene
leuprolide
Cetrotide
Follistim AQ
Gonal-F
Luveris
Ovidrel

Osteoporosis

alendronate sodium tablet (generic Fosamax)
etidronate disodium
Actonel
Boniva
Evista
Forteo (PA)

Other Agents

clindamycin vaginal cream
metronidazole vaginal gel
prenatal vitamins (generic)
tamoxifen
terconazole
Clindesse
Precare

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2010 or 2011. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. For the drug Dilantin, enrollees will not be charged the difference in cost between the brand-name drug and the generic version when the brand-name drug is dispensed instead of the generic. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Provide your Group and Plan information if prompted. On the resulting NYSHIP Online page, select Find a Provider and scroll to the 2011 Empire Plan Preferred Drug List link.

Level 3 or Non-Preferred Drugs	Empire Plan Preferred Drug List Alternatives
Abilify ½T	risperidone (generic Risperdal), Geodon, Seroquel (except for XR) ½T, Zyprexa (except for Zydis)*½T
Aciphex	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Ambien CR	zaleplon (generic Sonata), zolpidem (generic Ambien)
Amrix	cyclobenzaprine
Avalide	losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT, Benicar HCT, Micardis HCT
Avapro ½T	losartan (generic Cozaar) ½T, Atacand ½T, Benicar ½T, Micardis
Avelox	ciprofloxacin, ofloxacin, Levaquin*
Avodart	doxazosin, finasteride (generic Proscar), tamsulosin (generic Flomax), terazosin
Betaseron (PA)	Avonex (PA), Copaxone (PA), Rebif (PA)
Betoptic S	betaxolol, timolol, Betimol
Caduet*	amlodipine (generic Norvasc) plus Lipitor*½T
Cialis	Viagra
Clobex Shampoo	clobetasol
Concerta	amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), methylphenidate, Intuniv, Vyvanse
Coreg CR	carvedilol (generic Coreg)
Cymbalta	venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Detrol LA	oxybutynin, oxybutynin extended release, trospium (generic Sanctura), Enablex, Sanctura XR, Vesicare
Dexilant (formerly Kapidex)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Diovan ½T	losartan (generic Cozaar) ½T, Atacand ½T, Benicar ½T, Micardis
Diovan HCT	losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT, Benicar HCT, Micardis HCT
Dipentum	Apriso, Asacol, Lialda
Humatrope (PA)	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Levitra	Viagra
Lexapro ½T	citalopram (generic Celexa), fluoxetine (generic Prozac), paroxetine (generic Paxil), paroxetine sustained release 24 hour (generic Paxil CR), sertraline (generic Zoloft) ½T, venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Locoid Lipocream	hydrocortisone butyrate, hydrocortisone valerate
Lunesta	zaleplon (generic Sonata), zolpidem (generic Ambien)
Nexium	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Norditropin (PA)	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Ortho Tri-Cyclen Lo	tri-sprintec, trinessa
Pancreaze	Creon, Ultrase
Premarin Cream	Estrace Cream
Premarin Tablet	estradiol, estropipate, Cenestin, Enjuvia
Premphase	Activella (g)*, Prefest
Prempro	Activella (g)*, Prefest
Proventil HFA	Ventolin HFA
Provigil (PA)	amphetamine with dextroamphetamine salt combination, amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), dextroamphetamine, methylphenidate
Strattera	amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), methylphenidate, Intuniv, Vyvanse
Synthroid	levothyroxine
Tazorac*(PA)	adapalene (generic Differin) (PA), tretinoin (PA), Retin-A Micro Gel (PA)
Veramyst	flunisolide, fluticasone (generic Flonase), Nasonex
Xalatan*	Lumigan, Travatan, Travatan Z
Xopenex HFA	Ventolin HFA
Xopenex Inhalation Solution (g)*	albuterol inhalation solution
Zegerid (g)*	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Zetia	lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T, Lipitor*½T, Tricor, Vytorin, Welchol
Zylet	neomycin/polymyxin/dexamethasone drops, tobramycin/dexamethasone drops (generic Tobradex)

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2010 or 2011. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. For the drug Dilantin, enrollees will not be charged the difference in cost between the brand-name drug and the generic version when the brand-name drug is dispensed instead of the generic. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Provide your Group and Plan information if prompted. On the resulting NYSHIP Online page, select Find a Provider and scroll to the 2011 Empire Plan Preferred Drug List link.



THE EMPIRE PLAN

2012 EMPIRE PLAN PREFERRED DRUG LIST

Administered by UnitedHealthcare

The following is a list of the most commonly prescribed generic and brand-name drugs included on the 2012 Empire Plan Preferred Drug List. **This is not a complete list of all prescription drugs on the preferred drug list or covered under the Empire Plan.** This list is subject to change due to FDA approval of new brand and generic drugs and product availability. For specific questions about your prescriptions, coverage and copayments, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online. Provide your group and plan information if prompted. On the resulting NYSHIP Online page, select Using Your Benefits and scroll to the 2012 Empire Plan Preferred Drug List link.

For the enrollee: Enrollees are encouraged to ask their doctors to prescribe generic versions of brand-name drugs whenever appropriate, as this will result in a lower copayment. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe Level 1 or generic and Level 2 or preferred products when medically appropriate for your patients.

CARDIOVASCULAR

Antiarrhythmics

amiodarone
disopyramide
mexiletine
quinidine gluconate
quinidine sulfate
sotalol
Multaq

Blood Modifiers

fondaparinux (generic Arixtra)
ticlopidine
warfarin
Lovenox(g)*
Plavix*

Blood Pressure Lowering

amlodipine (generic Norvasc)
amlodipine and benazepril (generic Lotrel)
atenolol
atenolol with chlorthalidone
benazepril
benazepril with hydrochlorothiazide
bisoprolol with hydrochlorothiazide
captopril
captopril with hydrochlorothiazide
clonidine
clonidine patch (generic Catapres-TTS)
diltiazem (all formulations)
enalapril
enalapril with hydrochlorothiazide
felodipine (generic Plendil)

fosinopril
fosinopril with hydrochlorothiazide
furosemide
guanfacine
hydrochlorothiazide
indapamide
isradipine
labetalol
lisinopril
lisinopril with hydrochlorothiazide
losartan (generic Cozaar) ½T
losartan with hydrochlorothiazide (generic Hyzaar)
metoprolol
metoprolol succinate sustained release (generic Toprol XL)
moexipril ½T
nadolol
nadolol with bendroflumethiazide
nifedipine (all formulations)
nisoldipine (generic Sular)
perindopril (generic Aceon) ½T
prazosin
propranolol sustained action capsule
propranolol tablet
quinapril
quinapril with hydrochlorothiazide
ramipril
spironolactone
spironolactone with hydrochlorothiazide
torsemide
trandolapril ½T
triamterene with hydrochlorothiazide

verapamil
verapamil sustained release
Atacand* ½T
Atacand HCT*
Benicar ½T
Benicar HCT
Bystolic
Cardizem LA (g)*
Innopran XL
Micardis
Micardis HCT

Cholesterol Lowering

cholestyramine
colestipol
fenofibrate
gemfibrozil
lovastatin
pravastatin (generic Pravachol) ½T
simvastatin (generic Zocor) ½T
Advicor
Altoprev
Antara
Crestor ½T
Fenoglide
Lipitor*
Lipofen
Lofibra Tablet
Niaspan
Triglide
Vytorin
Welchol

Heart Failure

carvedilol (generic Coreg)
digoxin
BiDil

Nitrates/Other Angina

isosorbide
Nitrostat
Ranexa

Pulmonary Artery Hypertension Agents

Adcirca (PA)
Letairis (PA)
Revatio* (PA)
Tracleer (PA)
Tyvaso (PA)
Ventavis (PA)

CENTRAL NERVOUS SYSTEM

Alzheimer's Disease

donepezil 5mg, 10mg (generic Aricept)
galantamine (generic Razadyne)
galantamine extended release (generic Razadyne ER)
Namenda

Multiple Sclerosis

Ampyra (PA)
Avonex (PA)
Copaxone (PA)
Rebif (PA)

Nausea/Vomiting

granisetron (generic Kytril)
ondansetron (generic Zofran)
prochlorperazine
promethazine
Emend

Parkinson's Disease

amantadine
benztropine
carbidopa/levodopa
pramipexole (generic Mirapex)
ropinirole (generic Requip)
Apokyn

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. The symbol (g) next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. The symbol (PA) next to a drug name indicates that prior authorization is required. The symbol ½T next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

Seizure Disorder

carbamazepine
clonazepam
divalproex sodium
(generic Depakote)
divalproex sodium extended
release (generic Depakote ER)
gabapentin
lamotrigine
levetiracetam (generic Keppra)
oxcarbazepine
phenobarbital
phenytoin
primidone
topiramate (generic Topamax) ½T
Dilantin (g)
Felbatol
Gabitril*
Lyrica
Tegretol XR (g)*

DERMATOLOGY/ SKIN DISORDER

adapalene (generic Differin) (PA)
benzoyl peroxide/erythromycin
betamethasone dipropionate
clindamycin (all formulations)
clobetasol
erythromycin topical
fluocinonide
hydrocortisone topical
imiquimod (generic Aldara)
isotretinoin
metronidazole topical
mometasone furoate topical
mupirocin ointment
podofilox topical
sulfacetamide/sulfur
tretinoin (PA)
triamcinolone topical
Condylox (g)*
Dovonex (g)*
Duac
Protopic
Soriatane
Stelara (PA)

DIABETES

acarbose (generic Precose)
glimepiride
glipizide
glipizide extended release
glipizide with metformin
glyburide
glyburide with metformin
glyburide, micronized
metformin
metformin extended release
nateglinide (generic Starlix)
Actoplus Met*
Actos* ½T

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

Byetta
Duetact
Humalog
Humulin
Janumet
Januvia
Lantus
Levemir
Novolin
Novolog
Onglyza
Prandin
Symlin
Victoza

GASTROINTESTINAL

GERD/Peptic Ulcer

lansoprazole capsule
(generic Prevacid capsule)
metoclopramide
misoprostol
nizatidine oral solution
omeprazole (generic Prilosec)
omeprazole/sodium bicarbonate
capsule (generic Zegerid capsule)
pantoprazole (generic Protonix)
ranitidine
sucralfate
Helidac
Prevpac
Pylera

Gastrointestinal-Other

chlorthalidopoxide/clidinium
dicyclomine
hyoscyamine

Pancreatic Enzymes

Creon
Zenpep

Ulcerative Colitis

balsalazide disodium
(generic Colazal)
budesonide (generic Entocort EC)
mesalamine enema
sulfasalazine
Apriso
Asacol
Lialda

GROWTH HORMONES

Nutropin/Nutropin AQ (PA)
Saizen (PA)
Serostim (PA)
Tev-Tropin (PA)
Zorbtive (PA)

INFECTION

Antibiotics-Oral

amoxicillin

amoxicillin with potassium
clavulanate (generic Augmentin)
ampicillin
azithromycin (generic Zithromax)
cefaclor
cefadroxil
cefdinir (generic Omnicef)
cefprozil
cefuroxime
cephalexin
ciprofloxacin
clarithromycin (generic Biaxin)
clarithromycin extended release
(generic Biaxin XL)
clindamycin capsule
doxycycline
erythromycin
levofloxacin (generic Levaquin)
metronidazole
minocycline
penicillin V potassium
sulfamethoxazole with
trimethoprim
tetracycline

Antifungal Drugs-Oral

fluconazole
itraconazole (PA)
ketoconazole
nystatin
terbinafine (generic Lamisil) (PA)
Noxafil
Vfend

Antifungal Drugs-Topical

ciclopirox solution, non-oral
clotrimazole with betamethasone
nystatin
nystatin with triamcinolone
Naftin

Antiviral Drugs

acyclovir
amantadine
famciclovir
rimantadine
valacyclovir (generic Valtrex) ½T
Tamiflu
Zovirax Ointment, Cream

Hepatitis

ribavirin (PA)
Baraclude
Hepsera
Infergen (PA)
Intron-A (PA)
Pegasys (PA)
Peg-Intron (PA)
Tyzeka

MIGRAINE HEADACHE

butalbital/acetaminophen/
caffeine
butalbital/aspirin/caffeine

butorphanol nasal spray
ergotamine/caffeine
propranolol tablet
sumatriptan (generic Imitrex)
Frova
Maxalt*
Relpax
Zomig

MUSCLE RELAXANTS

carisoprodol 350mg
cyclobenzaprine (generic Flexeril)
diazepam
metaxalone (generic Skelaxin)
methocarbamol
orphenadrine/orphenadrine
compound

OPHTHALMIC (EYE)

Glaucoma

betaxolol
brimonidine
dorzolamide (generic Trusopt)
latanoprost (generic Xalatan)
pilocarpine
timolol maleate
Azopt
Betimol
Combigan
Lumigan
Travatan/Travatan Z

Other Eye Medications

azelastine (generic Optivar)
ciprofloxacin drops
cromolyn sodium drops
cyclopentolate
diclofenac sodium drops
(generic Voltaren Ophthalmic)
epinastine drops (generic Elestat)
flurbiprofen drops
ketorolac tromethamine drops
ofloxacin drops
prednisolone drops
tobramycin drops
tobramycin/dexamethasone
drops (generic Tobradex)
Flarex
FML Forte/FML SOP
Pred Mild
Restasis
Vexol

OTIC (EAR)

ofloxacin (generic Floxin)
Ciprodex

PAIN/ARTHRITIS

acetaminophen with codeine
acetaminophen with hydrocodone
diclofenac

etodolac
fentanyl citrate lollipop (PA)
fentanyl transdermal system
flurbiprofen
ibuprofen
ibuprofen with hydrocodone
indomethacin
ketoprofen
leflunomide
meloxicam (generic Mobic)
methotrexate
nabumetone
naproxen
oxaprozin
oxycodone with acetaminophen
oxycodone with aspirin
oxymorphone (generic Opana)
piroxicam
sulindac
tolmetin
tramadol
tramadol extended release
tramadol with acetaminophen
Celebrex
Cimzia (PA)
Enbrel (PA)
Opana ER
Oxycontin
Simponi (PA)
Voltaren Gel

PSYCHOTHERAPEUTIC AGENTS

Anxiety, Insomnia and

Sedative Agents

alprazolam/alprazolam
extended release
buspirone
diazepam
flurazepam
lorazepam
temazepam
triazolam
zaleplon (generic Sonata)
zolpidem (generic Ambien)

Attention Deficit

Hyperactivity Disorder (ADHD)

amphetamine with
dextroamphetamine salt
combination
amphetamine with
dextroamphetamine salt
combination extended release
(generic Adderall XR)
dextroamphetamine
sustained release
methylphenidate
methylphenidate extended release

Intuniv
Vyvanse

Depression

amitriptyline
bupropion hcl
bupropion hcl extended release
bupropion hcl sustained release
citalopram (generic Celexa)
desipramine
doxepin
fluoxetine (generic Prozac)
imipramine
mirtazapine
mirtazapine dispersible tablet
nortriptyline
paroxetine (generic Paxil)
paroxetine sustained release
24 hour (generic Paxil CR)
phenelzine (generic Nardil)
sertraline (generic Zoloft) ½T
tranylcypromine
trazodone
venlafaxine (generic Effexor)
venlafaxine extended release
capsule (generic Effexor XR)

Psychosis

clozapine
haloperidol
olanzapine (generic Zyprexa)
risperidone (generic Risperdal)
Geodon*
Molan
Seroquel (except for XR)* ½T
Symbyax*

RESPIRATORY

Allergy-Antihistamines

hydroxyzine
levocetirizine (generic Xyzal)

Allergy-Nasal Antihistamines

azelastine nasal spray
(generic Astelin)

Allergy-Nasal Corticosteroids

flunisolide nasal spray
fluticasone (generic Flonase)
Nasonex

Allergy-Other

epinephrine pen
EpiPen

Asthma-Inhaled Drugs

albuterol inhalation solution
albuterol/ipratropium solution
cromolyn
ipratropium inhalation solution
Advair
Alvesco
Asmanex

Combivent
Foradil
Pulmicort Respules (g)*
QVAR
Spiriva
Symbicort
Ventolin HFA

Asthma-Oral Drugs

albuterol
prednisolone
prednisone
terbutaline
theophylline
Singulair*

THYROID REPLACEMENT

levothyroxine (generic Synthroid)
liothyronine (generic Cytomel)
Tirosint

URINARY TRACT

Benign Prostatic Hyperplasia (BPH)

doxazosin
finasteride (generic Proscar)
tamsulosin (generic Flomax)
terazosin

Erectile Dysfunction

Viagra

Miscellaneous

Anticholinergics/

Antispasmodics-Other

desmopressin
oxybutynin/oxybutynin
extended release
trospium (generic Sanctura)
Enablex
Gelnique
Oxytrol
Sanctura XR
Vesicare

VITAMIN DEFICIENCY

cyanocobalamin injection
Nascobal

WEIGHT LOSS

phentermine (PA)

WOMEN'S HEALTH

Contraceptives

aviane
gianvi (generic Yaz)
kariva

levonorgestrel-ethinyl estradiol
tablet, dosepack, 3 month
(generic Seasonale)
medroxyprogesterone 150mg/ml
microgestin fe
ocella (generic Yasmin)
tri-sprintec
trinessa
NuvaRing

Hormone Therapy-Oral

estradiol/norethindrone
(generic Activella)
estropipate
medroxyprogesterone tablet
methyltestosterone with
esterified estrogens
Cenestin
Enjuvia
Prefest
Prometrium

Hormone Therapy-Patches

estradiol patch
Combipatch
Estraderm
Vivelle/Vivelle-Dot

Hormone Therapy-Miscellaneous

Estrace Cream
Estring
Vagifem

Infertility

clomiphene
leuprolide
Cetrotide
Follistim AQ
Gonal-F
Luveris
Ovidrel

Osteoporosis

alendronate sodium tablet
(generic Fosamax)
etidronate disodium
Actonel
Boniva
Evista
Forteo (PA)

Other Agents

clindamycin vaginal cream
metronidazole vaginal gel
prenatal vitamins (generic)
tamoxifen
terconazole
Clindesse
Lysteda

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

Level 3 or Non-Preferred Drugs Empire Plan Preferred Drug List Alternatives

Abilify ½T	olanzapine (generic Zyprexa), risperidone (generic Risperdal), Geodon*, Seroquel (except for XR)*½T
Aciphex	lansoprazole capsule (generic Prevacid capsule), omeprazole (generic Prilosec), omeprazole/sodium bicarbonate capsule (generic Zegerid capsule), pantoprazole (generic Protonix)
Androgel	Testim
Aricept 23mg	donepezil 5mg, 10mg (generic Aricept)
Avalide*	losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT*, Benicar HCT, Micardis HCT
Avapro*½T	losartan (generic Cozaar) ½T, Atacand*½T, Benicar ½T, Micardis
Avelox	ciprofloxacin, levofloxacin (generic Levaquin), ofloxacin
Avodart	doxazosin, finasteride (generic Proscar), tamsulosin (generic Flomax), terazosin
Azor	amlodipine (generic Norvasc) plus Benicar ½T
Betaseron (PA)	Avonex (PA), Copaxone (PA), Rebif (PA)
Caduet*	amlodipine (generic Norvasc) plus Lipitor*
Cialis	Viagra
Clobex Shampoo	clobetasol
Cymbalta	venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Dexilant (formerly Kapidex)	lansoprazole capsule (generic Prevacid capsule), omeprazole (generic Prilosec), omeprazole/sodium bicarbonate capsule (generic Zegerid capsule), pantoprazole (generic Protonix)
Diovan*½T	losartan (generic Cozaar) ½T, Atacand*½T, Benicar ½T, Micardis
Diovan HCT*	losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT*, Benicar HCT, Micardis HCT
Flovent	Alvesco, Asmanex, QVAR
Humatrope (PA)	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Humira (PA)	Cimzia (PA), Enbrel (PA), Simponi (PA), Stelara (PA)
Levitra	Viagra
Lexapro*½T	citalopram (generic Celexa), fluoxetine (generic Prozac), paroxetine (generic Paxil), paroxetine sustained release 24 hour (generic Paxil CR), sertraline (generic Zoloft) ½T, venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Lunesta	zaleplon (generic Sonata), zolpidem (generic Ambien)
Nexium	lansoprazole capsule (generic Prevacid capsule), omeprazole (generic Prilosec), omeprazole/sodium bicarbonate capsule (generic Zegerid capsule), pantoprazole (generic Protonix)
Norditropin (PA)	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Ortho Tri-Cyclen Lo	tri-sprintec, trinessa
Premarin Cream	Estrace Cream
Premarin Tablet	estradiol, estropipate, Cenestin, Enjuvia
Premphase	estradiol/norethindrone (generic Activella), Prefest
Prempro	estradiol/norethindrone (generic Activella), Prefest
Proventil HFA	Ventolin HFA
Provigil*(PA)	amphetamine with dextroamphetamine salt combination, amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), dextroamphetamine, methylphenidate
Pulmicort Flexhaler	Alvesco, Asmanex, QVAR
Retin-A Micro (PA)	tretinoin (PA)
Serevent	Foradil
Simcor	simvastatin (generic Zocor) ½T plus Niaspan
Strattera	amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), methylphenidate, Intuniv, Vyvanse
Tazorac*(PA)	adapalene (generic Differin) (PA), tretinoin (PA)
Tricor	fenofibrate, Antara, Fenoglide, Lipofen, Triglide
Twinject	epinephrine pen, EpiPen
Veramyst	flunisolide, fluticasone (generic Flonase), Nasonex
Xopenex HFA	Ventolin HFA
Xopenex Inhalation Solution (g)*	albuterol inhalation solution
Zetia	lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T, Lipitor*, Vytorin, Welchol

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply. Use of a Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. The symbol (g) next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug is Level 3 or non-preferred. The symbol (PA) next to a drug name indicates that prior authorization is required. The symbol ½T next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.



THE EMPIRE PLAN

Effective
January 1, 2011

2011 EMPIRE PLAN FLEXIBLE FORMULARY

Administered by UnitedHealthcare

The following is a list of the most commonly prescribed generic and brand-name drugs included on the 2011 Empire Plan Flexible Formulary. **This is not a complete list of all prescription drugs on the flexible formulary or covered under The Empire Plan. This list and excluded medications are subject to change. New prescription drugs may be subject to exclusion when they become available in the market.** For specific questions about your prescriptions, coverage and copayments, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select The Empire Plan Prescription Drug Program.

For the enrollee: Enrollees are encouraged to ask their doctors to prescribe covered generic versions of brand-name drugs whenever appropriate, as this will result in a lower copayment. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe covered Level 1 or generic and Level 2 or preferred products when medically appropriate for your patients.

CARDIOVASCULAR

Antiarrhythmics

amiodarone
disopyramide
mexiletine
quinidine gluconate
quinidine sulfate
sotalol

Blood Modifiers

ticlopidine
warfarin
Arixtra
Lovenox
Plavix

Blood Pressure Lowering

amlodipine (generic Norvasc)
amlodipine and benazepril (generic Lotrel)
atenolol
atenolol with chlorthalidone
benazepril
benazepril with hydrochlorothiazide
bisoprolol with hydrochlorothiazide
captopril
captopril with hydrochlorothiazide
clonidine
clonidine patch (generic Catapres-TTS)
diltiazem (all formulations)
enalapril
enalapril with hydrochlorothiazide
felodipine (generic Plendil)
fosinopril
fosinopril with hydrochlorothiazide

furosemide
guanfacine
hydrochlorothiazide
indapamide
isradipine
labetalol
lisinopril
lisinopril with hydrochlorothiazide
losartan (generic Cozaar) ½T
losartan with hydrochlorothiazide (generic Hyzaar)
metoprolol
metoprolol succinate sustained release (generic Toprol XL)
moexipril ½T
nadolol
nadolol with bendroflumethiazide
nifedipine (all formulations)
perindopril (generic Aceon) ½T
prazosin
propranolol sustained action capsule
propranolol tablet
quinapril
quinapril with hydrochlorothiazide
ramipril
spironolactone
spironolactone with hydrochlorothiazide
torsemide
trandolapril ½T
triamterene with hydrochlorothiazide
verapamil
verapamil sustained release
Atacand ½T
Atacand HCT
Azor

Benicar ½T
Benicar HCT
Bystolic
Cardizem LA (g)*
Innopran XL
Micardis
Micardis HCT
Sular (g)*

Cholesterol Lowering

cholestyramine
colestipol
fenofibrate
gemfibrozil
lovastatin
pravastatin (generic Pravachol) ½T
simvastatin (generic Zocor) ½T
Advicor
Altoprev
Antara
Crestor ½T
Fenoglide
Lipitor* ½T
Lipofen
Lofibra Tablet
Niaspan
Simcor
Tricor
Triglide
Vytorin
Welchol

Heart Failure

carvedilol (generic Coreg)
digoxin
BiDil

Nitrates/Other Angina

isosorbide
Nitrostat
Ranexa

Pulmonary Artery Hypertension Agents

Revatio (PA)
Tracleer (PA)
Ventavis (PA)

CENTRAL NERVOUS SYSTEM

Alzheimer's Disease

galantamine (generic Razadyne)
galantamine extended release (generic Razadyne ER)
Aricept*, Aricept ODT*
Namenda

Multiple Sclerosis

Ampyra (PA)
Avonex (PA)
Copaxone (PA)
Rebif (PA)

Nausea/Vomiting

granisetron (generic Kytril)
ondansetron (generic Zofran)
prochlorperazine
promethazine
Emend

Parkinson's Disease

amantadine
benztropine
carbidopa/levodopa
pramipexole (generic Mirapex)
ropinirole (generic Requip)
Akineton
Apokyn

Seizure Disorder

carbamazepine
clonazepam

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2010 or 2011. When a generic version is available, mandatory generic substitution will apply. Use of a covered Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug, if covered, is Level 3 or non-preferred. For the drug Dilantin, enrollees will not be charged the difference in cost between the brand-name drug and the generic version when the brand-name drug is dispensed instead of the generic. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ♦** next to a drug indicates a brand-name medication with a Level 1 or generic copayment. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Provide your Group and Plan information if prompted. On the resulting NYSHIP Online page, select Find a Provider and scroll to the 2011 Empire Plan Flexible Formulary link.

divalproex sodium (generic Depakote)
divalproex sodium extended release (generic Depakote ER)
gabapentin
lamotrigine
levetiracetam (generic Keppra)
oxcarbazepine
phenobarbital
phenytoin
primidone
topiramate (generic Topamax) ½T
Dilantin (g)
Felbatol
Gabitril
Lyrica
Tegretol XR (g)*

DERMATOLOGY/ SKIN DISORDER

adapalene (generic Differin) (PA)
benzoyl peroxide/erythromycin
betamethasone dipropionate
clindamycin (all formulations)
clobetasol
erythromycin topical
fluocinonide
hydrocortisone topical
imiquimod (generic Aldara)
isotretinoin
metronidazole topical
mometasone furoate topical
podofilox topical
sulfacetamide/sulfur
tretinoin (PA)
triamcinolone topical
Condylox (g)*
Dovonex (g)*
Duac
Protopic
Retin-A Micro Gel (PA)
Soriatane

DIABETES

acarbose (generic Precose)
glimepiride
glipizide
glipizide extended release
glipizide with metformin
glyburide
glyburide with metformin
glyburide, micronized
metformin
metformin extended release
nateglinide (generic Starlix)
Actoplus Met
Actos ½T
Avandamet
Avandaryl
Avandia
Byetta

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2010 or 2011. When a generic version is available, mandatory generic substitution will apply. Use of a covered Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug, if covered, is Level 3 or non-preferred. For the drug Dilantin, enrollees will not be charged the difference in cost between the brand-name drug and the generic version when the brand-name drug is dispensed instead of the generic. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ♦** next to a drug indicates a brand-name medication with a Level 1 or generic copayment. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Provide your Group and Plan information if prompted. On the resulting NYSHIP Online page, select Find a Provider and scroll to the 2011 Empire Plan Flexible Formulary link.

Duetact
Humalog
Humulin
Janumet
Januvia
Lantus
Levemir
Novolin
Novolog
Onglyza
Prandin
Symlin
Victoza

GASTROINTESTINAL

GERD/Peptic Ulcer
metoclopramide
misoprostol
omeprazole (generic Prilosec)
pantoprazole (generic Protonix)
ranitidine
sucralfate
Axid Oral Solution
Helidac
Prevpac
Pylera

Gastrointestinal-Other
chlordiazepoxide/clidinium
dicyclomine
hyoscyamine

Pancreatic Enzymes

Creon
Ultrase

Ulcerative Colitis
balsalazide disodium
(generic Colazal)
mesalamine enema
sulfasalazine
Apriso
Asacol
Entocort EC
Lialda

GROWTH HORMONES

Nutropin/Nutropin AQ (PA)
Saizen (PA)
Serostim (PA)
Tev-Tropin (PA)
Zorbtive (PA)

INFECTON

Antibiotics-Oral
amoxicillin
amoxicillin with potassium
clavulanate (generic Augmentin)
ampicillin
azithromycin (generic Zithromax)
cefaclor
cefadroxil

cefdinir (generic Omnicef)
cefprozil
cefuroxime
cephalexin
ciprofloxacin
clarithromycin (generic Biaxin)
clarithromycin extended release
(generic Biaxin XL)
clindamycin capsule
doxycycline
erythromycin
metronidazole
minocycline
penicillin V potassium
sulfamethoxazole with
trimethoprim
tetracycline
Gantrisin
Levaquin*

Antifungal Drugs-Oral

fluconazole
itraconazole (PA)
ketoconazole
nystatin
terbinafine (generic Lamisil) (PA)
Noxafil
Vfend

Antifungal Drugs-Topical

ciclopirox solution, non-oral
clotrimazole with
betamethasone
nystatin
nystatin with triamcinolone
Naftin

Antiviral Drugs

acyclovir
amantadine
famciclovir
rimantadine
valacyclovir (generic Valtrex) ½T
Tamiflu
Zovirax Ointment, Cream

Hepatitis

ribavirin (PA)
Baraclude
Hepsera
Infergen (PA)
Intron-A (PA)
Pegasys (PA)
Peg-Intron (PA)
Tyzeka

MIGRAINE HEADACHE

butalbital/acetaminophen/caffeine
butalbital/aspirin/caffeine
butorphanol nasal spray
ergotamine/caffeine
propranolol tablet
sumatriptan (generic Imitrex)
Frova

Maxalt
Relpax
Zomig

MUSCLE RELAXANTS

carisoprodol
cyclobenzaprine
diazepam
metaxalone (generic Skelaxin)
methocarbamol
orphenadrine/orphenadrine
compound

OPHTHALMIC (EYE)

Glaucoma

betaxolol
brimonidine
dorzolamide (generic Trusopt)
pilocarpine
timolol maleate
Azopt
Betimol
Combigan
Lumigan
Travatan/Travatan Z

Other Eye Medications

azelastine (generic Optivar)
ciprofloxacin drops
cromolyn sodium drops
cyclopentolate
diclofenac sodium drops (generic Voltaren Ophthalmic)
flurbiprofen drops
ketorolac tromethamine drops
ofloxacin drops
prednisolone drops
tobramycin drops
tobramycin/dexamethasone
drops (generic Tobradex)
Elestat
Flarex
FML Forte/FML SOP
Pred Mild
Restasis
Vexol

OTIC (EAR)

ofloxacin (generic Floxin)
Ciprodex

PAIN/ARTHRITIS

acetaminophen with codeine
acetaminophen with hydrocodone
diclofenac
etodolac
fentanyl citrate lollipop
fentanyl transdermal system
flurbiprofen
ibuprofen
ibuprofen with hydrocodone
indomethacin

ketoprofen
leflunomide
meloxicam (generic Mobic)
methotrexate
nabumetone
naproxen
oxaprozin
oxycodone with acetaminophen
oxycodone with aspirin
piroxicam
propoxyphene with acetaminophen
sulindac
tolmetin
tramadol
tramadol extended release
tramadol with acetaminophen
Celebrex
Cimzia (PA)
Enbrel (PA)
Humira (PA)
Opana ER
Oxycontin
Prevacid NapraPAC
Simponi (PA)
Voltaren Gel

PSYCHOTHERAPEUTIC AGENTS

Anxiety, Insomnia and Sedative Agents
alprazolam/alprazolam extended release
buspirone
diazepam
flurazepam
lorazepam
temazepam
triazolam
zaleplon (generic Sonata)
zolpidem (generic Ambien)

Attention Deficit Hyperactivity Disorder (ADHD)

amphetamine with dextroamphetamine salt combination
amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR)
dextroamphetamine sustained release
methylphenidate
methylphenidate extended release
Intuniv
Vyvanse

Depression
amitriptyline
bupropion hcl
bupropion hcl extended release
bupropion hcl sustained release
citalopram (generic Celexa)
desipramine
doxepin
fluoxetine (generic Prozac)
imipramine
mirtazapine
mirtazapine dispersible tablet
nortriptyline
paroxetine (generic Paxil)
paroxetine sustained release 24 hour (generic Paxil CR)
sertraline (generic Zoloft) ½T
tranylcypromine
trazodone
venlafaxine (generic Effexor)
venlafaxine extended release capsule (generic Effexor XR)
Nardil

Psychosis
clozapine
haloperidol
risperidone (generic Risperdal)
Geodon
Moban
Seroquel (except for XR) ½T
Symbyax
Zyprexa (except for Zydis)* ½T

RESPIRATORY

Allergy-Antihistamines
fexofenadine (generic Allegra)
hydroxyzine

Allergy-Antihistamines/Decongestants
Allegra-D (g)*

Allergy-Nasal Antihistamines
azelastine nasal spray (generic Astelin)

Allergy-Nasal Corticosteroids
flunisolide nasal spray
fluticasone (generic Flonase)
Nasonex

Allergy-Other
Epipen
Twinject

Asthma-Inhaled Drugs
albuterol inhalation solution
albuterol/ipratropium solution
cromolyn
ipratropium inhalation solution
Advair
Asmanex

Combivent
Flovent
Foradil
Pulmicort Flexhaler
Pulmicort Respules (g)*
QVAR
Serevent
Spiriva
Symbicort
Ventolin HFA♦

Asthma-Oral Drugs

albuterol
prednisolone
prednisone
terbutaline
theophylline
Singulair

THYROID REPLACEMENT

levothyroxine (generic Synthroid)
liothyronine (generic Cytomel)

URINARY TRACT

Benign Prostatic Hyperplasia (BPH)
doxazosin
finasteride (generic Proscar)
tamsulosin (generic Flomax)
terazosin

Erectile Dysfunction
Viagra

Miscellaneous Anticholinergics/Antispasmodics-Other
desmopressin
oxybutynin/oxybutynin extended release
trospium (generic Sanctura)
Enablex
Gelnique
Oxytrol
Sanctura XR
Vesicare

VITAMIN DEFICIENCY

cyanocobalamin injection
Nascobal

WEIGHT LOSS

phentermine (PA)

WOMEN'S HEALTH

Contraceptives

aviane
gianvi (generic Yaz)
kariva

levonorgestrel-ethinyl estradiol tablet, dosepack, 3 month (generic Seasonale)
medroxyprogesterone 150mg/ml
microgestin fe
ocella (generic Yasmin)
tri-sprintec
trinessa
NuvaRing

Hormone Therapy-Oral

estropipate
medroxyprogesterone tablet
methyltestosterone with esterified estrogens
Activella (g)*
Cenestin
Enjuvia
Prefest
Prometrium

Hormone Therapy-Patches

estradiol patch
Combipatch
Esclim
Estraderm
Vivelle/Vivelle-Dot

Hormone Therapy-Miscellaneous

Estrace Cream
Estring
Vagifem

Infertility

clomiphene
leuprolide
Cetrotide
Follistim AQ
Gonal-F
Luveris
Ovidrel

Osteoporosis

alendronate sodium tablet (generic Fosamax)
etidronate disodium
Actonel
Boniva
Evista
Forteo (PA)

Other Agents

clindamycin vaginal cream
metronidazole vaginal gel
prenatal vitamins (generic)
tamoxifen
terconazole
Clindesse
Precare

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2010 or 2011. When a generic version is available, mandatory generic substitution will apply. Use of a covered Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug, if covered, is Level 3 or non-preferred. For the drug Dilantin, enrollees will not be charged the difference in cost between the brand-name drug and the generic version when the brand-name drug is dispensed instead of the generic. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ♦** next to a drug indicates a brand-name medication with a Level 1 or generic copayment. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

You can get more information about your prescription drug benefits by calling The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and selecting The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.state.ny.us>. Click on Benefit Programs, then NYSHIP Online. Provide your Group and Plan information if prompted. On the resulting NYSHIP Online page, select Find a Provider and scroll to the 2011 Empire Plan Flexible Formulary link.

Level 3 or Non-Preferred Drugs Empire Plan Flexible Formulary Alternatives

Aciphex	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Avelox	ciprofloxacin, ofloxacin, Levaquin*
Betaseron (PA)	Avonex (PA), Copaxone (PA), Rebif (PA)
Concerta	amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR), methylphenidate, Intuniv, Vyvanse
Cymbalta	venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Diovan ½T	losartan (generic Cozaar) ½T, Atacand ½T, Benicar ½T, Micardis
Diovan HCT	losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT, Benicar HCT, Micardis HCT
Dipentum	Apriso, Asacol, Lialda
Lexapro ½T	citalopram (generic Celexa), fluoxetine (generic Prozac), paroxetine (generic Paxil), paroxetine sustained release 24 hour (generic Paxil CR), sertraline (generic Zoloft) ½T, venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Locoid Lipocream	hydrocortisone butyrate, hydrocortisone valerate
Pancreaze	Creon, Ultrase
Proventil HFA	Ventolin HFA ♦
Tazorac*(PA)	adapalene (generic Differin) (PA), tretinoin (PA), Retin-A Micro Gel (PA)
Zegerid Powder for Oral Suspension	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Zetia	lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T, Lipitor*½T, Tricor, Vytorin, Welchol

Excluded Drugst Empire Plan Flexible Formulary Alternatives

Acuvail	diclofenac sodium drops (generic Voltaren Ophthalmic), ketorolac tromethamine drops
Adoxa	doxycycline
Amrix	cyclobenzaprine
Aplenzin	bupropion hcl extended release, bupropion hcl sustained release
Asacol HD	Apriso, Asacol, Lialda
BenzEfoam	benzoyl peroxide
Caduet	amlodipine (generic Norvasc) plus Lipitor*½T
Clobex Shampoo	clobetasol
Coreg CR	carvedilol (generic Coreg)
Detrol LA	oxybutynin, oxybutynin extended release, trospium (generic Sanctura), Enablex, Sanctura XR, Vesicare
Dexilant (formerly Kapidex)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Doryx	doxycycline
Edluar	zaleplon (generic Sonata), zolpidem (generic Ambien)
Epiduo	adapalene (generic Differin) (PA) plus benzoyl peroxide
Extavia	Avonex (PA), Copaxone (PA), Rebif (PA)
Flector	Voltaren Gel
Genotropin (PA)°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Humatrope (PA)°°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
lansoprazole	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Metozolv ODT	metoclopramide
Momexin Kit	mometasone furoate topical plus ammonium lactate
Naprelan	diclofenac, ibuprofen, naproxen
Neobenz Micro	benzoyl peroxide
Nexium	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Norditropin (PA)°°°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Olux/Olux-E Complete Pack	clobetasol
omeprazole/sodium bicarbonate capsule (generic Zegerid)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Omnitrope (PA)°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Prevacid Capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Requip XL	ropinirole (generic Requip)
Ryzolt	tramadol, tramadol extended release
Soma 250	carisoprodol
Terbinex	terbinafine (generic Lamisil) (PA)
Testim	AndroGel
Treximet	naproxen sodium plus sumatriptan (generic Imitrex)
Triaz	benzoyl peroxide
Twynsta	amlodipine (generic Norvasc) plus Micardis
Veramyst	flunisolide, fluticasone (generic Flonase), Nasonex
Xopenex Inhalation Solution	albuterol inhalation solution
Zegerid Capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Ziana	tretinoin (PA) plus clindamycin topical
Zipsor	diclofenac, ibuprofen, naproxen

° Excluded, except for the treatment of growth failure due to Prader-Willi syndrome or Small for Gestational Age.
 °° Excluded, except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age.
 °°° Excluded, except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age.
 † Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under The Empire Plan Flexible Formulary.
 New prescription drugs may be subject to exclusion when they become available in the market. Please refer to the DCS website at <https://www.cs.state.ny.us> or call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) for current information regarding exclusions of newly launched prescription drugs.



THE EMPIRE PLAN

Effective
January 1, 2012

2012 EMPIRE PLAN FLEXIBLE FORMULARY

Administered by UnitedHealthcare

The following is a list of the most commonly prescribed generic and brand-name drugs included on the 2012 Empire Plan Flexible Formulary. This is not a complete list of all prescription drugs on the flexible formulary or covered under The Empire Plan. This list and excluded medications are subject to change. New prescription drugs may be subject to exclusion when they become available in the market. For specific questions about your prescriptions, coverage and copayments, please call The Empire Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and select The Empire Plan Prescription Drug Program or visit the website at <https://www.cs.ny.gov>. Click on Benefit Programs, then NYSHIP Online. Provide your group and plan information if prompted. On the resulting NYSHIP Online page, select Using Your Benefits and scroll to the 2012 Empire Plan Flexible Formulary links.

For the enrollee: Enrollees are encouraged to ask their doctors to prescribe covered generic versions of brand-name drugs whenever appropriate, as this will result in a lower copayment, unless the brand-name drug has been placed on Level 1. Brand products on Level 1 will be less expensive than the generic equivalent. Generic medications contain the same active ingredients as their corresponding brand-name medications, although they may look different in color or shape. They have been FDA-approved under strict standards.

For the physician: Please prescribe covered Level 1 and Level 2 or preferred products when medically appropriate for your patients.

CARDIOVASCULAR

Antiarrhythmics

amiodarone
disopyramide
mexiletine
quinidine gluconate
quinidine sulfate
sotalol
Multaq

Blood Modifiers

fondaparinux (generic Arixtra)
ticlopidine
warfarin
Lovenox (g)*
Plavix*

Blood Pressure Lowering

amlodipine (generic Norvasc)
amlodipine and benazepril (generic Lotrel)
atenolol
atenolol with chlorthalidone
benazepril
benazepril with hydrochlorothiazide
bisoprolol with hydrochlorothiazide

captopril
captopril with hydrochlorothiazide
clonidine
clonidine patch (generic Catapres-TTS)
diltiazem (all formulations)
enalapril
enalapril with hydrochlorothiazide
felodipine (generic Plendil)
fosinopril
fosinopril with hydrochlorothiazide
furosemide
guanfacine
hydrochlorothiazide
indapamide
isradipine
labetalol
lisinopril
lisinopril with hydrochlorothiazide
losartan (generic Cozaar) ½T
losartan with hydrochlorothiazide (generic Hyzaar)
metoprolol
metoprolol succinate sustained release (generic Toprol XL)
moexipril ½T
nadolol

nadolol with bendroflumethiazide
nifedipine (all formulations)
nisoldipine (generic Sular)
perindopril (generic Aceon) ½T
prazosin
propranolol sustained action capsule
propranolol tablet
quinapril
quinapril with hydrochlorothiazide
ramipril
spironolactone
spironolactone with hydrochlorothiazide
torsemide
trandolapril ½T
triamterene with hydrochlorothiazide
verapamil
verapamil sustained release
Atacand* ½T
Atacand HCT*
Benicar ½T
Benicar HCT
Bystolic
Cardizem LA (g)*
Innopran XL

Micardis
Micardis HCT

Cholesterol Lowering

cholestyramine
colestipol
fenofibrate
gemfibrozil
lovastatin
pravastatin (generic Pravachol) ½T
simvastatin (generic Zocor) ½T
Advicor
Altoprev
Antara
Crestor ½T
Fenoglide
Lipitor*
Lipofen
Lofibra Tablet
Niaspan
Triglide
Vytorin
Welchol

Heart Failure

carvedilol (generic Coreg)
digoxin
BiDil

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply, unless the brand-name drug has been placed on Level 1. Use of a covered Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. The symbol (g) next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug, if covered, may be Level 3 or non-preferred. The symbol (PA) next to a drug name indicates that prior authorization is required. The symbol ♦ next to a drug indicates a brand-name medication with a Level 1 copayment. The symbol ½T next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

Nitrates/Other Angina

isosorbide
Nitrostat
Ranexa

Pulmonary Artery

Hypertension Agents

Adcirca (PA)
Letairis (PA)
Revatio* (PA)
Tracleer (PA)
Tyvaso (PA)
Ventavis (PA)

CENTRAL NERVOUS SYSTEM

Alzheimer's Disease

donepezil 5mg, 10mg
(generic Aricept)
galantamine (generic Razadyne)
galantamine extended release
(generic Razadyne ER)
Namenda

Multiple Sclerosis

Ampyra (PA)
Avonex (PA)
Copaxone (PA)
Rebif (PA)

Nausea/Vomiting

granisetron (generic Kytril)
ondansetron (generic Zofran)
prochlorperazine
promethazine
Emend

Parkinson's Disease

amantadine
benztropine
carbidopa/levodopa
pramipexole (generic Mirapex)
ropinirole (generic Requip)
Apokyn

Seizure Disorder

carbamazepine
clonazepam
divalproex sodium
(generic Depakote)
divalproex sodium extended
release (generic Depakote ER)
gabapentin
lamotrigine
levetiracetam (generic Keppra)
oxcarbazepine
phenobarbital
phenytoin
primidone
topiramate (generic Topamax) ½T
Dilantin (g)
Felbatol
Gabitril*
Lyrica
Tegretol XR (g)*

DERMATOLOGY/ SKIN DISORDER

adapalene (generic Differin) (PA)
benzoyl peroxide/erythromycin
betamethasone dipropionate
clindamycin (all formulations)
clobetasol
erythromycin topical
fluocinonide
hydrocortisone topical
imiquimod (generic Aldara)
isotretinoin
metronidazole topical
mometasone furoate topical
mupirocin ointment
podofilox topical
sulfacetamide/sulfur
tretinoin (PA)
triamcinolone topical
Condylox (g)*
Dovonex (g)*
Duac
Protopic
Soriatane
Stelara (PA)

DIABETES

acarbose (generic Precose)
glimepiride
glipizide
glipizide extended release
glipizide with metformin
glyburide
glyburide with metformin
glyburide, micronized
metformin
metformin extended release
nateglinide (generic Starlix)
Actoplus Met*
Actos* ½T
Byetta
Duetact
Humalog
Humulin
Janumet
Januvia
Lantus
Levemir
Novolin
Novolog
Onglyza
Prandin
Symlin
Victoza

GASTROINTESTINAL

GERD/Peptic Ulcer

metoclopramide
misoprostol
nizatidine oral solution
omeprazole (generic Prilosec)
pantoprazole (generic Protonix)
ranitidine
sucralfate
Helidac
Prevpac
Pylera

Gastrointestinal-Other

chlordiazepoxide/clidinium
dicyclomine
hyoscyamine

Pancreatic Enzymes

Creon
Zenpep

Ulcerative Colitis

balsalazide disodium
(generic Colasal)
budesonide (generic Entocort EC)
mesalamine enema
Apriso
Asacol
Lialda

GROWTH HORMONES

Nutropin/Nutropin AQ (PA)
Saizen (PA)
Serostim (PA)
Tev-Tropin (PA)
Zorbtive (PA)

INFECTION

Antibiotics-Oral

amoxicillin
amoxicillin with potassium
clavulanate (generic
Augmentin)
ampicillin
azithromycin (generic Zithromax)
cefaclor
cefadroxil
cefdinir (generic Omnicef)
cefprozil
cefuroxime
cephalexin
ciprofloxacin
clarithromycin (generic Biaxin)
clarithromycin extended release
(generic Biaxin XL)
clindamycin capsule
doxycycline
erythromycin
levofloxacin (generic Levaquin)
metronidazole
minocycline
penicillin V potassium
sulfamethoxazole with
trimethoprim
tetracycline

Antifungal Drugs-Oral

fluconazole
itraconazole (PA)
ketoconazole
nystatin
terbinafine (generic Lamisil) (PA)
Noxafil
Vfend

Antifungal Drugs-Topical

ciclopirox solution, non-oral
clotrimazole with
betamethasone
nystatin

nystatin with triamcinolone
Naftin

Antiviral Drugs

acyclovir
amantadine
famciclovir
rimantadine
valacyclovir (generic Valtrex) ½T
Tamiflu
Zovirax Ointment, Cream

Hepatitis

ribavirin (PA)
Baraclude
Hepsera
Infergen (PA)
Intron-A (PA)
Pegasys (PA)
Peg-Intron (PA)
Tyzeka

MIGRAINE HEADACHE

butalbital/acetaminophen/caffeine
butalbital/aspirin/caffeine
butorphanol nasal spray
ergotamine/caffeine
propranolol tablet
sumatriptan (generic Imitrex)
Frova
Maxalt*
Relpax
Zomig

MUSCLE RELAXANTS

carisoprodol 350mg
cyclobenzaprine (generic Flexeril)
diazepam
metaxalone (generic Skelaxin)
methocarbamol
orphenadrine/orphenadrine
compound

OPHTHALMIC (EYE)

Glaucoma

betaxolol
brimonidine
dorzolamide (generic Trusopt)
latanoprost (generic Xalatan)
pilocarpine
timolol maleate
Azopt
Betimol
Combigan
Lumigan
Travatan/Travatan Z

Other Eye Medications

azelastine (generic Optivar)
ciprofloxacin drops
cromolyn sodium drops
cyclopentolate
diclofenac sodium drops (generic
Voltaren Ophthalmic)
epinastine drops (generic Elestat)
flurbiprofen drops
ketorolac tromethamine drops
ofloxacin drops
prednisolone drops
tobramycin drops

tobramycin/dexamethasone drops (generic Tobradex)
Flarex
FML Forte/FML SOP
Pred Mild
Restasis
Vexol

OTIC (EAR)

ofloxacin (generic Floxin)
Ciprodex

PAIN/ARTHRITIS

acetaminophen with codeine
acetaminophen with hydrocodone
diclofenac
etodolac
fentanyl citrate lollipop (PA)
fentanyl transdermal system
flurbiprofen
ibuprofen
ibuprofen with hydrocodone
indomethacin
ketoprofen
leflunomide
meloxicam (generic Mobic)
methotrexate
nabumetone
naproxen
oxaprozin
oxycodone with acetaminophen
oxycodone with aspirin
oxymorphone (generic Opana)
piroxicam
sulindac
tolmetin
tramadol
tramadol extended release
tramadol with acetaminophen
Celebrex
Cimzia (PA)
Enbrel (PA)
Opana ER
Oxycontin
Simponi (PA)
Voltaren Gel

PSYCHOTHERAPEUTIC AGENTS

Anxiety, Insomnia and Sedative Agents

alprazolam/alprazolam extended release
buspirone
diazepam
flurazepam
lorazepam
temazepam
triazolam
zaleplon (generic Sonata)
zolpidem (generic Ambien)

Attention Deficit

Hyperactivity Disorder (ADHD)
amphetamine with dextroamphetamine salt combination

amphetamine with dextroamphetamine salt combination extended release (generic Adderall XR)
dextroamphetamine sustained release
methylphenidate
methylphenidate extended release
Intuniv
Vyvanse

Depression

amitriptyline
bupropion hcl
bupropion hcl extended release
bupropion hcl sustained release
citalopram (generic Celexa)
desipramine
doxepin
fluoxetine (generic Prozac)
imipramine
mirtazapine
mirtazapine dispersible tablet
nortriptyline
paroxetine (generic Paxil)
paroxetine sustained release 24 hour (generic Paxil CR)
phenelzine (generic Nardil)
sertraline (generic Zoloft) ½T
tranylcypromine
trazodone
venlafaxine (generic Effexor)
venlafaxine extended release capsule (generic Effexor XR)

Psychosis

clozapine
haloperidol
olanzapine (generic Zyprexa)
risperidone (generic Risperdal)
Geodon*
Molan
Seroquel (except for XR)*½T
Symbyax*

RESPIRATORY

Allergy-Antihistamines

hydroxyzine
levocetirizine (generic Xyzal)

Allergy-Nasal Antihistamines

azelastine nasal spray (generic Astelin)

Allergy-Nasal Corticosteroids

flunisolide nasal spray
fluticasone (generic Flonase)
Nasonex

Allergy-Other

epinephrine pen
EpiPen

Asthma-Inhaled Drugs

albuterol inhalation solution
albuterol/ipratropium solution
cromolyn
ipratropium inhalation solution
Advair
Alvesco♦
Asmanex♦

Combivent
Foradil
Pulmicort Respules (g)*
QVAR♦
Spiriva
Symbicort
Ventolin HFA♦

Asthma-Oral Drugs

albuterol
prednisolone
prednisone
terbutaline
theophylline
Singular*

THYROID REPLACEMENT

levothyroxine (generic Synthroid)
liothyronine (generic Cytomel)
Tirosint

URINARY TRACT

Benign Prostatic Hyperplasia (BPH)

doxazosin
finasteride (generic Proscar)
tamsulosin (generic Flomax)
terazosin

Erectile Dysfunction

Viagra

Miscellaneous

Anticholinergics/ Antispasmodics-Other

desmopressin
oxybutynin/oxybutynin extended release
trospium (generic Sanctura)
Enablex
Gelnique
Oxytrol
Sanctura XR
Vesicare

VITAMIN DEFICIENCY

cyanocobalamin injection
Nascobal

WEIGHT LOSS

phentermine (PA)

WOMEN'S HEALTH

Contraceptives

aviane
gianvi (generic Yaz)
kariva
levonorgestrel-ethinyl estradiol tablet, dosepack, 3 month (generic Seasonale)
medroxyprogesterone 150mg/ml
microgestin fe
ocella (generic Yasmin)
tri-sprintec
trinessa
NuvaRing

Hormone Therapy-Oral

estradiol/norethindrone (generic Activella)
estropipate
medroxyprogesterone tablet
methyltestosterone with esterified estrogens
Cenestin
Enjuvia
Prefest
Prometrium

Hormone Therapy-Patches

estradiol patch
Combipatch
Estraderm
Vivelle/Vivelle-Dot

Hormone Therapy-

Miscellaneous

Estrace Cream
Estring
Vagifem

Infertility

clomiphene
leuprolide
Cetrotide
Follistim AQ
Gonal-F
Luveris
Ovidrel

Osteoporosis

alendronate sodium tablet (generic Fosamax)
etidronate disodium
Actonel
Boniva
Evista
Forteo (PA)
Other Agents
clindamycin vaginal cream
metronidazole vaginal gel
prenatal vitamins (generic)
tamoxifen
terconazole
Clindesse
Lysteda

Level 3 or Non-Preferred Drugs	Empire Plan Flexible Formulary Alternatives
Abilify ½T	olanzapine (generic Zyprexa), risperidone (generic Risperdal), Geodon*, Seroquel (except for XR)*½T
Aciphex Avalide*	omeprazole (generic Prilosec), pantoprazole (generic Protonix) losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT*, Benicar HCT, Micardis HCT
Avapro*½T Avelox Avodart Azor Betaseron (PA) Cialis Cymbalta Diovan*½T Diovan HCT*	losartan (generic Cozaar) ½T, Atacand*½T, Benicar ½T, Micardis ciprofloxacin, levofloxacin (generic Levaquin), ofloxacin doxazosin, finasteride (generic Proscar), tamsulosin (generic Flomax), terazosin amlodipine (generic Norvasc) plus Benicar ½T Avonex (PA), Copaxone (PA), Rebif (PA) Viagra venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR)
Flovent Humira (PA) Lexapro*½T	losartan (generic Cozaar) ½T, Atacand*½T, Benicar ½T, Micardis losartan with hydrochlorothiazide (generic Hyzaar), Atacand HCT*, Benicar HCT, Micardis HCT Alvesco ♦, Asmanex ♦, QVAR ♦ Cimzia (PA), Enbrel (PA), Simponi (PA), Stelara (PA)
Lunesta Proventil HFA Pulmicort Flexhaler Retin-A Micro (PA) Serevent Simcor Twinject Zegerid Powder for Oral Suspension Zetia	citalopram (generic Celexa), fluoxetine (generic Prozac), paroxetine (generic Paxil), paroxetine sustained release 24 hour (generic Paxil CR), sertraline (generic Zoloft) ½T, venlafaxine (generic Effexor), venlafaxine extended release capsule (generic Effexor XR) zaleplon (generic Sonata), zolpidem (generic Ambien) Ventolin HFA ♦ Alvesco ♦, Asmanex ♦, QVAR ♦ tretinoin (PA) Foradil simvastatin (generic Zocor) ½T plus Niaspan epinephrine pen, EpiPen omeprazole (generic Prilosec), pantoprazole (generic Protonix) lovastatin, pravastatin (generic Pravachol) ½T, simvastatin (generic Zocor) ½T, Crestor ½T, Lipitor*, Vytorin, Welchol

For enrollee groups eligible for the Enhanced Flexible Formulary, you have an additional feature called Brand for Generic (B4G) which saves you money on certain Brand-Name drugs that have a new generic available. When advantageous to the Plan, this feature allows a Brand-Name drug to be placed on Level 1, the lowest copayment level, and the new generic equivalent to be placed on Level 3, the highest copayment level or excluded. These placements are for a limited time, typically six months, and may be revised mid-year when such changes are advantageous to The Empire Plan.

UnitedHealthcare will notify you when B4G savings are available.

We will also notify your pharmacist so that the lowest cost option will always be dispensed.

Please refer to the DCS website at <https://www.cs.ny.gov> for the most current information regarding the B4G feature.

KEY

Generic Drugs are listed in lower case letters. Brand-name drugs are listed with the first letter of the name capitalized.

The symbol * next to a brand-name drug signifies that this drug may be available as a generic in 2011 or 2012. When a generic version is available, mandatory generic substitution will apply, unless the brand-name drug has been placed on Level 1. Use of a covered Level 3 or non-preferred brand-name prescription drug when the generic is available will result in the enrollee paying the applicable Level 3 or non-preferred copayment plus the difference in cost between the brand-name drug and the generic, not to exceed the full retail cost of the drug, unless the brand-name drug has been placed on Level 1 of the Flexible Formulary. **The symbol (g)** next to a brand-name drug indicates that a generic is currently available for at least one or more strengths of the brand medication. When a generic is available for a particular strength of the brand-name drug, that strength of the brand-name drug, if covered, may be Level 3 or non-preferred. **The symbol (PA)** next to a drug name indicates that prior authorization is required. **The symbol ♦** next to a drug indicates a brand-name medication with a Level 1 copayment. **The symbol ½T** next to a drug indicates that certain strengths may be eligible for the Half Tablet Program.

Excluded drugs with 2012 Empire Plan Flexible Formulary Alternatives

Excluded Drugs†	Empire Plan Flexible Formulary Alternatives
Acuvail	diclofenac sodium drops (generic Voltaren Ophthalmic), ketorolac tromethamine drops
Adoxa	doxycycline
Amrix	cyclobenzaprine (generic Flexeril)
Analpram Advanced Kit	hydrocortisone/pramoxine cream
Androgel	Testim
Aplenzin	bupropion hcl extended release, bupropion hcl sustained release
Aricept 23mg	donepezil 5mg, 10mg (generic Aricept)
Asacol HD	Apriso, Asacol, Lialda
BenzEfoam	benzoyl peroxide
Caduet	amlodipine (generic Norvasc) plus Lipitor*
Cambia	diclofenac
carisoprodol 250mg (generic Soma 250mg)	carisoprodol 350mg
Centany AT	mupirocin ointment
Clindacin PAC	clindamycin topical
Clobex Shampoo	clobetasol
Coreg CR	carvedilol (generic Coreg)
cyclobenzaprine extended release capsule (generic Amrix)	cyclobenzaprine (generic Flexeril)
Detrol LA	oxybutynin, oxybutynin extended release, trospium (generic Sanctura), Enablex, Sanctura XR, Vesicare
Dexilant (formerly Kapidex)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Doryx	doxycycline
doxycycline hyclate extended release tablet (generic Doryx)	doxycycline
doxycycline monohydrate 150mg capsule (generic Adoxa 150mg capsule)	doxycycline
Edluar	zaleplon (generic Sonata), zolpidem (generic Ambien)
Epiduo	adapalene (generic Differin) (PA) plus benzoyl peroxide
Extavia	Avonex (PA), Copaxone (PA), Rebif (PA)
Flector	Voltaren Gel
Genotropin (PA)°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Humatrope (PA)°°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Jalyn	finasteride (generic Proscar) plus tamsulosin (generic Flomax)
lansoprazole capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Metozolv ODT	metoclopramide
Momexin Kit	mometasone furoate topical plus ammonium lactate
Morgidox Kit	doxycycline
Naprelan	diclofenac, ibuprofen, naproxen
Neobenz Micro	benzoyl peroxide
Nexium	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Norditropin (PA)°°°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Olux/Olux-E Complete Pack	clobetasol
omeprazole/sodium bicarbonate capsule (generic Zegerid)	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Omnitrope (PA)°	Nutropin (PA), Nutropin AQ (PA), Saizen (PA), Tev-Tropin (PA)
Orbivan	butalbital/acetaminophen/caffeine

° Excluded, except for the treatment of growth failure due to Prader-Willi syndrome or Small for Gestational Age.

°° Excluded, except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age.

°°° Excluded, except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age.

† Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under The Empire Plan Flexible Formulary. New prescription drugs may be subject to exclusion when they become available in the market. Please refer to the DCS website at <https://www.cs.ny.gov> or call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) for current information regarding exclusions of newly launched prescription drugs.

Excluded drugs with 2012 Empire Plan Flexible Formulary Alternatives Continued

Excluded Drugs†	Empire Plan Flexible Formulary Alternatives
Pacnex HP/Pacnex LP/Pacnex MX	benzoyl peroxide
Pennsaid	Voltaren Gel
Prevacid Capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Requip XL	ropinirole (generic Requip)
Rybix ODT	tramadol, tramadol extended release
Ryzolt	tramadol, tramadol extended release
Silenor	doxepin
Soma 250	carisoprodol 350mg
Sumaxin TS	sodium sulfacetamide/sulfur
Terbinex	terbinafine (generic Lamisil) (PA)
Tobradex ST	tobramycin/dexamethasone drops (generic Tobradex)
Treximet	naproxen sodium plus sumatriptan (generic Imitrex)
Triaz	benzoyl peroxide
Tribenzor	amlodipine (generic Norvasc) plus hydrochlorothiazide plus Benicar ½T or amlodipine (generic Norvasc) plus Benicar HCT
Tricor	fenofibrate, Antara, Fenoglide, Lipofen, Triglide
Trilipix	fenofibrate, Antara, Fenoglide, Lipofen, Triglide
Twynsta	amlodipine (generic Norvasc) plus Micardis
Uramaxin GT	urea
Veltin	tretinoin (PA) plus clindamycin topical
Veramyst	flunisolide, fluticasone (generic Flonase), Nasonex
Vimovo	naproxen plus omeprazole (generic Prilosec)
Xerese	Zovirax Ointment, Cream
Xopenex Inhalation Solution	albuterol inhalation solution
Zegerid Capsule	omeprazole (generic Prilosec), pantoprazole (generic Protonix)
Ziana	tretinoin (PA) plus clindamycin topical
Zipsor	diclofenac, ibuprofen, naproxen
Zuplenz	ondansetron (generic Zofran)
Zyclara	imiquimod (generic Aldara)

° Excluded, except for the treatment of growth failure due to Prader-Willi syndrome or Small for Gestational Age.

°° Excluded, except for the treatment of growth failure due to SHOX deficiency or Small for Gestational Age.

°°° Excluded, except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age.

† Coverage for prescription drugs excluded under the benefit plan design are not subject to exception. This includes prescription medications excluded from coverage under The Empire Plan Flexible Formulary. New prescription drugs may be subject to exclusion when they become available in the market. Please refer to the DCS website at <https://www.cs.ny.gov> or call The Empire Plan Prescription Drug Program toll free at 1-877-7-NYSHIP (1-877-769-7447) for current information regarding exclusions of newly launched prescription drugs.

2012 Three-Level Preferred Drug List Reference Guide

Effective January 1, 2012



Anti-Infectives Antibiotics (Oral, inhaled and ear antibiotics are listed)

Level 1	Level 2	Level 3
Amoxicillin Amoxicillin/Potassium Clavulanate Ampicillin Azithromycin Cefadroxil Cefprozil Cephalexin Monohydrate Ciprofloxacin Tablet Clarithromycin Tablet Clindamycin HCl Dicloxacillin Sodium Doxycycline Monohydrate Erythromycin Levofloxacin Metronidazole Minocycline HCl Neomycin/Polymyxin/HC Otic Nitrofurantoin Macrocrystal Ofloxacin Otic Penicillin V Potassium Sulfamethoxazole/Trimethoprim Tetracycline HCl	Augmentin Cefdinir Cipro Suspension Ciprodex Otic Clarithromycin Cleocin HCl 75 mg Dapsone Ery-Tab 500 mg Macrodantin 25 mg Tobi Vancocin HCl SL Zyvox SL	Adoxa E Amoxicillin-Clavulanate ER E Augmentin XR E Avelox Cipro HC Ciprofloxacin Tablet, Sustained-Release 24 Hour Doryx E Doxycycline Hyclate Enteric-Coated Tablet E Doxycycline Monohydrate Capsule 150 mg E Oracea Solodyn Suprax

Anti-Infectives Antifungals (Oral and topical antifungals are listed)

Level 1	Level 2	Level 3
Clotrimazole Fluconazole Itraconazole Capsule SL Ketoconazole Nystatin Terbinafine HCl Tablet SL Terconazole Vaginal	Clindesse Vaginal Metronidazole Vaginal Mycostatin Noxafil Sporanox Solution, Oral	Extina Gynazole-1 Vaginal Lamisil Granules SL

Anti-Infectives Antivirals

Level 1	Level 2	Level 3
Acyclovir Amantadine HCl Ribavirin N	Baraclude Epivir HBV Famciclovir SL Hepsera Rebetol Solution N Valacyclovir SL Valcyte SL	Relenza SL Tamiflu SL Valtrex SL

Cardiovascular/Heart Disease High Blood Pressure

Level 1	Level 2	Level 3
Amlodipine Atenolol Benazepril Bisoprolol Bumetanide Captopril Carvedilol Chlorthalidone Clonidine HCl Diltiazem Doxazosin Enalapril Felodipine Fosinopril Furosemide Guanfacine HCl Hydralazine Hydrochlorothiazide Indapamide Labetalol HCl	Aldactazide 50-50 mg Benicar $\frac{1}{2}$ T, SL BiDil Bystolic Cardizem Dibenzylidine Eplerenone Metoprolol Succinate Tablet, Sustained-Release 24 Hour 50, 100, 200 mg Micardis SL Micardis HCT SL Nisoldipine 20, 30, 40 mg Perindopril Erbumine $\frac{1}{2}$ T Quinapril HCl/Hydrochlorothiazide Thalitone	Aceon $\frac{1}{2}$ T Amlodipine/Benazepril SL Amturide E Atacand SL Avalide SL Azor SL Cardizem LA Catapres-TTS SL Clonidine Patch SL Coreg CR E Diovan $\frac{1}{2}$ T, SL Diovan HCT SL Exforge SL Exforge HCT SL Propranolol HCl Sustained-Action Capsule Tarka Tekamlo E Tekturna SL Tekturna HCT SL Teveten SL

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

$\frac{1}{2}$ T Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

2012 Three-Level Preferred Drug List Reference Guide

Cardiovascular/Heart Disease High Blood Pressure (cont. from page 1)

Level 1	Level 2	Level 3
Lisinopril Losartan $\frac{1}{2}$ T Methyldopa Metolazone Metoprolol Succinate Tablet, Sustained-Release 24 Hour 25 mg Metoprolol Tartrate Moexipril $\frac{1}{2}$ T Nadolol Nifedipine Propranolol Quinapril Ramipril Spironolactone Terazosin HCl Timolol Maleate Torsemide Trandolapril $\frac{1}{2}$ T Triamterene/Hydrochlorothiazide Verapamil HCl		Tribenzor E Twynsta E Valturna E Verapamil HCl Capsule, 24 Hour Sustained-Release Pellets

Cardiovascular/Heart Disease High Cholesterol

Level 1	Level 2	Level 3
Cholestyramine Colestipol HCl Fenofibrate Gemfibrozil Lovastatin Pravastatin Sodium $\frac{1}{2}$ T Simvastatin $\frac{1}{2}$ T	Altoprev SL Antara Crestor $\frac{1}{2}$ T, SL Lipitor SL Lipofen Welchol	Advicor SL Atorvastatin SL Caduet E Fenoglide Lescol XL SL Lovaza N Niaspan Simcor SL Tricor E Triglide Trilipix E Vytorin SL Zetia SL

Cardiovascular/Heart Disease Other

Level 1	Level 2	Level 3
Amiodarone Digoxin Mexiletine Sotalol	Lanoxin Multaq Nitrostat Ranexa	Nitroglycerin Spray E Nitrolingual E Nistromist SL Propafenone Sustained-Release 12 Hour Capsule

Central Nervous System Attention Deficit Disorder

Level 1	Level 2	Level 3
Amphetamine Salt Combo Dextroamphetamine Sulfate Methamphetamine HCl Tablet Methylphenidate	Adderall XR SL Intuniv SL Vyvanse SL	Amphetamine Aspartate/Amphetamine Sulfate/ Dextroamphetamine Capsule, Sustained-Release 24 Hour SL Concerta SL Daytrana SL Focalin XR SL Ritalin LA SL Stratterra SL

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

$\frac{1}{2}$ T Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

2012 Three-Level Preferred Drug List Reference Guide

Central Nervous System Depression

Level 1	Level 2	Level 3
Amitriptyline Bupropion HCl Citalopram Hydrobromide Doxepin HCl Fluoxetine Capsule SL Fluvoxamine Maleate Imipramine Mirtazapine Nortriptyline HCl Paroxetine HCl Tablet Sertraline HCl $\frac{1}{2}$ T Trazodone HCl Venlafaxine HCl		Aplenzin E Cymbalta RS, SL Lexapro $\frac{1}{2}$ T, SL Luvox CR SL Paroxetine HCl Sustained-Release, 24 Hour SL Pexeva $\frac{1}{2}$ T, SL Pristiq RS, SL Venlafaxine Extended-Release E

Central Nervous System Migraine

Level 1	Level 2	Level 3
Acetaminophen/Caffeine/Butalbital Aspirin/Caffeine/Butalbital SL Relpax SL Sumatriptan Succinate Injection, Tablet SL	Cafergot Ergomar Sumatriptan Succinate Nasal Spray SL	Alsuma E Axert SL Cambia E Frova SL Maxalt SL Migranal Treximet E Zomig SL

Central Nervous System Multiple Sclerosis

Level 1	Level 2	Level 3
	Ampyra N, SL Avonex N, SL Copaxone N, SL Rebif N, SL	Betaseron N, SL Extavia E Gilenya N

Central Nervous System Sedatives/Hypnotics

Level 1	Level 2	Level 3
Temazepam Triazolam Zaleplon SL Zolpidem Tartrate SL		Ambien SL Edluar E Lunesta SL Rozerem SL Sonata SL

Central Nervous System Seizure Disorders

Level 1	Level 2	Level 3
Carbamazepine Clonazepam Divalproex Sodium Tablet Divalproex Sodium Tablet, Sustained-Release Lamotrigine Levetiracetam Oxcarbazepine Phenobarbital Phenytoin Sodium Topiramate Zonisamide	Carbamazepine Tablet, Sustained-Release 12 Hour Dilantin Divalproex Sodium Sprinkle Felbatol Gabitril Mysoline Sabril Tegretol	Depakote ER Keppra Keppra XR Lamictal Dose Pack SL Lamictal ODT Lamictal XR Lyrica SL Stavzor Topamax

Central Nervous System Other

Level 1	Level 2	Level 3
Alprazolam Benzotropine Mesylate Buspirone HCl Carbidopa/Levodopa Clozapine Diazepam Donepezil 5 mg, 10 mg Lithium Carbonate Lorazepam Risperidone SL Ropinirole HCl	Apokyn Comtan FazaClo Geodon SL Seroquel SL Symbyax SL Tasmar Xyrem N, SL Zyprexa SL	Abilify SL Aricept 23 mg E Invega SL Mirapex ER E Namenda Nuvigil N, SL Provigil E Requip XL E Seroquel XR SL Zyprexa Zydys SL

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

$\frac{1}{2}$ **T** Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

2012 Three-Level Preferred Drug List Reference Guide

Dermatology

Level 1

Alclometasone Dipropionate
 Betamethasone
 Ciclopirox
 Clindamycin Phosphate
 Clobetasol Propionate
 Clotrimazole/Betamethasone
 Desonide
 Econazole Nitrate
 Erythromycin
 Fluocinonide
 Fluticasone Propionate
 Halobetasol Propionate
 Hydrocortisone
 Ketoconazole
 Lidocaine HCl
 Metronidazole
 Mometasone Furoate
 Mupirocin
 Nystatin
 Silver Sulfadiazine
 Sulfacetamide Sodium/Sulfur
 Tretinoin **N**
 Triamcinolone Acetonide
 Urea

Level 2

Azelex **SL**
 Benzaclin 25 gm
 Benzamycin
 Ciclopirox Shampoo 1% **MC**
 Clindamycin Phosphate/Benzoyl Peroxide Gel
 1%-5% **SL**
 Condylox Gel
 Differin Cream, Gel 0.1% **N, SL**
 Isotretinoin
 Oxsoresalen-Ultra
 Protopic **N, SL**
 Regranex **N**
 Retin-A Micro **N, SL**
 Stelara **N, SL**

Level 3

Adapalene **N, SL**
 Aldara
 Altanax **SL**
 Atralin **MC, N, SL**
 Bactroban **SL**
 Benzaclin 50 gm **E**
 Brevoxyl **E**
 Clindamycin Phosphate Foam 1% **SL**
 Clobex **SL**
 Clobex Shampoo **E**
 Cutivate Lotion **MC**
 Denavir
 Desonate **SL**
 Differin Gel 0.3% **N, SL**
 Duac-CS **SL**
 Elidel **N, SL**
 Epiduo **E**
 Evoclin **SL**
 Finacea
 Locoid Lipocream **SL**
 Loprox Shampoo **MC**
 Metrogel 1% **MC**
 Momexin Kit **E**
 Naftin
 NeoBenz Micro **E**
 NeoBenz Micro SD **E**
 Olux-E **SL**
 Olux-Olux-E **E**
 Taclonex **SL**
 Tazorac **N, SL**
 Triax **E**
 Xerese **E**
 Ziana **E**
 Zyclara **E**

Endocrine/Diabetes Growth Hormone

Level 1

Humalog Vials
 Humulin Vials

Level 2

Nutropin, AQ, NuSpin **N, SL**
 Saizen **N, SL**
 Serostim **N, SL**
 Tev-Tropin **N, SL**

Level 3

Genotropin **E**
 Humatrope **E**
 Norditropin **E**
 Omnitrope **E**
 Zorbtive **N, SL**

Endocrine/Diabetes Insulin

Level 1

Humalog Vials
 Humulin Vials

Level 2

Humalog Pens/Cartridges
 Humulin Pens
 Lantus Vials
 Levemir Vials

Level 3

Apidra
 Lantus Solostar Pens/Cartridges
 Novolin 70/30 Vials
 Novolin L Vials
 Novolin N Vials
 Novolin R Vials
 NovoLog FlexPen
 NovoLog Mix 70/30 Vials
 NovoLog Vials

Endocrine/Diabetes Non-Insulin

Level 1

Acarbose
 Glimepiride
 Glipizide
 Glyburide
 Glyburide/Metformin HCl
 Metformin HCl

Level 2

Actoplus Met **SL**
 Actos 1/2T, **SL**
 Byetta **SL**
 Duetact **SL**
 Glipizide/Metformin HCl
 Glyset
 Janumet **SL**
 Januvia **SL**
 Prandin **SL**

Level 3

Fortamet
 Glumetza
 Onglyza **SL**
 Starlix **SL**
 Symlin
 Victoza **SL**

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

1/2T Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

2012 Three-Level Preferred Drug List Reference Guide

Eye Conditions Anti-Allergy

Level 1 Ketorolac Tromethamine	Level 2 Optivar SL	Level 3 Azelastine HCl SL Bepreve SL Elestat E Emadine E Epinastine E Pataday E Patanol E
--	-------------------------------------	--

Eye Conditions Antibiotics

Level 1 Ciprofloxacin HCl Erythromycin Gentamicin Sulfate Neomycin/Polymyxin B Sulfate/Dexamethasone Ofloxacin Polymyxin B Sulfate/Trimethoprim Sulfacetamide Sodium Tobramycin Sulfate Drops	Level 2 Blephamide S.O.P. Tobramycin/Dexamethasone	Level 3 Azasite SL Tobradex ST E Vigamox Zylet Zymar Zymaxid SL
--	---	---

Eye Conditions Glaucoma

Level 1 Acetazolamide Apraclonidine Brimonidine Tartrate Dorzolamide HCl Latanoprost SL Timolol Maleate	Level 2 Alphagan P 0.1% SL Azopt SL Betimol SL Brimonidine Tartrate 0.15% Combigan SL Dorzolamide HCl/Timolol Maleate Lumigan SL Phospholine Iodide Pilopine HS Travatan Z SL	Level 3 Iopidine 1%
---	--	-------------------------------

Gastrointestinal Acid Suppression

Level 1 Cimetidine Misoprostol Omeprazole Pantoprazole Ranitidine HCl Syrup Sucralfate Tablet	Level 2 Helidac Nizatidine Oral Solution Prevpac SL Pylera	Level 3 Aciphex SL Carafate Oral Suspension Dexilant SL Lansoprazole E Nexium E Omeprazole/Sodium Bicarbonate Capsule E Prevacid Capsule E Prevacid Solutab E Prilosec Rx E Protonix SL Zegerid SL
--	--	--

Gastrointestinal Other

Level 1 Chlordiazepoxide/Clidinium Diphenoxylate/Atropine Lactulose Mesalamine Metoclopramide HCl Polyethylene Glycol Sulfasalazine Ursodiol	Level 2 Apriso Canasa Creon GoLYTELY Packet Lialda Lotronex SL Relistor Zenpep	Level 3 Amitiza N, SL Asacol Asacol HD E Dipentum Entocort EC Metozolv ODT E Moviprep Pancreaze Pentasa
---	--	--

Men's Health Prostate

Level 1 Doxazosin Mesylate Finasteride Tamsulosin Terazosin HCl	Level 2	Level 3 Alfuzosin Avodart N Jalyn E Rapaflo Uroxatral
--	----------------	---

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

2012 Three-Level Preferred Drug List Reference Guide

Miscellaneous

Level 1

Azathioprine
Benzonate
Chlorhexidine Gluconate
Megestrol Acetate
Mycophenolate Mofetil Capsule, Tablet
Phenazopyridine
Tacrolimus Anhydrous
Tamoxifen

Level 2

Cellcept Suspension
Epinephrine Pen Injector **SL**
Epipen **SL**
Lidoderm **SL**
Myfortic
Neoral
Rapamune
Sandimmune

Level 3

Acuvail **E**
Aromasin
Bravelle
Infergen **N, SL**
Intron A **N, SL**
Restasis **N, SL**
Tussionex **SL**
Twinject **SL**

Miscellaneous Overactive Bladder

Level 1

Dicyclomine Tablet
Hyoscyamine Sulfate
Oxybutynin
Trospium

Level 2

Enblex
Gelnique
Oxytrol
Sanctura XR
Vesicare

Level 3

Detrol
Detrol LA **E**
Toviaz

Musculoskeletal Osteoporosis

Level 1

Alendronate Sodium **SL**

Level 2

Actonel **SL**
Boniva Tablet **SL**
Calcitonin Salmon Nasal Spray
Evista
Forteo **N**
Fortical

Level 3

Fosamax Plus D **SL**

Musculoskeletal Pain Relief

Level 1

Diclofenac
Duragesic **SL**
Etodolac
Hydromorphone HCl
Ibuprofen
Indomethacin
Ketorolac Tromethamine
Meloxicam
Meperidine HCl
Methadone HCl
Morphine
Naproxen
Oxaprozin
Oxycodone
Piroxicam
Sulindac
Tramadol HCl
Tramadol HCl/Acetaminophen **SL**

Level 2

Codeine Phosphate
Fentanyl Citrate Lollipop **N, SL**
MSIR Capsule
Opana ER **SL**
OxyContin **SL**
Voltaren Gel

Level 3

Arthrotec
Avinza **SL**
Celebrex **SL**
Fentanyl Transdermal **SL**
Fentora **N, SL**
Flector **E**
Kadian **E**
Mefenamic Acid
Naprelan **E**
Onsolis **N, SL**
Opana **SL**
Pennsaid **E**
Rybix ODT **E**
Ryzolt **E**
Vimovo **E**
Zipsor **E**

Musculoskeletal Rheumatoid Arthritis

Level 1

Azathioprine
Hydroxychloroquine Sulfate
Leflunomide
Methotrexate Sodium
Sulfasalazine

Level 2

Cimzia **N, SL**
Enbrel **N, SL**
Simponi **N, SL**
Trexall

Level 3

Humira **N, SL**
Kineret **N, SL**

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

2012 Three-Level Preferred Drug List Reference Guide

Musculoskeletal Other

Level 1 Allopurinol Baclofen Carisoprodol 350 mg Cyclobenzaprine Methocarbamol Tizanidine	Level 2 Colcrys Orphenadrine Skelaxin	Level 3 Amrix E Carisoprodol 250 mg E Cyclobenzaprine Extended-Release 24 Hour Capsule E Metaxalone Savella SL Soma 250 mg E
--	---	--

Respiratory Asthma/COPD

Level 1 Albuterol Sulfate Alvesco SL Asmanex SL Ipratropium Bromide QVAR SL Theophylline Ventolin HFA SL	Level 2 Budesonide Inhalation Suspension 0.25 mg/2 ml, 0.5 mg/2 ml SL Foradil SL Pulmicort Respules 1 mg/2 ml SL Singulair SL Spiriva SL	Level 3 Advair RS, SL Atrovent SL Combivent SL Dulera RS, SL Flovent SL Maxair Autohaler SL Proair HFA SL Proventil HFA SL Pulmicort Flexhaler SL Serevent Diskus SL Symbicort SL Xopenex HFA SL Xopenex Vial, Nebulizer E
--	---	---

Respiratory Nasal Allergy

Level 1 Flunisolide Fluticasone Propionate SL	Level 2 Astelin SL Nasonex SL	Level 3 Azelastine HCl SL Beconase AQ SL Nasacort AQ SL Patanase Rhinocort Aqua SL Triamcinolone Acetonide SL Veramyst E
---	--	--

Respiratory Oral Allergy

Level 1 Hydroxyzine Promethazine HCl	Level 2	Level 3 Clarinex E Levocetirizine SL
---	----------------	---

Women's Health Contraceptives

Level 1 Apri Aviane Azurette Enpresse Junel Junel Fe Kariva Levora Low-Ogestrel Lutera Medroxyprogesterone Acet 150 mg/ml MC Microgestin Ortho Micronor Ortho Tri-Cyclen Ortho-Cyclen Ortho-Novum 7/7/7 Tri-Lo-Sprintec Zenchent Zovia	Level 2 Depo-SubQ Provera MC Jolesa MC NuvaRing Ovrette Quasense MC Yasmin Yaz	Level 3 Beyaz E Camrese MC Errin Femcon Fe Loestrin 24 Fe LoSeasonique MC Mononessa Necon 7/7/7 Nora-Be Norethindrone Nortrel 7/7/7 Ocella Ortho Evra Ortho Tri-Cyclen Lo Safyral E Seasonique MC Sprintec Tri-Legest Fe Tri-Previfem Tri-Sprintec Trinessa
---	---	--

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

½T Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

2012 Three-Level Preferred Drug List Reference Guide

Women's Health Estrogen/Progesterone

Level 1

Estradiol
Estradiol Patch, Transdermal Weekly **SL**
Estopipate
Medroxyprogesterone Acet
Norethindrone Acetate

Level 2

Cenestin
Climara **SL**
Crinone **N**
Enjovia
Estrace Cream with Applicator
Estraderm **SL**
Estradiol/Norethindrone Acetate
Estratest
Estring **SL**
Evamist
Prefest
Vagifem
Vivelle **SL**
Vivelle-Dot **SL**

Level 3

Activella
Combipatch **SL**
Estroge **SL**
Femhrt
Femring **SL**
First Progesterone **N**
Menostar Patch, Transdermal Weekly **SL**
Premarin
Premphase
Prempo
Prochieve **N**

Additional Level 3 Drugs with a generic equivalent in Level 1

<p>Accupril (Quinapril) Acular, Acular LS SL (Ketorolac Tromethamine SL) Adderall (Amphetamine with Dextroamphetamine Salt Combination) Aldactone (Spironolactone) Altace (Ramipril) Amaryl (Glimepiride) Ambien SL (Zolpidem SL) Aricept (Donepezil) Ativan (Lorazepam) Augmentin ES (Amoxicillin with Potassium Clavulanate) Biaxin Tablet (Clarithromycin Tablet) Buspar (Buspirone) Calan, Calan SR (Verapamil) Capoten (Captopril) Cardizem CD except for 360 mg strength (Diltiazem Sustained-Release 24 Hour Capsule) Cardura (Doxazosin) Ceftin (Cefuroxime) Cefzil (Cefprozil) Celexa (Citalopram) Ciloxan Eye Drops (Ciprofloxacin) Cipro (Ciprofloxacin) Cleocin T (Clindamycin Gel, Lotion, Solution, Swabs) Clozaril (Clozapine) Colazal (Balsalazide) Colestid (Colestipol) Coreg (Carvedilol) DDAVP (Desmopressin) Depo-Provera MC (Medroxyprogesterone Acetate 150 mg/ml MC) DiaBeta, Micronase, Glynase (Glyburide) Didronel (Etidronate Disodium)</p>	<p>Diffucan (Fluconazole) Ditropan XL (Oxybutynin Chloride Tablet, Sustained-Release) Flomax (Tamulosin) Flonase SL (Fluticasone Nasal Spray SL) Floxin Otic (Ofloxacin Otic Drops) Fosamax SL (Alendronate SL) Glucophage, XR (Metformin) Hytrin (Terazosin) Imitrex SL (Sumatriptan Succinate SL) Inderal (Propranolol) Keflex (Cephalexin) Keppra (Levetiracetam) Lamictal (Lamotrigine) Lamisil Tablet SL (Terbinafine Tablet SL) Lasix (Furosemide) Levaquin (Levofloxacin) Lopid (Gemfibrozil) Lopressor (Metoprolol) Mavik $\frac{1}{2}$T (Trandolapril $\frac{1}{2}$T) Mobic (Meloxicam) Monopril (Fosinopril) Motrin (Ibuprofen) - Prescription strengths only Naprosyn (Naproxen) - Prescription strengths only Norvasc (Amlodipine Besylate) Ocuflax Eye Drops (Ofloxacin) Paxil (Paroxetine) Penlac (Ciclopirox Solution, Non-Oral) Plan B (Levonorgestrel) Pletal (Cilostazol) Pravachol $\frac{1}{2}$T (Pravastatin $\frac{1}{2}$T) Precose (Acarbose) Prilosec (Omeprazole) Prinivil, Zestril (Lisinopril) Procardia XL (Nifedipine Extended-Release) Proscar (Finasteride)</p>	<p>Provera (Medroxyprogesterone) Prozac (Fluoxetine Capsule) Remeron (Mirtazapine) Requip (Ropinirole) Restoril (Temazepam) Risperdal (Risperidone) Ritalin (Methylphenidate) Sonata SL (Zaleplon SL) Tenormin (Atenolol) Tiazac (Diltiazem) Topamax (Topiramate) Toprol XL 25 mg (Metoprolol Succinate Sustained-Release) Trusopt SL (Dorzolamide Eye Drops SL) Ultracet SL (Tramadol with Acetaminophen SL) Ultram (Tramadol) Valium (Diazepam) Vicodin SL, Vicodin ES SL (Acetaminophen with Hydrocodone SL) Vicoprofen (Ibuprofen with Hydrocodone) Voltaren Tablet (Diclofenac) Wellbutrin (Bupropion) Xanax, Xanax XR (Alprazolam) Zantac Syrup (Ranitidine Syrup) Ziac (Bisoprolol with Hydrochlorothiazide) Zithromax (Azithromycin) Zocor $\frac{1}{2}$T (Simvastatin $\frac{1}{2}$T) Zofran (Ondansetron) Zolft $\frac{1}{2}$T (Sertraline $\frac{1}{2}$T) Zonegran (Zonisamide) Zovirax Capsule, Tablet, Suspension (Acyclovir)</p>
---	--	---

For more information about your prescription drug benefits call The Plan toll free at 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program. You can also access information on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, and then NYSHIP Online. If this is your first visit to the site, you will be asked to provide information on the following two screens. Select Participating Agency and press Continue, then choose PA Excelsior Plan and press Continue to find your group-specific NYSHIP Online homepage. Select Using Your Benefits and scroll down to the 2012 Three-Level Preferred Drug List Reference Guide.

Some medications are noted with the symbols below. Your benefit plan determines how these medications may be covered for you.

$\frac{1}{2}$ **T** Eligible for Half Tablet Program **E** Excluded from coverage **MC** Multiple copay applies **N** Notification required (Prior Authorization) **RS** May be eligible for Refill and Save Program **SL** Supply limit

Generic Appeals Report - NYS Empire Plan

Period:

Glossary of terms

Term	Definition	How It's Calculated
Approval Rate (Appr Rate)	Percentage of reviews approved in the specified reporting period. Includes original and appealed requests.	$\frac{\text{Approved Reviews (Approval Original + Approval Pre-Approval or Renewal)}}{\text{Total Reviews (Approval Original + Approval Pre-Approval or Renewal + Timed Out + Denial)}}$
Approvals	Reviews evaluated to fill prescriptions as requested that were allowed within the specified reporting period. Includes original and appealed requests.	
Approvals - Appeals	Reviews re-evaluated to fill prescriptions as requested, when previously denied, and now allowed on appeal within the specified reporting period.	
Approvals - Original	Initial reviews to fill prescriptions as requested that are subsequently allowed within the specified reporting period.	
Approvals - Pre-approval	Authorization granted for coverage reviews initiated to fill a prescription as requested prior to actual dispensing of the prescription.	
Approvals - Renewals	Authorization granted for coverage reviews initiated to continue to fill prescriptions as requested when the prior approval period is ending.	
Denials - Appeals	The re-evaluation of a previous denial, again has not been approved.	
Denials - Original	Initial reviews to fill prescriptions as requested that are subsequently not approved within the specified reporting period.	
Denials - Pre-approval	Authorization not approved for coverage reviews initiated to continue to fill prescriptions as requested prior to dispensing transaction.	
Denials - Renewals	Authorization denied for coverage reviews initiated to continue to fill prescriptions as requested when the prior approval period is ending.	
Reviews Requested	The number of evaluations initiated to fill prescriptions as requested. Outcomes include approved, denied and timed out.	
Therapeutic Category	Classification of drugs based on their clinical uses.	

Empire Plan Prescription Drug Program
Generic Appeal Selected Statistics

	2008	2009	2010	*2011
# of Reviews Requested	2,516	1,807	1,373	924
# of Approvals - Original	2,040	1,595	1,208	777
# of Approvals - Appeal	27	14	12	0
% Approved	81.08%	88.27%	87.98%	84.10%

* 2011 data through 9/16/2011

DCS Program Mail Service Pharmacy Claims

	All Mail claims processed All benefit groups**	Mail Specialty claims All benefit groups
October 2010	104,250	4,328
November 2010	104,054	4,346
December 2010	103,109	4,301
January 2011	108,926	4,472
February 2011	95,013	4,061
March 2011	106,805	4,629
April 2011	101,817	4,114
May 2011	104,349	4,308
June 2011	105,259	4,477
July 2011	100,851	4,215
August 2011	104,290	4,791
September 2011	103,734	4,493
October 2011*	88,808	3,302

*Through 10/28/2011

** Includes Mail Specialty Claims

Empire Plan Prescription Drug Program
Website Statistics

	October-10	November-10	December-10	January-11	February-11	March-11
Order Status	13,343	14,111	17,206	16,786	16,605	18,744
Refills	9,320	9,382	11,014	9,780	9,085	11,405
Renewals	2,055	2,230	2,702	2,594	2,393	2,810
Pharmacy Locator	8,384	8,724	10,160	11,231	9,886	11,746
Envelopes, Forms, Temp Id	2,275	2,498	2,649	2,742	2,623	2,989
Claim Form Request	35	45	49	49	57	71
Drug Information	1,887	1,919	2,319	2,095	2,093	2,596
Account Summary	2,095	2,487	3,276	3,258	2,976	3,516

	April-11	May-11	June-11	July-11	August-11	September-11
Order Status	13,202	13,346	18,572	13,909	13,952	18,674
Refills	9,248	9,323	11,703	9,223	9,366	11,981
Renewals	2,047	2,048	2,573	2,018	1,907	2,488
Pharmacy Locator	8,836	7,958	9,431	7,147	7,422	10,525
Envelopes, Forms, Temp Id	2,195	1,952	2,334	1,701	1,889	2,061
Claim Form Request	32	18	30	23	23	28
Drug Information	1,918	2,056	2,690	1,977	1,884	2,311
Account Summary	2,527	2,301	3,007	2,392	2,411	3,189

	October-11	Total
Order Status	14,349	96,795
Refills	8,694	59,986
Renewals	1,910	14,784
Pharmacy Locator	8,704	60,131
Envelopes, Forms, Temp Id	16	15,776
Claim Form Request	28	306
Drug Information	2,106	12,909
Account Summary	2,899	17,608

Empire Plan Prescription Drug Program
Monthly Call Center Volume

Month	CSR Calls	IVRU Calls	Total Calls
October 2010	14,919	8,375	23,294
November 2010	15,776	7,829	23,605
December 2010	17,399	9,357	26,756
January 2011	20,057	10,756	30,813
February 2011	17,042	8,866	25,908
March 2011	18,036	10,040	28,076
April 2011	16,069	9,137	25,206
May 2011	15,570	9,110	24,680
June 2011	16,325	9,530	25,855
July 2011	15,261	9,324	24,585
August 2011	16,414	9,608	26,022
September 2011	16,542	9,393	25,935
October 2011	19,811	10,175	29,986
TOTAL	219,221	121,500	340,721

Category	Medications	Dosage After Splitting
Antihypertensives ACE inhibitors	perindopril (generic version of Aceon) moexipril (generic version of Univasc) trandolapril (generic version of Mavik)	2mg, 4mg 7.5 mg 1mg, 2mg
Antihypertensives Angiotensin receptor blockers (ARBs)	Atacand Avapro Benicar Diovan losartan (generic version of Cozaar)	4mg, 8mg, 16mg 75mg, 150mg 20mg 40mg, 80mg, 160mg 25mg, 50mg
Antidepressants	Lexapro Pexeva sertraline (generic version of Zoloft)	5mg, 10mg 10mg, 20mg 25mg, 50mg
Antiviral	valacyclovir (generic version of Valtrex)	500mg
Diabetes	Actos	15mg
Lipid-lowering medications	Crestor pravastatin sodium (generic version of Pravachol) simvastatin (generic version of Zocor)	5mg, 10mg, 20mg 10mg, 20mg, 40mg 5mg, 10mg, 20mg, 40mg
Psychotherapeutic Agents	Abilify olanzapine (generic version of Zyprexa) Seroquel	5mg, 10mg, 15mg 2.5mg, 5mg, 7.5mg, 10mg 25mg, 50mg, 100mg, 200mg
Seizure Disorder	topiramate (generic version of Topamax)	25mg, 50mg, 100mg

DCS Program

2011 Vendor Attendance - Union Events, Select Conferences, Benefit Design Information Sessions

Date	Title	Location	Vendor Attended	Event
2/4	UUP Winter Delegates Assembly	Albany, NY	UHC/Medco	Union/Other Event
3/24, 3/26	PEF Health and Safety Conference	Albany, NY	UHC/Medco	Union/Other Event
4/1, 4/3	CSEA Women's Conference	Albany, NY	UHC/Medco	Union/Other Event
5/6	UUP Spring Delegates Assembly	Albany, NY	UHC/Medco	Union/Other Event
5/20, 5/22	CSEA Spring Conference	Niagara Falls, NY	UHC/Medco	Union/Other Event
8/18, 8/21	CSEA Retiree Delegates Meeting	Niagara Falls, NY	UHC/Medco	Union/Other Event
9/11, 9/13	PEF Convention	Niagara Falls, NY	UHC/Medco	Union/Other Event
9/23	UUP Fall Delegates	Albany, NY	UHC/Medco	Union/Other Event
10/3, 10/7	CSEA Delegates Meeting	New York City, NY	UHC/Medco	Union/Other Event

NYSIF Enrollment Record						Exhibit II.O	
Item #	Field Name	Field Format	Field Length	Field Location From	Field Location To	Required (R) Optional (O)	Description of Field Values and Comments
1	Record Type	A/N	1	1	1	R	Type of eligibility record being send. Format: Value = 'W'
2	Master Carrier	A/N	4	2	5	R	Master carrier code assigned by PBM.
3	Subcarrier	A/N	4	6	9	R	Subcarrier code assigned by PBM. Identifies the client providing the claimant eligibility data.
4	Group Number	A/N	15	10	24	R	Group coverage code.
5	Claimant ID	A/N	18	25	42	R	Unique identifier, usually SSN.
6	Claimant Last Name	A/N	20	43	62	R	Last name. Modifiers such as JR, SR, etc. should follow the last name.
7	Claimant First Name	A/N	15	63	77	R	First Name
8	Claimant Middle Initial	A/N	1	78	78	O	Middle Initial.
9	Address1	A/N	40	79	118	R	Mailing Address Line 1
10	Address2	A/N	40	119	158	R	Mailing Address Line 2
11	City	A/N	20	159	178	R	City.
12	US State or Canadian Province code	A/N	2	179	180	R	For US residents, use USPS 2 character State abbreviation. 'XX' if unknown.
13	Postal Code	A/N	9	181	189	R	Zip Code. If Plus 4 digit extended ZIP is unknown, zero fill.
14	Date of Birth	A/N	8	190	197	R	Date of birth . Format = CCYYMMDD.
15	Gender Code	A/N	1	198	198	R	Gender Code. Format = M - Male; F = Female; U - Unknown.
16	Date of injury	A/N	8	199	206	R	Date of Accident. Format = CCYYMMDD
17	Termination Date	A/N	8	207	214	R	Coverage termination date. Format = CCYYMMDD. If no termination date, value = ZEROES.
18	Customer Claim Number	A/N	20	215	234	O	Unique identifier.
19	State of Jurisdiction	A/N	2	235	236	O	State in which the Workers' Compensation claim was filed.

							'NY' if New York, else blank.
20	Misc Value (subgroup)	A/N	10	237	246	O	Client specific. This field is may be used for the separation in billing reports for the group,etc. Values are established by the client.
							NYISF values = District Office.
21	Status Flag		1	247	247	R	Claim Status. Format: A – Approved; P - Pended; D - Disallowed;
22	Status Msg Code	A/N	2	248	249	O	Injury status,
23	Merge Claim ID	A/N	10	250	259	O	Indicates that the current record (based on claimant ID) must be merged with an existing claimant ID.
24	Client Claim Examiner	AN	10	260	269	R	Claim Manager Unique ID
							NYSIF - Unit number to which the claim is assigned.
25	Filler		40	270	309		Reserved for future use.
26	Short Fill Cap Amt Override	N	6	310	315	O	Indicates an override of the client's short fill cap amt (set at subcarrier). Format 999.99
27	Doctor Network	A/N	3	316	318	O	The doctor network of which the claimant is a member.
28	Short Fill Days Supply Override	N	2	319	320	O	Indicates an override of the client's short fill days supply (set at subcarrier)
29	Short Fill Number of refills override	N	1	321	321	O	Indicates an override of the client's short fill number of refills allowed (set at carrier)
30	Grace days		3	322	324	O	The number of days difference between date of injury and date of service.
31	Co-pay Amount	N	5	325	329	O	co-pay dollar amount or percentage of co-pay liability.
							Indicates the percentage of non NYSIF liability. The format needs to be supplied.
32	Co-pay Indicator	A/N	1	330	330	O	Indicates whether the co-pay Amount field is a dollar or percent amount. Format: D - Dollar Amount; P - Percentage. NYSIF default = P.
33	Policy number	A/N	15	331	345	O	Workers' Compensation Policy Number of the Claimant's Employer.
34	Catastrophic Indicator	A/N	1	346	346	O	
35	Filler		20	347	366	O	Reserved for future use.

36	DEA Number	A/N	50	367	416	O	Doctor DEA-number. Five occurrences of 10 characters each.
37	Drug Therapy Restriction	A/N	370	417	786	O	Therapy class . Maximum of 10 occurrences, each occurrence consists of 22 character and is defined as follows:
							Effective Date (N,8) - format CCYYMMDD
							Termination Date (N, 8) - format CCYYMMDD
							Beginning Therapy Code (A/N, 3)
							Ending Therapy Code (A/N, 3)
38	Filler	A/N	360	787	1146	O	Reserved for future use.
39	Filler	A/N	353	1147	1499	O	Reserved for future use.

Workers Comp Standard NPI Layout

FOR BILLING

TAPE SPECIFICATION GUIDELINES

All fields are fixed length. However, an option is available to produce this same format with all fields delimited using the pipe ('|') character.

The normal record size is 640 characters. An option is available to receive an expanded format with a record length of 1290 bytes.

Numeric fields designated with a 'D' in the 'FIELD FORMAT' column have a sign byte in the first position. The field should be assumed positive unless the sign byte contains '-' (negative). In addition, these fields contain decimal positions which will always appear in the data. No implied decimal positions will be used.

TAPE RECORD FORMAT

The following CLAIM TAPE FORMAT is used to submit claims for payment.

CLAIM TAPE RECORD OVERVIEW:

PROCESSOR RECORD

identifies the sender of the claim tape. One per tape.

CLAIM RECORD

contains the necessary data elements that are required for payment.
One record for each claim to be processed.

TAPE BATCH CONTROL RECORD

summarizes the total number of claims on the tape and ensures that all data has been received. One per tape.

CLAIM TAPE RECORD SEQUENCE:

-Beginning of File

-Processor Record - (one per tape)

-Claim Record(s) - (one record for each claim to be processed)

-Tape Batch Control Record - (one per tape)

-End of File

WORKERS COMP STANDARD NPI BILLING FORMAT

0 = PROCESSOR RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM / TO		DEFINITION OF FIELD VALUE/COMMENTS
1	Record Identifier	N	1	1	1	0=Processor Record
2	Processor Number	N	10	2	11	This number is assigned by NCPDP to identify the source of the tape, i.e. Pharmacy, Wholesaler, Hospital, Service Bureau, etc. : <i>will contain a value of 0000003858</i>
3	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
4	Processor Name	A/N	20	20	39	Processor Name
5	Processor Address	A/N	20	40	59	Processor Address
6	Processor Location City	A/N	18	60	77	Processor City
7	Processor Location State	A/N	2	78	79	Processor State
8	Processor Zip Code	A/N	9	80	88	Processor Zip Code
9	Processor Telephone Number	N	10	89	98	Telephone Number Format=AAAEEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
10	Run Date	N	8	99	106	Date on which tape was generated by carrier. Format=CCYYMMDD

WORKERS COMP STANDARD NPI BILLING FORMAT

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
11	Record Identifier	N	1	1	1	4=Claim Record
12	Processor Number	N	10	2	11	This number is assigned by NCPDP to identify the source of the tape, i.e. Pharmacy, Wholesaler, Hospital, Service Bureau, etc.
13	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
14	Pharmacy Number	A/N	12	20	31	ID assigned to a pharmacy
15	Pharmacy Name	A/N	20	32	51	Name of Pharmacy
16	Pharmacy Address	A/N	20	52	71	Address of Pharmacy
17	Pharmacy Location City	A/N	18	72	89	City of Pharmacy
18	Pharmacy Location State	A/N	2	90	91	State of Pharmacy
19	Pharmacy Zip Code	A/N	9	92	100	Zip Code of Pharmacy Expanded
20	Pharmacy Telephone Number	A/N	10	101	110	Telephone Number of Pharmacy Format=AAAEENNNN AAA=Area Code EEE=Exchange Code NNNN=Number
21	Provider Federal Tax ID	N	9	111	119	Assigned by Federal Agency
22	Prescription Number	N	7	120	126	Prescription Number assign by the Pharmacy
23	Date Filled	N	8	127	134	Dispensing Date of Rx Format=CCYYMMDD
24	NDC Number	N	11	135	145	For Legend Compounds Use: 9999999999 Schedule II: 9999999992 Schedule III: 9999999993 Schedule IV: 9999999994 Schedule V: 9999999995 Compounds: 9999999996
25	Drug Description	A/N	30	146	175	Necessary for Compounds and those items not in carrier drug file
26	New/Refill Code	N	2	176	177	00=New Prescription 01-99=Number of Refill
27	Metric Quantity	N	5	178	182	Number of metric units of medication dispensed
28	Days Supply	N	3	183	185	Estimated Number of Days the prescription will last

WORKERS COMP STANDARD NPI BILLING FORMAT

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
29	Basis of Cost Determination	A/N	2	186	187	00=Not Specified 01=AWP 02=Local Wholesaler 03=Direct 04=EAC 05=Acquisition 06=MAC 6X=Brand Medically Necessary 07=Usual and Customary 08=Unit Cost 09=Other BL = Base Line (only)
30	Ingredient Cost	D	10	188	197	Cost of the drug dispensed
31	Dispensing Fee	D	10	198	207	Contracted dispensing fee
32	Co-Pay Amount	D	10	208	217	Correct Co-Pay for plan billed
33	Sales Tax	D	10	218	227	Sales Tax for the prescription dispensed
34	Amount Billed	D	10	228	237	Amount due net of copay
35	Admin-Fee	D	10	238	247	Contracted administrative fee
36	Patient First Name	A/N	12	248	259	First Name of Patient
37	Patient Last Name	A/N	15	260	274	Last Name of Patient
38	Patient Middle Initial	A/N	1	275	275	Middle Initial of Patient
39	Date of Birth	N	8	276	283	Date of Birth of Patient. FORMAT=CCYYMMDD
40	Sex Code	N	1	284	284	0=Not Specified 1=Male 2=Female
41	Cardholder ID Number	A/N	18	285	302	ID assigned to cardholder
42	Relationship Code	N	1	303	303	1=Cardholder 2=Spouse 3=Child 4=Other
43	Group Number	A/N	15	304	318	ID assigned to cardholder group or employer group
44	Prescriber ID	A/N	10	319	328	Identification assigned to the prescriber
45	Cardholder First Name	A/N	12	329	340	Cardholder First Name
46	Cardholder Last Name	A/N	15	341	355	Cardholder Last Name

WORKERS COMP STANDARD NPI BILLING FORMAT

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
47	Prior Authorization/Medical Certification Code and Number	N	12	356	367	First position values: 0=Not Specified 1=Prior Authorization 2=Medical Certification 3=EPSDT 4=Exemption from Co-Pay 5=Exemption from Rx Limits 6=Family Planning Indicator 7=AFDC <i>Remaining eleven is the actual prior authorization number</i>
48	Dispense As Written (DAW)/Product Selection Code	A/N	1	368	368	0=No production selection indicated 1=Substitution not allowed by prescriber 2=Substitution allowed - patient requested product dispensed 3=Substitution allowed - pharmacist selected product dispensed 4=Substitution allowed - generic drug not in stock 5=Substitution allowed - brand drug dispensed as a generic 6=Override 7=Substitution not allowed - brand drug mandated by law 8=Substitution allowed - generic drug not available in marketplace 9=Other
49	Person Code	A/N	3	369	371	ID assigned to family member
50	Compound Code	N	1	372	372	Code indicating whether or not the prescription is a compound 0=Not Specified 1=Compound 2=Not a Compound
51	Prescription Origin Code	N	1	373	373	Code indicating the origin of prescription 0=Not Specified 1=Written Prescription 2=Telephone Prescription 9=Paper Bill will provide value as submitted with claim
52	Drug Type	N	1	374	374	Code to indicate the type of drug dispensed 0=Not Specified 1=Single Source Brand 2=Branded Generic 3=Generic 4=O.T.C. (Over the Counter) 5=M/S Brand
53	Full AWP	D	8	375	382	Full AWP
54	Master Carrier	A/N	4	383	386	Code assigned by
55	Sub-Carrier	A/N	4	387	390	Code assigned by

WORKERS COMP STANDARD NPI BILLING FORMAT

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
56	Claim Type	A/N	1	391	391	P=Paid, R=Reversed
57	Sub-Group	A/N	20	392	411	Client defined miscellaneous value from member record
58	Plan Designator	A/N	1	412	412	Designates client plan paying claim: blank = not provided (assume pharmacy) P=pharmacy M=medical
59	Cap Amount	D	10	413	422	
60	Member_Non_Copay_Amount	D	10	423	432	currently only filled in for claims with member_pay_code of "06"
61	Member_Pay_Code	A/N	2	433	434	00 - Standard Generic Co-Pay (single) 01 - Standard Brand Co-Pay (single) 02 - Multiple Generic Co-Pay (multiple months/packages) 03 - Multiple Brand Co-Pay (multiple months/packages) 04 - Pharmacy U&C (when less than standard co-pay) 05 - 100% co-pay (FFS - 0 amount due) 06 - Co-Pay plus enhancement (for member paid brand/generic differential) 07 - Non-Formulary co-pay (from Auxiliary File) 08 - Deductible applied currently only 00 and 06 used
62	Incentive_Fee	D	10	435	444	
63	Formulary Flag	A/N	1	445	445	blank=assumed non-formulary Y=formulary with incentive fee F=formulary without incentive fee M=Message only N=non-formulary, non-restricted P=preferred with incentive R=non-formulary, restricted
64	GCN - Generic Classification Number	A/N	14	446	459	Depending on configuration, this field is the First Data Bank GPI or the MediSpan GPI.
65	Therapeutic class - AHFS	A/N	6	460	465	
66	Pharmacy-type	A/N	1	466	466	controlled: S=staff model M=mediCal blank=network

WORKERS COMP STANDARD NPI BILLING FORMAT

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
67	Billed Basis Code	A/N	2	467	468	00=Submitted 01=AWP 06=HCFA MAC 07=U&C 09- MAC 10=Pass-Thru 12=Housebrand (Baseline) 14=NO COST
68	Usual & Customary Charge	D	10	469	478	
69	Benefit Code	A/N	10	479	488	Benefit code used to adjudicate the claim.
70	Drug Strength	A/N	10	489	498	Drug Strength takes from ndc file
71	Original Member	A/N	2	499	500	Original Member ID
72	Reference Number	A/N	14	501	514	Internally Assigned Ref. No. 1-5 = script # (last 5) 6-8 = adjudication date (julian ddd) 9-14 = adjudication time (hhmmss)
73	License-nbr	A/N	15	515	529	Doctor license number
74	Pharmacy NPI	N	10	530	539	Pharmacy NPI Number. Optional. Will only be displayed if option turned on.
75	Pharmacy Submitted Indicator	A/N	1	540	540	L if NCPDP was submitted. N if NPI was submitted. Optional. Will only be displayed if option turned on.
76	Prescriber NPI	N	10	541	550	Doctor NPI Number. Optional. Will only be displayed if option turned on.
77	Prescriber Submitted Indicator	A/N	1	551	551	L if DEA was submitted. N if NPI was submitted. Optional. Will only be displayed if option turned on.
78	Pharmacist Id	A/N	15	552	566	Pharmacist License Number (Currently only the State of Florida requires a pharmacist id).
79	Pharmacist Type	A/N	2	567	568	Pharmacist Id Qualifier . Not Specified value ' ' . DEA value '01' . State License value '02' . SSN value '03' . Name value '04' . NPI value '05' . HIN value '06' . State Issued value '07' . Other value '99'
80	Reserved Area	A/N	72	569	640	Reserved for future use

WORKERS COMP STANDARD NPI BILLING FORMAT

EXPANDED VERSION FOR RECORD TYPE 4 (CLAIM RECORD):

To receive this version you must put an E in Option 4 on the Billing Parameters screen. The record length will actually increase to 1290 bytes.

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
81	Date of Injury	N	8	641	648	WC Date of Injury Format=CCYYMMDD
82	Fee Amount	D	10	649	658	WC Fee Schedule Amount
83	Client Customer Id	A/N	20	659	678	WC Client's Customer No.
84	Label Id	A/N	14	679	692	WC Client's Label Id
85	Type Case	A/N	1	693	693	WC Type of Case
86	Claimant Address1	A/N	40	694	733	Claimant Address Line 1
87	Claimant Address2	A/N	40	734	773	Claimant Address Line 2
88	City	A/N	20	774	793	Claimant City
89	State or Province code	A/N	2	794	795	Claimant State
90	Postal Code	N	9	796	804	Claimant Zip Code
91	State of Jurisdiction	A	2	805	806	WC State of Jurisdiction
92	SVC BCO	A/N	3	807	809	WC Servicing BCO
93	Policy Number	A/N	14	810	823	WC Policy Number
94	Contract Number	A/N	15	824	838	WC Contract Number
95	Client Claim Examiner	A/N	10	839	848	WC Client Claim Examiner
96	Insured Name	A/N	30	849	878	WC Insured Name
97	Insured Address1	A/N	40	879	918	WC Insured Address Line 1
98	Insured Address2	A/N	40	919	958	WC Insured Address Line 2
99	Insured City	A/N	20	959	978	WC Insured City
100	Insured State	A/N	2	979	980	WC Insured State
101	Insured Zip	A/N	9	981	989	WC Insured Zip Code
102	Location Code	A/N	15	990	1004	WC Location Code
103	W/C Comm Board	A/N	25	1005	1029	WC Comm Board
104	Emp Tax ID	A/N	10	1030	1039	WC Employer Tax ID
105	Sec Mail Name	A/N	30	1040	1069	WC Secondary Mailing Name
106	Sec Mail Address1	A/N	30	1070	1099	WC Secondary Mailing Address Line 1
107	Sec Mail Address2	A/N	30	1100	1129	WC Secondary Mailing Address Line 2
108	Sec Mail City	A/N	20	1130	1149	WC Secondary Mailing City
109	Sec Mail State	A/N	2	1150	1151	WC Secondary Mailing State
110	Sec Mail Zip	A/N	9	1152	1160	WC Secondary Mailing Zip
111	Sec MailPhone	A/N	14	1161	1174	WC Secondary Phone Number

WORKERS COMP STANDARD NPI BILLING FORMAT

EXPANDED VERSION FOR RECORD TYPE 4 (CLAIM RECORD):

4 = CLAIM RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM – TO		DEFINITION OF FIELD VALUE/COMMENTS
112	Pharmacy Modifier	N	3	1175	1177	
113	Prescriber Last Name	A/N	15	1178	1192	
114	Company TPA	A/N	5	1193	1197	WC Client's Company-TPA
115	Policy TPA	A/N	25	1198	1222	WC Policy Number-TPA
116	Apportionment Percent	N	5	1223	1227	WC Apportionment % from wccopy- amt 999v99.
117	Doctor Phone	A/N	18	1228	1245	WC Doctor Phone
118	Doctor State	A/N	2	1246	1247	WC Doctor State
119	Adjudication Date	N	8	1248	1255	Claim Adjudication Date ccyymmdd
120	Pre-Auth ind	A/N	2	1256	1257	
121	Resub Ind	A/N	1	1258	1258	
122	Invoice Number	A/N	10	1259	1268	Generated by . Ten (10) character invoice number (8 character invoice and 2 character line number).
123	Reserved Area	A/N	22	1269	1290	Reserved for Expansion

WORKERS COMP STANDARD NPI BILLING FORMAT

8 = BATCH CONTROL RECORD						
MASTER SEQUENCE NUMBER	NAME OF FIELD	FIELD FORMAT	FIELD LENGTH	FIELD LOCATION FROM - TO		DEFINITION OF FIELD VALUE/COMMENTS
124	Record Identifier	N	1	1	1	8=Tape Batch Control Record
125	Processor Number	N	10	2	11	This number is assigned by NCPDP to identify the source of the tape, i.e. Pharmacy, Wholesaler, Hospital, Service Bureau, etc.
126	Billing Date	N	8	12	19	The date of the billing. Format=CCYYMMDD
127	Total Claim Count	N	8	20	27	total number of claims on tape
128	Total Billed Amount	D	12	28	39	total billed amount (including admin fee on tape)
129	Total Admin Fee	D	12	40	51	total admin fee on tape

GLOSSARY OF TERMS

The Glossary listed here is for convenience only. , Inc. accepts the following definitions as explanations of terms used in this document.

ADMINISTRATIVE FEE: The fee charged for processing each prescription claim.

AMOUNT BILLED: Net amount due for claim as specified by processor.

AWP: Average Wholesale Price. The composite wholesale prices charged on a specific commodity across the United States as listed in the First Data Bank Pricing Service.

BASIS OF COST DETERMINATION: On what basis the ingredient cost paid to the pharmacy was calculated. See Billed Basis Code for list of potential values.

BILLED BASIS CODE: Set by that indicates how the claim billing amount was calculated; values are

- 00 = billed at submitted
- 01 = billed at discounted AWP
- 06 = billed at HCFA MAC
- 07 = billed at U&C
- 08 = 100% Copay
- 09 = billed at MAC
- 10 = billed at cost, i.e. pass-through
- 12 = billed at house (i.e. brand drug billed at house generic rate)
- 13 = billed at submitted which was lower than contract
- 14 = no cost (no remit); only admin fee billed
- 15 = billed as replenished drug (New)

BILLED DATE: The date the bill was generated by.

CAP AMOUNT: The amount applied to a member or family cap for this claim.

CARDHOLDER ID NUMBER: See also member number. Number or id representing cardholder.

CARDHOLDER NAME: Name of Cardholder.

CLAIM COUNT: Total number of claims submitted.

CLAIM TYPE: Code indicating the type or status of a claim. Values are:

- P - paid
- R – reversal

COPAY AMOUNT: Amount of prescription paid by member.

COPAY OR DEDUCTIBLE: That portion of the charges for covered health services for which the carrier is not liable to pay. (See copay amount).

GLOSSARY OF TERMS (CONTINUED)

COMPOUND CODE: Code, as submitted by the pharmacy, indicating that the drug submitted was a compound drug.

DATE OF BIRTH: Patient's date of birth.

DATE OF INJURY: Patient's date of injury.

DATE FILLED: Date when script was filled or dispensed by the pharmacy.

DAYS SUPPLY: Number of days supply dispensed, as submitted by the pharmacy.

DISPENSE AS WRITTEN CODE - DAW: A code entered by the pharmacist at time of adjudication to indicate whether the drug was filled as written and the reason for receiving a brand drug when a generic was available.

DISPENSING FEE SUBMITTED: Pharmacy fee for service as agreed in the Provider Participation Agreement between Carrier and , Inc.

DOLLARS BILLED: Total net amount due for claims in the specified pharmacy batch.

DRUG CODE: See NDC code.

DRUG DESCRIPTION: Name of drug and strength.

DRUG GENERIC FLAG Code identifying the drug classification.

- G = Brand price generic
- O = Multi-source brand with generic available
- M = Cross licensed single source brand - no generic available
- N = Single source brand - no generic available
- Y = Generic item
- X = No generic indicator OTC (typically for insulin syringes, diabetic supplies and compounds)

DRUG TYPE: Contains value according to NCPDP standards. An additional value of "5" will be added to indicate multi-source brand drugs. Values will be converted from values as follows:

- values of M and N will be converted to a 1
- value of G will be converted to a 2
- value of Y will be converted to a 3
- value of X will be converted to a 4
- value of O will be converted to a 5.

FEE OR MARKUP: Pharmacy fee for service as agreed in the Provider Participation Agreement between Carrier and , Inc.

GLOSSARY OF TERMS (CONTINUED)

FORMULARY FLAG: Code indicating whether a drug is part of a formulary.

blank = nonformulary or formulary not applicable
N = nonformulary, non-restricted
R = nonformulary, restricted - prior auth required
Y = formulary with an incentive fee
F = formulary, no incentive
M = Message only no incentive
P = Preferred Product with an incentive fee

GCN (GENERIC CLASSIFICATION NUMBER): The Generic Code Number (GCN) is a random number representing the generic formulation. The GCN is specific to generic ingredient combination, route of administration, dosage form and drug strength. The GCN is the same for all manufacturers and/or package sizes. The number by itself has no significance. There are special GCN's to identify groups of products where the exact formulation of the drug may not be the same, but the products are considered therapeutically equivalent (e.g. multivitamins).

GROUP NUMBER: Ten (10) character group number designating group covering member.

INGREDIENT COST: Cost for the drug dispensed.

INGREDIENT COST SUBMITTED: Will contain the ingredient cost submitted by the pharmacy regardless of whether it is used to determine the claim amount; this field will not be available initially, but will be added at a later date.

INVOICE NUMBER: Generated by. Ten (10) character invoice number (8 character invoice and 2 character line number).

MASTER CARRIER: Code assigned by which typically identifies the client. It is associated with the member for which the script was filled.

MEMBER NAME: Name of the member for which script was written.

MEMBER NON COPAY AMOUNT: This is the portion of the amount paid by the member which is not considered copay. Typically this will be the amount associated with a brand/generic copay differential, the amount applied to a deductible or the amount paid once a cap has been satisfied.

MEMBER NUMBER: Eighteen (18) character member number representing member covered.

GLOSSARY OF TERMS (CONTINUED)

MEMBER PAY CODE: Identifies how the member copay was calculated; this field may not initially be available. Valid values are:

- 00 = standard generic copay
- 01 = standard brand copay
- 02 = multiple generic copay
- 03 = multiple brand copay
- 04 = pharmacy U&C (when claim amount is less than standard copay)
- 05 = fee for service benefit; 100% copay plan
- 06 = copay enhancement (i.e. member responsible for difference between brand and generic)
- 07 = nonformulary copay (when copay amount is obtained from the aux file and not the benefit)
- 08 = deductible applied

METRIC QUANTITY DISPENSED: Metric quantity of drug dispensed, as submitted by the pharmacy.

NABP: National Association of Board of Pharmacies.

NCPDP: National Council for Prescription Drug Programs: Founded in 1976. Office located in Phoenix, Arizona.

NABP NUMBER: will provide the value as supplied by the pharmacy on the claim record. It identifies the pharmacy which filled a script.

NDC NUMBER: Eleven (11) character drug code comprised of three (3) components:

- Right Justified zero filled fields.
- 1 - 5 Manufacturer's label
- 6 - 9 Product
- 10 - 11 Package size

NEW-REFILL CODE: Designates whether prescription is a new one or a refill.

PATIENT NAME: Name of person receiving script.

PERSON CODE: A suffix associated with the member receiving the script. Designates person covered who is involved in claim.

PHARMACIST ID: Pharmacist license number (Currently only the state of Florida requires a pharmacist license number for RX claims).

GLOSSARY OF TERMS (CONTINUED)

PHARMACIST TYPE: Pharmacist Id Qualifier

- . Not Specified value ' '
- . DEA value '01'
- . State License value '02'
- . SSN value '03'
- . Name value '04'
- . NPI value '05'
- . HIN value '06'
- . State Issued value '07'
- . Other value '99'

PHARMACY TYPE: Identifies the type of pharmacy that filled the script. Values are:

- space = network
- M = MediCal
- S = Staff model

PHARMACY ADDRESS: Street address of the pharmacy.

PHARMACY FEDERAL TAX ID: The tax identification number for the pharmacy which filled a script. will provide if available.

PHARMACY LOCATION: City and State of pharmacy.

PHARMACY NAME: Name of Pharmacy.

PHARMACY NUMBER: Seven (7) digit code uniquely qualifying pharmacy involved in claim:

- a. The first two (2) digits are a numeric code assigned by NABP designating the state in which the pharmacy is located.
- b. The next four (5) digits are a numeric code assigned by NABP designating the representing pharmacy within state.

PHARMACY LOCATION STATE: Two (2) position number designating state in which pharmacy is located.

PHARMACY TELEPHONE NUMBER: Telephone number of pharmacy.

PLAN DESIGNATOR: One (1) position character designating the plan by which the script is funded; valid values are Pharmacy claim (P or space) or a Medical claim (M).

PRESCRIBER ID: Identification code associated with the doctor who wrote the script, as submitted by the pharmacy. This typically is the DEA number associated with the doctor.

PRESCRIPTION NUMBER: Seven (7) digit alphanumeric prescription number, relating to drug dispenser (Rx number)).

GLOSSARY OF TERMS (CONTINUED)

PRESCRIPTION ORIGIN CODE: A code indicating the source for a script. The code will be the value as supplied with the claim. Values are:

- 0 - 5 network
- 7 - member submitted, non-participating pharmacy
- 8 - mail order claim submitted by member
- 9 - member submitted, participating pharmacy

PRIOR AUTHORIZATION NUMBER: A code associated with a previously rejected claim indicating that the claim was authorized for payment.

PROCESSOR ADDRESS: Street address of Processor. "14000 RIVERPORT DRIVE"

PROCESSOR NAME: Name of Processor. ", INC."

PROCESSOR NUMBER: Number assigned by NCPDP to identify source of the tape. 003858

PROCESSOR LOCATION: City and State of Processor. "MARYLAND HEIGHTS, MO".

PROCESSOR TELEPHONE NUMBER: Telephone number of Processor. "314-770-1666"

PROFESSIONAL OR DISPENSING FEE: Amount paid for service rendered by pharmacy.

PROVIDER: An organization or institution certified to provide pharmacy services directly to the patient and receives payment from the program administrators, i.e., pharmacies or an owner of pharmacies.

RECORD IDENTIFIER: Indicates a type of claim or payment tape record. See File Layout for the identifier types, their use and layouts.

RELATIONSHIP CODE: One (1) digit code to show relationship of person involved in claim. Supplied by the pharmacy along with the claim.

RUN DATE: Date on which claim file was generated.

SALES TAX: Tax paid on prescription where applicable.

SEX CODE: Sex of person covered in claim.

SUBCARRIER: Code assigned by which is affiliated to the member for which the script was filled.

SUBGROUP: A ten (10) character field associated with the member for which the script was filled. The definition and contents of this field is defined by the client.

TAX: Tax paid on prescription where applicable.

THERAPEUTIC CLASS/AHFS CODE: The Therapeutic Class Code, AHFS identifies the pharmacological therapeutic category of the drug product according to the American Hospital Formulary

GLOSSARY OF TERMS (CONTINUED)

Service (AHFS) classification system. An AHFS code has been assigned for each formulary record whether or not the drug product is in the AHFS.

USUAL & CUSTOMARY CHARGE: The amount, as submitted by the pharmacy, that the pharmacy typically charges for the quantity of the drug dispensed.

NYSIF Rebate and Catch Up Rebate File Layout & Naming Conventions – Exhibit II.Q

Header Record				
Name of Field	Field Format	Field Length	Field Location	Comments
Processor	A/N	3	1-3	Value: ESI
File Creation Date	N	8	4-11	Format: CCYYMMDD
Billing Quarter	N	6	12-17	Format: CCYYQQ. QQ=quarter. Ex: 02 = 2 nd qtr

Detail Record				
Name of Field	Field Format	Field Length	Field Location	Comments
Bill Date	N	8	1-8	Date Bill Created. Format: CCYYMMDD
Pharmacy NABP	A/N	12	9-23	Id assigned to a pharmacy
Pharmacy Name	A/N	20	24-40	Name of Pharmacy
Pharmacy Address 1	A/N	20	41-60	Address of Pharmacy
Pharmacy City	A/N	18	61-78	City of Pharmacy
Pharmacy State	A/N	2	79-80	State of Pharmacy
Pharmacy Zip	A/N	9	81-89	Zip Code of Pharmacy
Pharmacy Phone (Not Required)	N	10	90-99	Telephone of Pharmacy. Format AAAEEENNN
Prescription Number	N	7	100-106	Prescription Number assigned by the pharmacy
Fill Date	N	8	107-114	Dispensing Date of Rx. Format CCYYMMDD
NDC	N	11	115-125	
Drug Description	A/N	30	126-155	
New Refill Code (Not Required)	N	2	156-157	00=new prescription, 01-99 = Number of refills
Metric Quantity	N	5	158-162	Number of metric units of medication dispensed
Days Supply	N	3	163-165	Estimated Number of days the prescription will last
Ingredient Cost	D	10	166-175	Cost of the drug dispensed
Dispensing Fee	D	10	176-185	Contracted dispensing fee
Co Pay (Not Required)	D	10	186-195	Correct Co-pay for plan billed
Tax (Not Required)	D	10	196-205	Sales tax for the prescription dispensed
Amount Billed	D	10	206-215	Amount due net of co pay
Member First Name	A/N	12	216-227	First name of patient
Member Last Name	A/N	15	228-242	Last name of patient
Member Middle Init (Not Required)	A/N	1	243-243	Middle initial of patient
Member DOB (Not Required)	N	8	244-251	Date of Birth of patient. Format: CCYYMMDD
Member Sex Code (Not Required)	N	1	252-252	0=Not specified, 1=Male, 2=Female
Subscriber Id	A/N	18	253-270	Claimant SSN
Prescriber Id	A/N	10	271-280	Identification assigned to the prescriber
Submitted DAW code (Not Required)	A/N	1	281-281	Submitted Dispensed as Written
Adjudicated DAW code (Not Required)	A/N	1	282-282	Adjudicated Dispense as Written
Office Code	A/N	20	283-302	NYSIF Office
Legacy Group code	A/N	15	303-317	Id assigned to cardholder group or employer group
Legacy Group ds	A/N	15	318-332	Should be IF for NYSIF.
Claim Audit Number	A/N	14	333-346	ESI Reference Number. Unique per script. ESI Claim Number.
Injury Date	A/N	8	347-354	Accident Date. Format: CCYYMMDD
WCB Claim Id	A/N	20	355-374	WCB Claim Number
WCB Client Claim Id	N	8	375-382	NYSIF Claim Number
Rebate Amount	A/N	9(4),9(2)	383-389	Format: 9999.99

Footer Record				
Name of Field	Field Format	Field Length	Field Location	Comments
Processor	A/N	3	1-3	Value: ESI
Billing Quarter	N	6	12-17	Format: CCYYQQ. QQ=quarter. Ex: 02 = 2 nd qtr
Record Count	N	7	18-24	Total record count in the rebate file
Total Rebate Amount	N	9(8),9(2)	25-35	Format: 99999999.99

NYSIF Rebate and Catch Up Rebate File Layout & Naming Conventions – Exhibit II.Q

Rebate File Naming Convention

Name of Field	Field Format	Field Length	Field Location	Comments
Processor	A	4	1-4	Value: NYS.
File Type	A/N	7	5-11	Value: Rebate.
File Quarter	N	6	12-17	Format: CCYYQQ QQ=quarter. Example: 02 = 2 nd qtr

Rebate Catch up File Naming Convention

Name of Field	Field Format	Field Length	Field Location	Comments
Processor	A	4	1-4	Value: NYS.
File Type	A/N	15	5-19	Format: Rebate.catchup.
File Year	N	4	20-23	Format: CCYY. Indicates the year of the rebates in the catch up file.

Rebate Report File Naming Convention

Name of Field	Field Format	Field Length	Field Location	Comments
Processor	A	4	1-4	Value: NYS.
File Type	A/N	7	5-11	Value: Rebate.
File Quarter	N	6	12-17	Format: CCYYQQ QQ=quarter. Example: 02 = 2 nd qtr
File Extension	A	4	18-21	Value: xls

Rebate Catch up Report File Naming Convention

Name of Field	Field Format	Field Length	Field Location	Comments
Processor	A	4	1-4	Value: NYS.
File Type	A/N	15	5-19	Format: Rebate.catchup.
File Year	N	4	20-23	Format: CCYY. Indicates the year of the rebates in the catch up file.
File Extension	A	4	24-27	Value: .xls

This page is intentionally left blank.

**Empire Plan Prescription Drug Program
2008 - 2011 Incurred Claims (1)**

<u>Year</u>	<u>Type of Claim</u>	Employee		Dependent		Total	
		<u># of claims</u>	<u>Amount Paid</u>	<u># of claims</u>	<u>Amount Paid</u>	<u># of claims</u>	<u>Amount Paid</u>
2008	Direct (Enrollee Submitted)	44,645	1,851,983	88,538	2,191,464	133,183	3,983,712
	Mail Order	776,414	152,409,076	350,118	81,678,282	1,126,532	231,013,056
	Pharmacy	7,928,871	788,091,017	4,754,119	471,362,006	12,682,990	1,237,894,439
	Total	8,749,930	942,352,076	5,192,775	555,231,752	13,942,705	1,472,891,207
2009	Direct (Enrollee Submitted)	22,906	1,495,616	82,256	2,020,540	105,162	3,516,157
	Mail Order	803,819	168,702,342	359,887	92,089,632	1,163,706	260,791,973
	Pharmacy	8,171,559	797,824,493	4,761,340	460,747,990	12,932,899	1,258,572,483
	Total	8,998,284	968,022,451	5,203,483	554,858,162	14,201,767	1,522,880,614
2010	Direct (Enrollee Submitted)	21,107	1,003,566	79,761	1,906,544	100,868	2,910,110
	Mail Order	822,209	161,405,499	369,278	82,130,374	1,191,487	243,535,873
	Pharmacy	8,423,996	790,960,363	4,792,964	449,765,561	13,216,960	1,240,725,924
	Specialty Pharmacy (3)	20,463	103,120,369	12,925	66,427,407	33,388	169,547,776
	Total	9,287,775	1,056,489,796	5,254,928	600,229,887	14,542,703	1,656,719,683
2011 (2)	Direct (Enrollee Submitted)	9,135	374,759	34,573	861,955	43,708	1,236,714
	Mail Order	613,385	119,555,512	276,652	58,928,250	890,037	178,483,762
	Pharmacy	6,396,868	595,430,921	3,756,195	344,100,302	10,153,063	939,531,223
	Specialty Pharmacy (3)	21,148	116,655,261	13,538	77,166,177	34,686	193,821,438
	Total	7,040,536	832,016,453	4,080,958	481,056,685	11,121,494	1,313,073,138

**(1) Based on claims paid through September 30, 2011 and excludes COB credits and formulary rebates.
Includes Student Employee Health Plan (SEHP) claims and also, beginning in 2009, Excelsior claims.
All data represents claim data paid by current carrier.**

(2) 2011 incurred claim figures represent nine months of incurred & paid claims (January 1 - September 30, 2011)

(3) Specialty Pharmacy benefits began April 1, 2010 for certain groups.

**Empire Plan Prescription Drug Program
2008 - 2011 Paid Claims (1)**

<u>Year</u>	<u>Type of Claim</u>	Employee		Dependent		Total	
		<u># of claims</u>	<u>Amount Paid</u>	<u># of claims</u>	<u>Amount Paid</u>	<u># of claims</u>	<u>Amount Paid</u>
2008	Direct (Enrollee Submitted)	34,086	1,221,341	54,207	1,336,280	88,293	2,557,621
	Mail Order	750,221	146,819,334	338,237	78,572,972	1,088,458	225,392,306
	Pharmacy	7,673,045	763,155,078	4,583,982	454,600,395	12,257,027	1,217,755,473
	Total	8,457,352	911,195,754	4,976,426	534,509,647	13,433,778	1,445,705,401
2009	Direct (Enrollee Submitted)	25,449	1,262,900	84,267	2,003,600	109,716	3,266,500
	Mail Order	802,044	167,640,755	359,077	91,314,106	1,161,121	258,954,861
	Pharmacy	8,146,778	795,546,139	4,753,335	460,209,909	12,900,113	1,255,756,047
	Total	8,974,271	964,449,793	5,196,679	553,527,615	14,170,950	1,517,977,408
2010	Direct (Enrollee Submitted)	22,327	1,566,560	82,308	2,142,366	104,635	3,708,926
	Mail Order	821,854	162,763,225	369,213	83,367,499	1,191,067	246,130,723
	Pharmacy	8,422,109	791,983,340	4,791,829	450,069,541	13,213,938	1,242,052,881
	Specialty Pharmacy (3)	19,391	97,499,985	12,172	62,368,503	31,563	159,868,488
	Total	9,285,681	1,053,813,110	5,255,522	597,947,908	14,541,203	1,651,761,019
2011 (2)	Direct (Enrollee Submitted)	15,295	646,041	63,075	1,467,606	78,370	2,113,647
	Mail Order	629,436	122,773,884	283,830	60,572,890	913,266	183,346,774
	Pharmacy	6,544,467	608,267,558	3,854,329	352,892,109	10,398,796	961,159,667
	Specialty Pharmacy (3)	22,220	122,275,645	14,291	81,225,081	36,511	203,500,726
	Total	7,211,418	853,963,127	4,215,525	496,157,687	11,426,943	1,350,120,814

**(1) Based on claims paid through September 30, 2011 and excludes COB credits and formulary rebates.
Includes Student Employee Health Plan (SEHP) claims and also, beginning in 2009, Excelsior claims.
All data represents claim data paid by current carrier.**

(2) 2011 paid claim figures represent nine months of paid claims (January 1 - September 30, 2011)

(3) Specialty Pharmacy benefits began April 1, 2010 for certain groups.

**Empire Plan Prescription Drug Program
Selected Financial Data**

Sep-11

MONTHLY PREMIUM RATES

Effective Date of Rate	Empire Plan (1)		Student Employee Health Plan		Excelsior Plan	
	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>	<u>Individual</u>	<u>Family</u>
1/1/2008	\$158.96	\$320.74	\$25.59	\$63.19	n/a	n/a
1/1/2009	\$148.21	\$307.13	\$26.07	\$68.10	\$117.23	\$242.94
1/1/2010	\$152.37	\$309.78	\$26.55	\$53.58	\$122.87	\$249.82
1/1/2011	\$176.55	\$356.02	\$31.30	\$64.54	\$145.28	\$292.87
10/1/2011	\$171.72	\$353.33	n/a	n/a	n/a	n/a
1/1/2012	\$175.15	\$357.73	\$27.48	\$64.85	\$137.96	\$281.78

ENROLLMENT Empire Plan (2)

Year	Active		Retired (3)		COBRA (4)		Total Contracts
	Individual	Family	Individual	Family	Individual	Family	
2008	109,458	192,345	117,488	95,372	1,572	290	516,525
2009	109,922	193,230	119,758	96,327	1,943	374	521,554
2010	112,356	190,516	124,723	97,277	2,963	621	528,456
2011	103,428	188,927	129,167	102,381	1,707	529	526,139

ENROLLMENT Excelsior Plan (1)

Year	Active		Retired (3)		COBRA (4)		Total Contracts
	Individual	Family	Individual	Family	Individual	Family	
2009	101	138	29	8	0	1	277
2010	67	75	28	8	1	1	180
2011	19	15	21	5	1	0	61

Student Employee Health Plan (SEHP) (1)

Year	Active		COBRA (4)		Total Contracts
	Individual	Family	Individual	Family	
2008	3,076	430	168	10	3,684
2009	4,111	547	189	19	4,866
2010	4,351	643	314	31	5,339
2011	4,346	710	342	44	5,442

(1) Represents the premium rates for the most common plan design (flexible formulary and speciality drug pharmacy).

(2) Represents the monthly average "with drug coverage" enrollment for the respective periods.

(3) Represents all non-actively employed, non-COBRA enrollees, ie., retirees, dependent survivors, preferred list enrollees, vestees, etc.

(4) 2010 & 2011 COBRA Individual Coverage enrollment figures include Young Adult Program enrollees.

Empire Plan Prescription Drug Program
Selected Financial Data

Sep-11

EXPERIENCE

	<u>2008</u>	<u>2009</u>	<u>2010</u>	<u>2011 (1)</u>
Premium	\$1,538,219,591	1,486,982,329	1,513,185,465	\$ 1,752,977,876
Paid Claims (2)	1,293,336,783	1,322,072,045	1,429,101,185	1,550,513,769
Change in Reserves	44,360,258	(1,255,143)	(41,327,545)	1,469,801
Incurred Claims	\$ 1,337,697,041	\$ 1,320,816,902	\$ 1,387,773,640	\$ 1,551,983,570
Retention	71,730,851	87,921,602	83,677,059	88,759,848
Dividend (Loss)	\$ 128,791,699	\$ 78,243,825	\$ 41,734,766	\$ 112,234,458

(1) Projected by Carrier as of September 30, 2011

(2) Includes formulary rebates.

State of New York - Empire Plan

2011 INCURRED CLAIMS BASED ON
Claim cycles through September 30, 2011

<u>Cycle Date</u>	<u>Jan-11</u>	<u>Feb-11</u>	<u>Mar-11</u>	<u>Apr-11</u>	<u>May-11</u>	<u>Jun-11</u>	<u>Jul-11</u>	<u>Aug-11</u>	<u>Sep-11</u>	<u>Oct-11</u>	<u>Nov-11</u>	<u>Dec-11</u>	<u>Total</u>
1/7/2011	\$30,220,209												\$30,220,209
1/21/2011	\$66,971,923												\$66,971,923
2/4/2011	\$46,956,297	\$17,112,214											\$64,068,511
2/18/2011	\$2,287,853	\$66,806,884											\$69,094,737
3/4/2011	\$565,434	\$47,042,349	\$19,022,342										\$66,630,125
3/18/2011	\$217,714	\$1,555,714	\$66,224,952										\$67,998,379
4/1/2011	\$115,466	\$381,811	\$61,808,539	\$4,089,216									\$66,395,031
4/15/2011	\$34,831	\$270,560	\$3,282,508	\$65,391,829									\$68,979,728
4/29/2011	\$16,192	\$81,232	\$736,930	\$65,295,078									\$66,129,431
5/13/2011	\$7,165	\$69,737	\$308,318	\$7,115,837	\$61,186,621								\$68,687,678
5/27/2011	\$48,152	\$44,254	\$230,014	\$658,060	\$67,513,534								\$68,494,014
6/10/2011	\$6,852	\$33,401	\$53,202	\$260,372	\$18,328,333	\$47,484,204							\$66,166,363
6/24/2011	\$6,804	\$29,390	\$60,229	\$127,076	\$603,784	\$66,934,636							\$67,761,920
7/8/2011	\$9,240	\$6,827	\$14,288	\$57,109	\$345,358	\$32,815,930	\$31,391,846						\$64,640,599
7/22/2011	\$4,373	\$2,688	\$2,363	\$63,225	\$137,973	\$1,261,852	\$67,228,483						\$68,700,958
8/5/2011	\$4,541	\$4,212	\$7,019	\$8,052	\$72,872	\$273,919	\$42,677,793	\$25,098,593					\$68,147,001
8/19/2011	\$7,695	\$4,694	\$6,930	\$17,986	\$42,422	\$114,337	\$1,047,776	\$66,657,579					\$67,899,419
9/2/2011	\$41,414	\$39,697	\$52,755	\$48,385	\$196,077	\$227,752	\$474,109	\$57,645,959	\$8,720,849				\$67,446,997
9/16/2011	\$6,274	\$8,626	\$5,327	\$12,990	\$13,952	\$54,026	\$153,549	\$2,740,404	\$64,807,096				\$67,802,243
9/30/2011	\$14,900	\$11,643	\$10,019	(\$763)	\$5,917	\$28,069	\$104,195	\$627,031	\$70,036,859				\$70,837,870
Total	\$147,543,330	\$133,505,932	\$151,825,736	\$143,144,451	\$148,446,842	\$149,194,725	\$143,077,751	\$152,769,566	\$143,564,804	\$0	\$0	\$0	\$1,313,073,138

Please note that totals may differ due to rounding

State of New York - Empire Plan

2010 INCURRED CLAIMS BASED ON
Claim cycles through September 30, 2011

Cycle Date	Jan-10	Feb-10	Mar-10	Apr-10	May-10	Jun-10	Jul-10	Aug-10	Sep-10	Oct-10	Nov-10	Dec-10	Total
1/8/2010	\$33,084,987												\$33,084,987
1/22/2010	\$63,879,114												\$63,879,114
2/5/2010	\$38,550,113	\$24,904,584											\$63,454,697
2/19/2010	(\$37,226)	\$59,985,300											\$59,948,074
3/5/2010	\$418,810	\$36,143,488	\$26,552,976										\$63,115,274
3/19/2010	\$167,081	\$32,036	\$63,967,372										\$64,166,489
4/2/2010	\$50,203	\$142,423	\$54,438,422	\$8,241,787									\$62,872,835
4/16/2010	\$5,346	\$58,010	\$1,413,306	\$62,032,278									\$63,508,940
4/30/2010	\$36,768	\$148,597	\$551,724	\$64,708,992									\$65,446,081
5/14/2010	\$4,454	\$42,713	\$240,522	\$3,006,806	\$59,852,056								\$63,146,550
5/28/2010	\$17,620	\$29,525	\$206,983	\$523,692	\$63,261,026								\$64,038,846
6/11/2010	\$5,551	\$10,043	\$42,783	\$118,995	\$9,325,817	\$52,357,309							\$61,860,498
6/25/2010	\$5,677	\$1,746	\$66,173	\$132,243	\$636,681	\$63,080,956							\$63,923,476
7/9/2010	\$3,550	\$4,815	\$18,330	\$52,290	\$168,506	\$25,709,201	\$35,624,004						\$61,580,696
7/23/2010	(\$195)	\$2,896	\$28,881	\$98,386	\$179,654	\$779,095	\$62,379,786						\$63,468,503
8/6/2010	\$3,691	\$3,145	(\$685)	\$968	\$107,299	\$217,513	\$37,543,587	\$25,685,433					\$63,560,950
8/20/2010	\$10,231	(\$3,309)	\$1,214	(\$3,021)	\$91,749	\$152,015	\$742,654	\$61,505,497					\$62,497,029
9/3/2010	\$9,724	\$7,451	\$19,715	\$16,844	\$45,208	\$220,878	\$460,739	\$50,924,813	\$12,628,494				\$64,333,865
9/17/2010	(\$1,720)	\$1,498	\$3,629	\$4,938	\$5,093	\$67,772	\$108,665	\$1,522,776	\$60,416,833				\$62,138,484
10/1/2010	\$257	\$2,593	(\$442)	\$1,123	\$5,262	\$43,984	\$65,055	\$353,551	\$59,844,745	\$3,835,732			\$64,151,859
10/15/2010	\$7,532	\$5,060	\$2,011	\$723	\$1,164	(\$3,878)	\$23,194	\$142,444	\$2,993,287	\$61,177,098			\$64,348,634
10/29/2010	\$3,312	\$35,646	\$1,699	\$2,010	\$5,475	(\$7,916)	\$63,775	\$119,046	\$645,261	\$63,041,709			\$63,910,018
11/12/2010	\$2,172	\$4,008	(\$5,126)	\$5,552	\$16,861	\$15,912	\$32,402	\$130,274	\$179,513	\$9,104,647	\$54,988,457		\$64,474,672
11/26/2010	\$1,009	\$2,844	\$2,237	\$4,429	\$5,084	\$4,931	\$4,295	\$59,442	\$191,847	\$434,307	\$60,061,714		\$60,772,139
12/10/2010	\$2,211	\$4,025	\$9,215	\$9,389	\$6,782	\$9,040	\$13,784	\$57,737	\$111,936	\$353,298	\$23,060,150	\$45,036,924	\$68,674,490
12/24/2010	\$40,668	\$35,902	\$24,841	\$32,362	\$26,791	\$16,550	\$25,538	\$13,568	\$27,178	\$124,582	\$480,233	\$63,541,123	\$64,389,335
1/7/2011	(\$2,738)	(\$13,446)	\$1,314	\$2,019	\$3,369	\$7,489	\$4,016	\$157	\$41,776	\$46,317	\$169,215	\$32,540,490	\$32,799,979
1/21/2011	\$7,518	\$8,664	\$9,806	\$10,668	\$9,340	\$8,016	\$12,821	\$15,515	\$21,069	\$58,757	\$124,103	\$828,516	\$1,114,795
2/4/2011	(\$11)	\$2,329	\$4,190	\$4,950	\$4,943	\$5,882	\$6,011	\$20,821	\$18,693	\$30,744	\$71,025	\$327,503	\$497,080
2/18/2011	\$1,751	\$3,385	\$2,669	\$5,478	\$6,491	\$9,821	\$1,326	\$5,688	\$13,522	\$70,816	\$179,894	\$202,100	\$502,941
3/4/2011	\$5,337	\$3,579	\$7,026	\$8,271	\$21,543	\$10,181	\$5,596	\$6,591	\$7,436	\$22,728	\$15,636	\$59,881	\$173,805
3/18/2011	\$3,443	\$5,240	\$7,331	\$8,806	\$9,081	\$9,325	\$8,662	\$11,214	\$13,403	\$23,113	\$63,776	\$128,730	\$292,123
4/1/2011	\$777	\$2,583	\$2,421	\$6,592	\$6,090	\$7,660	(\$4,040)	\$6,448	\$12,973	\$11,080	\$7,561	\$24,695	\$84,839
4/15/2011	(\$4,376)	\$1,082	(\$1,485)	\$4,361	\$1,014	(\$47)	\$619	\$1,575	\$1,490	\$21,819	\$3,673	(\$8,212)	\$21,512
4/29/2011	\$10,942	\$6,295	\$10,152	\$7,953	\$7,046	\$10,489	\$8,062	\$6,011	\$5,633	\$1,285	\$4,631	\$2,316	\$80,817
5/13/2011	(\$42)	\$8,580	\$8,292	\$8,664	\$8,658	\$9,362	(\$103)	\$9,700	\$10,692	\$11,995	\$13,111	\$9,183	\$98,090
5/27/2011	(\$10,366)	(\$11,212)	(\$15,843)	(\$11,384)	(\$1,536)	(\$1,689)	(\$644)	(\$3,244)	\$2,305	\$8,470	\$5,472	\$10,437	(\$29,236)
6/10/2011	(\$1,027)	(\$38)	\$0	\$0	\$799	\$962	\$1,836	(\$46)	\$68,681	\$4,710	(\$119)	\$3,094	\$78,853
6/24/2011	\$290	\$295	\$1,471	\$654	\$2,188	(\$181)	(\$562)	\$1,337	(\$3,348)	\$1,178	\$2,575	\$6,781	\$12,678
7/8/2011	\$571	\$239	\$756	\$2,056	\$1,818	(\$9,168)	\$1,430	\$3,954	\$1,355	\$11,257	\$5,816	\$12,046	\$32,129
7/22/2011	(\$614)	(\$1,169)	(\$1,563)	(\$1,159)	(\$28,805)	(\$22,293)	(\$5,944)	(\$656)	\$2,457	(\$168)	\$3,279	\$4,648	(\$51,986)
8/5/2011	(\$1,416)	(\$581)	(\$2,767)	(\$3,573)	(\$1,915)	(\$8,365)	\$425	\$10,286	\$16,279	\$3,991	(\$3,627)	\$393	\$9,130
8/19/2011	\$0	(\$881)	(\$1,616)	(\$1,845)	(\$1,276)	(\$3,924)	(\$3,376)	\$4,251	\$6,194	\$2,045	\$4,745	\$10,280	\$14,596
9/2/2011	\$7,868	\$11,969	\$14,142	\$10,083	\$11,881	\$14,541	\$13,418	\$18,907	\$17,811	\$22,818	\$26,663	\$62,722	\$196,826
9/16/2011	\$1,428	\$1,879	\$1,095	\$897	\$914	\$1,088	\$2,009	\$1,608	\$3,627	\$3,120	\$4,278	\$4,249	\$26,192
9/30/2011	\$1,729	\$1,186	\$601	\$1,100	\$1,537	\$818	\$791	\$1,265	\$3,272	(\$638)	\$3,957	\$2,368	\$17,985
Total	\$136,292,003	\$121,635,012	\$147,633,772	\$139,055,375	\$133,803,691	\$142,722,328	\$137,139,830	\$140,635,962	\$137,304,414	\$138,426,810	\$139,296,218	\$142,774,267	\$1,656,719,683

Please note that totals may differ due to rounding

State of New York - Empire Plan

2009 INCURRED CLAIMS BASED ON
Claim cycles through September 30, 2011

Cycle Date	Jan-09	Feb-09	Mar-09	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Total
1/9/2009	\$33,951,303												\$33,951,303
1/23/2009	\$57,085,330												\$57,085,330
2/6/2009	\$32,579,568	\$24,582,357											\$57,161,925
2/20/2009	\$197,042	\$56,277,543											\$56,474,585
3/6/2009	\$106,120	\$33,020,167	\$24,370,648										\$57,496,935
3/20/2009	\$55,248	\$101,381	\$57,233,470										\$57,390,098
4/3/2009	\$84,351	\$139,867	\$45,512,593	\$12,525,703									\$58,262,515
4/17/2009	\$10,651	\$73,621	\$231,953	\$231,953	\$56,040,932								\$56,357,158
5/1/2009	\$24,025	\$105,002	\$163,158	\$54,178,536	\$3,837,967								\$58,308,688
5/15/2009	\$115,186	\$86,190	\$94,325	\$771,452	\$58,049,050								\$59,116,204
5/29/2009	\$10,383	(\$4,026)	\$33,122	\$162,348	\$56,655,158								\$56,856,985
6/12/2009	\$22,791	\$14,205	\$16,981	\$107,037	\$5,841,161	\$53,844,328							\$59,846,503
6/26/2009	\$11,785	\$53,751	\$48,096	\$50,833	\$179,457	\$57,776,512							\$58,120,433
7/10/2009	\$4,465	\$638	\$20,592	\$43,531	\$50,295	\$16,759,773	\$40,071,106						\$56,950,400
7/24/2009	\$1,262	\$17,717	\$1,225	\$13,936	\$25,119	\$96,247	\$57,040,257						\$57,195,764
8/7/2009	\$10,806	\$11,601	\$53,188	\$13,797	\$43,757	\$126,391	\$30,064,541	\$27,929,235					\$58,253,316
8/21/2009	\$2,861	\$4,555	\$65,757	\$114,789	\$76,989	\$52,088	(\$3,566)	\$57,780,353					\$58,093,826
9/4/2009	\$19,274	\$25,411	\$15,447	\$15,628	\$133,474	\$158,420	\$310,071	\$40,507,744	\$18,124,071				\$59,309,539
9/18/2009	\$2,749	\$2,755	\$1,298	\$6,674	\$14,505	\$57,382	\$70,241	(\$574,650)	\$57,202,518				\$56,783,473
10/2/2009	\$9,073	\$10,502	\$7,294	\$4,101	\$1,925	\$23,540	\$90,396	\$169,428	\$51,194,468	\$8,825,687			\$60,336,413
10/16/2009	(\$92)	\$3,153	(\$44)	(\$7,254)	\$1,840	\$3,354	\$36,423	\$70,363	\$349,745	\$58,979,585			\$59,437,073
10/30/2009	\$21,548	\$24,364	\$30,173	\$25,776	\$31,481	\$9,994	\$42,156	\$126,011	\$202,274	\$59,877,268			\$60,391,045
11/13/2009	(\$139)	(\$2,137)	\$474	\$744	\$3,162	\$4,103	\$9,187	\$26,388	\$68,909	\$4,232,924	\$57,063,490		\$61,407,105
11/27/2009	(\$2,713)	\$887	(\$2,577)	(\$3,389)	(\$1,676)	\$2,765	\$5,815	\$48,106	\$141,261	\$251,169	\$56,393,213		\$56,832,860
12/11/2009	(\$1,267)	\$1,825	(\$810)	(\$1,327)	\$1,965	(\$1,696)	(\$10,796)	\$1,237	\$23,980	\$168,263	\$13,537,756	\$49,783,530	\$63,502,659
12/25/2009	\$2,696	\$1,460	\$146	\$186	\$3,059	\$3,655	\$10,067	\$8,263	\$16,816	\$76,426	\$66,440	\$57,038,692	\$57,227,906
1/8/2010	\$2,964	\$2,984	\$4,602	\$9,027	\$4,704	\$6,161	\$23,309	\$9,226	\$25,706	\$99,957	\$90,582	\$27,909,131	\$28,188,354
1/22/2010	\$6,623	\$3,908	\$8,361	\$7,599	\$3,426	\$6,994	\$5,404	\$10,727	\$11,921	\$33,680	\$86,426	\$219,607	\$404,677
2/5/2010	\$22,326	\$31,949	\$52,310	\$52,051	\$97,717	\$55,226	\$52,975	\$18,207	\$19,836	\$15,984	\$72,691	\$159,618	\$650,890
2/19/2010	\$10,864	\$3,942	(\$2,531)	\$5,638	(\$28,226)	(\$6,239)	(\$6,105)	\$28,422	\$31,179	\$10,865	\$14,812	\$51,730	\$114,352
3/5/2010	\$6,393	\$7,670	\$9,542	\$11,532	\$7,859	\$7,364	\$6,697	\$3,708	\$8,243	\$14,342	\$51,341	\$56,179	\$190,869
3/19/2010	\$14,297	\$9,511	\$15,924	\$13,608	\$3,296	\$22,631	\$19,112	\$19,682	\$15,229	\$11,048	\$43,452	\$138,070	\$325,861
4/2/2010	\$3,123	\$4,350	\$3,629	\$2,597	\$4,114	\$5,049	\$5,739	\$6,889	\$6,552	\$11,822	\$6,600	\$14,503	\$74,967
4/16/2010	\$2,942	\$2,318	\$1,242	\$4,327	\$751	\$1,486	\$4,416	(\$2,930)	\$1,283	\$5,022	\$1,326	\$11,647	\$33,831
4/30/2010	\$946	\$1,757	\$1,568	\$1,684	\$4,139	\$5,024	\$5,123	\$2,762	\$14,229	\$9,071	\$19,959	\$23,643	\$89,906
5/14/2010	\$747	\$950	\$1,071	\$713	\$4,080	\$3,665	\$449	(\$4,431)	(\$473)	(\$5,025)	(\$8,339)	(\$4,702)	(\$11,295)
5/28/2010	\$1,916	\$823	\$3,486	\$781	\$1,862	\$5,174	\$1,418	\$3,712	\$8,002	\$8,589	\$9,949	\$12,610	\$58,321
6/11/2010	(\$2,807)	(\$1,160)	(\$209)	\$606	\$538	\$1,199	\$1,397	\$2,281	\$1,256	\$1,644	\$949	\$7,651	\$13,346
6/25/2010	\$64	\$33	(\$89)	\$445	(\$84)	\$65	\$3,490	\$1,242	\$2,924	\$3,036	\$1,766	\$3,170	\$16,062
7/9/2010	(\$69)	(\$47)	(\$33)	(\$132)	(\$1,905)	\$12	\$74	(\$522)	(\$834)	\$1,755	(\$2,164)	\$261	(\$3,606)
7/23/2010	(\$2,296)	(\$148)	\$273	(\$5,170)	(\$4,797)	(\$4,477)	(\$5,021)	\$827	(\$1,613)	(\$274)	(\$2,651)	(\$11,774)	(\$37,121)
8/6/2010	\$107	\$197	\$1,152	(\$1,608)	\$2,494	\$948	\$104	\$322	\$233	\$1,447	\$1,495	\$518	\$7,409
8/20/2010	\$514	\$460	\$205	\$448	(\$2,453)	(\$3,233)	\$1,062	\$244	(\$184)	(\$2,574)	\$599	(\$764)	(\$5,676)
9/3/2010	\$826	\$6,686	\$2,398	\$983	\$7,582	\$2,375	\$2,393	\$1,208	\$2,706	\$3,792	\$4,161	\$7,493	\$42,602
9/17/2010	\$4,856	\$3,818	\$3,688	\$3,272	\$4,187	(\$1,058)	(\$2,482)	(\$7,671)	(\$1,976)	(\$1,828)	(\$1,828)	(\$1,607)	\$5,367
10/1/2010	\$229	\$142	\$35	\$305	\$601	(\$301)	(\$1,557)	(\$4,531)	(\$1,508)	\$1,405	(\$2,942)	\$1,208	(\$6,915)
10/15/2010	\$5,138	\$4,451	\$3,878	\$4,129	\$6,651	\$9,842	\$10,076	\$11,067	\$6,922	\$5,125	\$9,549	\$7,690	\$84,517
10/29/2010	\$3,805	\$114	\$209	\$1,907	(\$508)	\$81	\$295	(\$772)	(\$1,325)	\$2,141	\$6,223	\$4,631	\$16,800
11/12/2010	(\$453)	\$3,541	\$648	\$2,321	\$3,632	\$2,244	\$3,810	\$6,011	\$6,769	\$4,046	\$3,818	\$567	\$36,955
11/26/2010	\$976	\$670	\$1,722	\$932	(\$1,712)	\$1,362	\$1,793	\$1,561	\$1,192	\$1,932	\$2,654	\$2,602	\$15,682
12/10/2010	\$20	(\$234)	\$155	\$221	\$287	(\$192)	(\$149)	\$28	\$151	\$155	\$5,044	\$2,792	\$8,382
12/24/2010	\$15,023	\$10,534	\$10,403	\$8,633	\$8,204	\$12,767	\$1,811	\$8,335	\$5,369	\$55,347	\$46,469	\$43,741	\$226,634
1/7/2011	(\$393)	(\$785)	\$69	\$0	\$109	\$0	(\$299)	\$0	\$0	(\$4,041)	(\$3,317)	(\$6,144)	(\$14,801)
1/21/2011	\$0	\$0	\$0	\$0	(\$217)	\$0	\$0	\$0	(\$1,591)	(\$1,491)	(\$1,155)	\$1,010	(\$3,444)

State of New York - Empire Plan

2009 INCURRED CLAIMS BASED ON
Claim cycles through September 30, 2011

<u>Cycle Date</u>	<u>Jan-09</u>	<u>Feb-09</u>	<u>Mar-09</u>	<u>Apr-09</u>	<u>May-09</u>	<u>Jun-09</u>	<u>Jul-09</u>	<u>Aug-09</u>	<u>Sep-09</u>	<u>Oct-09</u>	<u>Nov-09</u>	<u>Dec-09</u>	<u>Total</u>
2/4/2011	(\$83)	(\$809)	\$17	\$23	(\$468)	\$161	(\$213)	(\$398)	\$419	\$472	(\$1,251)	\$269	(\$1,862)
2/18/2011	(\$11,236)	\$425	(\$841)	(\$11,321)	\$339	\$248	(\$151)	\$456	\$446	(\$4,111)	\$229	\$582	(\$24,933)
3/4/2011	\$6,008	\$6,649	\$17,590	\$5,622	\$6,848	\$14,884	\$679	\$1,722	\$5,375	\$4,390	\$13,482	\$1,683	\$84,932
3/18/2011	\$1,594	\$1,104	\$1,601	\$1,062	\$567	\$509	\$214	\$611	\$1,322	\$1,614	\$1,384	\$1,399	\$12,980
4/1/2011	\$42	\$132	\$120	(\$1,041)	(\$576)	(\$151)	(\$1,339)	(\$1,431)	(\$1,812)	(\$1,231)	(\$495)	(\$159)	(\$7,941)
4/15/2011	\$2	\$2	\$5	\$14	\$254	\$281	\$231	\$7	\$19	\$4	\$0	\$3	\$822
4/29/2011	(\$1,056)	\$301	(\$2,421)	(\$2,833)	(\$3,069)	(\$6,684)	(\$1,110)	(\$2,879)	(\$1,246)	(\$2,290)	(\$811)	\$138	(\$23,961)
5/13/2011	\$8,848	\$0	\$7,708	\$8,858	\$8,977	\$7,455	\$8,863	\$8,927	\$8,737	(\$180)	\$8,784	(\$395)	\$76,583
5/27/2011	\$391	\$207	(\$2,243)	\$245	\$444	\$148	\$141	(\$2,849)	(\$2,441)	(\$5,844)	(\$6,870)	(\$8,994)	(\$27,664)
6/10/2011	(\$68)	(\$68)	\$0	(\$140)	\$0	\$1	\$0	(\$75)	(\$72)	(\$69)	(\$72)	\$0	(\$562)
6/24/2011	\$0	\$0	\$0	\$0	\$0	(\$72)	(\$72)	\$0	\$0	\$0	\$0	(\$72)	(\$215)
7/8/2011	\$2	\$93	\$91	\$0	\$78	\$253	\$1	\$2	\$9	\$10	\$23	\$395	\$956
7/22/2011	\$0	(\$275)	(\$424)	(\$596)	(\$477)	(\$440)	(\$347)	(\$417)	(\$2,494)	(\$4,935)	(\$316)	(\$266)	(\$10,987)
8/5/2011	\$0	(\$90)	(\$270)	(\$347)	(\$317)	(\$454)	(\$534)	\$5	(\$215)	(\$1,225)	\$17	(\$496)	(\$3,926)
8/19/2011	\$0	\$10	(\$112)	\$0	(\$297)	\$21	(\$392)	\$0	(\$386)	\$0	(\$286)	\$0	(\$1,442)
9/2/2011	\$8,136	\$7,134	\$6,971	\$10,172	\$7,393	\$7,941	\$8,091	\$12,263	\$6,732	\$9,584	\$8,541	\$10,388	\$103,347
9/16/2011	\$1,028	\$571	\$430	\$719	\$419	\$1,341	\$1,366	\$1,420	\$1,726	\$2,485	\$1,948	\$1,977	\$15,429
9/30/2011	\$1,722	\$1,729	\$1,552	\$1,223	\$293	\$966	\$1,287	\$974	\$1,657	\$2,732	\$977	\$982	\$16,094
Total	\$124,438,319	\$114,668,337	\$128,049,986	\$124,202,544	\$125,095,427	\$129,077,433	\$127,887,949	\$126,226,420	\$127,502,310	\$132,703,504	\$127,543,651	\$135,484,736	\$1,522,880,614

Please note that totals may differ due to rounding

State of New York - Empire Plan

2008 Incurred Claims based on
Claim cycles through September 30, 2011

Cycle Date	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
1/11/2008	\$42,030,457												\$42,030,457
1/25/2008	\$57,622,328												\$57,622,328
2/8/2008	\$26,660,612	\$30,230,097											\$56,890,708
2/22/2008	\$562,454	\$52,818,122											\$53,380,576
3/7/2008	\$225,407	\$29,100,996	\$26,118,139										\$55,444,542
3/21/2008	\$88,244	\$133,358	\$54,657,484										\$54,879,086
4/4/2008	\$39,498	\$123,356	\$38,753,060	\$16,914,701									\$55,830,615
4/18/2008	\$36,051	\$38,056	\$222,051	\$55,389,053									\$55,685,211
5/2/2008	\$13,281	\$20,364	\$34,302	\$47,658,995	\$7,874,807								\$55,601,748
5/16/2008	(\$17,768)	(\$33,068)	\$73,368	\$673,697	\$55,033,153								\$55,729,383
5/30/2008	\$23,858	\$20,233	\$8,236	\$155,950	\$52,930,750								\$53,139,027
6/13/2008	\$26,117	\$10,923	\$3,852	\$36,387	\$4,303,394	\$51,277,759							\$55,658,432
6/27/2008	\$14,530	\$20,164	\$13,413	\$27,746	\$98,926	\$56,183,254							\$56,358,033
7/11/2008	\$14,953	\$15,412	\$4,252	\$31,352	\$38,331	\$11,514,867	\$42,523,726						\$54,142,893
7/25/2008	\$14,206	\$7,583	\$8,795	\$16,655	\$39,218	\$58,620	\$54,853,270						\$54,998,347
8/8/2008	\$20,872	\$5,778	\$4,586	\$2,054	\$18,281	\$72,313	\$24,858,148	\$30,681,447					\$55,663,480
8/22/2008	\$2,798	\$15,124	\$4,294	\$1,167	\$22,355	\$137,600	\$54,534,197						\$54,717,275
9/5/2008	\$5,003	(\$8,165)	\$7,316	\$3,840	\$8,734	\$10,183	\$278,091	\$33,036,527	\$20,754,845				\$54,096,374
9/19/2008	\$13,370	\$8,138	\$13,186	\$14,990	\$15,443	\$27,991	\$67,609	\$134,521	\$57,558,227				\$57,853,475
10/3/2008	\$1,518	(\$1,287)	\$2,362	\$12,952	\$32,642	\$4,472	\$54,824	\$118,374	\$44,714,803	\$12,831,329			\$57,771,988
10/17/2008	(\$3,367)	(\$6,281)	(\$2,245)	(\$6,077)	\$5,315	\$5,916	\$7,180	\$33,075	\$266,177	\$56,474,759			\$56,774,452
10/31/2008	\$5,291	\$7,353	\$1,862	\$1,073	\$4,989	\$4,912	\$16,571	\$45,372	\$99,814	\$57,532,460			\$57,719,697
11/14/2008	\$7,898	\$12,868	\$6,762	\$9,347	\$14,695	\$12,566	\$19,401	\$24,529	\$58,329	\$1,533,066	\$56,953,789		\$58,653,251
11/28/2008	\$20,952	\$19,558	\$28,167	\$22,258	\$9,090	\$10,799	\$27,189	\$79,707	\$5,271	\$31,405	\$54,650,798		\$54,905,194
12/12/2008	\$581	(\$3,555)	\$507	\$2,698	\$2,897	\$2,979	\$1,221	\$2,853	\$14,261	\$142,812	\$6,517,695	\$56,645,948	\$63,330,897
12/26/2008	(\$3,790)	\$2,053	\$903	(\$2,342)	(\$5,065)	(\$11,426)	(\$12,259)	\$10,407	(\$257)	\$43,859	\$207,658	\$56,598,194	\$56,827,933
1/9/2009	\$1,891	(\$193)	(\$2,394)	(\$6,244)	(\$2,433)	(\$6,783)	(\$8,903)	(\$1,471)	\$7,454	\$35,427	\$91,213	\$23,082,025	\$23,189,590
1/23/2009	(\$19,542)	\$10,078	\$10,728	\$11,879	\$12,785	\$14,761	\$18,875	\$13,031	\$16,260	\$51,560	\$50,644	\$233,090	\$424,150
2/6/2009	\$9,614	\$796	\$10,725	\$11,091	\$11,718	\$16,208	\$16,219	\$15,577	\$4,400	\$28,150	\$17,524	\$182,447	\$324,468
2/20/2009	\$5,679	\$3,230	\$7,432	\$11,575	\$7,252	\$7,032	\$5,890	\$7,214	\$6,787	\$15,249	\$21,463	\$40,525	\$139,328
3/6/2009	\$8,493	\$5,649	\$8,635	\$11,667	\$43,313	\$24,861	\$15,665	\$46,889	\$132,985	\$211,675	\$175,286	\$168,484	\$853,601
3/20/2009	\$19,931	\$14,395	\$22,470	\$16,270	\$9,076	\$24,437	\$154,403	\$66,414	\$14,865	\$17,396	\$5,725	\$23,857	\$389,239
4/3/2009	\$7,821	\$4,124	(\$1,018)	(\$7,286)	(\$8,664)	\$4,657	\$9,066	\$7,970	\$10,820	\$22,718	\$21,255	\$32,540	\$104,003
4/17/2009	\$226	\$1,005	(\$2,224)	(\$904)	(\$1,286)	(\$852)	(\$3,461)	(\$694)	(\$3,740)	(\$344)	(\$1,130)	(\$285)	(\$13,690)
5/1/2009	(\$9,380)	(\$1,744)	\$1,593	\$4,517	\$2,661	(\$1,401)	(\$5,607)	\$5,271	(\$352)	\$11,547	\$16,098	\$7,327	\$30,530
5/15/2009	(\$1,864)	(\$11,559)	(\$63)	(\$696)	\$1,854	\$1,864	\$6,352	\$23,153	\$52,077	\$8,318	(\$540)	\$5,594	\$84,491
5/29/2009	(\$457)	\$316	\$137	(\$3,528)	(\$3,316)	(\$1,555)	\$449	\$3,146	(\$2,397)	(\$1,990)	(\$2,247)	(\$1,275)	(\$12,718)
6/12/2009	(\$1,286)	(\$887)	(\$429)	(\$2,104)	(\$2,697)	(\$852)	(\$505)	(\$1,969)	(\$434)	\$2,407	\$28	\$7,230	(\$1,498)
6/26/2009	\$12,306	\$14,219	\$7,603	\$9,755	\$3,604	\$1,573	\$15,810	\$8,815	(\$3,427)	\$653	\$1,896	\$1,445	\$74,252
7/10/2009	(\$533)	(\$5,025)	(\$4,163)	\$1,156	\$1,334	(\$5,447)	(\$4,298)	\$586	(\$979)	(\$8,718)	(\$4,916)	(\$1,693)	(\$32,694)
7/24/2009	(\$1,409)	(\$48)	\$92	(\$2,184)	(\$4,250)	(\$2,620)	(\$5,319)	(\$179)	(\$1,683)	(\$846)	(\$1,550)	\$225	(\$19,771)
8/7/2009	\$503	\$412	\$73	\$685	\$539	\$889	\$981	\$14,569	\$2,841	\$3,686	\$4,607	\$2,829	\$32,614
8/21/2009	(\$9,578)	(\$8,652)	(\$8,065)	(\$10,507)	(\$10,723)	(\$11,591)	(\$10,235)	\$1,904	(\$2,588)	\$1,523	\$2,666	\$879	(\$64,969)
9/4/2009	\$14,976	\$13,105	\$16,321	\$8,012	\$2,856	\$3,585	\$26,155	\$15,047	\$26,563	\$28,954	\$23,334	\$12,393	\$191,300
9/18/2009	(\$13,411)	(\$2,795)	(\$1,159)	(\$387)	(\$5,724)	(\$674)	(\$1,684)	(\$1,158)	(\$3,265)	(\$2,333)	(\$1,049)	(\$22)	(\$33,661)
10/2/2009	\$155	\$617	\$244	(\$148)	(\$6,197)	(\$67)	(\$251)	\$585	\$1,024	(\$2,107)	\$176	\$1,876	(\$4,094)
10/16/2009	\$13,692	\$18,787	\$18,657	\$21,237	\$3,013	\$1,930	\$359	\$243	\$30	\$6,088	(\$15)	\$3,285	\$87,307
10/30/2009	(\$348)	\$155	\$272	\$576	(\$269)	\$326	\$766	\$5,199	\$4,805	\$1,769	\$5,190	\$4,653	\$23,093
11/13/2009	\$0	\$164	\$0	\$1,907	\$2	(\$1,171)	(\$961)	(\$1,481)	\$1,960	\$5,089	\$5,677	\$428	\$11,614
11/27/2009	\$8,051	\$6,383	\$3,512	\$136	\$6,241	(\$181)	\$5,943	\$4,745	\$8,576	\$2,935	\$230	\$45,462	\$45,462
12/11/2009	(\$178)	\$0	\$48	\$171	\$3	\$2,543	\$485	(\$1,029)	(\$2,467)	(\$473)	\$194	(\$359)	(\$1,062)
12/25/2009	\$343	\$343	\$343	\$312	\$270	(\$4,948)	\$20	\$235	\$272	\$4,648	\$4,377	\$270	\$6,487

State of New York - Empire Plan

2008 Incurred Claims based on
Claim cycles through September 30, 2011

Cycle Date	Jan-08	Feb-08	Mar-08	Apr-08	May-08	Jun-08	Jul-08	Aug-08	Sep-08	Oct-08	Nov-08	Dec-08	Total
1/8/2010	\$0	\$0	\$0	\$0	\$364	\$3	\$1,329	\$2,270	\$1,234	\$1,743	\$807	\$1,005	\$8,756
1/22/2010	\$1,377	\$268	\$521	\$164	\$0	\$513	\$26	\$588	(\$365)	(\$304)	(\$2,890)	(\$3,465)	(\$3,566)
2/5/2010	(\$306)	(\$306)	\$0	\$108	(\$469)	\$33	\$14	\$103	(\$41)	\$113	\$20	(\$24)	(\$755)
2/19/2010	\$2,296	\$1,825	\$2,921	\$4,026	\$4,940	\$2,627	\$2,563	\$3,003	\$4,001	\$5,551	\$11,461	\$20,637	\$65,850
3/5/2010	\$0	\$0	(\$362)	\$0	(\$248)	\$0	\$81	(\$682)	\$123	(\$44)	(\$1,141)	(\$69)	(\$2,343)
3/19/2010	\$2,503	\$390	\$2,360	\$1,259	\$1,533	\$2,597	\$5,649	\$5,233	\$7,930	\$5,294	\$6,455	\$9,197	\$50,400
4/2/2010	\$0	(\$167)	(\$4,221)	(\$800)	(\$1,322)	\$0	\$130	\$512	\$323	\$191	\$323	\$324	(\$4,707)
4/16/2010	\$0	\$0	\$0	\$210	\$0	\$0	\$516	\$2,026	\$438	\$2,026	\$1,232	\$401	\$6,851
4/30/2010	(\$111)	\$341	\$660	\$949	\$1,410	\$409	\$3,664	\$3,665	\$2,435	\$375	\$469	(\$314)	\$13,952
5/14/2010	\$73	\$18	\$575	\$0	\$10	(\$25)	(\$3)	\$12	\$450	\$0	\$10	(\$417)	\$702
5/28/2010	(\$1,443)	(\$605)	(\$838)	(\$1,597)	(\$380)	\$63	\$3,571	\$2,150	\$1,640	\$3,716	\$2,688	\$2,770	\$11,735
6/11/2010	(\$1,664)	\$0	\$0	(\$2)	\$0	\$0	\$377	\$0	\$37	\$391	\$387	(\$11)	(\$485)
6/25/2010	\$10	\$0	\$0	\$0	\$0	\$0	\$124	\$43	\$14	(\$140)	\$94	(\$430)	(\$284)
7/9/2010	\$0	\$0	\$0	\$3	\$0	\$208	(\$205)	\$0	\$0	\$0	\$0	\$0	\$5
7/23/2010	(\$4)	\$0	\$0	(\$21)	\$0	(\$33)	\$6	\$589	(\$55)	(\$35)	(\$637)	(\$153)	(\$342)
8/6/2010	\$102	\$39	\$131	\$148	\$187	\$95	\$0	\$24	\$11	\$35	\$49	\$90	\$910
8/20/2010	\$9	\$1	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10
9/3/2010	\$322	\$32	\$2,302	(\$427)	\$64	\$265	\$687	\$1,346	\$1,403	\$335	\$1,828	\$928	\$9,086
9/17/2010	\$426	\$1,048	\$193	\$961	\$470	\$91	\$5,447	(\$3,694)	(\$885)	\$5,423	\$1,547	\$2,010	\$13,036
10/1/2010	\$280	\$426	\$75	\$126	\$66	\$242	\$601	\$846	\$539	\$539	\$467	\$448	\$4,994
10/15/2010	\$1,394	\$3,094	\$3,181	\$4,200	\$1,281	\$4,771	\$3,009	\$3,092	\$4,756	\$4,633	\$3,179	\$5,070	\$41,661
10/29/2010	\$5,205	\$6,953	\$12,461	\$5,130	\$1,837	\$1,951	\$11	\$0	\$3,500	\$3,220	\$538	\$3,956	\$44,762
11/12/2010	\$3,994	\$6,337	\$6,234	\$5,252	\$7,164	\$7,838	\$7,911	\$10,534	\$9,366	\$8,077	\$7,483	\$7,506	\$87,699
11/26/2010	\$2,168	\$1,300	\$2,297	\$1,755	(\$17)	\$730	(\$12,378)	\$1,014	\$558	\$1,087	\$399	\$221	(\$865)
12/10/2010	\$44	\$75	\$1	\$0	\$22	\$0	\$15	\$0	\$407	\$0	\$15	\$0	\$579
12/24/2010	\$12,126	\$7,948	\$7,723	\$11,799	\$2,282	\$4,305	\$17,965	\$14,817	\$10,921	\$9,040	\$11,474	\$15,271	\$125,670
1/7/2011	\$36	\$12	\$578	\$308	\$0	\$0	\$41	\$1,036	\$0	\$0	\$58	(\$1,578)	\$491
1/21/2011	\$0	\$0	\$0	\$0	\$0	\$0	(\$65)	\$0	\$0	\$0	\$0	\$0	(\$65)
2/4/2011	\$12	\$58	\$172	\$156	\$230	\$180	\$284	\$181	\$183	\$130	\$129	\$169	\$1,884
2/18/2011	\$0	\$135,820	\$171,641	\$171,259	\$158,465	\$136,204	\$23	\$15	\$223	\$97	\$80	\$108	\$773,934
3/4/2011	(\$61)	\$0	\$0	\$2,144	(\$61)	\$0	\$3,864	\$3,257	\$3,245	\$3,243	\$3,327	\$7,135	\$26,093
3/18/2011	\$0	\$0	\$972	\$1,760	\$1,859	\$2,213	\$330	\$391	\$2,560	\$495	\$1,192	\$307	\$12,078
4/1/2011	(\$76)	(\$43)	(\$170)	(\$98)	(\$92)	(\$339)	(\$1,337)	(\$504)	\$24	\$37	\$5	\$0	(\$2,593)
4/15/2011	\$4	\$2	\$0	\$93	\$1,016	\$500	\$13	\$8	\$1	\$7	\$0	\$0	\$1,643
4/29/2011	\$0	\$0	\$0	\$0	\$214	\$49	\$43	(\$53)	\$0	\$0	(\$62)	\$1,185	\$1,376
5/13/2011	\$0	\$0	\$0	\$0	\$0	\$5,567	\$8,344	\$0	\$8,848	\$0	\$8,848	\$8,848	\$40,455
5/27/2011	(\$89)	(\$245)	\$0	(\$5)	(\$10)	\$82	(\$404)	\$696	\$272	\$9,247	\$372	\$249	\$10,165
6/10/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$67)	\$0	(\$67)	(\$67)	\$0	(\$200)
6/24/2011	\$0	\$0	\$0	\$0	\$0	\$2,777	\$0	\$0	\$0	\$0	\$0	(\$67)	\$2,710
7/8/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$152	\$326	\$123	\$14	\$132	\$135	\$881
7/22/2011	\$0	\$0	\$0	\$0	(\$93)	(\$300)	\$0	\$0	\$0	\$0	\$0	\$0	(\$393)
8/5/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$798	\$4	\$3	\$805
8/19/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9/2/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$4,701)	(\$3,889)	\$1,253	\$1,085	\$9,103	\$2,850
9/16/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$59	\$1,498	\$1,782	\$1,672	\$946	\$5,957
9/30/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$986	\$3,018	\$2,159	\$889	\$7,051
Total	\$127,499,676	\$112,784,679	\$120,258,871	\$121,255,443	\$120,668,450	\$119,437,699	\$123,121,183	\$118,975,903	\$123,801,174	\$129,109,632	\$118,833,972	\$137,144,524	\$1,472,891,207

Please note that totals may differ due to rounding.

State of New York - Empire Plan

2007 Incurred Claims based on
Claim cycles through January 24, 2011

Cycle Date	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Total	
1/9/2007	\$34,141,189												\$34,141,189	
1/24/2007	\$55,638,473												\$55,638,473	
2/9/2007	\$26,169,393	\$33,980,940											\$60,150,333	
2/24/2007	(\$89,152)	\$51,642,198											\$51,553,047	
3/9/2007	\$72,741	\$15,820,908	\$33,975,835										\$49,869,484	
3/24/2007	\$1,303	\$44,780	\$53,518,624										\$53,564,707	
4/9/2007	\$6,243	\$9,402	\$26,452,376	\$31,345,511									\$57,813,532	
4/24/2007	\$8,349	\$21,805	(\$148,722)	\$56,350,143									\$56,231,575	
5/9/2007	\$26,217	\$63,063	\$31,925	\$22,169,867	\$35,019,577								\$57,310,649	
5/24/2007	\$7,019	(\$14,769)	\$2,212	(\$130,296)	\$56,617,439								\$56,481,606	
6/9/2007	\$6,575	\$12,030	\$27,211	\$26,993	\$23,577,517	\$32,908,485							\$56,558,812	
6/24/2007	\$7,641	\$4,738	\$13,218	\$24,205	(\$58,753)	\$52,997,818							\$52,988,868	
7/9/2007	\$4,233	\$9,097	\$127,909	\$21,140	\$20,613	\$25,292,297	\$30,586,908						\$56,062,197	
7/24/2007	\$9,105	\$4,247	\$9,250	(\$4,828)	(\$2,487)	(\$139,683)	\$56,610,426						\$56,486,028	
8/9/2007	\$6,875	\$8,618	\$8,139	\$4,376	\$4,429	(\$14,122)	\$25,809,736	\$34,579,084					\$60,407,134	
8/24/2007	\$10,155	\$4,759	\$16,235	\$4,000	\$1,128	\$5,576	(\$76,342)	\$55,053,075					\$55,018,585	
9/9/2007	(\$19)	\$1,997	\$4,265	\$8,058	\$15,553	\$14,940	(\$1,294)	\$25,901,873	\$28,582,290				\$54,527,663	
9/24/2007	\$2,670	\$4,943	\$7,054	\$8,720	\$1,947	\$18,082	\$22,400	(\$61,717)	\$58,169,611				\$58,173,709	
10/9/2007	\$2,995	\$1,905	\$4,056	\$828	\$34,707	\$50,098	\$47,608	(\$12,747)	\$21,506,018	\$36,484,493			\$58,119,961	
10/24/2007	\$914	\$2,048	\$4,381	\$1,641	\$5,901	\$25,428	\$17,911	\$8,434	(\$108,247)	\$57,449,319			\$57,407,731	
11/9/2007	\$215	(\$394)	\$1,913	\$11,382	\$5,583	\$4,826	\$5,704	\$4,754	\$7,959	\$26,414,179	\$36,122,431		\$62,578,552	
11/24/2007	\$1,280	\$2,733	\$2,875	\$4,260	\$6,377	\$8,417	\$1,074	\$4,149	\$1,899	(\$106,340)	\$53,236,075		\$53,162,800	
12/9/2007	(\$337)	(\$689)	\$2,576	\$2,139	\$895	\$3,054	\$3,390	\$4,039	\$5,714	(\$5,905)	\$26,674,052	\$32,353,881	\$59,042,808	
12/24/2007	(\$1,376)	(\$3,263)	(\$2,223)	(\$1,336)	(\$1,527)	\$2,085	\$4,008	\$118	\$7,537	(\$1,359)	(\$105,876)	\$61,297,084	\$61,193,871	
1/9/2008	(\$4,342)	\$1,482	\$1,676	\$3,966	(\$3,221)	\$5,751	(\$106)	\$7,844	\$10,478	\$54,814	\$41	\$24,762,596	\$24,840,979	
1/24/2008	(\$6,366)	(\$2,858)	(\$2,587)	(\$3,909)	\$1,665	\$1,849	\$5,497	\$13,421	\$14,061	\$21,408	\$10,449	(\$105,857)	(\$53,228)	
2/9/2008	\$9,780	\$2,243	\$9,814	\$10,892	\$13,668	\$12,240	\$11,765	\$13,142	\$16,666	\$19,217	\$11,258	(\$8,306)	\$122,379	
2/24/2008	\$3,461	\$6,666	\$8,825	\$7,716	\$8,673	\$8,993	\$13,420	\$15,293	\$19,916	\$16,997	\$15,265	\$14,711	\$139,937	
3/9/2008	\$5,276	\$6,315	\$6,469	\$6,142	\$6,907	\$7,721	\$7,015	\$6,343	\$6,906	\$6,324	\$7,748	\$9,158	\$82,324	
3/24/2008	\$201,583	\$195,880	\$205,297	\$195,277	\$217,616	\$175,658	\$214,107	\$193,279	\$68,580	\$10,783	\$10,090	(\$1,805)	\$1,686,347	
4/9/2008	\$17,790	\$21,096	\$19,370	\$15,604	\$12,247	\$8,609	\$12,617	\$16,229	\$21,202	\$23,046	\$10,923	\$6,216	\$184,947	
4/24/2008	(\$12,651)	(\$9,975)	(\$14,526)	(\$1,169)	(\$1,265)	(\$2,273)	(\$4,165)	(\$1,512)	(\$2,035)	(\$2,390)	(\$713)	(\$1,297)	(\$53,970)	
5/9/2008	\$2,609	\$2,468	\$2,985	\$3,096	\$4,970	\$5,742	\$6,903	\$10,659	\$7,910	\$18,582	\$27,656	\$27,330	\$120,910	
5/24/2008	\$12,719	\$11,003	\$9,946	\$6,970	\$7,752	\$3,944	\$8,209	\$9,158	\$24,453	\$29,217	\$32,524	\$45,785	\$201,682	
6/9/2008	\$297	\$436	\$191	\$680	\$372	\$402	\$21,559	\$3,910	\$6,686	\$4,120	\$371	(\$501)	\$38,521	
6/24/2008	\$1,121	\$542	\$524	\$237	\$517	\$452	\$1,743	\$590	\$5,089	\$12,227	\$11,957	\$3,916	\$38,913	
7/9/2008	(\$3,149)	\$1,194	(\$21)	(\$7,311)	(\$4,694)	(\$2,891)	(\$5,269)	(\$3,530)	(\$71)	(\$101)	\$244	(\$110)	(\$25,709)	
7/24/2008	\$72	\$198	\$419	\$9	\$1,146	\$656	\$333	\$926	\$557	\$972	\$2,237	\$18	\$7,543	
8/9/2008	\$730	\$929	\$1,336	\$918	\$744	\$444	\$241	\$1,555	\$2,557	\$5,441	\$3,358	(\$161,580)	(\$143,328)	
8/24/2008	\$861	\$596	\$127	\$209	\$640	\$1,594	\$1,638	\$4,124	\$2,698	\$2,380	\$2,969	\$2,965	\$20,801	
9/9/2008	\$5,362	\$10,617	\$3,852	\$752	\$894	\$866	\$1,626	\$1,243	\$559	(\$1,342)	\$4,809	\$19,671	\$48,909	
9/24/2008	\$36	\$242	\$90	\$56	\$148	\$532	\$577	\$631	\$212	\$1,748	(\$321)	\$1,074	\$5,023	
10/9/2008	\$29	\$40	\$1,074	\$2,052	\$2,128	\$151	\$204	\$2,145	(\$6,830)	(\$1,779)	\$2,270	\$493	\$1,976	
10/24/2008	(\$2,755)	(\$1,262)	(\$3,525)	(\$3,039)	(\$6,038)	(\$3,483)	(\$3,944)	(\$1,584)	\$5,825	\$13,246	(\$4,100)	(\$2,602)	(\$13,262)	
11/9/2008	(\$25)	\$178	\$125	\$178	\$178	\$125	\$170	\$0	\$466	\$458	\$44	\$83	\$1,932	
11/24/2008	\$303	\$6	\$223	\$186	\$155	\$384	\$531	\$558	\$329	\$205	\$695	\$303	\$3,878	
12/9/2008	\$3,936	\$1,262	\$3,441	\$8,019	\$12,547	\$21,531	\$11,381	\$20,148	\$14,479	\$14,241	\$20,735	\$4,571	\$136,292	
12/24/2008	\$203	\$175	\$365	\$303	\$303	(\$2,882)	\$216	\$119	\$183	\$174	\$216	\$47	(\$662)	(\$1,609)
1/9/2009	\$1,253	\$1,197	\$1,209	\$1,197	\$1,202	\$2,758	\$1,259	\$1,471	\$995	\$1,273	\$1,773	\$1,599	\$17,187	
1/24/2009	\$190	\$296	\$241	\$171	\$300	\$17	\$62	\$77	\$80	(\$108)	\$331	\$149	\$1,806	
2/9/2009	\$0	\$0	\$0	\$0	\$0	\$0	(\$3,335)	(\$36)	\$0	\$52	\$762	\$476	(\$2,081)	
2/24/2009	\$0	\$40	(\$13)	\$0	\$30	\$40	\$11	\$0	\$20	\$0	\$46	\$0	\$173	
3/9/2009	\$0	\$28	\$0	\$0	\$0	\$0	\$21	(\$110)	\$0	\$38	\$86	\$181	\$244	
3/24/2009	\$21	\$93	\$0	\$0	\$21	\$21	\$36	\$465	\$34	\$162	\$96	\$273	\$1,224	

State of New York - Empire Plan

2007 Incurred Claims based on
Claim cycles through January 24, 2011

Cycle Date	Jan-07	Feb-07	Mar-07	Apr-07	May-07	Jun-07	Jul-07	Aug-07	Sep-07	Oct-07	Nov-07	Dec-07	Total
4/9/2009	\$9	\$0	\$215	\$1,103	\$954	\$129	\$1,307	\$643	\$389	\$616	\$1,224	\$256	\$6,846
4/24/2009	(\$98)	\$0	\$0	(\$103)	\$0	\$1	\$341	\$1	\$37	\$39	\$274	\$43	\$535
5/9/2009	\$0	\$0	(\$26)	\$0	\$0	\$154	\$0	\$0	\$42	\$44	\$10	\$41	\$265
5/24/2009	\$490	\$0	\$63	\$8	\$432	\$271	\$19	\$0	\$8	\$511	\$225	\$676	\$2,701
6/9/2009	\$699	\$386	\$423	\$477	\$833	(\$131)	\$490	\$467	\$381	\$477	\$710	\$540	\$5,755
6/24/2009	\$291	\$155	\$81	\$0	\$0	\$0	\$0	\$36	\$185	\$308	\$284	\$163	\$1,503
7/9/2009	\$25	\$25	\$0	\$2	(\$1)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$51
7/24/2009	\$8,511	\$7,331	\$4,604	\$1,914	\$2,766	\$3,543	\$3,206	\$3,173	\$4,162	\$5,105	\$4,396	\$6,981	\$55,694
8/9/2009	\$0	\$17	\$854	\$1,668	\$435	\$308	\$958	\$14	\$65	\$404	\$762	(\$568)	\$4,917
8/24/2009	\$0	\$0	\$29	\$0	\$1	(\$1,298)	(\$41)	\$0	\$624	\$301	\$150	\$307	\$74
9/9/2009	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$274	(\$366)	\$0	\$0	(\$92)
9/24/2009	(\$90)	(\$2)	\$0	\$0	(\$32)	(\$18)	(\$3)	(\$171)	(\$96)	\$0	\$0	\$0	(\$412)
10/9/2009	(\$530)	\$0	(\$44)	\$0	(\$29)	\$0	(\$79)	(\$128)	(\$130)	(\$85)	(\$255)	\$1,709	\$431
10/24/2009	\$0	\$0	\$0	\$146	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$146
11/9/2009	\$0	\$57	\$63	(\$28)	\$366	\$421	\$379	\$371	(\$265)	\$215	\$360	\$475	\$2,415
11/24/2009	(\$2,118)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$28	(\$210)	\$0	\$164,744	\$162,444
12/9/2009	\$45	\$141	\$0	\$229	\$123	\$17	\$80	\$103	\$147	\$141	\$292	\$31	\$1,349
12/24/2009	\$273	\$139	\$303	\$108	\$375	\$116	\$38	\$260	\$306	\$771	\$54	\$244	\$2,988
1/9/2010	\$3	\$125	\$0	\$0	\$0	\$19	\$19	\$19	\$0	\$0	\$0	\$0	\$186
1/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
2/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
3/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$6)	\$0	\$0	(\$35)	\$0	(\$41)
4/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
4/24/2010	(\$5,832)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$5,832)
5/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$387)	(\$387)
6/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	(\$379)	(\$379)
8/9/2010	\$0	\$0	\$4,940	\$4,940	\$0	\$4,940	\$0	\$0	\$2,470	\$7,410	\$4,940	\$4,298	\$33,938
8/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$72	\$96	\$169
9/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$3	\$106	\$0	\$137	\$246
10/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$22	\$22
10/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1/9/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1/24/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$116,272,724	\$101,880,598	\$114,327,332	\$110,106,480	\$115,534,727	\$111,434,724	\$113,342,563	\$115,802,403	\$108,403,419	\$120,501,581	\$116,113,795	\$118,449,241	\$1,362,169,588

Please note that totals may differ due to rounding.

State of New York - Empire Plan

2006 Incurred Claims based on
Claim cycles through January 24, 2011

Cycle Date	Jan-06	Feb-06	Mar-06	Apr-06	May-06	Jun-06	Jul-06	Aug-06	Sep-06	Oct-06	Nov-06	Dec-06	Total
1/9/2006	\$27,248,083												\$27,248,083
1/24/2006	\$51,445,509												\$51,445,509
2/9/2006	\$23,641,332	\$32,289,842											\$55,931,174
2/24/2006	(\$44,937)	\$50,026,670											\$49,981,732
3/9/2006	(\$510)	\$12,422,074	\$32,003,152										\$44,424,717
3/24/2006	(\$5,420)	(\$32,125)	\$51,671,694										\$51,634,149
4/9/2006	\$48,978	\$41,965	\$23,855,400	\$27,896,034									\$51,842,376
4/24/2006	\$98,260	\$103,889	\$32,439	\$51,914,155									\$52,148,743
5/9/2006	\$98,720	\$67,178	\$66,960	\$19,438,604	\$34,360,343								\$54,031,806
5/24/2006	\$22,931	\$24,207	\$20,143	(\$40,485)	\$52,618,910								\$52,645,705
6/9/2006	(\$1,105)	\$6,145	\$4,478	(\$2,875)	\$21,748,277	\$33,266,465							\$55,021,384
6/24/2006	\$1,193	\$1,687	(\$1,408)	\$519	(\$70,512)	\$50,808,465							\$50,739,943
7/9/2006	\$2,864	\$3,566	\$2,233	\$2,605	\$12,250	\$23,025,838	\$25,420,615						\$48,469,971
7/24/2006	\$21,757	\$20,861	\$17,385	\$17,670	\$31,848	\$5,329	\$53,046,978						\$53,161,827
8/9/2006	\$2,344	\$6,156	\$5,349	\$13,826	\$19,544	\$21,439	\$24,529,369	\$32,231,142					\$56,829,169
8/24/2006	\$7,939	\$5,367	\$12,153	\$17,310	\$21,444	\$10,280	(\$78,340)	\$51,616,378					\$51,612,531
9/9/2006	\$44,310	\$38,064	\$24,836	\$5,277	\$368	\$21,750	\$28,933	\$24,071,973	\$28,679,821				\$52,915,333
9/24/2006	\$3,225	\$1,891	\$2,690	\$3,041	\$12,948	\$9,824	\$10,903	\$1,433	\$50,626,415				\$50,672,370
10/9/2006	(\$2,094)	(\$7,780)	(\$3,875)	\$2,577	\$8,091	\$1,286	\$3,584	\$10,456	\$23,519,166	\$30,297,167			\$53,828,579
10/24/2006	\$8,319	\$2,970	\$6,076	\$4,477	\$10,584	\$5,252	\$7,534	\$6,377	(\$95,455)	\$53,169,372			\$53,125,506
11/9/2006	\$17,852	\$5,905	\$12,878	\$13,604	\$14,629	\$6,031	\$9,671	\$27,263	\$12,850	\$24,321,124	\$33,624,996		\$58,066,803
11/24/2006	\$37,791	\$23,699	\$39,203	\$57,178	\$47,766	\$26,414	\$30,740	\$24,017	\$8,442	(\$135,572)	\$50,842,312		\$51,001,990
12/9/2006	\$92,144	\$85,558	\$89,890	\$89,087	\$125,964	\$134,448	\$122,788	\$89,087	\$25,926	\$13,528	\$22,710,766	\$31,670,732	\$55,237,917
12/24/2006	\$2,181	\$2,102	\$6,686	\$5,604	\$9,756	\$12,006	\$8,869	\$11,278	\$31,493	\$26,113	\$20,946	\$53,511,189	\$53,648,223
1/9/2007	\$34,909	\$17,600	\$31,960	\$36,162	\$31,731	\$37,399	\$38,462	\$30,296	\$28,695	\$40,171	\$16,340	\$22,545,048	\$22,888,773
1/24/2007	\$18,299	\$6,226	\$8,713	\$25,338	\$20,444	\$26,751	\$30,732	\$12,045	\$14,318	\$14,358	\$13,528	(\$79,875)	\$110,876
2/9/2007	\$5,908	\$5,491	\$6,862	\$6,105	\$15,591	\$9,156	\$7,823	\$11,882	\$8,288	\$11,668	\$15,699	\$28,967	\$133,440
2/24/2007	\$19,549	\$20,512	\$19,901	\$15,513	\$31,436	\$35,795	\$52,170	\$6,887	\$5,762	\$16,455	\$17,123	\$28,780	\$269,881
3/9/2007	\$24,631	\$28,509	\$12,910	\$18,911	\$27,421	\$27,727	\$31,480	\$6,393	\$9,549	\$24,151	\$78,494	\$85,262	\$375,437
3/24/2007	\$4,586	\$3,539	\$4,339	\$6,978	\$8,121	\$8,963	\$7,840	\$8,642	\$11,924	\$9,800	\$14,076	\$16,415	\$105,223
4/9/2007	\$29,023	\$26,402	\$28,740	\$77,214	\$33,953	\$38,794	\$37,547	\$14,393	\$11,826	\$12,260	\$16,142	\$19,857	\$346,151
4/24/2007	\$4,277	\$75	\$5,451	\$4,253	\$2,418	\$6,223	\$4,443	\$8,845	\$8,918	\$11,542	\$14,883	\$14,857	\$86,185
5/9/2007	(\$1,541)	\$4,877	\$965	\$780	(\$2,250)	\$251	\$4,224	\$4,447	\$6,680	\$7,983	\$5,707	\$6,255	\$38,379
5/24/2007	(\$1,199)	(\$2,026)	\$742	\$151	(\$1,334)	(\$2,769)	(\$2,443)	(\$699)	\$2,115	\$1,222	\$700	(\$3,674)	(\$9,215)
6/9/2007	(\$2,171)	\$41	(\$385)	(\$349)	(\$1,107)	\$356	\$564	(\$839)	\$1,724	\$1,287	\$3,959	\$1,460	\$4,539
6/24/2007	\$402	\$210	\$1,267	(\$3,371)	\$27	(\$4,802)	(\$201)	\$1,592	\$370	\$94	\$1,118	\$1,477	(\$1,817)
7/9/2007	\$55	(\$458)	(\$397)	(\$260)	\$185	\$1,209	\$1,965	\$1,884	(\$14)	\$909	\$2,225	\$295	\$7,599
7/24/2007	\$3,231	\$184	\$107	\$48	\$83	\$413	\$339	(\$10,247)	\$62	\$1,799	\$1,467	\$978	(\$1,535)
8/9/2007	\$10,163	(\$1,690)	(\$2,570)	(\$3,095)	(\$3,573)	(\$3,326)	(\$12,340)	(\$1,041)	(\$3,293)	\$1,682	(\$3,235)	(\$2,482)	(\$24,801)
8/24/2007	(\$4,793)	(\$3,207)	(\$3,175)	(\$441)	(\$3,500)	\$313	(\$1,495)	\$1,097	\$2,396	\$1,788	(\$407)	\$4,541	(\$6,884)
9/9/2007	(\$159)	\$538	\$606	(\$67)	(\$1,119)	(\$969)	(\$1,318)	(\$1,897)	(\$1,370)	\$794	(\$1,283)	\$337	(\$5,909)
9/24/2007	(\$995)	(\$3,773)	(\$1,458)	(\$1,419)	(\$2,451)	(\$448)	(\$568)	(\$1,213)	(\$1,493)	(\$1,202)	(\$517)	(\$1,196)	(\$16,735)
10/9/2007	\$1,342	\$1,262	\$1,236	\$641	\$254	\$842	\$491	\$1,059	\$1,051	\$1,453	\$3,626	\$2,115	\$15,371
10/24/2007	\$415	(\$1,531)	\$1,749	(\$1,118)	\$142	(\$659)	\$250	\$29	(\$571)	(\$574)	(\$2,250)	\$809	(\$3,311)
11/9/2007	\$3,815	(\$380)	(\$996)	(\$3,759)	(\$2,611)	(\$4,473)	(\$3,135)	(\$2,046)	(\$1,035)	(\$6,397)	(\$5,255)	(\$2,688)	(\$28,960)
11/24/2007	(\$101)	(\$429)	(\$438)	(\$660)	\$16	(\$145)	\$82	\$1,419	(\$189)	(\$37)	(\$79)	(\$578)	(\$1,148)
12/9/2007	\$0	\$0	\$20	(\$536)	\$140	(\$375)	(\$855)	(\$478)	\$10,039	(\$625)	(\$241)	(\$380)	\$6,709
12/24/2007	(\$353)	(\$734)	(\$1,240)	(\$991)	(\$3,367)	(\$2,148)	(\$7,545)	(\$4,640)	(\$7,458)	(\$3,340)	(\$1,689)	(\$7,096)	(\$40,601)
1/9/2008	\$0	\$0	\$0	(\$67)	(\$182)	(\$6,727)	(\$883)	(\$2,912)	(\$595)	\$3,673	(\$2,188)	(\$1,010)	(\$10,892)
1/24/2008	\$60	(\$335)	(\$407)	(\$548)	(\$28)	(\$7,273)	(\$7,048)	(\$15,269)	(\$12,340)	(\$12,629)	(\$11,395)	(\$9,645)	(\$76,857)
2/9/2008	\$69	(\$194)	\$0	\$0	\$0	\$252	\$114	\$136	(\$164)	(\$262)	\$16,842	(\$244)	\$16,549
2/24/2008	\$27	\$0	\$0	\$0	\$0	(\$1,091)	(\$2,587)	(\$1,322)	(\$1,902)	(\$2,021)	(\$184)	(\$1,695)	(\$10,776)

State of New York - Empire Plan

2006 Incurred Claims based on
Claim cycles through January 24, 2011

<u>Cycle Date</u>	<u>Jan-06</u>	<u>Feb-06</u>	<u>Mar-06</u>	<u>Apr-06</u>	<u>May-06</u>	<u>Jun-06</u>	<u>Jul-06</u>	<u>Aug-06</u>	<u>Sep-06</u>	<u>Oct-06</u>	<u>Nov-06</u>	<u>Dec-06</u>	<u>Total</u>
5/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
5/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
6/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
7/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
8/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
9/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
10/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
11/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12/9/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
12/24/2010	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1/9/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
1/24/2011	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total	\$103,109,124	\$95,389,958	\$108,140,024	\$99,768,747	\$109,290,068	\$107,664,529	\$103,462,486	\$108,371,069	\$103,130,780	\$108,057,663	\$107,596,572	\$108,041,603	\$1,262,022,621

Please note that totals may differ due to rounding.

This page is intentionally left blank.

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00002300475	0
00002322730	0
00002322830	0
00002322930	0
00002323030	0
00002323101	0
00002323130	0
00002323133	0
00002323201	0
00002323230	0
00002323301	0
00002323330	0
00002323333	0
00002323401	0
00002323430	0
00002323433	0
00002323560	0
00002323701	0
00002323704	0
00002323730	0
00002323733	0
00002323734	0
00002323830	0
00002323930	0
00002324001	0
00002324030	0
00002324033	0
00002324090	0
00002325030	0
00002325130	0
00002327001	0
00002327004	0
00002327030	0
00002327033	0
00002411201	0
00002411204	0
00002411230	0
00002411233	0
00002411504	0
00002411530	0
00002411533	0
00002411604	0
00002411630	0
00002411633	0
00002411701	0
00002411704	0
00002411730	0
00002411733	0
00002416502	0
00002416507	0
00002416530	0
00002416534	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00002441501	0
00002441504	0
00002441530	0
00002441533	0
00002442004	0
00002442030	0
00002442033	0
00002445301	0
00002445385	0
00002445401	0
00002445485	0
00002445501	0
00002445585	0
00002445601	0
00002445685	0
00002446210	0
00002446230	0
00002446234	0
00002446279	0
00002446330	0
00002446430	0
00002446534	0
00002446579	0
00002475901	0
00002475930	0
00002475977	0
00002476030	0
00002477090	0
00002477190	0
00002477290	0
00002733511	0
00002733516	0
00002750101	0
00002750201	0
00002751001	0
00002751017	0
00002751101	0
00002751201	0
00002751559	0
00002751659	0
00002759701	0
00002762301	0
00002763511	0
00002764001	0
00002803101	0
00002814701	0
00002814801	0
00002814901	0
00002821501	0
00002821517	0
00002821591	0
00002831501	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00002831591	0
00002840001	0
00002850101	0
00002871501	0
00002871591	0
00002872501	0
00002872559	0
00002873001	0
00002873059	0
00002877001	0
00002877059	0
00002879359	0
00002879459	0
00002879759	0
00002879859	0
00002879959	0
00002897101	0
00002951501	0
00003010150	1
00003011650	1
00003012250	1
00003024820	0
00003024830	0
00003029305	0
00003029320	0
00003029328	0
00003049420	0
00003050162	0
00003052411	0
00003052711	0
00003052811	0
00003058860	0
00003068244	1
00003083050	0
00003085222	0
00003148220	0
00003148230	0
00003161112	0
00003161113	0
00003161212	0
00003173745	1
00003173845	1
00003196701	0
00003218710	0
00003223011	0
00003224011	0
00003362212	0
00003362312	0
00003362412	0
00003363112	0
00003421411	0
00003421421	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00003421511	0
00003421521	0
00003421531	0
00003421541	0
00003515405	0
00003517805	0
00003517875	0
00003519410	0
00003519510	0
00003633517	0
00003633617	0
00003633717	0
00004003822	0
00004005801	0
00004005832	0
00004006801	0
00004009801	0
00004014301	0
00004018523	0
00004018682	0
00004018809	0
00004024451	0
00004024515	0
00004025652	0
00004025901	0
00004025905	0
00004025943	0
00004026001	0
00004026043	0
00004026129	0
00004026201	0
00004026401	0
00004035009	0
00004035239	0
00004038039	0
00004080085	0
00004080185	0
00004080285	0
00004081095	0
00004110020	0
00004110150	0
00004196302	0
00004196401	0
00004196404	0
00004620301	0
00004631401	0
00004631601	0
00004641601	0
00004694003	0
00006001954	0
00006003121	0
00006003144	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00006003220	0
00006004368	0
00006006568	0
00006007228	0
00006007231	0
00006007258	0
00006007721	0
00006007744	0
00006010654	0
00006011228	0
00006011231	0
00006011254	0
00006011701	0
00006011728	0
00006011731	0
00006011754	0
00006011780	0
00006014058	0
00006014258	0
00006014558	0
00006020754	0
00006021231	0
00006022128	0
00006022131	0
00006022154	0
00006022761	0
00006026606	0
00006026609	0
00006026612	0
00006026706	0
00006026709	0
00006026712	0
00006027044	0
00006027528	0
00006027531	0
00006027554	0
00006027582	0
00006027728	0
00006027731	0
00006027754	0
00006027782	0
00006046102	0
00006046105	0
00006046106	0
00006046206	0
00006046405	0
00006046410	0
00006054331	0
00006054354	0
00006056840	0
00006057340	0
00006057354	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00006057362	0
00006057552	0
00006057561	0
00006057562	0
00006057582	0
00006057752	0
00006057761	0
00006057762	0
00006057782	0
00006060268	0
00006061968	0
00006066168	0
00006069761	0
00006070520	0
00006070568	0
00006071044	0
00006071128	0
00006071131	0
00006071154	0
00006071728	0
00006071731	0
00006071754	0
00006071782	0
00006071786	0
00006072631	0
00006073161	0
00006073261	0
00006073531	0
00006073554	0
00006074031	0
00006074054	0
00006074501	0
00006074528	0
00006074531	0
00006074554	0
00006074582	0
00006074586	0
00006074728	0
00006074731	0
00006074754	0
00006074781	0
00006074782	0
00006074931	0
00006074954	0
00006093631	0
00006093658	0
00006095128	0
00006095154	0
00006095182	0
00006095187	0
00006095201	0
00006095228	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00006095231	0
00006095254	0
00006095282	0
00006095287	0
00006096028	0
00006096031	0
00006096054	0
00006096082	0
00006096086	0
00006096331	0
00006096358	0
00006096431	0
00006096458	0
00006338060	0
00006351458	0
00006351659	0
00006351935	0
00006351936	0
00006353892	0
00006355158	0
00006355735	0
00006355835	0
00006358275	0
00006362836	0
00006380001	0
00006380006	0
00006380009	0
00006380012	0
00006380101	0
00006380106	0
00006380109	0
00006380112	0
00006382210	0
00006383301	0
00006383334	0
00006384130	0
00006384371	0
00006384571	0
00006386203	0
00006388432	0
00006889635	0
00006889636	0
00006968960	0
00006969060	0
00007314813	0
00007314913	0
00007315113	0
00007315213	0
00007315313	0
00007316318	0
00007316418	0
00007316718	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00007316818	0
00007323001	0
00007323002	0
00007323011	0
00007323201	0
00007323202	0
00007323211	0
00007323401	0
00007323402	0
00007323411	0
00007323601	0
00007323602	0
00007323611	0
00007337013	0
00007337059	0
00007337113	0
00007337159	0
00007337213	0
00007337259	0
00007337313	0
00007337359	0
00007351220	0
00007351259	0
00007351320	0
00007351359	0
00007351420	0
00007351459	0
00007365022	0
00007365030	0
00007413920	0
00007414020	0
00007414120	0
00007414220	0
00007420101	0
00007420105	0
00007420511	0
00007420711	0
00007447120	0
00007464013	0
00007464113	0
00007464213	0
00007488213	0
00007488313	0
00007488513	0
00007488559	0
00007488713	0
00007488759	0
00007488813	0
00007488859	0
00007489020	0
00007489120	0
00007489220	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00007489320	0
00007489520	0
00007489620	0
00007518005	0
00007518010	0
00007518022	0
00007518025	0
00007550040	0
00008060601	1
00008060701	1
00008070108	0
00008070307	0
00008070407	0
00008078108	0
00008083302	0
00008083303	0
00008083320	0
00008083321	0
00008083322	0
00008083602	0
00008083603	0
00008083620	0
00008083621	0
00008083622	0
00008083702	0
00008083703	0
00008083720	0
00008083721	0
00008083722	0
00008084181	0
00008084199	0
00008084381	0
00008084401	0
00008084402	0
00008092351	0
00008092355	0
00008103004	0
00008103006	0
00008104005	0
00008104105	0
00008104110	0
00008104205	0
00008111720	0
00008111730	0
00008121101	0
00008121114	0
00008121130	0
00008121150	0
00008121801	0
00008122201	0
00008122214	0
00008122230	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00008122250	0
00008251302	0
00008251401	0
00008251402	0
00008418101	0
00008418804	0
00008499002	0
00008499020	0
00009001103	0
00009001104	0
00009001201	0
00009001702	0
00009001755	0
00009001759	0
00009001820	0
00009002401	0
00009002901	0
00009002902	0
00009003101	0
00009003928	0
00009003932	0
00009004401	0
00009004722	0
00009004902	0
00009005002	0
00009005011	0
00009005501	0
00009005503	0
00009005602	0
00009005604	0
00009005707	0
00009005907	0
00009006404	0
00009006412	0
00009006607	0
00009006807	0
00009007301	0
00009009001	0
00009009004	0
00009009401	0
00009011319	0
00009017601	0
00009019009	0
00009019016	0
00009019301	1
00009026001	0
00009026002	0
00009026004	0
00009027101	0
00009027401	0
00009028002	0
00009028003	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00009028603	0
00009030602	0
00009030612	0
00009031508	0
00009033102	0
00009034101	0
00009034702	0
00009035201	0
00009035204	0
00009037003	0
00009037005	0
00009039502	0
00009041701	0
00009041702	0
00009043624	0
00009045003	0
00009062601	0
00009069801	0
00009074630	0
00009074635	0
00009075801	0
00009076004	0
00009076502	1
00009082501	0
00009090013	0
00009090020	0
00009091205	0
00009307301	0
00009311601	0
00009311602	0
00009311614	0
00009316906	0
00009332901	0
00009333101	0
00009337502	0
00009338901	0
00009344801	0
00009347501	0
00009347503	0
00009361801	0
00009370105	0
00009370108	0
00009377201	0
00009377301	0
00009454101	0
00009454102	0
00009454103	0
00009454401	0
00009454402	0
00009454403	0
00009470901	0
00009470913	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00009501201	0
00009501301	0
00009501401	0
00009513502	0
00009513503	0
00009513601	0
00009514001	0
00009517601	0
00009517801	0
00009518001	0
00009518101	0
00009518201	0
00009519001	0
00009519002	0
00009519003	0
00009519004	0
00009519101	0
00009519102	0
00009519103	0
00009540001	0
00009540101	0
00009737604	0
00009738601	0
00009766304	0
00009766701	0
00009768601	0
00009768604	0
00013010201	0
00013010220	0
00013013202	0
00013215036	0
00013240691	0
00013262681	0
00013262694	0
00013264681	0
00013264902	0
00013265002	0
00013265102	0
00013265302	0
00013265402	0
00013265502	0
00013265602	0
00013530117	0
00013830301	0
00013830304	0
00015050241	0
00015050301	0
00015191113	0
00015303020	0
00015303120	0
00015303220	0
00015308060	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00015740418	1
00015740520	1
00023004203	0
00023004210	0
00023006604	0
00023010605	0
00023010610	0
00023031304	0
00023031604	0
00023081230	0
00023114501	0
00023218105	0
00023218110	0
00023320503	0
00023320505	0
00023320508	0
00023350730	0
00023351360	0
00023361525	0
00023367030	0
00023367060	0
00023392102	0
00023438505	0
00023438510	0
00023438515	0
00023782410	0
00023833503	0
00023833510	0
00023866510	0
00023869430	0
00023869450	0
00023884205	0
00023915530	0
00023915560	0
00023915630	0
00023915660	0
00023916330	0
00023916332	0
00023916360	0
00023917705	0
00023917710	0
00023917715	0
00023918703	0
00023918705	0
00023918707	0
00023920105	0
00023920810	0
00023921105	0
00023921110	0
00023921805	0
00023923630	0
00023927705	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00023932105	0
00023932110	0
00023932115	0
00023935030	0
00024022205	0
00024033504	0
00024039202	0
00024059010	0
00024059120	0
00024060545	0
00024079375	0
00024107501	0
00024153502	0
00024153506	0
00024153548	0
00024156210	0
00024159601	0
00024279150	0
00024414210	0
00024414218	0
00024414260	0
00024420010	0
00024515010	0
00024540131	0
00024540150	0
00024542131	0
00024542150	0
00024550110	0
00024550131	0
00024550150	0
00024552110	0
00024552131	0
00024552134	0
00024552150	0
00024580090	0
00024580120	0
00024581030	0
00024581130	0
00024581230	0
00024582411	0
00025006131	0
00025006602	0
00025016608	0
00025100131	0
00025100151	0
00025101131	0
00025102131	0
00025103131	0
00025104131	0
00025138131	0
00025141134	0
00025141160	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00025141190	0
00025142134	0
00025142160	0
00025151501	0
00025152031	0
00025152034	0
00025152051	0
00025152531	0
00025152534	0
00025152551	0
00025153001	0
00025153002	0
00025171001	0
00025171002	0
00025172001	0
00025172003	0
00025182131	0
00025182150	0
00025183131	0
00025185131	0
00025186131	0
00025189131	0
00025189134	0
00025189151	0
00025190131	0
00025191131	0
00025194250	0
00025196130	0
00025201131	0
00025201134	0
00025202131	0
00025202134	0
00025273231	0
00025273251	0
00025274231	0
00025274251	0
00025276231	0
00026037220	0
00026037250	0
00026286151	0
00026286251	0
00026286351	0
00026378660	0
00026378770	0
00026379220	0
00026379330	0
00026379550	0
00026379660	0
00026379770	0
00026848858	0
00028026401	0
00029152544	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00029152611	0
00029152722	0
00029152725	0
00029315818	0
00029315900	0
00029315913	0
00029315920	0
00029316013	0
00029316020	0
00029316059	0
00029320613	0
00029320713	0
00029320813	0
00029321013	0
00029321113	0
00029321121	0
00029321159	0
00029321213	0
00029321313	0
00029321548	0
00029600630	1
00029600730	1
00029600732	1
00029600921	1
00029600922	1
00029600923	1
00029603839	1
00029607527	0
00029608012	0
00029608031	0
00029608522	0
00029608523	0
00029608539	0
00029608612	0
00029608621	0
00029609022	0
00029609023	0
00029609039	0
00029609440	0
00029609648	0
00029609660	0
00029657126	0
00032102301	0
00032102601	0
00032110101	0
00032110201	0
00032110301	0
00032120501	0
00032120601	0
00032120607	0
00032121001	0
00032121007	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00032121201	0
00032121207	0
00032122001	0
00032122007	0
00032122401	0
00032122407	0
00032170801	0
00032171101	0
00032190473	0
00037011360	0
00037011460	0
00037024130	0
00037024230	0
00037024330	0
00037043001	0
00037043101	0
00037044267	0
00037065504	0
00037068110	0
00037068204	0
00037069210	0
00037069304	0
00037070710	0
00037071203	0
00037071416	0
00037071792	0
00037170803	0
00037200101	0
00037225010	0
00037225030	0
00037440101	0
00037500501	0
00037501001	0
00037502001	0
00037520030	0
00037601030	0
00037605030	0
00037630103	0
00037702560	0
00039001810	0
00039001910	0
00039005110	0
00039005210	0
00039005305	0
00039006013	0
00039006050	0
00039006070	0
00039006605	0
00039006650	0
00039006710	0
00039006770	0
00039007810	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00039022110	0
00039022210	0
00039022310	0
00045006555	0
00045006601	0
00045006701	0
00045006801	0
00045006951	0
00045025414	0
00045025501	0
00045032560	0
00045034160	0
00045034260	0
00045034360	0
00045034660	0
00045051160	0
00045051360	0
00045051560	0
00045051570	0
00045052660	0
00045063965	0
00045064065	0
00045064165	0
00045064265	0
00045064565	0
00045064765	0
00045065010	0
00045065060	0
00045065960	0
00045081015	0
00045151501	0
00045152010	0
00045152050	0
00045152510	0
00045152550	0
00045153005	0
00045153010	0
00045153020	0
00046047181	0
00046047381	0
00046047981	0
00046086481	0
00046086781	0
00046086791	0
00046086881	0
00046086891	0
00046087293	0
00046087505	0
00046087506	0
00046087511	0
00046093681	0
00046093708	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00046093709	0
00046093718	0
00046093808	0
00046093809	0
00046093818	0
00046097505	0
00046097506	0
00046097511	0
00046106505	0
00046110081	0
00046110091	0
00046110181	0
00046110281	0
00046110291	0
00046110381	0
00046110481	0
00046110491	0
00046110511	0
00046110611	0
00046257306	0
00046257911	0
00047200822	1
00049001483	0
00049011628	0
00049053028	1
00049155066	0
00049155073	0
00049156066	0
00049156073	0
00049162030	0
00049210066	0
00049211066	0
00049214066	0
00049233045	0
00049234005	0
00049234045	0
00049271030	0
00049272030	0
00049275066	0
00049276066	0
00049277066	0
00049278066	0
00049316044	0
00049317030	0
00049318030	0
00049341030	0
00049342030	0
00049343030	0
00049343626	0
00049345019	0
00049350079	0
00049392083	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00049396041	0
00049396060	0
00049397041	0
00049397060	0
00049398041	0
00049398060	0
00049399041	0
00049399060	0
00049411066	0
00049412066	0
00049490030	0
00049490041	0
00049491030	0
00049491041	0
00049494023	0
00049496030	0
00049573066	0
00049574066	0
00049577066	0
00051002121	0
00051002221	0
00051002321	0
00051842501	0
00051842530	0
00051845001	0
00051845030	0
00051848833	0
00051848888	0
00052010530	0
00052010606	0
00052010630	0
00052010730	0
00052010830	0
00052010930	0
00052011006	0
00052011030	0
00052011806	0
00052011906	0
00052026106	0
00052027201	0
00052027301	0
00052027303	0
00052028306	0
00052030151	0
00052030802	0
00052030902	0
00052031301	0
00052031510	0
00052031601	0
00052032601	0
00052213903	0
00052214203	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00053245300	0
00053687100	0
00053720102	0
00053759601	0
00053759603	0
00053759610	0
00053759620	0
00053761505	0
00053761510	0
00053761520	0
00053766804	0
00053813004	0
00053813005	0
00053813302	0
00053813502	0
00054000285	1
00054000385	1
00054000713	1
00054000725	1
00054001021	1
00054001025	1
00054001121	1
00054001125	1
00054001221	1
00054001225	1
00054001720	1
00054001725	1
00054001729	1
00054001820	1
00054001825	1
00054001829	1
00054001920	1
00054001925	1
00054002025	1
00054002125	1
00054002129	1
00054002213	1
00054002313	1
00054002328	1
00054002413	1
00054002511	1
00054002821	1
00054003621	1
00054003721	1
00054004421	1
00054004544	1
00054004641	1
00054005221	1
00054005625	1
00054005746	1
00054005755	1
00054006258	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00054006344	1
00054006447	1
00054006513	1
00054007625	1
00054007725	1
00054007729	1
00054007928	1
00054008246	1
00054008425	1
00054008525	1
00054008620	1
00054008625	1
00054008629	1
00054008720	1
00054008725	1
00054008729	1
00054008826	1
00054009720	1
00054009725	1
00054009820	1
00054009825	1
00054009920	1
00054009925	1
00054010022	1
00054010120	1
00054010122	1
00054010128	1
00054010220	1
00054010222	1
00054010228	1
00054010625	1
00054010720	1
00054010725	1
00054010729	1
00054010820	1
00054010825	1
00054010829	1
00054010925	1
00054010929	1
00054011025	1
00054011125	1
00054011225	1
00054011413	1
00054011513	1
00054011625	1
00054011725	1
00054011825	1
00054011925	1
00054012025	1
00054012125	1
00054012225	1
00054012422	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00054012522	1
00054012622	1
00054013749	1
00054014025	1
00054014120	1
00054014125	1
00054014225	1
00054014308	1
00054014387	1
00054015020	1
00054015023	1
00054015027	1
00054015123	1
00054015129	1
00054016325	1
00054016329	1
00054016413	1
00054016563	0
00054016625	1
00054016629	1
00054017613	1
00054017713	1
00054021025	1
00054021125	1
00054022463	1
00054022613	1
00054022625	1
00054022713	1
00054022725	1
00054022849	1
00054023524	1
00054023525	1
00054023624	1
00054023625	1
00054023749	1
00054023755	1
00054023763	1
00054023849	1
00054023863	1
00054024324	1
00054024424	1
00054024425	1
00054024525	1
00054025721	1
00054026424	1
00054026425	1
00054026525	1
00054027313	1
00054027413	1
00054027613	1
00054027722	1
00054027803	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00054027903	1
00054028325	1
00054028425	1
00054035244	1
00054035250	1
00054039268	1
00054252625	1
00054252725	1
00054252731	1
00054253125	0
00054279525	1
00054302502	1
00054302602	1
00054302702	1
00054302802	1
00054306844	0
00054309036	1
00054312041	1
00054317644	0
00054317757	0
00054317763	0
00054318544	0
00054318863	0
00054319446	1
00054327099	1
00054329446	1
00054329450	1
00054329863	0
00054348663	1
00054350049	1
00054350547	1
00054352763	1
00054353244	0
00054354258	1
00054354563	1
00054355344	1
00054355367	1
00054355563	0
00054355663	0
00054356699	1
00054363063	1
00054368663	0
00054372144	0
00054372250	1
00054372263	1
00054372763	1
00054373063	1
00054378563	1
00054378663	1
00054408425	1
00054412925	1
00054413025	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00054414622	1
00054414623	1
00054415625	1
00054415725	1
00054417925	1
00054418025	1
00054418125	0
00054418225	1
00054418325	0
00054418425	1
00054418625	1
00054422125	1
00054422225	1
00054429725	1
00054429731	1
00054429925	1
00054429931	1
00054430125	1
00054430129	1
00054437025	1
00054439225	1
00054439425	1
00054449425	1
00054449613	1
00054449625	1
00054449705	0
00054449710	0
00054449810	0
00054449911	1
00054452725	1
00054452731	1
00054455015	1
00054455025	1
00054457025	1
00054457125	1
00054458111	1
00054458127	1
00054458225	1
00054458325	1
00054459525	1
00054459625	1
00054460325	1
00054460425	1
00054465025	1
00054465029	1
00054472125	1
00054472825	1
00054472831	1
00054474125	1
00054474131	1
00054474225	1
00054478425	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00054483422	1
00054485313	1
00054485806	1
00054485851	1
00054485906	1
00054485929	1
00054485951	1
00054808425	1
00054814622	1
00054815524	1
00054817425	0
00054817525	1
00054817625	0
00054817925	1
00054818025	1
00054818125	1
00054829725	1
00054829925	1
00054839224	1
00054839424	1
00054848616	1
00054852625	1
00054852725	1
00054852904	1
00054853125	0
00054855324	1
00054855424	1
00054858224	1
00054858324	1
00054865024	1
00054872425	1
00054873925	1
00054874025	1
00054883425	1
00054885825	1
00054885925	1
00056016801	0
00056016870	0
00056016875	0
00056016890	0
00056016901	0
00056016970	0
00056016975	0
00056016990	0
00056017001	0
00056017070	0
00056017075	0
00056017090	0
00056017201	0
00056017270	0
00056017275	0
00056017290	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00056017301	0
00056017370	0
00056017375	0
00056017401	0
00056017470	0
00056017475	0
00056017601	0
00056017670	0
00056017675	0
00056017690	0
00056018801	0
00056018870	0
00056018875	0
00056018890	0
00056018901	0
00056018970	0
00056018975	0
00056018990	0
00056047492	0
00056051030	0
00056051168	0
00056052168	0
00056060168	0
00056064768	0
00056065068	0
00056065468	0
00062016501	0
00062016502	0
00062017512	0
00062019002	0
00062019003	0
00062019011	0
00062020402	0
00062020403	0
00062020411	0
00062020502	0
00062020503	0
00062020604	0
00062021460	0
00062027501	0
00062027523	0
00062047542	0
00062047545	0
00062057546	0
00062065330	0
00062065530	0
00062065730	0
00062125115	0
00062141116	0
00062161003	0
00062165002	0
00062165003	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00062176115	0
00062178115	0
00062179615	0
00062190115	0
00062190315	0
00062190715	0
00062191015	0
00062192015	0
00062208006	0
00062208512	0
00062330300	0
00062330400	0
00062330500	0
00062330600	0
00062330700	0
00062331000	0
00062331100	0
00062331200	0
00062331300	0
00062401002	0
00062535001	0
00062535101	0
00062535601	0
00062546001	0
00062546003	0
00062980001	0
00064360045	1
00064390030	0
00064390060	0
00064501015	0
00064501030	0
00065000203	0
00065009605	0
00065021535	0
00065024605	0
00065024610	0
00065024615	0
00065026005	0
00065026025	0
00065026625	0
00065026634	0
00065027105	0
00065027225	0
00065027505	0
00065027510	0
00065027515	0
00065032505	0
00065033230	0
00065034510	0
00065035503	0
00065035902	0
00065035905	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00065039515	0
00065039602	0
00065039605	0
00065039615	0
00065039702	0
00065039705	0
00065039715	0
00065041130	0
00065062703	0
00065062707	0
00065063136	0
00065063825	0
00065063827	0
00065064305	0
00065064435	0
00065064515	0
00065064705	0
00065064710	0
00065064725	0
00065064835	0
00065065205	0
00065065435	0
00065065605	0
00065066010	0
00065066505	0
00065066510	0
00065070212	1
00065074112	1
00065075212	1
00065075612	1
00065401303	0
00065853110	0
00065853302	0
00066049425	0
00066049435	0
00066049450	0
00066049455	0
00066049555	0
00066050760	0
00066050860	0
00066051046	0
00066057760	0
00066715030	0
00066750004	0
00066800802	0
00066985060	0
00067315510	0
00067434504	0
00067602415	0
00067621505	0
00067621593	0
00067621597	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00068000701	0
00068001101	0
00068002001	0
00068002150	0
00068003701	0
00068012361	0
00068022630	0
00068027761	0
00068050860	0
00069001101	1
00069024230	0
00069024430	0
00069031220	1
00069046856	0
00069046956	0
00069046997	0
00069047197	0
00069055038	0
00069070012	1
00069077038	0
00069080760	0
00069080860	0
00069095050	0
00069097065	0
00069097193	0
00069098038	0
00069152068	0
00069153041	0
00069153068	0
00069153072	0
00069154041	0
00069154068	0
00069215030	0
00069216030	0
00069217030	0
00069218030	0
00069219030	0
00069225030	0
00069226030	0
00069227030	0
00069260066	0
00069265041	0
00069265066	0
00069265072	0
00069266041	0
00069266066	0
00069266072	0
00069267066	0
00069296030	0
00069297030	0
00069305175	0
00069306030	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00069306075	0
00069306086	0
00069307030	0
00069307075	0
00069311019	0
00069312019	0
00069314019	0
00069322066	0
00069323066	0
00069417002	0
00069417021	0
00069417034	0
00069419068	0
00069420030	0
00069421030	0
00069421066	0
00069422030	0
00069422066	0
00069431071	0
00069437071	0
00069438071	0
00069448203	1
00069448303	1
00069541066	0
00069542066	0
00069544093	0
00069580043	0
00069580060	0
00069581043	0
00069581060	0
00069582043	0
00069582060	0
00071000724	0
00071000740	0
00071015523	0
00071015534	0
00071015540	0
00071015623	0
00071015640	0
00071015694	0
00071015723	0
00071015740	0
00071015773	0
00071015788	0
00071015823	0
00071015873	0
00071015888	0
00071022023	0
00071022223	0
00071022323	0
00071023724	0
00071035060	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00071036224	0
00071036232	0
00071036524	0
00071036924	0
00071036932	0
00071036940	0
00071040124	0
00071041724	0
00071041813	0
00071041824	0
00071041924	0
00071051324	0
00071052524	0
00071053023	0
00071053040	0
00071053223	0
00071053240	0
00071053523	0
00071073720	0
00071080324	0
00071080524	0
00071080624	0
00071080640	0
00071101268	0
00071101341	0
00071101368	0
00071101441	0
00071101468	0
00071101541	0
00071101568	0
00071101641	0
00071101668	0
00071101768	0
00071101868	0
00071101968	0
00071201223	0
00071221420	0
00071241823	0
00071374066	0
00072027906	1
00072145015	0
00072145050	0
00072210360	0
00072220316	0
00072220360	0
00072571214	0
00072573028	0
00072573038	0
00072672103	0
00072780015	0
00072820015	0
00072820030	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00072820060	0
00072840030	0
00074052260	0
00074158401	1
00074165802	0
00074194912	0
00074194914	0
00074194954	0
00074197312	0
00074197314	0
00074197354	0
00074210803	0
00074227414	0
00074227454	0
00074227714	0
00074227754	0
00074227813	0
00074227911	0
00074227913	0
00074228013	0
00074228203	0
00074231650	0
00074231660	0
00074241512	0
00074241514	0
00074241614	0
00074244003	0
00074245202	0
00074245612	0
00074245712	0
00074245713	0
00074245812	0
00074245813	0
00074258611	0
00074258660	0
00074258913	1
00074300590	0
00074300790	0
00074301090	0
00074301460	0
00074301511	0
00074302011	0
00074302511	0
00074304011	0
00074304530	0
00074304590	0
00074306130	0
00074306190	0
00074306230	0
00074306290	0
00074306330	0
00074306390	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00074306430	0
00074306490	0
00074306930	0
00074306990	0
00074307290	0
00074307490	0
00074307990	0
00074308090	0
00074316511	0
00074316514	0
00074316541	0
00074316560	0
00074318813	0
00074328713	0
00074328813	0
00074328913	0
00074329013	0
00074331290	0
00074331590	0
00074331690	0
00074333330	0
00074334603	0
00074336860	0
00074345790	0
00074345990	0
00074364103	0
00074364203	0
00074366303	0
00074368303	0
00074372713	0
00074376960	0
00074377160	0
00074379902	0
00074382611	0
00074382613	0
00074395646	0
00074431430	0
00074431530	0
00074431730	0
00074433902	0
00074433906	0
00074433907	0
00074434113	0
00074434119	0
00074455211	0
00074455213	0
00074455219	0
00074463701	0
00074490023	1
00074518211	0
00074518213	0
00074518219	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00074568113	0
00074568216	0
00074572913	1
00074611411	0
00074611413	0
00074612290	0
00074612390	0
00074615113	0
00074615160	0
00074621211	0
00074621213	0
00074621411	0
00074621413	0
00074621453	0
00074621511	0
00074621513	0
00074621553	0
00074622713	0
00074629060	0
00074630113	1
00074630153	1
00074630213	0
00074630253	0
00074630413	1
00074630513	0
00074630553	0
00074631613	1
00074632013	1
00074632053	1
00074632113	0
00074632613	0
00074632653	0
00074634620	1
00074634653	1
00074636902	0
00074636910	0
00074646332	1
00074647932	1
00074659413	0
00074659419	0
00074662411	0
00074662413	0
00074662419	0
00074663322	0
00074663330	0
00074679922	0
00074706811	0
00074706813	0
00074706819	0
00074706911	0
00074706913	0
00074706919	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00074707013	0
00074707019	0
00074712611	0
00074712613	0
00074712653	0
00074714811	0
00074714813	0
00074714819	0
00074714913	0
00074714919	0
00074726950	1
00074780413	0
00074780419	0
00074918990	0
00074929613	0
00074929619	0
00074937402	0
00074964290	0
00075001600	0
00075002600	0
00075062040	0
00075062041	0
00075062160	0
00075062161	0
00075062280	0
00075062281	0
00075062300	0
00075062301	0
00075062430	0
00075062431	0
00075062603	0
00075062604	0
00075150616	0
00075245001	0
00075245101	0
00075245153	0
00075245201	0
00075291201	0
00075291202	0
00075291501	0
00075291502	0
00075770060	0
00075800120	0
00075800180	0
00075800301	0
00076011101	0
00078001705	0
00078001715	0
00078005405	0
00078010405	0
00078010901	0
00078011022	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00078012605	0
00078012705	0
00078012706	0
00078014923	0
00078017605	0
00078017615	0
00078017915	0
00078018001	0
00078018101	0
00078023405	0
00078023415	0
00078024015	0
00078024115	0
00078024615	0
00078024815	0
00078024915	0
00078027422	0
00078031154	0
00078031406	0
00078031433	0
00078031434	0
00078031506	0
00078031515	0
00078031517	0
00078031534	0
00078031567	0
00078032306	0
00078032344	0
00078032406	0
00078032444	0
00078032506	0
00078032544	0
00078032606	0
00078032644	0
00078032705	0
00078032882	0
00078033184	0
00078033705	0
00078033706	0
00078034061	0
00078034161	0
00078034261	0
00078034342	0
00078034345	0
00078034362	0
00078034442	0
00078034445	0
00078034462	0
00078034542	0
00078034545	0
00078034562	0
00078034642	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00078034645	0
00078035105	0
00078035205	0
00078035405	0
00078035415	0
00078035752	0
00078035806	0
00078035833	0
00078035834	0
00078035906	0
00078035917	0
00078035934	0
00078036011	0
00078036034	0
00078036405	0
00078036542	0
00078036545	0
00078036615	0
00078036715	0
00078036815	0
00078036964	0
00078037005	0
00078037105	0
00078037205	0
00078037546	0
00078037549	0
00078037563	0
00078037742	0
00078037842	0
00078037845	0
00078037905	0
00078038005	0
00078038105	0
00078038205	0
00078038306	0
00078038315	0
00078038317	0
00078038334	0
00078038405	0
00078038566	0
00078038666	0
00078038725	0
00078040105	0
00078040134	0
00078040405	0
00078040505	0
00078040605	0
00078040705	0
00078040805	0
00078040905	0
00078041420	0
00078041520	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00078041720	0
00078041915	0
00078041934	0
00078042015	0
00078042034	0
00078042306	0
00078042315	0
00078042405	0
00078043005	0
00078043105	0
00078043205	0
00078043305	0
00078043405	0
00078043561	0
00078043605	0
00078043761	0
00078043815	0
00078043905	0
00078044005	0
00078044105	0
00078044205	0
00078044605	0
00078044705	0
00078044805	0
00078044905	0
00078045005	0
00078045205	0
00078045305	0
00078045405	0
00078045605	0
00078045635	0
00078045705	0
00078045735	0
00078045805	0
00078045905	0
00078046005	0
00078046105	0
00078046461	0
00078046815	0
00078046915	0
00078047015	0
00078047111	0
00078047115	0
00078047134	0
00078047211	0
00078047215	0
00078047234	0
00078047861	0
00078048042	0
00078048142	0
00078048515	0
00078048535	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00078048615	0
00078048635	0
00078048815	0
00078048915	0
00078049015	0
00078049115	0
00078049205	0
00078049235	0
00078049305	0
00078049471	0
00078049561	0
00078049958	0
00078049959	0
00078050059	0
00078050062	0
00078050115	0
00078050161	0
00078050215	0
00078050261	0
00078050883	0
00078050905	0
00078051005	0
00078051105	0
00078051205	0
00078052115	0
00078052215	0
00078052315	0
00078052415	0
00078052651	0
00078052687	0
00078052705	0
00078053815	0
00078054405	0
00078054505	0
00078055915	0
00078056015	0
00078056115	0
00078056215	0
00078056315	0
00078056651	0
00078056751	0
00078056845	0
00078056912	0
00078057215	0
00078057415	0
00078058261	0
00078059287	0
00083001976	0
00083002730	0
00083005230	0
00083006030	0
00083006130	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00083006230	0
00083231008	0
00083232062	0
00083232608	0
00083232808	0
00085037001	0
00085037002	0
00085051701	0
00085051704	0
00085053901	0
00085056605	0
00085056701	0
00085056702	0
00085057102	0
00085057502	0
00085057505	0
00085061402	0
00085080901	0
00085081930	0
00085085302	0
00085085401	0
00085085402	0
00085092401	0
00085092402	0
00085094205	0
00085096201	0
00085096202	0
00085111001	0
00085113201	0
00085113301	0
00085116801	0
00085124201	0
00085124401	0
00085124801	0
00085124802	0
00085124803	0
00085125401	0
00085125901	0
00085125902	0
00085126401	0
00085126402	0
00085126403	0
00085126404	0
00085127901	0
00085128801	0
00085129701	0
00085129702	0
00085130401	0
00085131601	0
00085131602	0
00085131701	0
00085132201	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00085132301	0
00085132302	0
00085132801	0
00085133401	0
00085134101	0
00085134102	0
00085134103	0
00085136601	0
00085136602	0
00085137001	0
00085137002	0
00085137401	0
00085138401	0
00085140101	0
00085140801	0
00085141701	0
00085142501	0
00085142502	0
00085143001	0
00085143002	0
00085146102	0
00085151901	0
00085151902	0
00085170102	0
00085171602	0
00085171701	1
00085171801	1
00085171802	1
00085172201	0
00085173301	0
00085173302	0
00085173303	0
00085173701	0
00085174102	0
00085174701	0
00085175401	0
00085175402	0
00085175801	0
00085177301	0
00085177502	0
00085177701	0
00085177803	0
00085180601	0
00085190101	0
00085192301	0
00085193401	0
00085194501	0
00085202801	0
00085300401	0
00085300402	0
00085330530	0
00085331030	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00085331530	0
00085332030	0
00085333030	0
00085460202	0
00085460203	0
00085461001	0
00085720601	0
00086009175	0
00087003147	0
00087003931	0
00087045241	0
00087047402	0
00087047603	0
00087048741	0
00087081841	0
00087081844	0
00087120213	0
00087277131	0
00087277132	0
00087277215	0
00087277231	0
00087277232	0
00087277235	0
00087277315	0
00087277331	0
00087277332	0
00087277531	0
00087277532	0
00087277631	0
00087277632	0
00087278831	0
00087278832	0
00087606005	0
00087606010	0
00087606313	0
00087606413	0
00087607005	0
00087607111	0
00087607311	0
00087607411	0
00087607731	0
00087607831	0
00087608131	0
00087667117	0
00088057641	0
00088109047	0
00088109055	0
00088109547	0
00088109720	0
00088110747	0
00088110755	0
00088110947	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00088110955	0
00088111114	0
00088111330	0
00088115330	0
00088120243	0
00088120305	0
00088120343	0
00088120632	0
00088216030	0
00088216130	0
00088221905	0
00088222033	0
00088222052	0
00088222060	0
00088222541	0
00088250033	0
00088250052	0
00088250205	0
00089030202	0
00089061012	0
00089081521	0
00089130230	1
00089130330	1
00089130430	1
00091044723	1
00091069010	0
00091069520	0
00091074010	0
00091092001	0
00091111016	0
00091111020	0
00091112016	0
00091112020	0
00091114016	0
00091114020	0
00091247735	0
00091247835	0
00091247935	0
00091248035	0
00091248923	0
00091249023	0
00091249123	0
00091249523	0
00091311101	0
00091332101	0
00091332201	0
00091332301	0
00091332401	0
00091334201	0
00091334301	0
00091362001	0
00091370701	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00091371201	0
00091371501	0
00091372001	0
00091408501	0
00091408601	0
00091408701	0
00091440123	0
00091450015	0
00091464024	0
00091670163	0
00091670563	0
00091703623	0
00091744963	0
00093001198	1
00093001298	1
00093001416	1
00093001701	1
00093002601	1
00093002610	1
00093002701	1
00093002750	1
00093002801	1
00093002810	1
00093002901	1
00093002910	1
00093003301	1
00093003901	1
00093003905	1
00093004103	1
00093004156	1
00093004165	1
00093005001	1
00093005101	1
00093005105	1
00093005301	1
00093005305	1
00093005401	1
00093005601	1
00093005701	1
00093005801	1
00093005805	1
00093007201	1
00093007301	1
00093007401	1
00093007601	1
00093008398	1
00093009001	1
00093010901	1
00093010910	1
00093012901	1
00093013001	1
00093013201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093013501	1
00093013505	1
00093014701	1
00093014705	1
00093014793	1
00093014801	1
00093014805	1
00093014901	1
00093014905	1
00093014910	1
00093014993	1
00093015001	1
00093015010	1
00093015401	1
00093015506	1
00093015510	1
00093017356	1
00093017456	1
00093017601	1
00093017701	1
00093018101	1
00093018201	1
00093019901	1
00093022001	1
00093022056	1
00093022105	1
00093022106	1
00093022290	1
00093022390	1
00093022490	1
00093022505	1
00093022506	1
00093023333	1
00093023356	1
00093024831	1
00093024843	1
00093026215	1
00093026230	1
00093026292	1
00093026315	1
00093026330	1
00093026392	1
00093026415	1
00093026430	1
00093026492	1
00093026592	1
00093026639	1
00093028001	1
00093028005	1
00093028093	1
00093029001	1
00093029005	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093029093	1
00093029201	1
00093029205	1
00093029301	1
00093029305	1
00093029310	1
00093029401	1
00093029405	1
00093029410	1
00093030239	1
00093030801	1
00093030912	1
00093031101	1
00093031105	1
00093031401	1
00093031801	1
00093031805	1
00093031901	1
00093031905	1
00093032001	1
00093032101	1
00093035001	1
00093035005	1
00093035010	1
00093046301	1
00093046305	1
00093049001	1
00093049005	1
00093050687	1
00093050719	1
00093050793	1
00093053601	1
00093053610	1
00093053701	1
00093053705	1
00093053710	1
00093054201	1
00093057606	1
00093057610	1
00093057693	1
00093063701	1
00093063710	1
00093063801	1
00093065701	1
00093065801	1
00093066116	1
00093067005	1
00093067006	1
00093067139	1
00093067315	1
00093067395	1
00093068801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093071101	1
00093071105	1
00093073301	1
00093073310	1
00093073401	1
00093073410	1
00093074101	1
00093074110	1
00093075201	1
00093075210	1
00093075301	1
00093075305	1
00093075501	1
00093075505	1
00093075506	1
00093075601	1
00093075701	1
00093075705	1
00093076001	1
00093076101	1
00093076201	1
00093077110	1
00093077198	1
00093077801	1
00093078201	1
00093078205	1
00093078210	1
00093078256	1
00093078405	1
00093078406	1
00093078486	1
00093078701	1
00093078710	1
00093079301	1
00093081001	1
00093081005	1
00093081101	1
00093081105	1
00093081201	1
00093081205	1
00093081301	1
00093081305	1
00093081901	1
00093081955	1
00093083201	1
00093083205	1
00093083210	1
00093083301	1
00093083305	1
00093083310	1
00093083393	1
00093083401	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093083405	1
00093084015	1
00093084030	1
00093084092	1
00093085101	1
00093085105	1
00093085152	1
00093085205	1
00093085253	1
00093085401	1
00093086301	1
00093086553	1
00093089001	1
00093089005	1
00093089201	1
00093089601	1
00093090001	1
00093090005	1
00093092401	1
00093092405	1
00093092606	1
00093092806	1
00093092810	1
00093092893	1
00093094801	1
00093094805	1
00093095601	1
00093095801	1
00093096001	1
00093098301	1
00093100301	1
00093100501	1
00093100505	1
00093100601	1
00093100605	1
00093101042	1
00093101501	1
00093101510	1
00093101601	1
00093101610	1
00093102201	1
00093102255	1
00093102301	1
00093102406	1
00093102506	1
00093102606	1
00093103501	1
00093103601	1
00093103701	1
00093103801	1
00093103805	1
00093103901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093103905	1
00093103910	1
00093103993	1
00093104001	1
00093104005	1
00093104101	1
00093104201	1
00093104210	1
00093104301	1
00093104401	1
00093104505	1
00093104598	1
00093104801	1
00093104810	1
00093104819	1
00093104893	1
00093104898	1
00093104901	1
00093104910	1
00093105005	1
00093105098	1
00093105105	1
00093105198	1
00093105201	1
00093105305	1
00093105398	1
00093106001	1
00093106101	1
00093106201	1
00093106301	1
00093106505	1
00093106506	1
00093106593	1
00093106656	1
00093107334	1
00093107573	1
00093107673	1
00093107676	1
00093107678	1
00093107701	1
00093107853	1
00093108701	1
00093111101	1
00093111201	1
00093111301	1
00093111310	1
00093111410	1
00093111501	1
00093111801	1
00093112201	1
00093113001	1
00093113005	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093117201	1
00093117210	1
00093117401	1
00093117410	1
00093117701	1
00093138943	1
00093189301	1
00093191919	1
00093191993	1
00093213001	1
00093213010	1
00093213093	1
00093213101	1
00093213110	1
00093215801	1
00093220301	1
00093220305	1
00093220310	1
00093220401	1
00093220405	1
00093221001	1
00093221005	1
00093221093	1
00093223801	1
00093224001	1
00093226301	1
00093226401	1
00093226701	1
00093226801	1
00093226805	1
00093227034	1
00093227234	1
00093227434	1
00093227534	1
00093227773	1
00093227973	1
00093292901	1
00093292910	1
00093293101	1
00093293110	1
00093293201	1
00093293205	1
00093310701	1
00093310705	1
00093310793	1
00093310905	1
00093310919	1
00093310953	1
00093310993	1
00093312301	1
00093312501	1
00093312701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093312901	1
00093314501	1
00093314505	1
00093314701	1
00093314705	1
00093316006	1
00093316501	1
00093316753	1
00093317101	1
00093319301	1
00093319501	1
00093319505	1
00093319601	1
00093319653	1
00093402901	1
00093402910	1
00093403001	1
00093403005	1
00093405953	1
00093406701	1
00093406710	1
00093406752	1
00093406801	1
00093406810	1
00093406852	1
00093406901	1
00093406905	1
00093406952	1
00093412573	1
00093412574	1
00093412773	1
00093412774	1
00093413664	1
00093413673	1
00093413764	1
00093413773	1
00093415073	1
00093415079	1
00093415080	1
00093415573	1
00093415579	1
00093415580	1
00093416073	1
00093416076	1
00093416078	1
00093416173	1
00093416176	1
00093416178	1
00093417064	1
00093417573	1
00093417574	1
00093417773	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093417774	1
00093423201	1
00093423301	1
00093423310	1
00093423401	1
00093423410	1
00093423501	1
00093423601	1
00093423701	1
00093433601	1
00093433605	1
00093433701	1
00093433710	1
00093433801	1
00093433810	1
00093433901	1
00093433905	1
00093435601	1
00093435605	1
00093435610	1
00093435693	1
00093435901	1
00093435905	1
00093436001	1
00093436005	1
00093436093	1
00093440401	1
00093440493	1
00093440501	0
00093440505	0
00093444301	1
00093444305	1
00093444310	1
00093444401	1
00093444405	1
00093474001	1
00093474010	1
00093474019	1
00093474093	1
00093474101	1
00093474105	1
00093474150	1
00093474193	1
00093474201	1
00093474205	1
00093474250	1
00093474293	1
00093482001	1
00093482005	1
00093482101	1
00093482105	1
00093482110	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093482201	1
00093482205	1
00093511298	1
00093511601	1
00093511605	1
00093511798	1
00093511898	1
00093511998	1
00093512401	1
00093512501	1
00093512505	1
00093512601	1
00093512605	1
00093512701	1
00093514001	1
00093514056	1
00093514101	1
00093514156	1
00093514256	1
00093514501	1
00093514601	1
00093514605	1
00093515001	1
00093515701	1
00093516101	1
00093516351	1
00093517119	1
00093517120	1
00093517144	1
00093517220	1
00093517244	1
00093517301	1
00093517355	1
00093519401	1
00093519505	1
00093520005	1
00093520006	1
00093520601	1
00093520701	1
00093520801	1
00093521001	1
00093521101	1
00093521110	1
00093521156	1
00093521193	1
00093521201	1
00093521210	1
00093521301	1
00093521401	1
00093521501	1
00093525601	1
00093525668	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093526801	1
00093526901	1
00093527056	1
00093527156	1
00093527201	1
00093527255	1
00093527501	1
00093527601	1
00093527701	1
00093528201	1
00093528301	1
00093528401	1
00093528501	1
00093528601	1
00093528701	1
00093528801	1
00093529922	1
00093531001	1
00093531010	1
00093531101	1
00093531105	1
00093531110	1
00093531528	1
00093531581	1
00093531628	1
00093531681	1
00093535005	1
00093535056	1
00093535105	1
00093535156	1
00093536001	1
00093536101	1
00093537065	1
00093537365	1
00093537565	1
00093537856	1
00093537956	1
00093541495	1
00093541595	1
00093542088	1
00093545006	1
00093545106	1
00093545528	1
00093545542	1
00093547616	1
00093550101	1
00093550201	1
00093551006	1
00093566128	1
00093566158	1
00093570301	1
00093571001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093571005	1
00093571101	1
00093571105	1
00093571193	1
00093571201	1
00093571205	1
00093571293	1
00093582501	1
00093582505	1
00093582556	1
00093582598	1
00093610812	1
00093611816	1
00093611887	1
00093613832	1
00093613932	1
00093616931	1
00093630012	1
00093630016	1
00093630195	1
00093672373	1
00093672374	1
00093681573	1
00093681673	1
00093688871	1
00093690045	1
00093690145	1
00093690245	1
00093690345	1
00093710212	1
00093711306	1
00093711498	1
00093711556	1
00093711598	1
00093711698	1
00093712198	1
00093712701	1
00093712801	1
00093712901	1
00093713001	1
00093714609	1
00093714618	1
00093714656	1
00093714756	1
00093714823	1
00093714923	1
00093714931	1
00093714994	1
00093715256	1
00093715293	1
00093715298	1
00093715310	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093715356	1
00093715393	1
00093715398	1
00093715410	1
00093715456	1
00093715493	1
00093715498	1
00093715510	1
00093715556	1
00093715593	1
00093715598	1
00093715610	1
00093715656	1
00093715698	1
00093715706	1
00093715806	1
00093716755	1
00093716798	1
00093716898	1
00093716933	1
00093716956	1
00093716990	1
00093717201	1
00093717510	1
00093717556	1
00093717610	1
00093717656	1
00093717710	1
00093717756	1
00093717801	1
00093718001	1
00093718101	1
00093718201	1
00093718856	1
00093719801	1
00093719805	1
00093719856	1
00093720110	1
00093720198	1
00093720210	1
00093720298	1
00093720356	1
00093720422	1
00093720556	1
00093720619	1
00093720656	1
00093720756	1
00093720856	1
00093721201	1
00093721401	1
00093721410	1
00093721501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093721906	1
00093721910	1
00093722006	1
00093722010	1
00093722210	1
00093722298	1
00093722310	1
00093722398	1
00093722410	1
00093722498	1
00093722528	1
00093722628	1
00093722758	1
00093722777	1
00093723006	1
00093723106	1
00093723150	1
00093723401	1
00093723633	1
00093723656	1
00093724005	1
00093724006	1
00093724105	1
00093724106	1
00093724206	1
00093724306	1
00093724406	1
00093724705	1
00093724706	1
00093724805	1
00093724806	1
00093725101	1
00093725201	1
00093725205	1
00093725301	1
00093725305	1
00093725401	1
00093725501	1
00093725601	1
00093725652	1
00093725856	1
00093725898	1
00093725956	1
00093725998	1
00093726205	1
00093726701	1
00093726710	1
00093727010	1
00093727098	1
00093728101	1
00093728201	1
00093728589	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093728689	1
00093728789	1
00093729401	1
00093729456	1
00093729501	1
00093729505	1
00093729601	1
00093729605	1
00093729901	1
00093730001	1
00093730119	1
00093730165	1
00093730203	1
00093730265	1
00093730365	1
00093730465	1
00093730565	1
00093731601	1
00093731701	1
00093732501	1
00093732601	1
00093732701	1
00093733401	1
00093733405	1
00093733506	1
00093733606	1
00093733801	1
00093734001	1
00093734005	1
00093735056	1
00093735156	1
00093735501	1
00093735505	1
00093735556	1
00093735598	1
00093736410	1
00093736498	1
00093736510	1
00093736556	1
00093736598	1
00093736610	1
00093736656	1
00093736698	1
00093736710	1
00093736756	1
00093736798	1
00093736810	1
00093736856	1
00093736898	1
00093736910	1
00093736956	1
00093736998	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093737001	1
00093737101	1
00093737110	1
00093737201	1
00093737301	1
00093737310	1
00093738001	1
00093738101	1
00093738201	1
00093738301	1
00093738456	1
00093738498	1
00093738556	1
00093738598	1
00093738656	1
00093738698	1
00093740106	1
00093743601	1
00093743701	1
00093743801	1
00093743901	1
00093744001	1
00093744005	1
00093744101	1
00093744105	1
00093744865	1
00093744893	1
00093744993	1
00093745501	1
00093745601	1
00093745701	1
00093747701	1
00093747705	1
00093748512	1
00093748520	1
00093749306	1
00093753656	1
00093754006	1
00093754010	1
00093761843	1
00093777201	1
00093777205	1
00093777293	1
00093801998	1
00093803401	1
00093803501	1
00093803505	1
00093803601	1
00093811756	1
00093811856	1
00093811956	1
00093812001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093812101	1
00093812193	1
00093812201	1
00093812301	1
00093813201	1
00093813301	1
00093813310	1
00093813401	1
00093813501	1
00093830501	1
00093834201	1
00093834301	1
00093834305	1
00093834310	1
00093834401	1
00093834405	1
00093834410	1
00093839701	1
00093852290	1
00093852390	1
00093854401	1
00093854405	1
00093854406	1
00093854410	1
00093854701	1
00093854756	1
00093867574	1
00093867575	1
00093867578	1
00093873901	1
00093874001	1
00093874101	1
00093881501	1
00093894001	1
00093894005	1
00093894093	1
00093894301	1
00093894305	1
00093894319	1
00093894393	1
00093894701	1
00093894705	1
00093894793	1
00093910719	1
00093910729	1
00093911101	1
00093912830	1
00093913306	1
00093913352	1
00093916505	1
00093916871	1
00093917501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00093917552	1
00093920031	1
00093922501	1
00093936401	1
00093936405	1
00093936410	1
00093938001	1
00093941101	1
00093942401	1
00093943301	1
00093943305	1
00093947753	1
00093960412	1
00093960423	1
00093961212	1
00093963316	1
00093963487	1
00093964301	1
00093965015	1
00093965030	1
00093965095	1
00093965201	1
00093966016	1
00093977401	1
00093977405	1
00095008651	0
00095008735	0
00095008851	0
00095008921	0
00095015006	0
00095020110	0
00095024001	1
00095030006	0
00095064501	0
00095120006	0
00095129006	0
00096070735	0
00096070737	0
00096070760	0
00096070935	0
00096070960	0
00115051101	1
00115052201	1
00115053301	1
00115103001	1
00115103002	1
00115103101	1
00115103103	1
00115104001	1
00115104101	1
00115104103	1
00115107001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00115107101	1
00115107201	1
00115112008	1
00115112108	1
00115112208	1
00115115001	1
00115115101	1
00115115201	1
00115120501	1
00115132801	1
00115132901	1
00115133001	1
00115133101	1
00115133201	1
00115133301	1
00115181101	1
00115191101	1
00115201101	1
00115201102	1
00115211101	1
00115212214	1
00115261101	1
00115262201	1
00115271101	1
00115279006	1
00115351101	1
00115391101	1
00115391102	1
00115392201	1
00115392202	1
00115421101	1
00115422201	1
00115423301	1
00115441101	1
00115442201	1
00115443301	1
00115521116	1
00115521218	1
00115521229	1
00115521302	1
00115531101	1
00115532201	1
00115544513	1
00115551110	1
00115552210	1
00115591101	1
00115592201	1
00115681102	1
00115681108	1
00115681110	1
00115691101	1
00115691102	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00115692201	1
00115692202	1
00115701009	1
00115701701	1
00115701806	1
00115701813	1
00115703301	1
00115703302	1
00115703701	0
00115704001	1
00115705401	1
00115821101	1
00115821103	1
00115952201	1
00115953301	1
00115954401	1
00115981101	1
00115981103	1
00115982201	1
00115982203	1
00116200116	1
00121046516	1
00121046616	1
00121050404	1
00121050412	1
00121050416	1
00121053205	1
00121053216	1
00121054705	1
00121057616	1
00121057708	1
00121057716	1
00121057732	1
00121058104	1
00121059516	1
00121059530	1
00121064616	1
00121064916	1
00121065304	1
00121065416	1
00121065504	1
00121065516	1
00121065816	1
00121067016	1
00121067116	1
00121067516	1
00121067616	1
00121067716	1
00121067816	1
00121068708	1
00121072104	1
00121072716	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00121074710	0
00121075908	1
00121077504	1
00121077516	1
00121077916	1
00121146515	1
00121146530	1
00121168305	1
00126000621	0
00126001661	0
00126007061	0
00126007534	0
00126007592	0
00126007634	0
00126007692	0
00126008802	0
00126013066	0
00126013166	0
00126017916	0
00126018621	0
00126027116	1
00126028666	0
00126028733	0
00126028766	0
00126028802	0
00126029002	0
00126231068	0
00131247735	0
00131247835	0
00131247935	0
00131248035	0
00131326532	1
00131326546	1
00131326632	1
00131326646	1
00131326732	1
00131326746	1
00131326832	1
00131326846	1
00140000401	0
00140000501	0
00140000514	0
00140000601	0
00140000614	0
00143102001	1
00143102501	1
00143102510	1
00143111501	1
00143111505	1
00143114010	1
00143114051	1
00143117101	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00143117110	1
00143117201	1
00143117210	1
00143117301	1
00143117310	1
00143117401	1
00143117601	1
00143117605	1
00143117610	1
00143119550	1
00143120101	1
00143120110	1
00143120125	1
00143120201	1
00143121001	1
00143122701	1
00143122710	1
00143124001	1
00143124010	1
00143124051	1
00143124101	1
00143124110	1
00143124151	1
00143124801	1
00143124810	1
00143125401	1
00143125601	1
00143125610	1
00143125701	1
00143125710	1
00143125751	1
00143126101	1
00143126110	1
00143126201	1
00143126210	1
00143126301	1
00143126310	1
00143126401	1
00143126410	1
00143126501	1
00143126510	1
00143126601	1
00143126610	1
00143126701	1
00143126710	1
00143126718	1
00143126801	1
00143126810	1
00143127001	1
00143127009	1
00143127010	1
00143127030	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00143127701	1
00143128001	1
00143129001	1
00143129005	1
00143129201	1
00143129205	1
00143133301	1
00143134601	1
00143134605	1
00143134701	1
00143134705	1
00143134801	1
00143134805	1
00143142501	1
00143144510	1
00143145010	1
00143145510	1
00143145801	1
00143145810	1
00143147301	1
00143147310	1
00143147501	1
00143147510	1
00143147701	1
00143147705	1
00143147710	1
00143148001	1
00143148010	1
00143148201	1
00143148205	1
00143148401	1
00143148410	1
00143176301	1
00143176401	1
00143176410	1
00143176501	1
00143176510	1
00143176701	1
00143176901	1
00143176910	1
00143177101	1
00143177110	1
00143177125	1
00143177201	1
00143177210	1
00143177225	1
00143177301	1
00143177310	1
00143178501	1
00143178510	1
00143178701	1
00143178705	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00143203701	1
00143211205	1
00143211250	1
00143212001	1
00143212522	1
00143212801	1
00143223001	1
00143223009	1
00143223010	1
00143223030	1
00143226001	1
00143226009	1
00143226010	1
00143242230	1
00143242330	1
00143300001	1
00143312501	1
00143312505	1
00143312601	1
00143312610	1
00143314150	1
00143314205	1
00143314250	1
00143318801	1
00143318901	1
00143318910	1
00143319001	1
00143323501	1
00143336701	1
00143337001	1
00143337005	1
00143390901	1
00143391001	1
00143912601	1
00143912701	1
00143913005	1
00143913060	1
00143958005	1
00143958009	1
00143958030	1
00143958105	1
00143958109	1
00143958130	1
00143958209	1
00143958230	1
00143971701	1
00143971710	1
00143985316	1
00143985375	1
00143985625	1
00143985725	1
00143985925	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00143986922	1
00143987310	1
00143988601	1
00143988650	1
00143988675	1
00143988701	1
00143988750	1
00143988775	1
00143988801	1
00143988815	1
00143988880	1
00143988901	1
00143988915	1
00143988980	1
00143989001	1
00143989105	1
00143989701	1
00143989705	1
00143989801	1
00143989805	1
00143990801	1
00143990805	1
00143991601	1
00143991801	1
00143991901	1
00143992001	1
00143992490	1
00143992701	1
00143992801	1
00143992950	1
00143993122	1
00143993801	1
00143993805	1
00143993901	1
00143993905	1
00143994701	1
00143994720	1
00143994750	1
00143994850	1
00143995101	1
00143995120	1
00143998101	1
00143998150	1
00143998175	1
00143998201	1
00143998250	1
00143998275	1
00143998490	1
00143998501	1
00143998601	1
00143999201	1
00143999301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00143999401	1
00145007130	0
00145007160	0
00145009025	0
00145009125	0
00145230003	0
00145230050	0
00145236701	0
00145237105	0
00145237406	0
00145238406	0
00145248406	0
00145256408	0
00145257406	0
00145258406	0
00145259408	0
00145261705	0
00145268105	0
00145380001	0
00145381703	0
00145382103	0
00145420002	0
00145430001	0
00149000705	0
00149000805	0
00149000905	0
00149040660	0
00149047001	0
00149047101	0
00149047103	0
00149047201	0
00149047204	0
00149047501	0
00149047701	0
00149047801	0
00149047803	0
00149071001	0
00149075215	0
00149078301	0
00168000215	1
00168000315	1
00168000380	1
00168000415	1
00168000416	1
00168000480	1
00168000580	1
00168000615	1
00168000616	1
00168000680	1
00168000715	1
00168000730	1
00168001516	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00168001531	1
00168002016	1
00168002031	1
00168002638	1
00168002738	1
00168002938	1
00168003315	1
00168003346	1
00168003760	1
00168004015	1
00168004046	1
00168004160	1
00168004438	1
00168005415	1
00168005430	1
00168005515	1
00168005546	1
00168005615	1
00168005646	1
00168005760	1
00168005815	1
00168005860	1
00168005960	1
00168006015	1
00168006060	1
00168006415	1
00168006460	1
00168007011	1
00168007038	1
00168007039	1
00168007115	1
00168007815	1
00168007938	1
00168008016	1
00168008031	1
00168008115	1
00168008130	1
00168008160	1
00168008915	1
00168008930	1
00168008960	1
00168009915	1
00168009930	1
00168009960	1
00168013315	1
00168013330	1
00168013346	1
00168013460	1
00168013515	1
00168013560	1
00168013915	1
00168013930	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00168013960	1
00168014015	1
00168014030	1
00168014060	1
00168014616	1
00168014630	1
00168016215	1
00168016230	1
00168016246	1
00168016260	1
00168016315	1
00168016330	1
00168016346	1
00168016360	1
00168018015	1
00168018060	1
00168020101	1
00168020130	1
00168020160	1
00168020230	1
00168020260	1
00168020360	1
00168020437	1
00168021560	1
00168021630	1
00168021660	1
00168022138	1
00168024215	1
00168024230	1
00168024260	1
00168024315	1
00168024330	1
00168024360	1
00168024615	1
00168024630	1
00168024660	1
00168025815	1
00168025846	1
00168026315	1
00168026345	1
00168026360	1
00168026415	1
00168026445	1
00168026460	1
00168026515	1
00168026550	1
00168026615	1
00168026650	1
00168026730	1
00168026760	1
00168026815	1
00168026850	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00168026950	1
00168027015	1
00168027046	1
00168027115	1
00168027146	1
00168027230	1
00168027260	1
00168027338	1
00168027545	1
00168027740	1
00168027815	1
00168027830	1
00168027860	1
00168027960	1
00168028060	1
00168028802	1
00168029315	1
00168029330	1
00168029360	1
00168030115	1
00168030130	1
00168030160	1
00168030915	1
00168030960	1
00168031002	1
00168031004	1
00168031215	1
00168031230	1
00168031285	1
00168031315	1
00168031330	1
00168031390	1
00168031430	1
00168031460	1
00168032346	1
00168032630	1
00168032660	1
00168033215	1
00168033230	1
00168033260	1
00168033315	1
00168033330	1
00168033360	1
00168033660	1
00168033760	1
00168034646	1
00168034720	1
00168035209	1
00168035222	1
00168035515	1
00168035550	1
00168035615	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00168035650	1
00168035730	1
00168035755	1
00168037030	1
00168038115	1
00168038160	1
00168038204	1
00168038360	1
00168040060	1
00168040730	1
00168040746	1
00168040799	1
00168041015	1
00168041060	1
00168042446	1
00168043224	1
00168044904	1
00168047340	1
00168047440	1
00168047540	1
00168047914	1
00168048503	1
00168048507	1
00168048521	1
00168048807	1
00168048811	1
00168049018	1
00168049245	1
00168064412	1
00168064610	1
00168066145	1
00168075847	1
00169008181	0
00169008183	0
00169008281	0
00169008283	0
00169008481	0
00169008483	0
00169009201	0
00169009301	0
00169183311	0
00169183411	0
00169183711	0
00169231321	0
00169231421	0
00169231721	0
00169330312	0
00169347318	0
00169347418	0
00169347718	0
00169368213	0
00169368512	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00169368712	0
00169369619	0
00169406012	0
00169406013	0
00169517303	0
00169517304	0
00169517401	0
00169517402	0
00169517510	0
00169517511	0
00169517603	0
00169517604	0
00169633910	0
00169643910	0
00169701001	0
00169702001	0
00169705001	0
00169706515	0
00169750111	0
00169770311	0
00169770411	0
00169770421	0
00169770511	0
00169770521	0
00169770811	0
00169770821	0
00169776811	0
00169777011	0
00172208360	1
00172208380	1
00172208960	1
00172208980	1
00172208985	1
00172213060	1
00172213160	1
00172240710	1
00172240760	1
00172240780	1
00172241610	1
00172241660	1
00172241680	1
00172290710	1
00172290760	1
00172290780	1
00172290810	1
00172290860	1
00172290880	1
00172292960	1
00172292980	1
00172293160	1
00172293180	1
00172293260	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00172293270	1
00172295060	1
00172295080	1
00172298448	1
00172298548	1
00172298570	1
00172300760	1
00172362648	1
00172362670	1
00172364870	1
00172364910	1
00172364960	1
00172364970	1
00172365060	1
00172365070	1
00172366860	1
00172366960	1
00172375473	1
00172375710	1
00172375760	1
00172375770	1
00172375810	1
00172375860	1
00172375870	1
00172375880	1
00172375900	1
00172375910	1
00172375960	1
00172375970	1
00172375980	1
00172376000	1
00172376010	1
00172376060	1
00172376070	1
00172376080	1
00172376110	1
00172376160	1
00172376170	1
00172376200	1
00172376260	1
00172376270	1
00172392560	1
00172392570	1
00172392660	1
00172392670	1
00172392760	1
00172392770	1
00172405843	1
00172405848	1
00172405860	1
00172405948	1
00172406760	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00172406860	1
00172406965	1
00172407360	1
00172407370	1
00172407460	1
00172407470	1
00172409660	1
00172409680	1
00172409760	1
00172409780	1
00172419560	1
00172419580	1
00172419610	1
00172419660	1
00172419760	1
00172419860	1
00172421760	1
00172422660	1
00172422760	1
00172423260	1
00172423360	1
00172423460	1
00172426760	1
00172426770	1
00172426860	1
00172428000	1
00172428010	1
00172428060	1
00172428070	1
00172428560	1
00172428660	1
00172428670	1
00172433060	1
00172433080	1
00172433110	1
00172433160	1
00172433180	1
00172434660	1
00172434670	1
00172435600	1
00172435610	1
00172435660	1
00172435670	1
00172435680	1
00172435749	1
00172435770	1
00172435846	1
00172435860	1
00172436060	1
00172436300	1
00172436310	1
00172436360	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00172436380	1
00172436410	1
00172436460	1
00172436470	1
00172436510	1
00172436560	1
00172436570	1
00172436660	1
00172438100	1
00172438170	1
00172439160	1
00172443049	1
00172443059	1
00172443149	1
00172443160	1
00172443210	1
00172443260	1
00172443280	1
00172443510	1
00172443560	1
00172443570	1
00172444060	1
00172444160	1
00172444170	1
00172444260	1
00172444300	1
00172444360	1
00172444460	1
00172451070	1
00172462660	1
00172462670	1
00172474110	1
00172474160	1
00172474170	1
00172474185	1
00172474210	1
00172480460	1
00172480470	1
00172480560	1
00172480570	1
00172480660	1
00172487010	1
00172487060	1
00172487080	1
00172496058	1
00172498070	1
00172503200	1
00172503210	1
00172503260	1
00172503270	1
00172503300	1
00172503310	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00172503360	1
00172503370	1
00172503410	1
00172503460	1
00172503470	1
00172524060	1
00172524160	1
00172531110	1
00172531160	1
00172531200	1
00172531210	1
00172531260	1
00172531270	1
00172531310	1
00172531360	1
00172535210	1
00172536160	1
00172536260	1
00172536360	1
00172541000	1
00172541010	1
00172541046	1
00172541060	1
00172541100	1
00172541110	1
00172541146	1
00172541160	1
00172541211	1
00172541279	1
00172541310	1
00172541346	1
00172541360	1
00172562360	1
00172565649	1
00172565760	1
00172566360	1
00172566370	1
00172566460	1
00172566470	1
00172566560	1
00172566570	1
00172567280	1
00172567310	1
00172567410	1
00172567510	1
00172567570	1
00172567646	1
00172571060	1
00172571160	1
00172571170	1
00172571210	1
00172571260	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00172572810	1
00172572860	1
00172572870	1
00172572880	1
00172572910	1
00172572960	1
00172572970	1
00172635900	1
00172635910	1
00172635960	1
00172635970	1
00172640544	1
00172640549	1
00172640649	1
00172640659	1
00172640744	1
00172711760	1
00172711770	1
00172717149	1
00172717160	1
00172717170	1
00172731046	1
00172731146	0
00172731246	1
00172731320	1
00172740310	1
00172740342	1
00172740442	1
00172740622	1
00172740722	1
00172740726	1
00172740822	1
00172741470	1
00172742021	1
00172771146	1
00172771160	1
00173004535	0
00173013555	0
00173017755	0
00173017855	0
00173020155	0
00173024255	0
00173024256	0
00173024275	0
00173024955	0
00173024956	0
00173024975	0
00173024980	0
00173034414	0
00173034417	0
00173034442	0
00173036238	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00173036300	0
00173036301	0
00173037710	0
00173038354	0
00173038700	0
00173038879	0
00173039340	0
00173039400	0
00173042301	0
00173042304	0
00173044100	0
00173044200	0
00173044202	0
00173044600	0
00173044700	0
00173044801	0
00173044902	0
00173045301	0
00173047001	0
00173047100	0
00173047800	0
00173047900	0
00173051700	0
00173051801	0
00173051900	0
00173052000	0
00173052100	0
00173052300	0
00173052400	0
00173052600	0
00173052700	0
00173054700	0
00173055601	0
00173055602	0
00173056100	0
00173056200	0
00173056504	0
00173056510	0
00173056900	0
00173059401	0
00173059402	0
00173059500	0
00173060002	0
00173060102	0
00173060202	0
00173063302	0
00173063310	0
00173063535	0
00173064255	0
00173064360	0
00173064460	0
00173066100	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00173066101	0
00173066200	0
00173066300	0
00173066518	0
00173067501	0
00173067502	0
00173067601	0
00173068101	0
00173068200	0
00173068220	0
00173068221	0
00173068254	0
00173068281	0
00173069005	0
00173069100	0
00173069500	0
00173069600	0
00173069700	0
00173070800	0
00173071204	0
00173071215	0
00173071225	0
00173071325	0
00173071400	0
00173071500	0
00173071520	0
00173071522	0
00173071600	0
00173071620	0
00173071622	0
00173071700	0
00173071720	0
00173071722	0
00173071800	0
00173071820	0
00173071900	0
00173071920	0
00173072000	0
00173072020	0
00173072100	0
00173072200	0
00173073001	0
00173073002	0
00173073101	0
00173073400	0
00173073500	0
00173073601	0
00173073701	0
00173073902	0
00173074000	0
00173074100	0
00173074110	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00173074200	0
00173075000	0
00173075200	0
00173075300	0
00173075400	0
00173075500	0
00173075600	0
00173075700	0
00173075900	0
00173076000	0
00173077202	0
00173077402	0
00173077602	0
00173077702	0
00173077800	0
00173078301	0
00173078302	0
00173078401	0
00173078501	0
00173078601	0
00173078801	0
00173078901	0
00173079001	0
00173079002	0
00173079102	0
00173079420	0
00173080409	0
00173080805	0
00173080913	0
00173080959	0
00173081728	0
00173088025	0
00173093308	0
00173093310	0
00173093356	0
00173094555	0
00173094755	0
00173094955	0
00173095396	0
00173099155	0
00173300101	1
00178008390	0
00178008990	0
00178061001	0
00178061501	0
00178081230	0
00178082930	0
00178085990	0
00178086630	0
00178088030	0
00178088530	0
00178089330	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00178089830	0
00178090001	0
00178825040	0
00178850020	0
00178850060	0
00182001740	1
00182011289	1
00182028710	1
00182049210	1
00182050710	1
00182055489	1
00182055689	1
00182067989	1
00182103589	1
00182108689	1
00182116100	1
00182116189	1
00182117089	1
00182121851	1
00182123389	1
00182125989	1
00182126089	1
00182128989	1
00182129789	1
00182139545	1
00182153589	1
00182170189	1
00182175401	1
00182181089	1
00182186489	1
00182194989	1
00182263101	1
00182265901	1
00182268926	1
00182269401	1
00182272136	1
00182506651	1
00182506851	1
00182602240	1
00182607240	1
00182607558	1
00182608837	1
00182609667	1
00182710011	1
00182820289	1
00182820300	1
00182822289	1
00182822889	1
00182822989	1
00182823089	1
00182823489	1
00182823500	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00182823589	1
00182823789	1
00185001001	1
00185001005	1
00185001701	1
00185001901	1
00185002010	1
00185002030	1
00185002201	1
00185002501	1
00185002510	1
00185002701	1
00185002705	1
00185003201	1
00185003210	1
00185003410	1
00185003451	1
00185003601	1
00185003901	1
00185003930	1
00185004001	1
00185004109	1
00185004110	1
00185004209	1
00185004210	1
00185004301	1
00185004709	1
00185004710	1
00185004801	1
00185004805	1
00185005301	1
00185005305	1
00185005501	1
00185005730	1
00185006301	1
00185006305	1
00185006310	1
00185006401	1
00185006405	1
00185006410	1
00185006501	1
00185006505	1
00185006510	1
00185007001	1
00185007010	1
00185007060	1
00185007201	1
00185007210	1
00185007260	1
00185007401	1
00185007410	1
00185007460	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00185008001	1
00185008401	1
00185008501	1
00185009101	1
00185009105	1
00185009110	1
00185009301	1
00185009305	1
00185009310	1
00185009401	1
00185009410	1
00185010101	1
00185010110	1
00185010201	1
00185010210	1
00185010301	1
00185010310	1
00185010401	1
00185010410	1
00185010601	1
00185011101	1
00185011201	1
00185011205	1
00185011505	1
00185011701	1
00185011705	1
00185011801	1
00185011805	1
00185012201	1
00185012210	1
00185012360	1
00185012401	1
00185012701	1
00185012801	1
00185012805	1
00185012901	1
00185012905	1
00185013001	1
00185013401	1
00185013410	1
00185013901	1
00185014001	1
00185014010	1
00185014101	1
00185014105	1
00185014405	1
00185014409	1
00185014460	1
00185014501	1
00185014505	1
00185014601	1
00185014605	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00185014701	1
00185014710	1
00185014750	1
00185014901	1
00185015005	1
00185015060	1
00185015101	1
00185015201	1
00185015210	1
00185015330	1
00185015501	1
00185015601	1
00185015701	1
00185015705	1
00185017001	1
00185017101	1
00185017105	1
00185017201	1
00185017210	1
00185017301	1
00185017310	1
00185017401	1
00185017701	1
00185017709	1
00185019301	1
00185019560	1
00185019660	1
00185019901	1
00185020001	1
00185020401	1
00185020501	1
00185020510	1
00185021001	1
00185021010	1
00185021101	1
00185021210	1
00185021230	1
00185021301	1
00185021305	1
00185021401	1
00185021501	1
00185021653	1
00185022101	1
00185022105	1
00185022210	1
00185022230	1
00185022305	1
00185022360	1
00185026530	1
00185027101	1
00185027260	1
00185027560	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00185027701	1
00185028101	1
00185028110	1
00185028201	1
00185028210	1
00185028301	1
00185028310	1
00185028401	1
00185030001	1
00185030030	1
00185031101	1
00185031110	1
00185034101	1
00185034201	1
00185037101	1
00185037110	1
00185037201	1
00185037301	1
00185040101	1
00185040401	1
00185041001	1
00185041005	1
00185041060	1
00185041501	1
00185041505	1
00185041552	1
00185041560	1
00185044201	1
00185044801	1
00185044810	1
00185045101	1
00185047053	1
00185050501	1
00185050505	1
00185055030	1
00185055083	1
00185061301	1
00185061305	1
00185061501	1
00185061505	1
00185064401	1
00185064410	1
00185064701	1
00185064710	1
00185064901	1
00185064910	1
00185070101	1
00185070105	1
00185070130	1
00185070401	1
00185070405	1
00185070430	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00185070701	1
00185070705	1
00185070730	1
00185071301	1
00185071305	1
00185071401	1
00185072001	1
00185072005	1
00185072060	1
00185072401	1
00185072405	1
00185073601	1
00185074901	1
00185075701	1
00185077101	1
00185077130	1
00185077401	1
00185077430	1
00185079901	1
00185079905	1
00185079930	1
00185079960	1
00185080101	1
00185080130	1
00185080501	1
00185081001	1
00185081053	1
00185081553	0
00185082001	1
00185082005	1
00185093230	1
00185093330	1
00185093997	1
00185093998	1
00185094097	1
00185094098	1
00185099801	1
00185099810	1
00185111160	1
00185112505	1
00185112588	1
00185121760	1
00185123501	1
00185123560	1
00185130401	1
00185210001	1
00185405701	1
00185434601	1
00185435001	1
00185435010	1
00185435030	1
00185435101	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00185440010	1
00185440023	1
00185440051	1
00185441601	1
00185441605	1
00185500001	1
00185500010	1
00185505001	1
00185515601	1
00185517401	1
00185517460	1
00185525401	1
00185536809	1
00185536830	1
00185536909	1
00185536930	1
00185538076	1
00185538088	1
00185540001	1
00185540010	1
00185540033	1
00185560001	1
00185710001	1
00185710010	1
00185720370	1
00185720670	1
00185720969	1
00185721268	1
00185732213	1
00185732230	1
00185732260	1
00185740085	1
00186000431	0
00186000831	0
00186001628	0
00186001631	0
00186001654	0
00186003228	0
00186003231	0
00186003254	0
00186014501	0
00186016228	0
00186016254	0
00186021003	0
00186032228	0
00186032254	0
00186032454	0
00186033001	0
00186036001	0
00186037020	0
00186037220	0
00186042504	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00186045058	0
00186051060	0
00186052039	0
00186052060	0
00186060631	0
00186061001	0
00186062501	0
00186070210	0
00186074231	0
00186074282	0
00186074331	0
00186074368	0
00186074382	0
00186091542	0
00186091612	0
00186091706	0
00186103101	0
00186103301	1
00186107008	0
00186108805	0
00186108839	0
00186109005	0
00186109039	0
00186109205	0
00186109405	0
00186198804	0
00186198904	0
00186199004	0
00186401001	0
00186402001	0
00186404001	0
00186502031	0
00186502054	0
00186502082	0
00186504031	0
00186504054	0
00186504082	0
00186504228	0
00186602001	0
00186730005	1
00186730105	1
00186730205	1
00186730305	1
00187000301	0
00187024503	0
00187024504	0
00187040231	0
00187045302	0
00187065042	0
00187065820	0
00187065920	0
00187084201	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00187084401	0
00187090101	0
00187090201	0
00187093801	0
00187093901	0
00187122103	0
00187200601	0
00187301030	0
00187301220	0
00187301330	0
00187310010	0
00187320447	0
00187375110	0
00187395364	1
00187410010	0
00206885216	0
00206885416	0
00206885516	0
00206885910	0
00206886101	0
00206886102	0
00223197101	1
00225029515	1
00225029520	1
00228202310	1
00228202696	1
00228202710	1
00228202750	1
00228202796	1
00228202896	1
00228202910	1
00228202950	1
00228202996	1
00228203110	1
00228203150	1
00228203196	1
00228203910	1
00228203950	1
00228205710	1
00228205750	1
00228205910	1
00228205950	1
00228206310	1
00228206350	1
00228206710	1
00228206910	1
00228206950	1
00228207310	1
00228207610	1
00228207650	1
00228207710	1
00228207750	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00228210103	1
00228210111	1
00228212710	1
00228212750	1
00228212810	1
00228212850	1
00228212910	1
00228214310	1
00228214396	1
00228217511	1
00228217611	1
00228217711	1
00228217811	1
00228222196	1
00228222296	1
00228226910	1
00228226950	1
00228234810	1
00228249710	1
00228253010	1
00228253810	1
00228253850	1
00228253910	1
00228253950	1
00228253996	1
00228254010	1
00228254050	1
00228254096	1
00228255006	1
00228255011	1
00228255096	1
00228255106	1
00228255111	1
00228255196	1
00228257111	1
00228257196	1
00228257703	1
00228257709	1
00228257750	1
00228257773	1
00228257803	1
00228257809	1
00228257850	1
00228257873	1
00228257903	1
00228257909	1
00228257950	1
00228258803	1
00228258809	1
00228258850	1
00228258873	1
00228259711	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00228259796	1
00228259911	1
00228259950	1
00228262011	1
00228263111	1
00228263211	1
00228263306	1
00228263406	1
00228263450	1
00228263506	1
00228263550	1
00228263611	1
00228263650	1
00228263711	1
00228263750	1
00228264411	1
00228264511	1
00228266511	1
00228266550	1
00228266611	1
00228266650	1
00228266711	1
00228266750	1
00228267211	1
00228267250	1
00228267311	1
00228267350	1
00228269511	1
00228269550	1
00228269611	1
00228269650	1
00228269711	1
00228269750	1
00228271711	1
00228272103	1
00228272150	1
00228272203	1
00228272209	1
00228272303	1
00228272309	1
00228272396	1
00228272811	1
00228274115	1
00228274215	1
00228275111	1
00228275211	1
00228275250	1
00228275311	1
00228275350	1
00228275611	1
00228275711	1
00228277811	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00228277850	1
00228277911	1
00228277950	1
00228278011	1
00228278050	1
00228278111	1
00228278150	1
00228280111	1
00228280311	1
00228280350	1
00228282011	1
00228283711	1
00228288810	1
00228288850	1
00228288910	1
00228288950	1
00228289803	1
00228289910	1
00228289950	1
00228289996	1
00228290010	1
00228290011	1
00228290050	1
00228290096	1
00228299611	1
00228300311	1
00228300350	1
00228300411	1
00228300450	1
00228300511	1
00228300550	1
00228305611	1
00228308306	1
00228308406	1
00228308606	1
00228308706	1
00228348111	1
00228348150	1
00228401911	1
00228402211	1
00228402411	1
00228402511	1
00228402911	1
00245000308	0
00245000331	0
00245000835	1
00245002701	1
00245002711	1
00245002715	1
00245003501	1
00245003530	1
00245003623	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00245003642	1
00245003660	1
00245003701	0
00245003730	0
00245003901	1
00245003930	1
00245004001	1
00245004011	1
00245004015	1
00245004055	1
00245004101	1
00245004111	1
00245004115	1
00245004155	1
00245004300	1
00245005701	1
00245005710	1
00245005711	1
00245005790	1
00245005801	1
00245005810	1
00245005811	1
00245005815	1
00245005890	1
00245006711	0
00245007011	1
00245007111	1
00245008011	1
00245008411	1
00245008510	1
00245008511	1
00245008611	1
00245008711	1
00245011112	1
00245011212	1
00245011224	1
00245014401	0
00245014430	0
00245014701	1
00245014715	1
00245014760	1
00245014790	1
00245015001	0
00245015011	0
00245015560	0
00245016806	1
00245016812	1
00245016901	0
00245017730	0
00245017830	0
00245018001	1
00245018011	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00245018015	1
00245018101	1
00245018111	1
00245018115	1
00245018201	1
00245018211	1
00245018215	1
00245018311	1
00245018830	0
00245019030	0
00245019111	0
00245021111	1
00245021211	1
00245021311	1
00245024210	1
00245024311	1
00245027111	1
00245027201	1
00245027206	1
00245086070	1
00245088030	0
00245088130	0
00245088230	0
00247000601	1
00247001221	1
00247005200	1
00247006201	1
00247006402	0
00247008800	1
00247009303	1
00247010010	1
00247013610	1
00247022310	1
00247050904	0
00247051230	1
00247109130	0
00256018504	0
00256018505	0
00256020301	0
00258358101	1
00258358105	1
00258358110	1
00258358301	1
00258358305	1
00258358310	1
00258358401	1
00258358405	1
00258361301	1
00258362501	1
00258365401	1
00258365405	1
00258367801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00258368790	1
00258368890	1
00258368990	1
00258369090	1
00258369190	1
00258369290	1
00258369501	1
00258369601	1
00258369701	1
00259412603	0
00259412604	0
00259412609	0
00259412615	0
00259412630	0
00259412660	0
00259412690	0
00259477020	0
00259477040	0
00259477060	0
00259477090	0
00264151031	1
00264151032	1
00264151036	1
00264180031	1
00264180032	1
00264191500	0
00264210100	1
00264210110	1
00264220100	1
00264220110	1
00264220150	1
00264230400	0
00264315311	0
00264315511	0
00264553532	0
00264580832	1
00264751010	1
00264751020	1
00264761200	1
00264761210	1
00264763400	1
00264763500	1
00264764500	0
00264775000	0
00264780000	1
00264780010	1
00264780020	1
00264780200	1
00264785010	1
00268024805	0
00277016001	0
00277018201	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00281032630	1
00281032660	1
00281313117	0
00281313123	0
00288110610	1
00288220301	1
00288220302	1
00288220310	1
00288552323	1
00299201210	0
00299362560	0
00299363060	0
00299364008	0
00299364508	0
00299367008	0
00299382004	0
00299382060	0
00299382230	0
00299383545	0
00299383645	0
00299383802	0
00299383901	0
00299384704	0
00299384802	0
00299384804	0
00299384902	0
00299384904	0
00299450040	0
00299450075	0
00299550004	0
00299576500	0
00299576503	0
00299576504	0
00299577001	0
00299577501	0
00299590845	0
00299591045	0
00299591202	0
00299591545	0
00299591845	0
00299596002	0
00300154111	0
00300154130	0
00300154311	0
00300154330	0
00300154411	0
00300154430	0
00300210801	0
00300304611	0
00300304613	0
00300304619	0
00300334601	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00300361228	0
00300364101	0
00300364201	0
00300366301	0
00300368301	0
00300370201	0
00300730930	0
00300731130	0
00310010110	0
00310010510	0
00310010710	0
00310011510	0
00310011710	0
00310013010	0
00310013011	0
00310013110	0
00310013111	0
00310013210	0
00310013211	0
00310013310	0
00310013410	0
00310013411	0
00310013510	0
00310014110	0
00310014111	0
00310014210	0
00310014510	0
00310014511	0
00310020130	0
00310020137	0
00310020150	0
00310020860	0
00310020920	0
00310021020	0
00310021125	0
00310021321	0
00310027110	0
00310027139	0
00310027210	0
00310027239	0
00310027439	0
00310027460	0
00310027510	0
00310027534	0
00310027539	0
00310027810	0
00310027834	0
00310027839	0
00310027910	0
00310027939	0
00310028039	0
00310028060	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00310028139	0
00310028160	0
00310028239	0
00310028260	0
00310028339	0
00310028355	0
00310028360	0
00310028439	0
00310028460	0
00310032130	0
00310032520	0
00310040160	0
00310040260	0
00310048230	0
00310070510	0
00310070530	0
00310070539	0
00310072050	0
00310075139	0
00310075190	0
00310075239	0
00310075290	0
00310075430	0
00310075590	0
00310095036	0
00310095130	0
00316012301	0
00316017001	1
00316017003	1
00327001105	0
00338000344	1
00338000402	1
00338000403	1
00338000404	1
00338001304	1
00338001306	1
00338001702	1
00338001703	1
00338001704	1
00338001711	1
00338001718	1
00338004304	1
00338004403	1
00338004724	1
00338004746	1
00338004747	1
00338004802	1
00338004803	1
00338004804	1
00338004805	1
00338004901	1
00338004902	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00338004903	1
00338004904	1
00338004911	1
00338004918	1
00338004931	1
00338004938	1
00338004941	1
00338004948	1
00338005403	1
00338008503	1
00338008504	1
00338008904	1
00338011704	0
00338012504	1
00338050206	0
00338051903	1
00338051948	1
00338055111	1
00338055118	1
00338055311	1
00338055318	1
00338065604	0
00338067104	1
00338069104	1
00338101541	0
00338101948	0
00338102541	0
00338105548	1
00338107702	0
00338130141	0
00338130148	0
00338176241	0
00338355148	0
00338355248	0
00338500241	1
00338500341	1
00338604537	1
00338630402	1
00338630404	1
00378000101	1
00378001401	1
00378001450	1
00378001801	1
00378001805	1
00378001891	1
00378002301	1
00378002305	1
00378002701	1
00378002801	1
00378003001	1
00378003005	1
00378003201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378003210	1
00378004001	1
00378004005	1
00378004201	1
00378004501	1
00378004505	1
00378004701	1
00378004710	1
00378005201	1
00378005301	1
00378005501	1
00378006001	1
00378006901	1
00378006905	1
00378007001	1
00378007301	1
00378007601	1
00378007801	1
00378008001	1
00378008010	1
00378008101	1
00378008301	1
00378008401	1
00378008501	1
00378008601	1
00378008701	1
00378008801	1
00378009201	1
00378009301	1
00378009305	1
00378009401	1
00378009601	1
00378009901	1
00378010110	1
00378010205	1
00378012701	1
00378013001	1
00378013501	1
00378013505	1
00378013701	1
00378013710	1
00378014101	1
00378014105	1
00378014301	1
00378014310	1
00378014405	1
00378014491	1
00378014701	1
00378014705	1
00378015001	1
00378015201	1
00378015210	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378015501	1
00378015505	1
00378015601	1
00378016001	1
00378016201	1
00378018101	1
00378018105	1
00378018201	1
00378018210	1
00378018301	1
00378018310	1
00378018401	1
00378018410	1
00378018501	1
00378018505	1
00378018601	1
00378018610	1
00378019701	1
00378019705	1
00378019901	1
00378020801	1
00378020810	1
00378020893	1
00378021001	1
00378021010	1
00378021101	1
00378021105	1
00378021301	1
00378021310	1
00378021401	1
00378021410	1
00378021501	1
00378021601	1
00378021610	1
00378021693	1
00378021701	1
00378021801	1
00378021810	1
00378022101	1
00378022201	1
00378022210	1
00378022677	1
00378023101	1
00378023110	1
00378023201	1
00378023205	1
00378023293	1
00378023401	1
00378023405	1
00378023701	1
00378024001	1
00378024301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378024305	1
00378024393	1
00378024401	1
00378024501	1
00378025301	1
00378025305	1
00378025477	1
00378025501	1
00378025505	1
00378025701	1
00378025710	1
00378026101	1
00378027101	1
00378027105	1
00378027277	1
00378027401	1
00378027493	1
00378027701	1
00378030201	1
00378030501	1
00378031001	1
00378031301	1
00378031401	1
00378031593	1
00378031701	1
00378031705	1
00378032101	1
00378032105	1
00378032701	1
00378032710	1
00378033001	1
00378033005	1
00378033401	1
00378033501	1
00378034493	1
00378034501	1
00378034505	1
00378034701	1
00378035001	1
00378035101	1
00378035110	1
00378035201	1
00378035205	1
00378035501	1
00378035701	1
00378035705	1
00378037001	1
00378037201	1
00378037205	1
00378037301	1
00378037701	1
00378037705	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378040701	1
00378041101	1
00378041105	1
00378041201	1
00378041401	1
00378041501	1
00378041510	1
00378041577	1
00378041701	1
00378042101	1
00378042105	1
00378042401	1
00378042701	1
00378043301	1
00378043401	1
00378043501	1
00378043701	1
00378044101	1
00378044201	1
00378044205	1
00378044301	1
00378044401	1
00378044501	1
00378044701	1
00378045101	1
00378045105	1
00378045701	1
00378045710	1
00378046001	0
00378046401	0
00378047101	1
00378047201	1
00378047205	1
00378047301	1
00378047305	1
00378047701	1
00378047705	1
00378048001	1
00378048030	1
00378048101	1
00378048130	1
00378049401	1
00378050101	1
00378050110	1
00378050301	1
00378050501	1
00378050505	1
00378050701	1
00378051201	1
00378051210	1
00378052301	1
00378052393	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378052401	1
00378052493	1
00378052501	1
00378053101	1
00378054101	1
00378054277	1
00378054377	1
00378054477	1
00378055101	1
00378055277	1
00378055477	1
00378055501	1
00378055505	1
00378057201	1
00378057205	1
00378057401	1
00378057405	1
00378057701	1
00378057705	1
00378061101	1
00378061110	1
00378061201	1
00378061401	1
00378061601	1
00378061610	1
00378061801	1
00378071101	1
00378071110	1
00378071201	1
00378071501	1
00378072205	1
00378072219	1
00378072301	1
00378072405	1
00378072419	1
00378073101	1
00378075101	1
00378075105	1
00378075110	1
00378075193	1
00378075201	1
00378075301	1
00378075305	1
00378075501	1
00378075505	1
00378075701	1
00378075710	1
00378075793	1
00378077101	1
00378077105	1
00378077193	1
00378077201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378077205	1
00378077701	1
00378081001	1
00378081005	1
00378081093	1
00378082501	1
00378086001	1
00378086005	1
00378087199	1
00378087299	1
00378087399	1
00378097201	1
00378100101	1
00378100501	1
00378101001	1
00378101201	1
00378102005	1
00378102077	1
00378104301	1
00378104401	1
00378104501	1
00378104505	1
00378104901	1
00378104910	1
00378105101	1
00378105105	1
00378105201	1
00378105210	1
00378105301	1
00378105310	1
00378105401	1
00378105405	1
00378106601	1
00378106605	1
00378108901	1
00378108905	1
00378110101	1
00378110110	1
00378110501	1
00378110505	1
00378111001	1
00378111005	1
00378111301	1
00378112001	1
00378112093	1
00378112501	1
00378112510	1
00378113201	1
00378113210	1
00378113301	1
00378113401	1
00378114001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378114005	1
00378114201	1
00378115001	1
00378115005	1
00378116001	1
00378116580	1
00378116591	1
00378117101	1
00378117110	1
00378117591	1
00378118001	1
00378118005	1
00378119001	1
00378120001	1
00378135201	1
00378135205	1
00378135501	1
00378135505	1
00378140001	1
00378141001	1
00378141101	1
00378141105	1
00378141177	1
00378141910	1
00378141977	1
00378143005	1
00378143077	1
00378145201	1
00378145205	1
00378145401	1
00378145405	1
00378145801	1
00378145805	1
00378145877	1
00378153356	1
00378153383	1
00378153453	1
00378153459	1
00378156001	1
00378156010	1
00378157001	1
00378161001	1
00378161005	1
00378162001	1
00378162005	1
00378165001	1
00378165005	1
00378170001	1
00378170005	1
00378173001	1
00378174389	1
00378174589	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378180001	1
00378180005	1
00378180010	1
00378180301	1
00378180310	1
00378180501	1
00378180510	1
00378180701	1
00378180705	1
00378180710	1
00378180901	1
00378180910	1
00378181101	1
00378181105	1
00378181110	1
00378181301	1
00378181310	1
00378181501	1
00378181510	1
00378181701	1
00378181710	1
00378181901	1
00378181910	1
00378182101	1
00378182105	1
00378182301	1
00378182310	1
00378190101	1
00378190201	1
00378190301	1
00378191001	1
00378191010	1
00378191077	1
00378191201	1
00378191210	1
00378191401	1
00378191405	1
00378200201	1
00378200305	1
00378200393	1
00378200405	1
00378200493	1
00378200693	1
00378200877	1
00378200905	1
00378201201	1
00378202001	1
00378202005	1
00378202501	1
00378204201	1
00378204293	1
00378206301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378206401	1
00378206493	1
00378207201	1
00378207301	1
00378207310	1
00378207401	1
00378207410	1
00378207501	1
00378207510	1
00378207601	1
00378207605	1
00378207701	1
00378210001	1
00378210005	1
00378212001	1
00378212093	1
00378214601	1
00378214605	1
00378215001	1
00378218001	1
00378218005	1
00378220001	1
00378220005	1
00378222201	1
00378222301	1
00378222401	1
00378225001	1
00378226001	1
00378226401	1
00378226801	1
00378230201	1
00378230210	1
00378232101	1
00378232105	1
00378232501	1
00378240101	1
00378240201	1
00378240501	1
00378241001	1
00378245701	1
00378245710	1
00378247401	1
00378250010	1
00378250077	1
00378250093	1
00378251693	1
00378252093	1
00378253701	1
00378253710	1
00378258601	1
00378258610	1
00378258701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378258801	1
00378261001	1
00378261010	1
00378262501	1
00378262510	1
00378265001	1
00378265010	1
00378267001	0
00378267093	0
00378267501	1
00378267593	1
00378268501	1
00378268593	1
00378269501	1
00378269593	1
00378272191	1
00378272291	1
00378272391	1
00378277701	1
00378277705	1
00378297991	1
00378298091	1
00378300001	1
00378300005	1
00378300501	1
00378300510	1
00378300701	1
00378300710	1
00378301201	1
00378301210	1
00378301701	1
00378302001	1
00378302005	1
00378302201	1
00378302301	1
00378302401	1
00378302405	1
00378302501	1
00378304001	1
00378305001	1
00378307501	1
00378311001	1
00378312093	1
00378312501	1
00378312510	1
00378313101	1
00378313201	1
00378313301	1
00378315101	1
00378315177	1
00378315193	1
00378320501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378320525	1
00378324101	1
00378324201	1
00378324301	1
00378325001	1
00378326694	1
00378328691	1
00378328891	1
00378334999	1
00378335099	1
00378335199	1
00378335299	1
00378336099	1
00378336199	1
00378341101	1
00378341201	1
00378341301	1
00378341305	1
00378342201	1
00378347101	1
00378347201	1
00378347210	1
00378347301	1
00378347401	1
00378347501	1
00378347530	1
00378348201	1
00378348230	1
00378349501	1
00378350205	1
00378350291	1
00378350505	1
00378350591	1
00378351105	1
00378351191	1
00378351205	1
00378351291	1
00378351305	1
00378351391	1
00378351491	1
00378351510	1
00378351593	1
00378353005	1
00378353093	1
00378354505	1
00378354593	1
00378354725	1
00378354752	1
00378356601	1
00378356701	1
00378356822	1
00378356893	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378356899	1
00378356922	1
00378356993	1
00378356999	1
00378360101	1
00378360110	1
00378360210	1
00378361101	1
00378361110	1
00378361201	1
00378361301	1
00378363101	1
00378363105	1
00378363201	1
00378363205	1
00378363301	1
00378363305	1
00378363401	1
00378363405	1
00378375001	0
00378375093	0
00378400101	1
00378400105	1
00378400177	1
00378400301	1
00378400305	1
00378400377	1
00378400501	1
00378400505	1
00378400577	1
00378400701	1
00378401001	1
00378401005	1
00378401101	1
00378401201	1
00378401301	1
00378402101	1
00378402201	1
00378402401	1
00378402801	1
00378407001	1
00378412201	1
00378412401	1
00378415101	1
00378415105	1
00378417501	1
00378418601	1
00378418605	1
00378418693	1
00378418701	1
00378418705	1
00378418793	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378418801	1
00378418805	1
00378418893	1
00378421001	1
00378422001	1
00378425001	1
00378425010	1
00378425101	1
00378425105	1
00378425201	1
00378425205	1
00378425391	1
00378425405	1
00378425491	1
00378427505	1
00378427577	1
00378427593	1
00378427605	1
00378427677	1
00378427693	1
00378429601	1
00378429693	1
00378429701	1
00378429793	1
00378429801	1
00378429893	1
00378435093	1
00378441501	1
00378441505	1
00378443001	1
00378443005	1
00378447201	1
00378447205	1
00378455101	1
00378455301	1
00378472501	1
00378473501	1
00378474501	1
00378477501	1
00378488101	1
00378488201	1
00378488301	1
00378488401	1
00378488501	1
00378501001	1
00378501010	1
00378501101	1
00378501105	1
00378501201	1
00378501205	1
00378501301	1
00378501305	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378502191	1
00378502291	1
00378502391	1
00378502491	1
00378504191	1
00378504291	1
00378504391	1
00378505001	1
00378505005	1
00378505101	1
00378505201	1
00378505301	1
00378510501	1
00378511001	1
00378512301	1
00378512401	1
00378512501	1
00378515005	1
00378515091	1
00378520001	1
00378520805	1
00378520877	1
00378520905	1
00378520977	1
00378521005	1
00378521077	1
00378521193	1
00378522001	1
00378522005	1
00378522205	1
00378522293	1
00378528001	1
00378528005	1
00378530093	1
00378530501	1
00378530505	1
00378531001	1
00378531005	1
00378534001	1
00378534005	1
00378537501	1
00378537510	1
00378541028	1
00378542028	1
00378550101	1
00378550201	1
00378550301	1
00378550401	1
00378550501	1
00378552101	1
00378552501	1
00378555001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378561305	1
00378561378	1
00378561505	1
00378561578	1
00378561705	1
00378561778	1
00378561991	1
00378563059	1
00378563159	1
00378563259	1
00378571001	1
00378571093	1
00378575001	1
00378600401	1
00378600405	1
00378600901	1
00378600905	1
00378601001	1
00378601005	1
00378601501	1
00378602001	1
00378602005	1
00378602101	1
00378602201	1
00378602389	1
00378603405	1
00378603477	1
00378606001	1
00378607401	1
00378607405	1
00378609001	1
00378609701	1
00378609705	1
00378610105	1
00378610191	1
00378610205	1
00378610291	1
00378610305	1
00378610391	1
00378610505	1
00378610591	1
00378610691	1
00378612001	1
00378612493	1
00378613106	1
00378614144	1
00378614145	1
00378615001	1
00378615010	1
00378615077	1
00378615093	1
00378615146	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378615149	0
00378616001	1
00378617201	1
00378617301	1
00378617401	1
00378618001	1
00378618005	1
00378620101	1
00378620201	1
00378620301	1
00378622001	1
00378623101	1
00378623105	1
00378623201	1
00378623205	1
00378623301	1
00378623305	1
00378626001	1
00378628001	1
00378628010	1
00378628101	1
00378632001	1
00378632093	1
00378638001	1
00378638093	1
00378641001	1
00378641010	1
00378644001	1
00378644093	1
00378651091	1
00378652005	1
00378652091	1
00378654005	1
00378654091	1
00378660501	1
00378660505	1
00378661001	1
00378661005	1
00378661193	1
00378661293	1
00378661488	1
00378661493	1
00378666440	1
00378666940	1
00378672501	1
00378672601	1
00378672701	1
00378672705	1
00378675082	1
00378681001	1
00378686801	1
00378686901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378690501	1
00378692501	1
00378698501	1
00378698601	1
00378698789	1
00378698858	1
00378698891	1
00378698893	1
00378698962	1
00378698964	1
00378698966	1
00378698993	1
00378699052	1
00378699058	1
00378699091	1
00378699152	1
00378699252	1
00378699393	1
00378699789	0
00378700110	1
00378700193	1
00378700210	1
00378700293	1
00378700310	1
00378700393	1
00378700410	1
00378700493	1
00378700501	1
00378701001	1
00378701705	1
00378701793	1
00378702501	1
00378705001	1
00378706501	1
00378709601	1
00378709693	1
00378709701	1
00378709801	1
00378709989	1
00378710077	1
00378710177	1
00378710301	1
00378710401	1
00378710501	1
00378710601	1
00378710701	1
00378710801	1
00378718505	1
00378718605	1
00378718705	1
00378773293	1
00378773493	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00378773497	1
00378801510	1
00378801593	1
00378803005	1
00378803077	1
00378803093	1
00378808801	1
00378808805	1
00378810491	1
00378810891	1
00378811291	1
00378811501	1
00378820001	1
00378821010	1
00378821077	1
00378822010	1
00378822077	1
00378824010	1
00378824077	1
00378825091	1
00378828005	1
00378828077	1
00378850091	1
00378850501	1
00378851001	1
00378851501	1
00378868854	1
00378904005	0
00378904505	0
00378910293	1
00378910493	1
00378911293	1
00378911693	1
00378911916	1
00378911998	1
00378912116	1
00378912198	1
00378912216	1
00378912298	1
00378912316	1
00378912398	1
00378912416	1
00378912498	1
00378929010	1
00378929091	1
00378963943	1
00386000102	0
00386000103	0
00386000104	0
00386000106	0
00386000404	0
00395061716	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00395228191	0
00395262501	0
00406035701	1
00406035705	1
00406035709	1
00406035762	1
00406035791	1
00406035801	1
00406035805	1
00406035862	1
00406035901	1
00406035905	1
00406036001	1
00406036005	1
00406036101	1
00406036105	1
00406036162	1
00406036201	1
00406036301	1
00406036305	1
00406036362	1
00406036401	1
00406036501	1
00406036562	1
00406036601	1
00406036662	1
00406036701	1
00406036705	1
00406036762	1
00406037516	1
00406048301	1
00406048310	1
00406048401	1
00406048403	1
00406048410	1
00406048420	1
00406048450	1
00406048462	1
00406048501	1
00406048505	1
00406051201	1
00406051205	1
00406051262	1
00406051291	1
00406052201	1
00406052262	1
00406052301	1
00406052362	1
00406053201	1
00406053205	1
00406054034	1
00406055201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00406055262	1
00406055401	1
00406056201	1
00406058201	1
00406059301	1
00406059401	1
00406059501	1
00406059601	1
00406066101	1
00406066105	1
00406066301	1
00406066303	1
00406066305	1
00406066362	1
00406066701	1
00406083012	1
00406083024	1
00406083030	1
00406097001	1
00406097005	1
00406112101	1
00406112110	1
00406112201	1
00406112210	1
00406112401	1
00406112410	1
00406117001	1
00406117003	1
00406142301	1
00406145101	1
00406172101	1
00406172105	1
00406172110	1
00406177201	1
00406177205	1
00406177210	1
00406177262	1
00406200103	1
00406200190	1
00406200301	1
00406202201	1
00406202210	1
00406202310	1
00406202401	1
00406202410	1
00406202801	1
00406202805	1
00406202810	1
00406202901	1
00406202905	1
00406202910	1
00406203001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00406203005	1
00406203010	1
00406204001	1
00406204101	1
00406204110	1
00406204616	1
00406205001	1
00406205101	1
00406205105	1
00406205201	1
00406205210	1
00406205301	1
00406205310	1
00406205401	1
00406205410	1
00406205501	1
00406205510	1
00406205601	1
00406205610	1
00406205701	1
00406205801	1
00406205901	1
00406206401	1
00406206410	1
00406206503	1
00406206590	1
00406206610	1
00406206690	1
00406206703	1
00406206710	1
00406206790	1
00406206803	1
00406206810	1
00406206890	1
00406206990	1
00406208001	1
00406209601	1
00406209703	1
00406209705	1
00406209801	1
00406209803	1
00406209805	1
00406209890	1
00406209903	1
00406209990	1
00406218910	1
00406224701	1
00406224705	1
00406224801	1
00406324301	1
00406324401	1
00406324901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00406345434	1
00406575501	1
00406577101	1
00406577162	1
00406697434	1
00406717101	1
00406717105	1
00406800312	1
00406800315	1
00406800324	1
00406800330	1
00406831501	1
00406832001	1
00406833001	1
00406838001	1
00406838062	1
00406839001	1
00406851501	1
00406853001	1
00406855550	1
00406855830	1
00406866830	1
00406895801	1
00406895901	1
00406896101	1
00406896201	1
00406920230	1
00406920430	1
00406920630	1
00406920830	1
00406921230	1
00406921630	1
00406990603	0
00406990703	0
00406990803	0
00406991001	0
00406991003	0
00406991103	0
00406991203	0
00406991303	0
00406991501	0
00406991503	0
00406991601	0
00406992003	0
00406992103	0
00406992201	0
00406992203	0
00406992303	0
00406992403	0
00406992503	0
00406992603	0
00406993103	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00406993203	1
00406993303	1
00406993403	1
00406995903	1
00406996001	1
00409014411	1
00409080501	1
00409080601	1
00409113405	1
00409114401	1
00409114402	1
00409115170	1
00409115212	1
00409115270	1
00409115278	1
00409115901	1
00409116101	1
00409116201	1
00409116202	1
00409116301	1
00409117830	0
00409118069	0
00409118130	0
00409120120	0
00409120301	0
00409120703	1
00409121501	1
00409125301	0
00409125401	0
00409125601	1
00409125830	1
00409127332	1
00409128133	1
00409128135	1
00409128331	1
00409130431	1
00409131230	1
00409131625	0
00409140231	0
00409146401	1
00409155910	0
00409155930	0
00409156010	0
00409156029	0
00409161050	0
00409163910	1
00409176230	1
00409191833	1
00409191835	1
00409195232	1
00409196605	1
00409196607	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00409196614	1
00409198505	1
00409198530	1
00409205105	1
00409217201	1
00409226501	1
00409228721	0
00409228722	0
00409228731	0
00409228761	0
00409229031	1
00409230502	1
00409230760	1
00409230802	1
00409233610	1
00409233725	1
00409258501	0
00409258705	1
00409259603	1
00409259605	1
00409263401	1
00409263450	1
00409272003	1
00409272101	1
00409272301	1
00409272302	1
00409277602	1
00409299803	1
00409317801	1
00409321805	1
00409330703	1
00409330803	1
00409335601	1
00409336501	1
00409339732	0
00409341401	1
00409350501	1
00409350601	1
00409357801	1
00409359002	1
00409379301	1
00409379501	1
00409379561	1
00409379601	1
00409397703	1
00409401101	1
00409402702	0
00409403101	1
00409405001	1
00409405503	1
00409418703	0
00409419701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00409427001	1
00409427601	1
00409427602	1
00409427701	1
00409427702	1
00409427902	1
00409428202	1
00409433201	1
00409471302	1
00409471332	1
00409475901	1
00409476013	1
00409477601	0
00409485605	1
00409488710	1
00409488720	1
00409488750	1
00409488799	1
00409488810	1
00409488820	1
00409490234	1
00409490334	1
00409490434	0
00409568401	1
00409568523	1
00409610202	1
00409610204	1
00409610210	1
00409613803	1
00409613822	1
00409613903	1
00409613922	1
00409614309	0
00409614322	0
00409650901	1
00409651001	1
00409653301	1
00409653349	1
00409653401	1
00409653501	1
00409662502	1
00409663734	1
00409665106	1
00409665305	1
00409672924	0
00409677802	1
00409677862	1
00409678002	1
00409710167	1
00409711807	1
00409712207	1
00409713809	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00409713909	1
00409724101	1
00409733201	1
00409733304	1
00409733410	1
00409733503	1
00409733701	1
00409733801	1
00409744401	1
00409744501	1
00409771403	1
00409781124	1
00409781137	1
00409788423	1
00409790209	1
00409792202	1
00409792209	1
00409792609	1
00409792909	1
00409794109	1
00409795309	0
00409797205	1
00409797305	1
00409798302	1
00409798303	1
00409798309	1
00409798330	1
00409798436	1
00409798437	1
00409798509	1
00409799009	1
00409909332	1
00409909335	1
00409909428	1
00409913705	0
00409915701	1
00409915801	1
00414006305	1
00414006405	1
00414006436	1
00430011120	0
00430011224	0
00430011320	0
00430014514	0
00430014523	0
00430016724	0
00430019024	0
00430019124	0
00430021014	0
00430021514	0
00430022014	0
00430022323	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00430022423	1
00430022640	0
00430038924	0
00430039024	0
00430039124	0
00430043514	0
00430043614	0
00430048214	0
00430053014	0
00430054414	0
00430054423	0
00430057014	0
00430057045	0
00430058014	0
00430058045	0
00430058514	0
00430058545	0
00430072024	0
00430072124	0
00430072224	0
00430302015	0
00430302017	0
00430303015	0
00430323015	0
00430323016	0
00430324015	0
00430375414	0
00430620140	0
00430620240	0
00440707030	1
00440707060	1
00440709690	1
00440709730	1
00440709790	1
00440710130	1
00440717030	1
00440717502	1
00440724210	1
00440724328	1
00440724503	1
00440728104	1
00440729110	1
00440729114	1
00440729390	1
00440729590	1
00440729702	1
00440730004	1
00440731790	1
00440739090	1
00440742090	1
00440747390	1
00440748395	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00440748610	1
00440748730	1
00440752502	1
00440754030	1
00440754090	1
00440755520	1
00440755560	1
00440755692	1
00440757191	1
00440761330	1
00440762704	1
00440767590	1
00440767630	1
00440769060	1
00440770508	1
00440772108	1
00440772507	0
00440772514	0
00440772602	0
00440772790	1
00440772890	1
00440772990	1
00440773490	1
00440773606	1
00440773960	1
00440778445	1
00440778490	1
00440782530	1
00440787830	1
00440787860	1
00440787890	1
00440801130	1
00440811092	1
00440815630	1
00440816506	1
00440816520	1
00440816590	1
00440816612	1
00440816703	1
00440831060	1
00440832130	1
00440832190	1
00440832230	1
00440832390	1
00440832430	1
00440832490	1
00440847515	1
00440848730	1
00440857030	1
00440860830	1
00456005001	0
00456005501	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00456006001	0
00456045701	0
00456045800	0
00456045801	0
00456045863	0
00456045900	0
00456045901	0
00456045963	0
00456046001	0
00456046101	0
00456046163	0
00456046201	0
00456046301	0
00456046401	0
00456064416	0
00456067099	0
00456067299	0
00456067801	0
00456067901	0
00456069801	0
00456074413	0
00456074513	0
00456074613	0
00456132000	0
00456132001	0
00456132100	0
00456132101	0
00456132200	0
00456132201	0
00456132300	0
00456132301	0
00456132400	0
00456132401	0
00456132500	0
00456132501	0
00456132600	0
00456132601	0
00456132700	0
00456132701	0
00456132800	0
00456132801	0
00456132900	0
00456132901	0
00456133000	0
00456133001	0
00456133100	0
00456133101	0
00456140201	0
00456140230	0
00456140263	0
00456140501	0
00456140530	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00456140563	0
00456141001	0
00456141030	0
00456141063	0
00456142001	0
00456142030	0
00456150055	0
00456151060	0
00456151260	0
00456152560	0
00456155060	0
00456200501	0
00456201001	0
00456201011	0
00456201063	0
00456202001	0
00456202011	0
00456202063	0
00456210108	0
00456261230	0
00456261300	0
00456261330	0
00456261390	0
00456261400	0
00456261430	0
00456261463	0
00456261490	0
00456261500	0
00456261530	0
00456261590	0
00456261600	0
00456261630	0
00456261690	0
00456261790	0
00456315467	0
00456320014	0
00456320212	0
00456320511	0
00456320560	0
00456320563	0
00456321060	0
00456321063	0
00456333001	0
00456333060	0
00456333063	0
00456401001	0
00456402001	0
00456404001	0
00456430008	0
00456431001	1
00456432002	1
00456433001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00456520001	0
00458040010	0
00462015315	0
00462015346	0
00462015380	0
00462016215	0
00462016230	0
00462016360	0
00462026315	0
00462026360	0
00462026460	0
00462027740	1
00462029360	0
00462030160	0
00462033230	0
00462033360	0
00462034646	1
00462034803	1
00462035815	0
00462035830	0
00462035860	0
00462035930	0
00462035960	0
00462039060	0
00462039160	0
00462039204	0
00462039460	0
00462039530	1
00462039560	1
00462043404	0
00462043460	0
00463250005	1
00469002104	0
00469060773	0
00469061711	0
00469061773	0
00469065711	0
00469065773	0
00469305130	0
00469321110	0
00469325010	0
00469352530	0
00469357550	0
00469520111	0
00469520130	0
00469520160	0
00469520211	0
00469520230	0
00469520260	0
00469650189	0
00472001304	1
00472003616	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00472006708	1
00472008216	1
00472011720	1
00472011745	1
00472015015	1
00472015030	1
00472015060	1
00472015515	1
00472015530	1
00472015560	1
00472016315	1
00472016330	1
00472016630	1
00472023066	1
00472023516	1
00472024260	1
00472026150	1
00472030115	1
00472030116	1
00472030180	1
00472030615	1
00472030680	1
00472032126	1
00472033720	1
00472033730	1
00472037015	1
00472037045	1
00472037115	1
00472037145	1
00472037915	1
00472037945	1
00472038015	1
00472038045	1
00472038115	1
00472038145	1
00472038215	1
00472038245	1
00472038250	1
00472038316	1
00472046030	1
00472046060	1
00472046106	1
00472046112	1
00472046330	1
00472046360	1
00472046430	1
00472046460	1
00472046530	1
00472046560	1
00472046715	1
00472046730	1
00472046790	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00472046906	1
00472046912	1
00472047006	1
00472047012	1
00472047106	1
00472047112	1
00472051112	1
00472051124	1
00472075330	1
00472075360	1
00472075516	1
00472080216	1
00472080302	1
00472080304	1
00472082516	1
00472083123	1
00472083130	1
00472085010	1
00472088282	1
00472091145	1
00472091202	1
00472103016	1
00472127016	1
00472127094	1
00472128516	1
00472128533	1
00472132002	1
00472132016	1
00472132626	1
00472135832	1
00472136016	1
00472140016	1
00472141904	1
00472141916	1
00472162704	1
00472162716	1
00472162816	1
00472162916	1
00472163004	1
00472163016	1
00472173803	1
00472500060	1
00472500160	1
00472500208	1
00482006101	0
00482015706	0
00482015906	0
00482018110	0
00482476015	0
00482476030	0
00482477015	0
00482480014	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00482480020	0
00482480220	0
00482480420	0
00482490002	0
00485005101	1
00485006601	1
00485007116	1
00486111101	0
00486111105	0
00486111401	0
00486112501	1
00486112505	1
00486113401	0
00486113501	0
00487020101	1
00487020102	1
00487020103	1
00487020160	1
00487030101	1
00487950101	1
00487950102	1
00487950103	1
00487950125	1
00487950160	1
00487980101	1
00487980125	1
00487980130	1
00487980160	1
00487990130	1
00487990401	1
00487990425	1
00490007530	1
00496059801	1
00496070803	0
00496070804	0
00496071603	0
00496071604	0
00496071703	0
00496071704	0
00496072604	0
00496072606	0
00496072903	0
00496072904	0
00496072906	0
00496075164	0
00496075204	0
00496076003	0
00496076004	0
00496076304	0
00496077704	0
00496077804	0
00496077864	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00496077865	0
00496077874	0
00496079904	0
00496079964	0
00496079965	0
00496080004	0
00496080064	0
00496080065	0
00496080074	0
00496080215	0
00496082115	0
00496082125	0
00496082145	0
00496082904	0
00496085745	0
00496095305	1
00501630496	0
00501630604	0
00516005110	0
00516005125	0
00516005401	0
00516005410	0
00516009301	0
00517002010	1
00517003125	1
00517003225	1
00517013005	1
00517013125	1
00517013410	0
00517023410	0
00517029925	1
00517030110	1
00517040125	1
00517051025	1
00517064825	1
00517072001	1
00517075001	1
00517080125	1
00517101025	1
00517107125	1
00517113005	1
00517155025	1
00517231005	0
00517234010	0
00517260225	1
00517281025	1
00517293025	1
00517300525	1
00517301025	1
00517400225	1
00517401001	1
00517405025	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00517420125	1
00517460225	1
00517460525	1
00517462025	1
00517490125	1
00517490525	1
00517493025	1
00517503401	1
00517505001	1
00517560125	1
00517561025	1
00517570225	1
00517570425	1
00517571025	1
00517750425	1
00517751003	1
00517760425	1
00517761003	1
00517763003	1
00517872210	1
00525041030	0
00525041090	0
00525045090	0
00525050390	0
00525051090	0
00525085590	0
00525090690	0
00525201090	0
00525203030	0
00525428190	0
00525674801	0
00525675216	1
00525801950	0
00525801990	0
00527058601	1
00527058610	1
00527105001	1
00527123101	1
00527123110	1
00527128201	1
00527128210	1
00527130101	1
00527130105	1
00527130801	1
00527131001	1
00527131010	1
00527131101	1
00527131201	1
00527131301	1
00527131530	1
00527131701	1
00527131801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00527132401	1
00527132410	1
00527132501	1
00527132510	1
00527132601	1
00527133001	1
00527133010	1
00527133501	1
00527133601	1
00527133825	1
00527133850	1
00527134101	1
00527134110	1
00527134201	1
00527134210	1
00527134301	1
00527134310	1
00527134401	1
00527134410	1
00527134501	1
00527134510	1
00527134601	1
00527134610	1
00527134701	1
00527134710	1
00527134901	1
00527134910	1
00527135001	1
00527135010	1
00527135101	1
00527135110	1
00527135201	1
00527135301	1
00527135401	1
00527135501	1
00527136701	1
00527136710	1
00527136801	1
00527136901	1
00527136906	1
00527137001	1
00527137101	1
00527137110	1
00527137201	1
00527137210	1
00527137290	1
00527137301	1
00527137310	1
00527137390	1
00527137401	1
00527137410	1
00527137490	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00527137501	1
00527137601	1
00527137690	1
00527137701	1
00527137710	1
00527137801	1
00527137901	1
00527138201	1
00527138301	1
00527139201	1
00527139330	1
00527140701	1
00527140901	1
00527141001	1
00527141301	1
00527141310	1
00527141401	1
00527141410	1
00527141901	1
00527141910	1
00527142001	1
00527142010	1
00527142536	1
00527142562	1
00527142563	1
00527142636	1
00527144201	1
00527144301	1
00527144305	1
00527144501	1
00527144510	1
00527146101	1
00527146201	1
00527146301	1
00527153501	1
00527153730	1
00527155201	1
00527163801	1
00527163810	1
00527170401	1
00527170405	1
00527176030	1
00527176630	1
00535001101	0
00536589001	1
00548105200	1
00548139000	1
00548205200	1
00548301100	1
00548301200	1
00548301300	1
00548301500	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00548335200	1
00548590000	0
00548906100	1
00555001002	1
00555001005	1
00555001102	1
00555001105	1
00555003302	1
00555003305	1
00555005902	1
00555005905	1
00555006602	1
00555007101	1
00555007102	1
00555007105	1
00555009496	1
00555009596	1
00555009696	1
00555009796	1
00555009896	1
00555010102	1
00555010202	1
00555010702	1
00555013809	1
00555013909	1
00555014009	1
00555015802	1
00555015804	1
00555015902	1
00555015904	1
00555016302	1
00555016305	1
00555016402	1
00555016405	1
00555017178	1
00555017801	1
00555017802	1
00555017901	1
00555017902	1
00555018001	1
00555018002	1
00555021110	1
00555023202	1
00555023302	1
00555024171	1
00555025202	1
00555025205	1
00555028502	1
00555028505	1
00555028602	1
00555028605	1
00555030102	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00555030138	1
00555030202	1
00555030204	1
00555030302	1
00555030305	1
00555030402	1
00555030404	1
00555030502	1
00555032302	1
00555032304	1
00555032402	1
00555034458	1
00555034502	1
00555035101	1
00555035201	1
00555036302	1
00555036305	1
00555038102	1
00555038202	1
00555038502	1
00555038504	1
00555038602	1
00555038702	1
00555044402	1
00555044404	1
00555044521	1
00555048302	1
00555048305	1
00555048401	1
00555048402	1
00555048527	1
00555048802	1
00555048805	1
00555048902	1
00555048904	1
00555049002	1
00555049004	1
00555049109	1
00555049209	1
00555049309	1
00555049409	1
00555051302	1
00555052102	1
00555052202	1
00555052204	1
00555054401	1
00555057202	1
00555057235	1
00555057693	1
00555058502	1
00555058504	1
00555058801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00555058901	1
00555059001	1
00555059402	1
00555059502	1
00555060602	1
00555060702	1
00555060704	1
00555061214	1
00555061314	1
00555061414	1
00555061514	1
00555061762	1
00555062702	1
00555063302	1
00555063402	1
00555063502	1
00555063509	1
00555064302	1
00555064304	1
00555065802	1
00555070102	1
00555070284	1
00555071558	1
00555071951	1
00555071954	1
00555072051	1
00555072054	1
00555072702	1
00555072802	1
00555072902	1
00555073202	1
00555073204	1
00555073302	1
00555076202	0
00555076402	0
00555076602	0
00555076702	0
00555076802	0
00555077001	1
00555077002	1
00555077004	1
00555077502	1
00555077602	1
00555077702	1
00555077802	1
00555077902	1
00555077904	1
00555078702	1
00555078802	1
00555078902	1
00555079002	1
00555079102	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00555079202	1
00555080802	1
00555082902	1
00555083102	1
00555083105	1
00555083202	1
00555083205	1
00555083302	1
00555083305	1
00555083402	1
00555083502	1
00555085902	1
00555086002	1
00555086102	1
00555086902	1
00555086905	1
00555087154	1
00555087202	1
00555087204	1
00555087302	1
00555087304	1
00555087402	1
00555087405	1
00555087602	1
00555087702	1
00555087704	1
00555087705	1
00555087707	1
00555088202	1
00555088602	1
00555088604	1
00555088702	1
00555088704	1
00555089902	1
00555090201	1
00555090202	1
00555090401	1
00555090414	1
00555091704	1
00555091709	1
00555092302	1
00555092502	1
00555092602	1
00555095202	1
00555095302	1
00555095402	1
00555095502	1
00555095602	1
00555096702	1
00555096802	1
00555096902	1
00555097102	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00555097202	1
00555097302	1
00555097402	1
00555098037	1
00555099702	1
00555100916	1
00555101016	1
00555101116	1
00555102001	1
00555102101	1
00555102201	1
00555105486	1
00555105556	1
00555105586	1
00555105686	1
00555105756	1
00555105786	1
00555108001	1
00555108101	1
00555108201	1
00555108301	1
00555108401	1
00555108501	1
00555111705	1
00555113111	1
00555113212	1
00555177104	1
00555177109	1
00555177204	1
00555188302	1
00555900867	1
00555900942	1
00555901058	1
00555901258	1
00555901467	1
00555901658	1
00555901858	1
00555902058	1
00555902542	1
00555902658	1
00555902742	1
00555902858	1
00555903270	1
00555903458	1
00555904358	1
00555904558	1
00555904758	1
00555904958	1
00555905058	1
00555905167	1
00555906458	1
00555906558	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00555906667	1
00555912366	1
00555913167	1
00555913179	1
00562780501	0
00562780505	0
00562780525	0
00562780701	0
00562780706	0
00562780710	0
00574001602	1
00574010601	1
00574010603	1
00574010714	1
00574010770	1
00574010777	1
00574011001	1
00574011215	1
00574011501	1
00574012730	1
00574012901	1
00574013301	1
00574013401	1
00574013501	1
00574014704	1
00574015210	1
00574016330	1
00574019401	1
00574019450	1
00574021409	1
00574021509	1
00574022001	1
00574022201	1
00574022301	1
00574024601	1
00574024701	1
00574025001	1
00574025101	1
00574029201	1
00574040405	0
00574040415	1
00574041202	1
00574041205	1
00574041207	1
00574042001	0
00574042010	0
00574042125	0
00574042504	1
00574043000	0
00574043001	0
00574043025	0
00574043101	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00574043125	0
00574046005	0
00574046105	0
00574060115	0
00574061105	1
00574082001	1
00574082010	1
00574082105	1
00574085005	1
00574085010	1
00574085801	1
00574087005	1
00574087205	1
00574200202	1
00574200216	1
00574200416	1
00574200802	1
00574200815	1
00574200830	1
00574202001	0
00574202007	0
00574202108	1
00574202116	1
00574205912	1
00574206001	1
00574206030	1
00574206045	1
00574212128	1
00574212138	1
00574400910	1
00574410010	1
00574410310	1
00574704012	1
00574704512	1
00574709012	1
00574709312	1
00574711212	1
00574711412	1
00574722406	1
00574722612	1
00574723412	1
00574723612	1
00574916701	1
00575620030	0
00591001319	1
00591001410	1
00591001419	1
00591001610	1
00591001619	1
00591001919	1
00591003104	1
00591007704	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591024001	1
00591024005	1
00591024010	1
00591024101	1
00591024105	1
00591024110	1
00591024201	1
00591024205	1
00591024210	1
00591030001	1
00591030010	1
00591030101	1
00591030110	1
00591030201	1
00591030205	1
00591033501	1
00591033601	1
00591033801	1
00591033810	1
00591033860	1
00591033901	1
00591033905	1
00591033910	1
00591033960	1
00591034301	1
00591034305	1
00591034310	1
00591034501	1
00591034505	1
00591034510	1
00591034701	1
00591034705	1
00591034801	1
00591034805	1
00591034810	1
00591034901	1
00591034905	1
00591036305	1
00591036401	1
00591036901	1
00591037001	1
00591037101	1
00591037201	1
00591038501	1
00591038505	1
00591038701	1
00591038705	1
00591038801	1
00591039501	1
00591039601	1
00591040401	1
00591040501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591040505	1
00591040601	1
00591040610	1
00591040701	1
00591040710	1
00591040801	1
00591040810	1
00591040901	1
00591040905	1
00591040975	1
00591041001	1
00591041150	1
00591041401	1
00591041501	1
00591041601	1
00591042401	1
00591042405	1
00591042501	1
00591042616	1
00591044401	1
00591045301	1
00591045405	1
00591045460	1
00591046001	1
00591046005	1
00591046010	1
00591046101	1
00591046105	1
00591046110	1
00591046201	1
00591046210	1
00591046301	1
00591046310	1
00591048701	1
00591048705	1
00591048801	1
00591048805	1
00591050201	1
00591050205	1
00591050301	1
00591050305	1
00591052801	1
00591054001	1
00591054005	1
00591058201	1
00591058301	1
00591060501	1
00591060505	1
00591060601	1
00591060605	1
00591060701	1
00591065701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591065705	1
00591065710	1
00591065801	1
00591065805	1
00591065810	1
00591066801	1
00591066805	1
00591067005	1
00591067101	1
00591067601	1
00591069801	1
00591069805	1
00591071805	1
00591071818	1
00591071860	1
00591073701	1
00591074401	1
00591074501	1
00591074601	1
00591074605	1
00591074701	1
00591074901	1
00591074905	1
00591077901	1
00591077905	1
00591078001	1
00591078005	1
00591078019	1
00591078036	1
00591078130	1
00591078201	1
00591078301	1
00591079101	1
00591079301	1
00591079305	1
00591079401	1
00591079410	1
00591079501	1
00591079510	1
00591079601	1
00591079605	1
00591079610	1
00591080001	1
00591080005	1
00591080101	1
00591080105	1
00591080301	1
00591080310	1
00591081046	1
00591081055	1
00591081083	1
00591081085	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591082001	1
00591082101	1
00591082401	1
00591082501	1
00591083925	1
00591083960	1
00591084101	1
00591084201	1
00591084301	1
00591084330	1
00591084401	1
00591084410	1
00591084415	1
00591084501	1
00591084510	1
00591084515	1
00591085301	1
00591085305	1
00591085860	1
00591086001	1
00591086005	1
00591086101	1
00591086105	1
00591086201	1
00591086205	1
00591086760	1
00591086776	1
00591088501	1
00591090030	1
00591093201	1
00591093301	1
00591094401	1
00591094410	1
00591111710	1
00591111730	1
00591111810	1
00591111830	1
00591111930	1
00591221911	1
00591222011	1
00591222215	1
00591222315	1
00591222455	1
00591222501	1
00591222601	1
00591222718	1
00591222801	1
00591222805	1
00591222901	1
00591222905	1
00591222910	1
00591223015	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591223115	1
00591223218	1
00591223260	1
00591223319	1
00591223330	1
00591223401	1
00591223410	1
00591223501	1
00591223510	1
00591234716	1
00591245501	1
00591269201	1
00591271301	1
00591271305	1
00591277501	1
00591288001	1
00591288201	1
00591288401	1
00591288601	1
00591288830	1
00591289030	1
00591289330	1
00591289354	1
00591290130	1
00591290154	1
00591311101	1
00591312001	1
00591312016	1
00591312879	1
00591313760	1
00591313830	1
00591315301	1
00591315901	1
00591316801	1
00591317104	1
00591317304	1
00591317601	1
00591317605	1
00591317701	1
00591317705	1
00591317801	1
00591317805	1
00591319101	1
00591319105	1
00591319301	1
00591319305	1
00591319401	1
00591319405	1
00591319689	1
00591319752	1
00591319872	1
00591320201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591320301	1
00591320413	1
00591320860	1
00591320960	1
00591321060	1
00591321160	1
00591321272	1
00591321372	1
00591321472	1
00591321901	1
00591322001	1
00591322126	1
00591322247	1
00591322379	1
00591322415	1
00591322801	1
00591323001	1
00591323110	1
00591323910	1
00591324830	1
00591324930	1
00591325001	1
00591325601	1
00591332230	1
00591333105	1
00591333119	1
00591333130	1
00591333205	1
00591333230	1
00591336601	1
00591336701	1
00591336901	1
00591336905	1
00591338560	1
00591341605	1
00591342301	1
00591342305	1
00591343330	1
00591343360	1
00591346401	1
00591346405	1
00591346501	1
00591346505	1
00591346601	1
00591346605	1
00591346753	1
00591346853	1
00591347166	1
00591349401	1
00591349630	1
00591349730	1
00591349830	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591350101	1
00591350201	1
00591350301	1
00591351101	1
00591351201	1
00591351301	1
00591351401	1
00591351501	1
00591354060	1
00591354125	1
00591354160	1
00591354260	1
00591354360	1
00591354376	1
00591354401	1
00591354560	1
00591354601	1
00591354605	1
00591357035	1
00591359160	1
00591359260	1
00591359360	1
00591360072	1
00591360172	1
00591360272	1
00591366305	1
00591366319	1
00591366405	1
00591366419	1
00591366505	1
00591366519	1
00591374001	1
00591374101	1
00591374201	1
00591374301	1
00591374401	1
00591375319	1
00591375519	1
00591396801	1
00591396805	1
00591396901	1
00591396905	1
00591396925	1
00591397005	1
00591397050	1
00591397101	1
00591397201	1
00591397301	1
00591401201	1
00591505201	1
00591505210	1
00591505901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591505910	1
00591521601	1
00591521610	1
00591523801	1
00591523901	1
00591530701	1
00591530710	1
00591531901	1
00591532101	1
00591532110	1
00591532501	1
00591533501	1
00591533510	1
00591533701	1
00591533710	1
00591534701	1
00591534710	1
00591538101	1
00591538105	1
00591538201	1
00591538205	1
00591543801	1
00591544005	1
00591544050	1
00591544201	1
00591544205	1
00591544210	1
00591544301	1
00591544305	1
00591544310	1
00591551301	1
00591551305	1
00591551310	1
00591552201	1
00591552205	1
00591552301	1
00591552305	1
00591552310	1
00591553550	1
00591553801	1
00591553805	1
00591554001	1
00591554025	1
00591554301	1
00591554310	1
00591554401	1
00591554405	1
00591555250	1
00591555305	1
00591555350	1
00591555401	1
00591555410	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591555501	1
00591555510	1
00591555601	1
00591555610	1
00591555701	1
00591555705	1
00591556001	1
00591556101	1
00591557101	1
00591559901	1
00591560001	1
00591560010	1
00591561901	1
00591561905	1
00591561910	1
00591562001	1
00591562005	1
00591562010	1
00591562101	1
00591562105	1
00591562110	1
00591562901	1
00591563001	1
00591563010	1
00591563101	1
00591563110	1
00591564201	1
00591564205	1
00591564301	1
00591564305	1
00591565801	1
00591565805	1
00591565810	1
00591566001	1
00591566005	1
00591566101	1
00591566105	1
00591569401	1
00591569460	1
00591569550	1
00591570801	1
00591571301	1
00591571401	1
00591571501	1
00591571630	1
00591573001	1
00591573005	1
00591573101	1
00591573105	1
00591577701	1
00591577710	1
00591577801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00591578201	1
00591578301	1
00591578601	1
00591578605	1
00591578701	1
00591578705	1
00591578710	1
00591578801	1
00591578805	1
00591578901	1
00591588201	1
00591588301	1
00591588401	1
00597000160	0
00597000302	0
00597000601	0
00597000701	0
00597001101	0
00597001314	0
00597001801	0
00597002901	0
00597003001	0
00597003112	0
00597003134	0
00597003212	0
00597003234	0
00597003334	0
00597003401	0
00597003937	0
00597004037	0
00597004137	0
00597004237	0
00597004337	0
00597004437	0
00597004660	0
00597005801	0
00597007017	0
00597007537	0
00597007541	0
00597007547	0
00597007575	0
00597008130	0
00597008676	0
00597008717	0
00597010190	0
00597010930	0
00597011330	0
00597011530	0
00597011630	0
00597012437	0
00597012537	0
00597012637	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00597012737	0
00597018390	0
00597018461	0
00597018490	0
00597018561	0
00597018590	0
00597019061	0
00597019090	0
00597019161	0
00597019190	0
00597028530	0
00603100858	1
00603102058	1
00603103058	1
00603106558	1
00603106845	1
00603106958	1
00603107554	1
00603107556	1
00603107558	1
00603107858	1
00603108858	1
00603116158	1
00603119058	1
00603124447	1
00603129558	1
00603131058	1
00603131473	1
00603131558	1
00603132858	1
00603132958	1
00603133058	1
00603137856	1
00603137858	1
00603137859	1
00603137865	1
00603139364	1
00603139447	1
00603142258	1
00603143558	1
00603144947	1
00603145047	1
00603145247	1
00603148149	1
00603148158	1
00603149158	1
00603150858	1
00603152058	1
00603153258	1
00603153458	1
00603153558	1
00603153658	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603156756	1
00603156758	1
00603158454	1
00603158458	1
00603158554	1
00603158558	1
00603158654	1
00603158658	1
00603158754	1
00603158758	1
00603158854	1
00603158858	1
00603163558	1
00603168458	1
00603168558	1
00603178547	1
00603178647	1
00603178747	1
00603184158	1
00603185358	1
00603210902	1
00603211002	1
00603211033	1
00603211521	1
00603211532	1
00603211621	1
00603211628	1
00603211632	1
00603212721	1
00603212728	1
00603212732	1
00603212821	1
00603212828	1
00603212832	1
00603212921	1
00603212928	1
00603212932	1
00603213021	1
00603213028	1
00603221221	1
00603221232	1
00603221321	1
00603221332	1
00603221421	1
00603221432	1
00603221521	1
00603221621	1
00603221721	1
00603233721	1
00603233802	1
00603233804	1
00603233816	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603233819	1
00603233820	1
00603233821	1
00603233822	1
00603233832	1
00603233921	1
00603233928	1
00603240621	1
00603240628	1
00603240632	1
00603240721	1
00603240728	1
00603240732	1
00603241821	1
00603241832	1
00603241921	1
00603242621	1
00603243321	1
00603243332	1
00603243421	1
00603243432	1
00603243521	1
00603243532	1
00603254021	1
00603254421	1
00603254428	1
00603254432	1
00603254521	1
00603254528	1
00603254621	1
00603254821	1
00603255021	1
00603255321	1
00603258221	1
00603258228	1
00603258232	1
00603271421	1
00603271432	1
00603294802	1
00603294816	1
00603294820	1
00603294821	1
00603294822	1
00603294828	1
00603294832	1
00603294902	1
00603294916	1
00603294920	1
00603294921	1
00603294922	1
00603294928	1
00603294932	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603295021	1
00603295028	1
00603295721	1
00603295728	1
00603295732	1
00603295821	1
00603295828	1
00603295832	1
00603295921	1
00603295928	1
00603305221	1
00603305232	1
00603306221	1
00603307821	1
00603307828	1
00603307921	1
00603307928	1
00603307932	1
00603307934	1
00603316221	1
00603316232	1
00603318021	1
00603318121	1
00603321316	1
00603321320	1
00603321321	1
00603321328	1
00603321402	1
00603321416	1
00603321420	1
00603321421	1
00603321422	1
00603321428	1
00603321432	1
00603321502	1
00603321516	1
00603321520	1
00603321521	1
00603321528	1
00603321532	1
00603326532	1
00603344121	1
00603344228	1
00603348119	1
00603348128	1
00603348219	1
00603348228	1
00603350816	1
00603371432	1
00603373921	1
00603373932	1
00603373934	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603374021	1
00603374032	1
00603374034	1
00603374121	1
00603374128	1
00603374132	1
00603385521	1
00603385525	1
00603385532	1
00603385621	1
00603385632	1
00603385634	1
00603385721	1
00603385732	1
00603388021	1
00603388102	1
00603388104	1
00603388112	1
00603388116	1
00603388119	1
00603388120	1
00603388121	1
00603388122	1
00603388128	1
00603388132	1
00603388202	1
00603388204	1
00603388212	1
00603388216	1
00603388220	1
00603388221	1
00603388222	1
00603388228	1
00603388232	1
00603388302	1
00603388321	1
00603388328	1
00603388332	1
00603388421	1
00603388428	1
00603388502	1
00603388516	1
00603388520	1
00603388521	1
00603388522	1
00603388528	1
00603388532	1
00603388621	1
00603388628	1
00603388721	1
00603388722	1
00603388728	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603388732	1
00603388802	1
00603388804	1
00603388820	1
00603388821	1
00603388822	1
00603388828	1
00603388832	1
00603389021	1
00603389028	1
00603389121	1
00603389128	1
00603389721	1
00603389728	1
00603389919	1
00603390021	1
00603390121	1
00603396721	1
00603396728	1
00603396821	1
00603396828	1
00603396832	1
00603396921	1
00603401821	1
00603401828	1
00603401921	1
00603401928	1
00603402021	1
00603402028	1
00603402121	1
00603402128	1
00603402221	1
00603402228	1
00603402321	1
00603402328	1
00603411021	1
00603411121	1
00603411821	1
00603412221	1
00603412321	1
00603417016	1
00603420921	1
00603420928	1
00603421002	1
00603421016	1
00603421021	1
00603421032	1
00603421060	1
00603421102	1
00603421121	1
00603421132	1
00603421134	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603421160	1
00603421202	1
00603421221	1
00603421232	1
00603421234	1
00603421260	1
00603421402	1
00603421421	1
00603421428	1
00603421430	1
00603421432	1
00603421460	1
00603438121	1
00603438221	1
00603438321	1
00603441521	1
00603441621	1
00603442421	1
00603447021	1
00603447121	1
00603448521	1
00603448528	1
00603448621	1
00603448628	1
00603448632	1
00603459315	1
00603459321	1
00603461421	1
00603461428	1
00603461432	1
00603461520	1
00603461521	1
00603461528	1
00603461532	1
00603471221	1
00603471321	1
00603471421	1
00603471521	1
00603478221	1
00603488621	1
00603497502	1
00603497503	1
00603497504	1
00603497520	1
00603497521	1
00603497528	1
00603497532	1
00603499021	1
00603499121	1
00603499221	1
00603499721	1
00603499821	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603499828	1
00603504321	1
00603509021	1
00603509028	1
00603509121	1
00603509221	1
00603509321	1
00603511021	1
00603514121	1
00603514132	1
00603514221	1
00603514232	1
00603516521	1
00603516532	1
00603516616	1
00603516621	1
00603516622	1
00603516632	1
00603516721	1
00603516732	1
00603516821	1
00603516832	1
00603519216	1
00603519221	1
00603533521	1
00603533532	1
00603533621	1
00603533715	1
00603533721	1
00603533731	1
00603533732	1
00603533815	1
00603533821	1
00603533828	1
00603533831	1
00603533832	1
00603533921	1
00603533928	1
00603533932	1
00603536121	1
00603537121	1
00603537128	1
00603537221	1
00603543721	1
00603543821	1
00603543832	1
00603543921	1
00603544821	1
00603544825	1
00603544921	1
00603545021	1
00603545921	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603545928	1
00603546221	1
00603546521	1
00603546621	1
00603546628	1
00603546632	1
00603546716	1
00603546721	1
00603546728	1
00603546732	1
00603546802	1
00603546816	1
00603546821	1
00603546822	1
00603546828	1
00603546832	1
00603568320	1
00603568328	1
00603568420	1
00603568428	1
00603568520	1
00603568528	1
00603568620	1
00603568628	1
00603568632	1
00603568820	1
00603568920	1
00603568928	1
00603575521	1
00603576321	1
00603576328	1
00603576332	1
00603576421	1
00603576428	1
00603576516	1
00603576521	1
00603576528	1
00603576921	1
00603576928	1
00603577021	1
00603577121	1
00603578021	1
00603578028	1
00603578121	1
00603578128	1
00603580121	1
00603580128	1
00603580321	1
00603580325	1
00603594528	1
00603596921	1
00603597021	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00603614721	1
00603614732	1
00603614821	1
00603614832	1
00603616021	1
00603616028	1
00603616032	1
00603616121	1
00603616128	1
00603616132	1
00603624021	1
00603624032	1
00603624121	1
00603624132	1
00603638121	1
00603646821	1
00603646828	1
00603646832	1
00603646921	1
00603646928	1
00603646932	1
00603702073	1
00603703841	1
00603703939	1
00603724073	1
00603749539	1
00603760817	1
00603760917	1
00603764017	1
00603764217	1
00603766517	1
00603771482	1
00603778178	1
00603778552	1
00603781874	1
00603781878	1
00603786174	1
00603786190	1
00603786274	1
00603786290	1
00603786449	1
00603812711	1
00603812718	1
00603813611	1
00603813618	1
00603906354	1
00603906358	1
00603938856	1
00641012121	1
00641012125	1
00641036725	1
00641037621	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00641037625	1
00641047625	0
00641047725	0
00641049125	1
00641092821	1
00641092825	1
00641092925	1
00641139835	1
00641149535	1
00641149635	1
00641234141	1
00642006860	0
00642007212	0
00642007416	0
00642007530	0
00642007630	0
00642007790	0
00642007912	0
00642016210	1
00642020010	0
00642020110	0
00642020410	0
00642020790	0
00642020810	0
00642020930	0
00642046116	0
00642064510	0
00642064710	0
00642064916	0
00642274690	0
00642275590	0
00677000701	1
00677007601	1
00677011710	1
00677042701	1
00677042710	1
00677056202	1
00677056205	1
00677058901	1
00677059802	1
00677060401	1
00677060501	1
00677060610	1
00677061301	1
00677062410	1
00677062501	1
00677062510	1
00677067503	1
00677069001	1
00677069801	1
00677069810	1
00677078301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00677078305	1
00677078401	1
00677079902	1
00677081907	1
00677082401	1
00677087001	1
00677087010	1
00677103105	1
00677111901	1
00677135901	1
00677147201	1
00677148001	1
00677148201	1
00677148210	1
00677148301	1
00677148701	1
00677168901	1
00677170007	1
00677170105	1
00677170201	1
00677170301	1
00677170701	1
00677170807	1
00677176801	1
00677176901	1
00677177001	1
00677189301	1
00677191805	1
00677193101	1
00677193201	1
00677193401	1
00677194501	1
00677194601	1
00677197801	1
00677197901	1
00677198001	1
00677198101	1
00682048016	0
00702301201	1
00703003101	1
00703004301	1
00703004501	1
00703005101	1
00703006301	1
00703032503	1
00703033501	1
00703033504	1
00703034603	1
00703095803	1
00703102030	1
00703102930	1
00703150102	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00703208403	1
00703219101	1
00703219104	1
00703301513	1
00703315401	1
00703315501	1
00703330104	1
00703332104	1
00703333301	1
00703334301	1
00703398501	1
00703398601	1
00703401418	1
00703418201	1
00703418301	1
00703424401	1
00703424601	1
00703424801	1
00703440211	1
00703441211	1
00703443411	1
00703450201	1
00703450204	1
00703468501	1
00703476601	1
00703476801	1
00703485281	0
00703485291	0
00703504303	1
00703504601	1
00703505401	1
00703507501	1
00703514001	1
00703514501	1
00703565301	1
00703565601	1
00703574711	1
00703574811	1
00703585401	1
00703612101	1
00703612501	1
00703680101	1
00703681121	1
00703701103	1
00703701301	1
00703702103	1
00703702301	1
00703704103	1
00703704501	1
00703722102	1
00703722601	1
00703723939	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00703735101	1
00703735102	1
00703787103	1
00703797103	1
00703797301	1
00703903203	1
00703904003	1
00703940204	1
00703941601	1
00703951403	1
00703952601	1
00713013212	1
00713013506	1
00713013512	1
00713016612	1
00713031788	1
00713050301	1
00713050312	1
00713050324	1
00713052612	1
00713053612	1
00713063115	1
00713063131	1
00713063160	1
00713063215	1
00713063231	1
00713063260	1
00713063337	1
00713063415	1
00713063437	1
00713063515	1
00713063537	1
00713063915	1
00713063986	1
00713064015	1
00713064086	1
00713070153	1
00713070185	1
00777087120	0
00777310402	0
00777310502	0
00777310507	0
00777310530	0
00777310730	0
00781100801	1
00781100805	1
00781103001	1
00781103201	1
00781103401	1
00781103601	1
00781104601	1
00781104613	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781104701	1
00781104713	1
00781104801	1
00781104901	1
00781105301	1
00781105310	1
00781106101	1
00781106105	1
00781106110	1
00781106401	1
00781106410	1
00781107101	1
00781107201	1
00781107701	1
00781107705	1
00781107710	1
00781107801	1
00781107810	1
00781107901	1
00781107905	1
00781107910	1
00781108901	1
00781108905	1
00781112301	1
00781112305	1
00781113801	1
00781114601	1
00781116301	1
00781116305	1
00781116401	1
00781116405	1
00781116501	1
00781116505	1
00781117601	1
00781117801	1
00781118101	1
00781118110	1
00781118192	1
00781118201	1
00781118210	1
00781118292	1
00781118301	1
00781118392	1
00781118701	1
00781118801	1
00781119101	1
00781119110	1
00781120360	1
00781120501	1
00781120510	1
00781121060	1
00781121360	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781121701	1
00781121801	1
00781121805	1
00781121901	1
00781121905	1
00781122301	1
00781122310	1
00781122801	1
00781122810	1
00781126201	1
00781126205	1
00781126210	1
00781132360	1
00781132401	1
00781132410	1
00781135901	1
00781138101	1
00781139101	1
00781139113	1
00781139201	1
00781139213	1
00781139301	1
00781139313	1
00781139601	1
00781139610	1
00781139613	1
00781139701	1
00781139801	1
00781140301	1
00781140305	1
00781140401	1
00781140405	1
00781140501	1
00781140505	1
00781140701	1
00781140705	1
00781143601	1
00781143701	1
00781143801	1
00781143901	1
00781144601	1
00781144605	1
00781145201	1
00781145210	1
00781145301	1
00781145310	1
00781148601	1
00781148610	1
00781148701	1
00781148710	1
00781148801	1
00781148810	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781148901	1
00781149001	1
00781149101	1
00781149631	1
00781149668	1
00781149669	1
00781149731	1
00781150601	1
00781150610	1
00781150701	1
00781150710	1
00781151601	1
00781151610	1
00781152601	1
00781152610	1
00781152960	1
00781154201	1
00781154401	1
00781154410	1
00781155601	1
00781155610	1
00781159901	1
00781159905	1
00781159910	1
00781161966	1
00781163501	1
00781164366	1
00781164601	1
00781165301	1
00781165501	1
00781165510	1
00781166692	1
00781166701	1
00781166792	1
00781166801	1
00781167931	1
00781167933	1
00781168131	1
00781168133	1
00781169501	1
00781169510	1
00781171501	1
00781171601	1
00781171701	1
00781171801	1
00781171901	1
00781174801	1
00781175001	1
00781176001	1
00781176201	1
00781176401	1
00781176410	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781176413	1
00781176601	1
00781176610	1
00781178501	1
00781178701	1
00781178760	1
00781178901	1
00781178905	1
00781178910	1
00781178960	1
00781181801	1
00781181810	1
00781182901	1
00781182910	1
00781183001	1
00781183010	1
00781183120	1
00781183201	1
00781183801	1
00781184001	1
00781184201	1
00781185220	1
00781187431	1
00781188310	1
00781188313	1
00781188360	1
00781188425	1
00781188431	1
00781189101	1
00781189201	1
00781189301	1
00781189401	1
00781194131	1
00781194133	1
00781194339	1
00781194382	1
00781196160	1
00781196260	1
00781196601	1
00781196610	1
00781197101	1
00781197201	1
00781197301	1
00781197401	1
00781197501	1
00781197650	1
00781202001	1
00781202005	1
00781202031	1
00781202076	1
00781202701	1
00781203701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781204304	1
00781204316	1
00781204342	1
00781204367	1
00781204701	1
00781204801	1
00781204805	1
00781205101	1
00781205105	1
00781205201	1
00781205205	1
00781205301	1
00781205305	1
00781205401	1
00781205405	1
00781206701	1
00781206705	1
00781206789	1
00781207401	1
00781207410	1
00781207601	1
00781210201	1
00781210301	1
00781210401	1
00781211201	1
00781211301	1
00781211317	1
00781211901	1
00781211931	1
00781212601	1
00781212701	1
00781212705	1
00781212801	1
00781212805	1
00781212901	1
00781212905	1
00781214401	1
00781214501	1
00781217660	1
00781217664	1
00781220101	1
00781220105	1
00781220201	1
00781220205	1
00781222601	1
00781222701	1
00781222801	1
00781222901	1
00781223201	1
00781223231	1
00781223301	1
00781223310	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781223331	1
00781223392	1
00781223401	1
00781223410	1
00781223431	1
00781224801	1
00781225801	1
00781226950	0
00781227101	1
00781227201	1
00781227264	1
00781227301	1
00781227310	1
00781227364	1
00781227401	1
00781227410	1
00781227464	1
00781232501	1
00781232510	1
00781235001	1
00781235005	1
00781235310	1
00781235331	1
00781235501	1
00781235510	1
00781261301	1
00781261305	1
00781261331	1
00781261376	1
00781261413	1
00781261460	1
00781261560	1
00781261660	1
00781261713	1
00781261760	1
00781267202	1
00781271501	1
00781280901	1
00781281001	1
00781281101	1
00781282201	1
00781282210	1
00781282301	1
00781282310	1
00781282401	1
00781282410	1
00781282431	1
00781282708	1
00781282808	1
00781285505	1
00781285560	1
00781286531	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781293801	1
00781293850	1
00781300395	1
00781301095	1
00781302975	1
00781303175	1
00781303295	1
00781303395	1
00781305271	0
00781305295	0
00781305714	1
00781305780	1
00781306672	1
00781306675	1
00781307370	1
00781307470	1
00781307471	1
00781308571	0
00781309995	0
00781310195	0
00781310395	0
00781311963	1
00781311964	1
00781311966	1
00781311968	1
00781311969	1
00781312168	1
00781312169	1
00781312595	1
00781312646	1
00781312695	1
00781313171	1
00781313670	1
00781314870	1
00781316475	1
00781317307	1
00781317414	1
00781317780	1
00781317796	1
00781317895	1
00781317986	1
00781318795	1
00781318895	1
00781320685	1
00781320695	1
00781320785	1
00781320795	1
00781320885	1
00781320895	1
00781320990	1
00781320995	1
00781321046	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781322295	1
00781324009	1
00781324375	1
00781324572	1
00781340795	1
00781340895	1
00781340995	1
00781341392	1
00781345196	1
00781345246	1
00781345295	1
00781500410	1
00781500501	1
00781500505	1
00781501501	1
00781501701	1
00781502001	1
00781502101	1
00781502201	1
00781502207	1
00781502901	1
00781503201	1
00781503210	1
00781504301	1
00781504401	1
00781504450	1
00781504501	1
00781504601	1
00781504701	1
00781505001	1
00781505005	1
00781505010	1
00781505061	1
00781505101	1
00781505105	1
00781505161	1
00781505201	1
00781505205	1
00781505261	1
00781505631	1
00781505731	1
00781506001	1
00781506020	1
00781506101	1
00781506120	1
00781507031	1
00781507092	1
00781507131	1
00781507192	1
00781507231	1
00781507292	1
00781507331	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781507392	1
00781507431	1
00781507492	1
00781507501	1
00781507686	1
00781508392	1
00781508492	1
00781508592	1
00781508701	1
00781508801	1
00781509660	1
00781510001	1
00781511172	1
00781511272	1
00781511372	1
00781511460	1
00781511501	1
00781513101	1
00781513201	1
00781513301	1
00781513401	1
00781515701	1
00781515801	1
00781515901	1
00781517001	1
00781517101	1
00781517105	1
00781517201	1
00781517205	1
00781517501	1
00781517505	1
00781517728	1
00781518001	1
00781518010	1
00781518101	1
00781518110	1
00781518201	1
00781518210	1
00781518301	1
00781518401	1
00781518410	1
00781518501	1
00781518601	1
00781518610	1
00781518701	1
00781518710	1
00781518801	1
00781518901	1
00781519001	1
00781519101	1
00781519501	1
00781519510	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781519601	1
00781519610	1
00781520831	1
00781520892	1
00781520931	1
00781520992	1
00781522101	1
00781522201	1
00781522301	1
00781522401	1
00781523192	1
00781523292	1
00781523806	1
00781523864	1
00781523964	1
00781523980	1
00781524892	1
00781524992	1
00781525092	1
00781525192	1
00781525713	1
00781525731	1
00781525733	1
00781525813	1
00781525831	1
00781525833	1
00781526564	1
00781526664	1
00781526680	1
00781528001	1
00781530401	1
00781530501	1
00781530601	1
00781531008	1
00781531108	1
00781531208	1
00781531308	1
00781531701	1
00781531710	1
00781531801	1
00781531810	1
00781532001	1
00781532101	1
00781532201	1
00781532501	1
00781532531	1
00781535631	1
00781538531	1
00781538601	1
00781538631	1
00781538701	1
00781538731	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781540501	0
00781540901	1
00781540931	1
00781541701	1
00781541731	1
00781543820	1
00781543901	1
00781543920	1
00781544101	1
00781544110	1
00781544201	1
00781544210	1
00781544301	1
00781544310	1
00781544401	1
00781544410	1
00781552737	1
00781563001	1
00781563101	1
00781571001	1
00781571010	1
00781572001	1
00781572005	1
00781572010	1
00781573313	1
00781573413	1
00781574801	1
00781574901	1
00781575301	1
00781575401	1
00781580510	1
00781580592	1
00781580610	1
00781580631	1
00781580692	1
00781580710	1
00781580731	1
00781580792	1
00781581610	1
00781581631	1
00781581692	1
00781581710	1
00781581731	1
00781581792	1
00781581810	1
00781581831	1
00781581892	1
00781602246	1
00781602252	1
00781602346	1
00781602352	1
00781603946	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781603955	1
00781603958	1
00781604146	1
00781604155	1
00781604158	1
00781605370	1
00781605470	1
00781607746	1
00781607761	1
00781607846	1
00781607861	1
00781610246	1
00781610446	1
00781613948	1
00781613954	1
00781613957	1
00781614116	1
00781615395	0
00781615646	1
00781615652	1
00781615657	1
00781615746	1
00781615752	1
00781615757	1
00781616852	1
00781616946	1
00781616952	1
00781620246	1
00781620257	1
00781620291	1
00781620346	1
00781620357	1
00781620391	1
00781627043	1
00781632079	1
00781652306	1
00781652386	1
00781652406	1
00781652486	1
00781705449	1
00781705459	1
00781705803	1
00781705805	1
00781705839	1
00781706319	1
00781706335	1
00781706619	1
00781706627	1
00781706730	1
00781706761	1
00781706819	1
00781706827	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00781706903	1
00781706927	1
00781706935	1
00781707427	1
00781707450	1
00781707787	1
00781707819	1
00781709004	1
00781709261	1
00781710660	1
00781710955	1
00781711155	1
00781711255	1
00781711355	1
00781711455	1
00781724055	1
00781724155	1
00781724255	1
00781724355	1
00781724455	1
00781884001	1
00781884101	1
00781884201	1
00781884301	1
00781916475	1
00781916575	1
00785635001	0
00785635050	0
00802396216	0
00813079955	1
00832003800	1
00832003810	1
00832003850	1
00832004209	1
00832004210	1
00832004309	1
00832004310	1
00832004409	1
00832004410	1
00832008600	1
00832011100	1
00832011150	1
00832030000	1
00832030100	1
00832030110	1
00832030200	1
00832030210	1
00832030300	1
00832030310	1
00832030400	1
00832040000	1
00832040100	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00832046515	1
00832046530	1
00832046560	1
00832051100	1
00832051101	1
00832051200	1
00832051201	1
00832051300	1
00832100800	1
00832101500	1
00832101550	1
00832102400	1
00832102409	1
00832102410	1
00832102450	1
00832102500	1
00832102509	1
00832102550	1
00832108000	1
00832108100	1
00832108110	1
00832108200	1
00832108210	1
00832121100	1
00832121101	1
00832121110	1
00832121200	1
00832121201	1
00832121210	1
00832121300	1
00832121301	1
00832121310	1
00832121400	1
00832121401	1
00832121410	1
00832121500	1
00832121501	1
00832121510	1
00832121600	1
00832121601	1
00832121610	1
00832121700	1
00832121701	1
00832121800	1
00832121801	1
00832121900	1
00832121901	1
00884039602	1
00884076304	0
00884077304	0
00884077350	0
00884398603	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00884529212	0
00884660010	0
00884730809	0
00904016012	1
00904019560	1
00904030460	1
00904035560	1
00904035740	1
00904035760	1
00904035840	1
00904035860	1
00904042751	1
00904042840	1
00904042851	1
00904043040	1
00904043051	1
00904043061	1
00904056060	1
00904062580	1
00904064360	1
00904064460	1
00904076160	1
00904076180	1
00904076260	1
00904076360	1
00904079310	1
00904079335	1
00904100716	1
00904105560	1
00904105660	1
00904107060	1
00904107080	1
00904108761	1
00904115260	1
00904145361	1
00904150060	1
00904150261	1
00904174840	1
00904174860	1
00904174960	1
00904190705	1
00904190735	1
00904204360	1
00904217519	1
00904229561	1
00904261361	1
00904261460	1
00904261461	1
00904267460	1
00904272046	1
00904272540	1
00904272560	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00904272561	1
00904272835	1
00904297005	1
00904300305	1
00904301710	1
00904314110	1
00904328040	1
00904328060	1
00904336561	1
00904337960	1
00904344061	1
00904385561	1
00904389260	1
00904393460	1
00904399061	1
00904399161	1
00904506516	1
00904512060	1
00904515460	1
00904518640	1
00904518660	1
00904518740	1
00904518760	1
00904521960	1
00904526140	1
00904526152	1
00904527460	1
00904533960	1
00904537861	1
00904537940	1
00904537952	1
00904537961	1
00904538261	1
00904539260	1
00904539261	1
00904544861	1
00904549546	1
00904549646	1
00904550261	1
00904552361	1
00904552461	1
00904555361	1
00904555461	1
00904555661	1
00904555940	1
00904555960	1
00904558252	1
00904558760	1
00904559060	1
00904559061	1
00904559140	1
00904559160	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00904559161	1
00904560118	1
00904560152	1
00904560180	1
00904560189	1
00904560340	1
00904560361	1
00904561061	1
00904561161	1
00904562961	1
00904563161	1
00904563261	1
00904563289	1
00904563293	1
00904563461	1
00904563561	1
00904563661	1
00904564093	1
00904567661	1
00904567761	1
00904567961	1
00904568461	1
00904574961	1
00904575527	1
00904578561	1
00904579061	1
00904579461	1
00904579661	1
00904579761	1
00904579961	1
00904580161	1
00904580261	1
00904580843	1
00904580846	1
00904580848	1
00904580861	1
00904580880	1
00904580889	1
00904580943	1
00904580946	1
00904580948	1
00904580980	1
00904580989	1
00904580993	1
00904581043	1
00904581046	1
00904581048	1
00904581052	1
00904581080	1
00904581089	1
00904581093	1
00904581143	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00904581146	1
00904581180	1
00904581189	1
00904581289	1
00904581361	1
00904584914	1
00904584918	1
00904584940	1
00904584952	1
00904584953	1
00904584954	1
00904584980	1
00904584989	1
00904584993	1
00904585040	1
00904585053	1
00904585089	1
00904585093	1
00904585140	1
00904585152	1
00904585189	1
00904585193	1
00904585461	1
00904585561	1
00904586161	1
00904586661	1
00904586861	1
00904587061	1
00904587161	1
00904587261	1
00904587361	1
00904588061	1
00904588161	1
00904588661	1
00904588761	1
00904588861	1
00904589061	1
00904590440	1
00904590460	1
00904590560	1
00904591361	1
00904591461	1
00904592161	1
00904592261	1
00904592761	1
00904594061	1
00904594106	1
00904594961	1
00904595306	1
00904595961	1
00904596061	1
00904596261	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00904596361	1
00904598161	1
00904598840	1
00904598852	1
00904598861	1
00904599261	1
00904600740	1
00904600760	1
00904600860	1
00904600960	1
00904601004	1
00904601104	1
00904601260	1
00904601531	1
00904601804	1
00904601946	1
00904601960	1
00904602260	1
00904602360	1
00904602460	1
00904603060	1
00904603360	1
00904603380	1
00904603460	1
00904604127	1
00904605261	1
00904606861	1
00904607861	1
00904607961	1
00904608040	1
00904608052	1
00904608361	1
00904608561	1
00904608661	1
00904608861	1
00904609061	1
00904609761	1
00904610361	1
00904610961	1
00904611961	1
00904612661	1
00904613960	1
00904614060	1
00904614160	1
00904614260	1
00904614360	1
00904614961	1
00904615661	1
00904617061	1
00904617161	1
00904771861	1
00904773760	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00904777361	1
00904780960	1
00904780961	1
00904788160	1
00904792260	1
00904792360	1
00904792638	1
00904792960	1
00904793838	1
00904794680	1
00904794760	1
00904794780	1
00944262004	0
00944265503	0
00944265504	0
00944270002	1
00944270003	1
00944270004	1
00944270005	1
00944270006	1
00944280201	0
00944280202	0
00944283310	0
00944293101	0
00944293201	0
00944293301	0
00944294210	0
00944294310	0
00944294410	0
00944294510	0
00944294610	0
00944295002	0
00944295004	0
00944296703	0
00944296705	0
00955025050	0
00955079001	1
00955079005	1
00955170210	1
00955170510	1
00955170550	1
00998020315	0
00998020415	0
00998022315	0
00998022515	0
00998030305	0
00998031105	0
00998031505	0
00998033105	0
00998034205	0
00998035515	0
00998061505	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
00998063006	0
04351078710	0
04351078810	0
04351079510	0
04351079710	0
04351079810	0
04351080710	0
04351080810	0
04351088710	0
04351088810	0
04351098510	0
08290033005	1
08290033010	1
08290033110	1
08290034003	1
08290035005	1
08290036005	1
08290037002	1
08290037003	1
08290038003	1
08290038005	1
08290039005	1
08290091003	1
08290092005	1
08290093010	1
08290094010	1
08290095010	1
08290305109	0
08290305122	0
08290305125	0
08290305127	0
08290305156	0
08290305195	0
08290305196	0
08290305778	0
08290305930	0
08290306413	1
08290306414	1
08290306424	1
08290306513	1
08290320109	0
08290328278	0
08290328279	0
08290328280	0
08290328281	0
08290328282	0
08290328283	0
08290328289	0
08290328290	0
08290328291	0
08290328410	0
08290328411	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
08290328418	0
08290328440	0
08290328466	0
08290328468	0
08290329622	0
08290329651	0
08290841201	0
08348000101	0
08373025529	0
08373076510	0
08373080010	0
08373080050	0
08373080110	0
08373080210	0
08373080310	0
08373081111	0
08373081211	0
08373081311	0
08373917700	0
08439620210	0
08489800001	0
08489800004	0
08514001001	0
08514011002	0
08514021001	0
08546000140	0
08569000003	0
08880950502	1
08880950505	1
08880950510	1
08880950540	1
08880950550	1
08880950585	1
08881511110	0
08881570121	1
08881570125	1
08881580125	1
08881590125	0
08881600145	0
08881600350	0
08881609331	0
08881609800	0
08884433605	0
10019001602	1
10019001617	1
10019002804	1
10019002805	1
10019002810	1
10019003783	1
10019004502	1
10019004604	1
10019010201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
10019010210	1
10019010239	1
10019016001	1
10019016201	0
10019017644	1
10019017837	0
10019017839	1
10019017844	1
10019017862	1
10019017963	1
10019025012	1
10019045002	1
10019055301	0
10019055302	0
10019055388	0
10019063002	1
10019064802	1
10019068102	1
10019068671	1
10019068703	1
10019068804	1
10019069304	1
10019093401	1
10019095501	1
10019095550	1
10019095601	1
10019095701	1
10122030110	1
10122065020	0
10122065060	0
10122070120	0
10122070160	0
10122070260	0
10122070420	0
10122070460	0
10122070520	0
10122070560	0
10122080120	0
10122080160	0
10122080220	0
10122080228	0
10122090112	0
10122090212	0
10135013410	1
10135014617	1
10135018201	1
10135018210	1
10135018230	1
10135018260	1
10135036701	1
10135036801	1
10135049205	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
10135049210	1
10135049301	1
10135049310	1
10135049501	1
10135049890	1
10135049990	1
10135050405	1
10135050701	1
10135050905	1
10135051005	1
10135051105	1
10135051205	1
10135051230	1
10135051701	1
10135052510	1
10135052590	1
10135054110	1
10139006202	1
10139006210	1
10139006301	1
10139006311	1
10139006312	1
10139006350	1
10139007110	1
10139050112	1
10139090502	1
10139090510	1
10144042760	0
10144059215	0
10144060215	0
10144060415	0
10144060615	0
10147075004	1
10147079001	1
10147081004	1
10147088106	1
10147088206	1
10147088306	1
10147089103	1
10147089203	1
10147089303	1
10147090103	1
10147090203	1
10147170003	1
10147170007	1
10223020101	0
10223020201	0
10267002501	1
10267012001	1
10267012004	1
10267046401	1
10267083604	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
10267086001	1
10267102501	1
10267102505	1
10267102701	1
10267102705	1
10267164001	1
10267164004	1
10267164104	1
10267199101	1
10267206901	1
10267206905	1
10337045015	0
10337050010	0
10337055019	0
10337064324	0
10337064497	0
10337064510	0
10337064610	0
10337064745	0
10337064810	0
10337064910	0
10337065219	0
10337065249	0
10337065252	0
10337065319	0
10337065501	0
10337065651	0
10337065715	0
10337065805	0
10337065809	0
10337065915	0
10337066145	0
10337066212	0
10337066311	0
10337066410	0
10337066716	0
10337066801	0
10337066999	0
10337070019	0
10337070510	0
10337071019	0
10337071510	0
10337074221	0
10337074451	0
10337074551	0
10337075151	0
10337075210	0
10337075410	0
10337075851	0
10337080301	0
10337080305	0
10337080403	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
10337080445	0
10337080541	0
10337080641	1
10337081506	0
10370010100	1
10370010103	1
10370010150	1
10370010200	1
10370010203	1
10370010250	1
10370051010	1
10370051050	1
10370051110	1
10370051150	1
10454071110	0
10454071210	0
10481105002	0
10481105005	0
10481300801	1
10530081503	0
10542001010	1
10542001210	1
10542001409	0
10544036230	1
10544038228	1
10544040701	0
10572010001	1
10572010101	1
10572014762	1
10572040001	1
10572081002	1
10572081003	1
10572081005	1
10631009160	0
10631009216	0
10631009260	0
10631009362	0
10631009420	0
10631009430	0
10631009476	0
10631009620	0
10631009630	0
10631009808	0
10631009814	0
10631009928	0
10631009938	0
10631010030	0
10631010115	0
10631010130	0
10631010160	0
10631010215	0
10631010315	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
10631010350	0
10631010515	0
10631010545	0
10631010560	0
10631011001	0
10631011301	0
10631020601	0
10631020602	0
10631028405	1
10631028505	1
10631040501	1
10631040601	0
10631040701	1
10631044731	1
10631048901	0
10631058431	1
10631058477	1
10631058531	1
10631058577	1
10631058631	1
10631058677	1
10702000201	1
10702000301	1
10702000310	1
10702000401	1
10702000801	1
10702000901	1
10702001001	1
10702001010	1
10702001050	1
10702001101	1
10702001110	1
10702001150	1
10702001201	1
10702001250	1
10702001301	1
10702001401	1
10702001601	1
10702001606	1
10702001801	1
10702002501	1
10702002601	1
10702002701	1
10702002801	1
10702002901	1
10702002910	1
10702003645	1
10702005216	1
10702005601	1
10702005701	1
10768701901	1
10768719103	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
10768728304	1
10768763102	1
10768773303	1
10768773304	1
10802120200	0
10892011410	0
10914040101	1
10914050001	1
10914060001	1
10914080016	1
10914081004	1
10914081016	1
10914095501	1
10922082130	0
10922082223	0
10922082502	0
10922082610	0
10922082806	0
10922082812	0
10952003513	0
11026261501	1
11026275509	0
11026284108	0
11042011296	0
11042011396	0
11042011397	0
11042011540	0
11042014203	0
11086003040	0
11086003201	0
11086003501	0
11086003701	1
11086004106	1
11086004501	0
11086004701	0
11098053301	0
11098053310	0
11391030200	0
11399000501	0
11399000530	0
11528001001	1
11528002001	1
11528010516	0
11528013501	0
11528042001	1
11528090545	0
11584002901	1
11584105306	1
11980001105	0
11980002205	0
11980002210	0
11980017405	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
11980017410	0
11980018005	0
11980018010	0
11980018015	0
11980021105	0
11980021110	0
11980021115	0
11980022805	0
11980022810	0
12165010003	1
12280000590	0
12280000890	0
12280001815	0
12280003150	0
12280006030	0
12280006390	0
12280006715	0
12280006730	0
12280006790	0
12280007930	0
12280016315	0
12280016330	0
12280016490	0
12280016705	0
12280016830	0
12280017060	0
12280017115	0
12280017130	0
12280018030	0
12280018190	0
12280025800	1
12280028715	0
12280028860	0
12280029230	0
12280030130	0
12280030715	0
12280032815	0
12280032890	0
12280035130	0
12280035190	0
12280036530	0
12280036590	0
12280036790	0
12280036990	0
12280037090	0
12280037405	0
12280037590	0
12280038090	0
12280038530	0
12280038590	0
12280038630	0
12280038700	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
12280039205	0
12280039225	0
12280039417	0
12280039630	0
12280040130	0
12280040803	0
12280041203	0
12496075701	0
12496120201	0
12496120203	0
12496120801	0
12496120803	0
12496127802	0
12496128302	0
12496130602	0
12496131002	0
12539014401	1
12539036060	0
12539072701	1
12593004790	1
12830071716	1
12830073516	1
12830075412	0
12830081016	1
12870000101	1
12870000102	1
12939013216	0
12939030541	0
12939031530	0
12948000112	0
13107000305	1
13107000330	1
13107000501	1
13107000505	1
13107000601	1
13107000605	1
13107000701	1
13107000705	1
13107003105	1
13107003130	1
13107003205	1
13107003230	1
13107005605	1
13107005660	1
13107007701	1
13107015505	1
13107015530	1
13107015599	1
13279010030	1
13279010130	1
13279030016	1
13279060010	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
13279060011	1
13279060110	1
13310010107	0
13310010207	0
13310010290	0
13310011901	0
13310011907	0
13310014501	0
13310014601	0
13310015307	0
13436070001	0
13436070002	0
13436070102	0
13453010011	0
13453020018	0
13453022550	0
13478000201	0
13478000204	0
13478000301	0
13478000305	0
13517013101	0
13533060135	0
13533063102	0
13533063504	0
13533063512	0
13533064512	0
13533064515	0
13533064520	0
13533064524	0
13533064571	0
13533070001	0
13548001013	0
13548001017	0
13548001109	0
13548001206	0
13548003025	0
13548003115	0
13548003130	0
13548003145	0
13548003175	0
13548003190	0
13548004012	0
13548007045	0
13551050105	0
13551060101	0
13551070105	1
13668000405	1
13668000410	1
13668000430	1
13668000501	1
13668000505	1
13668000510	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
13668000605	1
13668000701	1
13668000705	1
13668000710	1
13668000715	1
13668000730	1
13668000774	1
13668000790	1
13668000801	1
13668000805	1
13668000810	1
13668000815	1
13668000830	1
13668000890	1
13668000901	1
13668000905	1
13668000909	1
13668000974	1
13668001001	1
13668001005	1
13668001006	1
13668001074	1
13668001101	1
13668001105	1
13668001108	1
13668001174	1
13668001412	1
13668001505	1
13668001512	1
13668001612	1
13668001625	1
13668001760	1
13668002203	1
13668002303	1
13668002405	1
13668002410	1
13668003101	1
13668003105	1
13668003160	1
13668003174	1
13668003205	1
13668003260	1
13668003305	1
13668003360	1
13668003405	1
13668003460	1
13668003505	1
13668003560	1
13668003605	1
13668003660	1
13668003705	1
13668003760	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
13668003805	1
13668003860	1
13668003905	1
13668003960	1
13668004060	1
13668004501	1
13668004505	1
13668004529	1
13668004530	1
13668004701	1
13668004705	1
13668004805	1
13668004860	1
13668004905	1
13668004960	1
13668009590	1
13668011430	1
13668011490	1
13668011530	1
13668011590	1
13668011630	1
13668011730	1
13668011790	1
13668011830	1
13668026699	1
13668026801	1
13668026805	1
13668026810	1
13668027101	1
13668027105	1
13811000130	1
13811000216	1
13811000310	1
13811000890	0
13811000930	1
13811001030	1
13811001190	0
13811001290	1
13811001490	1
13811002710	0
13811002810	1
13811002960	1
13811004090	1
13811004210	1
13811004390	1
13811004490	1
13811004590	1
13811004690	1
13811004730	1
13811004930	1
13811005030	0
13811006260	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
13811006360	0
13811006412	1
13811006610	1
13811006816	1
13811007230	1
13811050460	1
13811051215	1
13811051510	1
13811051810	1
13811052501	1
13811052690	1
13811052701	1
13811052860	1
13811052990	1
13811053630	1
13811053890	1
13811053990	1
13811054030	1
13811054130	1
13811054190	1
13811054230	1
13811054330	1
13811054430	1
13811054630	1
13811055830	1
13811056890	1
13811057090	1
13811057190	1
13811057230	1
13811058030	1
13811058190	1
13811058230	1
13913000103	0
13913000130	0
13913000213	0
13913000316	0
13925004010	1
13925005010	1
13925007028	1
13925010060	1
13925010160	1
13925010201	1
13925010301	1
13925010430	1
13925010530	1
13925010690	1
13925010701	1
13925010801	1
13925011124	1
13925011404	1
13925011501	1
13925011601	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
13925011701	1
13925011890	1
13925011990	1
13925012060	1
13925012260	1
13925012301	1
13925012560	1
13925012710	1
13925012860	1
13925012890	1
13925014001	1
13925014230	1
13925014290	1
13925014390	1
13925014490	1
14290024120	1
14290024145	1
14290024220	1
14290024245	1
14290024320	1
14290024345	1
14290024415	1
14290024445	1
14290024515	1
14290024545	1
14290027015	1
14290027045	1
14290027115	1
14290027145	1
14290027361	1
14290031015	0
14290031045	0
14290031145	0
14290031315	0
14290031345	0
14290031360	0
14290031461	0
14290031463	0
14290035097	0
14290035197	0
14290035297	0
14290035397	0
14290035497	0
14290038135	0
14290050086	0
14290057098	0
14290057198	0
14550051202	1
14550051204	1
14565020210	1
14565020250	1
15014077704	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
15014088804	0
15054006001	0
15054009001	0
15054012001	0
15054012002	0
15054021101	0
15054021105	0
15054050001	0
15054104005	0
15210040335	1
15310001001	1
15310002001	1
15310007003	1
15330002510	1
15330002801	1
15330002810	1
15330002901	1
15330009506	1
15330018801	1
15330019501	1
15330024601	1
15330024605	1
15330025001	1
15330025081	1
15330026401	1
15330026501	1
15338012230	1
15338013330	1
15338020030	1
15338021130	1
15338022030	1
15338023330	1
15338060060	1
15370000710	1
15370000810	1
15370002110	1
15456032556	0
15456080503	0
15456098004	0
15584010101	0
15686010001	1
15686010101	1
15686010201	1
15686010205	1
15686011103	1
15686011105	1
15821010115	0
16110003515	0
16110003530	0
16110003560	0
16110005215	0
16110005260	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
16110007501	0
16110025904	0
16110025907	0
16110026006	0
16252009722	1
16252009733	1
16252009766	1
16252009822	1
16252009833	1
16252009866	1
16252050530	1
16252050550	1
16252050590	1
16252050630	1
16252050650	1
16252050690	1
16252050730	1
16252050750	1
16252050790	1
16252050830	1
16252050850	1
16252050890	1
16252050930	1
16252050950	1
16252050990	1
16252051401	1
16252051501	1
16252051605	1
16252052301	1
16252052401	1
16252052501	1
16252052690	1
16252052750	1
16252052790	1
16252052850	1
16252052890	1
16252052990	1
16252053330	1
16252053350	1
16252053430	1
16252053450	1
16252053490	1
16252053530	1
16252053550	1
16252053590	1
16252053608	1
16252053901	1
16252054001	1
16252054130	1
16252054290	1
16252054390	1
16252054490	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
16252054550	1
16252054590	1
16252054650	1
16252054690	1
16252054733	1
16252054766	1
16252055860	1
16252055960	1
16252056060	1
16252056160	1
16252056260	1
16252056360	1
16252056450	1
16252056460	1
16252056550	1
16252056560	1
16252056660	1
16252056760	1
16252056860	1
16252056960	1
16252057030	1
16252057101	1
16252057150	1
16252057201	1
16252057250	1
16252057301	1
16252057350	1
16252057701	1
16252057801	1
16252057901	1
16252058001	1
16252059099	1
16252059199	1
16252059299	1
16252059701	1
16252059801	1
16252059902	1
16252059944	1
16252060102	1
16252060144	1
16252061001	1
16252061101	1
16252061201	1
16252061301	1
16252061401	1
16477013001	0
16477013201	0
16477013616	0
16477050501	1
16477050521	1
16477056201	0
16477062816	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
16477081901	0
16477082101	0
16571001301	1
16571010125	1
16571010150	1
16571012025	1
16571012050	1
16571013011	1
16571013050	1
16571014010	1
16571014050	1
16571014110	1
16571014150	1
16571020106	1
16571020110	1
16571020111	1
16571020150	1
16571030116	1
16571030216	0
16571041110	1
16571041210	1
16571041305	1
16571042103	1
16590005160	1
16590009035	1
16590009630	1
16590014130	0
16590014409	0
16590014509	0
16590020650	1
16590020771	0
16590020915	1
16590021430	1
16590023310	1
16590024660	0
16590038530	1
16590046771	0
16590046790	0
16590048960	0
16590048971	0
16590050230	0
16590050430	0
16590050730	0
16590050830	0
16590052072	0
16590055060	0
16590062260	0
16590079315	1
16590081372	0
16714002104	1
16714002106	1
16714002204	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
16714002206	1
16714002304	1
16714002306	1
16714002404	1
16714002504	1
16714002505	1
16714003104	1
16714003106	1
16714003206	1
16714003306	1
16714004101	1
16714004104	1
16714004106	1
16714004201	1
16714004204	1
16714004205	1
16714006104	1
16714006105	1
16714006204	1
16714006205	1
16714006206	1
16714007104	1
16714007106	1
16714007204	1
16714007205	1
16714008104	1
16714008105	1
16714008204	1
16714008205	1
16714008206	1
16714008304	1
16714008305	1
16714020201	1
16714020301	1
16714020302	1
16714020501	1
16714020502	1
16714020702	1
16714020901	1
16714021101	1
16714021201	1
16714021202	1
16714021601	1
16714022101	1
16714022130	1
16714022132	1
16714022401	1
16714022402	1
16714022501	1
16714022502	1
16714022601	1
16714022602	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
16714023201	1
16714023202	1
16714023301	1
16714023302	1
16714035102	1
16714035103	1
16714035202	1
16714035203	1
16714035301	1
16714035302	1
16714035303	1
16714035304	1
16714036101	1
16714036104	1
16714036105	1
16714036106	1
16714036201	1
16714036204	1
16714036205	1
16714036206	1
16714050101	1
16714050102	1
16714051101	1
16714051201	1
16714051202	1
16714051301	1
16714051302	1
16714052201	1
16714052203	1
16714052204	1
16714055102	1
16714056102	1
16714057101	1
16714057102	1
16714058102	1
16714058201	1
16714058202	1
16714058203	1
16714058301	1
16714058302	1
16714060101	1
16714061101	1
16714061104	1
16714061105	1
16714061106	1
16714061201	1
16714061204	1
16714061205	1
16714061206	1
16714061301	1
16714061304	1
16714061305	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
16714061306	1
16714062101	1
16714062102	1
16714062201	1
16714062202	1
16714063101	1
16714063102	1
16714063201	1
16714063202	1
16714063301	1
16714063302	1
16714064102	1
16714064103	1
16714064202	1
16714064203	1
16714065102	1
16714065202	1
16714065301	1
16714066101	1
16714066102	1
16714066201	1
16714066202	1
16714066301	1
16714066302	1
16714067101	1
16714068101	1
16714068102	1
16714068201	1
16714068202	1
16714068203	1
16714068301	1
16714068302	1
16714068303	1
16714068401	1
16714068402	1
16714068403	1
16714068501	1
16714068502	1
16714068503	1
16714069210	1
16714069701	1
16714069702	1
16714069801	1
16714069802	1
16714069803	1
16729000101	1
16729000201	1
16729000301	1
16729000410	1
16729000415	1
16729000417	1
16729000510	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
16729000515	1
16729000517	1
16729000610	1
16729000615	1
16729000617	1
16729000710	1
16729000715	1
16729000717	1
16729001901	1
16729001916	1
16729002301	1
16729002310	1
16729003510	1
16729009001	1
16729009010	1
16729009015	1
16729009401	1
16729011505	1
16781011360	1
16781011695	0
16781015460	0
16781015496	0
16781015760	0
16781015796	0
16781016760	0
16781016796	0
16781018160	0
16781018196	0
16781018996	0
16781019460	0
16781019496	0
16781019796	0
16881030015	0
16881070016	0
17139061740	0
17238019205	1
17270072101	1
17314585002	0
17314585102	0
17314585202	0
17314585302	0
17314850001	0
17314850201	0
17314930001	0
17314960001	0
17314960002	0
17317062601	0
17474012305	1
17474012505	1
17474300201	1
17474300203	1
17474300205	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
17478004001	1
17478007035	1
17478010012	1
17478010020	1
17478010212	1
17478020012	1
17478020020	1
17478020810	1
17478020910	1
17478020911	1
17478020919	1
17478021420	1
17478021612	1
17478023835	1
17478026312	1
17478028310	1
17478028435	1
17478028810	1
17478028811	1
17478028812	1
17478029010	1
17478029111	1
17478054601	1
17478070311	1
17478071110	1
17478071130	1
17478071310	1
17478071311	1
17478071410	1
17478071411	1
17478071425	1
17478071510	1
17478071511	1
17478071512	1
17478071610	1
17478071611	1
17478089210	1
17478089225	1
17714002101	1
18011067401	1
18011067516	1
18754006101	1
18754006206	1
18754048014	1
18754048120	1
18754048220	1
18754064510	1
18754064745	1
18754064810	1
18754065219	1
18754065249	1
18754065252	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
18754065915	1
18754066311	1
18754066349	1
18754066410	1
18754074451	1
18754074551	1
18754075151	1
18754075210	1
18860010110	0
18860010210	0
18860010410	0
18860010510	0
18860021501	0
18860025330	0
18860035330	0
18860049002	0
18860067870	0
18860075201	0
18860085201	0
20091053105	1
20091053110	1
20091053305	1
20091053310	1
20091053501	1
20091053505	1
20091053510	1
20091053601	1
20091053605	1
20091053701	1
21695000330	0
21695002516	1
21695004090	1
21695005500	1
21695007930	1
21695015115	0
21695018930	1
21695023260	0
21695026830	1
21695034072	1
21695045530	0
21695049130	1
21695049690	1
21695051907	0
21695055810	1
21695063356	0
21695066530	0
21695067230	1
21695067430	1
21695068330	1
21695070030	1
21695071230	1
21695072314	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
21695075200	1
21695076020	1
21695079100	0
21695081000	1
21695081510	0
21695082130	1
21695082330	1
21695084705	1
23155000101	1
23155000110	1
23155000201	1
23155000210	1
23155000301	1
23155000310	1
23155000401	1
23155000501	1
23155000601	1
23155000801	1
23155000810	1
23155000901	1
23155000910	1
23155001201	1
23155001205	1
23155003801	1
23155010001	1
23155010101	1
23155010501	1
23155010505	1
23155010601	1
23155010605	1
23155010610	1
23155010701	1
23155010800	1
23155010830	1
23155011001	1
23155011010	1
23155011101	1
23155011110	1
23155011201	1
23155011210	1
23155011301	1
23155011401	1
23155011405	1
23155011601	1
23155011701	1
23155012101	1
23155012201	1
23155012301	1
23155012401	1
23155012501	1
23155012601	1
23155012701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
23155012801	1
23155012901	1
23155013801	1
23155013810	1
23155013901	1
23155013910	1
23155014005	1
23155014601	1
23359002316	1
23360001402	1
23360005142	1
23360015250	1
23360015365	1
23490500403	1
23490508801	1
23490537901	1
23490562301	1
23490618001	1
23490648203	1
23490720301	1
23589000310	0
23589001906	0
23589001912	0
23589001916	0
23589002201	0
23589002270	0
23589002306	0
23589002312	0
23589002445	0
23589002508	1
23589002645	0
23589002745	0
23589002845	0
23589003260	0
23589003508	0
23589003616	1
23589003808	0
23589003945	0
23589004191	0
23589006191	0
23589006491	0
23629002010	1
23635005401	0
23635010801	0
23635010820	0
23635031015	0
23635040801	0
23635041201	0
23635041601	0
23635099201	0
23635099301	0
23635099401	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
23710000002	0
23710000070	0
23710000110	0
23710000136	0
23710000602	1
23710000603	0
23710000604	0
23710000670	1
23710003515	0
23710004015	0
23710004075	0
23710005002	0
23710005202	0
23710022570	0
24090047088	0
24090047188	0
24090047388	0
24090047988	0
24090049077	0
24090049284	0
24090049377	0
24090049384	0
24090049484	0
24090049584	0
24090049677	0
24090049684	0
24090049784	0
24090049884	0
24090096184	1
24208027507	0
24208027805	0
24208029005	1
24208029505	1
24208029510	1
24208029525	1
24208029905	0
24208029910	0
24208029915	0
24208029925	0
24208031425	1
24208031510	1
24208031705	1
24208031710	1
24208032405	1
24208032410	1
24208032415	1
24208033005	1
24208033010	1
24208033015	1
24208034205	1
24208034425	1
24208034720	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
24208035305	0
24208035310	0
24208035805	0
24208035810	0
24208035825	0
24208036705	1
24208036710	1
24208036715	1
24208039830	1
24208039915	1
24208040205	1
24208040210	1
24208041005	1
24208041010	1
24208041105	1
24208041110	1
24208041115	1
24208041601	0
24208043405	1
24208043410	1
24208044405	1
24208044410	1
24208044425	1
24208044605	0
24208045705	1
24208045725	1
24208048510	1
24208048610	1
24208050505	1
24208050510	1
24208050515	1
24208054505	1
24208054510	1
24208055555	1
24208056162	1
24208058060	1
24208058064	1
24208058559	1
24208058564	1
24208059064	1
24208061577	1
24208063110	1
24208063562	1
24208067004	1
24208067615	1
24208068115	1
24208068615	1
24208071502	1
24208071506	1
24208071510	1
24208072002	1
24208073006	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
24208073501	1
24208073506	1
24208074002	1
24208074006	1
24208074059	1
24208075006	1
24208075060	1
24208078055	1
24208078555	1
24208079062	1
24208079535	1
24208080615	1
24208081115	1
24208082115	1
24208082555	1
24208083060	1
24208091019	1
24208091055	1
24208092064	1
24208096094	1
24338042001	0
24338071115	0
24338072215	0
24477001015	0
24478010204	0
24486032510	1
24486032610	1
24486040120	0
24486060110	1
24486060210	1
24486060310	1
24486060490	1
24486060510	1
24486070420	1
24486070460	1
24486080120	1
24486080220	1
24658010210	1
24658011001	1
24658013005	1
24658013018	1
24658013060	1
24658014001	1
24658014010	1
24658014101	1
24658014110	1
24658014130	1
24658014201	1
24658014210	1
24658014230	1
24658019010	1
24658020001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
24658020101	1
24658020105	1
24658020201	1
24658020205	1
24658020301	1
24658021010	1
24658021030	1
24658021090	1
24658021110	1
24658021130	1
24658021145	1
24658021190	1
24658021210	1
24658021230	1
24658021245	1
24658021290	1
24658021310	1
24658021330	1
24658021345	1
24658021390	1
24658021410	1
24658021430	1
24658021445	1
24658021490	1
24658024010	1
24658024090	1
24658024110	1
24658024130	1
24658024145	1
24658024190	1
24658024210	1
24658024245	1
24658024290	1
24658024310	1
24658024315	1
24658024330	1
24658024345	1
24658024390	1
24658024401	1
24658024510	1
24658024515	1
24658024518	1
24658024530	1
24658024545	1
24658024560	1
24658024590	1
24839033330	0
25010020515	0
25010040515	0
25010070515	0
25010071015	0
25010080568	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
25010081056	0
25010081156	0
25010081316	0
25010081356	0
25010081466	0
25010081566	0
25010081656	1
25010081756	1
25021010110	1
25021010299	1
25021010610	1
25021010720	1
25021011487	1
25021012120	1
25021012250	1
25021012850	1
25021012999	1
25021020405	1
25021040201	1
25021040301	1
25021040401	1
25682000101	0
27437010906	0
27437011001	0
27437011006	0
27437020108	0
27437020602	0
27437020603	0
28105014904	0
28105015004	0
28105016020	0
28595011001	1
28595020001	1
28595061001	1
29033000101	1
29033000201	1
29033000301	1
29033000305	1
29033001201	1
29033001301	1
29033001305	1
29273070260	0
29273070360	0
29300012401	1
29300012410	1
29300012501	1
29300012510	1
29300012601	1
29300012613	1
29300012701	1
29300012713	1
29300012801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
29300012810	1
29300012901	1
29300012910	1
29300013101	1
29300013201	1
29336010011	0
29336020025	0
29336024050	0
29336030102	0
29336030202	0
29336030302	0
29336030402	0
29336030510	0
29336030710	0
29336031410	0
29336032130	1
29336032556	0
29336061012	0
29336061024	0
29336071028	0
29336081521	0
30698003201	0
30698014301	0
30698041912	0
30698042112	0
30698042312	0
31357004025	0
31722020601	1
31722020701	1
31722020801	1
31722020901	1
31722020930	1
31722021205	1
31722021230	1
31722021305	1
31722021330	1
31722021405	1
31722021430	1
31722022101	1
31722022105	1
31722022201	1
31722022205	1
31722022301	1
31722022305	1
31722022505	1
31722022560	1
31722023710	1
31722023790	1
31722023810	1
31722023890	1
31722023910	1
31722023990	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
31722027101	1
31722027201	1
31722027301	1
31722027310	1
31722027401	1
31722027410	1
31722027810	1
31722027860	1
31722027910	1
31722027960	1
31722028010	1
31722028060	1
31722028160	1
31722050960	1
31722051660	1
31722051760	1
31722051860	1
31722051901	1
31722052001	1
31722052010	1
31722052101	1
31722052110	1
31722052201	1
31722052901	1
31722053001	1
31722053101	1
31722053201	1
31722053301	1
31722053401	1
32909071503	0
32909072701	0
32909075503	0
32909081453	0
33358007630	0
33358009830	0
33358010930	1
33358015301	1
33358020004	1
33358020200	0
33358020830	0
33358023800	0
33358027206	1
33358031830	0
33358035306	0
33358036701	0
35356001107	0
35356001256	0
35356001910	0
35356004700	0
35356004960	0
35356007730	0
35356008002	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
35356008201	0
35356008600	0
35356009010	0
35356009030	0
35356009230	0
35356010190	0
35356010330	0
35356010401	0
35356010560	0
35356011060	0
35356011406	0
35356013060	0
35356013130	0
35356013400	0
35356013500	0
35356013660	0
35356014230	0
35356014930	0
35356015130	0
35356015330	0
35356015490	0
35356015701	0
35356015930	0
35356016405	0
35356018705	0
35356020460	0
35356021030	0
35356021401	0
35356021530	0
35356021630	0
35356021690	0
35356021730	0
35356022050	0
35356022550	0
35356022750	0
35356022860	0
35356023100	0
35356023400	0
35356023650	0
35356024115	0
35356025212	0
35356025528	0
35356025690	0
35356025830	0
35356025890	0
35356026100	0
35356026130	0
35356026830	0
35356027030	0
35356027160	0
35356027230	0
35356027460	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
35356027828	0
35356027928	0
35356028000	0
35356028100	0
35356028230	0
35356028330	0
35356028720	0
35356028730	0
35356029045	0
35356029245	0
35356029490	0
35356029530	0
35356029830	0
35356030290	0
35356030501	0
35356031630	0
35356034230	0
35356035760	0
35356037960	0
35356039030	0
35356039190	0
35356039430	0
35356039960	0
35356040090	0
35356041128	0
35356041330	0
35356042730	0
35356044230	0
35356044430	0
35356045030	0
35356046760	0
35356046801	0
35356047725	0
35356049130	0
35356049730	0
35356051630	1
35356052500	0
35356053760	0
35356055230	0
35356056730	0
35573000616	1
35573010560	1
38341007061	0
38341010435	0
38341010446	0
38341010473	0
38341010665	0
38341010666	0
38779000106	0
38779000905	0
38779004301	0
38779004304	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
38779004305	0
38779004308	0
38779004309	0
38779005704	0
38779005705	0
38779007805	0
38779011404	0
38779016303	0
38779016304	0
38779016503	0
38779019104	0
38779022701	0
38779024201	0
38779024209	0
38779027404	0
38779028004	0
38779028005	0
38779029904	0
38779031901	0
38779036406	0
38779037206	0
38779040503	0
38779056103	0
38779057405	0
38779058505	0
38779059808	1
38779063205	0
38779064306	0
38779073105	0
38779078605	0
38779086901	0
38779086903	0
38779086904	0
38779088703	0
38779088705	0
38779089103	0
38779092703	0
38779150203	0
38779165706	0
38779196807	0
38779198001	0
38779236305	0
39506002260	0
39506003330	0
39506004430	0
39506005530	0
39822016605	1
39822020501	1
39822041201	1
39822061501	1
39822090005	0
39822105505	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
39822301503	1
39822530005	0
39822600001	0
39822600003	0
39822610003	0
39822904501	1
39822910001	1
39822916001	1
39822920001	1
40042001205	1
40042004805	1
40042005010	1
40565012249	0
40565012251	0
40565012253	0
41616014481	1
41616017640	0
41616017840	0
41616021990	1
41616022090	1
41616022190	1
41616048583	1
41616048588	1
41616058081	1
41616063583	1
41616063683	1
41616063688	1
41616063768	1
41616063868	1
41616075881	1
41616075883	1
41616075981	1
41616075983	1
41616076081	1
41616076083	1
41616093640	1
42023010301	0
42023010801	0
42023010901	0
42023011001	0
42023011101	0
42023011201	0
42023011801	0
42023011925	0
42023012225	1
42023012401	0
42043014001	1
42043014005	1
42043014101	1
42043014105	1
42043014238	1
42043014258	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
42043014338	1
42043014358	1
42043015023	1
42043018003	1
42192010110	1
42192010224	1
42192010316	1
42192010406	1
42192010515	1
42192010615	1
42192010701	1
42192010804	1
42192010901	1
42192011003	1
42192011103	1
42192011270	1
42192011360	1
42192011515	1
42192011807	1
42192011930	1
42192012460	1
42192012560	1
42192012860	1
42192030160	1
42192030401	0
42192030860	1
42192031190	1
42192031230	1
42192031390	1
42192031690	1
42192031790	1
42192031830	1
42192031930	1
42192032090	1
42192032130	1
42192032330	1
42192032430	1
42192051304	1
42192070115	1
42192070501	1
42192070660	1
42192070718	1
42192070810	1
42192070918	1
42192071015	1
42211010111	0
42211010243	0
42227008105	0
42291050950	1
42291052710	1
42291052810	1
42291052901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
42291053250	1
42291053310	1
42457000184	0
42546000390	1
42546000490	1
42546012510	1
42546013045	1
42546013090	1
42546014516	1
42546017030	1
42546020728	1
42546020734	1
42546027001	1
42546041211	1
42546050104	1
42546050690	1
42546051530	1
42546051630	1
42546051730	1
42546051830	1
42546071005	1
42546080930	1
42546081030	1
42546081130	1
42546081230	1
42546091760	1
42549056510	1
42549060990	1
42549062701	0
42549064714	1
42747072601	0
42769122100	1
42769122200	1
42769122500	1
42769134003	1
42769134006	1
42769134008	1
42769138007	1
42769139405	1
42783010145	0
42783030110	0
42799010501	1
42799010601	1
42799021701	1
42799021702	1
42806001101	1
42806001105	1
42806001801	1
42806001805	1
42806003712	1
42806003801	1
42806006012	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
42806009801	1
42806009830	1
42806009930	1
42806050301	1
42826060105	0
42826060550	0
42847010303	0
42847010603	0
42858030101	1
42858030201	1
42858030301	1
42865010002	0
42865010102	0
42865010202	0
42865010302	0
42907004030	0
42998020301	0
42998020302	0
42998067901	0
43063000402	1
43063001304	1
43063001306	1
43063001404	1
43063001706	1
43063002404	1
43063002406	1
43063002502	1
43063002801	1
43063005004	1
43063008806	1
43063009430	1
43063009506	1
43063012130	1
43063012993	1
43063014330	1
43063017790	0
43063018660	1
43063020010	1
43063020330	1
43063020540	0
43063020830	1
43063021030	1
43063023001	1
43063023910	1
43063023930	1
43068010102	0
43068010202	0
43068010402	0
43068010602	0
43068010802	0
43068011002	0
43068011304	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
43199001101	1
43199001201	1
43199001301	1
43199001401	1
43199001615	1
43199002001	1
43351000220	1
43353003115	0
43353003145	0
43353003160	0
43353004930	1
43353005015	1
43353005020	1
43353005030	1
43353005040	1
43353005045	1
43353005050	1
43353005060	1
43353005065	1
43353005068	1
43353005070	1
43353006170	1
43353007230	1
43353007245	1
43353007253	1
43353007260	1
43353007270	1
43353007280	1
43353007290	1
43353007292	1
43353007294	1
43353007660	1
43353009060	1
43353013360	1
43353013445	1
43353013460	1
43353014230	1
43353014240	1
43353014253	1
43353014260	1
43353017330	1
43353017345	1
43353018360	1
43353022715	1
43353022745	1
43353022815	1
43353022845	1
43353022860	1
43353022945	1
43353023960	1
43353028915	0
43353028945	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
43353029530	1
43353029545	1
43353030215	1
43353030245	1
43353031130	1
43353031160	1
43353031860	1
43353032030	1
43353034030	1
43353034053	1
43353034060	1
43353034080	1
43353034096	1
43353034460	1
43353034492	1
43353035045	1
43353035060	1
43353035730	1
43353035753	1
43353035760	1
43353035770	1
43353035830	1
43353035853	1
43353035860	1
43353035870	1
43353035875	1
43353035953	1
43353035960	1
43353035970	1
43353036415	1
43353036430	1
43353036445	1
43353036480	1
43353036960	1
43353036980	1
43353037960	1
43353038960	1
43353038974	1
43353038980	1
43353039160	1
43353039174	1
43353039192	1
43353039360	1
43353039374	1
43353039380	1
43353039392	1
43353039660	1
43353039960	1
43353041230	1
43353041930	1
43353041945	1
43353041953	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
43353041960	1
43353042130	1
43353042645	1
43353042653	1
43353042660	1
43353045030	1
43353045945	0
43353048930	0
43353048960	0
43353048970	0
43353049230	0
43353049645	1
43353050660	1
43353050670	1
43353050860	1
43353050960	1
43353051060	1
43353051080	1
43353051453	1
43353051460	1
43353051480	1
43353051530	1
43353051545	1
43353051553	1
43353052160	1
43353052180	1
43353053430	1
43353053445	1
43353053460	1
43353053615	1
43353053645	1
43353053930	1
43353053960	1
43353053980	1
43353054330	1
43353054345	1
43353054360	1
43353054415	1
43353054545	1
43353054630	1
43353055415	1
43353056060	1
43353056720	1
43353056730	1
43353057315	1
43353057330	1
43353057345	1
43353057360	1
43353057453	1
43353057488	1
43353057830	1
43353058280	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
43353059130	1
43353059160	1
43353059170	1
43353059180	1
43353059192	1
43353059194	1
43353059198	1
43353059630	1
43353059660	1
43353060060	1
43353060560	1
43353060630	1
43353061260	1
43353061360	1
43353061715	1
43353061720	1
43353061730	1
43353062515	1
43353062530	1
43353062545	1
43353063403	1
43353063404	1
43353063412	1
43353063560	1
43353063660	1
43353063730	1
43353063930	1
43353064030	1
43353064153	1
43353064215	1
43353064660	1
43353064760	1
43353064860	1
43353065215	1
43353065230	1
43353065245	1
43353065253	1
43353065260	1
43353065330	1
43353065360	1
43376010606	0
43386005019	1
43386006019	1
43386009019	1
43386044024	1
43386048024	1
43386051087	1
43478024120	1
43478024145	1
43478024220	1
43478024245	1
43478024320	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
43478024345	1
43478024415	1
43478024445	1
43478024515	1
43478024545	1
43478027015	1
43478027045	1
43478027115	1
43478027145	1
43478027361	1
43478090088	1
43478090188	1
43478090288	1
43478090388	1
43538010060	0
43538011016	0
43538012016	0
43538013016	0
43538020028	0
43538021009	0
43538022010	0
43538023016	0
43538025020	0
43538030030	0
43547023009	1
43547023111	1
43547023209	1
43547023211	1
43547024810	1
43547024850	1
43547024910	1
43547024950	1
43547025010	1
43547025050	1
43547025110	1
43547025210	1
43547025310	1
43547025410	1
43547025510	1
43547025610	1
43547025710	1
43595008003	0
43595008103	0
43773100102	0
43773100103	0
44087000407	0
44087000607	0
44087002203	0
44087004403	0
44087081808	0
44087100502	0
44087108001	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
44087108801	0
44087111201	0
44087111301	0
44087111401	0
44087115001	0
44087120301	0
44087122501	0
44087137501	0
44087338807	0
44087809006	1
44087882201	0
44087900501	0
44087900506	0
44087903001	0
44087907001	0
44183050735	1
44183050851	1
44183050921	1
44183051516	1
44184001602	1
44184001702	1
44206041603	0
44206041706	0
44206041812	0
44206043605	1
44206043710	1
44206043820	1
44206045101	0
44206045202	0
44206045404	0
44206310101	0
44206310110	0
44411010360	0
44523004520	1
44946100501	1
44946101205	0
44946101305	0
44946101405	0
44946101503	1
44946101703	1
45749001782	0
45802000402	1
45802000403	1
45802001402	1
45802001405	1
45802002146	1
45802004064	1
45802004611	1
45802004635	1
45802004811	1
45802004835	1
45802004935	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
45802005405	1
45802005435	1
45802005436	1
45802005505	1
45802005535	1
45802005536	1
45802005611	1
45802005635	1
45802005911	1
45802005935	1
45802006305	1
45802006335	1
45802006336	1
45802006405	1
45802006435	1
45802006436	1
45802006535	1
45802007662	1
45802008302	1
45802008386	1
45802009465	1
45802009828	1
45802009851	1
45802011222	1
45802011846	1
45802011859	1
45802011937	1
45802011942	1
45802012714	1
45802012765	1
45802012932	1
45802012935	1
45802013132	1
45802013135	1
45802013811	1
45802013818	1
45802013835	1
45802014167	1
45802014464	1
45802017003	1
45802017053	1
45802017077	1
45802017156	1
45802017655	1
45802018202	1
45802018242	1
45802018302	1
45802018342	1
45802018478	1
45802020514	1
45802022111	1
45802022135	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
45802022137	1
45802022211	1
45802022235	1
45802022237	1
45802023701	1
45802025735	1
45802025742	1
45802026337	1
45802026393	1
45802026937	1
45802030321	1
45802030367	1
45802030678	1
45802031156	1
45802034664	1
45802036102	1
45802036142	1
45802036235	1
45802036242	1
45802036335	1
45802036342	1
45802037632	1
45802037635	1
45802040046	1
45802040049	1
45802040109	1
45802041926	1
45802041954	1
45802042235	1
45802042237	1
45802042335	1
45802042337	1
45802042790	1
45802043732	1
45802043733	1
45802045535	1
45802045537	1
45802045542	1
45802046564	1
45802046611	1
45802046635	1
45802046653	1
45802047264	1
45802047265	1
45802049326	1
45802049383	1
45802049535	1
45802049537	1
45802052278	1
45802052290	1
45802053478	1
45802053490	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
45802059665	1
45802061665	1
45802061678	1
45802062626	1
45802063190	1
45802066032	1
45802066033	1
45802071708	1
45802072530	1
45802072531	1
45802073321	1
45802073367	1
45802075830	1
45802075930	1
45802077078	1
45802080601	1
45802081841	0
45802082278	1
45802087975	1
45802090194	1
45802090596	1
45802090734	1
45802091001	1
45802091096	1
45802091301	1
45802091326	1
45802091334	1
45802091501	1
45802091596	1
45802091801	1
45802091834	1
45802092196	1
45802092341	1
45802092349	1
45802092514	1
45802092594	1
45802092596	1
45802093064	1
45802093326	1
45802093716	1
45802093726	1
45802093901	1
45802093902	1
45802094201	1
45802094202	1
45802094694	1
45802094696	1
45802094778	1
45802095001	1
45802095226	1
45802095243	1
45802095494	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
45802095496	1
45802096096	1
45802096272	1
45802096694	1
45802096696	1
45802096826	1
45802097801	1
45802099596	1
45809040120	0
45809080112	0
45963041261	1
45985064601	0
46287000601	1
46287000604	1
46287000660	1
46287000901	0
46287001016	0
46287001216	1
46287001401	0
46287001499	0
46672005310	1
46672005350	1
46987032211	0
46987032311	0
46987032411	0
46987032511	0
46987032611	0
46987037711	0
46987041011	0
46987041211	0
47335073786	1
47335093890	1
47360017201	0
47360017202	0
47463571025	1
47781026603	1
47781026703	1
47781027501	1
47781027509	1
47783010101	0
48102000735	1
48102000811	1
48102000835	1
48102000839	1
48102001490	0
48433023015	1
48878062001	0
48878062022	0
48878312004	0
48878331500	1
48878331600	1
49158050001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49158050010	1
49158050101	1
49158050110	1
49158050201	1
49158050210	1
49158050301	1
49158050310	1
49158050510	1
49158050610	1
49158050710	1
49158050810	1
49230053410	0
49230053425	0
49230064021	0
49281088001	0
49452176101	0
49452194701	0
49452278001	0
49452278002	0
49452278003	0
49452365702	0
49452478001	0
49452485202	0
49452488101	0
49452597201	0
49452606001	0
49452606503	0
49452621001	0
49452621002	0
49452764503	0
49452781101	0
49452790001	0
49452827501	0
49483002101	1
49483002110	1
49483002201	1
49483002210	1
49483002310	1
49483004101	1
49483004301	1
49483022106	1
49483022110	1
49483022210	1
49502020301	0
49502020701	0
49502020725	0
49502050001	0
49502050002	0
49502050101	0
49502050102	0
49502060561	0
49502064015	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49502067230	0
49502067260	0
49502068526	1
49502068530	1
49502068531	1
49502068562	1
49502069203	0
49502069724	1
49502069729	1
49502069730	1
49502069761	1
49502083003	1
49502083005	1
49502090030	0
49502090130	0
49502090230	0
49685092801	0
49685092802	0
49708064490	0
49730011130	1
49730011230	1
49730011330	1
49769025610	0
49769049116	1
49769050608	0
49769050712	0
49769052516	1
49769055216	1
49808015460	1
49813000101	0
49813000102	0
49848000190	0
49848000460	0
49848000690	0
49884000901	1
49884000910	1
49884002001	1
49884002010	1
49884002101	1
49884002110	1
49884002201	1
49884002210	1
49884002701	1
49884002710	1
49884002801	1
49884002810	1
49884002901	1
49884002910	1
49884003201	1
49884003401	1
49884003410	1
49884003501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49884003510	1
49884004101	1
49884004107	1
49884004301	1
49884004310	1
49884004532	1
49884005401	1
49884005410	1
49884005501	1
49884005510	1
49884005601	1
49884005610	1
49884006101	1
49884006201	1
49884006205	1
49884006401	1
49884006405	1
49884006501	1
49884006601	1
49884007176	1
49884007269	1
49884007327	1
49884007328	1
49884007347	1
49884007601	1
49884007605	1
49884008226	0
49884008401	1
49884008501	1
49884008601	1
49884008701	1
49884009101	1
49884009201	1
49884009205	1
49884009303	1
49884009304	1
49884010601	1
49884010701	1
49884010801	1
49884010805	1
49884010901	1
49884011074	1
49884011174	1
49884011201	1
49884011701	1
49884011705	1
49884011710	1
49884012101	1
49884012110	1
49884013001	1
49884013005	1
49884014227	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49884014247	1
49884014301	1
49884014646	1
49884016111	1
49884016401	1
49884016501	1
49884016510	1
49884016601	1
49884016610	1
49884016827	1
49884016828	1
49884016847	1
49884017609	1
49884017909	1
49884018009	1
49884018010	1
49884019501	1
49884019505	1
49884020128	1
49884020149	1
49884020170	1
49884021255	0
49884021374	1
49884021474	1
49884021701	1
49884021710	1
49884021801	1
49884021810	1
49884021901	1
49884021910	1
49884022001	1
49884022101	1
49884022201	1
49884022203	1
49884022205	1
49884023533	1
49884023611	1
49884024201	1
49884024301	1
49884024303	1
49884024447	1
49884024527	1
49884024547	1
49884024601	1
49884025601	1
49884025701	1
49884025705	1
49884025901	1
49884027014	0
49884028201	1
49884028210	1
49884028901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49884029001	1
49884029004	1
49884029005	1
49884029807	1
49884029812	1
49884029907	1
49884029912	1
49884030101	1
49884030602	1
49884030702	1
49884030802	1
49884030902	1
49884031002	1
49884031155	1
49884031191	1
49884031401	1
49884031410	1
49884031555	1
49884031591	1
49884031901	1
49884031905	1
49884032801	1
49884032810	1
49884032901	1
49884033001	1
49884033401	1
49884033405	1
49884033876	1
49884034076	1
49884034301	1
49884036581	1
49884036826	1
49884039201	1
49884039633	1
49884039711	1
49884039877	1
49884040191	1
49884040291	1
49884040401	1
49884040410	1
49884040501	1
49884040510	1
49884040601	1
49884040610	1
49884040701	1
49884040710	1
49884045312	1
49884045405	1
49884045412	1
49884045511	1
49884045802	1
49884045804	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49884045805	1
49884046565	1
49884046566	1
49884046665	1
49884046667	1
49884046805	1
49884046901	1
49884048252	1
49884048299	1
49884048352	1
49884048399	1
49884049059	1
49884051101	1
49884051201	1
49884051303	1
49884054401	1
49884054402	1
49884054405	1
49884054410	1
49884054501	1
49884054504	1
49884054511	1
49884055001	1
49884055201	1
49884055301	1
49884055701	1
49884055710	1
49884055801	1
49884055901	1
49884055910	1
49884056001	1
49884056501	1
49884056601	1
49884056701	1
49884057201	1
49884058201	1
49884058210	1
49884058301	1
49884058401	1
49884058701	1
49884058801	1
49884058901	1
49884059001	1
49884059010	1
49884059101	1
49884059201	1
49884059210	1
49884059301	1
49884059310	1
49884059401	1
49884059410	1
49884060036	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49884060040	1
49884060057	1
49884060058	1
49884060085	1
49884060136	1
49884060140	1
49884060201	1
49884060210	1
49884060301	1
49884060305	1
49884060310	1
49884060801	1
49884060810	1
49884060811	1
49884060901	1
49884060910	1
49884060911	1
49884063801	1
49884064001	1
49884064101	1
49884064702	1
49884064705	1
49884064801	1
49884064901	1
49884064905	1
49884065001	1
49884065005	1
49884065101	1
49884065110	1
49884065201	1
49884065210	1
49884065301	1
49884065310	1
49884065401	1
49884065701	0
49884067314	1
49884068601	1
49884068701	1
49884069401	1
49884069501	1
49884069601	1
49884070154	1
49884070155	1
49884070701	1
49884070705	1
49884070801	1
49884070805	1
49884072101	1
49884072102	1
49884072113	1
49884072301	1
49884072305	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49884072401	1
49884072501	1
49884072505	1
49884072601	1
49884072703	1
49884072704	1
49884073201	1
49884073301	1
49884073310	1
49884073401	1
49884073410	1
49884073411	1
49884073501	1
49884073510	1
49884073511	1
49884073582	1
49884074301	1
49884074311	1
49884075313	1
49884075401	1
49884075402	1
49884075410	1
49884075501	1
49884075502	1
49884075510	1
49884075601	1
49884075602	1
49884075610	1
49884076602	1
49884076701	1
49884077101	1
49884077110	1
49884077486	1
49884077586	1
49884077686	1
49884077701	1
49884077705	1
49884077801	1
49884077805	1
49884077901	1
49884077905	1
49884078253	1
49884078353	1
49884082111	1
49884082211	1
49884084501	1
49884085001	1
49884085101	1
49884086702	1
49884086802	1
49884086902	1
49884087201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49884087205	1
49884087211	1
49884087611	1
49884087711	1
49884087811	1
49884087911	1
49884088811	1
49884088911	1
49884090738	1
49884090761	1
49884092101	1
49884092105	1
49884092202	1
49884092204	1
49884093665	0
49884093666	0
49884093765	0
49884093767	0
49884093911	1
49884094601	1
49884094605	1
49884094969	0
49884095801	1
49884095901	1
49884096001	1
49884096201	1
49884096701	1
49884096801	1
49884096805	1
49884096901	1
49884098401	1
49884098501	1
49884098918	1
49884098960	1
49884099009	1
49884099109	1
49884099209	1
49884099309	1
49938010101	0
49938010130	0
49938010201	0
49938010230	0
49939100101	0
49963061501	1
49999000400	0
49999000430	0
49999000460	0
49999001508	1
49999002120	1
49999002320	1
49999006030	1
49999006440	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49999014105	1
49999022830	1
49999024930	0
49999029028	1
49999029030	1
49999030430	0
49999030730	0
49999030790	0
49999031630	0
49999034300	1
49999034960	1
49999038330	0
49999039230	0
49999039290	0
49999040230	0
49999040290	0
49999041000	0
49999041807	0
49999041810	0
49999041850	0
49999041930	0
49999042130	0
49999044730	0
49999044804	0
49999044930	0
49999045030	0
49999045130	0
49999045505	0
49999045530	0
49999045830	0
49999046730	0
49999046790	0
49999046830	0
49999046890	0
49999047450	0
49999047590	0
49999048607	0
49999048730	0
49999048790	0
49999051230	1
49999053330	0
49999053390	0
49999055230	1
49999058830	1
49999059830	0
49999059930	0
49999059960	0
49999060000	0
49999060030	0
49999060300	0
49999061401	0
49999061830	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
49999061930	0
49999062700	0
49999062730	0
49999063630	0
49999075330	0
49999075430	0
49999080460	0
49999081530	0
49999081590	0
49999081630	0
49999081960	0
49999082600	0
49999085630	0
49999085690	0
49999085790	0
49999086060	1
49999087330	0
49999087390	0
49999087730	0
49999087790	0
49999087830	0
49999087890	0
49999088100	0
49999088130	0
49999088230	0
49999088290	0
49999088430	0
49999088490	0
49999088530	0
49999088590	0
49999089930	1
49999090690	0
49999090885	0
49999094090	0
49999094390	0
49999095230	0
49999095730	0
49999095830	0
49999095930	0
49999096918	0
49999098460	0
49999098560	0
49999099007	0
49999099190	0
49999099290	0
49999099701	0
50111030701	1
50111030702	1
50111030703	1
50111030801	1
50111030802	1
50111030803	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50111030901	1
50111030902	1
50111030903	1
50111031401	1
50111031403	1
50111032301	1
50111032401	1
50111032501	1
50111032601	1
50111032701	1
50111032703	1
50111032801	1
50111032803	1
50111033301	1
50111033302	1
50111033306	1
50111033401	1
50111033402	1
50111036201	1
50111036203	1
50111036301	1
50111037201	1
50111037301	1
50111039101	1
50111039102	1
50111039301	1
50111039401	1
50111039403	1
50111039501	1
50111039503	1
50111039701	1
50111039801	1
50111039803	1
50111043001	1
50111043002	1
50111043003	1
50111043301	1
50111043302	1
50111043303	1
50111043401	1
50111043402	1
50111043403	1
50111044101	1
50111044102	1
50111045601	1
50111045602	1
50111045603	1
50111045901	1
50111045902	1
50111045903	1
50111046701	1
50111046703	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50111046801	1
50111046803	1
50111046901	1
50111046903	1
50111047001	1
50111047101	1
50111047102	1
50111048201	1
50111048202	1
50111048203	1
50111048301	1
50111048302	1
50111050501	1
50111050502	1
50111051701	1
50111051702	1
50111051801	1
50111052801	1
50111053401	1
50111053402	1
50111054604	1
50111054701	1
50111054703	1
50111055002	1
50111056301	1
50111056302	1
50111056303	1
50111060801	1
50111061601	1
50111062101	1
50111064701	1
50111064702	1
50111064703	1
50111064801	1
50111064802	1
50111064803	1
50111064844	1
50111065301	1
50111070801	1
50111070901	1
50111071001	1
50111076117	1
50111076203	1
50111076217	1
50111076417	1
50111076728	1
50111078710	1
50111078766	1
50111078810	1
50111078867	1
50111079001	1
50111079120	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50111079222	1
50111079320	1
50111079478	1
50111081942	1
50111082001	1
50111085101	1
50111085102	1
50111085201	1
50111088405	1
50111088601	1
50111088603	1
50111088703	1
50111090101	1
50111090943	1
50111091501	1
50111091601	1
50111091701	1
50111091703	1
50111091801	1
50111092043	1
50111093010	1
50111093101	1
50111093102	1
50111093201	1
50111093202	1
50111094543	1
50111094643	1
50111094669	1
50111098701	1
50111098959	1
50111099001	1
50114615502	0
50192011301	0
50192011309	0
50201130006	1
50201240002	1
50201240006	1
50220000101	1
50220000201	1
50222022704	0
50222022781	0
50222026006	0
50222026012	0
50222034208	0
50222034253	0
50222040360	0
50222050106	0
50242001821	0
50242002220	0
50242004062	0
50242004163	0
50242004164	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50242004314	0
50242005121	0
50242005306	0
50242005656	0
50242006001	0
50242006101	0
50242006201	0
50242006301	0
50242006401	0
50242007203	0
50242007301	0
50242007401	0
50242007501	0
50242007601	0
50242008001	0
50242010039	0
50242010040	0
50242013468	0
50242013501	0
50242013601	0
50242013701	0
50383002405	1
50383002410	1
50383002505	1
50383002510	1
50383004004	1
50383004224	1
50383004248	1
50383004316	1
50383005008	1
50383007916	1
50383013516	1
50383017104	1
50383017290	1
50383017708	1
50383023210	1
50383023310	1
50383026715	1
50383026730	1
50383026745	1
50383026760	1
50383026815	1
50383026830	1
50383026860	1
50383026915	1
50383026960	1
50383027060	1
50383028202	1
50383028205	1
50383028210	1
50383039006	1
50383039106	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50383039306	1
50383041906	1
50383056510	1
50383057516	1
50383057630	1
50383059316	1
50383062850	1
50383063350	1
50383063450	1
50383063650	1
50383063750	1
50383064150	1
50383064250	1
50383065650	1
50383066308	1
50383066403	1
50383066407	1
50383066430	1
50383066730	1
50383069802	1
50383069818	1
50383069907	1
50383069911	1
50383070016	1
50383070105	1
50383070109	1
50383070710	1
50383070806	1
50383071014	1
50383071540	1
50383071915	1
50383072016	1
50383073145	1
50383073202	1
50383074016	1
50383074120	1
50383074225	1
50383077504	1
50383077908	1
50383077916	1
50383077932	1
50383079216	1
50383079516	1
50383079616	1
50383080116	1
50383080316	1
50383080416	1
50383080716	1
50383080816	1
50383080916	1
50383081016	1
50383082316	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50383082416	1
50383084104	1
50383084216	1
50383085075	0
50383085516	1
50383085616	1
50383086116	1
50383086304	1
50383086316	1
50383086416	1
50383086604	1
50383086616	1
50383087130	1
50383087216	1
50383087416	1
50383088915	1
50383090110	1
50419000233	0
50419005014	0
50419005030	0
50419010510	0
50419010910	0
50419011506	0
50419011606	0
50419011906	0
50419015057	0
50419035703	0
50419040203	0
50419040503	0
50419040903	0
50419042101	0
50419045104	0
50419045204	0
50419045304	0
50419045404	0
50419045504	0
50419045604	0
50419045904	0
50419048301	0
50419048303	0
50419048858	0
50419049104	0
50419052315	0
50419052325	0
50419052335	0
50419086151	0
50419086351	0
50428140550	1
50458003305	0
50458003405	0
50458003605	0
50458003705	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50458009005	0
50458009105	0
50458009205	0
50458009305	0
50458009405	0
50458009801	0
50458016420	0
50458016601	0
50458016801	0
50458017001	0
50458022160	0
50458029028	0
50458029515	0
50458030001	0
50458030006	0
50458030050	0
50458030104	0
50458030201	0
50458030206	0
50458030250	0
50458030503	0
50458030611	0
50458030711	0
50458030811	0
50458030911	0
50458031528	0
50458032001	0
50458032006	0
50458032050	0
50458032528	0
50458033006	0
50458033050	0
50458034160	0
50458034260	0
50458034360	0
50458034660	0
50458035006	0
50458038730	0
50458038830	0
50458038930	0
50458039528	0
50458039530	0
50458039660	0
50458039760	0
50458039860	0
50458040102	0
50458049010	0
50458051360	0
50458051560	0
50458052660	0
50458055001	0
50458055002	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50458055010	0
50458055101	0
50458055110	0
50458055201	0
50458055202	0
50458055210	0
50458055401	0
50458056101	0
50458056201	0
50458056301	0
50458056401	0
50458058501	0
50458058601	0
50458058701	0
50458058801	0
50458059010	1
50458059050	1
50458059060	1
50458059110	1
50458059150	1
50458059160	1
50458059210	1
50458059250	1
50458059260	1
50458059310	1
50458059350	1
50458059360	1
50458059450	1
50458059460	1
50458059560	1
50458059601	1
50458060128	1
50458060228	1
50458060328	1
50458060428	1
50458060528	1
50458063965	0
50458064065	0
50458064165	0
50458064265	0
50458064565	0
50458064765	0
50458065060	0
50458065330	0
50458065730	0
50458065960	0
50458068008	0
50458080501	0
50458081001	0
50458081501	0
50458082002	0
50458082004	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
50458083002	0
50458083004	0
50458084002	0
50458084004	0
50458092010	0
50458092050	0
50458092510	0
50458092550	0
50458093010	0
50458093020	0
50474000148	0
50474010001	0
50474020001	0
50474020050	0
50474030001	0
50474030050	0
50474031622	0
50474040001	0
50474059440	0
50474059540	0
50474059640	0
50474059766	0
50474059866	0
50474059966	0
50474060001	0
50474060025	0
50474070062	0
50474071079	0
50474090201	0
50474090701	0
50474090916	0
50474091001	0
50474091060	0
50486008420	0
50580028010	0
50580038008	0
50580087411	0
50991000501	1
50991020101	0
50991031601	1
50991051301	0
50991057801	0
50991057901	0
50991079016	0
50991081416	0
50991090116	0
50991091101	1
51079000701	1
51079000720	1
51079000730	1
51079000756	1
51079001501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51079001520	1
51079001601	1
51079002217	1
51079002301	1
51079002420	1
51079004120	1
51079005820	1
51079006620	1
51079006720	1
51079007219	1
51079007220	1
51079007256	1
51079007257	1
51079007320	1
51079007330	1
51079007356	1
51079007357	1
51079007420	1
51079007820	1
51079008601	1
51079008620	1
51079008656	1
51079008720	1
51079008901	1
51079008920	1
51079009001	1
51079009019	1
51079009020	1
51079009520	1
51079010320	1
51079010363	1
51079010720	1
51079010763	1
51079011920	1
51079012220	1
51079012619	1
51079012620	1
51079012801	1
51079012820	1
51079013120	1
51079013163	1
51079013363	1
51079014120	1
51079016199	1
51079019019	1
51079019020	1
51079019120	1
51079020520	1
51079020620	1
51079023301	1
51079025421	1
51079025520	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51079026003	1
51079026720	1
51079027720	1
51079027820	1
51079028020	1
51079028298	1
51079028520	1
51079028620	1
51079029420	1
51079029430	1
51079029456	1
51079029820	1
51079029963	1
51079029966	1
51079030017	1
51079030063	1
51079030066	1
51079030120	1
51079030163	1
51079032220	1
51079032256	1
51079032299	1
51079034820	1
51079036201	1
51079036220	1
51079037520	1
51079038320	1
51079038620	1
51079038656	1
51079040220	1
51079040320	1
51079041720	1
51079041721	1
51079041756	1
51079041820	1
51079042420	1
51079042620	1
51079043620	1
51079043720	1
51079043820	1
51079044020	1
51079044101	1
51079044120	1
51079044220	1
51079044301	1
51079044320	1
51079044401	1
51079044420	1
51079044501	1
51079044520	1
51079044601	1
51079044603	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51079045020	1
51079045063	1
51079045120	1
51079045156	1
51079045169	1
51079045220	1
51079045256	1
51079045501	1
51079045520	1
51079045620	1
51079045920	1
51079046020	1
51079046320	1
51079046501	1
51079046620	1
51079046720	1
51079047003	1
51079047201	1
51079047205	1
51079047420	1
51079048020	1
51079048120	1
51079049920	1
51079052020	1
51079052056	1
51079052420	1
51079052501	1
51079052520	1
51079052620	1
51079052901	1
51079052920	1
51079054120	1
51079054220	1
51079058420	1
51079058520	1
51079058720	1
51079058820	1
51079058920	1
51079059820	1
51079060020	1
51079060420	1
51079060520	1
51079062181	0
51079062182	0
51079062381	0
51079062720	1
51079062820	1
51079063020	1
51079063120	1
51079064420	1
51079065120	1
51079065701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51079066820	1
51079067005	1
51079067201	1
51079067306	1
51079068320	1
51079068419	1
51079068420	1
51079068463	1
51079068520	1
51079069020	1
51079069203	1
51079069940	1
51079072220	1
51079072263	1
51079072301	1
51079072320	1
51079072363	1
51079072420	1
51079072520	1
51079072620	1
51079072820	1
51079073320	1
51079074120	1
51079074520	1
51079075620	1
51079075919	1
51079075920	1
51079075963	1
51079076201	1
51079076220	1
51079076301	1
51079076320	1
51079076608	1
51079076708	1
51079076756	1
51079077301	1
51079077420	1
51079077620	1
51079077921	1
51079078099	1
51079078220	1
51079078320	1
51079078520	1
51079078620	1
51079078720	1
51079078801	1
51079078820	1
51079078821	1
51079078920	1
51079079020	1
51079079320	1
51079079420	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51079080119	1
51079080120	1
51079080130	1
51079080156	1
51079080220	1
51079081020	1
51079081220	1
51079081320	1
51079082101	1
51079082120	1
51079082156	1
51079082463	1
51079082562	1
51079082563	1
51079084720	1
51079084801	1
51079086620	1
51079087120	1
51079087220	1
51079087320	1
51079087601	1
51079087620	1
51079087720	1
51079087820	1
51079087920	1
51079088121	1
51079088220	1
51079088221	1
51079088320	1
51079088919	1
51079088920	1
51079089120	1
51079089520	1
51079090519	1
51079090520	1
51079090617	1
51079090620	1
51079091720	1
51079092401	1
51079092420	1
51079093020	1
51079093220	1
51079093520	1
51079093720	1
51079093820	1
51079094020	1
51079094205	1
51079094320	1
51079094420	1
51079094808	1
51079094908	1
51079095120	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51079095320	1
51079095420	1
51079095520	1
51079095720	1
51079095820	1
51079095901	1
51079095920	1
51079096020	1
51079096505	1
51079096620	1
51079097120	1
51079097201	1
51079097217	1
51079097219	1
51079097220	1
51079097230	1
51079097256	1
51079097920	1
51079098020	1
51079098120	1
51079098156	1
51079098220	1
51079098256	1
51079098320	1
51079098330	1
51079098356	1
51079098420	1
51079098520	1
51079099120	1
51079099156	1
51079099220	1
51079099720	1
51079099820	1
51129303703	0
51129303704	0
51129357403	0
51248015001	0
51248015003	0
51248015052	0
51248015101	0
51248015103	0
51248015152	0
51284062022	0
51285004001	0
51285004702	0
51285005002	0
51285005866	0
51285006001	0
51285006101	0
51285006390	0
51285007997	0
51285008070	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51285008297	0
51285008370	0
51285008787	0
51285009158	0
51285009287	0
51285011458	0
51285020401	0
51285036601	0
51285036701	0
51285036801	0
51285036901	0
51285040602	0
51285040702	0
51285040802	0
51285040902	0
51285041002	0
51285042410	0
51285044102	0
51285044202	0
51285044302	0
51285044402	0
51285044521	1
51285044522	1
51285044602	0
51285052302	0
51285052402	0
51285053422	1
51285053802	0
51285053902	0
51285055402	0
51285059402	0
51285059502	0
51285075402	0
51285094288	0
51479004115	0
51479004801	0
51479004901	0
51479005420	0
51479005530	0
51525029403	1
51525590101	0
51552000501	0
51552000503	0
51552000601	0
51552000603	0
51552000604	0
51552000609	0
51552002501	0
51552002904	0
51552002905	0
51552003005	0
51552035401	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51552038401	0
51552038404	0
51552049805	0
51552060501	0
51552063109	0
51552073805	0
51552078904	0
51552090206	0
51552102804	0
51552105002	0
51552105004	0
51552106606	0
51552111109	0
51552117101	0
51552119401	0
51672125301	1
51672125302	1
51672125303	1
51672125304	1
51672125401	1
51672125402	1
51672125403	1
51672125801	1
51672125802	1
51672125803	1
51672125806	1
51672125901	1
51672125902	1
51672125903	1
51672125906	1
51672126003	1
51672126101	1
51672126103	1
51672126201	1
51672126203	1
51672126207	1
51672126301	1
51672126302	1
51672126303	1
51672126401	1
51672126402	1
51672126403	1
51672126705	1
51672126901	1
51672126906	1
51672127001	1
51672127003	1
51672127007	1
51672127009	1
51672127101	1
51672127103	1
51672127107	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51672127108	1
51672127201	1
51672127202	1
51672127203	1
51672127302	1
51672127304	1
51672127401	1
51672127406	1
51672127501	1
51672127502	1
51672127506	1
51672127507	1
51672127901	1
51672127902	1
51672127903	1
51672128001	1
51672128003	1
51672128101	1
51672128103	1
51672128201	1
51672128202	1
51672128901	1
51672128902	1
51672129001	1
51672129003	1
51672129006	1
51672129201	1
51672129203	1
51672129206	1
51672129302	1
51672129303	1
51672129401	1
51672129402	1
51672129403	1
51672129501	1
51672129502	1
51672129503	1
51672129601	1
51672129602	1
51672129603	1
51672129701	1
51672129702	1
51672129703	1
51672129801	1
51672129802	1
51672129803	1
51672130005	1
51672130009	1
51672130100	1
51672130104	1
51672130200	1
51672130301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51672130302	1
51672130308	1
51672130406	1
51672130503	1
51672130504	1
51672130601	1
51672130603	1
51672130606	1
51672130803	1
51672130901	1
51672130903	1
51672131001	1
51672131003	1
51672131106	1
51672131200	1
51672131601	1
51672131603	1
51672131606	1
51672131801	1
51672131802	1
51672131808	1
51672132101	1
51672132103	1
51672132201	1
51672132203	1
51672132303	1
51672132304	1
51672132907	1
51672134003	1
51672134004	1
51672134608	1
51672300605	1
51672300701	1
51672300802	1
51672300803	1
51672300902	0
51672400305	1
51672400501	1
51672400502	1
51672400503	1
51672401101	1
51672401105	1
51672401106	1
51672401201	1
51672401205	1
51672401206	1
51672401301	1
51672401305	1
51672401306	1
51672401601	1
51672401701	1
51672401801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51672402201	1
51672402301	1
51672402504	1
51672402601	1
51672402606	1
51672402701	1
51672402703	1
51672402707	1
51672402801	1
51672402803	1
51672402807	1
51672402901	1
51672402903	1
51672403001	1
51672403003	1
51672403007	1
51672403101	1
51672403103	1
51672403107	1
51672403201	1
51672403203	1
51672403207	1
51672403301	1
51672403303	1
51672403401	1
51672403403	1
51672403501	1
51672403503	1
51672403601	1
51672403701	1
51672403703	1
51672403801	1
51672403803	1
51672403901	1
51672404001	1
51672404101	1
51672404102	1
51672404201	1
51672404202	1
51672404301	1
51672404302	1
51672404401	1
51672404501	1
51672404601	1
51672404709	1
51672404801	1
51672404806	1
51672405101	1
51672405104	1
51672405201	1
51672405204	1
51672405301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51672405304	1
51672405403	1
51672405700	1
51672405706	1
51672406102	1
51672406104	1
51672406201	1
51672406301	1
51672406506	1
51672406607	1
51672406706	1
51672406901	1
51672407401	1
51672407406	1
51672408103	1
51672408104	1
51672408301	1
51672408306	1
51672408600	1
51672409103	1
51672410501	1
51672410601	1
51672410701	1
51672411101	1
51672411103	1
51672411606	1
51672411704	1
51672411709	1
51672411806	1
51672412000	1
51672412401	1
51672412501	1
51672413001	1
51672413003	1
51672413101	1
51672413203	1
51672413204	1
51672413303	1
51672413304	1
51672413609	1
51672414001	1
51672415403	1
51672415506	1
51672520201	0
51672520203	0
51672520301	0
51672520303	0
51672520401	0
51672520403	0
51672520407	0
51672527604	0
51672527704	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51674000901	1
51674011601	1
51674011801	1
51674013005	0
51724000120	0
51801001230	0
51801001430	0
51817060216	0
51817061116	1
51817062216	1
51817065661	0
51927100000	0
51927101400	0
51927102700	0
51927103100	0
51927104600	0
51927104900	0
51927108500	0
51927108600	0
51927119200	0
51927121100	0
51927124100	0
51927127000	0
51927129700	0
51927137100	0
51927144000	0
51927146700	0
51927161000	0
51927166200	0
51927177300	0
51927177800	0
51927187700	0
51927222200	0
51927228400	0
51927235200	0
51927237900	0
51927250100	0
51927257900	0
51927262700	0
51927263800	0
51927266900	0
51927279000	0
51927284300	0
51927296300	0
51927309000	0
51927321200	0
51927333800	0
51927344500	0
51927352600	0
51927353000	0
51927356000	0
51927360200	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51927438500	0
51927902800	0
51991001616	1
51991007301	1
51991007401	1
51991007405	1
51991007733	1
51991007801	1
51991007901	1
51991008051	0
51991008052	0
51991008290	1
51991008490	1
51991012422	1
51991012801	1
51991013116	1
51991013801	1
51991015401	1
51991015501	1
51991015990	1
51991015991	1
51991017245	1
51991017326	1
51991017801	1
51991018211	1
51991018801	1
51991018831	1
51991019401	1
51991019601	1
51991019701	1
51991019811	1
51991019901	1
51991020101	1
51991020110	1
51991022404	1
51991023316	1
51991025133	1
51991025201	1
51991026819	1
51991026837	1
51991026841	1
51991026915	1
51991029201	1
51991029301	1
51991029401	1
51991030245	1
51991032501	1
51991035201	1
51991037501	1
51991037801	1
51991038490	1
51991039501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51991040401	1
51991040410	1
51991041702	1
51991041802	1
51991041901	1
51991041910	1
51991042301	1
51991044201	1
51991044765	1
51991044865	1
51991045757	1
51991045758	1
51991045801	1
51991045810	1
51991046081	1
51991046690	1
51991046701	1
51991046710	1
51991046801	1
51991046810	1
51991046901	1
51991047268	1
51991047428	1
51991047646	1
51991047747	1
51991049316	1
51991051219	1
51991051316	1
51991051490	1
51991052001	1
51991052501	1
51991052890	1
51991052901	1
51991053116	1
51991053420	1
51991053601	1
51991054390	1
51991054490	1
51991054690	1
51991055820	1
51991055941	1
51991056601	1
51991057633	1
51991058133	1
51991058433	1
51991058828	1
51991059101	0
51991059201	1
51991059301	1
51991059401	1
51991060401	1
51991061790	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
51991062010	1
51991062033	1
51991062201	1
51991062890	1
51991062990	1
51991063090	1
51991063316	1
51991063501	1
51991063511	1
51991064106	1
51991064501	1
51991065501	1
51991065601	1
51991065716	1
51991066690	1
51991066790	1
51991066890	1
51991067171	1
51991067636	1
51991067736	1
51991067836	1
51991067901	1
51991068001	1
51991068101	1
51991071250	1
51991071350	1
51991079890	1
51991081516	1
52083023204	0
52083023216	0
52083023304	0
52083084190	0
52152000102	1
52152000105	1
52152000302	1
52152000305	1
52152000402	1
52152000405	1
52152001802	1
52152001804	1
52152001805	1
52152003102	1
52152003105	1
52152003802	1
52152003902	1
52152004102	1
52152006002	1
52152007602	1
52152007702	1
52152007704	1
52152007802	1
52152008402	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
52152008602	1
52152010530	1
52152011102	1
52152011202	1
52152011802	1
52152012705	1
52152012805	1
52152013602	1
52152013605	1
52152014002	1
52152014302	1
52152015002	1
52152015502	1
52152015602	1
52152015702	1
52152015802	1
52152015902	1
52152016502	1
52152016702	1
52152017120	1
52152017802	1
52152017804	1
52152017902	1
52152018002	1
52152018502	1
52152018702	1
52152021302	1
52152021402	1
52152021411	1
52152021502	1
52152021730	1
52152022604	1
52152022630	1
52152022704	1
52152022730	1
52152022830	1
52152023421	1
52152023621	1
52152023808	1
52152023830	1
52152023908	1
52152023930	1
52152024008	1
52152024030	1
52152025001	1
52152025618	1
52152026301	1
52152026401	1
52152028502	1
52152028604	1
52152029308	1
52152030102	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
52152030205	1
52152030902	1
52152031205	1
52152034002	1
52152034102	1
52152034202	1
52152034205	1
52152034302	1
52152034305	1
52152034402	1
52152034404	1
52152034502	1
52152034504	1
52152034650	1
52152040802	1
52152040902	1
52152041002	1
52152041102	1
52152050002	1
52152050008	1
52152050030	1
52152050708	1
52152050808	1
52152050908	1
52152052602	1
52152052630	1
52152053830	1
52152053930	1
52238075115	1
52238091316	1
52268001201	0
52268010001	0
52268010101	0
52268014762	0
52268030001	0
52268030101	0
52268030201	0
52268040001	0
52268050201	0
52268052001	0
52268052101	0
52268052201	0
52268052302	0
52268070001	0
52268080002	0
52268080003	0
52376002102	1
52544004424	0
52544004480	0
52544004513	0
52544004613	0
52544004889	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
52544004955	0
52544008430	0
52544009276	0
52544015130	0
52544015219	0
52544015230	0
52544015476	0
52544017572	1
52544018876	0
52544018976	0
52544021028	1
52544021928	1
52544023528	0
52544024531	1
52544024728	1
52544024828	1
52544025928	0
52544027428	0
52544027536	1
52544027928	1
52544029128	1
52544038328	1
52544038428	1
52544046954	0
52544046960	0
52544047030	0
52544047108	0
52544047208	0
52544047308	0
52544047536	1
52544048201	0
52544048401	0
52544052628	1
52544053901	0
52544053905	0
52544055028	1
52544055228	1
52544055428	1
52544055628	1
52544062201	0
52544062928	1
52544063028	1
52544063128	1
52544072901	0
52544084728	1
52544084828	1
52544088408	0
52544089228	1
52544091301	0
52544092008	0
52544092054	0
52544092226	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
52544093001	0
52544093102	0
52544093528	1
52544093628	1
52544094028	1
52544094928	1
52544095021	1
52544095121	1
52544095328	1
52544095428	1
52544095501	0
52544095601	0
52544095701	0
52544095705	0
52544095801	0
52544095931	1
52544096691	1
52544096728	1
52544097701	0
52544098131	1
52555077501	1
52555078601	1
52555078701	1
52555079201	1
52555097305	1
52604502501	1
52604502502	1
52604505001	1
52604507501	1
52604507502	1
52604508801	1
52604510001	1
52604511201	1
52604511202	1
52604512501	1
52604513701	1
52604515001	1
52604515002	1
52604517501	1
52604520001	1
52604530001	1
52747011060	0
52747030670	0
52747042070	0
52747062030	0
52747062130	0
52747071160	0
52747071260	0
52747080030	0
52747080060	0
52747090260	0
52959002020	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
52959002360	1
52959004630	0
52959004703	1
52959004820	1
52959007600	1
52959007803	1
52959009302	1
52959010000	1
52959015601	1
52959015700	1
52959022408	0
52959031200	1
52959031206	1
52959033460	1
52959038830	0
52959043030	0
52959044750	1
52959050001	0
52959052825	0
52959053790	1
52959054712	1
52959058505	1
52959060630	1
52959065805	1
52959068905	1
52959073000	1
52959073230	1
52959074205	0
52959074801	0
52959078130	0
52959078220	0
52959082160	1
52959085615	1
52959089230	0
52959091130	1
53002149003	1
53014025001	0
53014040410	0
53014053007	1
53014053107	1
53014053207	1
53014054867	0
53014057907	0
53014058007	0
53014058107	0
53014058207	0
53014058307	0
53014058407	0
53014059407	1
53014085071	0
53014097571	0
53270310001	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
53303002130	1
53489010401	1
53489010501	1
53489010601	1
53489010701	1
53489010801	1
53489010901	1
53489011001	1
53489011005	1
53489011010	1
53489011802	1
53489011805	1
53489011902	1
53489011905	1
53489012002	1
53489012005	1
53489012701	1
53489012705	1
53489012801	1
53489013501	1
53489013601	1
53489013801	1
53489013810	1
53489013901	1
53489013905	1
53489013910	1
53489014001	1
53489014005	1
53489014010	1
53489014101	1
53489014103	1
53489014105	1
53489014301	1
53489014305	1
53489014310	1
53489014401	1
53489014405	1
53489014410	1
53489014501	1
53489014505	1
53489014601	1
53489014605	1
53489014701	1
53489014705	1
53489014901	1
53489014910	1
53489015001	1
53489015010	1
53489015601	1
53489015605	1
53489015610	1
53489015701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
53489015705	1
53489015710	1
53489016601	1
53489017601	1
53489017605	1
53489017701	1
53489017705	1
53489021501	1
53489021510	1
53489021601	1
53489021610	1
53489021701	1
53489028101	1
53489028105	1
53489028110	1
53489028501	1
53489032801	1
53489032805	1
53489032806	1
53489032901	1
53489032905	1
53489032907	1
53489033001	1
53489033101	1
53489033201	1
53489035401	1
53489035501	1
53489035505	1
53489035601	1
53489035801	1
53489035810	1
53489035901	1
53489035905	1
53489036601	1
53489036610	1
53489036701	1
53489036710	1
53489036801	1
53489036901	1
53489037001	1
53489037601	1
53489038401	1
53489038405	1
53489038601	1
53489038701	1
53489040001	1
53489040601	1
53489040610	1
53489043301	1
53489046001	1
53489046701	1
53489046705	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
53489046710	1
53489046801	1
53489046805	1
53489046810	1
53489046901	1
53489046905	1
53489046910	1
53489047801	1
53489047805	1
53489047901	1
53489047905	1
53489049901	1
53489049905	1
53489049910	1
53489050001	1
53489050601	1
53489051001	1
53489051101	1
53489051701	1
53489052901	1
53489052910	1
53489053001	1
53489053010	1
53489053101	1
53489053201	1
53489053601	1
53489053610	1
53489055001	1
53489055101	1
53489055201	1
53489055301	1
53489055401	1
53489055407	1
53489055501	1
53489055507	1
53489058010	1
53489059001	1
53489059101	1
53489059110	1
53489060101	1
53489060201	1
53489060701	1
53489060706	1
53489060801	1
53489060806	1
53489060810	1
53489060901	1
53489060906	1
53489060910	1
53489061701	1
53489061901	1
53489062101	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
53489064701	1
53489064801	1
53489065007	1
53489067707	1
53489067807	1
53489067890	1
53706100101	1
53706100102	1
53746000601	1
53746000605	1
53746000701	1
53746000705	1
53746000801	1
53746000805	1
53746007701	1
53746007801	1
53746010101	1
53746010105	1
53746010110	1
53746010201	1
53746010205	1
53746010210	1
53746010301	1
53746010305	1
53746010901	1
53746010905	1
53746011001	1
53746011005	1
53746011101	1
53746011105	1
53746011110	1
53746011201	1
53746011205	1
53746011301	1
53746011305	1
53746011401	1
53746011405	1
53746011801	1
53746011805	1
53746011901	1
53746011905	1
53746013101	1
53746013105	1
53746013200	1
53746013201	1
53746013205	1
53746013230	1
53746013290	1
53746013700	1
53746013701	1
53746013705	1
53746013790	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
53746014101	1
53746014501	1
53746017801	1
53746017805	1
53746017890	1
53746017901	1
53746018801	1
53746018805	1
53746018810	1
53746018901	1
53746018905	1
53746018910	1
53746019001	1
53746019005	1
53746019010	1
53746019301	1
53746019305	1
53746019401	1
53746019405	1
53746020301	1
53746020305	1
53746020401	1
53746020501	1
53746020601	1
53746025301	1
53746025305	1
53746025310	1
53746025318	1
53746025360	1
53746025401	1
53746025402	1
53746025430	1
53746027101	1
53746027105	1
53746027201	1
53746027205	1
53746046401	1
53746046405	1
53746046500	1
53746046501	1
53746046505	1
53746046530	1
53746046550	1
53746046560	1
53746046590	1
53746046600	1
53746046601	1
53746046605	1
53746046660	1
53746046690	1
53809030401	0
53879020060	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
53879020210	0
53885024450	0
53885024510	0
53905006501	0
54092000301	0
54092000401	0
54092000701	0
54092006301	0
54092017112	0
54092017212	0
54092017312	0
54092018981	0
54092019112	0
54092019180	0
54092025245	0
54092025290	0
54092025315	0
54092025390	0
54092025410	0
54092025490	0
54092038101	0
54092038301	0
54092038501	0
54092038701	0
54092038901	0
54092039101	0
54092044801	1
54092047612	0
54092051302	0
54092051502	0
54092051702	0
54092051902	0
54092055210	0
54092055230	0
54092055310	0
54092055330	0
54092055410	0
54092055430	0
54092055510	0
54092055530	0
54092070001	0
54092070104	0
54396032840	0
54458093610	1
54458093710	1
54458093810	1
54458093910	1
54458094010	1
54458094110	1
54458094410	1
54458094510	1
54458094710	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54458094808	1
54458095010	1
54458095310	1
54458095410	1
54458095510	1
54458095610	1
54458095710	1
54458096010	1
54458096110	1
54458096410	1
54458096510	1
54458096610	1
54458096710	1
54458096810	1
54458096910	1
54458097010	1
54458098010	1
54458098110	1
54458098210	1
54458098310	1
54458098410	1
54458098510	1
54458098610	1
54458098709	1
54458098810	1
54458098910	1
54458099010	1
54458099110	1
54458099210	1
54458099309	1
54458099410	1
54458099510	1
54458099610	1
54458099710	1
54458099809	1
54458099909	1
54482005301	0
54482014407	0
54482014508	0
54482014801	0
54482093001	0
54569028500	1
54569028900	1
54569076500	1
54569091900	0
54569105600	1
54569128500	1
54569171206	1
54569231800	0
54569296805	0
54569336901	0
54569337202	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54569351500	1
54569357000	1
54569382803	0
54569385400	0
54569395400	0
54569409101	1
54569429300	1
54569434400	0
54569436500	0
54569446600	0
54569447100	0
54569447600	0
54569449700	0
54569455000	1
54569457008	0
54569457900	0
54569459200	0
54569460100	0
54569472300	0
54569473400	0
54569488000	0
54569489400	0
54569497400	0
54569498000	0
54569499900	1
54569512905	0
54569515500	1
54569519300	1
54569523600	1
54569524100	0
54569524200	0
54569524500	1
54569529701	1
54569532400	0
54569545200	0
54569546200	0
54569548200	1
54569548900	0
54569549302	0
54569553300	1
54569555200	0
54569555701	0
54569556800	1
54569558800	0
54569560500	0
54569561100	1
54569565400	1
54569566700	0
54569574900	1
54569575300	0
54569575400	1
54569575500	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54569577700	0
54569579000	0
54569579600	1
54569579800	1
54569580500	0
54569583301	1
54569594702	0
54569603400	0
54643564901	0
54738012002	1
54738013003	1
54738021001	1
54738055001	1
54738055301	1
54738055403	1
54738055503	1
54738090102	1
54738090202	1
54738090301	1
54738090302	1
54738090603	1
54738090701	1
54738090703	1
54738090801	1
54738090803	1
54738090901	1
54738091301	1
54738093401	1
54799053466	0
54799091817	0
54838012480	1
54838050140	1
54838050615	1
54838050880	1
54838051080	1
54838051180	1
54838051240	1
54838051380	1
54838051550	1
54838051850	1
54838052050	1
54838052270	1
54838052340	1
54838053680	1
54838054070	1
54838054280	1
54838054480	1
54838054880	1
54859010101	0
54859010150	0
54859050206	0
54859050401	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54859054404	0
54859070110	1
54868001702	0
54868003002	1
54868003100	1
54868003302	1
54868003403	1
54868004000	1
54868007300	1
54868007408	1
54868008500	0
54868015402	1
54868021800	1
54868021806	1
54868022901	1
54868022903	1
54868024904	1
54868037600	0
54868038800	0
54868053402	0
54868056400	0
54868062001	0
54868076200	1
54868076800	0
54868079901	1
54868080502	1
54868082100	0
54868083001	0
54868088900	0
54868088901	0
54868090800	1
54868094600	1
54868099000	0
54868102902	1
54868109700	0
54868112605	0
54868114600	0
54868117304	1
54868122500	0
54868125300	0
54868128901	0
54868138401	0
54868138502	1
54868142901	0
54868153101	0
54868157200	0
54868165900	0
54868170009	1
54868189000	0
54868192400	1
54868212901	0
54868231403	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54868231600	0
54868231900	1
54868233500	0
54868234901	1
54868242100	1
54868257402	0
54868270203	0
54868277700	0
54868280301	0
54868280401	0
54868281700	0
54868282500	0
54868284700	1
54868287300	0
54868289400	0
54868291600	1
54868296602	1
54868298905	1
54868305000	0
54868306900	0
54868307500	0
54868310900	1
54868319900	0
54868325500	0
54868328300	0
54868331300	1
54868334000	0
54868338802	1
54868339900	0
54868340801	1
54868344401	0
54868346401	0
54868349400	0
54868354500	0
54868355000	1
54868360200	1
54868361900	0
54868365500	0
54868370400	0
54868370500	0
54868372200	1
54868373500	0
54868378203	0
54868379900	0
54868380101	0
54868381401	0
54868381500	0
54868381504	0
54868386600	0
54868388100	0
54868390300	0
54868393400	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54868393404	0
54868394600	0
54868406701	0
54868407000	0
54868409300	0
54868410100	0
54868410101	0
54868412100	1
54868414200	0
54868414601	0
54868417400	0
54868418300	0
54868418500	0
54868419900	0
54868422301	0
54868422600	0
54868422900	0
54868424300	0
54868424500	0
54868425100	0
54868425103	0
54868425300	0
54868425900	0
54868427700	0
54868428100	0
54868429301	1
54868432500	0
54868433901	0
54868434100	0
54868435600	0
54868437900	1
54868439000	0
54868441604	1
54868442800	0
54868445102	1
54868445400	0
54868448200	1
54868452800	0
54868454001	0
54868455500	0
54868457501	0
54868459401	1
54868462200	0
54868463701	1
54868463805	1
54868464200	0
54868464500	0
54868464901	0
54868466200	0
54868469002	0
54868469700	1
54868470500	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54868470501	0
54868470602	0
54868470604	0
54868471401	1
54868471500	0
54868471800	0
54868471900	0
54868473000	0
54868473400	0
54868475300	0
54868476400	0
54868477502	0
54868479300	0
54868479800	0
54868480800	0
54868481900	0
54868482100	1
54868483100	0
54868486600	0
54868487801	0
54868489000	0
54868489801	1
54868489902	0
54868489903	0
54868490900	0
54868491002	0
54868492201	0
54868493400	0
54868496300	0
54868496302	0
54868496706	0
54868497002	1
54868497700	1
54868498201	0
54868498600	0
54868498700	1
54868500700	0
54868502102	1
54868502200	1
54868502201	1
54868502407	1
54868502800	1
54868503000	0
54868504400	0
54868504700	0
54868506500	0
54868506900	0
54868507200	0
54868507500	0
54868507800	0
54868508500	0
54868510501	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54868510900	0
54868511200	0
54868511301	1
54868513100	0
54868514401	1
54868515800	0
54868516100	0
54868516200	1
54868516602	1
54868516900	1
54868519900	0
54868520100	0
54868520300	0
54868521105	1
54868521501	0
54868522900	0
54868523101	0
54868523300	0
54868523600	0
54868525900	0
54868527702	1
54868529500	1
54868529700	0
54868530000	0
54868530100	0
54868530200	0
54868530300	0
54868530600	1
54868532200	0
54868532201	0
54868534100	0
54868534800	0
54868535002	0
54868535004	0
54868535100	0
54868536700	0
54868538400	0
54868538401	0
54868540300	0
54868540400	0
54868540700	0
54868541400	0
54868544000	0
54868544301	1
54868544700	0
54868546600	0
54868547400	0
54868547801	1
54868548000	0
54868548400	0
54868548900	0
54868549800	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54868549900	1
54868550801	1
54868550900	1
54868551000	0
54868553003	0
54868553700	1
54868553800	0
54868554300	1
54868555300	0
54868555600	0
54868555800	0
54868557000	0
54868558700	0
54868559100	0
54868561000	0
54868561100	0
54868561600	0
54868564001	0
54868565300	0
54868565700	0
54868565701	0
54868567300	0
54868567301	0
54868567500	0
54868569400	1
54868570801	0
54868571000	0
54868572902	1
54868573003	1
54868573100	1
54868576900	1
54868578100	1
54868580400	0
54868581600	0
54868581604	0
54868582300	0
54868582600	1
54868582701	0
54868582800	0
54868583700	0
54868583800	0
54868584603	1
54868585200	0
54868585400	0
54868585800	0
54868586100	1
54868589000	0
54868590103	1
54868590700	0
54868591601	0
54868593600	0
54868594400	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
54868595400	0
54868596602	0
54868597000	0
54868597001	0
54868598500	0
54868599000	0
54868599800	0
54868600900	0
54868600901	0
54868601400	1
54868603600	0
54868603900	0
54868604100	0
54868607700	0
54868609100	0
54868611400	0
55045111204	1
55045111706	1
55045129503	1
55045132409	1
55045211405	1
55045288001	1
55045292908	1
55045293400	0
55045326703	0
55045337308	1
55045343005	1
55045349501	0
55056040601	0
55056080601	0
55056080602	0
55056081802	0
55056081805	0
55056160105	0
55056160106	0
55056160108	0
55056306001	0
55111010701	1
55111010801	1
55111010805	1
55111011901	1
55111011910	1
55111012001	1
55111012506	1
55111012601	1
55111012605	1
55111012701	1
55111012705	1
55111012850	1
55111012905	1
55111012960	1
55111013001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55111013030	1
55111013301	1
55111013401	1
55111014701	1
55111014801	1
55111014810	1
55111014901	1
55111014930	1
55111015313	1
55111015330	1
55111015413	1
55111015430	1
55111015701	1
55111015730	1
55111015801	1
55111015810	1
55111015830	1
55111015901	1
55111015905	1
55111015930	1
55111016050	1
55111016150	1
55111016201	1
55111017001	1
55111017005	1
55111017230	1
55111017290	1
55111017910	1
55111017915	1
55111018010	1
55111018015	1
55111018104	1
55111018204	1
55111018304	1
55111019201	1
55111019205	1
55111019290	1
55111019301	1
55111019305	1
55111019390	1
55111019401	1
55111019405	1
55111019490	1
55111019705	1
55111019730	1
55111019790	1
55111019805	1
55111019830	1
55111019890	1
55111019905	1
55111019930	1
55111019990	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55111020005	1
55111020030	1
55111020090	1
55111020105	1
55111020160	1
55111020205	1
55111020260	1
55111020305	1
55111020360	1
55111020405	1
55111020460	1
55111020505	1
55111020560	1
55111020660	1
55111020781	1
55111020881	1
55111020981	1
55111022001	1
55111022005	1
55111022101	1
55111022105	1
55111022205	1
55111022260	1
55111022305	1
55111022360	1
55111022501	1
55111022601	1
55111022605	1
55111022905	1
55111022990	1
55111023005	1
55111023090	1
55111023105	1
55111023190	1
55111024860	1
55111025030	1
55111025090	1
55111025201	1
55111025205	1
55111025301	1
55111025305	1
55111025401	1
55111025405	1
55111025501	1
55111025505	1
55111026805	1
55111026830	1
55111026890	1
55111027005	1
55111027090	1
55111027105	1
55111027190	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55111027405	1
55111027490	1
55111028448	1
55111029109	1
55111029136	1
55111029209	1
55111029236	1
55111029309	1
55111029336	1
55111031005	1
55111031060	1
55111031130	1
55111032001	1
55111032005	1
55111032101	1
55111032105	1
55111032201	1
55111032205	1
55111032890	1
55111032990	1
55111033801	1
55111033901	1
55111034001	1
55111034101	1
55111034201	1
55111034205	1
55111034230	1
55111034301	1
55111034305	1
55111034330	1
55111034401	1
55111034405	1
55111034430	1
55111036601	1
55111036701	1
55111036801	1
55111036805	1
55111040301	1
55111042230	1
55111042330	1
55111043890	1
55111043905	1
55111043990	1
55111044005	1
55111044090	1
55111044105	1
55111044190	1
55111047801	1
55111047805	1
55111047901	1
55111047905	1
55111048601	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55111048605	1
55111052501	1
55111052601	1
55111052701	1
55111053001	1
55111053101	1
55111053201	1
55111053205	1
55111054590	1
55111054690	1
55111054790	1
55111054805	1
55111054890	1
55111054990	1
55111055430	1
55111055490	1
55111057930	1
55111059048	1
55111059248	1
55111060216	1
55111062190	1
55111062290	1
55111062390	1
55111062490	1
55111063701	1
55111063801	1
55111063960	1
55111064001	1
55111064101	1
55111064730	1
55111064801	1
55111064901	1
55111068201	1
55111068205	1
55111068301	1
55111068305	1
55111068401	1
55111068405	1
55111068430	1
55111069501	1
55111069610	1
55111069701	1
55111069710	1
55111072610	1
55111072630	1
55111072690	1
55111072901	1
55111072910	1
55111073001	1
55111073005	1
55111073010	1
55111073530	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55111073590	1
55111073609	1
55111073709	1
55111073809	1
55111074010	1
55111074030	1
55111074090	1
55111074910	1
55111074930	1
55111074990	1
55111075010	1
55111075030	1
55111075090	1
55253007030	1
55253007130	1
55253007230	1
55253007330	1
55253007430	1
55253007530	1
55289000230	1
55289000506	1
55289000510	1
55289001030	1
55289001090	1
55289001430	0
55289002004	1
55289002024	1
55289004901	1
55289004910	1
55289004914	1
55289004915	1
55289004990	1
55289005808	1
55289005810	1
55289006407	1
55289007490	1
55289007601	1
55289007710	0
55289008401	1
55289008501	1
55289009090	1
55289009106	1
55289009112	1
55289009202	1
55289009517	1
55289010001	1
55289010210	1
55289012930	0
55289013490	1
55289013706	1
55289013730	1
55289013906	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55289014090	1
55289014201	1
55289015130	0
55289015330	1
55289016030	1
55289016410	1
55289016428	1
55289016920	1
55289017142	1
55289017208	1
55289017515	1
55289017520	1
55289019306	0
55289020320	1
55289020530	0
55289020728	1
55289023101	1
55289023104	1
55289023106	1
55289023830	0
55289023920	1
55289024102	1
55289024104	1
55289026630	0
55289027214	1
55289027220	1
55289027230	1
55289027730	0
55289028030	0
55289029114	1
55289029314	1
55289029330	1
55289029390	1
55289029820	1
55289029890	1
55289031004	0
55289033010	1
55289033814	1
55289033830	1
55289033890	1
55289035901	1
55289036001	1
55289036006	1
55289036012	1
55289036501	1
55289037103	0
55289037630	1
55289038130	1
55289038160	1
55289038293	1
55289039405	0
55289039407	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55289040630	0
55289041160	1
55289041901	1
55289041906	1
55289044104	1
55289044115	1
55289044180	1
55289044730	0
55289045720	1
55289046010	1
55289046212	1
55289047520	0
55289047530	0
55289047560	0
55289047593	0
55289048130	1
55289048702	1
55289048779	1
55289050701	1
55289050730	1
55289052104	1
55289052230	0
55289052410	0
55289056230	1
55289056710	1
55289057720	0
55289058910	1
55289058920	1
55289059301	1
55289059330	1
55289059914	1
55289059990	1
55289061120	1
55289061160	1
55289063030	1
55289064998	1
55289065015	0
55289066030	1
55289066301	1
55289067090	1
55289069528	1
55289070728	1
55289071107	0
55289071110	0
55289071114	0
55289071306	1
55289071915	1
55289071920	1
55289073012	1
55289073630	0
55289073701	1
55289073706	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55289073790	1
55289075730	1
55289076714	1
55289076720	1
55289076721	1
55289076728	1
55289076830	0
55289077314	1
55289077390	1
55289077414	1
55289079302	0
55289080030	0
55289080630	1
55289081730	0
55289082030	0
55289082179	1
55289082206	1
55289082214	1
55289082306	1
55289082314	1
55289082420	1
55289082530	0
55289082830	0
55289083330	0
55289083830	0
55289084110	0
55289084830	0
55289085801	1
55289085930	0
55289086130	0
55289086230	0
55289086930	0
55289087030	0
55289087230	0
55289088430	1
55289089515	1
55289089520	1
55289089730	0
55289089830	1
55289090910	1
55289090928	1
55289091004	0
55289091115	0
55289091130	0
55289091630	1
55289091690	1
55289091930	1
55289092030	1
55289092215	0
55289092606	0
55289092614	0
55289093230	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55289093530	0
55289093930	1
55289094415	1
55289094460	1
55289094515	1
55289095110	1
55289095112	1
55289095705	1
55289095790	1
55289095960	1
55289096130	0
55289096205	1
55289096220	1
55289096404	1
55289096930	0
55289097160	1
55289097590	0
55289098921	0
55289099021	0
55289099030	0
55289099621	1
55370014107	1
55370014707	1
55370050607	1
55370055707	1
55370090007	1
55370090108	1
55390000401	0
55390000501	1
55390000901	0
55390001310	0
55390002701	1
55390002810	1
55390002910	1
55390003110	1
55390003210	1
55390003410	1
55390004501	1
55390005110	1
55390005210	1
55390005301	1
55390005401	1
55390007001	1
55390007701	1
55390007710	1
55390009110	1
55390010010	0
55390010110	1
55390010901	1
55390011010	1
55390011250	1
55390011299	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55390011301	1
55390011405	1
55390011420	1
55390011450	1
55390012101	1
55390012301	1
55390012401	1
55390012510	1
55390012701	1
55390012901	1
55390013110	1
55390013301	1
55390013605	1
55390013702	1
55390013801	1
55390013802	1
55390013910	1
55390014701	1
55390014710	1
55390015001	1
55390015101	1
55390015301	1
55390015401	1
55390016010	1
55390016110	1
55390016301	1
55390016401	1
55390018301	1
55390018510	1
55390020910	1
55390022602	1
55390023301	1
55390023510	1
55390023610	1
55390023701	1
55390025101	1
55390025201	1
55390025301	1
55390029101	1
55390029201	1
55390031110	1
55390031510	1
55390035803	0
55390041205	1
55390041301	1
55390041305	1
55390045301	1
55390046505	1
55390048101	1
55390048102	1
55390056510	1
55390061320	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55390061601	1
55390061610	1
55513000204	0
55513000301	0
55513000304	0
55513000401	0
55513000404	0
55513000501	0
55513000504	0
55513000601	0
55513001401	0
55513002101	0
55513002104	0
55513002301	0
55513002304	0
55513002501	0
55513002504	0
55513002704	0
55513002801	0
55513003201	0
55513003901	0
55513004104	0
55513004401	0
55513005704	0
55513007330	0
55513007430	0
55513007530	0
55513009101	0
55513011001	0
55513011101	0
55513012610	0
55513014401	0
55513014410	0
55513014801	0
55513014810	0
55513017701	0
55513017728	0
55513019001	0
55513020901	0
55513020910	0
55513022101	0
55513022201	0
55513028310	0
55513047801	0
55513047810	0
55513053001	0
55513053010	0
55513054601	0
55513054610	0
55513071001	0
55513092401	0
55513092410	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
55513095401	0
55513095501	0
55513095601	0
55515001424	0
55515001480	0
55515005215	0
55515005260	0
55515010101	0
55515010201	0
55515043050	0
55566030201	0
55566150101	0
55566502001	1
55566504001	1
55566650003	0
55566718502	0
55566750101	0
55566750102	0
55566810101	0
55566830101	0
55566840101	0
55566850502	0
55566850506	0
55654001001	1
55654001101	1
55654001201	1
55654002905	1
55887014150	1
55887014714	1
55887014760	1
55887039614	1
55887078506	1
55887095030	1
55887095120	1
56151085050	0
57664010308	1
57664010313	1
57664010488	1
57664010508	1
57664010513	1
57664010518	1
57664010688	1
57664010788	1
57664010888	1
57664010988	1
57664011113	1
57664011188	1
57664011513	1
57664011586	1
57664012613	1
57664012688	1
57664013388	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
57664013488	1
57664013564	1
57664013565	1
57664013788	1
57664013888	1
57664014631	1
57664014634	1
57664016508	1
57664016608	1
57664016618	1
57664016652	1
57664016658	1
57664016708	1
57664016718	1
57664016752	1
57664016758	1
57664017013	1
57664017088	1
57664017508	1
57664017613	1
57664017688	1
57664018788	1
57664021908	1
57664022008	1
57664022108	1
57664022388	1
57664022488	1
57664024218	1
57664024288	1
57664024413	1
57664024418	1
57664024488	1
57664024513	1
57664024518	1
57664024588	1
57664024713	1
57664024718	1
57664024788	1
57664026418	1
57664026488	1
57664026518	1
57664026618	1
57664027308	1
57664027313	1
57664027318	1
57664027408	1
57664027413	1
57664027418	1
57664027508	1
57664027513	1
57664027518	1
57664029113	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
57664029118	1
57664029188	1
57664029218	1
57664029288	1
57664032706	1
57664032783	1
57664034213	1
57664034288	1
57664034588	1
57664034713	1
57664034788	1
57664036188	1
57664036288	1
57664037708	1
57664037713	1
57664037718	1
57664039108	1
57664039113	1
57664039713	1
57664039718	1
57664039751	1
57664039753	1
57664039758	1
57664039788	1
57664039813	1
57664039818	1
57664039888	1
57664039913	1
57664039918	1
57664039988	1
57664042113	1
57664042183	1
57664042199	1
57664042218	1
57664042283	1
57664042299	1
57664042413	1
57664042483	1
57664042499	1
57664042513	1
57664042599	1
57664042818	1
57664042918	1
57664042988	1
57664043413	1
57664043418	1
57664043488	1
57664043513	1
57664043518	1
57664043551	1
57664043553	1
57664043558	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
57664043588	1
57664043613	1
57664043618	1
57664043718	1
57664043788	1
57664044118	1
57664044188	1
57664045888	1
57664045988	1
57664046708	1
57664047108	1
57664047413	1
57664047418	1
57664047451	1
57664047453	1
57664047458	1
57664047488	1
57664047708	1
57664047718	1
57664047752	1
57664047758	1
57664049918	1
57664049983	1
57664050018	1
57664050083	1
57664050118	1
57664050183	1
57664050218	1
57664050289	1
57664050313	1
57664050318	1
57664050389	1
57664050418	1
57664050488	1
57664050608	1
57664050618	1
57664050652	1
57664050658	1
57664050713	1
57664050783	1
57664050788	1
57664050813	1
57664050818	1
57664050888	1
57664050913	1
57664050918	1
57664050983	1
57664050988	1
57664051018	1
57664051083	1
57664051213	1
57664051218	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
57664051288	1
57664051313	1
57664051318	1
57664051388	1
57664051513	1
57664051518	1
57664051588	1
57664051613	1
57664051618	1
57664051688	1
57664053313	1
57664053318	1
57664053388	1
57664053713	1
57664053718	1
57664053788	1
57664056913	1
57664056999	1
57664060088	1
57664072588	1
57665010141	0
57844000901	0
57844001901	0
57844015101	0
57844018701	0
57844020852	0
57844032201	0
57844052206	0
57844069298	0
57844071319	0
57866000201	0
57866260802	1
57866362201	1
57866391305	1
57866416601	1
57866556302	1
57866630201	1
57866660903	1
57866705201	1
57866721603	1
57894003001	0
57894006002	0
57894006003	0
57894006103	0
57894007001	0
57894007002	0
58016003790	0
58016005130	0
58016005900	0
58016006330	0
58016006660	0
58016011900	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
58016011990	1
58016012300	1
58016013430	1
58016014518	0
58016016130	1
58016021200	1
58016023400	1
58016024800	1
58016037200	1
58016043890	1
58016048900	1
58016057230	0
58016058390	0
58016072500	1
58016074230	0
58016080100	1
58016084024	1
58016085800	1
58016086200	1
58016087640	1
58016097500	0
58016100201	1
58016308101	1
58016456801	0
58016471901	1
58016484301	1
58016486101	1
58016609101	1
58016653201	0
58016656101	0
58016901801	1
58016933101	1
58063060050	0
58063070510	0
58063079725	0
58173003704	0
58177000104	1
58177000108	1
58177000109	1
58177000204	1
58177000404	1
58177000504	1
58177001704	1
58177002004	1
58177002804	1
58177002904	1
58177003004	1
58177003104	1
58177003106	1
58177004104	1
58177004403	1
58177004604	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
58177006119	1
58177006126	1
58177006219	1
58177006226	1
58177006319	1
58177006326	1
58177006426	1
58177006519	1
58177006526	1
58177006619	1
58177006626	1
58177007304	1
58177009104	1
58177009108	1
58177009111	1
58177009204	1
58177009604	1
58177020104	1
58177020204	1
58177020208	1
58177020209	1
58177020211	1
58177020804	1
58177021204	1
58177021604	1
58177021611	1
58177022204	1
58177022208	1
58177022211	1
58177022504	1
58177023704	1
58177023804	1
58177023808	1
58177025504	1
58177026404	1
58177026408	1
58177026504	1
58177026508	1
58177026604	1
58177026608	1
58177026704	1
58177026708	1
58177026804	1
58177026808	1
58177026904	1
58177026908	1
58177027404	1
58177029304	1
58177029309	1
58177029311	1
58177030104	1
58177030204	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
58177030304	1
58177030904	1
58177030908	1
58177031004	1
58177031104	1
58177031204	1
58177031304	1
58177031404	1
58177031604	1
58177031705	1
58177032004	1
58177032304	1
58177032404	1
58177032418	1
58177032504	1
58177033004	1
58177033104	1
58177033204	1
58177033304	1
58177034104	1
58177034204	1
58177034208	1
58177034304	1
58177034308	1
58177034404	1
58177034408	1
58177035126	1
58177035804	1
58177036322	1
58177036456	1
58177036804	1
58177036809	1
58177036811	1
58177036904	1
58177036909	1
58177036911	1
58177038304	1
58177041826	1
58177042304	1
58177043240	1
58177043309	1
58177043340	1
58177043409	1
58177043440	1
58177043904	1
58177044004	1
58177044504	1
58177044604	1
58177044904	1
58177045826	1
58177046104	1
58177046204	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
58177053707	1
58177053711	1
58177053826	1
58177062004	1
58177062011	1
58177062104	1
58177062504	1
58177062511	1
58177066704	1
58177067019	1
58177067126	1
58177067226	1
58177067704	1
58177067904	1
58177068104	1
58177068304	1
58177080302	1
58177081602	1
58177083537	1
58177083803	1
58177083945	1
58177083946	1
58177083961	1
58177088107	1
58177088601	1
58177088603	1
58177088605	1
58177088656	1
58177088657	1
58177088880	0
58177090607	1
58177090907	1
58177091005	1
58177091007	1
58177091203	1
58177091401	1
58177092865	1
58177092965	1
58177093205	1
58177093526	1
58177096726	1
58223067501	1
58238021304	0
58281056001	0
58281056002	0
58281056102	0
58281056301	0
58281056302	0
58394000101	0
58394000106	0
58394000206	0
58394000408	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
58394000802	0
58406042534	0
58406042541	0
58406043501	0
58406043504	0
58406044501	0
58406044504	0
58406045501	0
58406045504	0
58407009101	1
58407052701	0
58468002001	0
58468002101	0
58468012001	0
58468012101	0
58468012301	0
58468012401	0
58468013001	0
58468013101	0
58468013102	0
58468013202	0
58468014001	0
58468018002	0
58468018102	0
58468035703	0
58468184904	0
58468198301	0
58468466301	0
58552010401	0
58552011016	0
58552012208	0
58552030501	1
58552030601	0
58552030960	0
58552031201	1
58552031301	0
58605040101	1
58605040601	0
58605040801	0
58605040901	0
58605042201	1
58605042301	0
58605043201	0
58605043501	0
58605044101	0
58605044201	1
58605044401	1
58605044501	0
58605044801	0
58605061401	0
58768010002	0
58768010005	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
58790021687	0
58809070701	0
58809090701	0
58864001601	1
58864010120	1
58864022215	1
58864046330	1
58864047820	1
58864048730	0
58864060530	0
58864060830	0
58864062110	0
58864062930	0
58864064128	1
58864065830	0
58864066230	0
58864067014	0
58864067328	1
58864067930	0
58864068320	0
58864068321	0
58864068430	1
58864069430	0
58864069630	0
58864071630	1
58864072230	0
58864072530	1
58864072615	0
58864074515	0
58864074830	0
58864076720	1
58864076815	0
58864077115	0
58864078530	1
58864081350	1
58864081501	1
58864081801	1
58864083430	0
58864083720	1
58864085560	0
58864087014	1
58864087330	1
58864088230	0
58864088730	0
58864088930	0
58864089530	0
58864095330	1
58864095730	1
58864095830	0
58864096501	0
58914000210	0
58914000410	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
58914000450	0
58914001210	0
58914001310	0
58914001810	0
58914004510	0
58914008052	0
58914011110	0
58914011150	0
58914011610	0
58914017014	0
58914017110	0
58914050118	0
58914050142	0
58914050156	0
58914060021	0
58914078510	0
58914079010	0
58980015010	1
58980015011	1
58980015020	1
58980015022	1
58980033590	1
58980062380	1
58980062415	1
58980062510	1
58980062530	1
58980062570	1
58980063014	0
58980068050	1
58980068090	1
58980077710	1
58980077881	1
58980079011	1
58980079021	1
58980081110	1
58980091540	1
58980091895	1
59011010010	0
59011010020	0
59011010025	0
59011010310	0
59011010320	0
59011010325	0
59011010510	0
59011010520	0
59011010525	0
59011010710	0
59011010720	0
59011010725	0
59011020110	0
59011026010	0
59011026125	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59011026210	0
59011026305	0
59011026310	0
59011033430	0
59011033530	0
59011033630	0
59011041010	0
59011041510	0
59011042010	0
59011043010	0
59011044010	0
59011044410	0
59011044625	0
59011045101	0
59011045201	0
59011045210	0
59011045401	0
59011045405	0
59011045410	0
59011045810	0
59011046010	0
59011048010	0
59011081510	0
59011083010	0
59011086010	0
59060183302	0
59060183402	0
59060183702	0
59075073015	0
59148000216	0
59148000613	0
59148000635	0
59148000713	0
59148000735	0
59148000813	0
59148000835	0
59148000913	0
59148000935	0
59148001013	0
59148001035	0
59148001113	0
59148001315	0
59148002050	0
59148064023	0
59148064123	0
59196000901	0
59196001024	1
59196001048	1
59310017540	0
59310017780	0
59310057920	0
59338077501	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59366211001	1
59366211005	1
59366222601	1
59366222607	1
59366223607	1
59366244602	1
59366246203	1
59366246205	1
59366262106	1
59366262108	1
59366270401	1
59366270501	1
59366270601	1
59366270704	1
59366270802	1
59366270804	1
59366272702	1
59366272802	1
59366273103	1
59366273608	1
59366273904	1
59366273908	1
59366274003	1
59366274108	1
59366274301	1
59366274401	1
59366274501	1
59366274601	1
59366276205	1
59366276207	1
59366278204	1
59366279101	1
59366279103	1
59366279106	1
59366280702	1
59366281703	1
59366281902	1
59366282703	1
59366282904	1
59366285404	1
59366285502	1
59366285504	1
59366286602	1
59366287605	1
59366287806	1
59366290004	1
59366300001	1
59366300005	1
59366310001	1
59366310005	1
59366338801	1
59366400002	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59366400003	1
59366410002	1
59366410004	1
59366500001	1
59366600003	1
59366600006	1
59366733901	1
59366734005	1
59390019205	1
59417010210	0
59417010310	0
59417010410	0
59417010510	0
59417010610	0
59417010710	0
59528031701	0
59528041605	0
59528198801	0
59528445601	0
59572010201	0
59572020514	0
59572020594	0
59572021015	0
59572021095	0
59572022016	0
59572022096	0
59572030250	0
59572040500	0
59572040528	0
59572041000	0
59572041028	0
59572041030	0
59572041500	0
59572041521	0
59572042500	0
59572042521	0
59572042525	0
59627000103	0
59627000205	0
59627000207	0
59630017010	1
59630030020	0
59630030026	0
59630030065	0
59630040010	0
59630040030	0
59630041190	0
59630041435	0
59630041560	0
59630041690	0
59630041830	0
59630041930	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59630044010	0
59630044110	0
59630045008	0
59630045016	0
59630048030	0
59630048530	0
59630048590	0
59630049090	0
59630049590	0
59630050010	0
59630050110	0
59630050210	0
59630050310	0
59630057460	0
59630057560	0
59630062830	0
59630062930	0
59630063030	0
59630070014	0
59630070048	0
59630070114	0
59630070148	0
59630070214	0
59630070248	0
59630071008	0
59630075050	0
59630075550	0
59630076010	0
59630076110	0
59630076210	0
59630078008	0
59630080101	0
59630080102	0
59630080201	0
59630080202	0
59630080301	0
59630080302	0
59630080401	0
59630080402	0
59630082160	0
59676030201	0
59676030202	0
59676030301	0
59676030302	0
59676030401	0
59676030402	0
59676031000	0
59676031001	0
59676031002	0
59676031201	0
59676031204	0
59676032001	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59676032004	0
59676034001	0
59676056001	0
59676056101	0
59676056201	0
59676057001	0
59702015001	0
59702065001	1
59702068301	0
59702080016	0
59730420201	0
59730420301	0
59741030112	1
59741030124	1
59743001901	1
59743005301	1
59743008501	1
59743008510	1
59743013216	1
59746000103	1
59746000106	1
59746000204	1
59746000314	1
59746001210	1
59746001504	1
59746011306	1
59746011506	1
59746012106	1
59746012110	1
59746012206	1
59746012210	1
59746012501	1
59746012510	1
59746012710	1
59746017106	1
59746017110	1
59746017206	1
59746017210	1
59746017306	1
59746017310	1
59746017506	1
59746017509	1
59746017510	1
59746017706	1
59746017710	1
59746021106	1
59746021110	1
59746024501	1
59746024505	1
59746024601	1
59746024610	1
59746024760	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59746024805	1
59746024860	1
59746038206	1
59746038210	1
59746038306	1
59746038309	1
59746038310	1
59746038406	1
59746038409	1
59746038410	1
59746038506	1
59746038509	1
59746038510	1
59746038606	1
59746038609	1
59746038610	1
59762001601	1
59762005701	1
59762005901	1
59762006102	1
59762006202	1
59762006205	1
59762006301	1
59762006601	1
59762006801	1
59762010001	1
59762010401	1
59762010402	1
59762017101	1
59762017102	1
59762017201	1
59762017202	1
59762022001	1
59762022201	1
59762022301	1
59762045001	1
59762085002	1
59762085003	1
59762085007	1
59762102001	1
59762102003	1
59762102101	1
59762102107	1
59762102204	1
59762102207	1
59762102304	1
59762102305	1
59762102306	1
59762103001	1
59762103101	1
59762103201	1
59762105002	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59762105005	1
59762108101	1
59762108102	1
59762108301	1
59762108302	1
59762125801	1
59762125802	1
59762126101	1
59762126102	1
59762130001	1
59762130003	1
59762130101	1
59762130103	1
59762130201	1
59762130203	1
59762141207	1
59762141503	1
59762141505	1
59762141506	1
59762141603	1
59762141609	1
59762141703	1
59762141803	1
59762152001	1
59762152002	1
59762153001	1
59762153002	1
59762153003	1
59762153004	1
59762153005	1
59762153401	1
59762153402	1
59762153701	1
59762153702	1
59762153703	1
59762154001	1
59762154002	1
59762154003	1
59762154004	1
59762170001	1
59762170201	1
59762171002	1
59762171003	1
59762172001	1
59762172002	1
59762173502	1
59762173602	1
59762173607	1
59762173702	1
59762180801	1
59762180802	1
59762180803	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59762181001	1
59762181002	1
59762181003	1
59762181004	1
59762181201	1
59762181203	1
59762181501	1
59762181502	1
59762181503	1
59762185009	1
59762185109	1
59762185209	1
59762200001	1
59762200004	1
59762204002	1
59762204008	1
59762204102	1
59762204108	1
59762204202	1
59762204208	1
59762204302	1
59762218001	1
59762222002	1
59762222101	1
59762222102	1
59762227103	1
59762227107	1
59762227201	1
59762227203	1
59762227207	1
59762227301	1
59762227307	1
59762227403	1
59762299001	1
59762299301	1
59762299302	1
59762305101	1
59762305102	1
59762306001	1
59762306002	1
59762306003	1
59762307001	1
59762307002	1
59762308001	1
59762311001	1
59762312001	1
59762313001	1
59762314001	1
59762329301	1
59762329303	1
59762329401	1
59762329403	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59762329502	1
59762329503	1
59762332701	1
59762332702	1
59762332801	1
59762371704	1
59762371803	1
59762371804	1
59762371901	1
59762371903	1
59762371904	1
59762372001	1
59762372003	1
59762372004	1
59762372101	1
59762372103	1
59762372104	1
59762372201	1
59762372203	1
59762372501	1
59762372603	1
59762372704	1
59762372706	1
59762372707	1
59762372801	1
59762372802	1
59762372803	1
59762374001	1
59762374005	1
59762374101	1
59762374104	1
59762374202	1
59762374208	1
59762374301	1
59762374302	1
59762374401	1
59762378301	1
59762432000	1
59762432002	1
59762432100	1
59762432102	1
59762432202	1
59762432206	1
59762453701	1
59762453702	1
59762453801	1
59762480001	1
59762480003	1
59762480005	1
59762480006	1
59762480101	1
59762480103	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59762480105	1
59762480106	1
59762480201	1
59762480203	1
59762480205	1
59762480206	1
59762490001	1
59762490002	1
59762490003	1
59762490004	1
59762490005	1
59762491001	1
59762491002	1
59762491003	1
59762491004	1
59762491005	1
59762494001	1
59762496001	1
59762500001	1
59762500002	1
59762500701	1
59762500702	1
59762500801	1
59762500802	1
59762500901	1
59762501001	1
59762501002	1
59762501101	1
59762501102	1
59762501201	1
59762501301	1
59762501401	1
59762501501	1
59762501601	1
59762501701	1
59762501801	1
59762501901	1
59762502001	1
59762502101	1
59762502201	1
59762502301	1
59762502401	1
59762502601	1
59762502701	1
59762502702	1
59762502801	1
59762502901	1
59762503001	1
59762503101	1
59762503201	1
59762503202	1
59762503301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
59762503302	1
59762525004	1
59762525104	1
59762669003	1
59762669005	1
59762669008	1
59762669103	1
59762669105	1
59762669203	1
59762737902	1
59762738002	1
59762752901	1
59762752902	1
59762839801	1
59762839802	1
59762839901	1
59762839902	1
59767000101	0
59767000201	0
59767000301	0
59767000302	0
59772246201	1
59772246301	1
59772558501	1
59911589701	1
59930150301	1
59930151701	1
59930151702	1
59930152601	1
59930152602	1
59930154201	1
59930154703	1
59930156001	1
59930157503	1
59930171401	1
59930171403	1
59930171501	1
59930309401	1
59930314403	1
59930360501	1
59987010125	0
60258000116	1
60258000216	1
60258000316	1
60258000501	1
60258002510	1
60258003301	1
60258003906	1
60258004001	1
60258004003	1
60258004101	1
60258004103	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60258004206	1
60258004843	1
60258007001	1
60258009008	1
60258010601	1
60258015001	1
60258015101	1
60258015520	1
60258015610	1
60258015620	1
60258015720	1
60258015816	1
60258015910	1
60258016101	1
60258016201	1
60258017809	1
60258017901	1
60258018001	1
60258018101	1
60258018301	1
60258018401	1
60258018601	1
60258018901	1
60258019001	1
60258019201	1
60258019309	1
60258019409	1
60258019601	1
60258019701	1
60258022016	1
60258023816	1
60258023916	1
60258024016	1
60258024516	1
60258026116	1
60258026216	1
60258027401	1
60258030301	1
60258033516	1
60258033601	1
60258037116	1
60258041416	1
60258041504	1
60258041516	1
60258042516	1
60258042616	1
60258042916	1
60258044416	1
60258051801	1
60258070116	1
60258072016	1
60258075016	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60258076204	1
60258080116	1
60258080215	1
60258084150	1
60258085001	1
60258085010	1
60258086004	1
60258086016	1
60258086516	1
60258086603	1
60267011930	1
60267012585	0
60267030100	0
60267074230	0
60267095325	1
60429003640	1
60429003740	1
60429005230	1
60429005310	1
60429005410	1
60429005510	1
60429005610	1
60429007210	1
60429007410	1
60429007490	1
60429008105	1
60429009230	1
60429009330	1
60429009430	1
60429015708	1
60429017014	1
60429018705	1
60429018760	1
60429018805	1
60429018860	1
60429021590	1
60429050360	1
60429050912	1
60429050924	1
60429050960	1
60429050990	1
60429051018	1
60429051024	1
60429051090	1
60429051290	1
60429052590	1
60429053005	1
60429053030	1
60429053105	1
60429053115	1
60429053130	1
60429070405	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60429070525	1
60429071501	1
60429071860	1
60429072505	1
60429072590	1
60429073310	1
60429073605	1
60429073690	1
60429074005	1
60429074601	1
60429074701	1
60429074801	1
60429075301	1
60429075790	1
60429076001	1
60429076260	1
60429076360	1
60429076905	1
60429076910	1
60429076960	1
60429077010	1
60429077105	1
60429077110	1
60429077160	1
60429077210	1
60429077304	1
60429077312	1
60429078401	1
60429078410	1
60429078501	1
60429078510	1
60429078601	1
60429078610	1
60429078701	1
60429078710	1
60429078801	1
60429078810	1
60429078901	1
60429078910	1
60429079001	1
60429079010	1
60429079101	1
60429079201	1
60429079405	1
60429079505	1
60429090115	1
60429090130	1
60429090160	1
60429090230	1
60429090260	1
60429090430	1
60429090460	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60429093210	1
60429094601	1
60429094701	1
60429095410	1
60429098705	1
60429098805	1
60432000708	1
60432000916	1
60432002816	1
60432003708	1
60432003732	1
60432003816	1
60432003864	1
60432004504	1
60432004516	1
60432006500	1
60432006547	1
60432006575	1
60432008816	1
60432008904	1
60432009216	1
60432009316	1
60432012608	1
60432012616	1
60432012916	1
60432013108	1
60432013325	1
60432013350	1
60432015004	1
60432015016	1
60432016204	1
60432021208	1
60432023730	1
60432024504	1
60432024516	1
60432034516	1
60432045516	1
60432045716	1
60432046400	1
60432046550	1
60432046608	1
60432048216	1
60432052804	1
60432053716	1
60432053760	1
60432054104	1
60432054116	1
60432056060	1
60432056160	1
60432060404	1
60432060416	1
60432060616	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60432060804	1
60432060816	1
60432061304	1
60432061360	1
60432061616	1
60432062116	1
60432062216	1
60432065104	1
60432067160	1
60432069360	1
60432074115	1
60432083360	0
60432083460	0
60432083716	0
60505000306	1
60505000406	1
60505000506	1
60505000704	1
60505000708	1
60505000804	1
60505000808	1
60505000904	1
60505000908	1
60505001004	1
60505001008	1
60505001406	1
60505001408	1
60505001506	1
60505001508	1
60505001606	1
60505001608	1
60505001806	1
60505001906	1
60505002004	1
60505002006	1
60505002008	1
60505002103	1
60505002504	1
60505002506	1
60505002508	1
60505002602	1
60505002603	1
60505002607	1
60505002702	1
60505002704	1
60505002707	1
60505003306	1
60505003307	1
60505003401	1
60505003404	1
60505003408	1
60505003901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505004001	1
60505004101	1
60505004206	1
60505004907	1
60505004909	1
60505005007	1
60505005009	1
60505005107	1
60505005109	1
60505005207	1
60505005209	1
60505005501	1
60505006500	1
60505006501	1
60505006502	1
60505006507	1
60505006508	1
60505006601	1
60505006603	1
60505006701	1
60505006803	1
60505008000	1
60505008100	1
60505008200	1
60505008301	1
60505008302	1
60505008304	1
60505008401	1
60505008402	1
60505008404	1
60505009200	1
60505009202	1
60505009300	1
60505009301	1
60505009400	1
60505009401	1
60505009408	1
60505009500	1
60505009501	1
60505009600	1
60505009601	1
60505009608	1
60505009701	1
60505009702	1
60505009704	1
60505010101	1
60505010102	1
60505010104	1
60505010201	1
60505011200	1
60505011201	1
60505011208	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505011300	1
60505011301	1
60505011308	1
60505011401	1
60505011405	1
60505011500	1
60505011505	1
60505011600	1
60505011605	1
60505011700	1
60505011800	1
60505012901	1
60505012902	1
60505013100	1
60505013101	1
60505013200	1
60505013201	1
60505013300	1
60505013400	1
60505013500	1
60505014100	1
60505014101	1
60505014102	1
60505014200	1
60505014201	1
60505014202	1
60505014204	1
60505014500	1
60505014501	1
60505014502	1
60505014600	1
60505014601	1
60505014602	1
60505015705	1
60505015709	1
60505015801	1
60505015809	1
60505015900	1
60505016401	1
60505016501	1
60505016601	1
60505016805	1
60505016809	1
60505016907	1
60505016909	1
60505017007	1
60505017009	1
60505017101	1
60505017102	1
60505017105	1
60505017108	1
60505017200	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505017300	1
60505017301	1
60505017400	1
60505017401	1
60505017500	1
60505017501	1
60505017600	1
60505017700	1
60505017800	1
60505017900	1
60505018003	1
60505018008	1
60505018103	1
60505018108	1
60505018203	1
60505018300	1
60505018301	1
60505018305	1
60505018400	1
60505018500	1
60505018501	1
60505018600	1
60505018601	1
60505018700	1
60505018701	1
60505018800	1
60505018900	1
60505018901	1
60505019000	1
60505019001	1
60505019008	1
60505019100	1
60505019101	1
60505019108	1
60505019200	1
60505019201	1
60505019208	1
60505019302	1
60505019303	1
60505019402	1
60505019403	1
60505019502	1
60505019503	1
60505020503	1
60505020603	1
60505020703	1
60505020801	1
60505020901	1
60505021003	1
60505021009	1
60505021103	1
60505021109	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505021203	1
60505021209	1
60505021309	1
60505021403	1
60505021409	1
60505022201	1
60505022301	1
60505022401	1
60505023004	1
60505023101	1
60505023201	1
60505023301	1
60505023401	1
60505023501	1
60505024701	1
60505024708	1
60505024801	1
60505024808	1
60505024901	1
60505024908	1
60505025102	1
60505025103	1
60505025202	1
60505025203	1
60505025701	1
60505025801	1
60505026001	1
60505026002	1
60505026501	1
60505026601	1
60505026605	1
60505026701	1
60505026705	1
60505026801	1
60505026805	1
60505027101	1
60505027201	1
60505035101	1
60505035201	1
60505035401	1
60505036000	1
60505036001	1
60505036002	1
60505036301	1
60505036302	1
60505037401	1
60505037900	1
60505038001	1
60505038105	1
60505055102	1
60505055103	1
60505055104	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505055202	1
60505055203	1
60505055204	1
60505056000	1
60505056001	1
60505056202	1
60505056701	1
60505056802	1
60505056901	1
60505057001	1
60505057804	1
60505067905	1
60505068104	1
60505068604	1
60505068704	1
60505068804	1
60505070201	1
60505070301	1
60505074401	1
60505074904	1
60505074905	1
60505075000	1
60505075004	1
60505075100	1
60505075104	1
60505075200	1
60505075204	1
60505075300	1
60505075304	1
60505076900	1
60505077300	1
60505081301	1
60505081500	1
60505082306	1
60505082400	1
60505082601	1
60505082701	1
60505082901	1
60505083305	1
60505083400	1
60505083404	1
60505084703	1
60505100001	1
60505100301	1
60505100302	1
60505120100	1
60505120103	1
60505120200	1
60505120203	1
60505130801	1
60505130901	1
60505131001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505131004	1
60505131103	1
60505131203	1
60505132001	1
60505132008	1
60505132101	1
60505132305	1
60505132309	1
60505132501	1
60505132901	1
60505250201	1
60505250301	1
60505250303	1
60505250401	1
60505250402	1
60505251002	1
60505251004	1
60505251102	1
60505251104	1
60505251202	1
60505251208	1
60505251602	1
60505251603	1
60505251702	1
60505251703	1
60505251801	1
60505251803	1
60505251804	1
60505251808	1
60505251901	1
60505251904	1
60505251908	1
60505252001	1
60505252003	1
60505252004	1
60505252008	1
60505252101	1
60505252201	1
60505253201	1
60505253301	1
60505253305	1
60505253401	1
60505253405	1
60505253501	1
60505253508	1
60505253601	1
60505253605	1
60505253903	1
60505254002	1
60505254102	1
60505254501	1
60505254701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505255101	1
60505255105	1
60505255201	1
60505255205	1
60505255301	1
60505255308	1
60505255401	1
60505255408	1
60505257201	1
60505257203	1
60505257507	1
60505258405	1
60505258406	1
60505258505	1
60505258506	1
60505258605	1
60505258606	1
60505258705	1
60505258706	1
60505258805	1
60505258806	1
60505258900	1
60505258906	1
60505259201	1
60505259203	1
60505259301	1
60505259303	1
60505259404	1
60505259602	1
60505259604	1
60505259608	1
60505260400	1
60505260401	1
60505260408	1
60505260500	1
60505260501	1
60505260508	1
60505260601	1
60505260608	1
60505260701	1
60505260708	1
60505260801	1
60505260808	1
60505260901	1
60505260908	1
60505261506	1
60505261606	1
60505264007	1
60505264008	1
60505264101	1
60505264108	1
60505264203	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505265103	1
60505265109	1
60505265203	1
60505265209	1
60505265300	1
60505265301	1
60505265305	1
60505265400	1
60505265401	1
60505265405	1
60505265501	1
60505265505	1
60505265507	1
60505265601	1
60505265605	1
60505265701	1
60505265705	1
60505265901	1
60505266301	1
60505266401	1
60505266405	1
60505266505	1
60505266506	1
60505268006	1
60505268102	1
60505268106	1
60505268202	1
60505268206	1
60505268401	1
60505268508	1
60505268509	1
60505268601	1
60505268608	1
60505268808	1
60505269001	1
60505269101	1
60505276005	1
60505276006	1
60505276105	1
60505276106	1
60505276205	1
60505276206	1
60505276306	1
60505287501	1
60505287601	1
60505287700	1
60505287701	1
60505287801	1
60505287805	1
60505291609	1
60505291703	1
60505291709	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60505296701	1
60505296705	1
60505296801	1
60505306501	1
60505306601	1
60505306605	1
60505306701	1
60505306705	1
60505316103	1
60505316203	1
60505343803	1
60505343808	1
60505353701	1
60505353801	1
60505353901	1
60505354001	1
60505357801	1
60505357901	1
60505530601	1
60505530608	1
60505530701	1
60505530705	1
60505600809	1
60505607200	0
60505607604	1
60505700102	1
60505700202	1
60505700302	1
60505700402	1
60574411301	0
60574411401	0
60575017719	0
60575051319	0
60575061919	0
60575078619	0
60575091390	0
60598000101	0
60598000201	0
60598000301	0
60598000690	0
60598000890	0
60598000990	0
60598006160	0
60598008001	0
60598008101	0
60598010001	0
60598010101	0
60598012030	0
60598012090	0
60598012130	0
60598012190	0
60598012230	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60598012290	0
60598012330	0
60598012390	0
60598012430	0
60598014001	0
60598014101	0
60598014201	0
60758006005	1
60758006010	1
60758006015	1
60758006305	1
60758006310	1
60758011905	1
60758011910	1
60758011915	1
60758018805	1
60758045810	1
60758080105	1
60758080110	1
60758080115	1
60758080205	1
60758080210	1
60758080215	1
60758086605	1
60758086610	1
60758086615	1
60758088005	1
60758088010	1
60758088015	1
60758090810	1
60758091003	1
60758092905	1
60760011130	0
60760052530	0
60760091105	1
60793001108	0
60793001114	0
60793010401	0
60793010501	0
60793011501	0
60793011601	0
60793011701	0
60793013010	0
60793013110	0
60793013601	0
60793013605	0
60793014501	0
60793014601	0
60793021505	0
60793028301	0
60793028401	0
60793041130	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60793043001	0
60793043101	0
60793043301	0
60793043401	0
60793043501	0
60793043701	0
60793050101	0
60793050301	0
60793060010	0
60793060301	0
60793060401	0
60793060501	0
60793060601	0
60793060701	0
60793060801	0
60793070110	0
60793070210	0
60793080001	0
60793080101	0
60793080201	0
60793085001	1
60793085010	1
60793085101	1
60793085110	1
60793085201	1
60793085210	1
60793085301	1
60793085310	1
60793085401	1
60793085410	1
60793085501	1
60793085510	1
60793085601	1
60793085610	1
60793085701	1
60793085710	1
60793085801	1
60793085810	1
60793085901	1
60793085910	1
60793086001	1
60793086010	1
60951031070	1
60951060270	1
60951060285	1
60951060368	1
60951060568	1
60951060585	1
60951060768	1
60951060785	1
60951061070	1
60951065270	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
60951065370	1
60951065570	1
60951065870	1
60951065970	1
60951070070	1
60951070370	1
60951071270	1
60951079470	1
60951079570	1
60951079670	1
60951079770	1
60977000101	0
60977011201	1
60977011401	0
60977011501	0
60977015501	0
61058025352	0
61073003401	1
61314001205	1
61314001210	1
61314001405	1
61314001425	1
61314001505	1
61314001510	1
61314001601	1
61314001805	1
61314001910	1
61314003002	1
61314004475	1
61314012605	1
61314012610	1
61314014305	1
61314014310	1
61314014315	1
61314014405	1
61314014410	1
61314014415	1
61314020315	1
61314020415	1
61314020615	1
61314020815	1
61314022405	1
61314022505	1
61314022525	1
61314022605	1
61314022610	1
61314022615	1
61314022705	1
61314022710	1
61314022715	1
61314022905	1
61314022910	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
61314022915	1
61314023710	1
61314023805	1
61314023810	1
61314023815	1
61314024501	1
61314024502	1
61314024503	1
61314029405	1
61314029705	1
61314029710	1
61314030301	1
61314030302	1
61314034201	1
61314034202	1
61314035401	1
61314035501	1
61314035502	1
61314039601	1
61314039603	1
61314044705	1
61314044710	1
61314062810	1
61314063006	1
61314063136	1
61314063305	1
61314063705	1
61314063710	1
61314063715	1
61314064175	1
61314064305	1
61314064510	1
61314064511	1
61314064610	1
61314064705	1
61314064710	1
61314064725	1
61314065605	1
61314065610	1
61314065625	1
61314066505	1
61314070101	1
61442010201	1
61442011101	1
61442011201	1
61442011301	1
61442012101	1
61442016205	1
61442017130	1
61442017230	1
61442022201	1
61442022301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
61570002401	0
61570003150	0
61570003275	0
61570003410	0
61570003775	0
61570004510	0
61570005201	0
61570005301	0
61570007201	0
61570007301	0
61570007401	0
61570007901	0
61570008101	1
61570009010	0
61570011101	0
61570011105	0
61570011201	0
61570011256	0
61570012001	0
61570012005	0
61570013120	0
61570013140	0
61570013150	0
61570013185	0
61570014810	0
61570054120	0
61646050316	1
61703030538	1
61703030906	1
61703030916	1
61703031922	0
61703032518	0
61703033218	1
61703033922	1
61703033950	1
61703033956	1
61703034209	1
61703034222	1
61703034250	1
61703034418	1
61703034909	1
61703034916	1
61703035038	1
61703036318	1
61703036322	1
61703040841	1
61703042281	0
61703042282	0
61748001101	1
61748001201	1
61748001206	1
61748001301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
61748001310	1
61748001401	1
61748001409	1
61748001530	1
61748001601	1
61748001801	1
61748001830	1
61748001860	1
61748002416	1
61748002501	1
61748004408	1
61748004416	1
61748004501	1
61748004511	1
61748005416	1
61748020160	1
61748020260	1
61787086604	0
61808012001	1
61808070001	1
61808072005	1
61808082101	1
61953000403	0
61958040101	0
61958050101	0
61958060101	0
61958070101	0
61958080102	0
61958080202	0
61958090101	0
61958100101	0
61958100201	0
62037052001	1
62037052210	1
62037052305	1
62037052401	1
62037052405	1
62037053290	1
62037053390	1
62037053490	1
62037054060	1
62037054160	1
62037054801	1
62037054810	1
62037054901	1
62037055001	1
62037055901	1
62037055905	1
62037056001	1
62037056005	1
62037056010	1
62037056090	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
62037056701	1
62037057101	1
62037057110	1
62037057701	1
62037057710	1
62037059705	1
62037059790	1
62037059805	1
62037059890	1
62037059905	1
62037059990	1
62037060005	1
62037060090	1
62037064001	1
62037064010	1
62037064030	1
62037067401	1
62037067410	1
62037067501	1
62037067510	1
62037067601	1
62037067610	1
62037069130	1
62037069190	1
62037069230	1
62037069290	1
62037069330	1
62037069390	1
62037069430	1
62037069490	1
62037069530	1
62037069590	1
62037069605	1
62037069630	1
62037069690	1
62037069705	1
62037069730	1
62037069790	1
62037069805	1
62037069830	1
62037069890	1
62037069905	1
62037069930	1
62037069990	1
62037070005	1
62037070030	1
62037070090	1
62037071001	1
62037071010	1
62037075330	1
62037075530	1
62037075801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
62037077760	1
62037079101	1
62037079160	1
62037079260	1
62037079301	1
62037079360	1
62037082675	1
62037083001	1
62037083010	1
62037083101	1
62037083110	1
62037083201	1
62037083210	1
62037083301	1
62037084530	1
62037084601	1
62037084610	1
62037084630	1
62037084730	1
62037084830	1
62037087130	1
62037087201	1
62037087205	1
62037087301	1
62037087305	1
62037095501	1
62037095510	1
62037095601	1
62037095610	1
62037099901	1
62037099905	1
62037099910	1
62175010101	1
62175010201	1
62175010416	1
62175010515	1
62175010601	1
62175010701	1
62175010801	1
62175011432	1
62175011832	1
62175011837	1
62175011841	1
62175011843	1
62175011937	1
62175011943	1
62175012301	1
62175012401	1
62175012837	1
62175012843	1
62175012937	1
62175013632	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
62175013637	1
62175013643	1
62175017737	1
62175026037	1
62175026043	1
62175026046	1
62175026055	1
62175026137	1
62175026146	1
62175026155	1
62175026232	1
62175026237	1
62175026246	1
62175027037	1
62175027041	1
62175027137	1
62175027141	1
62175027237	1
62175044215	1
62175044231	1
62175044601	1
62175048537	1
62175048637	1
62175048737	1
62175049070	1
62175071237	1
62175072537	1
62541011006	0
62541012001	0
62541012006	0
62541013001	0
62541013006	0
62541014001	0
62541014006	0
62559110606	1
62559111001	0
62559111007	0
62559550103	1
62559550106	1
62559804106	1
62584013901	1
62584014201	1
62584014301	1
62584014501	1
62584014601	1
62584015501	1
62584021801	1
62584023601	1
62584023701	1
62584025985	1
62584055901	1
62584073401	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
62584073801	1
62584074801	1
62584089701	1
62584097401	1
62584097430	1
62584097490	1
62584097501	1
62584097590	1
62584097601	1
62584097630	1
62584097690	1
62584097701	1
62584097790	1
62584098901	1
62584099001	1
62592018864	0
62592049603	0
62756013001	1
62756013101	1
62756013702	1
62756013705	1
62756013802	1
62756013805	1
62756013902	1
62756014201	1
62756014202	1
62756014301	1
62756014513	1
62756014586	1
62756014613	1
62756014686	1
62756014713	1
62756014786	1
62756014813	1
62756014886	1
62756016088	1
62756018101	1
62756018201	1
62756018313	1
62756018318	1
62756018388	1
62756018413	1
62756018418	1
62756018488	1
62756018513	1
62756018518	1
62756018588	1
62756018688	1
62756018788	1
62756020201	1
62756020203	1
62756020401	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
62756020403	1
62756024064	1
62756025802	1
62756025902	1
62756026002	1
62756029983	1
62756029988	1
62756034844	1
62756034944	1
62756035040	1
62756035240	1
62756035664	1
62756035666	1
62756040201	1
62756040203	1
62756043283	1
62756043288	1
62756044602	1
62756044605	1
62756045788	1
62756046188	1
62756051713	1
62756051788	1
62756051813	1
62756051818	1
62756051888	1
62756051913	1
62756051988	1
62756052069	1
62756052088	1
62756052169	1
62756052269	1
62756058081	1
62756070713	1
62756070786	1
62756071013	1
62756071086	1
62756071113	1
62756071186	1
62756071213	1
62756071286	1
62756076188	1
62756076288	1
62756076313	1
62756076388	1
62756076488	1
62756079613	1
62756079688	1
62756079713	1
62756079788	1
62756079813	1
62756079888	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
62794000101	0
62794000251	0
62794002701	0
62794007201	0
62794014501	1
62794014510	1
62794046001	0
62794046401	0
62794050193	0
62794067093	0
62794075001	0
62794075093	0
62856010101	0
62856010110	0
62856010201	0
62856012501	0
62856012510	0
62856015001	0
62856015010	0
62856018001	0
62856018010	0
62856024330	0
62856024341	0
62856024390	0
62856024511	0
62856024530	0
62856024541	0
62856024590	0
62856024611	0
62856024630	0
62856024641	0
62856024690	0
62856024730	0
62856024790	0
62856025010	0
62856025101	0
62856050010	0
62856058230	0
62856058352	0
62856060001	0
62856060210	0
62856060301	0
62856060422	0
62856068010	0
62856068110	0
62856075001	0
62856075010	0
62856079701	0
62856083130	0
62856083230	0
62942010102	0
62991112403	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
62991117304	0
62991124301	0
62991135402	0
62991141201	0
63004773101	0
63004773401	0
63010001030	0
63010002036	0
63010002118	0
63010002770	0
63020004901	0
63032002100	0
63032002150	0
63032003100	0
63032003150	0
63032005100	0
63032005150	0
63032006100	0
63032006150	0
63032009125	0
63032010100	0
63032010150	0
63032011100	0
63032011150	0
63044019862	1
63044062201	1
63044063119	1
63044063217	1
63044063321	1
63044063510	1
63304009719	1
63304009819	1
63304009919	1
63304013101	1
63304013250	1
63304014801	1
63304014901	1
63304014950	1
63304015901	1
63304015905	1
63304016001	1
63304016005	1
63304016430	1
63304016501	1
63304016505	1
63304016530	1
63304016601	1
63304016605	1
63304020201	1
63304020301	0
63304020518	1
63304023901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63304023930	1
63304024001	1
63304024159	1
63304029601	1
63304029605	1
63304040001	1
63304040101	1
63304040301	1
63304040401	1
63304042501	1
63304042601	1
63304042701	1
63304043501	1
63304043601	1
63304043701	1
63304044501	1
63304044510	1
63304044530	1
63304045830	1
63304045930	1
63304048801	1
63304048901	1
63304049001	1
63304049005	1
63304049601	1
63304049605	1
63304049701	1
63304050401	1
63304050501	1
63304050901	1
63304050920	1
63304051250	1
63304051501	1
63304051504	1
63304051801	1
63304052020	1
63304052101	1
63304052120	1
63304053101	1
63304053201	1
63304053210	1
63304053301	1
63304053310	1
63304053401	1
63304053410	1
63304053501	1
63304053510	1
63304053601	1
63304053605	1
63304053701	1
63304053705	1
63304053801	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63304053805	1
63304054990	1
63304055090	1
63304055190	1
63304055201	1
63304055205	1
63304055301	1
63304055305	1
63304055401	1
63304056001	1
63304056005	1
63304056101	1
63304056105	1
63304056201	1
63304056210	1
63304057901	1
63304057910	1
63304058001	1
63304058010	1
63304058101	1
63304058110	1
63304058201	1
63304058250	1
63304059201	1
63304059205	1
63304059301	1
63304059590	1
63304059690	1
63304059790	1
63304059805	1
63304059890	1
63304059901	1
63304061501	1
63304062101	1
63304062110	1
63304062201	1
63304062210	1
63304062301	1
63304062310	1
63304062401	1
63304062410	1
63304062501	1
63304062510	1
63304062601	1
63304062605	1
63304062701	1
63304062705	1
63304062801	1
63304062805	1
63304062901	1
63304063201	1
63304063230	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63304063290	1
63304065201	1
63304065205	1
63304065325	1
63304065401	1
63304065405	1
63304065501	1
63304065505	1
63304065601	1
63304065605	1
63304065701	1
63304065705	1
63304065801	1
63304065901	1
63304068790	1
63304069201	1
63304069205	1
63304069301	1
63304069316	1
63304069401	1
63304069501	1
63304069605	1
63304069650	1
63304069701	1
63304069801	1
63304069950	1
63304070801	0
63304070901	1
63304071001	1
63304071101	1
63304071150	1
63304071320	1
63304071550	1
63304071701	1
63304072501	1
63304072560	1
63304072601	1
63304072660	1
63304073701	1
63304073705	1
63304073801	1
63304073901	1
63304073905	1
63304075120	1
63304075160	1
63304075220	1
63304075260	1
63304075420	1
63304076101	1
63304076120	1
63304076220	1
63304076301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63304076305	1
63304076320	1
63304076701	1
63304076801	1
63304076802	1
63304076807	1
63304077201	1
63304077205	1
63304077290	1
63304077301	1
63304077305	1
63304077310	1
63304077390	1
63304077401	1
63304077405	1
63304077490	1
63304077510	1
63304077590	1
63304077610	1
63304077690	1
63304077710	1
63304077790	1
63304078910	1
63304078930	1
63304078990	1
63304079010	1
63304079030	1
63304079090	1
63304079110	1
63304079130	1
63304079190	1
63304079210	1
63304079230	1
63304079290	1
63304079310	1
63304079330	1
63304079390	1
63304079401	1
63304079501	1
63304079601	1
63304080330	1
63304080401	1
63304080430	1
63304080512	1
63304080601	1
63304080630	1
63304082104	1
63304082203	1
63304082204	1
63304083401	1
63304083410	1
63304083501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63304083510	1
63304083601	1
63304083610	1
63304083701	1
63304083710	1
63304083801	1
63304083805	1
63304083860	1
63304083901	1
63304083930	1
63304084005	1
63304084501	1
63304084505	1
63304084601	1
63304084605	1
63304084610	1
63304085116	1
63304086001	1
63304086005	1
63304090090	1
63304090190	1
63304090430	1
63304090530	1
63304090801	1
63304090901	1
63304091001	1
63304091101	1
63304091401	1
63304091410	1
63304091510	1
63304092060	1
63304095401	1
63304095602	1
63304095801	1
63304095802	1
63304095901	1
63304095902	1
63304096004	1
63304096101	1
63304096103	1
63304096104	1
63304096304	1
63304096403	1
63304096404	1
63304096603	1
63304096604	1
63304096901	1
63304096903	1
63304096904	1
63304097001	1
63304097003	1
63304097004	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63304097304	1
63304097401	1
63304097404	1
63304097505	1
63304097605	1
63304097701	1
63304097703	1
63304097704	1
63304097901	1
63304097903	1
63304097904	1
63304099201	1
63304099401	1
63323001002	1
63323001020	1
63323001201	1
63323001302	1
63323002510	1
63323004401	1
63323004710	1
63323006402	1
63323008861	1
63323010351	1
63323010365	1
63323010510	1
63323011710	1
63323011720	1
63323011751	1
63323011761	1
63323012102	1
63323012302	1
63323012310	1
63323012930	1
63323013011	1
63323013210	1
63323013215	1
63323013610	1
63323014210	1
63323015125	1
63323016202	1
63323016501	1
63323016505	1
63323016530	1
63323016610	1
63323016721	1
63323018001	1
63323018410	1
63323018505	1
63323018510	1
63323018520	1
63323018600	1
63323018610	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63323019606	1
63323020102	1
63323020110	1
63323020202	1
63323020805	1
63323022110	1
63323023401	1
63323023710	1
63323023861	1
63323024930	0
63323025503	1
63323025803	1
63323026110	1
63323026201	1
63323026530	0
63323026920	0
63323027205	1
63323027301	1
63323027602	1
63323027810	0
63323028202	1
63323028260	1
63323028420	1
63323029030	0
63323029561	1
63323030602	1
63323030630	1
63323031110	1
63323031461	1
63323034020	1
63323034050	1
63323034220	1
63323034720	1
63323034861	1
63323036501	1
63323036820	1
63323036920	1
63323037420	1
63323037601	1
63323038510	0
63323039810	1
63323039923	1
63323040120	1
63323046550	0
63323046630	1
63323046810	0
63323046901	1
63323046905	1
63323047101	1
63323047105	1
63323047401	1
63323047410	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63323047930	0
63323048520	0
63323048550	0
63323048620	0
63323049202	0
63323049289	0
63323049697	0
63323050601	1
63323051302	1
63323051610	1
63323054001	1
63323054011	1
63323054031	1
63323054201	1
63323054207	1
63323054411	1
63323054501	1
63323054505	1
63323061720	1
63323061750	1
63323066401	1
63323073101	1
63323073310	1
63323073311	1
63323073510	1
63323073804	1
63323073912	1
63323076305	1
63323076316	1
63323087715	0
63323088310	1
63323088330	1
63323091501	1
63323096510	1
63370002025	0
63370012215	0
63370019935	0
63370020050	0
63370097025	0
63395010105	0
63395020113	0
63402019010	0
63402019030	0
63402019109	0
63402019110	0
63402019309	0
63402019310	0
63402051001	0
63402051124	0
63402051224	0
63402051324	0
63402070101	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63402071101	0
63402071201	0
63402091130	0
63402091164	0
63459010101	0
63459020101	0
63459020560	0
63459021560	0
63459022560	0
63459039120	0
63459040201	0
63459040230	0
63459040401	0
63459040430	0
63459041201	0
63459041230	0
63459041601	0
63459041630	0
63459050230	0
63459050430	0
63459051230	0
63459054128	0
63459054228	0
63459054328	0
63459054428	0
63459054628	0
63459054828	0
63459070060	0
63459070160	0
63481002509	0
63481007270	0
63481007370	0
63481007670	0
63481012170	0
63481052270	0
63481055370	0
63481057170	0
63481061270	0
63481061275	0
63481061370	0
63481061770	0
63481061775	0
63481062170	0
63481062270	0
63481062370	0
63481062375	0
63481062385	0
63481062770	0
63481062870	0
63481062970	0
63481066870	0
63481066970	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63481067470	0
63481068403	0
63481068405	0
63481068447	0
63481068706	0
63481069370	0
63481069870	0
63481090770	0
63481090775	0
63629123609	1
63629125605	0
63629126301	1
63629145604	0
63629270301	1
63653117101	0
63653117103	0
63653117105	0
63653117106	0
63653133202	0
63672004503	1
63672110002	1
63672300501	1
63672300502	1
63672301001	1
63672301002	1
63713001974	1
63717003610	0
63717003704	0
63717010001	0
63717051301	1
63717055316	0
63717055416	0
63717089516	0
63717090001	0
63717091002	1
63717091508	0
63739000410	1
63739001010	1
63739001110	1
63739002101	1
63739002701	1
63739003110	1
63739004610	1
63739004710	1
63739004810	1
63739005910	1
63739008010	1
63739011001	1
63739011010	1
63739011101	1
63739011110	1
63739011201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63739012610	1
63739012810	1
63739012815	1
63739013003	1
63739013010	1
63739015401	1
63739017315	1
63739017510	1
63739017610	1
63739021510	1
63739022810	1
63739024615	1
63739025110	1
63739026110	1
63739026310	1
63739026410	1
63739026601	1
63739026610	1
63739028310	1
63739028331	1
63739028431	1
63739028510	1
63739028515	1
63739028531	1
63739028610	1
63739029510	1
63739032510	1
63739033110	1
63739035015	1
63739035510	1
63739035610	1
63739035810	1
63739037410	1
63739037510	1
63739038410	1
63739038710	1
63739039110	1
63739043710	1
63739043810	1
63739044510	1
63739044610	1
63739044710	1
63801010701	0
63801010709	0
63807010001	1
63807010005	1
63807010010	1
63807010011	1
63807010050	1
63807010051	1
63807010075	1
63807010092	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
63807010512	1
63807011012	1
63807050051	1
63807060051	1
63807060055	1
63807060512	1
63833061702	0
63833082502	0
63857011133	0
63857032206	0
63857032211	0
63857032306	0
63857032311	0
63857032411	0
63857032506	0
63857032511	0
63857032611	0
63857033210	0
63857037711	0
63857041011	0
63857041211	0
63874020801	1
63874023001	1
63874023050	1
63874030974	1
63874037201	1
64011000108	0
64011000908	0
64011001004	0
64011001419	0
64011001919	0
64011002419	0
64011012408	0
64011016226	0
64011016426	0
64011016534	0
64011016636	0
64011019519	0
64011019726	0
64011019826	0
64011020019	0
64011020734	0
64011021541	0
64011021819	0
64019053825	1
64019055367	1
64029314101	0
64054091002	1
64054300306	1
64116001112	0
64125010101	1
64125010102	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64125010401	1
64125010410	1
64125011601	1
64125011610	1
64125011701	1
64125011710	1
64125011801	1
64125011805	1
64125012701	1
64125012710	1
64125012810	1
64125013001	1
64125013010	1
64125013101	1
64125013110	1
64125013201	1
64125013210	1
64125090101	1
64125090110	1
64125090201	1
64125090210	1
64125090301	1
64125090401	1
64125090405	1
64125090410	1
64125090501	1
64125090505	1
64125090510	1
64125090601	1
64125090605	1
64125090610	1
64125091501	1
64125091510	1
64253011130	1
64253011135	1
64253022235	1
64253033321	1
64253033323	1
64253033335	1
64365050503	0
64365050603	0
64376011901	1
64376011910	1
64376012001	1
64376012010	1
64376012101	1
64376012110	1
64376012201	1
64376013612	1
64376013661	1
64376013690	1
64376013712	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64376013790	1
64376013805	1
64376013812	1
64376013861	1
64376013890	1
64376043516	1
64376043540	1
64376043814	1
64376043815	1
64376054301	1
64376054331	1
64376054401	1
64376054431	1
64376060301	1
64376060406	1
64376060461	1
64376060501	1
64376061101	1
64376061131	1
64376061216	1
64376065001	1
64376065031	1
64376070616	1
64376071116	1
64376071216	1
64376072316	1
64376072630	1
64376072716	1
64376072740	1
64376072830	1
64376072916	1
64376072940	1
64376073816	1
64376080201	1
64376080506	1
64376080801	1
64376080805	1
64376080810	1
64376081101	1
64376081110	1
64376081201	1
64376081801	1
64455006301	0
64455006401	0
64455006410	0
64455006501	0
64455013101	0
64455014030	0
64455014090	0
64455014110	0
64455014130	0
64455014190	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64455014210	0
64455014230	0
64455014290	0
64455014310	0
64455014330	0
64455014390	0
64455014601	0
64455019201	0
64455073030	0
64455073090	0
64455073130	0
64455077147	0
64455077155	0
64455077247	0
64455079247	0
64455079530	0
64455079542	0
64455079549	0
64455079630	0
64455079642	0
64455079649	0
64455079650	0
64455079730	0
64455079742	0
64455079749	0
64455079830	0
64455079842	0
64455079942	0
64455099394	0
64455099442	0
64455099445	0
64543002590	0
64543008501	1
64543009190	0
64543009690	0
64543011101	1
64543011201	1
64543011401	1
64543011890	0
64543040090	1
64679015402	1
64679015403	1
64679015502	1
64679015503	1
64679017102	1
64679017103	1
64679017202	1
64679017203	1
64679017402	1
64679017502	1
64679017702	1
64679020901	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64679020902	1
64679042101	1
64679042201	1
64679042202	1
64679042301	1
64679042302	1
64679051602	1
64679051603	1
64679052804	1
64679052904	1
64679053004	1
64679053005	1
64679055302	1
64679055304	1
64679055402	1
64679055404	1
64679055502	1
64679055504	1
64679055702	1
64679055704	1
64679057104	1
64679057204	1
64679066103	1
64679069401	1
64679070102	1
64679070301	1
64679071203	1
64679071301	1
64679071303	1
64679071401	1
64679071404	1
64679071501	1
64679071504	1
64679072001	1
64679072002	1
64679072401	1
64679072402	1
64679072403	1
64679072501	1
64679072502	1
64679072503	1
64679072601	1
64679072701	1
64679073402	1
64679073403	1
64679073502	1
64679073503	1
64679073508	1
64679073602	1
64679073603	1
64679073702	1
64679074301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64679074303	1
64679075301	1
64679075801	1
64679075802	1
64679075804	1
64679075805	1
64679075806	1
64679090201	1
64679090202	1
64679090301	1
64679090302	1
64679090401	1
64679090402	1
64679090501	1
64679090601	1
64679090603	1
64679090606	1
64679090701	1
64679090702	1
64679090704	1
64679092101	1
64679092102	1
64679092201	1
64679092202	1
64679092302	1
64679092303	1
64679092305	1
64679092402	1
64679092403	1
64679092404	1
64679092502	1
64679092503	1
64679092602	1
64679092603	1
64679092701	1
64679092705	1
64679092801	1
64679092806	1
64679092901	1
64679092906	1
64679093601	1
64679093602	1
64679093603	1
64679093701	1
64679093702	1
64679093703	1
64679094101	1
64679094106	1
64679094201	1
64679094202	1
64679094205	1
64679094501	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64679094601	1
64679094901	1
64679095301	1
64679095305	1
64679095401	1
64679096101	1
64679096104	1
64679096105	1
64679096201	1
64679096401	1
64679096403	1
64679096405	1
64679096501	1
64679096601	1
64679096701	1
64679096801	1
64679097111	1
64679097401	1
64679098301	1
64679098302	1
64679099001	1
64682000901	0
64682020015	0
64720010310	1
64720010311	1
64720010350	1
64720010615	1
64720010650	1
64720012310	1
64720012410	1
64720012510	1
64720012511	1
64720012810	1
64720013010	1
64720013210	1
64720013510	1
64720013610	1
64720013811	1
64720013815	1
64720013850	1
64720013910	1
64720014310	1
64720014410	1
64720014411	1
64720014510	1
64720015806	1
64720015906	1
64720017003	1
64720017010	1
64720017103	1
64720017110	1
64720017203	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64720017210	1
64720017710	1
64720018310	1
64720019898	1
64720020110	1
64720020210	1
64720020310	1
64720020410	1
64720020510	1
64720020610	1
64720020710	1
64720020810	1
64720022410	1
64720022510	1
64720022610	1
64720030411	1
64720030510	1
64720030550	1
64720032110	1
64720032210	1
64720032310	1
64727329801	0
64727329802	0
64727329901	1
64727330001	1
64727330002	1
64727330801	1
64727707302	1
64727708001	1
64764004611	0
64764004613	0
64764004619	0
64764008060	0
64764015104	0
64764015105	0
64764015106	0
64764015518	0
64764015560	0
64764015818	0
64764015860	0
64764017130	0
64764017530	0
64764017590	0
64764024010	0
64764024060	0
64764030114	0
64764030115	0
64764030116	0
64764030230	0
64764030430	0
64764031030	0
64764045124	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64764045125	0
64764045126	0
64764051030	0
64764054130	0
64764054311	0
64764054411	0
64764067730	0
64764070201	0
64764080510	0
64764080530	0
64764090530	0
64764091530	0
64764091590	0
64764091830	0
64854001601	0
64854002901	0
64854003101	0
64980010201	1
64980010401	1
64980010503	1
64980011101	1
64980011110	1
64980011201	1
64980011210	1
64980011301	1
64980011310	1
64980011901	1
64980012301	1
64980012310	1
64980012709	1
64980012809	1
64980013009	1
64980013101	1
64980013201	1
64980013301	1
64980013310	1
64980013401	1
64980013410	1
64980013501	1
64980013510	1
64980013701	1
64980013801	1
64980013901	1
64980014006	1
64980014106	1
64980014206	1
64980014306	1
64980014401	1
64980014901	1
64980015101	1
64980015401	1
64980015405	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
64980015501	1
64980015701	1
64980015801	1
64980015901	1
64980030130	1
64980030230	1
64980030550	1
64980030650	1
64980030760	1
64980030912	1
64980030924	1
64980031036	1
64980031048	1
64980031914	1
64980031920	1
64980032005	1
64980050312	1
64980050448	1
64980050625	1
65084037014	1
65084037018	1
65084037032	1
65084037034	1
65084037214	1
65084037218	1
65084037220	1
65084037232	1
65084040714	1
65084040718	1
65084040732	1
65084040814	1
65084040818	1
65084041020	1
65084041218	1
65084041413	1
65084041442	1
65084041718	1
65084041736	1
65084044114	1
65084044118	1
65084044120	1
65084044136	1
65084044214	1
65084044218	1
65084044220	1
65084044236	1
65084044318	1
65162000650	1
65162000709	1
65162000750	1
65162000809	1
65162000850	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65162003350	1
65162005210	1
65162005250	1
65162005310	1
65162005350	1
65162005403	1
65162005410	1
65162005450	1
65162007710	1
65162007810	1
65162007850	1
65162010250	1
65162010615	1
65162010910	1
65162011110	1
65162011810	1
65162012710	1
65162012711	1
65162012750	1
65162013811	1
65162013815	1
65162014510	1
65162017410	1
65162017411	1
65162017450	1
65162017510	1
65162017511	1
65162017550	1
65162017710	1
65162017711	1
65162017750	1
65162020310	1
65162020350	1
65162020410	1
65162021210	1
65162021211	1
65162021250	1
65162022710	1
65162022711	1
65162036110	1
65162036111	1
65162046310	1
65162046510	1
65162051110	1
65162051150	1
65162051210	1
65162051211	1
65162051250	1
65162051310	1
65162051311	1
65162051350	1
65162051410	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65162051510	1
65162051710	1
65162052010	1
65162053610	1
65162053650	1
65162053710	1
65162054110	1
65162054111	1
65162054150	1
65162054410	1
65162054450	1
65162054510	1
65162054511	1
65162054650	1
65162055410	1
65162055548	1
65162056810	1
65162056850	1
65162056910	1
65162056950	1
65162057050	1
65162057110	1
65162057210	1
65162057310	1
65162057410	1
65162058810	1
65162058910	1
65162061710	1
65162061711	1
65162061750	1
65162062710	1
65162062711	1
65162062750	1
65162064110	1
65162064210	1
65162064310	1
65162065990	1
65162066286	1
65162066290	1
65162066386	1
65162066490	1
65162066788	1
65162066790	1
65162066810	1
65162066850	1
65162066910	1
65162067010	1
65162068784	1
65162071110	1
65162071310	1
65162072510	1
65162072710	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65162075110	1
65162075210	1
65162075250	1
65162075310	1
65162075350	1
65162075410	1
65162075450	1
65162075690	1
65162080906	1
65162081006	1
65162081206	1
65162081306	1
65197000101	0
65197000201	0
65197000301	0
65224005601	0
65224080022	0
65243003945	1
65243016003	0
65243017609	1
65243026503	1
65243028709	1
65243031045	1
65243033136	1
65243033209	1
65243033502	0
65243033504	0
65243034009	1
65243034509	1
65243034709	1
65243035609	0
65243035909	1
65243037809	1
65243037909	1
65243037918	1
65243038209	1
65243038309	1
65271000125	1
65271000160	1
65473070601	0
65483009306	0
65483039110	0
65483039210	0
65483049514	0
65483059010	0
65483070210	0
65483089403	0
65483089503	0
65483099110	0
65483099310	0
65580025101	1
65580030103	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65580030109	0
65580030203	0
65580030209	0
65580030303	0
65580030309	0
65580030403	0
65580030409	0
65580064371	1
65580064471	1
65580064571	1
65597010130	0
65597010310	0
65597010330	0
65597010390	0
65597010410	0
65597010430	0
65597010490	0
65597010530	0
65597010590	0
65597010630	0
65597010690	0
65597010710	0
65597010730	0
65597010790	0
65597011010	0
65597011030	0
65597011090	0
65597011110	0
65597011130	0
65597011190	0
65597011210	0
65597011230	0
65597011290	0
65597011310	0
65597011330	0
65597011390	0
65597011430	0
65597011490	0
65597011530	0
65597011590	0
65597011630	0
65597011690	0
65597011730	0
65597011790	0
65597011830	0
65597011890	0
65597070118	0
65597090230	0
65628001001	0
65628002001	0
65628002101	0
65628005001	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65628005101	0
65628006001	0
65628006101	0
65628006201	0
65628006301	0
65628006401	0
65649010102	0
65649010150	0
65649010302	0
65649020175	0
65649021124	0
65649023141	0
65649024141	0
65649030103	0
65649030105	0
65649030141	0
65649030302	0
65649030303	0
65649031112	0
65649040130	0
65649041112	0
65649041124	0
65649043102	0
65649043202	0
65649050130	0
65649051112	0
65649060104	0
65649060141	0
65649070141	0
65726014415	0
65726023510	0
65726023610	0
65726025010	0
65726025025	0
65726025110	0
65726025125	0
65726026115	0
65726026215	0
65726026315	0
65726026525	0
65726026625	0
65726040310	0
65726042515	0
65726042527	0
65757030001	0
65862000330	1
65862000390	1
65862000501	1
65862000505	1
65862000601	1
65862000605	1
65862000610	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65862000701	1
65862000705	1
65862000801	1
65862000805	1
65862000901	1
65862000905	1
65862001001	1
65862001005	1
65862001105	1
65862001205	1
65862001230	1
65862001290	1
65862001301	1
65862001305	1
65862001330	1
65862001401	1
65862001405	1
65862001501	1
65862001505	1
65862001601	1
65862001605	1
65862001701	1
65862001705	1
65862001801	1
65862001805	1
65862001840	1
65862001901	1
65862001905	1
65862002106	1
65862002206	1
65862002306	1
65862002460	1
65862002801	1
65862003001	1
65862003099	1
65862003130	1
65862003190	1
65862003230	1
65862003290	1
65862003420	1
65862003460	1
65862003520	1
65862003560	1
65862003701	1
65862003705	1
65862003801	1
65862003805	1
65862003901	1
65862003905	1
65862004001	1
65862004005	1
65862004101	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65862004201	1
65862004205	1
65862004301	1
65862004305	1
65862004401	1
65862004405	1
65862004501	1
65862004505	1
65862004824	1
65862005030	1
65862005090	1
65862005130	1
65862005190	1
65862005199	1
65862005226	1
65862005230	1
65862005290	1
65862005299	1
65862005322	1
65862005330	1
65862005390	1
65862005399	1
65862005430	1
65862005439	1
65862005490	1
65862005499	1
65862006201	1
65862006299	1
65862006301	1
65862006399	1
65862006401	1
65862006499	1
65862006801	1
65862006901	1
65862006950	1
65862007001	1
65862007075	1
65862007101	1
65862007150	1
65862007175	1
65862007424	1
65862007601	1
65862007701	1
65862007850	1
65862007930	1
65862008001	1
65862008101	1
65862008105	1
65862008201	1
65862008205	1
65862008501	1
65862008550	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65862008601	1
65862008701	1
65862009520	1
65862009620	1
65862009701	1
65862009801	1
65862009901	1
65862009975	1
65862010001	1
65862010075	1
65862010105	1
65862010190	1
65862010205	1
65862010290	1
65862010299	1
65862010305	1
65862010390	1
65862010399	1
65862010701	1
65862011260	1
65862011301	1
65862011601	1
65862011701	1
65862011801	1
65862011905	1
65862011960	1
65862012005	1
65862012060	1
65862012105	1
65862012160	1
65862012260	1
65862012360	1
65862012460	1
65862012701	1
65862012801	1
65862013301	1
65862013399	1
65862013401	1
65862013499	1
65862014001	1
65862014050	1
65862014101	1
65862014150	1
65862014201	1
65862014301	1
65862014305	1
65862014401	1
65862014405	1
65862014501	1
65862014736	1
65862014901	1
65862014930	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65862014990	1
65862015430	1
65862015505	1
65862015530	1
65862015599	1
65862015630	1
65862015699	1
65862015730	1
65862015799	1
65862015801	1
65862015901	1
65862015905	1
65862016001	1
65862016005	1
65862016190	1
65862016290	1
65862016390	1
65862016401	1
65862016601	1
65862016899	1
65862016901	1
65862016999	1
65862017001	1
65862017099	1
65862017160	1
65862017260	1
65862017501	1
65862017601	1
65862017605	1
65862017699	1
65862017760	1
65862018501	1
65862018601	1
65862018730	1
65862018805	1
65862018830	1
65862019001	1
65862019101	1
65862019105	1
65862019199	1
65862019201	1
65862019205	1
65862019299	1
65862019301	1
65862019399	1
65862019401	1
65862019801	1
65862019805	1
65862019899	1
65862019901	1
65862019999	1
65862020001	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
65862020230	1
65862020330	1
65862021150	1
65862021401	1
65862021501	1
65862021801	1
65862021860	1
65862021901	1
65862021960	1
65862022901	1
65862024508	1
65862024608	1
65862024708	1
65862025047	1
65862028601	1
65862028701	1
65862028801	1
65862030801	1
65862030901	1
65862031030	1
65862031130	1
65862031230	1
65862031330	1
65862032730	1
65862032804	1
65862032904	1
65862044830	1
65862044930	1
65880020008	1
65880040045	0
65880050302	0
65976010001	0
66105098803	0
66116066221	1
66213042110	0
66213042150	0
66213042304	0
66213042316	0
66213042510	0
66213042511	0
66213054060	0
66213054160	0
66215010106	0
66215010206	0
66215020190	0
66215030200	0
66215030300	0
66220071930	0
66220072930	0
66239015716	1
66267005820	0
66267006802	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
66267021990	1
66267022020	1
66267062800	0
66267097235	1
66302010101	0
66302010201	0
66302010501	0
66302011001	0
66302020601	0
66302020602	0
66302046760	0
66336009421	1
66336046328	1
66336055610	1
66336059014	1
66378050020	0
66424004301	1
66424004501	1
66424004510	1
66424052035	1
66424052601	1
66435010118	1
66435010156	1
66435010170	1
66435010184	1
66435010216	1
66435010456	1
66435010599	1
66435010656	1
66435010699	1
66435010799	1
66435020115	0
66435020195	0
66435020196	0
66435020199	0
66479002182	0
66479002282	0
66479002356	0
66479030110	1
66479051010	0
66479051210	0
66479051310	0
66479051410	0
66479051510	0
66479051550	0
66479053002	1
66479054010	0
66479054210	0
66479054310	0
66479056003	0
66479056012	0
66479056024	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
66479057416	0
66479058010	0
66479058110	0
66479058210	0
66479058350	0
66479058403	0
66479059210	0
66479065001	0
66479065030	0
66479083090	0
66479084801	0
66479085530	0
66479086130	0
66479086530	0
66479087030	0
66479088030	0
66479088530	0
66479089030	0
66490065020	0
66490069010	0
66490069050	0
66490069110	0
66490069111	0
66490069181	0
66530024120	1
66530024145	1
66530024245	1
66530024415	1
66530024545	1
66530024760	1
66530024940	1
66530041140	1
66530041160	1
66582031101	0
66582031128	0
66582031131	0
66582031154	0
66582031182	0
66582031228	0
66582031231	0
66582031254	0
66582031282	0
66582031287	0
66582031331	0
66582031352	0
66582031354	0
66582031374	0
66582031386	0
66582031531	0
66582031554	0
66582031566	0
66582031574	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
66582041428	0
66582041429	0
66582041431	0
66582041454	0
66582041474	0
66582041476	0
66591063141	0
66593312501	0
66593312502	0
66593312601	0
66593312602	0
66607100206	0
66607100506	0
66621100206	0
66658023428	0
66663010201	0
66663010304	0
66663021901	0
66663033330	0
66663033390	0
66663035705	0
66663066801	0
66663070201	1
66685030100	1
66685030102	1
66685030200	1
66685030202	1
66685030300	1
66685030302	1
66685030400	1
66685030402	1
66685042100	1
66685042200	1
66685042201	1
66685042203	1
66685070101	1
66685070102	1
66685070201	1
66685070202	1
66685070301	1
66685070302	1
66685070401	1
66685070402	1
66685070403	1
66685070501	1
66685070601	1
66685070603	1
66685100100	1
66685100101	1
66685100200	1
66685100202	1
66685101100	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
66685101101	1
66685101102	1
66685101200	1
66685101201	1
66685101202	1
66685170301	1
66685590503	1
66689002401	1
66689002416	1
66689003701	1
66689079001	0
66689079050	0
66689081010	1
66733094823	0
66733095823	0
66758001501	1
66758003501	1
66758003601	1
66758004001	1
66758004002	1
66758004008	1
66758004301	1
66758004302	1
66758004401	1
66758004502	1
66758004601	0
66758004702	1
66758004703	1
66758004801	1
66758004802	1
66758005302	1
66780011001	0
66780011502	0
66780012102	0
66780021007	0
66780021008	0
66780021201	0
66794000125	1
66794000160	1
66794000225	1
66814062180	1
66860000203	1
66860007302	1
66860008206	1
66860008603	1
66860008706	1
66860008801	1
66860061370	1
66860061565	1
66869012210	0
66869013720	0
66869013730	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
66869014720	0
66869014730	0
66869072330	0
66869082010	0
66870040701	1
66870040801	1
66870042201	1
66887000105	0
66887000301	0
66977010003	0
66977010106	0
66977022212	0
66992016050	1
66992016550	0
66992018502	0
66992022004	0
66992023004	0
66992023560	0
66992034010	1
66992045014	0
66993000860	1
66993000960	1
66993010602	1
66993010702	1
66993010704	1
66993010902	1
66993010904	1
66993010990	1
66993016030	1
66993016130	1
66993016202	1
66993016302	1
66993016402	1
66993017520	1
66993019020	1
66993022057	1
66993023057	1
66993040502	1
66993040602	1
66993041230	1
66993041330	1
66993042505	1
66993052502	1
66993053402	1
66993053757	1
66993055057	1
66993055202	0
66993061128	1
66993061528	1
66993070930	1
66993071130	1
66993071230	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
66993071502	1
66993071504	1
66993071602	1
66993071604	1
66993081002	1
66993083002	1
66993084002	1
66993084021	1
66993084225	1
66993087002	1
66993087555	1
66993087915	1
66993087931	1
66993087985	1
66993088015	1
66993088061	1
66993088771	1
66993088849	1
66993088865	1
66993090206	1
66993090212	1
66993090445	1
66993090530	1
66993090560	1
66993090606	1
66993090612	1
66993090706	1
66993090712	1
66993090806	1
66993090812	1
66993091306	1
66993091398	0
66993091406	1
66993091561	1
66993091630	1
66993091730	1
66993091830	1
66993092102	1
66993092398	1
66993092498	1
66993092545	1
66993092606	1
66993092706	1
66993092898	1
66993092998	1
66993093570	1
66993095077	1
67108356509	0
67157010350	1
67159011203	0
67159011403	0
67181021690	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67211034208	0
67211034253	0
67253000301	1
67253000305	1
67253000760	1
67253000841	1
67253000846	1
67253000941	1
67253000946	1
67253010010	1
67253010110	1
67253010710	1
67253010810	1
67253014010	1
67253014050	1
67253014110	1
67253014150	1
67253014215	1
67253014308	1
67253014310	1
67253014315	1
67253014510	1
67253018010	1
67253018050	1
67253018110	1
67253018150	1
67253018210	1
67253018310	1
67253018320	1
67253019103	1
67253019110	1
67253020010	1
67253020011	1
67253020110	1
67253020150	1
67253020210	1
67253020220	1
67253020310	1
67253020320	1
67253026310	1
67253026311	1
67253026410	1
67253026411	1
67253026510	1
67253032010	1
67253032036	1
67253036021	1
67253038010	1
67253038110	1
67253038210	1
67253038310	1
67253038610	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67253041722	1
67253042010	1
67253042011	1
67253042110	1
67253042111	1
67253042210	1
67253042211	1
67253046010	1
67253046110	1
67253046111	1
67253046150	1
67253046210	1
67253046211	1
67253046250	1
67253054010	1
67253054011	1
67253054110	1
67253054111	1
67253054210	1
67253054250	1
67253058043	0
67253058044	0
67253058045	0
67253058046	0
67253062010	1
67253062110	1
67253062111	1
67253062210	1
67253062250	1
67253066010	1
67253067210	1
67253067211	1
67253067310	1
67253067311	1
67253067410	1
67253067411	1
67253070006	1
67253078102	1
67253082010	1
67253082011	1
67253082110	1
67253082111	1
67253090010	1
67253090011	1
67253090050	1
67253090110	1
67253090111	1
67253090150	1
67253090210	1
67253090211	1
67253090250	1
67253090310	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67253090350	1
67253095010	1
67253095110	1
67253098111	1
67263031030	0
67263059201	0
67286081303	0
67286081304	0
67286081403	0
67286081404	0
67286081504	0
67286890101	0
67308010106	0
67336018716	0
67386010201	0
67386011101	0
67386020111	0
67386021165	0
67386030101	0
67386030201	0
67386030205	0
67386030301	0
67386042101	0
67386042201	0
67386060101	0
67386070154	0
67386080202	0
67386080302	0
67386091151	0
67402002006	0
67402002045	0
67402002106	0
67402002123	0
67402002145	0
67402002330	0
67402002717	0
67402002923	0
67402005060	0
67402005062	0
67402005070	0
67404010005	0
67405010015	1
67405010045	1
67405011045	1
67405027530	1
67405027560	1
67405030015	1
67405030045	1
67405042505	1
67405042508	1
67405043005	1
67405043008	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67405045066	1
67405054303	1
67405054310	1
67405057510	1
67405057550	1
67405057596	1
67405057710	1
67405057750	1
67405067110	1
67405067150	1
67405067196	1
67425000312	0
67425000350	0
67425000412	0
67425000450	0
67425000750	0
67425000775	0
67457011850	1
67457012410	1
67457014630	1
67457017750	0
67467064302	1
67467084303	0
67467084304	0
67544000253	1
67544000290	1
67544000930	0
67544001015	0
67544001020	0
67544001030	0
67544001915	1
67544001930	1
67544002153	1
67544002170	1
67544002315	1
67544002345	1
67544002353	1
67544002357	1
67544002360	1
67544002370	1
67544002375	1
67544002390	1
67544002480	1
67544002490	1
67544002575	1
67544002590	1
67544003630	0
67544003653	0
67544003830	1
67544003853	1
67544003860	1
67544004530	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67544005220	0
67544005230	0
67544005245	0
67544005257	0
67544005260	0
67544005265	0
67544005278	0
67544006015	0
67544006030	0
67544006045	0
67544006160	0
67544007830	1
67544007860	1
67544008330	1
67544008360	1
67544008430	1
67544008460	1
67544008480	1
67544008530	1
67544008560	1
67544008730	1
67544008745	1
67544008760	1
67544008780	1
67544009030	0
67544009060	0
67544009130	0
67544009160	0
67544009760	1
67544009780	1
67544009794	1
67544010060	1
67544010245	1
67544010560	1
67544010592	1
67544011445	0
67544011660	1
67544012253	1
67544012845	1
67544012860	1
67544013445	1
67544013460	1
67544014530	0
67544014560	0
67544014845	1
67544014860	1
67544015153	1
67544015170	1
67544015460	1
67544015480	1
67544015494	1
67544015530	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67544015553	0
67544015660	1
67544015945	1
67544015960	1
67544016130	1
67544016145	1
67544016160	1
67544016180	1
67544016380	1
67544018030	1
67544018053	1
67544018060	1
67544018092	1
67544018260	1
67544018280	1
67544018560	0
67544019360	1
67544019615	0
67544019630	0
67544019682	0
67544020430	0
67544020630	1
67544020660	1
67544021860	1
67544022030	1
67544022045	1
67544022053	1
67544022060	1
67544022080	1
67544022430	1
67544022445	1
67544022499	1
67544022560	1
67544022860	1
67544022892	1
67544022960	1
67544022992	1
67544022994	1
67544023630	1
67544023660	1
67544023760	1
67544024430	1
67544024453	1
67544024460	1
67544025060	1
67544025130	1
67544025160	1
67544028130	0
67544028199	0
67544028282	0
67544028753	1
67544028915	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67544028930	1
67544028960	1
67544029760	1
67544030115	1
67544030145	1
67544030175	1
67544030260	1
67544030280	1
67544030353	1
67544030360	1
67544030645	1
67544031815	1
67544031830	1
67544031835	1
67544031840	1
67544031845	1
67544031850	1
67544031853	1
67544031860	1
67544032245	1
67544033060	1
67544033260	1
67544034615	1
67544034630	1
67544034645	1
67544034660	1
67544034960	1
67544035353	1
67544035360	1
67544035380	1
67544035392	1
67544035460	1
67544035480	1
67544035492	1
67544035602	0
67544035604	0
67544036915	1
67544036930	1
67544036945	1
67544036953	1
67544036960	1
67544037160	1
67544037330	1
67544038780	1
67544039960	1
67544040153	0
67544040330	0
67544040430	0
67544040560	1
67544040860	1
67544041860	1
67544041970	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67544045653	1
67544046482	1
67544047553	1
67544047580	1
67544050702	0
67544050703	0
67544050704	0
67544050706	0
67544050712	0
67544051030	1
67544051053	1
67544051060	1
67544051080	1
67544051170	1
67544051202	0
67544051206	0
67544054989	0
67544056230	1
67544056253	1
67544056260	1
67544056270	1
67544056280	1
67544056330	1
67544056360	1
67544056430	1
67544056460	1
67544056760	1
67544056780	1
67544056960	1
67544056980	1
67544057030	1
67544058130	1
67544058160	1
67544062760	1
67544062780	1
67544065353	1
67544065360	1
67544065370	1
67544065380	1
67544065392	1
67544065394	1
67544066253	1
67544066260	1
67544067053	1
67544067060	1
67544067070	1
67544067080	1
67544067160	1
67544067280	1
67544070445	0
67544074753	1
67544075160	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67544075180	1
67544080930	1
67544080960	1
67544084053	1
67544084080	1
67544084830	1
67544084853	1
67544084860	1
67544084870	1
67544085715	1
67544085745	1
67544087015	1
67544087030	1
67544087045	1
67544087053	1
67544087060	1
67544087930	1
67544087970	1
67544088360	0
67544088460	0
67544088560	0
67544088660	0
67544088760	0
67544088860	0
67544088960	0
67544089060	0
67544089160	0
67544089953	1
67544090615	1
67544090630	1
67544090645	1
67544090660	1
67544090673	1
67544090815	1
67544090845	1
67544090880	1
67544091130	1
67544091145	1
67544091153	1
67544091160	1
67544091170	1
67544091173	1
67544091180	1
67544091192	1
67544091198	1
67544091830	0
67544091860	0
67544098180	1
67544098860	1
67544098880	1
67544098960	1
67544099330	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67544099610	1
67544099630	1
67544103398	0
67544103581	1
67544115660	1
67544115792	0
67544118760	1
67544125615	1
67544132515	0
67544132545	0
67544134860	1
67546011111	0
67546011112	0
67546011132	0
67546021221	0
67555013530	0
67555013590	0
67555014560	0
67555015610	0
67707004330	0
67707013030	0
67707013099	0
67707032005	0
67707032007	0
67767010901	1
67767011215	1
67767011216	1
67767011217	1
67767011760	1
67767012018	1
67767012118	1
67767012218	1
67767012318	1
67767013305	1
67767013325	1
67767013360	1
67767013560	1
67767013701	1
67767013801	1
67767013911	1
67767014130	1
67767014190	1
67767014205	1
67767014230	1
67767014290	1
67767015101	1
67767015105	1
67767015301	1
67767017160	1
67781025101	0
67781025105	0
67781025201	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
67817006712	1
67857070001	0
67857070101	0
67857070201	0
67857070501	0
67857070505	0
67857080090	0
67857080330	0
67871773305	0
67877010501	1
67877010505	1
67877010601	1
67877010605	1
67877011901	1
67877011905	1
67877012005	1
67877012101	1
67877012105	1
67877012191	1
67877012201	1
67877012210	1
67877012305	1
67877012310	1
67877012405	1
67877012420	1
67877012425	1
67877012440	1
67877012450	1
67877012485	1
67877012905	1
67877013005	1
67877013105	1
67877013901	1
67877014001	1
67877014601	1
67877014605	1
67877014701	1
67877014705	1
67877016930	1
67877017030	1
67877017130	1
67877018601	1
67919001101	0
67979000201	0
67979050001	0
67979050140	0
68012005201	0
68012005230	0
68012005401	0
68012005430	0
68012010230	0
68012010430	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68013000101	1
68013000105	1
68013000110	1
68013000501	1
68013000590	1
68013000801	1
68013001101	1
68013001420	1
68013001460	1
68013001801	1
68013001890	1
68025000410	0
68025001010	0
68025001110	0
68025002260	0
68025003010	0
68025003110	0
68025003310	1
68025003410	1
68025003510	0
68025003616	0
68025003716	0
68025003830	0
68025004030	0
68025004115	0
68030798101	0
68032010006	1
68032010012	1
68032010108	1
68032010115	1
68032010406	1
68032010412	1
68032010501	1
68032010503	1
68032010517	1
68032010601	1
68032010603	1
68032010903	1
68032011001	1
68032011101	1
68032011440	1
68032011740	1
68032011812	1
68032012040	1
68032012118	1
68032012207	1
68032012211	1
68032012305	1
68032012309	1
68032012420	1
68032012512	1
68032012516	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68032012604	1
68032012608	1
68032012718	1
68032012820	1
68032013045	1
68032013106	1
68032013260	1
68032013617	1
68032014275	1
68032014375	1
68032014475	1
68032014640	1
68032014714	1
68032019116	1
68032019320	1
68032019403	1
68032019750	1
68032019850	1
68032019958	1
68032020602	1
68032022275	1
68032022741	1
68032022860	1
68032023800	1
68032023812	1
68032023910	1
68032024090	1
68032024190	1
68032024290	1
68032025190	1
68032025610	0
68032025724	1
68032025990	1
68032026113	1
68032026216	1
68032027060	1
68032028090	1
68032028190	1
68032028511	1
68032028710	1
68032028945	1
68032029045	1
68032029145	1
68032030928	1
68032031191	1
68032031610	1
68032031815	1
68032031916	1
68032032290	1
68032032316	1
68032032814	1
68032032910	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68032033010	1
68032033410	1
68032033760	1
68032033860	1
68032033960	1
68032034060	1
68032034160	1
68032034218	1
68032034460	1
68032035415	1
68032035470	1
68032036410	1
68032036510	1
68032036610	1
68032036791	1
68032036910	1
68032037190	1
68032037260	1
68032037360	1
68032037715	1
68032037997	1
68032038212	1
68032038300	1
68032038312	1
68032038400	1
68032038412	1
68032038890	1
68032039490	1
68032039516	1
68032040290	1
68032040313	1
68032040412	1
68032041992	1
68032042018	1
68032042128	1
68032042501	1
68032042612	1
68032042716	1
68032042909	1
68032044292	1
68032044302	1
68032044410	1
68032044530	0
68032044630	0
68032044730	0
68032044830	0
68032045514	1
68032047091	1
68032047291	1
68032051512	1
68032051645	1
68032052391	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68032052491	1
68040060116	0
68040060216	0
68040060316	0
68040060516	0
68040060616	0
68040070213	0
68040070426	0
68040070513	0
68040070616	0
68047005110	1
68047012101	1
68047012201	1
68047015401	1
68047015501	0
68047016501	1
68047016701	1
68047021001	1
68047022216	1
68047022316	1
68047023016	1
68047024201	1
68047024301	1
68047032016	1
68047033001	1
68071043330	0
68071125703	0
68084001601	1
68084002701	1
68084003801	1
68084004501	1
68084006101	1
68084006201	1
68084006401	1
68084006501	0
68084006901	1
68084007001	1
68084007011	1
68084007101	1
68084008001	1
68084008065	1
68084008090	1
68084008801	1
68084009101	1
68084009111	1
68084009301	1
68084011101	1
68084011201	1
68084011901	1
68084012001	1
68084012006	1
68084012201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68084012801	1
68084015401	1
68084016501	1
68084017201	1
68084017401	1
68084018001	1
68084018101	1
68084018201	1
68084022411	1
68084023901	1
68084024521	1
68084024701	1
68084025221	1
68084025621	1
68084026601	1
68084026701	1
68084026811	1
68084026901	1
68084027101	1
68084027801	1
68084027830	1
68084027865	1
68084027889	1
68084028001	1
68084028101	1
68084028301	1
68084028401	1
68084028701	1
68084029301	1
68084029511	1
68084029521	1
68084030101	1
68084031301	1
68084032294	1
68084032811	1
68084032821	1
68084032921	1
68084033801	1
68084033997	1
68084034097	1
68084034197	1
68084034401	1
68084036001	1
68084037101	1
68084037201	1
68084040701	1
68084040801	1
68084040921	1
68084044311	1
68084044811	1
68094017161	0
68094017162	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68115006915	0
68115006930	0
68115007000	0
68115007030	0
68115018530	1
68115019610	0
68115019710	0
68115020030	1
68115023997	1
68115029690	0
68115031900	0
68115031930	0
68115034800	1
68115037130	0
68115040600	1
68115047860	0
68115047890	0
68115049430	0
68115050630	0
68115058445	0
68115062800	0
68115063450	1
68115063901	0
68115064800	0
68115065701	0
68115066717	0
68115066890	0
68115066990	0
68115067190	0
68115068104	0
68115069890	0
68115070830	0
68115072506	0
68115073390	0
68115074610	0
68115075830	0
68115076001	0
68115076917	0
68115080090	0
68115081630	0
68115081690	0
68115082130	0
68115083630	0
68115083690	0
68115085390	0
68115085490	0
68115085530	0
68115086530	0
68115086600	0
68115091430	0
68115092230	0
68115092390	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68115092460	0
68135030002	0
68180011202	1
68180011209	1
68180011216	1
68180011302	1
68180011316	1
68180011416	1
68180011507	1
68180012101	1
68180012102	1
68180012201	1
68180012202	1
68180012301	1
68180012302	1
68180012401	1
68180012402	1
68180015001	1
68180018001	1
68180018008	1
68180018101	1
68180018102	1
68180018202	1
68180018203	1
68180020201	0
68180020203	0
68180021009	1
68180021109	1
68180021209	1
68180021509	1
68180021603	1
68180021609	1
68180021709	1
68180023501	1
68180023601	1
68180023701	1
68180026501	1
68180026601	1
68180026602	1
68180026701	1
68180026702	1
68180028001	1
68180028101	1
68180030220	1
68180030260	1
68180030320	1
68180030360	1
68180031406	1
68180031506	1
68180031606	1
68180035106	1
68180035109	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68180035201	1
68180035202	1
68180035205	1
68180035206	1
68180035209	1
68180035301	1
68180035302	1
68180035305	1
68180035306	1
68180035309	1
68180040101	1
68180040102	1
68180040103	1
68180040201	1
68180040202	1
68180040203	1
68180040301	1
68180040401	1
68180040402	1
68180046701	1
68180046707	1
68180046801	1
68180046803	1
68180046807	1
68180046901	1
68180046903	1
68180046907	1
68180047801	1
68180047802	1
68180047803	1
68180047901	1
68180047902	1
68180047903	1
68180048001	1
68180048002	1
68180048003	1
68180048101	1
68180048102	1
68180048103	1
68180048206	1
68180048209	1
68180048502	1
68180048509	1
68180048602	1
68180048609	1
68180048702	1
68180048709	1
68180048802	1
68180048809	1
68180050101	1
68180050103	1
68180050201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68180050202	1
68180050203	1
68180051201	1
68180051202	1
68180051301	1
68180051303	1
68180051401	1
68180051403	1
68180051501	1
68180051503	1
68180051601	1
68180051602	1
68180051701	1
68180051703	1
68180051801	1
68180051802	1
68180051901	1
68180051902	1
68180052001	1
68180052002	1
68180055609	1
68180055709	1
68180055809	1
68180055909	1
68180056601	1
68180056701	1
68180056801	1
68180058801	1
68180058901	1
68180058902	1
68180059001	1
68180059002	1
68180059101	1
68180059102	1
68180071160	1
68180072210	1
68180072220	1
68180072310	1
68180072320	1
68180075009	1
68180075103	1
68180075109	1
68180075203	1
68180075209	1
68180075501	1
68180075601	1
68180075701	1
68180075801	1
68188013201	0
68188013501	0
68188013701	0
68188048202	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68188048402	0
68188088150	0
68188088250	0
68188093190	0
68188093590	0
68209084303	0
68209084304	0
68220001890	0
68220002207	0
68220002228	0
68220005510	0
68220006603	0
68220006605	0
68220008490	0
68220008590	0
68220008630	0
68220008890	0
68220008930	0
68220009990	0
68220011105	0
68220011210	0
68220011310	0
68220011510	0
68220011810	0
68220013004	0
68220013104	1
68220014015	0
68220014210	0
68220014410	0
68220015110	0
68220016010	0
68258903601	0
68258908301	1
68258914301	0
68308012204	1
68308014510	1
68308015215	1
68308015230	1
68308015260	1
68308016030	0
68308016590	1
68308016730	1
68308016930	1
68308019030	1
68308032410	1
68308032610	1
68308035030	1
68308036030	1
68308039790	1
68308044090	1
68308050260	1
68308051610	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68308078090	1
68308083010	1
68322000204	0
68330000101	1
68330000201	1
68330000301	1
68330000410	1
68382000101	1
68382000105	1
68382000106	1
68382000110	1
68382000116	1
68382000301	1
68382000305	1
68382000414	1
68382000514	1
68382000601	1
68382000610	1
68382000801	1
68382000810	1
68382000905	1
68382000914	1
68382001005	1
68382001014	1
68382001801	1
68382001901	1
68382002001	1
68382002101	1
68382002201	1
68382002210	1
68382002301	1
68382002310	1
68382002401	1
68382002410	1
68382002801	1
68382002805	1
68382002810	1
68382002901	1
68382002905	1
68382002910	1
68382003001	1
68382003005	1
68382003010	1
68382003101	1
68382003205	1
68382003305	1
68382004001	1
68382004101	1
68382004110	1
68382004201	1
68382004603	1
68382004610	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68382005001	1
68382005005	1
68382005101	1
68382005105	1
68382005116	1
68382005201	1
68382005210	1
68382005301	1
68382005310	1
68382005401	1
68382005410	1
68382005501	1
68382005510	1
68382005601	1
68382005610	1
68382005701	1
68382005801	1
68382005901	1
68382006401	1
68382006410	1
68382006510	1
68382006516	1
68382006605	1
68382006610	1
68382006616	1
68382006624	1
68382006705	1
68382006710	1
68382006716	1
68382006724	1
68382006805	1
68382006810	1
68382006816	1
68382006840	1
68382006905	1
68382006910	1
68382006916	1
68382007016	1
68382008001	1
68382008101	1
68382009201	1
68382009205	1
68382009301	1
68382009305	1
68382009317	1
68382009401	1
68382009405	1
68382009501	1
68382009505	1
68382009601	1
68382009605	1
68382009701	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68382009705	1
68382009706	1
68382009710	1
68382009716	1
68382009801	1
68382009805	1
68382009806	1
68382009810	1
68382009816	1
68382009901	1
68382009905	1
68382009906	1
68382009910	1
68382009916	1
68382010014	1
68382010101	1
68382010601	1
68382010610	1
68382010801	1
68382010901	1
68382011001	1
68382011205	1
68382011214	1
68382011305	1
68382011314	1
68382011405	1
68382011414	1
68382011505	1
68382011514	1
68382011605	1
68382011614	1
68382011705	1
68382011714	1
68382012101	1
68382012105	1
68382012116	1
68382012201	1
68382012205	1
68382012216	1
68382012305	1
68382012316	1
68382013001	1
68382013005	1
68382013101	1
68382013105	1
68382013201	1
68382013210	1
68382013516	1
68382013610	1
68382013616	1
68382013706	1
68382013710	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68382013716	1
68382013805	1
68382013814	1
68382013905	1
68382013914	1
68382014005	1
68382014014	1
68382014105	1
68382014114	1
68382014306	1
68382014316	1
68382015506	1
68382015606	1
68382018701	1
68382018801	1
68382018901	1
68382020906	1
68382022401	1
68382022406	1
68382022705	1
68382022714	1
68382024701	1
68382024705	1
68382024801	1
68382026007	1
68382026009	1
68382026012	1
68382026101	1
68382033801	1
68382033901	1
68382034001	1
68382034101	1
68382034201	1
68382034301	1
68382034401	1
68382044405	1
68387024010	1
68387028030	1
68387032530	1
68387033530	1
68387035530	1
68387035560	1
68387037030	1
68387038560	1
68387044020	1
68387045501	1
68387047530	1
68387049712	1
68387064201	1
68405100402	0
68405100901	0
68405101601	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68405800306	0
68453007410	0
68453017010	1
68453020010	0
68453020110	0
68453037510	0
68453050016	0
68453068516	0
68453071416	0
68453077703	0
68453082503	0
68453085075	0
68453090002	0
68453091110	0
68453091210	0
68453091310	0
68453095010	0
68453099310	0
68453099410	0
68462010130	1
68462010230	1
68462010340	1
68462010430	1
68462010530	1
68462010630	1
68462010810	1
68462010860	1
68462010910	1
68462010960	1
68462011010	1
68462011060	1
68462011601	1
68462011701	1
68462011710	1
68462011801	1
68462012601	1
68462012605	1
68462012701	1
68462012705	1
68462012801	1
68462012901	1
68462013001	1
68462013005	1
68462013701	1
68462013801	1
68462013901	1
68462014001	1
68462014101	1
68462014501	1
68462014601	1
68462014625	1
68462014645	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68462014701	1
68462014816	1
68462015310	1
68462015360	1
68462015713	1
68462015811	1
68462015813	1
68462015901	1
68462015905	1
68462015910	1
68462016001	1
68462016005	1
68462016010	1
68462016101	1
68462016105	1
68462016110	1
68462016201	1
68462016205	1
68462016301	1
68462016305	1
68462016401	1
68462016405	1
68462016501	1
68462016505	1
68462017301	1
68462017401	1
68462017801	1
68462017901	1
68462017905	1
68462018117	1
68462018801	1
68462018805	1
68462018901	1
68462018905	1
68462019001	1
68462019005	1
68462019030	1
68462019060	1
68462019217	1
68462019255	1
68462019301	1
68462019401	1
68462019505	1
68462019590	1
68462019605	1
68462019690	1
68462019705	1
68462019790	1
68462019805	1
68462019890	1
68462020201	1
68462020301	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68462020401	1
68462020501	1
68462021010	1
68462021110	1
68462021210	1
68462022001	1
68462022101	1
68462022110	1
68462022201	1
68462022517	1
68462022555	1
68462022801	1
68462022901	1
68462024801	1
68462024805	1
68462024860	1
68462024901	1
68462024920	1
68462024930	1
68462025301	1
68462025401	1
68462025501	1
68462025601	1
68462025701	1
68462025801	1
68462025901	1
68462026001	1
68462026005	1
68462027901	1
68462027905	1
68462028001	1
68462028005	1
68462028917	1
68462028935	1
68462028955	1
68462028965	1
68462029017	1
68462029052	1
68462029501	1
68462029601	1
68462029717	1
68462029735	1
68462029792	1
68462029917	1
68462029947	1
68462029965	1
68462030017	1
68462030047	1
68462030065	1
68462032901	1
68462034101	1
68462034201	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68462034301	1
68462034401	1
68462034737	1
68462034857	1
68462034921	1
68462034924	1
68462034937	1
68462035601	1
68462035801	1
68462035805	1
68462035901	1
68462035905	1
68462036001	1
68462036005	1
68462036101	1
68462036105	1
68462036201	1
68462036205	1
68462036317	1
68462036335	1
68462036435	1
68462036455	1
68462036465	1
68462036565	1
68462036653	1
68462036890	1
68462036990	1
68462038001	1
68462040355	1
68462041134	1
68462041234	1
68462041238	1
68462041334	1
68462041438	1
68462041538	1
68462046160	1
68462050201	1
68462054508	1
68462054608	1
68462054708	1
68462054838	1
68462054938	1
68462055401	1
68462055501	1
68516460002	0
68516460201	0
68516460302	0
68516460402	0
68546014256	0
68546022956	0
68546031730	0
68552022190	1

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68645013054	1
68645013154	1
68645014059	1
68645014154	1
68645015054	1
68645015159	1
68645016059	1
68645016159	1
68645016259	1
68645016359	1
68645017054	1
68645018054	1
68645019059	1
68645019159	1
68645020154	1
68645020254	1
68645021054	1
68645021154	1
68645022090	1
68645022159	1
68645022254	1
68645025254	1
68669013505	0
68669014505	0
68669052205	0
68669052215	0
68669052505	0
68669052510	0
68669052515	0
68669071110	0
68682000431	1
68682030210	1
68682040910	1
68712000401	0
68712000403	0
68712000501	0
68712000603	1
68712001001	0
68712001003	0
68712001101	0
68712001301	0
68712001401	0
68712001702	0
68712001703	0
68712001802	0
68712002001	1
68712002101	0
68712002301	0
68712002701	0
68712003201	0
68712003401	1
68712003701	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68712004101	1
68712004201	1
68727010001	0
68727060001	0
68727060101	0
68734070010	0
68734071010	0
68752040508	1
68752041008	1
68752069260	1
68752069860	1
68774012060	1
68774012260	1
68774016101	1
68774016201	1
68774016301	1
68774016401	1
68774030229	1
68774030235	1
68774030329	1
68774030335	1
68774040001	1
68774040101	1
68774060001	0
68774060101	0
68817013450	0
68820001610	1
68820001708	1
68820001815	1
68820001816	1
68820001817	1
68820001915	1
68820001916	1
68820001917	1
68820004308	1
68820004310	1
68820006306	1
68820006309	1
68820006319	1
68820006417	1
68820006437	1
68820006517	1
68820006537	1
68883001005	1
68883010005	1
68883040010	1
68883060010	1
68883090010	1
68968201001	0
68968202001	0
68968203001	0
68968204001	0

Empire Plan Prescription Drug Program

Current Brand/Generic Classification of NDCs Dispensed for the Program in 2010

NDC	NYS GENERIC BRAND CODE, 0 = Brand, 1 = Generic
68968325001	0
68968350001	0
68968449201	0
76300033210	0
83490010760	0
83490051001	0
83490051002	0
83490051003	0
83490051004	0
99207001010	0
99207001301	0
99207001330	0
99207001345	0
99207011609	0
99207011612	0
99207020609	0
99207020809	0
99207020812	0
99207022130	0
99207022160	0
99207022230	0
99207022260	0
99207022330	0
99207022360	0
99207022460	0
99207022560	0
99207022660	0
99207030030	0
99207030060	0
99207046010	0
99207046030	0
99207046110	0
99207046130	0
99207046210	0
99207046230	0
99207046330	0
99207046430	0
99207046530	0
99207046630	0
99207046730	0
99207049110	0
99207049250	0
99207051413	0
99207052510	0
99207052530	0
99207052560	0
99207074106	0
99207074112	0
99207074404	0
99207074530	0
99207074560	0

Empire Plan Prescription Drug Program
2008-2010 Paid Claims Per Biweekly Cycle

Cycle Summary	Cycle 1	Cycle 2	Cycle 3	Cycle 4	Cycle 5	Cycle 6
Total Plan Costs - 2008	\$42,030,456.78	\$57,622,328.17	\$56,890,708.46	\$53,380,575.90	\$55,444,542.28	\$54,879,085.67
Total Plan Costs - 2009	\$57,140,892.99	\$57,509,479.46	\$57,486,392.38	\$56,613,912.29	\$58,350,535.39	\$57,779,337.68
Total Plan Costs - 2010	\$61,282,096.38	\$64,280,224.56	\$64,104,832.13	\$60,128,275.84	\$63,303,800.14	\$64,542,749.31
	Cycle 7	Cycle 8	Cycle 9	Cycle 10	Cycle 11	Cycle 12
Total Plan Costs - 2008	\$55,830,615.09	\$55,685,210.70	\$55,601,748.45	\$55,729,382.71	\$53,139,027.26	\$55,658,431.62
Total Plan Costs - 2009	\$58,366,518.00	\$56,343,467.51	\$58,339,217.83	\$59,200,694.79	\$56,844,266.60	\$59,845,004.77
Total Plan Costs - 2010	\$62,943,095.32	\$63,549,621.86	\$65,549,938.56	\$63,135,957.06	\$64,108,901.95	\$61,873,359.05
	Cycle 13	Cycle 14	Cycle 15	Cycle 16	Cycle 17	Cycle 18
Total Plan Costs - 2008	\$56,358,032.61	\$54,142,893.46	\$54,998,346.50	\$55,663,479.51	\$54,717,274.54	\$54,096,373.78
Total Plan Costs - 2009	\$58,194,685.04	\$56,917,705.61	\$57,175,992.95	\$58,285,930.03	\$58,028,857.18	\$59,500,839.06
Total Plan Costs - 2010	\$63,939,254.33	\$61,577,096.15	\$63,431,039.45	\$63,569,269.00	\$62,491,363.73	\$64,385,553.25
	Cycle 19	Cycle 20	Cycle 21	Cycle 22	Cycle 23	Cycle 24
Total Plan Costs - 2008	\$57,853,474.67	\$57,771,988.33	\$56,774,452.23	\$57,719,697.46	\$58,653,250.69	\$54,905,193.51
Total Plan Costs - 2009	\$56,749,811.28	\$60,332,318.40	\$59,524,380.59	\$60,414,137.67	\$61,418,718.67	\$56,878,321.80
Total Plan Costs - 2010	\$62,156,887.19	\$64,149,938.13	\$64,474,812.09	\$63,971,580.51	\$64,599,326.22	\$60,786,955.99
	Cycle 25	Cycle 26	Year Total			
Total Plan Costs - 2008	\$63,330,897.43	\$56,827,932.82	\$1,445,705,400.63			
Total Plan Costs - 2009	\$63,501,597.42	\$57,234,392.59	\$1,517,977,407.98			
Total Plan Costs - 2010	\$68,683,450.35	\$64,741,640.18	\$1,651,761,018.73			



NEW YORK STATE INSURANCE FUND
2008 – 2010 Prescription Plan Payments

<u>YEAR PAID</u>	<u>TYPE OF CLAIM</u>	<u># OF CLAIMANTS</u>	<u># OF PRESCRIPTIONS</u>	<u>AMOUNT</u>
2008	Mail Order	107	1,306	\$ 213,773
	Pharmacy	<u>24,591</u>	<u>325,101</u>	<u>35,415,093</u>
TOTAL		24,698	326,407	\$35,628,866
2009	Mail Order	182	2,513	\$ 280,127
	Pharmacy	<u>30,179</u>	<u>416,466</u>	<u>46,407,745</u>
TOTAL		30,361	418,979	\$46,687,872
2010	Mail Order	209	3,019	353,767
	Pharmacy	<u>34,636</u>	<u>500,151</u>	<u>\$58,607,331</u>
TOTAL		34,845	503,170	\$58,961,098

*Amounts correspond to payments made during the calendar year

NYSIF PAYMENT BREAKDOWN BY QUARTER
(Rounded to thousands)

	2010		2009		2008	
	<u>RX Count</u>	<u>\$ Cost</u>	<u>RX Count</u>	<u>Cost</u>	<u>RX Count</u>	<u>Cost</u>
Quarter 1	115,000	\$13,847,000	102,000	\$11,865,000	- No Breakdown -	
Quarter 2	118,000	\$14,319,000	105,000	\$12,227,000	- No Breakdown -	
Quarter 3	121,000	\$14,680,000	106,000	\$12,767,000	- No Breakdown -	
Quarter 4	125,000	\$15,226,000	109,000	\$13,086,000	- No Breakdown -	
TOTAL	479,000	\$58,072,000	422,000	\$49,945,000	326,000	\$35,629,000

*Notes on payments: NYSIF continues to experience a steady rise in the number of prescriptions filled through the PBM and the cost of those prescriptions. Aside from the steady increase the timing or time of year does not appear to materially affect the number of costs of prescriptions filled.

Pharmacy Benefit Services for The Empire Plan, Student Employee Health Plan, and New York State Insurance Fund Prescription Drugs Programs

Program Services Matrix (Section IV & V)

RFP Section IV (Technical Proposal)	DCS & NYSIF	DCS Only	NYSIF Only
Section IV.A Program Administration	DCS & NYSIF		
Section IV.A.1 Executive Summary	DCS & NYSIF		
Section IV.A.1.a Executive Summary	DCS & NYSIF		
Section IV.A.1.a(1) Executive Summary	DCS & NYSIF		
Section IV.A.1.a(2) Executive Summary	DCS & NYSIF		
Section IV.A.1.a(3) Executive Summary	DCS & NYSIF		
Section IV.A.1.a(4)(a-w) Executive Summary	DCS & NYSIF		
Section IV.A.2 General Qualifications	DCS & NYSIF		
Section IV.A.2.a General Qualifications	DCS & NYSIF		
Section IV.A.2.a(1) General Qualifications	DCS & NYSIF		
Section IV.A.2.a(2) General Qualifications	DCS & NYSIF		
Section IV.A.2.a(3) General Qualifications	DCS & NYSIF		
Section IV.B DCS and NYSIF Program Services	DCS & NYSIF		
Section IV.B.1 Account Team	DCS & NYSIF		
Section IV.B.1.a Account Team	DCS & NYSIF		
Section IV.B.1.a(1) Account Team	DCS & NYSIF		
Section IV.B.1.a(1)(a) Account Team	DCS & NYSIF		
Section IV.B.1.a(1)(b) Account Team	DCS & NYSIF		
Section IV.B.1.a(2) Account Team	DCS & NYSIF		
Section IV.B.1.a(2)(a) Account Team	DCS & NYSIF		
Section IV.B.1.a(2)(b) Account Team	DCS & NYSIF		
Section IV.B.1.a(3) Account Team	DCS & NYSIF		
Section IV.B.1.b Account Team	DCS & NYSIF		
Section IV.B.1.b(1) Account Team	DCS & NYSIF		
Section IV.B.1.b(1)(a) Account Team	DCS & NYSIF		
Section IV.B.1.b(1)(b) Account Team	DCS & NYSIF		
Section IV.B.1.b(2) Account Team	DCS & NYSIF		
Section IV.B.1.b(2)(a) Account Team	DCS & NYSIF		
Section IV.B.1.b(2)(b) Account Team	DCS & NYSIF		
Section IV.B.1.b(3) Account Team	DCS & NYSIF		
Section IV.B.2 Premium Development Services		DCS Only	
Section IV.B.2.a Premium Development Services		DCS Only	
Section IV.B.2.a(1) Premium Development Services		DCS Only	
Section IV.B.2.a(2) Premium Development Services		DCS Only	
Section IV.B.2.a(3) Premium Development Services		DCS Only	
Section IV.B.2.b Premium Development Services		DCS Only	
Section IV.B.2.b(1) Premium Development Services		DCS Only	
Section IV.B.2.b(2) Premium Development Services		DCS Only	
Section IV.B.2.b(3) Premium Development Services		DCS Only	
Section IV.B.3 Program Implementation	DCS & NYSIF		
Section IV.B.3.a Implementation	DCS & NYSIF		
Section IV.B.3.a(1) Implementation	DCS & NYSIF		
Section IV.B.3.a(2) Implementation	DCS & NYSIF		
Section IV.B.3.a(2)(a) Implementation	DCS & NYSIF		
Section IV.B.3.a(2)(b) Implementation	DCS & NYSIF		

Section IV.B.3.a(2)(c) Implementation	DCS & NYSIF		
Section IV.B.3.a(2)(d) Implementation	DCS & NYSIF		
Section IV.B.3.a(2)(e) Implementation	DCS & NYSIF		
Section IV.B.3.a(2)(f) Implementation	DCS & NYSIF		
Section IV.B.3.a(2)(g) Implementation		DCS Only	
Section IV.B.3.b Implementation	DCS & NYSIF		
Section IV.B.3.b(1) Implementation	DCS & NYSIF		
Section IV.B.3.b(2) Implementation	DCS & NYSIF		
Section IV.B.4 Customer Service	DCS & NYSIF		
Section IV.B.4.a Customer Service	DCS & NYSIF		
Section IV.B.4.a(1) Customer Service	DCS & NYSIF		
Section IV.B.4.a(2) Customer Service		DCS Only	
Section IV.B.4.a(3) Customer Service	DCS & NYSIF		
Section IV.B.4.a(4) Customer Service	DCS & NYSIF		
Section IV.B.4.a(5) Customer Service	DCS & NYSIF		
Section IV.B.4.a(6) Customer Service	DCS & NYSIF		
Section IV.B.4.a(7) Customer Service		DCS Only	
Section IV.B.4.a(8) Customer Service	DCS & NYSIF		
Section IV.B.4.a(8)(a) Customer Service	DCS & NYSIF		
Section IV.B.4.a(8)(b) Customer Service	DCS & NYSIF		
Section IV.B.4.a(8)(c) Customer Service	DCS & NYSIF		
Section IV.B.4.a(8)(d) Customer Service	DCS & NYSIF		
Section IV.B.4.b Customer Service	DCS & NYSIF		
Section IV.B.4.b(1) Customer Service	DCS & NYSIF		
Section IV.B.4.b(2) Customer Service		DCS Only	
Section IV.B.4.b(3) Customer Service	DCS & NYSIF		
Section IV.B.4.b(4) Customer Service	DCS & NYSIF		
Section IV.B.4.b(4)(a) Customer Service	DCS & NYSIF		
Section IV.B.4.b(4)(b) Customer Service	DCS & NYSIF		
Section IV.B.4.b(4)(c) Customer Service	DCS & NYSIF		
Section IV.B.4.b(4)(d) Customer Service	DCS & NYSIF		
Section IV.B.4.b(5) Customer Service	DCS & NYSIF		
Section IV.B.4.b(5)(a) Customer Service	DCS & NYSIF		
Section IV.B.4.b(5)(b) Customer Service	DCS & NYSIF		
Section IV.B.4.b(5)(c) Customer Service	DCS & NYSIF		
Section IV.B.4.b(5)(d) Customer Service	DCS & NYSIF		
Section IV.B.4.b(5)(e) Customer Service	DCS & NYSIF		
Section IV.B.4.b(6) Customer Service	DCS & NYSIF		
Section IV.B.4.b(7) Customer Service		DCS Only	
Section IV.B.4.b(8) Customer Service	DCS & NYSIF		
Section IV.B.4.b(8)(a) Customer Service	DCS & NYSIF		
Section IV.B.4.b(8)(b) Customer Service	DCS & NYSIF		
Section IV.B.4.b(8)(c) Customer Service	DCS & NYSIF		
Section IV.B.4.b(8)(d) Customer Service	DCS & NYSIF		
Section IV.B.5 Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(1) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(a) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(b) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(c) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(d) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(e) Medicare Part D – EGWP PDP		DCS Only	

Section IV.B.5.a(2)(f) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(g) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(h) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(i) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(j) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(2)(k) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(3) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(4) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(5) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(6) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(7) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(8) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.a(9) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(1) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(a) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(b) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(c) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(d) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(e) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(f) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(g) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(h) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(i) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(j) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(2)(k) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(3) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(4) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(5) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(6) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(7) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(8) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.5.b(9) Medicare Part D – EGWP PDP		DCS Only	
Section IV.B.6 Enrollee Communication Support	DCS & NYSIF		
Section IV.B.6.a Enrollee Communication Support	DCS & NYSIF		
Section IV.B.6.a(1) Enrollee Communication Support	DCS & NYSIF		
Section IV.B.6.a(2) Enrollee Communication Support		DCS Only	
Section IV.B.6.a(2)(a) Enrollee Communication Support		DCS Only	
Section IV.B.6.a(2)(b) Enrollee Communication Support		DCS Only	
Section IV.B.6.a(2)(c) Enrollee Communication Support		DCS Only	
Section IV.B.6.a(3) Enrollee Communication Support		DCS Only	
Section IV.B.6.a(4) Enrollee Communication Support	DCS & NYSIF		
Section IV.B.6.a(5) Enrollee Communication Support			NYSIF Only
Section IV.B.6.b Enrollee Communication Support	DCS & NYSIF		
Section IV.B.6.b(1) Enrollee Communication Support		DCS Only	
Section IV.B.6.b(2) Enrollee Communication Support		DCS Only	
Section IV.B.6.b(3) Enrollee Communication Support		DCS Only	
Section IV.B.6.b(4) Enrollee Communication Support	DCS & NYSIF		
Section IV.B.6.b(5) Enrollee Communication Support			NYSIF Only
Section IV.B.7 Enrollment Management	DCS & NYSIF		
Section IV.B.7.a Enrollment Management	DCS & NYSIF		
Section IV.B.7.a(1) Enrollment Management	DCS & NYSIF		
Section IV.B.7.a(1)(a) Enrollment Management	DCS & NYSIF		

Section IV.B.7.a(1)(b) Enrollment Management	DCS & NYSIF		
Section IV.B.7.a(2) Enrollment Management		DCS Only	
Section IV.B.7.a(3) Enrollment Management			NYSIF Only
Section IV.B.7.a(4) Enrollment Management	DCS & NYSIF		
Section IV.B.7.a(5) Enrollment Management	DCS & NYSIF		
Section IV.B.7.a(6) Enrollment Management	DCS & NYSIF		
Section IV.B.7.a(7) Enrollment Management		DCS Only	
Section IV.B.7.a(8) Enrollment Management		DCS Only	
Section IV.B.7.a(9) Enrollment Management	DCS & NYSIF		
Section IV.B.7.a(10) Enrollment Management			NYSIF Only
Section IV.B.7.a(11) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(1) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(1)(a) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(1)(b) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(2) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(2)(a) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(2)(b) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(2)(c) Enrollment Management		DCS Only	
Section IV.B.7.b(2)(d) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(3) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(4) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(5) Enrollment Management		DCS Only	
Section IV.B.7.b(6) Enrollment Management		DCS Only	
Section IV.B.7.b(7) Enrollment Management	DCS & NYSIF		
Section IV.B.7.b(8) Enrollment Management			NYSIF Only
Section IV.B.7.b(9) Enrollment Management	DCS & NYSIF		
Section IV.B.8 Reporting	DCS & NYSIF		
<i>Reporting for DCS</i>			
Section IV.B.8.a Reporting for DCS		DCS Only	
Section IV.B.8.a(1) Reporting for DCS		DCS Only	
Section IV.B.8.a(2) Reporting for DCS		DCS Only	
Section IV.B.8.a(3) Reporting for DCS		DCS Only	
Section IV.B.8.a(4) Reporting for DCS		DCS Only	
Section IV.B.8.a(5) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(a) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(b) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(c) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(d) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(e) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(f) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(g) Reporting for DCS		DCS Only	
Section IV.B.8.a(5)(h) Reporting for DCS		DCS Only	
Section IV.B.8.a(6) Reporting for DCS		DCS Only	
Section IV.B.8.a(7) Reporting for DCS		DCS Only	
Section IV.B.8.b Reporting for DCS		DCS Only	
Section IV.B.8.b(1) Reporting for DCS		DCS Only	
Section IV.B.8.b(2) Reporting for DCS		DCS Only	
Section IV.B.8.b(3) Reporting for DCS		DCS Only	
Section IV.B.8.b(4) Reporting for DCS		DCS Only	
Section IV.B.8.b(5) Reporting for DCS		DCS Only	
Section IV.B.8.b(6) Reporting for DCS		DCS Only	
<i>Reporting for NYSIF</i>			

Section IV.B.8.a Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(1) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(2) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(3) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(4) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(a) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(b) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(c) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(d) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(e) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(f) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(g) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(5)(h) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(6) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(7) Reporting for NYSIF			NYSIF Only
Section IV.B.8.a(8) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(1) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(2) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(3) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(4) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(5) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(6) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(7) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(8) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(9) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(10) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(11) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(12) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(13) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(14) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(15) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(16) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(17) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(18) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(19) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(20) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(21) Reporting for NYSIF			NYSIF Only
Section IV.B.8.b(22) Reporting for NYSIF			NYSIF Only
Section IV.B.9 Consulting	DCS & NYSIF		
Section IV.B.9.a Consulting	DCS & NYSIF		
Section IV.B.9.a(1) Consulting	DCS & NYSIF		
Section IV.B.9.a(2) Consulting	DCS & NYSIF		
Section IV.B.9.b Consulting	DCS & NYSIF		
Section IV.B.9.b(1) Consulting	DCS & NYSIF		
Section IV.B.10 Transition/Termination of Agreement	DCS & NYSIF		
Section IV.B.10.a Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(1) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(2) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(2)(a) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(2)(a)(i) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(2)(a)(ii) Trans/Term of Agreement	DCS & NYSIF		

Section IV.B.10.a(2)(a)(ii) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(2)(a)(iii) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(2)(a)(iv) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(2)(b) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(3) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(4) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(5) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6)(a) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6)(b) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6)(c) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6)(d) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6)(e) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6)(f) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(6)(g) Trans/Term of Agreement		DCS Only	
Section IV.B.10.a(7) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(8) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.a(9) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.b Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.b(1) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.10.b(2) Trans/Term of Agreement	DCS & NYSIF		
Section IV.B.11 Network Management	DCS & NYSIF		
Section IV.B.11.a Network Management	DCS & NYSIF		
Section IV.B.11.a(1) Network Management	DCS & NYSIF		
Section IV.B.11.a(2) Network Management	DCS & NYSIF		
Section IV.B.11.a(3) Network Management	DCS & NYSIF		
Section IV.B.11.a(4) Network Management	DCS & NYSIF		
Section IV.B.11.a(5) Network Management	DCS & NYSIF		
Section IV.B.11.a(6) Network Management	DCS & NYSIF		
Section IV.B.11.a(7) Network Management	DCS & NYSIF		
Section IV.B.11.a(8) Network Management	DCS & NYSIF		
Section IV.B.11.a(8)(a) Network Management	DCS & NYSIF		
Section IV.B.11.a(8)(b) Network Management	DCS & NYSIF		
Section IV.B.11.a(8)(c) Network Management	DCS & NYSIF		
Section IV.B.11.b Network Management	DCS & NYSIF		
Section IV.B.11.b(1) Network Management	DCS & NYSIF		
Section IV.B.11.b(2) Network Management	DCS & NYSIF		
Section IV.B.11.b(3) Network Management	DCS & NYSIF		
Section IV.B.11.b(4) Network Management	DCS & NYSIF		
Section IV.B.11.b(5) Network Management	DCS & NYSIF		
Section IV.B.11.b(6) Network Management	DCS & NYSIF		
Section IV.B.11.b(7) Network Management	DCS & NYSIF		
<i>Pharmacy Credentialing</i>			
Section IV.B.11 Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.a Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.a(1) Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.a(2) Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.a(3) Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.b Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.b(1) Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.b(2) Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.b(2)(a) Pharmacy Credentialing	DCS & NYSIF		
Section IV.B.11.b(2)(b) Pharmacy Credentialing	DCS & NYSIF		

<i>Pharmacy Contracting</i>			
Section IV.B.11 Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.a Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.a(1) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.a(2) Pharmacy Contracting		DCS Only	
Section IV.B.11.a(3) Pharmacy Contracting		DCS Only	
Section IV.B.11.a(4) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.a(5) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.a(6) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.a(7) Pharmacy Contracting		DCS Only	
Section IV.B.11.a(8) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.a(9) Pharmacy Contracting			NYSIF Only
Section IV.B.11.b Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.b(1) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.b(2) Pharmacy Contracting		DCS Only	
Section IV.B.11.b(3) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.b(4) Pharmacy Contracting	DCS & NYSIF		
Section IV.B.11.b(5) Pharmacy Contracting			NYSIF Only
<i>Pharmacy Audit</i>			
Section IV.B.11 Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(1) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(2) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(3) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(4) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(5) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(6) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(7) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(8) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.a(9) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(1) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(2) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(3) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(4) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(5) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(6) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(7) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(8) Pharmacy Audit	DCS & NYSIF		
Section IV.B.11.b(9) Pharmacy Audit	DCS & NYSIF		
<i>Mail Service Pharmacy Process</i>			
Section IV.B.11 Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(1) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(2) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(3) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(4) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(4)(a) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(4)(b) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(5) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(6) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(7) Mail Service Pharmacy Process	DCS & NYSIF		
Section IV.B.11.a(8) Mail Service Pharmacy Process	DCS & NYSIF		

Section IV.B.11.a Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.a(1) Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.a(1)(a) Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.a(1)(b) Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.a(2) Specialty Drugs/Medications		DCS Only	
Section IV.B.11.b Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.b(1) Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.b(2) Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.b(3) Specialty Drugs/Medications		DCS Only	
Section IV.B.11.b(4) Specialty Drugs/Medications		DCS Only	
Section IV.B.11.b(5) Specialty Drugs/Medications	DCS & NYSIF		
Section IV.B.11.b(6) Specialty Drugs/Medications	DCS & NYSIF		
<i>Specialty Pharmacy Program</i>			
Section IV.B.11 Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(1) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(2) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(3) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(4) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(5) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(6) Specialty Pharmacy Program		DCS Only	
Section IV.B.11.a(7) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(8) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(9) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(10) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(11) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(12) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(13) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(14) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(15) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(16) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(17) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(18) Specialty Pharmacy Program		DCS Only	
Section IV.B.11.a(19) Specialty Pharmacy Program		DCS Only	
Section IV.B.11.a(20) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(21) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.a(22) Specialty Pharmacy Program		DCS Only	
Section IV.B.11.a(23) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(1) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(2) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(2)(a) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(2)(b) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(2)(c) Specialty Pharmacy Program		DCS Only	
Section IV.B.11.b(2)(d) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(2)(e) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(2)(f) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(3) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(4) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(5) Specialty Pharmacy Program		DCS Only	
Section IV.B.11.b(6) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.11.b(7) Specialty Pharmacy Program	DCS & NYSIF		
Section IV.B.12 Claims Processing	DCS & NYSIF		

Section IV.B.12.a Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(a) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(b) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(c) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(d) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(e) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(f) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(g) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(h) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(i) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(j) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(k) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(l) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(m) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(n) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(o) Claims Processing		DCS Only	
Section IV.B.12.a(1)(o)(i) Claims Processing		DCS Only	
Section IV.B.12.a(1)(o)(ii) Claims Processing		DCS Only	
Section IV.B.12.a(1)(o)(iii) Claims Processing		DCS Only	
Section IV.B.12.a(1)(o)(iv) Claims Processing		DCS Only	
Section IV.B.12.a(1)(o)(v) Claims Processing		DCS Only	
Section IV.B.12.a(1)(p) Claims Processing			NYSIF Only
Section IV.B.12.a(1)(q) Claims Processing		DCS Only	
Section IV.B.12.a(1)(r) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(s) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(t) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(u) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(1)(v) Claims Processing		DCS Only	
Section IV.B.12.a(1)(w) Claims Processing		DCS Only	
Section IV.B.12.a(1)(x) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(2) Claims Processing	DCS & NYSIF		
Section IV.B.12.a(3) Claims Processing		DCS Only	
Section IV.B.12.a(4) Claims Processing			NYSIF Only
Section IV.B.12.b Claims Processing	DCS & NYSIF		
Section IV.B.12.b(1) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(2) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(a) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(b) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(c) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(d) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(e) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(f) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(g) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(h) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(i) Claims Processing		DCS Only	
Section IV.B.12.b(3)(j) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(3)(k) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(4) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(5) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(6) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(7) Claims Processing	DCS & NYSIF		

Section IV.B.12.b(8) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(9) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(10) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(11) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(12) Claims Processing		DCS Only	
Section IV.B.12.b(13) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(14) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(15) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(16) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(17) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(18) Claims Processing	DCS & NYSIF		
Section IV.B.12.b(19) Claims Processing		DCS Only	
Section IV.B.12.b(20) Claims Processing			NYSIF Only
Section IV.B.13 Retrospective Coordination of Benefits		DCS Only	
Section IV.B.13.a Retrospective COB		DCS Only	
Section IV.B.13.a(1) Retrospective COB		DCS Only	
Section IV.B.13.a(2) Retrospective COB		DCS Only	
Section IV.B.13.a(3) Retrospective COB		DCS Only	
Section IV.B.13.a(4) Retrospective COB		DCS Only	
Section IV.B.13.b Retrospective COB		DCS Only	
Section IV.B.14 Utilization Management	DCS & NYSIF		
<i>Mandatory Generic Substitution at Retail and Mail</i>			
Section IV.B.14.a MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.a(1) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.a(2) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(3) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4)(a) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4)(b) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4)(c) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4)(d) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4)(e) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4)(f) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(4)(g) MGS at Retail & Mail		DCS Only	
Section IV.B.14.a(5) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.a(6) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.a(7) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.a(8) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.a(9) MGS at Retail & Mail		DCS Only	
Section IV.B.14.b MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.b(1) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.b(2) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.b(3) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.b(4) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.b(5) MGS at Retail & Mail	DCS & NYSIF		
Section IV.B.14.b(6) MGS at Retail & Mail		DCS Only	
<i>Mandatory Generic Substitution Appeal Process</i>			
Section IV.B.14.a MGS Appeal Process		DCS Only	
Section IV.B.14.a(1) MGS Appeal Process		DCS Only	
Section IV.B.14.a(2) MGS Appeal Process		DCS Only	
Section IV.B.14.a(3) MGS Appeal Process		DCS Only	

Section IV.B.14.a(4) MGS Appeal Process		DCS Only	
Section IV.B.14.a(5) MGS Appeal Process		DCS Only	
Section IV.B.14.b MGS Appeal Process		DCS Only	
Section IV.B.14.b(1) MGS Appeal Process		DCS Only	
Section IV.B.14.b(1)(a) MGS Appeal Process		DCS Only	
Section IV.B.14.b(1)(b) MGS Appeal Process		DCS Only	
Section IV.B.14.b(1)(c) MGS Appeal Process		DCS Only	
Section IV.B.14.b(1)(d) MGS Appeal Process		DCS Only	
Section IV.B.14.b(1)(e) MGS Appeal Process		DCS Only	
Section IV.B.14.b(2) MGS Appeal Process		DCS Only	
Section IV.B.15 Clinical Management / DUR	DCS & NYSIF		
<i>Prior Authorization</i>			
Section IV.B.15.a Prior Authorization	DCS & NYSIF		
Section IV.B.15.a(1) Prior Authorization	DCS & NYSIF		
Section IV.B.15.a(2) Prior Authorization		DCS Only	
Section IV.B.15.a(3) Prior Authorization	DCS & NYSIF		
Section IV.B.15.a(4) Prior Authorization		DCS Only	
Section IV.B.15.a(5) Prior Authorization	DCS & NYSIF		
Section IV.B.15.a(6) Prior Authorization		DCS Only	
Section IV.B.15.a(7) Prior Authorization		DCS Only	
Section IV.B.15.a(8) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(1) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(1)(a) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(1)(b) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(1)(c) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(1)(d) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(1)(e) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(1)(f) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(2) Prior Authorization	DCS & NYSIF		
Section IV.B.15.b(3) Prior Authorization	DCS & NYSIF		
<i>Concurrent Drug Utilization Review</i>			
Section IV.B.15.a Concurrent DUR	DCS & NYSIF		
Section IV.B.15.a(1) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.a(2) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(1) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(2) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(3) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(3)(a) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(3)(a)(i-x) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(3)(b) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(4) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(4)(a) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(4)(a)(i-iii) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(5) Concurrent DUR	DCS & NYSIF		
Section IV.B.15.b(6) Concurrent DUR	DCS & NYSIF		
<i>Retrospective DUR Program</i>			
Section IV.B.15.a Retrospective DUR		DCS Only	
Section IV.B.15.a(1) Retrospective DUR		DCS Only	
Section IV.B.15.a(2) Retrospective DUR		DCS Only	
Section IV.B.15.a(3) Retrospective DUR		DCS Only	
Section IV.B.15.b Retrospective DUR		DCS Only	

Section IV.B.15.b(1) Retrospective DUR		DCS Only	
Section IV.B.15.b(2) Retrospective DUR		DCS Only	
Section IV.B.15.b(3) Retrospective DUR		DCS Only	
Section IV.B.15.b(4) Retrospective DUR		DCS Only	
Section IV.B.15.b(5) Retrospective DUR		DCS Only	
Section IV.B.15.b(6) Retrospective DUR		DCS Only	
Section IV.B.15.b(7) Retrospective DUR		DCS Only	
<i>Physician Education</i>			
Section IV.B.15 Physician Education	DCS & NYSIF		
Section IV.B.15.a Physician Education	DCS & NYSIF		
Section IV.B.15.a(1) Physician Education	DCS & NYSIF		
Section IV.B.15.a(2) Physician Education	DCS & NYSIF		
Section IV.B.15.a(3) Physician Education	DCS & NYSIF		
Section IV.B.15.a(4) Physician Education	DCS & NYSIF		
Section IV.B.15.b Physician Education	DCS & NYSIF		
Section IV.B.15.b(1) Physician Education	DCS & NYSIF		
Section IV.B.15.b(2) Physician Education	DCS & NYSIF		
Section IV.B.15.b(3) Physician Education	DCS & NYSIF		
Section IV.B.15.b(4) Physician Education	DCS & NYSIF		
Section IV.B.15.b(5) Physician Education	DCS & NYSIF		
Section IV.B.15.b(6) Physician Education	DCS & NYSIF		
Section IV.B.15.b(7) Physician Education	DCS & NYSIF		
<i>Patient Education</i>			
Section IV.B.15 Patient Education		DCS Only	
Section IV.B.15.a Patient Education		DCS Only	
Section IV.B.15.a(1) Patient Education		DCS Only	
Section IV.B.15.a(1)(a) Patient Education		DCS Only	
Section IV.B.15.a(1)(b) Patient Education		DCS Only	
Section IV.B.15.a(1)(c) Patient Education		DCS Only	
Section IV.B.15.a(1)(d) Patient Education		DCS Only	
Section IV.B.15.a(2) Patient Education		DCS Only	
Section IV.B.15.a(2)(a) Patient Education		DCS Only	
Section IV.B.15.a(2)(b) Patient Education		DCS Only	
Section IV.B.15.a(2)(c) Patient Education		DCS Only	
Section IV.B.15.a(2)(d) Patient Education		DCS Only	
Section IV.B.15.b Patient Education		DCS Only	
Section IV.B.15.b(1) Patient Education		DCS Only	
Section IV.B.15.b(1)(a) Patient Education		DCS Only	
Section IV.B.15.b(1)(b) Patient Education		DCS Only	
Section IV.B.15.b(1)(c) Patient Education		DCS Only	
Section IV.B.15.b(1)(d) Patient Education		DCS Only	
Section IV.B.15.b(1)(e) Patient Education		DCS Only	
Section IV.B.15.b(2) Patient Education		DCS Only	
Section IV.B.15.b(2)(a) Patient Education		DCS Only	
Section IV.B.15.b(2)(b) Patient Education		DCS Only	
Section IV.B.15.b(2)(c) Patient Education		DCS Only	
Section IV.B.15.b(2)(d) Patient Education		DCS Only	
Section IV.B.15.b(2)(e) Patient Education		DCS Only	
<i>Other Safety Related Programs</i>			
Section IV.B.15 Other Safety Related Programs	DCS & NYSIF		
Section IV.B.15.a Other Safety Related Programs	DCS & NYSIF		

Section IV.B.15.b Other Safety Related Programs	DCS & NYSIF		
Section IV.B.15.b(1) Other Safety Related Programs	DCS & NYSIF		
Section IV.B.15.b(2) Other Safety Related Programs	DCS & NYSIF		
<i>PDL Development & Management for DCS</i>			
Section IV.B.16 PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(1) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(2) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(3) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(4) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(5) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(6) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(7) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(8) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(9) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(10) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(11) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(12) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(13) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(14) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(15) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.a(16) PDL Development & Mgmt for DCS		DCS Only	
<i>Preferred Drug List Management – General</i>			
Section IV.B.16.b PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2)(a) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2)(b) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2)(c) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2)(d) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2)(e) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2)(f) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(3) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(4) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(5) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(6) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(7) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(8) PDL Development & Mgmt for DCS		DCS Only	
<i>Preferred/Non-Preferred/Excluded Determination</i>			
Section IV.B.16.b(1) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(a) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(b) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(c) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(d) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(e) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(f) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(g) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(h) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(1)(i) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(3) PDL Development & Mgmt for DCS		DCS Only	
<i>Preferred Drug List Strategy</i>			
Section IV.B.16.b(1) PDL Development & Mgmt for DCS		DCS Only	

Section IV.B.16.b(2) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(3) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(4) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(5) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(6) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(7) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(8) PDL Development & Mgmt for DCS		DCS Only	
<i>Voluntary Drug Recalls, Withdrawals and Lawsuits</i>			
Section IV.B.16.b(1) PDL Development & Mgmt for DCS		DCS Only	
Section IV.B.16.b(2) PDL Development & Mgmt for DCS		DCS Only	
<i>PDL Development & Management for NYSIF</i>			
Section IV.B.16 PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.a PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.a(1) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.a(2) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.a(3) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.a(4) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.a(5) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.a(6) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b(1) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b(2) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b(3) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b(4) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b(5) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b(6) PDL Development & Mgmt for NYSIF			NYSIF Only
<i>Voluntary Drug Recalls, Withdrawals and Lawsuits</i>			
Section IV.B.16.b(1) PDL Development & Mgmt for NYSIF			NYSIF Only
Section IV.B.16.b(2) PDL Development & Mgmt for NYSIF			NYSIF Only
RFP Section V – Cost Proposal			
Section V.A Introduction	DCS & NYSIF		
Section V.B Evaluation Process - General	DCS & NYSIF		
Section V.C Analysis of Cost Components	DCS & NYSIF		
Section V.C.1 Summary of Cost Exhibits	DCS & NYSIF		
Section V.C.2 Instructions for Re-priced Claims File	DCS & NYSIF		
Section V.C.3 Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(1) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(2) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(3) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(4) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(5) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(6) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(7) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(7)(a) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(7)(b) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(7)(c) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(8) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.a(9) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b(1) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b(1)(a) Claim Ingredient Cost - General	DCS & NYSIF		

Section V.C.3.b(1)(b) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b(1)(c) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b(1)(d) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b(1)(e) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b(1)(f) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.b(1)(g) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.c Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.3.c(1) Claim Ingredient Cost - General	DCS & NYSIF		
Section V.C.4 Mandatory Generic Substitution at Retail & Mail	DCS & NYSIF		
Section V.C.4.a MGS at Retail & Mail	DCS & NYSIF		
Section V.C.4.a(1) MGS at Retail & Mail	DCS & NYSIF		
Section V.C.4.a(2) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(3) MGS at Retail & Mail	DCS & NYSIF		
Section V.C.4.a(4) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(4)(a) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(4)(b) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(4)(c) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(4)(d) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(4)(e) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(4)(f) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(4)(g) MGS at Retail & Mail		DCS Only	
Section V.C.4.a(5) MGS at Retail & Mail	DCS & NYSIF		
Section V.C.4.a(6) MGS at Retail & Mail	DCS & NYSIF		
Section V.C.4.a(7) MGS at Retail & Mail	DCS & NYSIF		
Section V.C.4.b MGS at Retail & Mail	DCS & NYSIF		
Section V.C.5 Retail Pharmacy Network Claims	DCS & NYSIF		
<i>General Provisions</i>	DCS & NYSIF		
Section V.C.5.a Retail Pharmacy Network Claims	DCS & NYSIF		
Section V.C.5.a(1) Retail Pharmacy Network Claims	DCS & NYSIF		
Section V.C.5.a(2) Retail Pharmacy Network Claims	DCS & NYSIF		
Section V.C.5.a(3) Retail Pharmacy Network Claims	DCS & NYSIF		
Section V.C.5.b Retail Pharmacy Network Claims	DCS & NYSIF		
Section V.C.5.c Retail Pharmacy Network Claims	DCS & NYSIF		
Section V.C.5.c(1) Retail Pharmacy Network Claims	DCS & NYSIF		
Section V.C.5.c(2) Retail Pharmacy Network Claims	DCS & NYSIF		
<i>Retail Pharmacy Network Brand Name Drug Pricing</i>	DCS & NYSIF		
Section V.C.5.a Retail Pharmacy Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.5.a(1) Retail Pharmacy Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.5.a(2) Retail Pharmacy Brand Name Drug Pricing		DCS Only	
Section V.C.5.a(3) Retail Pharmacy Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.5.b Retail Pharmacy Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.5.b(1) Retail Pharmacy Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.5.b(2) Retail Pharmacy Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.5.c Retail Pharmacy Brand Name Drug Pricing	DCS & NYSIF		
<i>Retail Pharmacy Network Generic Pricing</i>	DCS & NYSIF		
Section V.C.5.a Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(1) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(a) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(b) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(c) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(d) Retail Pharmacy Generic Pricing	DCS & NYSIF		

Section V.C.5.a(2)(e) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(f) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(g) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(h) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(i) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(j) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.a(2)(k) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.b Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.b(1) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.b(2) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.b(3) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.c Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.c(1) Retail Pharmacy Generic Pricing	DCS & NYSIF		
Section V.C.5.c(2) Retail Pharmacy Generic Pricing	DCS & NYSIF		
<i>Retail Pharmacy Network Compound Drug Pricing</i>	DCS & NYSIF		
Section V.C.5.a Retail Pharmacy Compound Drug Pricing	DCS & NYSIF		
Section V.C.5.a(1) Retail Pharmacy Compound Drug Pricing	DCS & NYSIF		
Section V.C.5.a(2) Retail Pharmacy Compound Drug Pricing		DCS Only	
Section V.C.5.a(3) Retail Pharmacy Compound Drug Pricing	DCS & NYSIF		
Section V.C.5.a(4) Retail Pharmacy Compound Drug Pricing	DCS & NYSIF		
Section V.C.5.b Retail Pharmacy Compound Drug Pricing	DCS & NYSIF		
Section V.C.5.c Retail Pharmacy Compound Drug Pricing	DCS & NYSIF		
Section V.C.6 Mail Service Pharmacy Process Claims	DCS & NYSIF		
<i>General Provisions</i>	DCS & NYSIF		
Section V.C.6.a Mail Service Pharmacy Process Claims	DCS & NYSIF		
Section V.C.6.a(1) Mail Service Pharmacy Process Claims	DCS & NYSIF		
Section V.C.6.a(2) Mail Service Pharmacy Process Claims	DCS & NYSIF		
Section V.C.6.a(3) Mail Service Pharmacy Process Claims	DCS & NYSIF		
Section V.C.6.a(4) Mail Service Pharmacy Process Claims		DCS Only	
Section V.C.6.a(5) Mail Service Pharmacy Process Claims		DCS Only	
Section V.C.6.b Mail Service Pharmacy Process Claims	DCS & NYSIF		
Section V.C.6.c Mail Service Pharmacy Process Claims	DCS & NYSIF		
<i>Mail Service Pharmacy Process Brand Name Drug Pricing</i>	DCS & NYSIF		
Section V.C.6.a Mail Service Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.6.a(1) Mail Service Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.6.a(2) Mail Service Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.6.b Mail Service Brand Name Drug Pricing	DCS & NYSIF		
Section V.C.6.c Mail Service Brand Name Drug Pricing	DCS & NYSIF		
<i>Mail Service Pharmacy Process – Generic Drug Pricing</i>	DCS & NYSIF		
Section V.C.6.a Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.a(1) Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.a(2) Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.a(3) Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.a(4) Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.b Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.c Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.c(1) Mail Service Generic Drug Pricing	DCS & NYSIF		
Section V.C.6.c(2) Mail Service Generic Drug Pricing	DCS & NYSIF		
<i>Mail Service Pharmacy Process –Compound Drug Pricing</i>	DCS & NYSIF		
Section V.C.6.a Mail Service Compound Drug Pricing	DCS & NYSIF		
Section V.C.6.a(1) Mail Service Compound Drug Pricing	DCS & NYSIF		
Section V.C.6.a(2) Mail Service Compound Drug Pricing	DCS & NYSIF		
Section V.C.6.a(3) Mail Service Compound Drug Pricing	DCS & NYSIF		

Section V.C.6.a(4) Mail Service Compound Drug Pricing	DCS & NYSIF		
Section V.C.6.b Mail Service Compound Drug Pricing	DCS & NYSIF		
Section V.C.6.c Mail Service Compound Drug Pricing	DCS & NYSIF		
Section V.C.7 Enrollee Submitted Claims		DCS Only	
Section V.C.7.a Enrollee Submitted Claims		DCS Only	
Section V.C.7.a(1) Enrollee Submitted Claims		DCS Only	
Section V.C.7.a(2) Enrollee Submitted Claims		DCS Only	
Section V.C.7.a(3) Enrollee Submitted Claims		DCS Only	
Section V.C.7.a(4) Enrollee Submitted Claims		DCS Only	
Section V.C.7.a(5) Enrollee Submitted Claims			NYSIF Only
Section V.C.7.b Enrollee Submitted Claims		DCS Only	
Section V.C.8 Non-Network Pharmacy Submitted Claims			NYSIF Only
Section V.C.8.a Non-Network Pharmacy Submitted Claims			NYSIF Only
Section V.C.8.a(1) Non-Network Pharmacy Submitted Claims			NYSIF Only
Section V.C.8.a(2) Non-Network Pharmacy Submitted Claims			NYSIF Only
Section V.C.8.b Non-Network Pharmacy Submitted Claims			NYSIF Only
Section V.C.9 Dispensing Fee	DCS & NYSIF		
Section V.C.9.a Dispensing Fee	DCS & NYSIF		
Section V.C.9.a(1) Dispensing Fee	DCS & NYSIF		
Section V.C.9.a(2) Dispensing Fee	DCS & NYSIF		
Section V.C.9.a(3) Dispensing Fee	DCS & NYSIF		
Section V.C.9.a(4) Dispensing Fee	DCS & NYSIF		
Section V.C.9.a(5) Dispensing Fee	DCS & NYSIF		
Section V.C.9.b Dispensing Fee	DCS & NYSIF		
Section V.C.9.c Dispensing Fee	DCS & NYSIF		
Section V.C.9.c(1) Dispensing Fee	DCS & NYSIF		
Section V.C.9.c(2) Dispensing Fee	DCS & NYSIF		
Section V.C.9.c(3) Dispensing Fee	DCS & NYSIF		
Section V.C.10 Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(1) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(2) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(3) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(4) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(5) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(6) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(7) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.a(8) Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.b Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.10.c Specialty Pharmacy Program Pricing	DCS & NYSIF		
Section V.C.11 Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(1) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(2) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(3) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(4) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(5) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(6) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(7) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(8) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(9) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(9)(a) Pharma Revenue Guarantee	DCS & NYSIF		

Section V.C.11.a(9)(b) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(9)(c) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(9)(d) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(9)(e) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(9)(f) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.a(9)(g) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.b Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.c Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.c(1) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.11.c(2) Pharma Revenue Guarantee	DCS & NYSIF		
Section V.C.12 Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a(1) Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a(2) Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a(3) Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a(4) Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a(5) Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a(6) Claims Administration Fees	DCS & NYSIF		
Section V.C.12.a(7) Claims Administration Fees	DCS & NYSIF		
Section V.C.12.b Claims Administration Fees	DCS & NYSIF		
Section V.C.12.c Claims Administration Fees	DCS & NYSIF		
Section V.C.13 Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(1) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(2) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(3) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(4) Financial Structure & Timing of Transactions		DCS Only	
Section V.C.13.a(5) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(6) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(6)(a) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(6)(b) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(6)(c) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.a(7) Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.b Financial Structure & Timing of Transactions	DCS & NYSIF		
Section V.C.13.b(1) Financial Structure & Timing of Transactions	DCS & NYSIF		

**DCS and NYSIF Prescription Drug Programs
Proposed Claim Reimbursement Quote
1/1/2014 - 12/31/2018**

		Proposed Ingredient Cost Discount		Proposed Dispensing Fee Per Claim
Retail Pharmacy Network				
Brand Name Drugs (1)	Minimum Guaranteed Discount:	<input type="text"/>	Maximum Guaranteed Dispensing Fee:	<input type="text"/>
Generic Drugs (2)	Minimum Guaranteed Discount:	<input type="text"/>	Maximum Guaranteed Dispensing Fee:	<input type="text"/>
Compounds (3)			Maximum Guaranteed Dispensing Fee:	<input type="text"/>
Mail Service Pharmacy Process				
Brand Name Drugs (4)	Guaranteed Discount:	<input type="text"/>	Guaranteed Dispensing Fee:	<input type="text"/>
Generic Drugs (5)	Minimum Guaranteed Discount:	Same as Retail	Guaranteed Dispensing Fee:	<input type="text"/>
Compounds (6)			Guaranteed Dispensing Fee:	<input type="text"/>
Specialty Pharmacy Program				
Specialty Drugs (7)	Guaranteed Discount:	<input type="text"/>		Quote Dispensing Fees in Exhibit V.D.

Compound Drug Pricing Methodology(ies) (8)

Propose a pricing methodology(ies)

Source of Therapeutic Category

Provide the source of the therapeutic category classification system you use for preferred drug list development.

If different, specify the source of the category classification system utilized in negotiating pharma revenue agreements.

- (1) Brand Name Drugs dispensed in a Retail Pharmacy Network shall be billed to the Programs using Lesser of Logic, incorporating pass-through pricing contracted with the dispensing pharmacy. Enter the Offeror's Minimum Guaranteed Discount off AWP for Brands and the Maximum Guaranteed Dispensing Fee for Brands. The amounts quoted will be subject to an annual reconciliation to verify that the Minimum Guaranteed Discount and Maximum Guaranteed Dispensing Fee are achieved.
- (2) Generic Drugs dispensed in a Retail Pharmacy Network shall be billed to the Programs using Lesser of Logic, incorporating the Programs MAC list for Retail and Mail Service Pharmacies and pass-through pricing contracted with the dispensing pharmacy. Enter the Offeror's Minimum Guaranteed Discount off AWP for Generics and the Maximum Guaranteed Dispensing Fee for Generics. The amounts quoted will be subject to an annual reconciliation to verify that the Minimum Guaranteed Discount and Maximum Guaranteed Dispensing Fee are achieved. The Minimum Guaranteed Discount reconciliation will be combined for Retail and Mail Service Pharmacy dispensed Generic Drugs.
- (3) Compound Drugs dispensed in a Retail Pharmacy Network shall be billed to the Programs using Lesser of Logic, incorporating pass-through pricing contracted with the dispensing pharmacy. Enter the Offeror's Maximum Guaranteed Dispensing Fee for Compounds. The amount quoted will be subject to an annual reconciliation to verify that the Maximum Guaranteed Dispensing Fee is achieved. Compound Drug ingredient costs will be priced using the Offeror's proposed pricing methodology, as set forth on this Exhibit V.A.
- (4) Brand Name Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic, incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Discount off AWP for Brands and the Guaranteed Dispensing Fee for Brands.
- (5) Generic Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic, incorporating the Programs MAC list for Retail and Mail Service Pharmacies and guaranteed contracted pricing. The Offeror's Minimum Guaranteed Discount off AWP for Generics must be the same as the amount quoted for Retail Network Pharmacies (footnote 2). The Minimum Guaranteed Discount reconciliation will be combined for Retail and Mail Service Pharmacy dispensed Generic Drugs. Enter the Guaranteed Dispensing Fee for Generics.
- (6) Compound Drugs dispensed in a Mail Service Pharmacy shall be billed to the Programs using Lesser of Logic, incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Dispensing Fee for Compounds. Compound Drug ingredient costs will be priced using the Offeror's proposed pricing methodology, as set forth on this Exhibit V.A.
- (7) Specialty Drugs dispensed through the Specialty Pharmacy Program shall be billed to the Program using Lesser of Logic, incorporating guaranteed contracted pricing. Enter the Offeror's Guaranteed Discount off AWP for Specialty Drugs dispensed through the Specialty Pharmacy Program. The Offeror may propose a guaranteed contracted dispensing fee, on an NDC basis, for each drug proposed to be included in the Specialty Pharmacy Program on Exhibit V.D.
- (8) The Offeror must propose a pricing methodology(ies) utilizing "pass through pricing" to be applied to retail and mail service pharmacy process compound drug claims that meet the Programs' definition of a compound drug as defined in the glossary, Section VIII. Offeror's may propose multiple pricing methodologies utilizing "pass through pricing" for the Procuring Agencies' review and selection.

**DCS and NYSIF Prescription Drug Programs
Re-pricing Instructions for Offeror's Re-Priced Claims File**

In support of the Offeror's proposed claim reimbursement quote presented in Exhibit V.A and V.D and in accordance with Section V of the RFP, each Offeror is required to present the effect of the Offeror's proposed AWP discount and dispensing fees on **DCS Program** drug claims paid during the period 11/12/2010 through 10/28/2011. Use the claim data file available to Offerors in accordance with Section III. PART G of this RFP (containing 1 record for each DCS Program drug claim paid during the 12 month period ending 10/28/2011), to re-price each prescription using your proposed reimbursement formula(e) for the Programs. In doing so, please assume:

1. All prescriptions are filled February 1, 2012; therefore, the AWP in effect on February 1, 2012 should be used;
2. All prescriptions are filled for the same enrollee type with the same drug, dosage, strength and quantity identified by the NDC and claim data file; do not assume any changes;
3. All prescriptions are filled at the same pharmacy indicated by the NPI; do not assume any changes, with the exception of prescriptions filled at the Mail Service Pharmacy or the Specialty Pharmacy; and
4. All re-priced claims should not be adjusted for sales tax or coordination of benefit savings.

Note: In order to simplify this re-pricing request, we have eliminated all the records associated with reversals, compound drugs, zero quantity claims, coordination of benefits claims, VA hospital claims and NYS Medicaid Program claims.

The Offeror is required to submit a re-priced claims file with their Cost Proposal using the Layout Specifications detailed in Exhibit V.B.1. The re-priced claims file should report the claims data originally provided by the Department along with the following nine additional fields at the end of each record:

Field 1 Pharmacy Type: Based on the Offeror's proposed Pharmacy Network and composition of drugs included in the Specialty Pharmacy Program, as well as the Pharmacy NPI and Specialty Program Participation Indicator included in the claims data file, code each record with one of the five pharmacy types: R = Retail Network Pharmacy, M = Mail Service Pharmacy, D = Direct Submit (Enrollee) Claim, N = Non-network Pharmacy), S = Specialty Pharmacy.

First, for all drugs proposed for the Specialty Pharmacy Program, the Offeror should enter "S" if the Specialty Program Participation Indicator (SPPI) is coded with "Y"; if SPPI is coded with N, then enter "M" in Field 1 if the NPI is one of the numbers below or "R" if the pharmacy is a participating retail pharmacy in your proposal.

For all other prescriptions (non-specialty), the Offeror should enter "M" in Field 1 if the NPI is one of the codes of the numbers below. For Direct Submit claims as indicated by the code "E" in the Provider_Class field, the Offeror should enter "D."

**DCS Program and NYSIF Program PRESCRIPTION DRUG PROGRAM
Re-pricing Instructions for Offeror's Re-Priced Claims File**

- Field 1 (continued) For the remaining prescriptions, the Offeror should enter "R" if the pharmacy is a participating retail network pharmacy proposed by the Offeror or enter "N" if the pharmacy is not a participating retail network pharmacy proposed by the Offeror.
- Claims with the following Pharmacy NPI numbers are considered to be Mail Service Pharmacy Claims if the claim is not a Specialty Pharmacy Claim: 1275740474, 1346208949, 1417915653, 1528275724, 1548282510, 1972710176, 1184672883, 1184675910, 1205885175, 1407807191, 1710933007.
- Field 2 **Drug Type:** Based on the Offeror's proposed composition of the Flexible Formulary and the NDC of the drug included in the claims data file, code each record with one of the four drug types: 1 = Generic Rx, 2 = Preferred Brand Rx, 3 = Non Preferred Brand Rx, 4 = Excluded Rx.
- Field 3 **Therapeutic Category For Formulary:** For each claim record, enter the therapeutic category for the drug. The therapeutic category should be consistent with the category used in the development of the submitted formulary.
- Field 4 **AWP:** For each claim record, enter the AWP for the dispensed drug as of February 1, 2012, using the Offeror's proposed source of AWP (Redbook or MediSpan).
- Field 5 **Ingredient Cost:** Based on the Offeror's proposed Pharmacy Network and composition of drugs included in the Specialty Pharmacy Program, as well as the Pharmacy NPI and Specialty Program Participation Indicator included in the claims data file, enter the Offeror's proposed Ingredient Cost for the dispensed drug, following the instructions below:
- For proposed Pharmacies in your Retail Network, price all Brand drugs using the proposed pass-through pricing contracted with the Pharmacy. For Mail Service Pharmacy, price all Brand drugs using the proposed guaranteed AWP discounts for Brands. For Specialty Pharmacy, price all Brand drugs using the proposed guaranteed AWP discounts for Specialty Drugs.
- For proposed Pharmacies in your Retail Network, price all Generic drugs using the pass-through pricing in the Offeror's proposed Program MAC list, or if the Generic drug is not MAC'd, the contracted AWP discount for Brands. For Mail Service Pharmacy, price all Generic drugs using the pass-through pricing in the Offeror's proposed Program MAC list, or if the Generic Drug is not MAC'd, the proposed guaranteed AWP discount for Brands. For Specialty Pharmacy, price all Generic drugs using the proposed guaranteed AWP discount for Specialty Drugs.

**DCS Program and NYSIF Program PRESCRIPTION DRUG PROGRAM
Re-pricing Instructions for Offeror's Re-Priced Claims File**

- Field 5 (continued) For Pharmacies that are not in your proposed Retail Network, price all Generics using the Minimum Guaranteed Discount proposed for all retail Generics. Price all Brands using the Minimum Guaranteed Discount proposed for all retail Brands.
- Field 6 **Dispensing Fee:** Based on the Pharmacy Type identified in Field 1 (above) as well as the NYS Generic Brand Code and NDC of the drug included in the claims data file, enter the Offeror's proposed dispensing fee, following the instructions below:
- For Pharmacy Type R, enter the Offeror's proposed pass-through dispensing fee contracted with the Pharmacy. For Pharmacy Type M, enter the Offeror's proposed guaranteed dispensing fee applicable to Brand or Generic drugs. For Pharmacy Type D or N, enter the Offeror's proposed Maximum Guaranteed Dispensing Fee applicable to Brand or Generic drugs. For Pharmacy Type S, enter the Offeror's proposed guaranteed dispensing fee applicable to the specific Specialty Drug.
- Field 7 **Co-payment:** Based on the Pharmacy Type identified in Field 1 and the Drug Type identified in Field 2 (above) as well as the three level benefit design of the Program specified in Exhibit II.C, enter the applicable co-payment. If the Total Claim Cost [Ingredient Cost (Field 5) plus Dispensing Fee (Field 6)] for any claim is less than the Plan co-payment amount, enter the Total Claim Cost. When the drug dispensed meets the criteria for generic enforcement as set forth in the RFP, enter the Level 3 (non-preferred) copayment amount, excluding any ancillary charge.
- Field 8 **Therapeutic Category For Pharma Revenue Agreements:** Enter the therapeutic Pharma Revenue classification system for negotiating pharma revenue agreements for each drug.
- Field 9 **GPI:** Offerors proposing to use Medispan as the source of AWP in Field 4 (above), enter the Medispan Generic Product Indicator (GPI) associated with the NDC dispensed. If proposing to use Redbook as the source of AWP in Field 4 and FDB for other prescription drug classification indices, leave this Field 9 blank.

(Amended April 27, 2012)

DCS and NYSIF Prescription Drug Programs
Layout Specifications for Exhibit V.B.2 Offeror’s Re-Priced Claims Files

Purpose: To define data layout specifications for Offerors’ Re-Priced Claims Files (based on DCS Program claim data only), submitted with their Cost Proposal as Exhibit V.B.2. This layout contains the claims data fields originally provided by the Procuring Agencies, along with the following nine additional fields at the end of each record that are to be filled out by the Offeror in accordance with the Re-pricing Instructions set forth in Exhibit V.B:

- Field 1: Pharmacy Type
- Field 2: Drug Type
- Field 3: Therapeutic Category For Formulary
- Field 4: AWP
- Field 5: Ingredient Cost
- Field 6: Dispensing Fee
- Field 7: Co-payment
- Field 8: Therapeutic Category for Pharma Revenue Agreements
- Field 9: Generic Product Indicator (GPI)

Note: The last 9 fields listed in this layout contain the required field format, field length, and definitions of field values for Fields 1 through 9 above.

Media: Data files should be provided on CD and labeled as Exhibit V.B2 with the Offeror’s name.

Format: Flat file format; (text file, ~~comma delimited pipe delimited~~) **(Comma delimited criteria deleted 4/27/12 and pipe delimited criteria added 4/27/12)**

NOTE: As specified in Section III.G, a data file of NYSIF Program claims for the period November 1, 2010 through November 1, 2011 in the following format is provided for informational purposes to those Offeror’s that request said file. Do not submit a Re-Price claims file for the NYSIF Program claims data.

<i>NYS Dept of Civil Service Field Name</i>	<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Definition of Field Value/Comments</i>
DATE_OF_SERVICE	Date of service (DOS)	Text	8	Date of Service for the dispensed drug. Format = CCYYMMDD
NDC	NDC	Text	11	NDC for the drug dispensed
PRODUCT_NAME	Product name	Text	70	The name for the drug dispensed based on the manufacturing code, product code and package code

(Amended April 27, 2012)

<i>NYS Dept of Civil Service Field Name</i>	<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Definition of Field Value/Comments</i>
NEW_REFILL_CD	New/Refill code	Text	2	Indicator that identifies if the prescription was new or a refill on the drug dispensed. 00 = New script 01 -99 = Refill Number
QUANTITY_DISPENSED	Quantity Dispensed	Number	(13,3)	Metric quantity for the drug dispensed. Format is a right-justified numeric field up to 13 total positions including a decimal point and up to 3 characters after the decimal point. Examples: Value of 180 will show as 180 Value of 30.5 will show as 30.5 Value of 1.258 will show as 1.258
DAYS_SUPPLY	Days Supply	Number	(4,0)	Days supply for the drug dispensed. Format is right-justified numeric field. Examples: Value of 120 will show as 120 Value of 90 will show as 90 Value of 2 will show as 2
DATE_OF_BIRTH	Date of Birth	Text	8	Date of birth for the member. Format = <i>CCYYMMDD</i>
MEMBER_SUBSCRIBER_ID (Field deleted on 3-8-12 – DCS file only)	Member Subscriber Id	Text	9	Nine character encrypted member subscriber id.
PART_B_INDICATOR (Field added on 3-8-12 - DCS file only)	Part B Indicator	Text	1	Y = Member had Medicare Part B primary coverage on claim adjudication date N = Member did not have Medicare Part B primary coverage on claim adjudication date (“N” added on 3-9-12)
PERSON_CD	Person Code	Text	2	Person code that claim processed against
BENEFIT_PROGRAM	Benefit Program	Text	3	Member’s Benefit Program indicator

(Amended April 27, 2012)

<i>NYS Dept of Civil Service Field Name</i>	<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Definition of Field Value/Comments</i>
SPECIALTY PROGRAM PARTICIPATION INDICATOR	Specialty Program Participation Indicator	Text	1	Y = Member participates in the Specialty Pharmacy Program N = Member does not participate in Specialty Pharmacy Program
PRODUCT_SELECTION_DAW_CD	DAW code	Text	1	Drug Dispensed As Written 0 = None indicated 1 = Physician prescribed brand 2 = Physician allowed substitution, patient selected brand 3 = Physician allowed substitution , pharmacist substituted brand 4 = No generic available 5 = Brand was dispensed as generic 6 = Override 7 = Substitution not allowed - brand drug mandated by law 8 = Substitution allowed - generic drug not available in marketplace 9 = Other
PHARMACY_NPI	Pharmacy NPI	Text	10	Unique number assigned to the dispensing pharmacy from the National Council for Prescription Drug Programs.
GCN	Generic Code Number	Text	5	The (First Data Bank) generic code number associated with the NDC dispensed.
PROVIDER_CLASS	Provider Class	Text	3	Provider Class: E = Direct Member Submit F = Retail P = Mail Order
CLAIM_STATUS	Claim Status	Text	1	Claim status for the claim P = Paid
NYS_GENERIC_BRAND_CD	NYS Generic Brand Code	Text	1	The NYS brand/generic product indicator for the pharmacy submitted drug 0 = Brand 1 = Generic

(Amended April 27, 2012)

<i>NYS Dept of Civil Service Field Name</i>	<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Definition of Field Value/Comments</i>
PROVIDER_ZIP_CD	Provider Zip Code	Text	5	Pharmacy Zip Code
BILL_DATE	Bill Date	Text	8	Date that the claim was billed to the client. Format = <i>CCYYMMDD</i>
ROW_NUMBER	Row Number	Number	(8,0)	Row number assigned sequentially. Format is right-justified numeric field. Example: Value of 234567 will show as 234567
PHARMACY_TYPE (Field 1)	Pharmacy Type	Text	1	R = Retail Network Pharmacy M = Mail Service Pharmacy D = Direct Submit (Enrollee) Claim N = Non-network Pharmacy S = Specialty (See Instructions)
DRUG_TYPE (Field 2)	Drug Type	Text	1	1 = Generic Rx 2 = Preferred Brand Rx 3 = Non Preferred Brand Rx 4 = Excluded Rx
THER_CAT_FORM (Field 3)	Therapeutic Category For Formulary	Text	100	For each drug, provide the same level of therapeutic classification detail used in the development of the submitted formulary.
AWP (Field 4)	AWP	Number	(13,5)	AWP for dispensed Rx as of 4/1/11. Format is right-justified numeric field, totaling 13 positions including a decimal point and up to 5 positions after the decimal point. Examples: Value of \$1.22095 should be coded as 1.22095 Value of \$288.50 should be coded as 288.5 Value of \$30.12345 should be coded as 30.12345

(Amended April 27, 2012)

<i>NYS Dept of Civil Service Field Name</i>	<i>Name of Field</i>	<i>Field Format</i>	<i>Field Length</i>	<i>Definition of Field Value/Comments</i>
INGREDIENT_COST (Field 5)	Ingredient Cost	Number	(11,2)	Ingredient cost of the dispensed drug, as calculated using the re-pricing instructions included in Exhibit V.B. Format is right-justified numeric field totaling 11 positions including a decimal point and up to 2 positions after the decimal point. Examples: Value of \$1028.61 should be coded as 1028.61 Value of \$131.00 should be coded as 131 Value of \$22.69 should be coded as 22.69 Value of \$1.55 should be coded as 1.55 Value of .85 should be coded as .85
DISPENSING_FEE (Field 6)	Dispensing Fee	Number	(8,2)	Dispensing fee of the dispensed drug, as calculated using the re-pricing instructions included in Exhibit V.B. Format is right-justified numeric totaling 8 positions including a decimal point and up to 2 positions after the decimal point. Examples: Value of \$16.50 should be coded as 16.50 Value of \$1.65 should be coded as 1.65 Value of .65 should be coded as .65
CO_PAYMENT (Field 7)	Co-Payment	Number	(8,2)	Copayment of the dispensed drug, as calculated using the re-pricing instructions included in Exhibit V.B. Format is right-justified numeric field totaling 8 positions, including a decimal point and up to 2 positions after the decimal point. Examples: Value of \$30.00 should be coded as 30 Value of \$17.31 should be coded as 17.31 Value of \$5.00 should be coded as 5 Value of zero should be coded as 0
THER_CAT_PHARMA (Field 8)	Therapeutic Category for Pharma Revenue Agreements	Text	100	Therapeutic classification system used for negotiating pharma revenue agreements for each drug.
GPI (Field 9)	Generic Product Indicator	Text	14	If proposing to use Medispan as the source of AWP in Field 4, fill in the Generic Product Indicator associated with the NDC dispensed. If using Red Book as the source of the AWP in Field 4, leave this field blank.

DCS and NYSIF Prescription Drug Programs
Offeror's Repriced Claim Files

In support of the Offeror's proposed claim reimbursement quotes, Offerors are required to provide their Re-priced Claim File, Exhibit V.B.2 in strict accordance with the Re-pricing Instructions and Layout Specifications found in Exhibits V.B and V.B.1 of this RFP.

For use in preparing Exhibit V.B.2, DCS has produced Claims Data Files containing claims paid for the period 11/12/10 – 10/28/11 for Prospective Offerors that can be obtained by following the instructions and meeting the requirements specified in Section III.G of this RFP.

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
<p>Exhibit V.C instructions: Submit on a CD (for Offerors proposing to use Medispan related to generic drug pricing)</p> <p>1) For each GPI provide the proposed Empire Plan MAC List for Retail and Mail Service Pharmacy unit cost as of 4/1/2011 in the Retail and Mail Service Pharmacy MAC Unit Cost column. These figures should support the Offeror's proposed guaranteed minimum discounts off the aggregate AWP for all generic drugs dispensed by Retail and Mail Service Pharmacies for the Program.</p> <p>2) For each GPI indicate with a "Y" (yes) or "N" (no) whether the MAC price is applicable to all NDCs within the GPI, including any brand NDC in the GPI.</p> <p>3) If any NDCs within a GPI are exempted from MAC pricing for reasons other than being B-rated or unrated, list the GPI, all excluded NDCs and drug names and the reason for the exclusion in a separate worksheet labeled "excluded NDCs".</p> <p>4) For each GPI indicate with a "Y" (yes) or "N" (no) whether a therapeutically equivalent generic (A-rated or Authorized) is available.</p>				
01100010112070	Penicillin G Potassium Inj 60000 Unit/ML in Dextrose			
01100040100310	Penicillin V Potassium Tab 250 MG			
01100040100315	Penicillin V Potassium Tab 500 MG			
01100040102105	Penicillin V Potassium For Soln 125 MG/5ML			
01100040102110	Penicillin V Potassium For Soln 250 MG/5ML			
01200010100105	Amoxicillin (Trihydrate) Cap 250 MG			
01200010100110	Amoxicillin (Trihydrate) Cap 500 MG			
01200010100303	Amoxicillin (Trihydrate) Tab 500 MG			
01200010100315	Amoxicillin (Trihydrate) Tab 875 MG			
01200010100505	Amoxicillin (Trihydrate) Chew Tab 125 MG			
01200010100508	Amoxicillin (Trihydrate) Chew Tab 200 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
01200010100510	Amoxicillin (Trihydrate) Chew Tab 250 MG			
01200010100516	Amoxicillin (Trihydrate) Chew Tab 400 MG			
01200010101910	Amoxicillin (Trihydrate) For Susp 125 MG/5ML			
01200010101913	Amoxicillin (Trihydrate) For Susp 200 MG/5ML			
01200010101915	Amoxicillin (Trihydrate) For Susp 250 MG/5ML			
01200010101924	Amoxicillin (Trihydrate) For Susp 400 MG/5ML			
01200020200105	Ampicillin Cap 250 MG			
01200020200110	Ampicillin Cap 500 MG			
01200020201915	Ampicillin For Susp 250 MG/5ML			
01200020302120	Ampicillin Sodium For Inj 1 GM			
01200020302122	Ampicillin Sodium For IV Soln 1 GM			
01200020302125	Ampicillin Sodium For Inj 2 GM			
01300020100110	Dicloxacillin Sodium Cap 250 MG			
01300020100115	Dicloxacillin Sodium Cap 500 MG			
01300040102118	Nafcillin Sodium For IV Soln 2 GM			
01300040102125	Nafcillin Sodium For Inj 10 GM			
01300050102120	Oxacillin Sodium For Inj 2 GM			
01300050102130	Oxacillin Sodium For Inj 10 GM			
01990002200310	Amoxicillin & K Clavulanate Tab 250-125 MG			
01990002200320	Amoxicillin & K Clavulanate Tab 500-125 MG			
01990002200340	Amoxicillin & K Clavulanate Tab 875-125 MG			
01990002200515	Amoxicillin & K Clavulanate Chew Tab 200-28.5 MG			
01990002200535	Amoxicillin & K Clavulanate Chew Tab 400-57 MG			
01990002201915	Amoxicillin & K Clavulanate For Susp 200-28.5 MG/5ML			
01990002201935	Amoxicillin & K Clavulanate For Susp 400-57 MG/5ML			
01990002201960	Amoxicillin & K Clavulanate For Susp 600-42.9 MG/5ML			
02100010000105	Cefadroxil Cap 500 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
02100010000305	Cefadroxil Tab 1 GM			
02100010001910	Cefadroxil For Susp 250 MG/5ML			
02100010001915	Cefadroxil For Susp 500 MG/5ML			
02100015102110	Cefazolin Sodium For Inj 500 MG			
02100015102115	Cefazolin Sodium For Inj 1 GM			
02100015102125	Cefazolin Sodium For Inj 10 GM			
02100015112010	Cefazolin in D5W Inj 1 GM/50ML			
02100020000105	Cephalexin Cap 250 MG			
02100020000110	Cephalexin Cap 500 MG			
02100020000310	Cephalexin Tab 250 MG			
02100020000315	Cephalexin Tab 500 MG			
02100020001910	Cephalexin For Susp 125 MG/5ML			
02100020001915	Cephalexin For Susp 250 MG/5ML			
02200040000105	Cefaclor Cap 250 MG			
02200040000110	Cefaclor Cap 500 MG			
02200040001905	Cefaclor For Susp 125 MG/5ML			
02200040001907	Cefaclor For Susp 187 MG/5ML			
02200040001910	Cefaclor For Susp 250 MG/5ML			
02200040001915	Cefaclor For Susp 375 MG/5ML			
02200040107430	Cefaclor Monohydrate Tab SR 12HR 500 MG			
02200062000320	Cefprozil Tab 250 MG			
02200062000330	Cefprozil Tab 500 MG			
02200062001910	Cefprozil For Susp 125 MG/5ML			
02200062001920	Cefprozil For Susp 250 MG/5ML			
02200065050310	Cefuroxime Axetil Tab 250 MG			
02200065050315	Cefuroxime Axetil Tab 500 MG			
02300065100320	Cefpodoxime Proxetil Tab 100 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
02300065100330	Cefpodoxime Proxetil Tab 200 MG			
02300075102105	Cefotaxime Sodium For Inj 1 GM			
02300080002110	Ceftazidime For Inj 1 GM			
02300080002115	Ceftazidime For Inj 2 GM			
02300080002120	Ceftazidime For Inj 6 GM			
02300090102105	Ceftriaxone Sodium For Inj 250 MG			
02300090102110	Ceftriaxone Sodium For Inj 500 MG			
02300090102115	Ceftriaxone Sodium For Inj 1 GM			
02300090102120	Ceftriaxone Sodium For Inj 2 GM			
02300090102125	Ceftriaxone Sodium For Inj 10 GM			
02300090112015	Ceftriaxone Sodium in Dextrose Inj 20 MG/ML			
02300090112020	Ceftriaxone Sodium in Dextrose Inj 40 MG/ML			
02300090132130	Ceftriaxone Sodium for IV Soln 2 GM and Dextrose 2.22%			
03100005000305	Erythromycin Tab 250 MG			
03100005000310	Erythromycin Tab 500 MG			
03100005000610	Erythromycin Tab Delayed Release 333 MG			
03100005002900	Erythromycin Powder			
03100005006720	Erythromycin w/ Delayed Release Particles Cap 250 MG			
03100010100305	Erythromycin Stearate Tab 250 MG			
03100010100310	Erythromycin Stearate Tab 500 MG			
03100030300305	Erythromycin Ethylsuccinate Tab 400 MG			
03100030301810	Erythromycin Ethylsuccinate Susp 200 MG/5ML			
03100030301820	Erythromycin Ethylsuccinate Susp 400 MG/5ML			
03100030301910	Erythromycin Ethylsuccinate For Susp 200 MG/5ML			
03400010000320	Azithromycin Tab 250 MG			
03400010000334	Azithromycin Tab 500 MG			
03400010000340	Azithromycin Tab 600 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
03400010001920	Azithromycin For Susp 100 MG/5ML			
03400010001930	Azithromycin For Susp 200 MG/5ML			
03400010002120	Azithromycin IV For Soln 500 MG			
03400010003020	Azithromycin Powd Pack for Susp 1 GM			
03500010000310	Clarithromycin Tab 250 MG			
03500010000320	Clarithromycin Tab 500 MG			
03500010001910	Clarithromycin For Susp 125 MG/5ML			
03500010001920	Clarithromycin For Susp 250 MG/5ML			
03500010007520	Clarithromycin Tab SR 24HR 500 MG			
04000010100305	Demeclocycline HCl Tab 150 MG			
04000010100310	Demeclocycline HCl Tab 300 MG			
04000020000105	Doxycycline Monohydrate Cap 50 MG			
04000020000110	Doxycycline Monohydrate Cap 100 MG			
04000020000305	Doxycycline Monohydrate Tab 50 MG			
04000020000307	Doxycycline Monohydrate Tab 75 MG			
04000020000310	Doxycycline Monohydrate Tab 100 MG			
04000020100105	Doxycycline Hyclate Cap 50 MG			
04000020100110	Doxycycline Hyclate Cap 100 MG			
04000020100302	Doxycycline Hyclate Tab 20 MG			
04000020100310	Doxycycline Hyclate Tab 100 MG			
04000020102105	Doxycycline Hyclate For Inj 100 MG			
04000020106715	Doxycycline Hyclate Cap DR Particles 75 MG			
04000020106720	Doxycycline Hyclate Cap DR Particles 100 MG			
04000040100105	Minocycline HCl Cap 50 MG			
04000040100107	Minocycline HCl Cap 75 MG			
04000040100110	Minocycline HCl Cap 100 MG			
04000040100305	Minocycline HCl Tab 50 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
04000040100307	Minocycline HCl Tab 75 MG			
04000040100310	Minocycline HCl Tab 100 MG			
04000060100105	Tetracycline HCl Cap 250 MG			
04000060100110	Tetracycline HCl Cap 500 MG			
05000020001920	Ciprofloxacin For Oral Susp 250 MG/5ML (5%) (5 GM/100ML)			
05000020001930	Ciprofloxacin For Oral Susp 500 MG/5ML (10%) (10 GM/100ML)			
05000020100305	Ciprofloxacin HCl Tab 100 MG (Base Equiv)			
05000020100310	Ciprofloxacin HCl Tab 250 MG (Base Equiv)			
05000020100315	Ciprofloxacin HCl Tab 500 MG (Base Equiv)			
05000020100320	Ciprofloxacin HCl Tab 750 MG (Base Equiv)			
05000050000320	Ofloxacin Tab 200 MG			
05000050000330	Ofloxacin Tab 300 MG			
05000050000340	Ofloxacin Tab 400 MG			
07000010102010	Amikacin Sulfate Inj 250 MG/ML			
07000020102037	Gentamicin Sulfate IV Soln 10 MG/ML			
07000020102045	Gentamicin Sulfate Inj 40 MG/ML			
07000020112008	Gentamicin in Saline Inj 0.8 MG/ML			
07000040100305	Neomycin Sulfate Tab 500 MG			
07000040102010	Neomycin Sulfate Soln 25 MG/ML			
07000055100110	Paromomycin Sulfate Cap 250 MG			
07000070102030	Tobramycin Sulfate Inj 40 MG/ML			
08000020000305	Sulfadiazine Tab 500 MG			
08000070000305	Sulfisoxazole Tab 500 MG			
09000040100305	Ethambutol HCl Tab 100 MG			
09000040100310	Ethambutol HCl Tab 400 MG			
09000060000305	Isoniazid Tab 100 MG			
09000060000310	Isoniazid Tab 300 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
09000060001210	Isoniazid Syrup 50 MG/5ML			
09000070000310	Pyrazinamide Tab 500 MG			
09000080000105	Rifampin Cap 150 MG			
09000080000110	Rifampin Cap 300 MG			
11000010002105	Amphotericin B For Inj 50 MG			
11000030101805	Griseofulvin Microsize Susp 125 MG/5ML			
11000030200315	Griseofulvin Ultramicrosize Tab 250 MG			
11000060000305	Nystatin Tab 500000 Unit			
11000060002900	Nystatin Oral Powder			
11404040000310	Ketoconazole Tab 200 MG			
11407015000310	Fluconazole Tab 50 MG			
11407015000320	Fluconazole Tab 100 MG			
11407015000325	Fluconazole Tab 150 MG			
11407015000330	Fluconazole Tab 200 MG			
11407015001910	Fluconazole For Susp 10 MG/ML			
11407015001940	Fluconazole For Susp 40 MG/ML			
11407015012020	Fluconazole in NaCl 0.9% Inj 400 MG/200ML			
11407035000120	Itraconazole Cap 100 MG			
12105015006528	Didanosine Delayed Release Capsule 200 MG			
12105015006535	Didanosine Delayed Release Capsule 250 MG			
12105015006550	Didanosine Delayed Release Capsule 400 MG			
12108085000110	Zidovudine Cap 100 MG			
12108085000330	Zidovudine Tab 300 MG			
12108085001210	Zidovudine Syrup 10 MG/ML			
12200030000120	Ganciclovir Cap 250 MG			
12200030000140	Ganciclovir Cap 500 MG			
12353070000120	Ribavirin Cap 200 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
12353070000320	Ribavirin Tab 200 MG			
12353070000340	Ribavirin Tab 400 MG			
12353070000360	Ribavirin Tab 600 MG			
12353070006320	Ribavirin Tab 400 MG & Ribavirin Tab 600 MG Dose Pack			
12405010000110	Acyclovir Cap 200 MG			
12405010000320	Acyclovir Tab 400 MG			
12405010000330	Acyclovir Tab 800 MG			
12405010001810	Acyclovir Susp 200 MG/5ML			
12405010102120	Acyclovir Sodium For Inj 500 MG			
12405010102130	Acyclovir Sodium For Inj 1000 MG			
12500070100320	Rimantadine Hydrochloride Tab 100 MG			
13000010200305	Chloroquine Phosphate Tab 250 MG			
13000010200310	Chloroquine Phosphate Tab 500 MG			
13000020100305	Hydroxychloroquine Sulfate Tab 200 MG			
13000025100310	Mefloquine HCl Tab 250 MG			
13000030100310	Primaquine Phosphate Tab 26.3 MG			
13000050102900	Quinacrine HCl Powder			
13000060100110	Quinine Sulfate Cap 200 MG			
13000060100120	Quinine Sulfate Cap 325 MG			
13000060100310	Quinine Sulfate Tab 260 MG			
15000010000505	Mebendazole Chew Tab 100 MG			
16000010002110	Bacitracin Intramuscular For Soln 50000 Unit			
16000015002105	Colistimethate Sodium For Inj 150 MG			
16000035000107	Metronidazole Cap 375 MG			
16000035000305	Metronidazole Tab 250 MG			
16000035000310	Metronidazole Tab 500 MG			
16000035112020	Metronidazole in NaCl 0.79% IV Soln 500 MG/100ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
16000055000305	Trimethoprim Tab 100 MG			
16000060102105	Vancomycin HCl For Inj 500 MG			
16000060102108	Vancomycin HCl For Inj 1000 MG			
16000060102109	Vancomycin HCl For Inj 5000 MG			
16000060102120	Vancomycin HCl For Inj 10 GM			
16000060102900	Vancomycin HCl Powder			
16100010102105	Polymyxin B Sulfate For Inj 500000 Unit			
16220020100110	Clindamycin HCl Cap 150 MG			
16220020100120	Clindamycin HCl Cap 300 MG			
16220020302030	Clindamycin Phosphate Inj 150 MG/ML			
16220020302035	Clindamycin Phosphate IV Soln 150 MG/ML			
16300010000310	Dapsone Tab 25 MG			
16300010000320	Dapsone Tab 100 MG			
16990002101910	Erythromycin-Sulfisoxazole For Susp 200-600 MG/5ML			
16990002300310	Sulfamethoxazole-Trimethoprim Tab 400-80 MG			
16990002300320	Sulfamethoxazole-Trimethoprim Tab 800-160 MG			
16990002301810	Sulfamethoxazole-Trimethoprim Susp 200-40 MG/5ML			
16990002302010	Sulfamethoxazole-Trimethoprim IV Soln 400-80 MG/5ML			
17200065002205	Pneumococcal Vaccine Polyvalent Inj 25 MCG/0.5ML			
18000020102005	Tetanus Toxoid Fluid Inj 5 LF			
18990002202210	Tetanus-Diphtheria Toxoids (Td) Inj 5-2 LFU			
19100010002200	Hepatitis B Immune Globulin (Human) Inj			
19100020002200	Immune Globulin (Human) Inj			
19100020102120	Immune Globulin (Human) IV For Soln 5 GM			
19100020102130	Immune Globulin (Human) IV For Soln 10 GM			
19100020102135	Immune Globulin (Human) IV For Soln 12 GM			
19100020102205	Immune Globulin (Human) IV Soln 5%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
21100015002025	Carboplatin IV Soln 10 MG/ML			
21100015002110	Carboplatin IV For Inj 50 MG			
21100015002120	Carboplatin IV For Inj 150 MG			
21100015002140	Carboplatin IV For Inj 450 MG			
21100020002010	Cisplatin Inj 1 MG/ML			
21101020000305	Cyclophosphamide Tab 25 MG			
21101020000310	Cyclophosphamide Tab 50 MG			
21101020002160	Cyclophosphamide Lyophilized For Inj 500 MG			
21101020002165	Cyclophosphamide Lyophilized For Inj 1 GM			
21101025002110	Ifosfamide For Inj 1 GM			
21200010102105	Bleomycin Sulfate For Inj 15 Unit			
21200010102115	Bleomycin Sulfate For Inj 30 Unit			
21200040102010	Doxorubicin HCl Inj 2 MG/ML			
21200040102105	Doxorubicin HCl For Inj 10 MG			
21200040102115	Doxorubicin HCl For Inj 50 MG			
21200050002110	Mitomycin For Inj 20 MG			
21200050002120	Mitomycin For Inj 40 MG			
21200055001310	Mitoxantrone HCl Inj Conc 2 MG/ML			
21300007002010	Cladribine Inj 1 MG/ML			
21300010002010	Cytarabine Inj 20 MG/ML			
21300010002105	Cytarabine For Inj 100 MG			
21300020002105	Floxuridine For Inj 0.5 GM			
21300025102020	Fludarabine Phosphate Inj 25 MG/ML			
21300025102120	Fludarabine Phosphate For Inj 50 MG			
21300030002010	Fluorouracil Inj 50 MG/ML			
21300040000305	Mercaptopurine Tab 50 MG			
21300050100310	Methotrexate Sodium Tab 2.5 MG (Base Equiv)			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
21300050102030	Methotrexate Sodium Inj 25 MG/ML			
21402440000110	Flutamide Cap 125 MG			
21402680100310	Tamoxifen Citrate Tab 10 MG (Base Equivalent)			
21402680100320	Tamoxifen Citrate Tab 20 MG (Base Equivalent)			
21404020100305	Megestrol Acetate Tab 20 MG			
21404020100310	Megestrol Acetate Tab 40 MG			
21404020101810	Megestrol Acetate Susp 40 MG/ML			
21405010102005	Leuprolide Acetate Inj 5 MG/ML			
21405010106407	Leuprolide Acetate Inj Kit 5 MG/ML			
21500010000120	Etoposide Cap 50 MG			
21500010002020	Etoposide Inj 20 MG/ML			
21500012001320	Paclitaxel IV Conc 6 MG/ML			
21500020102005	Vincristine Sulfate IV Soln 1 MG/ML			
21500030102020	Vinblastine Sulfate Inj 1 MG/ML			
21500030102105	Vinblastine Sulfate For Inj 10 MG			
21500050802020	Vinorelbine Tartrate Inj 10 MG/ML			
21700020002110	Dacarbazine For Inj 200 MG			
21700030000105	Hydroxyurea Cap 500 MG			
21754040002140	Dexrazoxane For Inj 500 MG			
21755040100310	Leucovorin Calcium Tab 5 MG			
21755040100325	Leucovorin Calcium Tab 10 MG			
21755040100335	Leucovorin Calcium Tab 15 MG			
21755040100345	Leucovorin Calcium Tab 25 MG			
21755040102030	Leucovorin Calcium Inj 10 MG/ML			
21755040102120	Leucovorin Calcium For Inj 50 MG			
21755040102130	Leucovorin Calcium For Inj 100 MG			
21755040102150	Leucovorin Calcium For Inj 200 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
21755040102160	Leucovorin Calcium For Inj 350 MG			
21755040102170	Leucovorin Calcium For Inj 500 MG			
21758050002010	Mesna Inj 100 MG/ML			
22100010202900	Betamethasone Sodium Phosphate Powder			
22100015100310	Cortisone Acetate Tab 25 MG			
22100020000310	Dexamethasone Tab 0.25 MG			
22100020000315	Dexamethasone Tab 0.5 MG			
22100020000320	Dexamethasone Tab 0.75 MG			
22100020000325	Dexamethasone Tab 1 MG			
22100020000330	Dexamethasone Tab 1.5 MG			
22100020000335	Dexamethasone Tab 2 MG			
22100020000340	Dexamethasone Tab 4 MG			
22100020000345	Dexamethasone Tab 6 MG			
22100020001005	Dexamethasone Elixir 0.5 MG/5ML			
22100020002005	Dexamethasone Soln 0.5 MG/5ML			
22100020006400	Dexamethasone Tab 0.75 MG Dose Pack			
22100020202005	Dexamethasone Sodium Phosphate Inj 4 MG/ML			
22100020202010	Dexamethasone Sodium Phosphate Inj 10 MG/ML			
22100025000310	Hydrocortisone Tab 20 MG			
22100030000310	Methylprednisolone Tab 4 MG			
22100030000315	Methylprednisolone Tab 8 MG			
22100030006405	Methylprednisolone Tab 4 MG Dose Pack			
22100030101810	Methylprednisolone Acetate Inj Susp 40 MG/ML			
22100030101815	Methylprednisolone Acetate Inj Susp 80 MG/ML			
22100030202105	Methylprednisolone Sodium Succinate For Inj 40 MG			
22100030202110	Methylprednisolone Sodium Succinate For Inj 125 MG			
22100030202120	Methylprednisolone Sodium Succinate For Inj 1000 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
22100040000305	Prednisolone Tab 5 MG			
22100040001203	Prednisolone Syrup 5 MG/5ML			
22100040001205	Prednisolone Syrup 15 MG/5ML			
22100040200910	Prednisolone Sod Phosphate Liq 6.7 MG/5ML (5MG/5ML Base Eq)			
22100040202020	Prednisolone Sod Phosphate Oral Soln 15 MG/5ML (Base Equiv)			
22100045000305	Prednisone Tab 1 MG			
22100045000310	Prednisone Tab 2.5 MG			
22100045000315	Prednisone Tab 5 MG			
22100045000320	Prednisone Tab 10 MG			
22100045000325	Prednisone Tab 20 MG			
22100045000335	Prednisone Tab 50 MG			
22100045002005	Prednisone Oral Soln 5 MG/5ML			
22100045006405	Prednisone Tab 5 MG Dose Pack			
22100045006410	Prednisone Tab 10 MG Dose Pack			
22200030100305	Fludrocortisone Acetate Tab 0.1 MG			
22200030102900	Fludrocortisone Acetate Powder			
23100005000105	Danazol Cap 50 MG			
23100005000110	Danazol Cap 100 MG			
23100005000115	Danazol Cap 200 MG			
23100020000310	Methyltestosterone Oral Tab 10 MG			
23100020002900	Methyltestosterone Powder			
23100030002900	Testosterone Powder			
23100030101715	Testosterone Cypionate IM in Oil 200 MG/ML			
23100030102900	Testosterone Cypionate Powder			
23100030201710	Testosterone Enanthate IM in Oil 200 MG/ML			
23100030302900	Testosterone Propionate Powder			
23200030101710	Nandrolone Decanoate IM in Oil 100 MG/ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
23200030101715	Nandrolone Decanoate IM in Oil 200 MG/ML			
24000035000303	Estradiol Tab 0.5 MG			
24000035000305	Estradiol Tab 1 MG			
24000035000310	Estradiol Tab 2 MG			
24000035002900	Estradiol Powder			
24000035008810	Estradiol TD Patch Weekly 0.025 MG/24HR			
24000035008815	Estradiol TD Patch Weekly 0.0375 MG/24HR (37.5 MCG/24HR)			
24000035008820	Estradiol TD Patch Weekly 0.05 MG/24HR			
24000035008824	Estradiol TD Patch Weekly 0.06 MG/24HR			
24000035008830	Estradiol TD Patch Weekly 0.075 MG/24HR			
24000035008840	Estradiol TD Patch Weekly 0.1 MG/24HR			
24000050003800	Estrone Crystals			
24000055000305	Estropipate Tab 0.75 MG			
24000055000310	Estropipate Tab 1.5 MG			
24000055000315	Estropipate Tab 3 MG			
24000060002900	Ethinyl Estradiol Powder			
24000065052900	Estriol Micronized Powder			
24991002300305	Esterified Estrogens & Methyltestosterone Tab 0.625-1.25 MG			
24991002300310	Esterified Estrogens & Methyltestosterone Tab 1.25-2.5 MG			
25100010000305	Norethindrone Tab 0.35 MG			
25150035101820	Medroxyprogesterone Acetate IM Susp 150 MG/ML			
25990002100320	Desogestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG			
25990002100365	Desogest-Eth Estrad & Eth Estrad Tab 0.15-0.02/0.01 MG(21/5)			
25990002200310	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-35 MCG			
25990002200320	Ethinodiol Diacetate & Ethinyl Estradiol Tab 1 MG-50 MCG			
25990002400305	Levonorgestrel & Ethinyl Estradiol Tab 0.10 MG-20 MCG			
25990002400310	Levonorgestrel & Ethinyl Estradiol Tab 0.15 MG-30 MCG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
25990002500310	Norethindrone & Ethinyl Estradiol Tab 0.5 MG-35 MCG			
25990002500320	Norethindrone & Ethinyl Estradiol Tab 1 MG-35 MCG			
25990002600310	Norethindrone Ace & Ethinyl Estradiol Tab 1 MG-20 MCG			
25990002600320	Norethindrone Ace & Ethinyl Estradiol Tab 1.5 MG-30 MCG			
25990002700310	Norethindrone & Mestranol Tab 1 MG-50 MCG			
25990002900310	Norgestrel & Ethinyl Estradiol Tab 0.3 MG-30 MCG			
25990002900320	Norgestrel & Ethinyl Estradiol Tab 0.5 MG-50 MCG			
25990002950310	Norgestimate & Ethinyl Estradiol Tab 0.25 MG-35 MCG			
25990003610310	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1 MG-20 MCG			
25990003610320	Norethindrone Ace & Ethinyl Estradiol-FE Tab 1.5 MG-30 MCG			
25991002200310	Norethindrone-Eth Estradiol Tab 0.5-35/1-35 MG-MCG (10/11)			
25992002030320	Desogest-Ethin Est Tab 0.1-0.025/0.125-0.025/0.15-0.025MG-MG			
25992002100310	Levonorgestrel-Eth Estra Tab 0.05-30/0.075-40/0.125-30MG-MCG			
25992002200310	Norethindrone-Eth Estradiol Tab 0.5-35/0.75-35/1-35 MG-MCG			
25992002200330	Norethindrone-Eth Estradiol Tab 0.5-35/1-35/0.5-35 MG-MCG			
25992002300320	Norgestimate-Eth Estrad Tab 0.18-35/0.215-35/0.25-35 MG-MCG			
25993002300320	Levonorgestrel & Ethinyl Estradiol (91-Day) Tab 0.15-0.03 MG			
26000020200305	Medroxyprogesterone Acetate Tab 2.5 MG			
26000020200310	Medroxyprogesterone Acetate Tab 5 MG			
26000020200315	Medroxyprogesterone Acetate Tab 10 MG			
26000030100305	Norethindrone Acetate Tab 5 MG			
26000040001705	Progesterone IM in Oil 50 MG/ML			
26000040002900	Progesterone Powder			
26000040102900	Progesterone Micronized Powder			
27200020000305	Chlorpropamide Tab 100 MG			
27200020000310	Chlorpropamide Tab 250 MG			
27200027000310	Glimepiride Tab 1 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
27200027000320	Glimepiride Tab 2 MG			
27200027000340	Glimepiride Tab 4 MG			
27200030000305	Glipizide Tab 5 MG			
27200030000310	Glipizide Tab 10 MG			
27200030007505	Glipizide Tab SR 24HR 2.5 MG			
27200030007510	Glipizide Tab SR 24HR 5 MG			
27200030007520	Glipizide Tab SR 24HR 10 MG			
27200040000305	Glyburide Tab 1.25 MG			
27200040000310	Glyburide Tab 2.5 MG			
27200040000315	Glyburide Tab 5 MG			
27200040100310	Glyburide Micronized Tab 1.5 MG			
27200040100320	Glyburide Micronized Tab 3 MG			
27200040100340	Glyburide Micronized Tab 6 MG			
27200050000305	Tolazamide Tab 100 MG			
27200050000310	Tolazamide Tab 250 MG			
27200060000310	Tolbutamide Tab 500 MG			
27250050000320	Metformin HCl Tab 500 MG			
27250050000340	Metformin HCl Tab 850 MG			
27250050000350	Metformin HCl Tab 1000 MG			
27250050007520	Metformin HCl Tab SR 24HR 500 MG			
27250050007530	Metformin HCl Tab SR 24HR 750 MG			
27997002350320	Glipizide-Metformin HCl Tab 2.5-250 MG			
27997002350325	Glipizide-Metformin HCl Tab 2.5-500 MG			
27997002350340	Glipizide-Metformin HCl Tab 5-500 MG			
27997002400310	Glyburide-Metformin Tab 1.25-250 MG			
27997002400320	Glyburide-Metformin Tab 2.5-500 MG			
27997002400330	Glyburide-Metformin Tab 5-500 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
28100010100305	Levothyroxine Sodium Tab 25 MCG			
28100010100310	Levothyroxine Sodium Tab 50 MCG			
28100010100315	Levothyroxine Sodium Tab 75 MCG			
28100010100317	Levothyroxine Sodium Tab 88 MCG			
28100010100320	Levothyroxine Sodium Tab 100 MCG			
28100010100322	Levothyroxine Sodium Tab 112 MCG			
28100010100325	Levothyroxine Sodium Tab 125 MCG			
28100010100327	Levothyroxine Sodium Tab 137 MCG			
28100010100330	Levothyroxine Sodium Tab 150 MCG			
28100010100335	Levothyroxine Sodium Tab 175 MCG			
28100010100340	Levothyroxine Sodium Tab 200 MCG			
28100010100345	Levothyroxine Sodium Tab 300 MCG			
28100010102105	Levothyroxine Sodium For Inj 200 MCG			
28100010102110	Levothyroxine Sodium For Inj 500 MCG			
28100020102900	Liothyronine Sodium Powder			
28100050000305	Thyroid Tab 15 MG (1/4 Grain)			
28100050000310	Thyroid Tab 30 MG (1/2 Grain)			
28100050000315	Thyroid Tab 60 MG (1 Grain)			
28100050000320	Thyroid Tab 90 MG (1 1/2 Grain)			
28100050000325	Thyroid Tab 120 MG (2 Grain)			
28100050000330	Thyroid Tab 180 MG (3 Grain)			
28100050000335	Thyroid Tab 240 MG (4 Grain)			
28100050000340	Thyroid Tab 300 MG (5 Grain)			
28300010000305	Methimazole Tab 5 MG			
28300010000310	Methimazole Tab 10 MG			
28300010000320	Methimazole Tab 20 MG			
28300020000310	Propylthiouracil Tab 50 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
30042040100305	Etidronate Disodium Tab 200 MG			
30042040100310	Etidronate Disodium Tab 400 MG			
30042060102006	Pamidronate Disodium IV Soln 3 MG/ML			
30042060102009	Pamidronate Disodium IV Soln 6 MG/ML			
30042060102012	Pamidronate Disodium IV Soln 9 MG/ML			
30042060102120	Pamidronate Disodium For Inj 30 MG			
30042060102140	Pamidronate Disodium For Inj 90 MG			
30043020002080	Calcitonin (Salmon) Nasal Soln 200 Unit/ACT			
30062020002140	Chorionic Gonadotropin For Inj 10000 Unit			
30066030100305	Clomiphene Citrate Tab 50 MG			
30090040102020	Ganirelix Acetate Inj 250 MCG/0.5ML			
30170070102005	Octreotide Acetate Inj 0.05 MG/ML			
30170070102010	Octreotide Acetate Inj 0.1 MG/ML			
30170070102015	Octreotide Acetate Inj 0.2 MG/ML			
30170070102020	Octreotide Acetate Inj 0.5 MG/ML			
30170070102030	Octreotide Acetate Inj 1 MG/ML			
30201010100310	Desmopressin Acetate Tab 0.1 MG			
30201010100320	Desmopressin Acetate Tab 0.2 MG			
30201010102030	Desmopressin Acetate Inj 4 MCG/ML			
30201010112010	Desmopressin Acetate Nasal Soln 0.01% (Refrigerated)			
30201010122010	Desmopressin Acetate Nasal Spray Soln 0.01% (Refrigerated)			
30201010132010	Desmopressin Acetate Nasal Spray Soln 0.01%			
30402020000320	Cabergoline Tab 0.5 MG			
30903045100330	Levocarnitine Tab 330 MG			
30903045102010	Levocarnitine Oral Soln 1 GM/10ML (10%)			
30903045102060	Levocarnitine Inj 200 MG/ML			
31100030102020	Milrinone Lactate IV Soln 1 MG/ML (Base Equivalent)			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
31200010000305	Digoxin Tab 0.125 MG			
31200010000310	Digoxin Tab 0.25 MG			
31200010002040	Digoxin Oral Soln 0.05 MG/ML			
32100020000305	Isosorbide Dinitrate Tab 5 MG			
32100020000310	Isosorbide Dinitrate Tab 10 MG			
32100020000315	Isosorbide Dinitrate Tab 20 MG			
32100020000320	Isosorbide Dinitrate Tab 30 MG			
32100020000405	Isosorbide Dinitrate Tab CR 40 MG			
32100020000705	Isosorbide Dinitrate SL Tab 2.5 MG			
32100020000710	Isosorbide Dinitrate SL Tab 5 MG			
32100025000310	Isosorbide Mononitrate Tab 10 MG			
32100025000320	Isosorbide Mononitrate Tab 20 MG			
32100025007520	Isosorbide Mononitrate Tab SR 24HR 30 MG			
32100025007530	Isosorbide Mononitrate Tab SR 24HR 60 MG			
32100025007540	Isosorbide Mononitrate Tab SR 24HR 120 MG			
32100030000205	Nitroglycerin Cap CR 2.5 MG			
32100030000215	Nitroglycerin Cap CR 6.5 MG			
32100030000220	Nitroglycerin Cap CR 9 MG			
32100030000710	Nitroglycerin SL Tab 0.3 MG			
32100030000715	Nitroglycerin SL Tab 0.4 MG			
32100030000720	Nitroglycerin SL Tab 0.6 MG			
32100030004205	Nitroglycerin Oint 2%			
32100030008510	Nitroglycerin TD Patch 24HR 0.1 MG/HR			
32100030008520	Nitroglycerin TD Patch 24HR 0.2 MG/HR			
32100030008540	Nitroglycerin TD Patch 24HR 0.4 MG/HR			
32100030008550	Nitroglycerin TD Patch 24HR 0.6 MG/HR			
32100050002020	Amyl Nitrite Inhal Soln 0.3 ML			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
33100010000303	Nadolol Tab 20 MG			
33100010000305	Nadolol Tab 40 MG			
33100010000310	Nadolol Tab 80 MG			
33100010000315	Nadolol Tab 120 MG			
33100010000320	Nadolol Tab 160 MG			
33100030000305	Pindolol Tab 5 MG			
33100030000310	Pindolol Tab 10 MG			
33100040100305	Propranolol HCl Tab 10 MG			
33100040100310	Propranolol HCl Tab 20 MG			
33100040100315	Propranolol HCl Tab 40 MG			
33100040100320	Propranolol HCl Tab 60 MG			
33100040100325	Propranolol HCl Tab 80 MG			
33100040102050	Propranolol HCl Oral Soln 20 MG/5ML			
33100040102060	Propranolol HCl Oral Soln 40 MG/5ML			
33100045100310	Sotalol HCl Tab 80 MG			
33100045100315	Sotalol HCl Tab 120 MG			
33100045100320	Sotalol HCl Tab 160 MG			
33100045100330	Sotalol HCl Tab 240 MG			
33100045120310	Sotalol HCl (AFIB/AFL) Tab 80 MG			
33100045120315	Sotalol HCl (AFIB/AFL) Tab 120 MG			
33100045120320	Sotalol HCl (AFIB/AFL) Tab 160 MG			
33100050100305	Timolol Maleate Tab 5 MG			
33100050100310	Timolol Maleate Tab 10 MG			
33100050100315	Timolol Maleate Tab 20 MG			
33200010100105	Acebutolol HCl Cap 200 MG			
33200010100110	Acebutolol HCl Cap 400 MG			
33200020000303	Atenolol Tab 25 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
33200020000305	Atenolol Tab 50 MG			
33200020000310	Atenolol Tab 100 MG			
33200021100310	Betaxolol HCl Tab 10 MG			
33200021100320	Betaxolol HCl Tab 20 MG			
33200022100310	Bisoprolol Fumarate Tab 5 MG			
33200022100320	Bisoprolol Fumarate Tab 10 MG			
33200030100305	Metoprolol Tartrate Tab 25 MG			
33200030100310	Metoprolol Tartrate Tab 50 MG			
33200030100315	Metoprolol Tartrate Tab 100 MG			
33200030102900	Metoprolol Tartrate Powder			
33300010100305	Labetalol HCl Tab 100 MG			
33300010100310	Labetalol HCl Tab 200 MG			
33300010100315	Labetalol HCl Tab 300 MG			
34000010100305	Diltiazem HCl Tab 30 MG			
34000010100310	Diltiazem HCl Tab 60 MG			
34000010100315	Diltiazem HCl Tab 90 MG			
34000010100320	Diltiazem HCl Tab 120 MG			
34000010106910	Diltiazem HCl Cap SR 12HR 60 MG			
34000010106915	Diltiazem HCl Cap SR 12HR 90 MG			
34000010106920	Diltiazem HCl Cap SR 12HR 120 MG			
34000010107020	Diltiazem HCl Cap SR 24HR 120 MG			
34000010107030	Diltiazem HCl Cap SR 24HR 180 MG			
34000010107040	Diltiazem HCl Cap SR 24HR 240 MG			
34000010117020	Diltiazem HCl Extended Release Beads Cap SR 24HR 120 MG			
34000010117030	Diltiazem HCl Extended Release Beads Cap SR 24HR 180 MG			
34000010117040	Diltiazem HCl Extended Release Beads Cap SR 24HR 240 MG			
34000010117050	Diltiazem HCl Extended Release Beads Cap SR 24HR 300 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
34000010117060	Diltiazem HCl Extended Release Beads Cap SR 24HR 360 MG			
34000010117070	Diltiazem HCl Extended Release Beads Cap SR 24HR 420 MG			
34000010127020	Diltiazem HCl Coated Beads Cap SR 24HR 120 MG			
34000010127030	Diltiazem HCl Coated Beads Cap SR 24HR 180 MG			
34000010127040	Diltiazem HCl Coated Beads Cap SR 24HR 240 MG			
34000010127050	Diltiazem HCl Coated Beads Cap SR 24HR 300 MG			
34000013007505	Felodipine Tab SR 24HR 2.5 MG			
34000013007510	Felodipine Tab SR 24HR 5 MG			
34000013007520	Felodipine Tab SR 24HR 10 MG			
34000015000110	Isradipine Cap 2.5 MG			
34000015000120	Isradipine Cap 5 MG			
34000018100120	Nicardipine HCl Cap 20 MG			
34000018100125	Nicardipine HCl Cap 30 MG			
34000020000105	Nifedipine Cap 10 MG			
34000020000110	Nifedipine Cap 20 MG			
34000020002900	Nifedipine Powder			
34000020007530	Nifedipine Tab SR 24HR 30 MG			
34000020007540	Nifedipine Tab SR 24HR 60 MG			
34000020007550	Nifedipine Tab SR 24HR 90 MG			
34000020007570	Nifedipine Tab SR 24HR Osmotic 30 MG			
34000020007575	Nifedipine Tab SR 24HR Osmotic 60 MG			
34000020007580	Nifedipine Tab SR 24HR Osmotic 90 MG			
34000030100303	Verapamil HCl Tab 40 MG			
34000030100305	Verapamil HCl Tab 80 MG			
34000030100310	Verapamil HCl Tab 120 MG			
34000030100410	Verapamil HCl Tab CR 120 MG			
34000030100415	Verapamil HCl Tab CR 180 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
34000030100420	Verapamil HCl Tab CR 240 MG			
34000030102005	Verapamil HCl IV Soln 2.5 MG/ML			
34000030107020	Verapamil HCl Cap SR 24HR 120 MG			
34000030107025	Verapamil HCl Cap SR 24HR 180 MG			
34000030107035	Verapamil HCl Cap SR 24HR 240 MG			
34000030107045	Verapamil HCl Cap SR 24HR 360 MG			
35100010100105	Disopyramide Phosphate Cap 100 MG			
35100010100110	Disopyramide Phosphate Cap 150 MG			
35100010106915	Disopyramide Phosphate Cap SR 12HR 150 MG			
35100020100105	Procainamide HCl Cap 250 MG			
35100020100115	Procainamide HCl Cap 500 MG			
35100020100410	Procainamide HCl Tab CR 500 MG			
35100020100415	Procainamide HCl Tab CR 750 MG			
35100020100420	Procainamide HCl Tab CR 1000 MG			
35100030100403	Quinidine Gluconate Tab CR 324 MG			
35100030300310	Quinidine Sulfate Tab 200 MG			
35100030300315	Quinidine Sulfate Tab 300 MG			
35100030300405	Quinidine Sulfate Tab CR 300 MG			
35200020102030	Lidocaine HCl IV Inj 20 MG/ML			
35200025100105	Mexiletine HCl Cap 150 MG			
35200025100110	Mexiletine HCl Cap 200 MG			
35200025100115	Mexiletine HCl Cap 250 MG			
35300010100303	Flecainide Acetate Tab 50 MG			
35300010100305	Flecainide Acetate Tab 100 MG			
35300010100310	Flecainide Acetate Tab 150 MG			
35300050000320	Propafenone HCl Tab 150 MG			
35300050000325	Propafenone HCl Tab 225 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
35300050000330	Propafenone HCl Tab 300 MG			
35400005000305	Amiodarone HCl Tab 200 MG			
35400005000320	Amiodarone HCl Tab 400 MG			
36100005100310	Benazepril HCl Tab 5 MG			
36100005100320	Benazepril HCl Tab 10 MG			
36100005100330	Benazepril HCl Tab 20 MG			
36100005100340	Benazepril HCl Tab 40 MG			
36100010000305	Captopril Tab 12.5 MG			
36100010000310	Captopril Tab 25 MG			
36100010000315	Captopril Tab 50 MG			
36100010000320	Captopril Tab 100 MG			
36100020100303	Enalapril Maleate Tab 2.5 MG			
36100020100305	Enalapril Maleate Tab 5 MG			
36100020100310	Enalapril Maleate Tab 10 MG			
36100020100315	Enalapril Maleate Tab 20 MG			
36100027100310	Fosinopril Sodium Tab 10 MG			
36100027100320	Fosinopril Sodium Tab 20 MG			
36100027100340	Fosinopril Sodium Tab 40 MG			
36100030000303	Lisinopril Tab 2.5 MG			
36100030000305	Lisinopril Tab 5 MG			
36100030000310	Lisinopril Tab 10 MG			
36100030000315	Lisinopril Tab 20 MG			
36100030000324	Lisinopril Tab 30 MG			
36100030000330	Lisinopril Tab 40 MG			
36100033100320	Moexipril HCl Tab 15 MG			
36100040100305	Quinapril HCl Tab 5 MG			
36100040100310	Quinapril HCl Tab 10 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36100040100320	Quinapril HCl Tab 20 MG			
36100040100340	Quinapril HCl Tab 40 MG			
36201010100305	Clonidine HCl Tab 0.1 MG			
36201010100310	Clonidine HCl Tab 0.2 MG			
36201010100315	Clonidine HCl Tab 0.3 MG			
36201020100305	Guanabenz Acetate Tab 4 MG			
36201020100310	Guanabenz Acetate Tab 8 MG			
36201025100320	Guanfacine HCl Tab 1 MG			
36201025100330	Guanfacine HCl Tab 2 MG			
36201030000310	Methyldopa Tab 250 MG			
36201030000315	Methyldopa Tab 500 MG			
36202005100310	Doxazosin Mesylate Tab 1 MG			
36202005100320	Doxazosin Mesylate Tab 2 MG			
36202005100330	Doxazosin Mesylate Tab 4 MG			
36202005100340	Doxazosin Mesylate Tab 8 MG			
36202030100105	Prazosin HCl Cap 1 MG			
36202030100110	Prazosin HCl Cap 2 MG			
36202030100115	Prazosin HCl Cap 5 MG			
36202040100105	Terazosin HCl Cap 1 MG			
36202040100110	Terazosin HCl Cap 2 MG			
36202040100115	Terazosin HCl Cap 5 MG			
36202040100120	Terazosin HCl Cap 10 MG			
36202040100320	Terazosin HCl Tab 10 MG			
36203040000305	Reserpine Tab 0.1 MG			
36203040000310	Reserpine Tab 0.25 MG			
36300020102105	Phentolamine Mesylate For Inj 5 MG			
36400010100305	Hydralazine HCl Tab 10 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36400010100310	Hydralazine HCl Tab 25 MG			
36400010100315	Hydralazine HCl Tab 50 MG			
36400010100320	Hydralazine HCl Tab 100 MG			
36400020000305	Minoxidil Tab 2.5 MG			
36400020000310	Minoxidil Tab 10 MG			
36991802150310	Benazepril & Hydrochlorothiazide Tab 5-6.25 MG			
36991802150320	Benazepril & Hydrochlorothiazide Tab 10-12.5 MG			
36991802150330	Benazepril & Hydrochlorothiazide Tab 20-12.5 MG			
36991802150340	Benazepril & Hydrochlorothiazide Tab 20-25 MG			
36991802250310	Captopril & Hydrochlorothiazide Tab 25-15 MG			
36991802250320	Captopril & Hydrochlorothiazide Tab 25-25 MG			
36991802250330	Captopril & Hydrochlorothiazide Tab 50-15 MG			
36991802250340	Captopril & Hydrochlorothiazide Tab 50-25 MG			
36991802350305	Enalapril Maleate & Hydrochlorothiazide Tab 5-12.5 MG			
36991802350310	Enalapril Maleate & Hydrochlorothiazide Tab 10-25 MG			
36991802400310	Fosinopril Sodium & Hydrochlorothiazide Tab 10-12.5 MG			
36991802400320	Fosinopril Sodium & Hydrochlorothiazide Tab 20-12.5 MG			
36991802550305	Lisinopril & Hydrochlorothiazide Tab 10-12.5 MG			
36991802550310	Lisinopril & Hydrochlorothiazide Tab 20-12.5 MG			
36991802550320	Lisinopril & Hydrochlorothiazide Tab 20-25 MG			
36991802650320	Quinapril-Hydrochlorothiazide Tab 10-12.5 MG			
36991802650330	Quinapril-Hydrochlorothiazide Tab 20-12.5 MG			
36991802650335	Quinapril-Hydrochlorothiazide Tab 20-25 MG			
36992002100310	Atenolol & Chlorthalidone Tab 50-25 MG			
36992002100320	Atenolol & Chlorthalidone Tab 100-25 MG			
36992002130310	Bisoprolol & Hydrochlorothiazide Tab 2.5-6.25 MG			
36992002130320	Bisoprolol & Hydrochlorothiazide Tab 5-6.25 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
36992002130330	Bisoprolol & Hydrochlorothiazide Tab 10-6.25 MG			
36992002200310	Metoprolol & Hydrochlorothiazide Tab 50-25 MG			
36992002200320	Metoprolol & Hydrochlorothiazide Tab 100-25 MG			
36992002200325	Metoprolol & Hydrochlorothiazide Tab 100-50 MG			
36992002400310	Propranolol & Hydrochlorothiazide Tab 40-25 MG			
36992002400320	Propranolol & Hydrochlorothiazide Tab 80-25 MG			
36995002700310	Methyldopa & Hydrochlorothiazide Tab 250-15 MG			
36995002700320	Methyldopa & Hydrochlorothiazide Tab 250-25 MG			
36999002450115	Hydralazine & Hydrochlorothiazide Cap 25-25 MG			
36999002450120	Hydralazine & Hydrochlorothiazide Cap 50-50 MG			
37100010000305	Acetazolamide Tab 125 MG			
37100010000310	Acetazolamide Tab 250 MG			
37100030000303	Methazolamide Tab 25 MG			
37100030000305	Methazolamide Tab 50 MG			
37200010000305	Bumetanide Tab 0.5 MG			
37200010000310	Bumetanide Tab 1 MG			
37200010000315	Bumetanide Tab 2 MG			
37200010002005	Bumetanide Inj 0.25 MG/ML			
37200030000305	Furosemide Tab 20 MG			
37200030000310	Furosemide Tab 40 MG			
37200030000315	Furosemide Tab 80 MG			
37200030002005	Furosemide Inj 10 MG/ML			
37200030002045	Furosemide Oral Soln 8 MG/ML			
37200030002050	Furosemide Oral Soln 10 MG/ML			
37200080000310	Torsemide Tab 5 MG			
37200080000320	Torsemide Tab 10 MG			
37200080000330	Torsemide Tab 20 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
37200080000350	Torseamide Tab 100 MG			
37400030002025	Mannitol IV Soln 25%			
37500010100305	Amiloride HCl Tab 5 MG			
37500020000305	Spirolactone Tab 25 MG			
37500020000310	Spirolactone Tab 50 MG			
37500020000315	Spirolactone Tab 100 MG			
37500030002900	Triamterene Powder			
37600020000305	Chlorothiazide Tab 250 MG			
37600020000310	Chlorothiazide Tab 500 MG			
37600025000305	Chlorthalidone Tab 25 MG			
37600025000310	Chlorthalidone Tab 50 MG			
37600025000315	Chlorthalidone Tab 100 MG			
37600040000110	Hydrochlorothiazide Cap 12.5 MG			
37600040000305	Hydrochlorothiazide Tab 25 MG			
37600040000310	Hydrochlorothiazide Tab 50 MG			
37600050000303	Indapamide Tab 1.25 MG			
37600050000305	Indapamide Tab 2.5 MG			
37600055000310	Methyclothiazide Tab 5 MG			
37600060000305	Metolazone Tab 2.5 MG			
37600060000310	Metolazone Tab 5 MG			
37600060000315	Metolazone Tab 10 MG			
37990002100310	Amiloride & Hydrochlorothiazide Tab 5-50 MG			
37990002200310	Spirolactone & Hydrochlorothiazide Tab 25-25 MG			
37990002300105	Triamterene & Hydrochlorothiazide Cap 37.5-25 MG			
37990002300110	Triamterene & Hydrochlorothiazide Cap 50-25 MG			
37990002300315	Triamterene & Hydrochlorothiazide Tab 37.5-25 MG			
37990002300330	Triamterene & Hydrochlorothiazide Tab 75-50 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
38000083100320	Midodrine HCl Tab 2.5 MG			
38000083100330	Midodrine HCl Tab 5 MG			
38000083100340	Midodrine HCl Tab 10 MG			
39100010002905	Cholestyramine Powder 4 GM/DOSE			
39100010003005	Cholestyramine Powder Packets 4 GM			
39100010102905	Cholestyramine Light Powder 4 GM/DOSE			
39100010103005	Cholestyramine Light Powder Packets 4 GM			
39100020103010	Colestipol HCl Granule Packets 5 GM			
39200025000325	Fenofibrate Tab 160 MG			
39200025100107	Fenofibrate Micronized Cap 67 MG			
39200025100115	Fenofibrate Micronized Cap 134 MG			
39200025100130	Fenofibrate Micronized Cap 200 MG			
39200030000310	Gemfibrozil Tab 600 MG			
39400050000305	Lovastatin Tab 10 MG			
39400050000310	Lovastatin Tab 20 MG			
39400050000320	Lovastatin Tab 40 MG			
39400065100320	Pravastatin Sodium Tab 10 MG			
39400065100330	Pravastatin Sodium Tab 20 MG			
39400065100340	Pravastatin Sodium Tab 40 MG			
39400075000310	Simvastatin Tab 5 MG			
39400075000320	Simvastatin Tab 10 MG			
39400075000330	Simvastatin Tab 20 MG			
39400075000340	Simvastatin Tab 40 MG			
39400075000360	Simvastatin Tab 80 MG			
40100030100305	Isoxsuprine HCl Tab 10 MG			
40100030100310	Isoxsuprine HCl Tab 20 MG			
40100060100205	Papaverine HCl Cap CR 150 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
40100060102005	Papaverine HCl Inj 30 MG/ML			
40100060102900	Papaverine HCl Powder			
40308080100310	Yohimbine HCl Tab 5.4 MG			
41100010157420	Brompheniramine Maleate Tab SR 12HR 6 MG			
41100010400520	Brompheniramine Tannate Chew Tab 12 MG			
41100010401820	Brompheniramine Tannate Susp 12 MG/5ML			
41100020150205	Chlorpheniramine Maleate Cap CR 8 MG			
41100020150210	Chlorpheniramine Maleate Cap CR 12 MG			
41100030150405	Dexchlorpheniramine Maleate Tab CR 4 MG			
41100030150410	Dexchlorpheniramine Maleate Tab CR 6 MG			
41200010150930	Carbinoxamine Maleate Liquid 4 MG/5ML			
41200010156930	Carbinoxamine Maleate Cap SR 12HR 10 MG			
41200020400310	Clemastine Fumarate Tab 2.68 MG			
41200020401205	Clemastine Fumarate Syrup 0.67 MG/5ML (0.5 MG/5ML Base Eq)			
41200030100105	Diphenhydramine HCl Cap 25 MG			
41200030100110	Diphenhydramine HCl Cap 50 MG			
41200030102010	Diphenhydramine HCl Inj 50 MG/ML			
41200030300520	Diphenhydramine Tannate Chew Tab 25 MG			
41400020100305	Promethazine HCl Tab 12.5 MG			
41400020100310	Promethazine HCl Tab 25 MG			
41400020100315	Promethazine HCl Tab 50 MG			
41400020101210	Promethazine HCl Syrup 6.25 MG/5ML			
41400020102005	Promethazine HCl Inj 25 MG/ML			
41400020102010	Promethazine HCl Inj 50 MG/ML			
41400020102020	Promethazine HCl IM Inj 50 MG/ML			
41400020105205	Promethazine HCl Suppos 12.5 MG			
41400020105210	Promethazine HCl Suppos 25 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
41400020105215	Promethazine HCl Suppos 50 MG			
41500020100305	Cyproheptadine HCl Tab 4 MG			
41500020101210	Cyproheptadine HCl Syrup 2 MG/5ML			
41550024100310	Fexofenadine HCl Tab 30 MG			
41550024100320	Fexofenadine HCl Tab 60 MG			
41550024100350	Fexofenadine HCl Tab 180 MG			
41550030000320	Loratadine Tab 10 MG			
41991002301820	Carbinoxamine Maleate-Carbinoxamine Tannate Susp 2-6 MG/5ML			
41992002207420	Chlorpheniramine-Methscopolamine Tab SR 12HR 8-2.5 MG			
42200030002005	Flunisolide Nasal Soln 0.025%			
42200032301810	Fluticasone Propionate Nasal Susp 50 MCG/ACT			
42300040102010	Ipratropium Bromide Nasal Soln 0.03% (21 MCG/SPRAY)			
42300040102020	Ipratropium Bromide Nasal Soln 0.06% (42 MCG/SPRAY)			
43101005103800	Hydrocodone Bitartrate Crystals			
43101010000310	Hydrocodone w/ Homatropine Tab 5-1.5 MG			
43101010001210	Hydrocodone w/ Homatropine Syrup 5-1.5 MG/5ML			
43102010000105	Benzonatate Cap 100 MG			
43102010000110	Benzonatate Cap 200 MG			
43200003102900	Bromhexine HCl Powder			
43200010000320	Guaifenesin Tab 200 MG			
43200010000340	Guaifenesin Tab 400 MG			
43200010000910	Guaifenesin Liquid 100 MG/5ML			
43200010007420	Guaifenesin Tab SR 12HR 600 MG			
43200010007450	Guaifenesin Tab SR 12HR 1200 MG			
43300010002003	Acetylcysteine Inhal Soln 10%			
43300010002005	Acetylcysteine Inhal Soln 20%			
43300010002900	Acetylcysteine Powder			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43400010002520	Sodium Chloride Soln Nebu 0.9%			
43400010002530	Sodium Chloride Soln Nebu 3%			
43400010002540	Sodium Chloride Soln Nebu 10%			
43400020002000	Water, Sterile Inhal Soln			
43992802507420	Pseudoephedrine-Methscopolamine Tab SR 12HR 120-2.5 MG			
43993002206920	Brompheniramine & Phenylephrine Cap SR 12HR 6-7.5 MG			
43993002206930	Brompheniramine & Phenylephrine Cap SR 12HR 12-15 MG			
43993002211820	Brompheniramine Tan-Phenylephrine Tan Susp 12-20 MG/5ML			
43993002240210	Brompheniramine & Pseudoephedrine Cap CR 6-60 MG			
43993002240215	Brompheniramine & Pseudoephedrine Cap CR 12-120 MG			
43993002240928	Brompheniramine & Pseudoephedrine Liquid 1-12.5 MG/ML			
43993002241235	Brompheniramine & Pseudoephedrine Syrup 4-45 MG/5ML			
43993002246920	Brompheniramine & Pseudoephedrine Cap SR 12HR 10-120 MG			
43993002247420	Brompheniramine & Pseudoephedrine Tab SR 12HR 6-45 MG			
43993002260310	Carbinoxamine & Pseudoephedrine Tab 4-60 MG			
43993002260945	Carbinoxamine & Pseudoephedrine Liquid 1-15 MG/ML			
43993002261206	Carbinoxamine & Pseudoephedrine Syrup 2-25 MG/5ML			
43993002261210	Carbinoxamine & Pseudoephedrine Syrup 4-60 MG/5ML			
43993002267420	Carbinoxamine & Pseudoephedrine Tab SR 12HR 8-120 MG			
43993002300420	Chlorpheniramine & Phenylephrine Tab CR 8-20 MG			
43993002300960	Chlorpheniramine & Phenylephrine Liquid 1-3.5 MG/ML			
43993002301215	Chlorpheniramine & Phenylephrine Syrup 4-12.5 MG/5ML			
43993002340220	Chlorpheniramine & Pseudoephedrine Cap CR 8-120 MG			
43993002341205	Chlorpheniramine & Pseudoephedrine Syrup 2-30 MG/5ML			
43993002346910	Chlorpheniramine & Pseudoephedrine Cap SR 12HR 4-60 MG			
43993002347030	Chlorpheniramine & Pseudoephedrine Cap SR 24HR 12-100 MG			
43993002347430	Chlorpheniramine & Pseudoephedrine Tab SR 12HR 12-120 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43993002351810	Chlorphen Tan & Pseudoeph Tan Susp 4.5-75 MG/5ML			
43993002360325	Chlorphen Tan & Phenyleph Tan Tab 9-25 MG			
43993002361830	Chlorpheniramine Tan-Phenylephrine Tan Susp 4.5-5 MG/5ML			
43993002451820	Dexchlorphen Tan & Pseudoephed Tan Susp 2.5-75 MG/5ML			
43993002547420	Dexbrompheniramine & Pseudoephedrine Tab SR 12HR 6-120 MG			
43993002570520	Diphenhydramine Tan-Phenylephrine Tan Chew Tab 25-10 MG			
43993002701210	Promethazine & Phenylephrine Syrup 6.25-5 MG/5ML			
43993002740320	Pyrilamine Tan-Phenyleph Tan Tab 60-25 MG			
43993002741820	Pyrilamine Tan-Phenyleph Tan Susp 30-5 MG/5ML			
43993002741830	Pyrilamine Tan-Phenyleph Tan Susp 30-12.5 MG/5ML			
43993003210420	Chlorphen-Ptolox-Phenyleph Tab CR 4-40-20 MG			
43993003210920	Chlorphen-Ptolox-Phenyleph Liquid 2.5-7.5-5 MG/5ML			
43993003240930	Chlorphen-Pyrilamine & PE Liqd 2-12.5-7.5 MG/5ML			
43993003251820	Chlorphen Tan-Pyrilamine Tan-PE Tan Susp 2-12.5-5 MG/5ML			
43993503067420	Carbinoxamine-Pseudoeph-Methscop Tab SR 12HR 8-90-2.5 MG			
43993503157420	Chlorphen-PSE & Belladonna Alk Tab SR 12HR 8-90-0.24 MG			
43993503167412	Chlorphen-PSE & Methscopolamine Tab SR 12HR 8-60-1.25 MG			
43993503167416	Chlorphen-PSE & Methscopolamine Tab SR 12HR 8-90-2.5 MG			
43993503167420	Chlorphen-PSE & Methscopolamine Tab SR 12HR 8-120-2.5 MG			
43993503180510	Chlorpheniramine-PE-Methscopolamine Chew Tab 2-10-1.25 MG			
43993503181210	Chlorphen-PE-Methscopolamine Syrup 2-10-0.625 MG/5ML			
43993503181220	Chlorpheniramine-PE-Methscopolamine Syrup 2-10-1.25 MG/5ML			
43993503181230	Chlorpheniramine-PE-Methscopolamine Syrup 4-10-1.25 MG/5ML			
43993503187415	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-1.25 MG			
43993503187420	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-20-2.5 MG			
43993503187425	Chlorphen-PE-Methscopolamine Tab SR 12HR 8-40-2.5 MG			
43993503187430	Chlorphen-PE-Methscopolamine Tab SR 12HR 12-20-2.5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43993505207420	Chlorphen-PE-Atropine-Hyos-Scopol Tab SR 12HR 8-20 MG			
43994003100410	Chlorphen-Phenylephrine w/ APAP Tab CR 8-40-500 MG			
43995102180920	Phenyleph-Hydrocodone Liq 5-2.5 MG/5ML			
43995102180930	Phenyleph-Hydrocodone Liq 7.5-3.75 MG/5ML			
43995102241210	Pseudoephedrine w/ Hydrocodone Syrup 15-3 MG/5ML			
43995102242010	Pseudoephedrine w/ Hydrocodone Soln 60-5 MG/5ML			
43995202341210	Promethazine w/ Codeine Syrup 6.25-10 MG/5ML			
43995303101210	Phenylephrine-Promethazine w/ Codeine Syrup 5-6.25-10 MG/5ML			
43995303131220	Phenylephrine-Chlorphen-Dihydrocodeine Syrup 7.5-2-3 MG/5ML			
43995303200910	Pseudoephedrine-Chlorphen w/ Codeine Liq 30-2-10 MG/5ML			
43995303460920	Phenylephrine-Carbinoxamine w/ Hydrocodone Liqd 8-4-5 MG/5ML			
43995303470923	Phenyleph-Bromphen-Hydrocodone Liqd 7.5-2-5 MG/5ML			
43995303481230	Phenyleph-Diphenhyd-Hydrocodone Syrup 7.5-12.5-2 MG/5ML			
43995303490940	Phenyleph-Dexchlorpheniramine-Hydrocodone Liqd 5-2-4 MG/5ML			
43995303500935	Phenyleph-Chlorphen w/ Hydrocodone Liqd 5-2-1.67 MG/5ML			
43995303500940	Phenyleph-Chlorphen w/ Hydrocodone Liqd 5-2-5 MG/5ML			
43995303500960	Phenyleph-Chlorphen w/ Hydrocodone Liqd 12-2-6 MG/5ML			
43995303501205	Phenyleph-Chlorphen w/ Hydrocodone Syrup 5-2-2.5 MG/5ML			
43995303501214	Phenyleph-Chlorphen w/ Hydrocodone Syrup 10-2-5 MG/5ML			
43995303501215	Phenyleph-Chlorphen w/ Hydrocodone Syrup 10-4-2.5 MG/5ML			
43995303501250	Phenyleph-Chlorphen w/ Hydrocodone Syrup 7.5-2-2 MG/5ML			
43995303501255	Phenyleph-Chlorphen w/ Hydrocodone Syrup 7.5-2-3.5 MG/5ML			
43995303501265	Phenyleph-Chlorphen w/ Hydrocodone Syrup 10-2-2.5 MG/5ML			
43995303521203	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-5-5 MG/5ML			
43995303521210	Phenyleph-Pyrimilamine w/ Hydrocodone Syrup 5-8.33-1.66 MG/5ML			
43995303530915	Pseudoeph-Bromphen w/ Hydrocodone Liquid 15-2-2.5 MG/5ML			
43995303530930	Pseudoeph-Bromphen w/ Hydrocodone Liquid 30-3-2.5 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43995303532020	Pseudoeph-Bromphen w/ Hydrocodone Soln 30-2-1.7 MG/5ML			
43995303540920	Pseudoeph-Chlorphen w/ Hydrocodone Liquid 30-2-5 MG/5ML			
43995303541220	Pseudoeph-Chlorphen w/ Hydrocodone Syrup 15-2-3 MG/5ML			
43995303541240	Pseudoeph-Chlorphen w/ Hydrocodone Syr 30-2-2.5 MG/5ML			
43995303551220	Pseudoephed-Chlorphen-Dihydrocodeine Syrup 15-2-7.5 MG/5ML			
43995303600925	Pseudoeph-Carbinoxamine w/ Hydrocodone Liqd 30-2-5 MG/5ML			
43995602171840	Phenylephrine Tan-Carbetapentane Tan Susp 30-30 MG/5ML			
43995702130320	Chlorphen Tannate-Carbetapentane Tannate Tab 5-60 MG			
43995702131820	Chlorphen Tannate-Carbetapentane Tannate Susp 4-30 MG/5ML			
43995702301210	Promethazine-DM Syrup 6.25-15 MG/5ML			
43995803080930	Phenylephrine-Brompheniramine-DM Liquid 7.5-2-15 MG/5ML			
43995803091820	Phenyleph Tan-Bromphen Tan-DM Tan Susp 20-8-20 MG/5 ML			
43995803100920	Phenylephrine-Carbinoxamine-DM Liquid 2-1-2 MG/ML			
43995803120960	Phenylephrine-Chlorphen-DM Liquid 3.5-1-3 MG/ML			
43995803121215	Phenylephrine-Chlorphen-DM Syrup 6-2-15 MG/5ML			
43995803121230	Phenylephrine-Chlorphen-DM Syrup 10-2-15 MG/5ML			
43995803121250	Phenylephrine-Chlorphen-DM Syrup 12.5-4-15 MG/5ML			
43995803122030	Phenylephrine-Chlorphen-DM Soln 10-4-15 MG/5ML			
43995803127420	Phenylephrine-Chlorphen-DM Tab SR 12HR 20-8-30 MG			
43995803130320	Phenyleph Tan-Chlorphen Tan-Carbetapent Tan Tab 10-5-60 MG			
43995803131820	Phenyleph Tan-Chlorphen Tan-Carbeta Tan Susp 5-4-30 MG/5ML			
43995803161210	Phenylephrine-Pyrimilamine-DM Syrup 5-8.33-10 MG/5ML			
43995803181820	Phenyleph Tan-Pyrimilamine Tan-Carbeta Tan Susp 5-30-30 MG/5ML			
43995803191820	Phenyleph Tan-Pyrimilamine Tan-DM Tan Susp 12.5-30-25 MG/5ML			
43995803301250	Pseudoephed-Chlorphen-DM Syrup 15-2-15 MG/5ML			
43995803320915	Pseudoephed-Bromphen-DM Liquid 12.5-1-3 MG/ML			
43995803321210	Pseudoephed-Bromphen-DM Syrup 30-2-10 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43995803321230	Pseudoephed-Bromphen-DM Syrup 45-4-15 MG/5ML			
43995803321240	Pseudoephed-Bromphen-DM Syrup 60-4-30 MG/5ML			
43995803331830	Pseudoephed Tan-Dexchlorphen Tan-DM Tan Sus 75-2.5-25 MG/5ML			
43995803340910	Pseudoephed-Carbinoxamine-DM Liquid 12.5-3-15 MG/5ML			
43995803340935	Pseudoephed-Carbinoxamine-DM Liquid 15-1-4 MG/ML			
43995803341220	Pseudoephed-Carbinoxamine-DM Syrup 60-4-15 MG/5ML			
43995803371845	Pseudoephed Tan-Bromphen Tan-DM Tan Susp 90-8-60 MG/5ML			
43995803507420	Phenylephrine-Dexbrompheniramine-DM Tab SR 12HR 20-6-30 MG			
43995803701820	Phenyleph Tan-Diphenhyd Tan-Carbeta Tan Sus 7.5-25-30 MG/5ML			
43995804200310	Phenyleph-Ephed-CPM w/ Carbetapentane Tab 10-10-5-60 MG			
43995804201810	Phenyleph-Ephed-CPM w/ Carbetapentane Susp 5-5-4-30 MG/5ML			
43996202100406	Phenylephrine-Guaifenesin Tab CR 15-600 MG			
43996202100920	Phenylephrine-Guaifenesin Liqd 5-100 MG/5ML			
43996202100925	Phenylephrine-Guaifenesin Liqd 7.5-100 MG/5ML (1.5-20 MG/ML)			
43996202101230	Phenylephrine-Guaifenesin Syrup 7.5-100 MG/5ML			
43996202106920	Phenylephrine-Guaifenesin Cap SR 12HR 7.5-200 MG			
43996202106930	Phenylephrine-Guaifenesin Cap SR 12HR 10-300 MG			
43996202106940	Phenylephrine-Guaifenesin Cap SR 12HR 15-400 MG			
43996202106960	Phenylephrine-Guaifenesin Cap SR 12HR 30-400 MG			
43996202107420	Phenylephrine-Guaifenesin Tab SR 12HR 10-600 MG			
43996202107430	Phenylephrine-Guaifenesin Tab SR 12HR 20-600 MG			
43996202107432	Phenylephrine-Guaifenesin Tab SR 12HR 25-275 MG			
43996202107437	Phenylephrine-Guaifenesin Tab SR 12HR 25-800 MG			
43996202107438	Phenylephrine-Guaifenesin Tab SR 12HR 25-900 MG			
43996202107439	Phenylephrine-Guaifenesin Tab SR 12HR 25-1200 MG			
43996202107440	Phenylephrine-Guaifenesin Tab SR 12HR 30-600 MG			
43996202107480	Phenylephrine-Guaifenesin Tab SR 12HR 40-600 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43996202107485	Phenylephrine-Guaifenesin Tab SR 12HR 40-1200 MG			
43996202300210	Pseudoephedrine-Guaifenesin Cap CR 60-300 MG			
43996202300220	Pseudoephedrine-Guaifenesin Cap CR 120-250 MG			
43996202306950	Pseudoephedrine-Guaifenesin Cap SR 12HR 90-400 MG			
43996202306970	Pseudoephedrine-Guaifenesin Cap SR 12HR 120-400 MG			
43996202307414	Pseudoephedrine-Guaifenesin Tab SR 12HR 45-800 MG			
43996202307415	Pseudoephedrine-Guaifenesin Tab SR 12HR 48-595 MG			
43996202307417	Pseudoephedrine-Guaifenesin Tab SR 12HR 50-1200 MG			
43996202307420	Pseudoephedrine-Guaifenesin Tab SR 12HR 58-600 MG			
43996202307425	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-500 MG			
43996202307430	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-550 MG			
43996202307433	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-580 MG			
43996202307435	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-600 MG			
43996202307440	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-800 MG			
43996202307447	Pseudoephedrine-Guaifenesin Tab SR 12HR 60-1200 MG			
43996202307449	Pseudoephedrine-Guaifenesin Tab SR 12HR 75-1200 MG			
43996202307450	Pseudoephedrine-Guaifenesin Tab SR 12HR 80-700 MG			
43996202307451	Pseudoephedrine-Guaifenesin Tab SR 12HR 80-780 MG			
43996202307452	Pseudoephedrine-Guaifenesin Tab SR 12HR 80-800 MG			
43996202307456	Pseudoephedrine-Guaifenesin Tab SR 12HR 85-795 MG			
43996202307462	Pseudoephedrine-Guaifenesin Tab SR 12HR 90-800 MG			
43996202307480	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-600 MG			
43996202307492	Pseudoephedrine-Guaifenesin Tab SR 12HR 120-1200 MG			
43997002070920	Carbetapentane-Guaifenesin Liquid 20-100 MG/5ML			
43997002077440	Carbetapentane-Guaifenesin Tab SR 12 HR 60-600 MG			
43997002280310	Codeine-Guaifenesin Tab 10-300 MG			
43997002280920	Codeine-Guaifenesin Liquid 10-300 MG/20ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43997002280940	Codeine-Guaifenesin Liquid 10-100 MG/5ML			
43997002281210	Codeine-Guaifenesin Syrup 10-100 MG/5ML			
43997002450930	Dextromethorphan-Pot Guaiacolsulfonate Liqd 15-300 MG/5ML			
43997002520910	Dextromethorphan-Guaifenesin Liquid 10-100 MG/5ML			
43997002520913	Dextromethorphan-Guaifenesin Liquid 15-25 MG/5ML			
43997002521030	Dextromethorphan-Guaifenesin Elixir 20-200 MG/5ML			
43997002522060	Dextromethorphan-Guaifenesin Solution 25-225 MG/5ML			
43997002527407	Dextromethorphan-Guaifenesin Tab SR 12HR 20-1200 MG			
43997002527410	Dextromethorphan-Guaifenesin Tab SR 12HR 28-600 MG			
43997002527420	Dextromethorphan-Guaifenesin Tab SR 12HR 30-500 MG			
43997002527430	Dextromethorphan-Guaifenesin Tab SR 12HR 30-600 MG			
43997002527440	Dextromethorphan-Guaifenesin Tab SR 12HR 30-800 MG			
43997002527460	Dextromethorphan-Guaifenesin Tab SR 12HR 55-1000 MG			
43997002527470	Dextromethorphan-Guaifenesin Tab SR 12HR 60-1000 MG			
43997002527475	Dextromethorphan-Guaifenesin Tab SR 12HR 60-1200 MG			
43997002700305	Hydrocodone-Guaifenesin Tab 2.5-300 MG			
43997002701215	Hydrocodone-Guaifenesin Syrup 2.5-200 MG/5ML			
43997002701218	Hydrocodone-Guaifenesin Syrup 3.5-100 MG/5ML			
43997002701220	Hydrocodone-Guaifenesin Syrup 5-100 MG/5ML			
43997002721223	Hydrocodone-Pot Guaiaco Syrup 2.5-120 MG/5ML			
43997002721226	Hydrocodone-Pot Guaiaco Syrup 4.5-300 MG/5ML			
43997002721230	Hydrocodone-Pot Guaiaco Syrup 5-300 MG/5ML			
43997002721240	Hydrocodone-Pot Guaiaco Syrup 5-400 MG/5ML			
43997002721248	Hydrocodone-Pot Guaiaco Syrup 3-150 MG/5ML			
43997303100935	Phenylephrine w/ DM-GG Liqd 10-30-200 MG/5ML			
43997303101215	Phenylephrine w/ DM-GG Syrup 10-30-200 MG/5ML			
43997303101217	Phenylephrine w/ DM-GG Syrup 12.5-25-175 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43997303101250	Phenylephrine w/ DM-GG Syrup 10-20-100 MG/5ML			
43997303107420	Phenylephrine w/ DM-GG Tab SR 12HR 10-30-600 MG			
43997303107425	Phenylephrine w/ DM-GG Tab SR 12HR 20-20-800 MG			
43997303107427	Phenylephrine w/ DM-GG Tab SR 12HR 20-25-550 MG			
43997303107445	Phenylephrine w/ DM-GG Tab SR 12HR 30-30-1200 MG			
43997303107460	Phenylephrine w/ DM-GG Tab SR 12HR 40-20-1200 MG			
43997303107470	Phenylephrine w/ DM-GG Tab SR 12HR 40-60-600 MG			
43997303141207	Phenylephrine w/ Hydrocodone-GG Syrup 6-2.5-150 MG/5ML			
43997303141210	Phenylephrine w/ Hydrocodone-GG Syrup 7.5-2.5-50 MG/5ML			
43997303141214	Phenylephrine w/ Hydrocodone-GG Syrup 7.5-5-100 MG/5ML			
43997303141218	Phenylephrine w/ Hydrocodone-GG Syrup 10-2-100 MG/5ML			
43997303142020	Phenylephrine w/ Hydrocodone-GG Solution 10-2.5-225 MG/5ML			
43997303301240	Pseudoephedrine w/ COD-GG Syrup 60-20-200 MG/5ML			
43997303302010	Pseudoephedrine w/ COD-GG Soln 30-10-100 MG/5ML			
43997303321262	Pseudoephedrine w/ DM-GG Syrup 40-15-100 MG/5ML			
43997303327422	Pseudoephedrine w/ DM-GG Tab SR 12HR 45-30-800 MG			
43997303327424	Pseudoephedrine w/ DM-GG Tab SR 12HR 48-32-595 MG			
43997303327428	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-550 MG			
43997303327431	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-580 MG			
43997303327435	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-600 MG			
43997303327445	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-30-800 MG			
43997303327457	Pseudoephedrine w/ DM-GG Tab SR 12HR 60-60-1200 MG			
43997303327464	Pseudoephedrine w/ DM-GG Tab SR 12HR 80-40-700 MG			
43997303327466	Pseudoephedrine w/ DM-GG Tab SR 12HR 80-40-780 MG			
43997303327470	Pseudoephedrine w/ DM-GG Tab SR 12HR 90-60-800 MG			
43997303331220	Pseudoephedrine-Dihydrocodeine-GG Syrup 15-7.5-100 MG/5ML			
43997303341010	Pseudoephedrine w/ Hydrocodone-GG Elixir 30-2.5-100 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43997303341210	Pseudoephedrine w/ Hydrocodone-GG Syrup 15-3-100 MG/5ML			
43997303342008	Pseudoephedrine w/ Hydrocodone-GG Soln 30-2.5-100 MG/5ML			
43997303601230	Phenylephrine-Carbetapentane-GG Syrup 15-20-100 MG/5ML			
43997503100920	Brompheniramine w/ DM-GG Liquid 2-15-200 MG/5ML			
43998004171220	Phenyleph-Bromphen-DM-Guaifenesin Syrup 5-2-5-50 MG/5ML			
43998004261240	Phenyleph-Chlorphen w/ DM-GG Syrup 10-2-7.5-100 MG/5ML			
43998004591220	Pseudoephed-Bromphen-DM-GG Syrup 30-2-5-50 MG/5ML			
43998006300920	Phenyleph-DM-Pyri-Pot Guai-Sod Cit-Cit Acid Liquid			
44100030102020	Ipratropium Bromide Inhal Soln 0.02%			
44150010102505	Cromolyn Sodium Soln Nebu 20 MG/2ML			
44201010003405	Albuterol Inhal Aerosol 90 MCG/ACT			
44201010100305	Albuterol Sulfate Tab 2 MG			
44201010100310	Albuterol Sulfate Tab 4 MG			
44201010101205	Albuterol Sulfate Syrup 2 MG/5ML			
44201010102515	Albuterol Sulfate Soln Nebu 0.083%			
44201010102520	Albuterol Sulfate Soln Nebu 0.5% (5 MG/ML)			
44201010102560	Albuterol Sulfate Soln Nebu 1.25 MG/3ML (Base Equiv)			
44201010103410	Albuterol Sulfate Inhal Aero 108 MCG/ACT (90MCG Base Equiv)			
44201050201205	Metaproterenol Sulfate Syrup 10 MG/5ML			
44201050202503	Metaproterenol Sulfate Soln Nebu 0.4%			
44201050202505	Metaproterenol Sulfate Soln Nebu 0.6%			
44201060200305	Terbutaline Sulfate Tab 2.5 MG			
44201060200310	Terbutaline Sulfate Tab 5 MG			
44201060202005	Terbutaline Sulfate Inj 1 MG/ML			
44202020202010	Epinephrine HCl Inj 1 MG/ML			
44300010000305	Aminophylline Tab 100 MG			
44300010000310	Aminophylline Tab 200 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
44300040006923	Theophylline Cap SR 12HR 125 MG			
44300040006930	Theophylline Cap SR 12HR 200 MG			
44300040006940	Theophylline Cap SR 12HR 300 MG			
44300040007420	Theophylline Tab SR 12HR 100 MG			
44300040007430	Theophylline Tab SR 12HR 200 MG			
44300040007440	Theophylline Tab SR 12HR 300 MG			
44300040007455	Theophylline Tab SR 12HR 450 MG			
44300040007540	Theophylline Tab SR 24HR 400 MG			
44991002200315	Dyphylline-Guaifenesin Tab 200-200 MG			
44991002200920	Dyphylline-Guaifenesin Liqd 100-100 MG/5ML			
44991002201010	Dyphylline-Guaifenesin Elixir 100-100 MG/15ML			
44992203151010	Theophylline-PSE-GG Elixir 150-30-150 MG/15ML			
46600020002010	Lactulose Solution 10 GM/15ML			
46600033002910	Polyethylene Glycol 3350 Oral Powder			
46600033003020	Polyethylene Glycol 3350 Oral Packet			
46992004302120	PEG 3350-KCl-Sod Bicarb-NaCl For Soln 420 GM			
46992005302140	PEG 3350-KCl-Na Bicarb-NaCl-Na Sulfate For Soln 240 GM			
47100010100310	Diphenoxylate w/ Atropine Tab 2.5-0.025 MG			
47100010100910	Diphenoxylate w/ Atropine Liq 2.5-0.025 MG/5ML			
47100020100105	Loperamide HCl Cap 2 MG			
47100030201510	Opium Tincture 10%			
47100040001510	Paregoric 2 MG/5ML			
49101010100310	Atropine Sulfate Tab 0.4 MG			
49101010102005	Atropine Sulfate Inj 0.05 MG/ML			
49101010102020	Atropine Sulfate Inj 0.4 MG/ML			
49101010102028	Atropine Sulfate Inj 0.8 MG/ML			
49101010102030	Atropine Sulfate Inj 1 MG/ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
49101030100310	Hyoscyamine Sulfate Tab 0.125 MG			
49101030100710	Hyoscyamine Sulfate Tab SL 0.125 MG			
49101030101055	Hyoscyamine Sulfate Elixir 0.125 MG/5ML			
49101030102050	Hyoscyamine Sulfate Soln 0.125 MG/ML			
49101030106920	Hyoscyamine Sulfate Cap SR 12HR 0.375 MG			
49101030107220	Hyoscyamine Sulfate Orally Disintegrating Tab 0.125 MG			
49101030107420	Hyoscyamine Sulfate Tab SR 12HR 0.375 MG			
49102030000310	Glycopyrrolate Tab 1 MG			
49102030000315	Glycopyrrolate Tab 2 MG			
49102030002010	Glycopyrrolate Inj 0.2 MG/ML			
49102070100310	Propantheline Bromide Tab 15 MG			
49103010100105	Dicyclomine HCl Cap 10 MG			
49103010100305	Dicyclomine HCl Tab 20 MG			
49103010102050	Dicyclomine HCl Oral Soln 10 MG/5ML			
49109902155210	Belladonna Alkaloids & Opium Suppos 16.2-30 MG			
49109902155220	Belladonna Alkaloids & Opium Suppos 16.2-60 MG			
49109902250312	Belladonna Alkaloids-Phenobarbital Tab 16.2 MG			
49109902250430	Belladonna Alkaloids-Phenobarbital Tab CR 48 MG			
49109902251010	Belladonna Alkaloids-Phenobarbital Elixir 16 MG/5ML			
49109902450110	Clidinium & Chlordiazepoxide Cap 2.5-5 MG			
49200010000305	Cimetidine Tab 200 MG			
49200010000310	Cimetidine Tab 300 MG			
49200010000315	Cimetidine Tab 400 MG			
49200010000320	Cimetidine Tab 800 MG			
49200010102005	Cimetidine HCl Inj 150 MG/ML			
49200010102050	Cimetidine HCl Soln 300 MG/5ML			
49200020100105	Ranitidine HCl Cap 150 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
49200020100110	Ranitidine HCl Cap 300 MG			
49200020100305	Ranitidine HCl Tab 150 MG			
49200020100310	Ranitidine HCl Tab 300 MG			
49200020101210	Ranitidine HCl Syrup 15 MG/ML (75 MG/5ML)			
49200020102005	Ranitidine HCl Inj 25 MG/ML			
49200030000320	Famotidine Tab 20 MG			
49200030000340	Famotidine Tab 40 MG			
49200030002010	Famotidine Inj 10 MG/ML			
49200040000110	Nizatidine Cap 150 MG			
49200040000120	Nizatidine Cap 300 MG			
49250030000310	Misoprostol Tab 100 MCG			
49250030000320	Misoprostol Tab 200 MCG			
49270060006510	Omeprazole Cap Delayed Release 10 MG			
49270060006520	Omeprazole Cap Delayed Release 20 MG			
49300010000305	Sucralfate Tab 1 GM			
49300010001820	Sucralfate Susp 1 GM/10ML			
50200050000305	Meclizine HCl Tab 12.5 MG			
50200050000310	Meclizine HCl Tab 25 MG			
50200050000313	Meclizine HCl Tab 32 MG			
50200070100110	Trimethobenzamide HCl Cap 250 MG			
50200070100120	Trimethobenzamide HCl Cap 300 MG			
50200070102005	Trimethobenzamide HCl Inj 100 MG/ML			
50309902855210	Trimethobenzamide-Benzocaine Suppos 100 MG-2%			
50309902855220	Trimethobenzamide-Benzocaine Suppos 200 MG-2%			
51990003200175	Amylase-Lipase-Protease Cap 15000-1200-15000 Unit			
51990003200180	Amylase-Lipase-Protease Cap 30000-2400-30000 Unit			
51990003200310	Amylase-Lipase-Protease Tab 30000-8000-30000 Unit			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
51990003206735	Amy-Lip-Prot DR Particles Cap 16600-5000-18750 Unit			
51990003206748	Amy-Lip-Prot DR Particles Cap 20000-4500-25000 Unit			
51990003206772	Amy-Lip-Prot DR Particles Cap 33200-10000-37500 Unit			
51990003206774	Amy-Lip-Prot DR Particles Cap 39000-12000-39000 Unit			
51990003206780	Amy-Lip-Prot DR Particles Cap 48000-16000-48000 Unit			
51990003206784	Amy-Lip-Prot DR Particles Cap 56000-20000-44000 Unit			
51990003206785	Amy-Lip-Prot DR Particles Cap 58500-18000-58500 Unit			
51990003206786	Amy-Lip-Prot DR Particles Cap 66400-20000-75000 Unit			
51990003206787	Amy-Lip-Prot DR Particles Cap 65000-20000-65000 Unit			
52100040000120	Ursodiol Cap 300 MG			
52300010002005	Dexpanthenol Inj 250 MG/ML			
52300020100303	Metoclopramide HCl Tab 5 MG			
52300020100305	Metoclopramide HCl Tab 10 MG			
52300020101205	Metoclopramide HCl Syrup 5 MG/5ML			
52300020102005	Metoclopramide HCl Inj 5 MG/ML			
52400020002010	Lactulose (Encephalopathy) Solution 10 GM/15ML			
52500030005105	Mesalamine Enema 4 GM			
52500060000310	Sulfasalazine Tab 500 MG			
52500060000610	Sulfasalazine Tab Delayed Release 500 MG			
53000020100310	Methenamine Mandelate Tab 0.5 GM			
53000020100320	Methenamine Mandelate Tab 1 GM			
53000020200305	Methenamine Hippurate Tab 1 GM			
53000050100115	Nitrofurantoin Macrocrystalline Cap 50 MG			
53000050100120	Nitrofurantoin Macrocrystalline Cap 100 MG			
53000050150120	Nitrofurantoin Monohydrate Macrocrystalline Cap 100 MG			
53992005100310	Methenamine-Bella Alk-Meth Blue-Phenyl Sal Tab			
53992005200322	Methenamine-Hyosc-Meth Blue-Sod Phos-Phenyl Sal Tab 81.6 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
53992005200330	Methenamine-Hyosc-Meth Blue-Sod Phos-Phenyl Sal Tab 120 MG			
53992006200620	Methen-Meth Blue-Benz Acid-Phenyl Sal-Atrop-Hyosc Tab DR			
54000010100305	Bethanechol Chloride Tab 5 MG			
54000010100310	Bethanechol Chloride Tab 10 MG			
54000010100315	Bethanechol Chloride Tab 25 MG			
54000010100320	Bethanechol Chloride Tab 50 MG			
54000020100305	Flavoxate HCl Tab 100 MG			
54000030100305	Oxybutynin Chloride Tab 5 MG			
54000030101205	Oxybutynin Chloride Syrup 5 MG/5ML			
54000040000305	Hyoscyamine Tab 0.15 MG			
54990003100310	Phenazopyridine-Butabarbital-Hyoscyamine Tab 150-15-0.3 MG			
55100018103720	Clindamycin Phosphate Vaginal Cream 2%			
55100035004020	Metronidazole Vaginal Gel 0.75%			
55100050000310	Nystatin Vaginal Tab 100000 Unit			
55104050105210	Miconazole Nitrate Vaginal Suppos 200 MG			
55104050106410	Miconazole Nitrate Vaginal Supp 200 MG & 2% Cream 9 GM Kit			
55104070003710	Terconazole Vaginal Cream 0.4%			
55104070003720	Terconazole Vaginal Cream 0.8%			
55104070005210	Terconazole Vaginal Suppos 80 MG			
55400006103700	Amino Acid-Urea Cervical Cream			
55400030004000	Acetic Acid Vaginal Gel			
56202010200420	Potassium Citrate Tab CR 540 MG (5 MEQ)			
56202010200440	Potassium Citrate Tab CR 1080 MG (10 MEQ)			
56202020002010	Sodium Citrate & Citric Acid Soln 500-334 MG/5ML			
56202022002025	Potassium Citrate & Citric Acid Soln 1100-334 MG/5ML			
56202022003010	Potassium Citrate & Citric Acid Powder Pack 3300-1002 MG			
56202030101220	Pot & Sod Citrates w/ Cit Ac Syrup 550-500-334 MG/5ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
56300010100305	Phenazopyridine HCl Tab 100 MG			
56300010100310	Phenazopyridine HCl Tab 200 MG			
56500010002010	Dimethyl Sulfoxide Soln 50%			
56700040002005	Acetic Acid Irrigation Soln 0.25%			
56700060002010	Sodium Chloride Irrigation Soln 0.9%			
56851030000320	Finasteride Tab 5 MG			
56852070107020	Tamsulosin HCl Cap SR 24HR 0.4 MG			
57100010000305	Alprazolam Tab 0.25 MG			
57100010000310	Alprazolam Tab 0.5 MG			
57100010000315	Alprazolam Tab 1 MG			
57100010000320	Alprazolam Tab 2 MG			
57100010007505	Alprazolam Tab SR 24HR 0.5 MG			
57100010007510	Alprazolam Tab SR 24HR 1 MG			
57100010007520	Alprazolam Tab SR 24HR 2 MG			
57100010007530	Alprazolam Tab SR 24HR 3 MG			
57100020100105	Chlordiazepoxide HCl Cap 5 MG			
57100020100110	Chlordiazepoxide HCl Cap 10 MG			
57100020100115	Chlordiazepoxide HCl Cap 25 MG			
57100030100305	Clorazepate Dipotassium Tab 3.75 MG			
57100030100310	Clorazepate Dipotassium Tab 7.5 MG			
57100030100320	Clorazepate Dipotassium Tab 15 MG			
57100040000305	Diazepam Tab 2 MG			
57100040000310	Diazepam Tab 5 MG			
57100040000315	Diazepam Tab 10 MG			
57100040002001	Diazepam Soln 1 MG/ML			
57100040002010	Diazepam Inj 5 MG/ML			
57100060000305	Lorazepam Tab 0.5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
57100060000310	Lorazepam Tab 1 MG			
57100060000315	Lorazepam Tab 2 MG			
57100060002005	Lorazepam Inj 2 MG/ML			
57100060002010	Lorazepam Inj 4 MG/ML			
57100070000105	Oxazepam Cap 10 MG			
57100070000110	Oxazepam Cap 15 MG			
57100070000115	Oxazepam Cap 30 MG			
57200005100310	Buspirone HCl Tab 5 MG			
57200005100315	Buspirone HCl Tab 7.5 MG			
57200005100320	Buspirone HCl Tab 10 MG			
57200005100330	Buspirone HCl Tab 15 MG			
57200005100340	Buspirone HCl Tab 30 MG			
57200030002005	Droperidol Inj 2.5 MG/ML			
57200040100305	Hydroxyzine HCl Tab 10 MG			
57200040100310	Hydroxyzine HCl Tab 25 MG			
57200040100315	Hydroxyzine HCl Tab 50 MG			
57200040101210	Hydroxyzine HCl Syrup 10 MG/5ML			
57200040102005	Hydroxyzine HCl IM Soln 25 MG/ML			
57200040102010	Hydroxyzine HCl IM Soln 50 MG/ML			
57200040200105	Hydroxyzine Pamoate Cap 25 MG			
57200040200110	Hydroxyzine Pamoate Cap 50 MG			
57200040200115	Hydroxyzine Pamoate Cap 100 MG			
57200050000305	Meprobamate Tab 200 MG			
57200050000310	Meprobamate Tab 400 MG			
58030050000308	Mirtazapine Tab 7.5 MG			
58030050000315	Mirtazapine Tab 15 MG			
58030050000330	Mirtazapine Tab 30 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58030050000345	Mirtazapine Tab 45 MG			
58030050007215	Mirtazapine Orally Disintegrating Tab 15 MG			
58030050007230	Mirtazapine Orally Disintegrating Tab 30 MG			
58030050007245	Mirtazapine Orally Disintegrating Tab 45 MG			
58100030100305	Tranlycypromine Sulfate Tab 10 MG			
58120050100305	Nefazodone HCl Tab 50 MG			
58120050100310	Nefazodone HCl Tab 100 MG			
58120050100320	Nefazodone HCl Tab 150 MG			
58120050100330	Nefazodone HCl Tab 200 MG			
58120050100340	Nefazodone HCl Tab 250 MG			
58120080100305	Trazodone HCl Tab 50 MG			
58120080100310	Trazodone HCl Tab 100 MG			
58120080100315	Trazodone HCl Tab 150 MG			
58120080100325	Trazodone HCl Tab 300 MG			
58160020100310	Citalopram Hydrobromide Tab 10 MG (Base Equiv)			
58160020100320	Citalopram Hydrobromide Tab 20 MG (Base Equiv)			
58160020100340	Citalopram Hydrobromide Tab 40 MG (Base Equiv)			
58160020102020	Citalopram Hydrobromide Oral Soln 10 MG/5ML			
58160040000110	Fluoxetine HCl Cap 10 MG			
58160040000120	Fluoxetine HCl Cap 20 MG			
58160040000140	Fluoxetine HCl Cap 40 MG			
58160040000310	Fluoxetine HCl Tab 10 MG			
58160040000320	Fluoxetine HCl Tab 20 MG			
58160040002020	Fluoxetine HCl Solution 20 MG/5ML			
58160045100310	Fluvoxamine Maleate Tab 25 MG			
58160045100320	Fluvoxamine Maleate Tab 50 MG			
58160045100330	Fluvoxamine Maleate Tab 100 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58160060000310	Paroxetine HCl Tab 10 MG			
58160060000320	Paroxetine HCl Tab 20 MG			
58160060000330	Paroxetine HCl Tab 30 MG			
58160060000340	Paroxetine HCl Tab 40 MG			
58160070100305	Sertraline HCl Tab 25 MG			
58160070100310	Sertraline HCl Tab 50 MG			
58160070100320	Sertraline HCl Tab 100 MG			
58160070101320	Sertraline HCl Oral Conc 20 MG/ML			
58180090100320	Venlafaxine HCl Tab 25 MG			
58180090100340	Venlafaxine HCl Tab 37.5 MG			
58180090100350	Venlafaxine HCl Tab 50 MG			
58180090100360	Venlafaxine HCl Tab 75 MG			
58180090100370	Venlafaxine HCl Tab 100 MG			
58200010100305	Amitriptyline HCl Tab 10 MG			
58200010100310	Amitriptyline HCl Tab 25 MG			
58200010100315	Amitriptyline HCl Tab 50 MG			
58200010100320	Amitriptyline HCl Tab 75 MG			
58200010100325	Amitriptyline HCl Tab 100 MG			
58200010100330	Amitriptyline HCl Tab 150 MG			
58200010102900	Amitriptyline HCl Powder			
58200020000305	Amoxapine Tab 25 MG			
58200020000310	Amoxapine Tab 50 MG			
58200020000320	Amoxapine Tab 150 MG			
58200025100120	Clomipramine HCl Cap 25 MG			
58200025100130	Clomipramine HCl Cap 50 MG			
58200025100140	Clomipramine HCl Cap 75 MG			
58200030100305	Desipramine HCl Tab 10 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58200030100310	Desipramine HCl Tab 25 MG			
58200030100315	Desipramine HCl Tab 50 MG			
58200030100320	Desipramine HCl Tab 75 MG			
58200030100325	Desipramine HCl Tab 100 MG			
58200030100330	Desipramine HCl Tab 150 MG			
58200040100105	Doxepin HCl Cap 10 MG			
58200040100110	Doxepin HCl Cap 25 MG			
58200040100115	Doxepin HCl Cap 50 MG			
58200040100120	Doxepin HCl Cap 75 MG			
58200040100125	Doxepin HCl Cap 100 MG			
58200040100130	Doxepin HCl Cap 150 MG			
58200040101305	Doxepin HCl Conc 10 MG/ML			
58200050100305	Imipramine HCl Tab 10 MG			
58200050100310	Imipramine HCl Tab 25 MG			
58200050100315	Imipramine HCl Tab 50 MG			
58200050200105	Imipramine Pamoate Cap 75 MG			
58200050200110	Imipramine Pamoate Cap 100 MG			
58200050200115	Imipramine Pamoate Cap 125 MG			
58200050200120	Imipramine Pamoate Cap 150 MG			
58200060100105	Nortriptyline HCl Cap 10 MG			
58200060100110	Nortriptyline HCl Cap 25 MG			
58200060100115	Nortriptyline HCl Cap 50 MG			
58200060100120	Nortriptyline HCl Cap 75 MG			
58200060102005	Nortriptyline HCl Soln 10 MG/5ML			
58200080100110	Trimipramine Maleate Cap 50 MG			
58300010100305	Maprotiline HCl Tab 25 MG			
58300010100310	Maprotiline HCl Tab 50 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
58300010100315	Maprotiline HCl Tab 75 MG			
58300040100305	Bupropion HCl Tab 75 MG			
58300040100310	Bupropion HCl Tab 100 MG			
58300040107420	Bupropion HCl Tab SR 12HR 100 MG			
58300040107430	Bupropion HCl Tab SR 12HR 150 MG			
58300040107440	Bupropion HCl Tab SR 12HR 200 MG			
59100010100305	Haloperidol Tab 0.5 MG			
59100010100310	Haloperidol Tab 1 MG			
59100010100315	Haloperidol Tab 2 MG			
59100010100320	Haloperidol Tab 5 MG			
59100010100325	Haloperidol Tab 10 MG			
59100010100330	Haloperidol Tab 20 MG			
59100010201305	Haloperidol Lactate Oral Conc 2 MG/ML			
59100010202005	Haloperidol Lactate Inj 5 MG/ML			
59100010302010	Haloperidol Decanoate IM Soln 50 MG/ML			
59100010302020	Haloperidol Decanoate IM Soln 100 MG/ML			
59152020000320	Clozapine Tab 25 MG			
59152020000330	Clozapine Tab 100 MG			
59154020200105	Loxapine Succinate Cap 5 MG			
59154020200110	Loxapine Succinate Cap 10 MG			
59154020200115	Loxapine Succinate Cap 25 MG			
59154020200120	Loxapine Succinate Cap 50 MG			
59200015100305	Chlorpromazine HCl Tab 10 MG			
59200015100310	Chlorpromazine HCl Tab 25 MG			
59200015100315	Chlorpromazine HCl Tab 50 MG			
59200015100320	Chlorpromazine HCl Tab 100 MG			
59200015100325	Chlorpromazine HCl Tab 200 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
59200025100305	Fluphenazine HCl Tab 1 MG			
59200025100310	Fluphenazine HCl Tab 2.5 MG			
59200025100315	Fluphenazine HCl Tab 5 MG			
59200025100320	Fluphenazine HCl Tab 10 MG			
59200025302005	Fluphenazine Decanoate Inj 25 MG/ML			
59200045000305	Perphenazine Tab 2 MG			
59200045000310	Perphenazine Tab 4 MG			
59200045000315	Perphenazine Tab 8 MG			
59200045000320	Perphenazine Tab 16 MG			
59200045001350	Perphenazine Conc 16 MG/5ML			
59200055005215	Prochlorperazine Suppos 25 MG			
59200055100305	Prochlorperazine Maleate Tab 5 MG			
59200055100310	Prochlorperazine Maleate Tab 10 MG			
59200055202005	Prochlorperazine Edisylate Inj 5 MG/ML			
59200080100305	Thioridazine HCl Tab 10 MG			
59200080100315	Thioridazine HCl Tab 25 MG			
59200080100320	Thioridazine HCl Tab 50 MG			
59200080100325	Thioridazine HCl Tab 100 MG			
59200085100305	Trifluoperazine HCl Tab 1 MG			
59200085100310	Trifluoperazine HCl Tab 2 MG			
59200085100315	Trifluoperazine HCl Tab 5 MG			
59200085100320	Trifluoperazine HCl Tab 10 MG			
59300020100105	Thiothixene Cap 1 MG			
59300020100110	Thiothixene Cap 2 MG			
59300020100115	Thiothixene Cap 5 MG			
59300020100120	Thiothixene Cap 10 MG			
59500010100103	Lithium Carbonate Cap 150 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
59500010100105	Lithium Carbonate Cap 300 MG			
59500010100110	Lithium Carbonate Cap 600 MG			
59500010100305	Lithium Carbonate Tab 300 MG			
59500010100405	Lithium Carbonate Tab CR 300 MG			
59500010100410	Lithium Carbonate Tab CR 450 MG			
59500010202010	Lithium Citrate Oral Soln 8 mEq/5ML			
60100040000310	Mephobarbital Tab 50 MG			
60100040000315	Mephobarbital Tab 100 MG			
60100060000305	Phenobarbital Tab 15 MG			
60100060000308	Phenobarbital Tab 16.2 MG			
60100060000315	Phenobarbital Tab 30 MG			
60100060000317	Phenobarbital Tab 32.4 MG			
60100060000320	Phenobarbital Tab 60 MG			
60100060000322	Phenobarbital Tab 64.8 MG			
60100060000324	Phenobarbital Tab 97.2 MG			
60100060000325	Phenobarbital Tab 100 MG			
60100060001010	Phenobarbital Elixir 20 MG/5ML			
60200020001210	Chloral Hydrate Syrup 500 MG/5ML			
60201005000310	Estazolam Tab 1 MG			
60201005000320	Estazolam Tab 2 MG			
60201010100105	Flurazepam HCl Cap 15 MG			
60201010100110	Flurazepam HCl Cap 30 MG			
60201025101220	Midazolam HCl Syrup 2 MG/ML (Base Equivalent)			
60201025102001	Midazolam HCl Inj 1 MG/ML (Base Equivalent)			
60201025102005	Midazolam HCl Inj 5 MG/ML (Base Equivalent)			
60201030000105	Temazepam Cap 15 MG			
60201030000110	Temazepam Cap 30 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
60201040000305	Triazolam Tab 0.125 MG			
60201040000310	Triazolam Tab 0.25 MG			
61100020100305	Dextroamphetamine Sulfate Tab 5 MG			
61100020100310	Dextroamphetamine Sulfate Tab 10 MG			
61100020107005	Dextroamphetamine Sulfate Cap SR 24HR 5 MG			
61100020107010	Dextroamphetamine Sulfate Cap SR 24HR 10 MG			
61100020107015	Dextroamphetamine Sulfate Cap SR 24HR 15 MG			
61109902100305	Amphetamine-Dextroamphetamine Tab 5 MG			
61109902100307	Amphetamine-Dextroamphetamine Tab 7.5 MG			
61109902100310	Amphetamine-Dextroamphetamine Tab 10 MG			
61109902100312	Amphetamine-Dextroamphetamine Tab 12.5 MG			
61109902100315	Amphetamine-Dextroamphetamine Tab 15 MG			
61109902100320	Amphetamine-Dextroamphetamine Tab 20 MG			
61109902100330	Amphetamine-Dextroamphetamine Tab 30 MG			
61200020100305	Diethylpropion HCl Tab 25 MG			
61200020107510	Diethylpropion HCl Tab SR 24HR 75 MG			
61200050100305	Phendimetrazine Tartrate Tab 35 MG			
61200050107010	Phendimetrazine Tartrate Cap SR 24HR 105 MG			
61200070100110	Phentermine HCl Cap 15 MG			
61200070100115	Phentermine HCl Cap 30 MG			
61200070100120	Phentermine HCl Cap 37.5 MG			
61200070100310	Phentermine HCl Tab 37.5 MG			
61400020100305	Methylphenidate HCl Tab 5 MG			
61400020100310	Methylphenidate HCl Tab 10 MG			
61400020100315	Methylphenidate HCl Tab 20 MG			
61400020100403	Methylphenidate HCl Tab CR 10 MG			
61400020100405	Methylphenidate HCl Tab CR 20 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
61400030000305	Pemoline Tab 18.75 MG			
61400030000310	Pemoline Tab 37.5 MG			
61400030000315	Pemoline Tab 75 MG			
61400030000505	Pemoline Chew Tab 37.5 MG			
62000010000310	Ergoloid Mesylates Tab 1 MG			
62100002107430	Bupropion HCl (Smoking Deterrent) Tab SR 12HR 150 MG			
62100005008520	Nicotine TD Patch 24HR 7 MG/24HR			
62100005008530	Nicotine TD Patch 24HR 14 MG/24HR			
62100005008540	Nicotine TD Patch 24HR 21 MG/24HR			
62992002200310	Chlordiazepoxide-Amitriptyline Tab 5-12.5 MG			
62992002200320	Chlordiazepoxide-Amitriptyline Tab 10-25 MG			
62994002600310	Perphenazine-Amitriptyline Tab 2-10 MG			
62994002600315	Perphenazine-Amitriptyline Tab 2-25 MG			
62994002600320	Perphenazine-Amitriptyline Tab 4-10 MG			
62994002600325	Perphenazine-Amitriptyline Tab 4-25 MG			
62994002600330	Perphenazine-Amitriptyline Tab 4-50 MG			
64100010000615	Aspirin Tab Delayed Release 975 MG			
64100050000310	Diflunisal Tab 500 MG			
64100075000305	Salsalate Tab 500 MG			
64100075000310	Salsalate Tab 750 MG			
64109902200305	Choline & Magnesium Salicylates Tab 500 MG			
64109902200310	Choline & Magnesium Salicylates Tab 750 MG			
64109902200315	Choline & Magnesium Salicylates Tab 1000 MG			
64109902200910	Choline & Magnesium Salicylates Liq 500 MG/5ML			
64990003130120	Acetaminophen-Salicylamide-Phenyltoloxamine Cap 300-200-20MG			
64990004450120	APAP-Salicylamide-Phenyltolox-Caffeine Cap 325-250-20-50 MG			
64991002120310	Butalbital-Acetaminophen Tab 50-325 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
64991002120320	Butalbital-Acetaminophen Tab 50-650 MG			
64991002300315	Phenyltoloxamine w/ APAP Tab 30-500 MG			
64991002300320	Phenyltoloxamine w/ APAP Tab 50-500 MG			
64991002300335	Phenyltoloxamine w/ APAP Tab 60-650 MG			
64991002300430	Phenyltoloxamine w/ APAP Tab CR 66-600 MG			
64991003100110	Butalbital-Acetaminophen-Caffeine Cap 50-325-40 MG			
64991003100120	Butalbital-Acetaminophen-Caffeine Cap 50-500-40 MG			
64991003100310	Butalbital-Acetaminophen-Caffeine Tab 50-325-40 MG			
64991003100320	Butalbital-Acetaminophen-Caffeine Tab 50-500-40 MG			
64991003300120	Butalbital-Aspirin-Caffeine Cap 50-325-40 MG			
64991003300320	Butalbital-Aspirin-Caffeine Tab 50-325-40 MG			
65100020102003	Codeine Phosphate Inj 15 MG/ML			
65100020102900	Codeine Phosphate Powder			
65100020107320	Codeine Phosphate Soluble Tab 30 MG			
65100020200305	Codeine Sulfate Tab 15 MG			
65100020200310	Codeine Sulfate Tab 30 MG			
65100020200315	Codeine Sulfate Tab 60 MG			
65100025008620	Fentanyl TD Patch 72HR 25 MCG/HR			
65100025008630	Fentanyl TD Patch 72HR 50 MCG/HR			
65100025008640	Fentanyl TD Patch 72HR 75 MCG/HR			
65100025008650	Fentanyl TD Patch 72HR 100 MCG/HR			
65100025102005	Fentanyl Citrate Inj 0.05 MG/ML			
65100025108450	Fentanyl Citrate Lollipop 200 MCG			
65100025108455	Fentanyl Citrate Lollipop 400 MCG			
65100025108460	Fentanyl Citrate Lollipop 600 MCG			
65100025108465	Fentanyl Citrate Lollipop 800 MCG			
65100025108485	Fentanyl Citrate Lollipop 1600 MCG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65100035100310	Hydromorphone HCl Tab 2 MG			
65100035100320	Hydromorphone HCl Tab 4 MG			
65100035100330	Hydromorphone HCl Tab 8 MG			
65100035102005	Hydromorphone HCl Inj 1 MG/ML			
65100035102010	Hydromorphone HCl Inj 2 MG/ML			
65100035102025	Hydromorphone HCl Inj 10 MG/ML			
65100035105205	Hydromorphone HCl Suppos 3 MG			
65100040100305	Levorphanol Tartrate Tab 2 MG			
65100045100305	Meperidine HCl Tab 50 MG			
65100045100310	Meperidine HCl Tab 100 MG			
65100045102020	Meperidine HCl Inj 75 MG/ML			
65100045102030	Meperidine HCl Inj 100 MG/ML			
65100050100305	Methadone HCl Tab 5 MG			
65100050100310	Methadone HCl Tab 10 MG			
65100050101310	Methadone HCl Conc 10 MG/ML			
65100050102010	Methadone HCl Soln 5 MG/5ML			
65100050102015	Methadone HCl Soln 10 MG/5ML			
65100050107320	Methadone HCl Tab For Oral Susp 40 MG			
65100055100310	Morphine Sulfate Tab 15 MG			
65100055100315	Morphine Sulfate Tab 30 MG			
65100055102005	Morphine Sulfate Inj 2 MG/ML			
65100055102010	Morphine Sulfate Inj 4 MG/ML			
65100055102015	Morphine Sulfate Inj 5 MG/ML			
65100055102030	Morphine Sulfate Inj 10 MG/ML			
65100055102040	Morphine Sulfate Inj 15 MG/ML			
65100055102044	Morphine Sulfate IV Soln 25 MG/ML			
65100055102049	Morphine Sulfate IV Soln 50 MG/ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65100055102065	Morphine Sulfate Oral Soln 10 MG/5ML			
65100055102070	Morphine Sulfate Oral Soln 20 MG/5ML			
65100055102090	Morphine Sulfate Oral Soln 20 MG/ML			
65100055105210	Morphine Sulfate Suppos 10 MG			
65100055107314	Morphine Sulfate Tab Sol 10 MG			
65100055107320	Morphine Sulfate Tab Sol 15 MG			
65100055107415	Morphine Sulfate Tab SR 12HR 15 MG			
65100055107430	Morphine Sulfate Tab SR 12HR 30 MG			
65100055107445	Morphine Sulfate Tab SR 12HR 60 MG			
65100055107460	Morphine Sulfate Tab SR 12HR 100 MG			
65100055107480	Morphine Sulfate Tab SR 12HR 200 MG			
65100055302020	Morphine Sulfate For Microinfusion Inj 200 MG/20ML (10MG/ML)			
65100075100110	Oxycodone HCl Cap 5 MG			
65100075100310	Oxycodone HCl Tab 5 MG			
65100075100325	Oxycodone HCl Tab 15 MG			
65100075100340	Oxycodone HCl Tab 30 MG			
65100075101320	Oxycodone HCl Conc 20 MG/ML			
65100075102005	Oxycodone HCl Soln 5 MG/5ML			
65100075107410	Oxycodone HCl Tab SR 12HR 10 MG			
65100075107420	Oxycodone HCl Tab SR 12HR 20 MG			
65100075107440	Oxycodone HCl Tab SR 12HR 40 MG			
65100075107480	Oxycodone HCl Tab SR 12HR 80 MG			
65100085100110	Propoxyphene HCl Cap 65 MG			
65100095100320	Tramadol HCl Tab 50 MG			
65200010102005	Buprenorphine HCl Inj 0.324 MG/ML (0.3 MG/ML Base Equiv)			
65200020102050	Butorphanol Tartrate Nasal Soln 10 MG/ML			
65200030102005	Nalbuphine HCl Inj 10 MG/ML			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65200030102010	Nalbuphine HCl Inj 20 MG/ML			
65200040300310	Pentazocine w/ Naloxone Tab 50-0.5 MG			
65990002200120	Oxycodone w/ Acetaminophen Cap 5-500 MG			
65990002200310	Oxycodone w/ Acetaminophen Tab 5-325 MG			
65990002200327	Oxycodone w/ Acetaminophen Tab 7.5-325 MG			
65990002200330	Oxycodone w/ Acetaminophen Tab 7.5-500 MG			
65990002200335	Oxycodone w/ Acetaminophen Tab 10-325 MG			
65990002200340	Oxycodone w/ Acetaminophen Tab 10-650 MG			
65990002220320	Oxycodone w/ Aspirin Tab Full Strength			
65991002050310	Acetaminophen w/ Codeine Tab 300-15 MG			
65991002050315	Acetaminophen w/ Codeine Tab 300-30 MG			
65991002050320	Acetaminophen w/ Codeine Tab 300-60 MG			
65991002051005	Acetaminophen w/ Codeine Elixir 120-12 MG/5ML			
65991002052020	Acetaminophen w/ Codeine Soln 120-12 MG/5ML			
65991002100315	Aspirin w/ Codeine Tab 325-30 MG			
65991002100320	Aspirin w/ Codeine Tab 325-60 MG			
65991004100115	Butalbital-Acetaminophen-Caff w/ COD Cap 50-325-40-30 MG			
65991004300115	Butalbital-Aspirin-Caff w/ Codeine Cap 50-325-40-30 MG			
65991303050340	Acetaminophen-Caffeine-Dihydrocodeine Tab 712.8-60-32 MG			
65991702100110	Hydrocodone-Acetaminophen Cap 5-500 MG			
65991702100305	Hydrocodone-Acetaminophen Tab 10-325 MG			
65991702100307	Hydrocodone-Acetaminophen Tab 2.5-500 MG			
65991702100310	Hydrocodone-Acetaminophen Tab 5-500 MG			
65991702100325	Hydrocodone-Acetaminophen Tab 7.5-500 MG			
65991702100327	Hydrocodone-Acetaminophen Tab 10-500 MG			
65991702100340	Hydrocodone-Acetaminophen Tab 7.5-650 MG			
65991702100345	Hydrocodone-Acetaminophen Tab 10-650 MG			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65991702100346	Hydrocodone-Acetaminophen Tab 10-660 MG			
65991702100350	Hydrocodone-Acetaminophen Tab 7.5-750 MG			
65991702100353	Hydrocodone-Acetaminophen Tab 10-750 MG			
65991702100356	Hydrocodone-Acetaminophen Tab 5-325 MG			
65991702100358	Hydrocodone-Acetaminophen Tab 7.5-325 MG			
65991702102020	Hydrocodone-Acetaminophen Soln 7.5-500 MG/15ML			
65991702500320	Hydrocodone-Ibuprofen Tab 7.5-200 MG			
65992002200320	Propoxyphene HCl w/ APAP Tab 65-650 MG			
65992002400310	Propoxyphene-N w/ APAP Tab 50-325 MG			
65992002400312	Propoxyphene-N w/ APAP Tab 100-325 MG			
65992002400317	Propoxyphene-N w/ APAP Tab 100-500 MG			
65992002400320	Propoxyphene-N w/ APAP Tab 100-650 MG			
65993002200110	Meperidine w/ Promethazine Cap 50-25 MG			
65994002100310	Pentazocine w/ APAP Tab 25-650 MG			
65995002200320	Tramadol-Acetaminophen Tab 37.5-325 MG			
66100007000610	Diclofenac Sodium Tab Delayed Release 25 MG			
66100007000620	Diclofenac Sodium Tab Delayed Release 50 MG			
66100007000630	Diclofenac Sodium Tab Delayed Release 75 MG			
66100007002900	Diclofenac Sodium Powder			
66100007007530	Diclofenac Sodium Tab SR 24HR 100 MG			
66100007100330	Diclofenac Potassium Tab 50 MG			
66100008000120	Etodolac Cap 200 MG			
66100008000130	Etodolac Cap 300 MG			
66100008000310	Etodolac Tab 400 MG			
66100008000320	Etodolac Tab 500 MG			
66100008007520	Etodolac Tab SR 24HR 400 MG			
66100008007530	Etodolac Tab SR 24HR 500 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
66100008007540	Etodolac Tab SR 24HR 600 MG			
66100010100305	Fenoprofen Calcium Tab 600 MG			
66100012000310	Flurbiprofen Tab 50 MG			
66100012000315	Flurbiprofen Tab 100 MG			
66100020000320	Ibuprofen Tab 400 MG			
66100020000330	Ibuprofen Tab 600 MG			
66100020000340	Ibuprofen Tab 800 MG			
66100020001820	Ibuprofen Susp 100 MG/5ML			
66100020002900	Ibuprofen Powder			
66100030000105	Indomethacin Cap 25 MG			
66100030000110	Indomethacin Cap 50 MG			
66100030000205	Indomethacin Cap CR 75 MG			
66100035000105	Ketoprofen Cap 50 MG			
66100035000110	Ketoprofen Cap 75 MG			
66100035002900	Ketoprofen Powder			
66100035007030	Ketoprofen Cap SR 24HR 200 MG			
66100037100320	Ketorolac Tromethamine Tab 10 MG			
66100037102015	Ketorolac Tromethamine Inj 15 MG/ML			
66100037102030	Ketorolac Tromethamine Inj 30 MG/ML			
66100037102070	Ketorolac Tromethamine IM Inj 30 MG/ML			
66100040100105	Meclofenamate Sodium Cap 50 MG			
66100040100110	Meclofenamate Sodium Cap 100 MG			
66100052000320	Meloxicam Tab 7.5 MG			
66100052000330	Meloxicam Tab 15 MG			
66100055000320	Nabumetone Tab 500 MG			
66100055000330	Nabumetone Tab 750 MG			
66100060000305	Naproxen Tab 250 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
66100060000310	Naproxen Tab 375 MG			
66100060000315	Naproxen Tab 500 MG			
66100060000610	Naproxen Tab EC 375 MG			
66100060000615	Naproxen Tab EC 500 MG			
66100060001805	Naproxen Susp 125 MG/5ML			
66100060100305	Naproxen Sodium Tab 275 MG			
66100060100310	Naproxen Sodium Tab 550 MG			
66100060107540	Naproxen Sodium Tab SR 24HR 500 MG (Base Equiv)			
66100065000320	Oxaprozin Tab 600 MG			
66100070000105	Piroxicam Cap 10 MG			
66100070000110	Piroxicam Cap 20 MG			
66100080000305	Sulindac Tab 150 MG			
66100080000310	Sulindac Tab 200 MG			
66100090100105	Tolmetin Sodium Cap 400 MG			
66100090100305	Tolmetin Sodium Tab 200 MG			
66100090100320	Tolmetin Sodium Tab 600 MG			
66280050000310	Leflunomide Tab 10 MG			
66280050000320	Leflunomide Tab 20 MG			
67000030102005	Dihydroergotamine Mesylate Inj 1 MG/ML			
67990003100110	APAP-Isometheptene-Dichloral Cap 325-65-100 MG			
67991002100310	Ergotamine w/ Caffeine Tab 1-100 MG			
67991003200340	Ergotamine w/ PB & Belladonna Tab 0.6-40-0.2 MG			
68000010000305	Allopurinol Tab 100 MG			
68000010000310	Allopurinol Tab 300 MG			
68000020000310	Colchicine Tab 0.6 MG			
68000020002005	Colchicine Inj 0.5 MG/ML			
68100010000310	Probenecid Tab 500 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
68990002100310	Colchicine w/ Probenecid Tab 0.5-500 MG			
69100010102005	Bupivacaine HCl Inj 0.25%			
69100010102010	Bupivacaine HCl Inj 0.5%			
69100040102010	Lidocaine HCl Local Inj 1%			
69100040102020	Lidocaine HCl Local Inj 2%			
70400020102010	Ketamine HCl Inj 50 MG/ML			
70400050001620	Propofol IV Emul 10 MG/ML			
72100010000305	Clonazepam Tab 0.5 MG			
72100010000310	Clonazepam Tab 1 MG			
72100010000315	Clonazepam Tab 2 MG			
72100010007210	Clonazepam Orally Disintegrating Tab 0.125 MG			
72100010007215	Clonazepam Orally Disintegrating Tab 0.25 MG			
72100010007220	Clonazepam Orally Disintegrating Tab 0.5 MG			
72100010007230	Clonazepam Orally Disintegrating Tab 1 MG			
72100010007240	Clonazepam Orally Disintegrating Tab 2 MG			
72200030001810	Phenytoin Susp 125 MG/5ML			
72200030052005	Phenytoin Sodium Inj 50 MG/ML			
72200030100110	Phenytoin Sodium Prompt Cap 100 MG			
72200030200110	Phenytoin Sodium Extended Cap 100 MG			
72400010000105	Ethosuximide Cap 250 MG			
72400010002005	Ethosuximide Soln 250 MG/5ML			
72500020101205	Valproate Sodium Syrup 250 MG/5ML			
72500030000105	Valproic Acid Cap 250 MG			
72600020000305	Carbamazepine Tab 200 MG			
72600020000505	Carbamazepine Chew Tab 100 MG			
72600020001810	Carbamazepine Susp 100 MG/5ML			
72600030000110	Gabapentin Cap 100 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
72600030000130	Gabapentin Cap 300 MG			
72600030000140	Gabapentin Cap 400 MG			
72600030000310	Gabapentin Tab 100 MG			
72600030000315	Gabapentin Tab 300 MG			
72600030000320	Gabapentin Tab 400 MG			
72600030000330	Gabapentin Tab 600 MG			
72600030000340	Gabapentin Tab 800 MG			
72600040007210	Lamotrigine Tab Disp 5 MG			
72600040007220	Lamotrigine Tab Disp 25 MG			
72600060000305	Primidone Tab 50 MG			
72600060000310	Primidone Tab 250 MG			
72600090000105	Zonisamide Cap 25 MG			
72600090000110	Zonisamide Cap 50 MG			
72600090000120	Zonisamide Cap 100 MG			
73100010100305	Benzotropine Mesylate Tab 0.5 MG			
73100010100310	Benzotropine Mesylate Tab 1 MG			
73100010100315	Benzotropine Mesylate Tab 2 MG			
73100070100310	Trihexyphenidyl HCl Tab 2 MG			
73100070100320	Trihexyphenidyl HCl Tab 5 MG			
73200010100105	Amantadine HCl Cap 100 MG			
73200010100310	Amantadine HCl Tab 100 MG			
73200010101205	Amantadine HCl Syrup 50 MG/5ML			
73200020100105	Bromocriptine Mesylate Cap 5 MG			
73200020100305	Bromocriptine Mesylate Tab 2.5 MG			
73200040002900	Levodopa Powder			
73200050000302	Pergolide Mesylate Tab 0.05 MG (Base Equivalent)			
73200050000308	Pergolide Mesylate Tab 0.25 MG (Base Equivalent)			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
73200050000315	Pergolide Mesylate Tab 1 MG (Base Equivalent)			
73209902100310	Carbidopa & Levodopa Tab 10-100 MG			
73209902100320	Carbidopa & Levodopa Tab 25-100 MG			
73209902100330	Carbidopa & Levodopa Tab 25-250 MG			
73209902100410	Carbidopa & Levodopa Tab CR 25-100 MG			
73209902100420	Carbidopa & Levodopa Tab CR 50-200 MG			
73300030100120	Selegiline HCl Cap 5 MG			
73300030100320	Selegiline HCl Tab 5 MG			
75100010000305	Baclofen Tab 10 MG			
75100010000310	Baclofen Tab 20 MG			
75100010002900	Baclofen Powder			
75100020000305	Carisoprodol Tab 350 MG			
75100040000310	Chlorzoxazone Tab 500 MG			
75100050100303	Cyclobenzaprine HCl Tab 5 MG			
75100050100305	Cyclobenzaprine HCl Tab 10 MG			
75100050102900	Cyclobenzaprine HCl Powder			
75100070000305	Methocarbamol Tab 500 MG			
75100070000310	Methocarbamol Tab 750 MG			
75100080102005	Orphenadrine Citrate Inj 30 MG/ML			
75100080107410	Orphenadrine Citrate Tab SR 12HR 100 MG			
75100090100310	Tizanidine HCl Tab 2 MG			
75100090100320	Tizanidine HCl Tab 4 MG			
75200010100105	Dantrolene Sodium Cap 25 MG			
75200010100110	Dantrolene Sodium Cap 50 MG			
75200010100115	Dantrolene Sodium Cap 100 MG			
75990002100310	Carisoprodol w/ Aspirin Tab 200-325 MG			
75990003100310	Carisoprodol w/ Aspirin & Codeine Tab 200-325-16 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
75990003200310	Orphenadrine w/ Aspirin & Caffeine Tab 25-385-30 MG			
75990003200320	Orphenadrine w/ Aspirin & Caffeine Tab 50-770-60 MG			
76000050100305	Pyridostigmine Bromide Tab 60 MG			
77101010102005	Thiamine HCl Inj 100 MG/ML			
77101010102900	Thiamine HCl Powder			
77103010000350	Niacin Tab 500 MG			
77105010002005	Pyridoxine HCl Inj 100 MG/ML			
77105010002900	Pyridoxine HCl Powder			
77107010100120	Potassium Aminobenzoate Cap 500 MG			
77107010103010	Potassium Aminobenzoate Packet 2 GM			
77108010002020	Ascorbic Acid Inj 500 MG/ML			
77202030000110	Ergocalciferol Cap 50000 Unit			
77202036000105	Calcitriol Cap 0.25 MCG			
77202036000110	Calcitriol Cap 0.5 MCG			
77202036002005	Calcitriol Inj 1 MCG/ML			
77202036002050	Calcitriol Oral Soln 1 MCG/ML			
77204030002005	Phytonadione Inj 2 MG/ML			
77204030002010	Phytonadione Inj 10 MG/ML			
78104910000320	Niacinamide w/ Zinc-Copper & Folic Acid Tab 750-25-1.5-0.5 MG			
78110000002200	*B-Complex Vitamin Inj**			
78133000000130	*B-Complex w/ C & Folic Acid Cap 1 MG***			
78133000000300	*B-Complex w/ C & Folic Acid Tab***			
78133000000330	*B-Complex w/ C & Folic Acid Tab 1 MG***			
78133000000350	*B-Complex w/ C & Folic Acid Tab 5 MG***			
78135010000340	*B-Complex w/ C-Min-Fe & Folic Acid Tab 106-1 MG***			
78200000002200	*Multiple Vitamin Inj**			
78310000000100	*Multiple Vitamins w/ Minerals Cap**			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
7831000000300	*Multiple Vitamins w/ Minerals Tab**			
78313010000320	*Multiple Vitamins w/ Minerals & FA Tab 1.25 MG***			
78440500000520	*Pediatric Vitamins ACD w/ Fluoride Chew Tab 1 MG***			
78440500002010	*Pediatric Vitamins ACD w/ Fluoride Soln 0.25 MG/ML***			
78440500002020	*Pediatric Vitamins ACD w/ Fluoride Soln 0.5 MG/ML***			
78441000000505	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.25 MG***			
78441000000510	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 0.5 MG***			
78441000000520	*Pediatric Multiple Vitamins w/ Fluoride Chew Tab 1 MG***			
78441000002005	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.25 MG/ML***			
78441000002010	*Pediatric Multiple Vitamins w/ Fluoride Soln 0.5 MG/ML***			
78450000000520	*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 0.5-12 MG**			
78450000000530	*Pediatric Multiple Vitamins w/ FI-Fe Chew Tab 1-12 MG**			
78450000002008	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.25-10 MG/ML**			
78450000002018	*Pediatric Multiple Vitamins w/ FI-Fe Drops 0.5-10 MG/ML**			
78452000002010	*Pediatric Vitamins ACD Fluoride & Fe Drops 0.25-10 MG/ML***			
78512010000330	*Prenatal Vit w/ Iron Carbonyl-FA Tab 29-1 MG***			
78512010000350	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1 MG***			
78512010000352	*Prenatal Vit w/ Iron Carbonyl-FA Tab 50-1.25 MG***			
78512015000317	*Prenatal Vit w/ Fe Fumarate-FA Tab 17-1 MG***			
78512015000320	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-0.5 MG***			
78512015000324	*Prenatal Vit w/ Fe Fumarate-FA Tab 27-1 MG***			
78512015000329	*Prenatal Vit w/ Fe Fumarate-FA Tab 28-1 MG***			
78512015000332	*Prenatal Vit w/ Fe Fumarate-FA Tab 29-1 MG***			
78512015000360	*Prenatal Vit w/ Fe Fumarate-FA Tab 60-1 MG***			
78512015000366	*Prenatal Vit w/ Fe Fumarate-FA Tab 65-1 MG***			
78512015000530	*Prenatal Vit w/ Fe Fumarate-FA Chew Tab 29-1 MG***			
78512030000360	*Prenatal Vit w/ Fe Polysac Cmplx-FA Tab 60-1 MG***			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
78512040000360	*Prenatal Vit w/ Iron Carbonyl-Fe Sulf-FA Tab 60-1 MG***			
78512045000324	*Prenatal Vit w/ Iron Carbonyl-Fe Gluc-FA Tab 27-1 MG***			
78512046000330	*Prenatal Vit w/ Fe Bisglycinate Chelate-FA Tab 29-1 MG***			
78512047000330	*Prenatal Vit w/ Fe Fum-Fe Bisglycinate-FA Tab 29-1 MG***			
78512050000160	*Prenatal w/o A Vit w/ Fe Fumarate-FA Cap 106-1 MG***			
78512052000329	*Prenatal w/o A Vit w/ Fe Carbonyl-FA Tab 29-1 MG***			
78512054000375	*Prenatal without A w/ Fe Carbonyl-Docusate-FA Tab 90-1MG***			
78512060000325	*Prenatal Vit w/ Sel-Fe Fumarate-FA Tab 27-1 MG***			
78512065000375	*Prenatal Vit w/ DSS-Iron Carbonyl-FA Tab 90-1 MG***			
78512070000330	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab 29-1 MG***			
78512070000475	*Prenatal Vit w/ DSS-Fe Fumarate-FA Tab CR 90-1 MG***			
78514000006325	*Prenatal MV-Min w/Fe-FA Tab & Ca Chew Tab Therapy Pack***			
78610000000300	*Iron w/ Vitamin Tab**			
78610000000400	*Iron w/ Vitamin Tab CR**			
79050020002025	Sodium Bicarbonate Inj 8.4%			
79100030002010	Calcium Gluconate Inj 10%			
79300020000310	Sodium Fluoride Tab 0.5 MG F (from 1.1 MG NaF)			
79300020000315	Sodium Fluoride Tab 1 MG F (from 2.2 MG NaF)			
79300020000505	Sodium Fluoride Chew Tab 0.25 MG F (from 0.55 MG NaF)			
79300020000510	Sodium Fluoride Chew Tab 0.5 MG F (from 1.1 MG NaF)			
79300020000515	Sodium Fluoride Chew Tab 1 MG F (from 2.2 MG NaF)			
79300020002030	Sodium Fluoride Soln 0.125 MG/DROP F (0.275 MG/DROP NaF)			
79300020002035	Sodium Fluoride Soln 0.25 MG/DROP F (from 0.55 MG/DROP NaF)			
79300020002050	Sodium Fluoride Soln 0.5 MG/ML F (from 1.1 MG/ML NaF)			
79350032002020	Iodine Solution Strong 5% (Lugol's)			
79400010202015	Magnesium Chloride Inj 20%			
79400010402020	Magnesium Sulfate Inj 50%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
79600030100320	Pot Phos Monobasic w/Sod Phos Di & Monobas Tab 155-852-130MG			
79700020000810	Potassium Bicarbonate Effer Tab 25 mEq			
79700030000210	Potassium Chloride Cap CR 10 mEq			
79700030000420	Potassium Chloride Tab CR 8 mEq (600 MG)			
79700030000430	Potassium Chloride Tab CR 10 mEq			
79700030000910	Potassium Chloride Oral Liq 10% (20 MEQ/15ML)			
79700030000920	Potassium Chloride Oral Liq 20% (40 MEQ/15ML)			
79700030002005	Potassium Chloride Inj 2 mEq/ML			
79700030003015	Potassium Chloride Powder Packet 20 mEq			
79700030100430	Potassium Chloride Microencapsulated Crys CR Tab 10 mEq			
79700030100440	Potassium Chloride Microencapsulated Crys CR Tab 20 mEq			
79709902100810	Pot Bicarbonate & Chloride Effer Tab 25 mEq			
79750010002010	Sodium Chloride Inj 0.45%			
79750010002020	Sodium Chloride Inj 0.9%			
79750010002021	Sodium Chloride IV Soln 0.9%			
79800010000120	Zinc Sulfate Cap 220 MG			
79800010002005	Zinc Sulfate Inj 1 MG/ML			
79800010002015	Zinc Sulfate Inj 5 MG/ML			
79900040102010	Selenious Acid Inj 40 MCG/ML			
79909905202020	Trace Min (Cr-Cu-Mn-Se-Zn) Inj 10-1000-500-60-5000 MCG/ML			
79992001202010	Lactated Ringer's Solution			
79993002202020	Dextrose 5% w/ Sodium Chloride 0.2%			
79993002202025	Dextrose 5% w/ Sodium Chloride 0.33%			
79993002202030	Dextrose 5% w/ Sodium Chloride 0.45%			
79993002202035	Dextrose 5% w/ Sodium Chloride 0.9%			
79993003102025	KCl 0.15% in D5/0.45% NaCl			
79993003102027	KCl 0.15% in D5/0.9% NaCl			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
80100010002040	Alcohol Absolute Inj 95%			
80100020002015	Dextrose Inj 5%			
80200010001620	Fat Emulsion IV Soln 20%			
80303050000105	Tryptophan Cap 500 MG			
80303060002900	Tyrosine Powder			
80303092003800	Glutathione Crystals			
82100010002015	Cyanocobalamin Inj 1000 MCG/ML			
82100010003800	Cyanocobalamin Crystals			
82100020002010	Hydroxocobalamin Inj 1000 MCG/ML			
82200010000315	Folic Acid Tab 1 MG			
82200010002005	Folic Acid Inj 5 MG/ML			
82300040002010	Iron Dextran Inj 50 MG/ML			
82300050000110	Polysaccharide Iron Complex Cap 150 MG			
82991002300720	Cyanocobalamin-Methylcobalamin Tab SL 600-600 MCG			
82991503200325	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-0.5 MG			
82991503200328	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.2-25-1 MG			
82991503200335	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-1 MG			
82991503200337	Folic Acid-Vitamin B6-Vitamin B12 Tab 2.5-25-2 MG			
82992000000100	*Iron Combination Cap***			
82992003400120	Iron Polysacch Complex-Vit B12-FA Cap 150-0.025-1 MG			
82992003500420	Ferrous Sulfate-Vit C-Folic Acid Tab CR 105-500-0.8 MG			
82992004300230	Iron-Vit C-Vit B12-Folic Acid Cap CR 100-320-0.025-1 MG			
82992004300330	Iron-Vit C-Vit B12-Folic Acid Tab 100-250-0.025-1 MG			
82992004340130	Fe Fumarate-Vit C-Vit B12-FA Cap 200-250-0.01-1 MG			
82992004340140	Fe Fumarate-Vit C-Vit B12-FA Cap 460-60-0.01-1 MG			
82992005250130	Fe Fumarate w/ B12-Vit C-FA-IFC Cap 110-0.015-75-0.5-240 MG			
82994002200350	Ferrous Fumarate-Folic Acid Tab 324-1 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
83100020202005	Heparin Sodium (Porcine) Lock Flush Soln 10 Unit/ML			
83100020202007	Heparin Sodium (Porcine) Lock Flush IV Soln 10 Unit/ML			
83100020202010	Heparin Sodium (Porcine) Lock Flush Soln 100 Unit/ML			
83100020202012	Heparin Sodium (Porcine) Lock Flush IV Soln 100 Unit/ML			
83100020202015	Heparin Sodium (Porcine) Inj 1000 Unit/ML			
83100020202025	Heparin Sodium (Porcine) Inj 5000 Unit/ML			
83100020202035	Heparin Sodium (Porcine) Inj 10000 Unit/ML			
83100020202045	Heparin Sodium (Porcine) Inj 20000 Unit/ML			
83100020206405	Heparin Sodium (Porcine) w/ NaCl Lock Flush Kit 10 Unit/ML			
83100020222030	Heparin Sodium (Porcine) 100 Unit/ML in Sodium Chloride 0.9%			
83200030200303	Warfarin Sodium Tab 1 MG			
83200030200305	Warfarin Sodium Tab 2 MG			
83200030200310	Warfarin Sodium Tab 2.5 MG			
83200030200311	Warfarin Sodium Tab 3 MG			
83200030200313	Warfarin Sodium Tab 4 MG			
83200030200315	Warfarin Sodium Tab 5 MG			
83200030200317	Warfarin Sodium Tab 6 MG			
83200030200320	Warfarin Sodium Tab 7.5 MG			
83200030200325	Warfarin Sodium Tab 10 MG			
84100010000305	Aminocaproic Acid Tab 500 MG			
84100010001205	Aminocaproic Acid Syrup 25%			
85150030000310	Dipyridamole Tab 25 MG			
85150030000320	Dipyridamole Tab 50 MG			
85150030000330	Dipyridamole Tab 75 MG			
85155516000320	Cilostazol Tab 50 MG			
85155516000330	Cilostazol Tab 100 MG			
85156010100120	Anagrelide HCl Cap 0.5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
85156010100130	Anagrelide HCl Cap 1 MG			
85158020100320	Clopidogrel Bisulfate Tab 75 MG (Base Equiv)			
85158080100320	Ticlopidine HCl Tab 250 MG			
85200010000410	Pentoxifylline Tab CR 400 MG			
85400010002015	Albumin, Human Inj 25%			
86101005004205	Bacitracin Ophth Oint 500 Unit/GM			
86101023102010	Ciprofloxacin HCl Ophth Soln 0.3%			
86101025004210	Erythromycin Ophth Oint 5 MG/GM			
86101030002005	Gentamicin Sulfate Ophth Soln 0.3%			
86101030004205	Gentamicin Sulfate Ophth Oint 0.3%			
86101047002020	Ofloxacin Ophth Soln 0.3%			
86101070002005	Tobramycin Sulfate Ophth Soln 0.3%			
86102010102010	Sulfacetamide Sodium Ophth Soln 10%			
86102010104205	Sulfacetamide Sodium Ophth Oint 10%			
86103020002005	Trifluridine Ophth Soln 1%			
86109902104200	Bacitracin-Polymyxin B Ophth Oint			
86109902602020	Polymyxin B-Trimethoprim Ophth Soln 10000 Unit/ML-0.1%			
86109903104220	Neomycin-Bacitrac Zn-Polymyx 3.5(5)MG-400Unt-10000Unt Op Oin			
86109903202000	Neomycin-Polymyxin B-Gramicidin Ophth Soln			
86250010102005	Betaxolol HCl Ophth Soln 0.5%			
86250012102005	Carteolol HCl Ophth Soln 1%			
86250015102020	Metipranolol Ophth Soln 0.3%			
86250020102003	Levobunolol HCl Ophth Soln 0.25%			
86250020102005	Levobunolol HCl Ophth Soln 0.5%			
86250030102005	Timolol Maleate Ophth Soln 0.25%			
86250030102010	Timolol Maleate Ophth Soln 0.5%			
86250030107620	Timolol Maleate Ophth Gel Forming Soln 0.25%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
86250030107630	Timolol Maleate Ophth Gel Forming Soln 0.5%			
86300010102005	Dexamethasone Sodium Phosphate Ophth Soln 0.1%			
86300020001810	Fluorometholone Ophth Susp 0.1%			
86300050101815	Prednisolone Acetate Ophth Susp 1%			
86300050202015	Prednisolone Sodium Phosphate Ophth Soln 1%			
86309902722015	Sulfacetamide Sodium-Prednisolone Ophth Soln 10-0.23(0.25)%			
86309903321810	Neomycin-Polymyxin-Dexamethasone Ophth Susp 0.1%			
86309903324210	Neomycin-Polymyxin-Dexamethasone Ophth Oint 0.1%			
86309903341810	Neomycin-Polymyxin-HC Ophth Susp			
86309904104220	Bacitracin-Polymyxin-Neomycin-HC Ophth Oint 1%			
86350010102010	Atropine Sulfate Ophth Soln 1%			
86350010104210	Atropine Sulfate Ophth Oint 1%			
86350020102010	Cyclopentolate HCl Ophth Soln 1%			
86350030102010	Homatropine HBr Ophth Soln 5%			
86350050002010	Tropicamide Ophth Soln 1%			
86400030102020	Naphazoline HCl Ophth Soln 0.1%			
86400040102010	Phenylephrine HCl Ophth Soln 2.5%			
86400040102015	Phenylephrine HCl Ophth Soln 10%			
86400040112010	Phenylephrine HCl Ophth Soln 2.5% (Refrigerated)			
86501030102010	Pilocarpine HCl Ophth Soln 0.5%			
86501030102015	Pilocarpine HCl Ophth Soln 1%			
86501030102020	Pilocarpine HCl Ophth Soln 2%			
86501030102025	Pilocarpine HCl Ophth Soln 3%			
86501030102030	Pilocarpine HCl Ophth Soln 4%			
86501030102040	Pilocarpine HCl Ophth Soln 6%			
86600010002005	Dipivefrin HCl Ophth Soln 0.1%			
86602020102010	Brimonidine Tartrate Ophth Soln 0.2%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
86750020102005	Proparacaine HCl Ophth Soln 0.5%			
86750030102005	Tetracaine HCl Ophth Soln 0.5%			
86802010102005	Cromolyn Sodium Ophth Soln 4%			
86802040102010	Ketotifen Fumarate Ophth Soln 0.025% (Base Equiv)			
86805020102010	Flurbiprofen Sodium Ophth Soln 0.03%			
87200010002010	Benzocaine Otic Soln 20%			
87300020102000	Hydrocortisone w/ Acetic Acid Otic Soln 1-2%			
87400010102010	Acetic Acid Otic Soln 2%			
87400025002010	Acetic Acid 2% in Aluminum Acetate Otic Soln			
87991003101807	Neomycin-Polymyxin-HC Otic Susp 3.5 MG/ML-10000 Unit/ML-1%			
87991003102010	Neomycin-Polymyxin-HC Otic Soln 1%			
87992002202010	Benzocaine-Antipyrine Otic Soln 1.4-5.4%			
87992003122010	Pramoxine-HC-Chloroxylonol Otic Soln 10-10-1 MG/ML			
87992003142010	Pramoxine-HC-Chloroxylonol Aqueous Otic Soln 10-10-1 MG/ML			
87992003202000	Benzocaine-PE-Antipyrine Otic Soln			
88100003002900	Amphotericin B Powder			
88100010001805	Nystatin Susp 100000 Unit/ML			
88100020004805	Clotrimazole Troche 10 MG			
88150020102012	Chlorhexidine Gluconate Soln 0.12%			
88250020104410	Triamcinolone Acetonide in Orabase 0.1%			
88350065102050	Lidocaine HCl Viscous Soln 2%			
88402020002020	Sodium Fluoride Rinse 0.2%			
88402020003721	Sodium Fluoride Cream 1.1%			
88402020004020	Sodium Fluoride Gel 1.1% (0.5% F)			
88402030001320	Stannous Fluoride Conc 0.63%			
88402030004010	Stannous Fluoride Gel 0.4%			
88501560100310	Pilocarpine HCl Tab 5 MG			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
89100010003720	Hydrocortisone Rectal Cream 2.5%			
89100010103730	Hydrocortisone Acetate Rectal Cream 2.5%			
89100010105230	Hydrocortisone Acetate Suppos 25 MG			
89100010105237	Hydrocortisone Acetate Suppos 30 MG			
89150010005110	Hydrocortisone Enema 100 MG/60ML			
89991002263720	Lidocaine-Hydrocortisone Acetate Rectal Cream 3-0.5%			
89991002266420	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-0.5%			
89991002266430	Lidocaine-Hydrocortisone Acetate Rectal Cream Kit 3-1%			
90050010000903	Benzoyl Peroxide Liq 2.5%			
90050010000905	Benzoyl Peroxide Liq 5%			
90050010000910	Benzoyl Peroxide Liq 10%			
90050010003720	Benzoyl Peroxide Cream 10%			
90050010004005	Benzoyl Peroxide Gel 2.5%			
90050010004010	Benzoyl Peroxide Gel 5%			
90050010004015	Benzoyl Peroxide Gel 10%			
90050010004106	Benzoyl Peroxide Lotion 3%			
90050010004108	Benzoyl Peroxide Lotion 4%			
90050010004116	Benzoyl Peroxide Lotion 6%			
90050010004119	Benzoyl Peroxide Lotion 9%			
90050013000110	Isotretinoin Cap 10 MG			
90050013000120	Isotretinoin Cap 20 MG			
90050013000130	Isotretinoin Cap 30 MG			
90050013000140	Isotretinoin Cap 40 MG			
90050015102900	Metronidazole Benzoate Powder			
90050030003703	Tretinoin Cream 0.025%			
90050030003705	Tretinoin Cream 0.05%			
90050030003710	Tretinoin Cream 0.1%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90050030004005	Tretinoin Gel 0.01%			
90050030004010	Tretinoin Gel 0.025%			
90051010102005	Clindamycin Phosphate Soln 1%			
90051010104005	Clindamycin Phosphate Gel 1%			
90051010104105	Clindamycin Phosphate Lotion 1%			
90051010109420	Clindamycin Phosphate Swab 1%			
90051020002010	Erythromycin Soln 2%			
90051020004010	Erythromycin Gel 2%			
90051020004320	Erythromycin Pads 2%			
90059902104010	Benzoyl Peroxide-Erythromycin Gel 5-3%			
90059902170920	Benzoyl Peroxide-Urea Cleanser 4.5-10%			
90059902170925	Benzoyl Peroxide-Urea Cleanser 6.5-10%			
90059902170930	Benzoyl Peroxide-Urea Cleanser 8.5-10%			
90059902173725	Benzoyl Peroxide-Urea Cream 6.5-10%			
90059902173730	Benzoyl Peroxide-Urea Cream 8.5-10%			
90059902174020	Benzoyl Peroxide-Urea Gel 4.5-10%			
90059902174025	Benzoyl Peroxide-Urea Gel 6.5-10%			
90059902174030	Benzoyl Peroxide-Urea Gel 8.5-10%			
90059903201620	Sulfacetamide Sodium w/ Sulfur Emulsion 10-5%			
90059903201820	Sulfacetamide Sodium w/ Sulfur Susp 10-5%			
90059903203720	Sulfacetamide Sodium w/ Sulfur Cream 10-5%			
90059903204110	Sulfacetamide Sodium w/ Sulfur Lotion 10-5%			
90059903204320	Sulfacetamide Sodium w/ Sulfur Cleansing Cloth 10-5%			
90059903211620	Sulfacetamide Sodium-Sulfur in Urea Emulsion 10-5%			
90059903214020	Sulfacetamide Sodium-Sulfur in Urea Gel 10-5%			
90059903603720	*Sulfacetamide Sodium-Sulfur w/ Sunscreens Cream 10-5%***			
90060040003710	Metronidazole Cream 0.75%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90060040004010	Metronidazole Gel 0.75%			
90060040004110	Metronidazole Lotion 0.75%			
90100050102900	Gentamicin Sulfate Powder			
90100050103705	Gentamicin Sulfate Cream 0.1%			
90100050104205	Gentamicin Sulfate Oint 0.1%			
90100065104210	Mupirocin Oint 2%			
90150030101810	Ciclopirox Olamine Susp 0.77% (Base Equiv)			
90150030103705	Ciclopirox Olamine Cream 0.77% (Base Equiv)			
90150080002900	Nystatin Topical Powder			
90150080002950	Nystatin (Bulk) Powder			
90150080003710	Nystatin Cream 100000 Unit/GM			
90150080004215	Nystatin Oint 100000 Unit/GM			
90154020002005	Clotrimazole Soln 1%			
90154020003705	Clotrimazole Cream 1%			
90154035103705	Econazole Nitrate Cream 1%			
90154045003710	Ketoconazole Cream 2%			
90154045004510	Ketoconazole Shampoo 2%			
90159902053710	Clotrimazole w/ Betamethasone Cream 1-0.05%			
90159902054120	Clotrimazole w/ Betamethasone Lotion 1-0.05%			
90159902103720	Clioquinol-HC Cream 3-1%			
90159902153710	Iodoquinol-HC Cream 1%			
90159902253700	Nystatin-Triamcinolone Cream 100000-0.1 Unit/GM-%			
90159902254200	Nystatin-Triamcinolone Oint 100000-0.1 Unit/GM-%			
90159902304120	Sodium Thiosulfate-Salicylic Acid Lotion 25-1%			
90220015103710	Doxepin HCl Cream 5%			
90300050004120	Selenium Sulfide Lotion 2.5%			
90300060000920	Sulfacetamide Sodium Liquid 10%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90300060003720	Sulfacetamide Sodium Cream 10%			
90300060004020	Sulfacetamide Sodium Gel 10%			
90309902604120	Sulfacetamide Sodium-Urea Lotion 10-10%			
90309902606420	Sulfacetamide Sodium Lot 10% & Urea Shampoo 10% Kit			
90309903854520	Selenium Sulfide-Pyrithione Zinc in Urea Shampoo 2.25%			
90372030002020	Fluorouracil Soln 2%			
90372030002050	Fluorouracil Soln 5%			
90450030003710	Silver Sulfadiazine Cream 1%			
90509902406340	Silver Nitrate-Potassium Nitrate Applicator 75-25%			
90520010002020	Coal Tar Soln 20%			
90550005103710	Alclometasone Dipropionate Cream 0.05%			
90550005104210	Alclometasone Dipropionate Oint 0.05%			
90550010003705	Amcinonide Cream 0.1%			
90550010004105	Amcinonide Lotion 0.1%			
90550010004205	Amcinonide Oint 0.1%			
90550020003705	Betamethasone Dipropionate Cream 0.05%			
90550020004105	Betamethasone Dipropionate Lotion 0.05%			
90550020004205	Betamethasone Dipropionate Oint 0.05%			
90550020053705	Augmented Betamethasone Dipropionate Cream 0.05%			
90550020054005	Augmented Betamethasone Dipropionate Gel 0.05%			
90550020054205	Augmented Betamethasone Dipropionate Oint 0.05%			
90550020103710	Betamethasone Valerate Cream 0.1%			
90550020104105	Betamethasone Valerate Lotion 0.1%			
90550020104205	Betamethasone Valerate Oint 0.1%			
90550025102005	Clobetasol Propionate Soln 0.05%			
90550025102900	Clobetasol Propionate Powder			
90550025103705	Clobetasol Propionate Cream 0.05%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90550025104010	Clobetasol Propionate Gel 0.05%			
90550025104205	Clobetasol Propionate Oint 0.05%			
90550025153705	Clobetasol Propionate Emollient Base Cream 0.05%			
90550035003705	Desonide Cream 0.05%			
90550035004105	Desonide Lotion 0.05%			
90550035004205	Desonide Oint 0.05%			
90550040003705	Desoximetasone Cream 0.05%			
90550040003710	Desoximetasone Cream 0.25%			
90550040004005	Desoximetasone Gel 0.05%			
90550040004205	Desoximetasone Oint 0.25%			
90550050103705	Diflorasone Diacetate Cream 0.05%			
90550050104205	Diflorasone Diacetate Oint 0.05%			
90550050153705	Diflorasone Diacetate Emollient Base Cream 0.05%			
90550055102005	Fluocinolone Acetonide Soln 0.01%			
90550055103705	Fluocinolone Acetonide Cream 0.01%			
90550055103710	Fluocinolone Acetonide Cream 0.025%			
90550055104205	Fluocinolone Acetonide Oint 0.025%			
90550060002005	Fluocinonide Soln 0.05%			
90550060003705	Fluocinonide Cream 0.05%			
90550060004005	Fluocinonide Gel 0.05%			
90550060004205	Fluocinonide Oint 0.05%			
90550060103705	Fluocinonide Emulsified Base Cream 0.05%			
90550068103710	Fluticasone Propionate Cream 0.05%			
90550068104210	Fluticasone Propionate Oint 0.005%			
90550073103710	Halobetasol Propionate Cream 0.05%			
90550073104210	Halobetasol Propionate Oint 0.05%			
90550075002900	Hydrocortisone Powder			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List
Costs per GPI**

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90550075003720	Hydrocortisone Cream 1%			
90550075003725	Hydrocortisone Cream 2.5%			
90550075004115	Hydrocortisone Lotion 1%			
90550075004120	Hydrocortisone Lotion 2.5%			
90550075004210	Hydrocortisone Oint 1%			
90550075004215	Hydrocortisone Oint 2.5%			
90550075052900	Hydrocortisone Micronized Powder			
90550075102900	Hydrocortisone Acetate Powder			
90550075203705	Hydrocortisone Valerate Cream 0.2%			
90550075204205	Hydrocortisone Valerate Oint 0.2%			
90550075302020	Hydrocortisone Butyrate Soln 0.1%			
90550075303705	Hydrocortisone Butyrate Cream 0.1%			
90550075304205	Hydrocortisone Butyrate Oint 0.1%			
90550082102010	Mometasone Furoate Solution 0.1% (Lotion)			
90550082103710	Mometasone Furoate Cream 0.1%			
90550082104210	Mometasone Furoate Oint 0.1%			
90550085102900	Triamcinolone Acetonide Powder			
90550085103705	Triamcinolone Acetonide Cream 0.025%			
90550085103710	Triamcinolone Acetonide Cream 0.1%			
90550085103720	Triamcinolone Acetonide Cream 0.5%			
90550085104105	Triamcinolone Acetonide Lotion 0.025%			
90550085104110	Triamcinolone Acetonide Lotion 0.1%			
90550085104205	Triamcinolone Acetonide Oint 0.025%			
90550085104207	Triamcinolone Acetonide Oint 0.05%			
90550085104210	Triamcinolone Acetonide Oint 0.1%			
90550085104215	Triamcinolone Acetonide Oint 0.5%			
90559802303710	Lidocaine-Hydrocortisone Acetate Cream 3-0.5%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90559802304120	Lidocaine-Hydrocortisone Acetate Lotion 3-0.5%			
90559802403725	Pramoxine-HC Cream 1-2.5%			
90559802404125	Pramoxine-HC Lotion 1-2.5%			
90559902853710	Urea-HC Acetate Cream 1%			
90650015003730	Lactic Acid (Ammonium Lactate) Cream 12%			
90650015004125	Lactic Acid (Ammonium Lactate) Lotion 10%			
90650015004130	Lactic Acid (Ammonium Lactate) Lotion 12%			
90659902303710	Lactic Acid w/ Vitamin E Cream 10%-3500 Unit/30GM			
90660080003725	Urea Cream 40%			
90660080003735	Urea Cream 50%			
90660080004040	Urea Gel 40%			
90660080004050	Urea Gel 50%			
90660080004138	Urea Lotion 35%			
90660080004140	Urea Lotion 40%			
90660080004250	Urea Ointment 50%			
90700050003400	Trypsin w/ Castor Oil & Peruvian Balsam Spray			
90700050004220	Trypsin w/ Castor Oil & Peruvian Balsam Oint			
90709902300920	Papain-Urea Spray 650000 Unit/GM-10%			
90709902304265	Papain-Urea Ointment 650000 Unit/GM-10%			
90709902304270	Papain-Urea Ointment 830000 Unit/GM-100 MG/GM			
90709903600910	*Papain-Urea-Chlorophyllin Liquid***			
90709903604210	*Papain-Urea-Chlorophyllin Ointment***			
90750015002020	Podofilox Soln 0.5%			
90750020002025	Podophyllum Resin Soln 25%			
90750030002900	Salicylic Acid Powder			
90750030003712	Salicylic Acid Cream 6%			
90750030004140	Salicylic Acid Lotion 6%			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90759902104210	Salicylic Acid & Benzoic Acid Oint 3-6%			
90850060002900	Lidocaine Powder			
90850060004210	Lidocaine Oint 5%			
90850060102015	Lidocaine HCl Soln 4%			
90850060102900	Lidocaine HCl Powder			
90850060103730	Lidocaine HCl Cream 3%			
90850060104005	Lidocaine HCl Gel 2%			
90850060104140	Lidocaine HCl Lotion 3%			
90850060104210	Lidocaine HCl Oint 5%			
90851005003200	Ethyl Chloride Aerosol Spray			
90859902903710	Lidocaine-Prilocaine Cream 2.5-2.5%			
90871010002900	Methoxsalen Powder			
90872010002900	Hydroquinone Powder			
90886070003710	Tretinoin (Facial Wrinkles) Cream 0.05%			
90900020004110	Lindane Lotion 1%			
90900020004510	Lindane Shampoo 1%			
90900035003720	Permethrin Cream 5%			
90944000004000	*Wound Dressings - Gel***			
90970010002010	Aluminum Chloride Soln 20%			
92000005002010	Formaldehyde Solution 10%			
93000020102110	Deferoxamine Mesylate For Inj 500 MG			
93000020102130	Deferoxamine Mesylate For Inj 2 GM			
93400020102010	Naloxone HCl Inj 0.4 MG/ML			
93400030100305	Naltrexone HCl Tab 50 MG			
94200041106410	Glucagon (rDNA) Diagnostic Kit 1 MG			
96202060001700	Olive Oil			
96301007002900	Alprostadil Powder			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
96301058203800	Homatropine Methylbromide Crystals			
96400020002000	Coal Tar (Crude) Solution			
96424675002900	Acyclovir (Bulk) Powder			
96426448302900	Alpha-Lipoic Acid (Bulk) Powder			
96426860003800	Antipyrine (Bulk) Crystals			
96445070502900	Betamethasone (Bulk) Powder			
96448212002900	Budesonide (Bulk) Powder			
96465848002900	Ciprofloxacin (Bulk) Powder			
96485044002900	2-Deoxy-D-Glucose Powder			
96485836602900	Diltiazem HCl (Bulk) Powder			
96524239442900	Famotidine (Bulk) Powder			
96524239482900	Fampridine Powder			
96526409002900	Fluconazole (Bulk) Powder			
96544244002900	Gabapentin Powder			
96568812502900	Hydroxyprogesterone Caproate (Bulk) Powder			
96568814802900	Hydroxyzine HCl (Bulk) Powder			
96625003392900	Ketamine HCl (Bulk) Powder			
96645066452900	Levocarnitine (Bulk) Powder			
96645084002900	Levothyroxine Sodium (Bulk) Powder			
96665061002900	Methylcobalamin Powder			
96665091002900	Metronidazole Powder			
96684240002900	Naltrexone HCl (Bulk) Powder			
96684242252900	Nandrolone Decanoate (Bulk) Powder			
96807006542900	Tobramycin (Bulk) Powder			
98401010002000	Water For Injection			
98401010002050	Water For IV Injection			
98401020002000	Water For Inject, Bacteriostatic			

Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs MAC List Costs per GPI

GPI	GPI Generic Name	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GPI? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
98401020102000	Water For Inject, Bacteriostatic Benzyl Alcohol			
98401020202000	Water For Inject, Bacteriostatic Parabens			
98401040002010	Saline Injection Bacteriostatic			
98600050802900	Polyethylene Glycol 8000 Powder			
99402020000110	Cyclosporine Cap 25 MG			
99402020000140	Cyclosporine Cap 100 MG			
99402020002005	Cyclosporine IV Soln 50 MG/ML			
99402020002010	Cyclosporine Oral Soln 100 MG/ML			
99402020300120	Cyclosporine Modified Cap 25 MG			
99402020300130	Cyclosporine Modified Cap 50 MG			
99402020300150	Cyclosporine Modified Cap 100 MG			
99402020302020	Cyclosporine Modified Oral Soln 100 MG/ML			
99406010000305	Azathioprine Tab 50 MG			
99450010001840	Sodium Polystyrene Sulfonate Oral Susp 15 GM/60ML			
99450010001870	Sodium Polystyrene Sulfonate Rectal Susp 30 GM/120ML			
99450010002900	Sodium Polystyrene Sulfonate Powder			
99500010002005	Alprostadil Inj 500 MCG/ML			
99750005002000	Water For Irrigation, Sterile Irrigation Soln			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
<p>Exhibit V.C.1 instructions: Submit on a CD (for Offerors proposing to use First Data Bank related to generic drug pricing)</p> <p>1) For each GCN provide the proposed Empire Plan MAC List for Retail and Mail Service Pharmacy unit cost as of 4/1/2011 in the Retail and Mail Service Pharmacy MAC Unit Cost column. These figures should support the Offeror's proposed guaranteed minimum discounts off the aggregate AWP for all generic drugs dispensed by Retail and Mail Service Pharmacies for the Program.</p> <p>2) For each GCN indicate with a "Y" (yes) or "N" (no) whether the MAC price is applicable to all NDCs within the GCN, including any brand NDC in the GCN.</p> <p>3) If any NDCs within a GCN are exempted from MAC pricing for reasons other than being B-rated or unrated, list the GCN, all excluded NDCs and drug names, and the reason for the exclusion in a separate worksheet labeled "excluded NDCs".</p> <p>4) For each GCN indicate with a "Y" (yes) or "N" (no) whether a therapeutically equivalent generic (A-rated or authorized) is available.</p>			
00120			
00132			
00133			
00310			
00312			
00313			
00410			
00411			
00413			
00416			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
00421			
00561			
00564			
00587			
00730			
00780			
00781			
00782			
00880			
00930			
00960			
00961			
00962			
00963			
01011			
01053			
01055			
01060			
01070			
01092			
01094			
01121			
01122			
01123			
01130			
01131			
01141			
01241			
01242			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
01243			
01244			
01250			
01251			
01252			
01290			
01291			
01351			
01354			
01390			
01391			
01392			
01400			
01401			
01431			
01432			
01480			
01481			
01482			
01483			
01580			
01581			
01582			
01590			
01650			
01681			
01682			
01684			
01710			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
01720			
01740			
01741			
01742			
01744			
01750			
01771			
01772			
01773			
01931			
01932			
01942			
01944			
01945			
01947			
01960			
01975			
01976			
02082			
02100			
02213			
02221			
02222			
02223			
02226			
02227			
02228			
02281			
02282			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
02290			
02320			
02321			
02322			
02323			
02324			
02325			
02326			
02328			
02329			
02330			
02331			
02332			
02333			
02341			
02342			
02350			
02351			
02360			
02361			
02362			
02363			
02371			
02372			
02373			
02390			
02391			
02400			
02401			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
02482			
02483			
02487			
02500			
02512			
02570			
02611			
02612			
02620			
02621			
02622			
02709			
02710			
02729			
02752			
02792			
02820			
02840			
02890			
02961			
02962			
03001			
03002			
03003			
03004			
03020			
03034			
03070			
03321			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
03350			
03404			
03421			
03422			
03423			
03442			
03443			
03510			
03512			
03513			
03514			
03610			
03820			
04050			
04120			
04163			
04332			
04348			
04420			
04580			
04880			
04900			
04901			
05321			
05410			
05710			
05711			
05712			
05713			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
05714			
05715			
05724			
05731			
05732			
05740			
05741			
05830			
05832			
05833			
05987			
06034			
06040			
06120			
06641			
06919			
06931			
06940			
06950			
06960			
07070			
07071			
07111			
07112			
07184			
07221			
07310			
07311			
07358			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
07401			
07461			
07462			
07463			
07471			
07472			
07473			
07474			
07481			
07510			
07511			
07512			
07540			
07544			
07560			
07590			
07651			
07881			
08200			
08220			
08250			
08251			
08370			
08602			
08603			
09115			
09217			
09840			
09850			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
09920			
10003			
10009			
10012			
10016			
10021			
10031			
10101			
10160			
10167			
10194			
10200			
10201			
10253			
10260			
10310			
10340			
10341			
10342			
10352			
10360			
10361			
10400			
10411			
10455			
10490			
10580			
10582			
10750			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
10751			
10752			
10770			
10771			
10772			
10810			
10811			
10840			
10841			
10843			
10844			
10857			
10860			
10920			
11010			
11014			
11080			
11084			
11085			
11142			
11161			
11162			
11170			
11172			
11178			
11251			
11254			
11260			
11261			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
11262			
11280			
11300			
11301			
11461			
11471			
11474			
11476			
11477			
11478			
11480			
11481			
11490			
11491			
11500			
11501			
11520			
11530			
11531			
11534			
11670			
11671			
11701			
11800			
11854			
11857			
11870			
11941			
11942			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
12000			
12080			
12090			
12171			
12205			
12206			
12210			
12211			
12212			
12243			
12267			
12276			
12283			
12431			
12432			
12433			
12461			
12462			
12463			
12464			
12465			
12466			
12486			
12488			
12529			
12531			
12540			
12541			
12542			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
12550			
12607			
12691			
12746			
12768			
12778			
12791			
12792			
12805			
12852			
12862			
12885			
12956			
12971			
12972			
12973			
12975			
13037			
13041			
13078			
13087			
13094			
13188			
13207			
13213			
13299			
13310			
13397			
13471			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
13521			
13535			
13641			
13668			
13698			
13721			
13724			
13783			
13793			
13801			
13802			
13840			
13841			
13848			
13849			
13854			
13881			
13882			
13906			
13909			
13910			
13911			
13916			
13917			
13918			
13919			
13923			
13929			
13932			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
13937			
13938			
13941			
13943			
13944			
13951			
13952			
13953			
13960			
13971			
13973			
13975			
13976			
13977			
13978			
13979			
13992			
13995			
13996			
14007			
14008			
14016			
14017			
14019			
14021			
14023			
14025			
14026			
14027			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
14028			
14029			
14031			
14032			
14033			
14037			
14039			
14059			
14064			
14065			
14090			
14092			
14093			
14125			
14140			
14141			
14146			
14150			
14160			
14161			
14162			
14179			
14183			
14210			
14220			
14221			
14222			
14230			
14231			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
14232			
14250			
14251			
14255			
14260			
14261			
14262			
14263			
14266			
14269			
14272			
14279			
14280			
14282			
14283			
14285			
14286			
14287			
14288			
14294			
14295			
14325			
14332			
14333			
14431			
14432			
14433			
14434			
14435			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
14509			
14518			
14540			
14556			
14557			
14559			
14602			
14603			
14604			
14605			
14634			
14640			
14647			
14650			
14651			
14652			
14653			
14654			
14690			
14692			
14693			
14748			
14749			
14761			
14771			
14773			
14780			
14781			
14803			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
14805			
14830			
14831			
14832			
14833			
14855			
14880			
14881			
14882			
14883			
14897			
14949			
14950			
14951			
14965			
14966			
14970			
14981			
14983			
14990			
15001			
15002			
15003			
15006			
15009			
15035			
15039			
15042			
15043			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
15044			
15221			
15231			
15233			
15411			
15439			
15479			
15489			
15500			
15520			
15530			
15531			
15532			
15533			
15534			
15535			
15560			
15561			
15562			
15563			
15600			
15603			
15621			
15622			
15667			
15690			
15691			
15692			
15694			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
15710			
15711			
15712			
15721			
15730			
15731			
15741			
15775			
15776			
15803			
15811			
15859			
15891			
15892			
15911			
15913			
15916			
15920			
15990			
15991			
16020			
16032			
16033			
16035			
16040			
16041			
16042			
16051			
16060			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
16062			
16063			
16070			
16071			
16078			
16094			
16100			
16110			
16111			
16130			
16141			
16143			
16144			
16180			
16201			
16231			
16240			
16241			
16242			
16277			
16280			
16281			
16282			
16283			
16284			
16285			
16286			
16290			
16342			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
16343			
16344			
16345			
16347			
16348			
16349			
16350			
16353			
16354			
16355			
16356			
16357			
16359			
16361			
16364			
16366			
16367			
16368			
16370			
16371			
16373			
16374			
16375			
16376			
16384			
16385			
16386			
16387			
16391			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
16392			
16393			
16394			
16400			
16404			
16406			
16407			
16408			
16409			
16410			
16415			
16418			
16420			
16422			
16423			
16471			
16481			
16512			
16513			
16514			
16515			
16516			
16517			
16529			
16532			
16533			
16534			
16535			
16541			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
16542			
16543			
16548			
16549			
16553			
16554			
16558			
16559			
16561			
16563			
16564			
16565			
16566			
16567			
16568			
16571			
16583			
16584			
16585			
16586			
16587			
16588			
16594			
16602			
16603			
16604			
16615			
16616			
16617			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
16640			
16641			
16642			
16643			
16674			
16675			
16676			
16677			
16678			
16683			
16684			
16725			
16732			
16733			
16734			
16801			
16802			
16811			
16812			
16813			
16814			
16815			
16851			
17034			
17070			
17131			
17150			
17161			
17166			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
17200			
17241			
17270			
17280			
17312			
17321			
17322			
17374			
17420			
17422			
17423			
17424			
17425			
17430			
17447			
17450			
17460			
17470			
17471			
17472			
17480			
17483			
17520			
17521			
17530			
17561			
17563			
17566			
17573			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
17620			
17621			
17622			
17640			
17670			
17700			
17718			
17734			
17757			
17759			
17766			
17768			
17892			
17893			
17901			
17912			
17940			
17941			
17942			
18010			
18011			
18020			
18061			
18090			
18095			
18096			
18118			
18119			
18141			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
18142			
18148			
18149			
18153			
18172			
18227			
18241			
18294			
18301			
18302			
18304			
18312			
18351			
18352			
18353			
18354			
18366			
18367			
18368			
18391			
18405			
18408			
18530			
18589			
18592			
18654			
18660			
18672			
18678			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
18711			
18780			
18783			
18867			
18868			
18885			
18890			
18906			
18907			
18915			
18931			
18936			
18940			
18960			
18961			
18969			
18970			
18976			
18977			
18981			
18999			
19004			
19040			
19106			
19107			
19121			
19130			
19131			
19181			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
19182			
19191			
19192			
19194			
19196			
19200			
19201			
19202			
19203			
19204			
19206			
19225			
19261			
19297			
19323			
19331			
19347			
19360			
19370			
19380			
19402			
19422			
19437			
19467			
19468			
19469			
19470			
19472			
19475			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
19524			
19549			
19551			
19552			
19578			
19681			
19711			
19712			
19720			
19745			
19746			
19747			
19757			
19829			
19844			
19850			
19851			
19852			
19880			
19881			
19887			
20068			
20069			
20071			
20072			
20091			
20092			
20100			
20101			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
20110			
20148			
20149			
20165			
20224			
20226			
20282			
20289			
20303			
20306			
20307			
20308			
20329			
20351			
20357			
20359			
20383			
20395			
20414			
20427			
20428			
20432			
20451			
20510			
20561			
20573			
20583			
20584			
20599			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
20610			
20630			
20631			
20632			
20633			
20634			
20641			
20642			
20650			
20651			
20652			
20653			
20654			
20660			
20661			
20662			
20670			
20671			
20672			
20680			
20681			
20689			
20691			
20692			
20693			
20713			
20732			
20755			
20756			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
20759			
20771			
20775			
20780			
20831			
20833			
20840			
20846			
20847			
20852			
20866			
20879			
20883			
20884			
20906			
20941			
20963			
20978			
20979			
20984			
20986			
20987			
21001			
21020			
21021			
21049			
21130			
21131			
21132			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
21133			
21210			
21352			
21423			
21443			
21466			
21542			
21728			
21765			
21766			
21767			
21775			
21815			
21817			
22291			
22391			
22392			
22581			
22589			
22592			
22612			
22654			
22695			
22697			
22740			
22780			
22850			
22870			
22871			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
22880			
22881			
22882			
22913			
22930			
22931			
22932			
22940			
22982			
22983			
23021			
23043			
23045			
23228			
23229			
23239			
23242			
23243			
23248			
23255			
23257			
23268			
23279			
23281			
23296			
23333			
23334			
23335			
23439			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
23448			
23451			
23475			
23540			
23546			
23547			
23562			
23578			
23579			
23586			
23687			
23688			
23689			
23724			
23784			
23817			
23818			
23824			
23885			
24033			
24048			
24341			
24375			
24512			
24513			
24555			
24624			
24632			
24671			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
24673			
24749			
24774			
24775			
24782			
24832			
24847			
24854			
24862			
24873			
24914			
24938			
25044			
25050			
25057			
25058			
25060			
25092			
25211			
25440			
25463			
25474			
25486			
25511			
25518			
25540			
25545			
25548			
25580			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
25590			
25591			
25593			
25617			
25627			
25677			
25681			
25683			
25691			
25692			
25697			
25698			
25709			
25727			
25730			
25731			
25732			
25740			
25753			
25782			
25783			
25790			
25791			
25792			
25793			
25794			
25795			
25796			
25797			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
25798			
25839			
25842			
25853			
25865			
25868			
25888			
25894			
25906			
25940			
26006			
26007			
26051			
26060			
26061			
26062			
26070			
26081			
26090			
26091			
26092			
26098			
26119			
26122			
26123			
26128			
26129			
26130			
26131			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
26170			
26171			
26172			
26173			
26211			
26281			
26282			
26283			
26284			
26285			
26287			
26288			
26289			
26320			
26321			
26322			
26323			
26324			
26325			
26326			
26327			
26328			
26329			
26391			
26400			
26401			
26420			
26421			
26424			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
26425			
26436			
26460			
26461			
26481			
26482			
26491			
26511			
26514			
26531			
26532			
26533			
26534			
26535			
26541			
26542			
26559			
26560			
26616			
26618			
26636			
26637			
26725			
26730			
26732			
26746			
26764			
26765			
26766			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
26782			
26800			
26836			
26879			
26884			
26885			
26886			
26892			
26893			
26963			
27003			
27006			
27030			
27031			
27056			
27058			
27160			
27171			
27172			
27173			
27174			
27176			
27177			
27201			
27203			
27270			
27350			
27354			
27400			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
27411			
27421			
27422			
27424			
27425			
27426			
27427			
27428			
27429			
27490			
27570			
27571			
27572			
27573			
27680			
27690			
27691			
27692			
27700			
27901			
27941			
27944			
28020			
28109			
28310			
28321			
28322			
28391			
28581			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
28614			
28844			
28845			
28848			
28850			
28851			
28852			
28853			
28861			
28890			
28891			
28892			
29007			
29008			
29009			
29271			
29272			
29291			
29292			
29550			
29840			
30140			
30150			
30160			
30370			
30380			
30430			
30470			
30480			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
30510			
30521			
30791			
30792			
30800			
30880			
30885			
30890			
30942			
30943			
30951			
30952			
30974			
30975			
31060			
31070			
31080			
31101			
31110			
31120			
31180			
31181			
31211			
31231			
31232			
31233			
31241			
31242			
31243			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
31244			
31251			
31260			
31261			
31271			
31342			
31344			
31351			
31360			
31380			
31390			
31400			
31401			
31425			
31430			
31470			
31480			
31490			
31500			
31550			
31560			
31570			
31630			
31661			
31662			
31710			
31720			
31760			
31770			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
31790			
31800			
31850			
31870			
31890			
31910			
32091			
32130			
32140			
32252			
32261			
32282			
32283			
32351			
32352			
32353			
32470			
32471			
32472			
32480			
32481			
32531			
32702			
32704			
32706			
32751			
32752			
32754			
32806			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
32820			
32821			
32822			
32823			
32850			
32881			
32931			
32952			
32961			
32962			
32981			
33012			
33021			
33031			
33060			
33153			
33181			
33191			
33192			
33193			
33194			
33210			
33220			
33250			
33310			
33311			
33330			
33340			
33350			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
33431			
33432			
33433			
33434			
33500			
33540			
33580			
33590			
33600			
33630			
33641			
33710			
33730			
33792			
33806			
33809			
33813			
33870			
33871			
34141			
34213			
34230			
34280			
34341			
34360			
34382			
34420			
34421			
34551			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
34721			
34722			
34740			
34741			
34802			
34803			
34810			
34820			
34824			
34825			
34871			
34920			
34922			
34940			
34950			
34951			
34961			
34962			
34963			
34981			
34982			
34984			
34990			
34991			
34992			
35020			
35021			
35022			
35072			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
35100			
35120			
35236			
35238			
35239			
35270			
35275			
35278			
35661			
35674			
35680			
35681			
35690			
35710			
35711			
35741			
35742			
35744			
35760			
35770			
35780			
35781			
35790			
35792			
35793			
35800			
35801			
35810			
35811			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
35820			
35821			
35850			
35851			
35852			
35930			
36090			
36281			
36600			
36639			
37198			
37499			
38352			
38353			
38360			
38361			
38363			
38364			
38400			
38466			
38489			
38490			
38520			
38531			
38540			
38551			
38560			
38572			
38580			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
38590			
38591			
38600			
38602			
38610			
38613			
38680			
38681			
38720			
38721			
38731			
38910			
38911			
38912			
38920			
38955			
38970			
39022			
39024			
39053			
39055			
39141			
39142			
39240			
39243			
39271			
39272			
39316			
39461			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
39511			
39512			
39513			
39516			
39541			
39542			
39632			
39650			
39651			
39660			
39661			
39681			
39683			
39801			
39802			
39811			
39812			
39831			
39832			
39903			
39904			
39908			
39960			
39961			
39962			
39963			
39964			
40020			
40021			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
40030			
40031			
40032			
40033			
40050			
40072			
40073			
40290			
40291			
40331			
40333			
40340			
40360			
40363			
40381			
40410			
40411			
40450			
40451			
40522			
40523			
40526			
40560			
40642			
40644			
40651			
40652			
40660			
40690			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
40710			
40720			
40721			
40731			
40830			
40832			
40843			
40850			
40851			
40852			
41060			
41072			
41080			
41104			
41132			
41185			
41202			
41260			
41261			
41280			
41281			
41282			
41283			
41301			
41320			
41350			
41393			
41493			
41517			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
41611			
41620			
41670			
41680			
41681			
41691			
41730			
41741			
41742			
41751			
41790			
41800			
41801			
41820			
41822			
41980			
42032			
42036			
42121			
42122			
42170			
42190			
42191			
42192			
42193			
42200			
42212			
42235			
42238			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
42239			
42369			
42390			
42401			
42420			
42440			
42452			
42480			
42481			
42483			
42500			
42590			
42773			
42777			
42890			
42891			
42900			
42910			
42940			
42970			
43025			
43031			
43032			
43035			
43181			
43201			
43202			
43203			
43360			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
43361			
43390			
43391			
43691			
43692			
43693			
43705			
43707			
43710			
43715			
43731			
43759			
43790			
43951			
44020			
44022			
44370			
44410			
44530			
44533			
44621			
44622			
45061			
45062			
45063			
45260			
45261			
45340			
45341			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
45343			
45344			
45345			
45360			
45390			
45410			
45411			
45560			
45850			
45930			
45971			
45972			
46000			
46013			
46410			
46430			
46431			
46461			
46464			
46570			
46571			
46593			
46594			
46691			
46730			
46740			
46750			
46751			
46752			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
46753			
46771			
46780			
46940			
46952			
46953			
46990			
47040			
47041			
47042			
47050			
47051			
47052			
47053			
47056			
47057			
47110			
47123			
47124			
47125			
47126			
47127			
47130			
47131			
47211			
47260			
47261			
47262			
47263			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
47264			
47265			
47270			
47281			
47282			
47340			
47450			
47472			
47500			
47631			
47632			
47710			
47711			
47830			
47860			
47960			
48102			
48103			
48104			
48191			
48370			
48380			
48381			
48450			
48562			
48580			
48581			
48582			
48611			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
48612			
48613			
48614			
48641			
48671			
48672			
48673			
48750			
48790			
48792			
48793			
48794			
48795			
48810			
48811			
48821			
48822			
48850			
48851			
48852			
48862			
48971			
49001			
49101			
49261			
50393			
50565			
50638			
50747			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
50756			
50758			
50766			
50903			
50921			
51144			
51151			
51261			
51290			
51300			
51471			
51472			
51550			
51551			
51552			
51761			
51762			
51957			
51960			
51961			
52030			
52031			
52820			
52821			
52893			
53086			
53141			
53142			
53143			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
53421			
53442			
53451			
53491			
53503			
53550			
53558			
53559			
54160			
54161			
54210			
54211			
54250			
54650			
54661			
54670			
54671			
54860			
54862			
54882			
54883			
54932			
54933			
54934			
54940			
54941			
54942			
54943			
54980			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
54982			
54983			
55230			
55401			
55910			
56539			
56780			
56821			
56970			
56971			
56972			
56973			
58790			
58821			
58822			
58912			
59001			
59841			
59842			
59843			
60081			
60141			
60563			
60821			
60822			
61140			
61198			
61199			
61252			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
61362			
61407			
61761			
61762			
61765			
61766			
61767			
61810			
61850			
61851			
62060			
62263			
62334			
62591			
62592			
62600			
62663			
62740			
62741			
62742			
63080			
63101			
63447			
63450			
63820			
63821			
64322			
64323			
65020			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
65030			
66031			
66341			
66392			
66990			
66991			
67031			
67032			
67070			
67071			
67076			
67077			
67078			
67153			
67154			
67730			
68030			
68031			
68101			
68102			
68811			
69069			
69320			
69380			
69500			
69742			
69791			
69913			
69916			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
70131			
70134			
70136			
70140			
70320			
70330			
70331			
70332			
70333			
70334			
70335			
70338			
70339			
70363			
70382			
70481			
70491			
70500			
70741			
70742			
70925			
70931			
70933			
71050			
71060			
71150			
71160			
71190			
71200			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
72230			
72450			
72460			
72461			
72462			
72510			
72530			
72531			
72536			
72710			
72711			
72810			
72822			
72823			
72950			
73670			
73671			
74040			
74070			
74080			
74590			
74801			
77562			
79800			
82330			
82341			
83039			
83671			
84140			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
84261			
84509			
84597			
84601			
84620			
84641			
85200			
85319			
85384			
85400			
85421			
85602			
85997			
85998			
85999			
86211			
86212			
86903			
87220			
87270			
87552			
87553			
87554			
87555			
87556			
87557			
87558			
87559			
87562			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
87563			
87811			
88000			
88001			
88002			
88250			
88360			
88730			
88731			
88740			
88741			
89321			
89328			
89731			
89863			
89878			
89879			
90091			
90099			
90126			
90139			
90150			
90159			
90161			
90163			
90167			
90176			
90230			
90241			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
90243			
90250			
90257			
90280			
90347			
90367			
90450			
90839			
91492			
91711			
91713			
91752			
91753			
91768			
91894			
91895			
91914			
91943			
91947			
91948			
92018			
92028			
92029			
92058			
92121			
92132			
92142			
92155			
92172			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
92219			
92264			
92290			
92451			
92504			
92518			
92583			
92664			
92788			
92798			
92889			
92975			
92984			
92989			
93007			
93025			
93042			
93052			
93054			
93075			
93079			
93085			
93140			
93142			
93205			
93365			
93375			
93385			
93387			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
93390			
93437			
93446			
93559			
93578			
93579			
93652			
93677			
93844			
94121			
94144			
94260			
94275			
94373			
94380			
94422			
94447			
94481			
94482			
94490			
94594			
94601			
94624			
94660			
94677			
94691			
94722			
94725			
94781			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
94801			
94868			
94961			
95003			
95013			
95021			
95108			
95176			
95197			
95201			
95202			
95204			
95210			
95212			
95220			
95221			
95223			
95231			
95233			
95250			
95301			
95305			
95324			
95339			
95341			
95342			
95353			
95361			
95362			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
95403			
95413			
95445			
95577			
95654			
95679			
95833			
95910			
95983			
96010			
96041			
96067			
96136			
96190			
96191			
96196			
96260			
96267			
96268			
96337			
96411			
96412			
96424			
96429			
96448			
96621			
96622			
96624			
96625			

**Empire Plan Prescription Drug Program Retail and Mail Service Pharmacy Generic Drugs
MAC List Costs per GCN**

GCN	Retail and Mail Service Pharmacy MAC Unit Cost	MAC applicable to all NDCs in GCN? (Y/N)	A-rated or Authorized Generic Available? (Y/N)
96746			
96982			

DCS & NYSIF PRESCRIPTION DRUG PROGRAMS
Pharma Revenue Guarantee Quote
 Period 1/1/2014 - 12/31/2018

Pharma Revenue Guarantee (1)	Per Final Paid Claim (DCS Program)	Per Final Paid Claim (NYSIF)
2014	\$ _____	\$ _____
2015	\$ _____	\$ _____
2016	\$ _____	\$ _____
2017	\$ _____	\$ _____
2018	\$ _____	\$ _____

- (1) The quote above represents the guaranteed minimum amount due the Programs.
- The State shall receive all (100%) of pharma revenue as defined in this RFP.
 - The amount must be quoted on a per final paid claim basis as defined in the glossary; Section VII
 - No separate administrative fee to manage the pharma revenue process shall apply.

Note: Offerors must provide adequate documentation as determined by the Department, to support the Offeror's proposal relative to pharma revenue. Documentation should be provided as Exhibit V.E.1 of the Offeror's proposal.

The Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote is not contingent upon the Programs' participation in any of the Offeror's formulary management or intervention programs. Nor shall the Offeror's Minimum Per Final Paid Claim Pharma Revenue Guarantee Quote be contingent or dependent on the timing of any patent expirations and/or introduction of generic equivalent drugs, including but not limited to early and/or at risk generic launches.

DCS and NYSIF PRESCRIPTION DRUG PROGRAMs
Documentation to Support Pharma Revenue Guarantee Quote
Period 1/1/2014 - 12/31/2018

**DCS and NYSIF PRESCRIPTION DRUG PROGRAMS
 Claims Administration Fee(s) Quotes (1)
 Period 1/1/2014 - 12/31/2018**

<u>Claims Administration Fees (2)</u>	<u>Quote</u>	<u>Basis of Charge</u>
DCS Program Primary Total DCS Program Primary Claims Admin Fee	<input type="text"/>	<u>Per Each Final Claim Paid</u>
EGWP Medicare Primary Total EGWP Medicare Primary Claims Admin Fee	<input type="text"/>	<u>Per Each Final Claim Paid</u>
New York State Insurance Fund Program Total NYSIF Program Claims Admin Fee	<input type="text"/>	<u>Per Each Final Claim Paid</u>

- (1) These quotes are made in accordance with the requirements of Sections IV and V of the RFP.
 The quotes must be guaranteed for the period 1/1/2014 -12/31/2018.
 Changes to these quotes not under the control of the Offeror may be negotiated solely at the Procuring Agencies' discretion.
- (2) Refer to Exhibit IV.A for a listing of Program Services applicable to each Claims Administrative Fee component.