

EMPIRE PLAN SPECIAL REPORT

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See pages 7 and 8 for a complete list of your 2011 copayments.



August 2011

New York State Health Insurance Program (NYSHIP) for Employees of the State of New York represented by Civil Service Employees Association (CSEA), their enrolled Dependents, COBRA Enrollees with their Empire Plan Benefits and Young Adult Option Enrollees

Negotiated Changes Effective October 1, 2011

This Report describes changes affecting your NYSHIP coverage that will take effect on October 1, 2011 as the result of the recently ratified contract between the State of New York and CSEA. These changes include:

NYSHIP Changes

- A change in the NYSHIP premium cost sharing between the State and its employees (see page 2)
- Updated life expectancy tables used to calculate the value of your monthly sick leave credit, which is applied to your health insurance premium in retirement (see page 2)

Empire Plan Changes

- Federal health care changes (see page 3)
- Copayment changes (see page 3)
- Changes to the Empire Plan Prescription Drug Program, including implementation of a Flexible Formulary and a Specialty Drug Program

Other negotiated changes have an effective date of January 1, 2012, including the addition of independent nurse practitioners and convenient care clinics as participating providers, the health insurance opt-out option and changes to out-of-network deductible and coinsurance amounts. Information about these negotiated changes will be provided later in the fall in the NYSHIP Annual Option Transfer Period materials and *At A Glance*.

Special Option Transfer Period in September

As the result of the negotiated changes, there will be a Special Option Transfer Period during the month of September. You will have the opportunity to change your NYSHIP option for October 2011.

Your cost of coverage under The Empire Plan or a NYSHIP HMO for October 1 through the end of 2011 will be posted on the Department web site <https://www.cs.ny.gov> no later than August 31, 2011. A rate flyer also will be mailed to your home on or before that date. The web site and the rate flyer will provide details of the special option transfer period.

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Annual Option Transfer Period for 2012

The annual option transfer will be held, as usual, at the end of the year with changes effective for the 2012 plan year. There also will be NYSHIP rate changes for 2012. You will begin receiving information regarding the Annual Option Transfer Period in the fall. Rates for 2012 will be posted online and mailed to you as soon as they are approved.

NYSHIP Changes

Your Biweekly Premium Contribution Rate

New York State helps pay for your health insurance coverage. After the State's contribution, you are responsible for paying the balance of your premium through biweekly deductions from your paycheck. Effective October 1, 2011, your share of the cost is changing, based upon your pay grade level as shown below.

Pay Grade	Individual Coverage		Dependent Coverage	
	State Share	Employee Share	State Share	Employee Share
Grade 9 and below	88%	12%	73%	27%
Grade 10 and above	84%	16%	69%	31%

Note: This information does not apply to COBRA enrollees or Young Adult Option enrollees. These enrollees will have a rate change however, as a result of negotiated benefit changes.

Updated Life Expectancy Table

As part of your negotiated changes, effective October 1, 2011, the Actuarial Table of Life Expectancy (shown below) has been updated to reflect the fact that we Americans are living longer. This will impact the monthly sick leave credit amount that you use toward your premium payments in retirement. Since we are living longer, the number of months of life expectancy at retirement has increased and the amount of monthly sick leave credit will be lower.

Actuarial Table Effective for Retirements on or after October 1, 2011			
Age at Retirement	Life Expectancy	Age at Retirement	Life Expectancy
55	337 months	64	250 months
56	327 months	65	241 months
57	317 months	66	232 months
58	307 months	67	223 months
59	297 months	68	214 months
60	288 months	69	205 months
61	278 months	70	197 months
62	269 months	Etc.	
63	259 months		

If you need actuarial rates for additional retirement ages, ask your agency Health Benefits Administrator.

Federal Health Care Changes

The Federal Patient Protection and Affordable Care Act (PPACA), which will be referred to as “the Act” in this article and throughout this *Empire Plan Special Report*, requires that we make several changes to your Empire Plan coverage.

The Empire Plan benefit package negotiated for employees represented by the Civil Service Employees Association (CSEA) will lose grandfathered status under PPACA, effective on October 1, 2011. This means that CSEA's Empire Plan benefits will become a nongrandfathered plan and will include all changes required by the Act according to the Act's timetable.

The Act requires the following changes effective on October 1, 2011:

Adult immunizations as recommended by the Federal Centers for Disease Control will not be subject to copayment when administered by a participating provider.

The Act requires coverage of certain preventive care services received at a network hospital or from a participating provider to be paid at 100 percent (not subject to copayment). Preventive care services covered under the Act with no copayment include:

- Immunizations as recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention,
- Preventive care and screenings for women, infants, children and adolescents as stated in guidelines supported by the Health Resources and Services Administration,
- Preventive care and screenings for men in the current recommendations of the United States Preventive Services Task Force,
- Items or services that have a rating of “A” or “B” in the current recommendations of the United States Preventive Services Task Force.

For further information on preventive services, see The Empire Plan Preventive Care Coverage Chart at the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs then NYSHIP Online. At the home page choose your group, if applicable then Using Your Benefits. Choose Publications and you will find the chart under Empire Plan or visit www.healthcare.gov.

Also, in a medical emergency, non-participating provider charges in a hospital emergency room will be considered under the Basic Medical Program subject to deductible, but not coinsurance.

October 1, 2011 Benefit Changes

Copayment Changes

Participating Provider Program

\$20 Copayment – Office Visit/Office Surgery, Radiology/Diagnostic Laboratory Tests, Free-Standing Cardiac Rehabilitation Center Visit, Urgent Care Visit

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

Mental Health and Substance Abuse Program

\$20 Copayment – Visit to Outpatient Substance Abuse Treatment Program

\$20 Copayment – Visit to Mental Health Practitioner

Prescription Drug Program

When you fill your Prescription for a covered drug for up to a **30-day supply at a Network Pharmacy, Mail Service Pharmacy or the designated Specialty Pharmacy**, your Copayment is:

- **\$5** for most **Generic** Drugs or other Level 1 Drugs
- **\$25** for a **Preferred** Drug, Compound Drug or a Level 2 Drug
- **\$45** for a **Non-Preferred** 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 most **Generic** Drugs or other Level 1 Drugs
- **\$50** for a **Preferred** Drug, Compound Drug or a Level 2 Drug
- **\$90** for a **Non-Preferred** Drug or a Level 3 Drug

When you fill your Prescription for a **31- to 90-day supply through the Mail Service Pharmacy or the designated Specialty Pharmacy**, your Copayment is:

- **\$5** for most **Generic** Drugs or other Level 1 Drugs
- **\$50** for a **Preferred** Drug, Compound Drug or a Level 2 Drug
- **\$90** for a **Non-Preferred** Drug or a Level 3 Drug

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Empire Plan Adopts Flexible Formulary for CSEA

Effective October 1, 2011, your benefits under The Empire Plan Prescription Drug Program are based on a flexible formulary. The 2011 Empire Plan Flexible Formulary drug list provides 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 brand-name 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.

The main features of The Empire Plan 2011 Flexible Formulary are:

- *New Copayment levels.*
- *Certain drugs will be excluded from coverage.* If a drug is excluded, therapeutic brand-name and/or generic equivalents will be covered.

Updates to the 2011 Empire Plan Flexible Formulary drug list, including the availability of certain drugs, are posted on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs then NYSHIP Online. At the home page choose your group, if applicable then What's New and scroll down to Prescription Drugs: Prescription Drug Program – Changes to the Drug Lists and Notification of Safety Issues. The most current list of Prior Authorization Drugs and Excluded Drugs are shown in the articles below and on page 5.

Specialty Pharmacy Program

Effective October 1, 2011, The Empire Plan will include a Specialty Pharmacy Program to your prescription drug coverage. This Program will offer enhanced services to individuals using specialty drugs and change how you obtain those drugs under the Prescription Drug Program. Most specialty drugs will only be covered when dispensed by The Empire Plan's designated specialty pharmacy, Accredo Health Group, Inc., a subsidiary of Medco.

Accredo was selected to administer this Program because of its proven experience with providing services that help promote superior clinical outcomes.

Accredo will ensure that specialty medications are utilized based on U.S. Food and Drug Administration (FDA) and best practice guidelines.

Specialty drugs are used to treat complex conditions and illnesses, such as cancer, growth hormone deficiency, hemophilia, hepatitis C, immune deficiency, multiple sclerosis and rheumatoid arthritis. These drugs usually require special handling, special administration, or intensive patient monitoring. Medications used to treat diabetes are **not** considered specialty medications. When Accredo dispenses a specialty medication, the applicable mail service copayment will be charged.

The Program will provide enrollees with enhanced services including: disease and drug education, compliance management, side-effect management, safety management, 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.

Enrollees currently taking drugs included in this Program will receive a letter, prior to October 1, 2011, describing the Program in more detail. When enrollees begin therapy on one of the drugs included in the Program, a letter will be sent describing the Program and any action necessary to participate in it.

The complete list of specialty drugs included in the Specialty Pharmacy Program is available on the New York State Department of Civil Service web site at <https://www.cs.ny.gov>. Select Benefit Programs then NYSHIP Online. At the homepage choose your group, if applicable, then Find a Provider. Scroll down to Prescription Drug Program and select Specialty Pharmacy Program. Each of these drugs can be ordered through the Specialty Pharmacy Program using the Medco Pharmacy mail order form sent to the following address:

Medco Pharmacy
P.O. Box 6500
Cincinnati, OH 45201-6500

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) between 8 A.M. and 8 P.M. Monday-Friday, choose The Empire Plan Prescription Drug Program, and ask to speak with Accredo.

Prior Authorization Drugs

Effective October 1, the list of prior authorization drugs will also change. The following is a list of drugs (including generic equivalents) that require prior authorization: Actemra, Adcirca, Amevive, Ampyra, Aranesp, Avonex, Betaseron, Botox, Cimzia, Copaxone, Dysport, Egrifta, Enbrel, Epogen/Procrit, Flolan, Forteo, Gilenya, Growth Hormones, Humira, Immune

Globulins, Increlex, Infergen, Intron-A, Iplex, Kineret, Kuvan, Lamisil, Letairis, Makena, Myobloc, Nuvigil, Orenzia, Pegasys, Peg-Intron, Provigil, Rebif, Remicade, Remodulin, Revatio, Ribavirin, Simponi, Sporanox, Stelara, Synagis, Tracleer, Tysabri, Tyvaso, Veletri, Ventavis, Weight Loss Drugs, Xeomin, Xolair and Xyrem.

Excluded Drugs

The following are excluded from coverage under the 2011 Empire Plan Flexible Formulary drug list: Acuvail, Adoxa, Amrix, Aplenin, Asacol HD, BenzE Foam, Caduet, carisoprodol 250, Clobex Shampoo, Coreg CR, cyclobenzaprine hydrochloride extended release capsule (generic Amrix), Detrol LA, Dexilant, Doryx, doxycycline hyclate delayed release tablet (generic Doryx), doxycycline monohydrate 150 mg capsule (generic Adoxa), Edluar, Epiduo, Extavia, Flector, 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), lansoprazole, Metozolv ODT, Momexin Kit, Naprelan, Neobenz Micro, Nexium, Norditropin (except for the treatment of short stature associated with Noonan syndrome or Small for Gestational Age), Olux/Olux-E Complete Pack, omeprazole/sodium bicarbonate capsule (generic Zegerid), Omnitrope (except for the treatment of growth failure due to Prader-Willi Syndrome or Small for Gestational Age), Prevacid Capsule, Requip XL, Ryzolt, Soma 250, Terbinex, Treximet, Triaz, Twynsta, Veramyst, Xopenex Inhalation Solution, Zegerid capsule, Ziana and Zipsor.

The Plan reviews the drug list yearly for additional exclusions and level placement of medications. If you have been taking one or more of the medications that has changed coverage status or copayment level, you will receive a letter informing you of this change. You may want to discuss an alternative medication with your doctor that will result in your using a covered drug and/or paying a lower copayment. See the printed copy of the Flexible Formulary drug list in the center of this *Empire Plan Special Report* or visit the New York State Department of Civil Service web site at <https://www.cs.ny.gov>, select Benefit Programs, then NYSHIP Online and choose your group, if prompted. Alphabetic and therapeutic class versions of the 2011 Flexible Formulary are available under the Using Your Benefits button.

Instant Rebates for omeprazole (generic Prilosec) and doxycycline

For a limited time only, The Empire Plan Prescription Drug Program will offer an instant rebate of your full copayment for omeprazole (generic Prilosec) in substitution for your previous prescription for lansoprazole (generic Prevacid) or Nexium and doxycycline in place of doxycycline hyclate, which are excluded under the Flexible Formulary.

The instant rebates will apply to all omeprazole and doxycycline prescriptions filled at participating retail pharmacies or at a mail service pharmacy between October 1, 2011 and January 31, 2012. To receive your rebate (zero copayment), simply present your prescription to your retail pharmacy or send it to the mail service pharmacy. After January 31, 2012, you will pay the applicable generic copayment (\$5 or \$10) for subsequent refills. If you have questions about this rebate or your drug benefit, call 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program.

The Empire Plan Special Report 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
Albany, New York 12239

518-457-5754 or
1-800-833-4344
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<https://www.cs.ny.gov>

Q & As About The Empire Plan Flexible Formulary

Q. Why are some medications being excluded?

A. Certain drugs are being excluded under The Empire Plan Prescription Drug Program so that we can continue to provide the best value in prescription drug coverage to all enrollees under the Plan. Whenever a prescription drug is excluded, therapeutic brand and/or generic equivalents will be covered.

Q. Why is Nexium excluded from the 2011 Empire Plan Flexible Formulary?

A. Independent studies conducted by Consumer Reports, the Oregon Health Resources Commission, and AARP, to name a few, have found that there is little clinical difference in efficacy or adverse effects in the class of prescription drugs that Nexium belongs to - proton pump inhibitors (PPIs). There is, however, a significant difference in the cost. The 2011 Empire Plan Flexible Formulary continues to cover generic and other PPIs that provide the best value to the Plan.

Q. How will my local pharmacist know my drug is excluded?

A. Your local participating pharmacist will receive a message when your claim is processed that will advise the drug is not covered under The Empire Plan. If you choose to fill the prescription, you will be responsible for paying the full cost of the drug; The Empire Plan will not reimburse you for any portion of the cost.

Q. How will my physician know that my drug is excluded?

A. The 2011 Flexible Formulary drug list was sent to all participating physicians in The Empire Plan Network. Additionally, if your physician utilizes an online method of prescribing known as E-Prescribing, a message will be displayed indicating that the drug is not covered.

Q. Where can I find lower cost alternatives to the drug I am taking?

A. Suggested generic and/or preferred drug equivalents are listed on the last page of the Flexible Formulary drug list. We recommend that you talk with your physician to identify which medication is appropriate to treat your condition

Q. What will happen if I send a new prescription or request a refill from Medco Pharmacy for an excluded drug?

A. If you call in a refill of an excluded drug through a mail service pharmacy, the customer service representative or interactive voice response system will advise you that the drug is excluded, and your order will be canceled. If you mail in a refill order, you will receive a letter indicating your drug is no longer covered under the Plan. If you mail in a new prescription for an excluded drug, the mail service pharmacy will return the prescription along with a letter advising that the drug is excluded from Empire Plan coverage and can no longer be dispensed.

Q. Can I appeal a drug exclusion or copayment level placement?

A. No. Drug exclusions and level placements are a component of your benefit plan design and cannot be appealed.

Q. How do I change to one of the preferred medications on The Empire Plan Flexible Formulary? Will I need a new prescription?

A. Yes, you will need a new prescription. If you are almost out of medication, you can request that your retail pharmacist call your physician for a new prescription of a generic or preferred drug. If you use a mail service pharmacy, the mail service pharmacy will assist you with obtaining a new prescription. Please call 1-877-7-NYSHIP (1-877-769-7447) and choose The Empire Plan Prescription Drug Program for assistance.

October 1, 2011 Empire Plan Copayments

for Employees of New York State represented by CSEA

Services by Empire Plan Participating Providers

You pay only your copayment when you choose Empire Plan Participating Providers for covered services. Check your directory for Participating Providers in your geographic area, or ask your provider. For Empire Plan Participating Providers in other areas and to check a provider's current status, call the Medical Program at 1-877-7-NYSHIP (1-877-769-7447) toll free or use the Participating Provider Directory on the internet at <https://www.cs.ny.gov>.

Office Visit.....	\$20
Office Surgery.....	\$20
(If there are both an Office Visit charge and an Office Surgery charge by a Participating Provider in a single visit, only one copayment will apply, in addition to any copayment due for Radiology/Laboratory Tests.)	
Radiology, Single or Series; Diagnostic Laboratory Tests.....	\$20
(If Outpatient Radiology and Outpatient Diagnostic Laboratory Tests are charged by a Participating Provider during a single visit, only one copayment will apply, in addition to any copayment due for Office Visit/Office Surgery.)	
Adult Immunizations.....	No copayment
(Herpes Zoster (Shingles) Vaccine for enrollees ages 55-59.....\$20)	
Allergen Immunotherapy.....	No copayment
Mammography, according to guidelines..	No copayment
Well-Child Office Visit, including Routine Pediatric Immunizations.....	No copayment
Prenatal Visits and Six-Week Check-Up after Delivery.....	No copayment
Chemotherapy, Radiation Therapy, Dialysis.....	No copayment
Authorized care at Infertility Center of Excellence.....	No copayment
Hospital-based Cardiac Rehabilitation Center.....	No copayment
Anesthesiology, Radiology, Pathology in connection with inpatient or outpatient network hospital services.....	No copayment
Free-standing Cardiac Rehabilitation Center visit....	\$20
Urgent Care Center.....	\$20
Contraceptive Drugs and Devices when dispensed in a doctor's office.....	\$20
(in addition to any copayment(s) due for Office Visit/Office Surgery and Radiology/Laboratory Tests)	
Outpatient Surgical Locations (including Anesthesiology and same-day pre-operative testing done at the center).....	\$30

Medically appropriate professional
ambulance transportation.....\$35

Chiropractic Treatment or Physical Therapy Services by Managed Physical Network (MPN) Providers

You pay only your copayment when you choose MPN network providers for covered services. To find an MPN network provider, ask the provider directly, or call the Medical Program at 1-877-7-NYSHIP (1-877-769-7447) toll free.

Internet: <https://www.cs.ny.gov>.

Office Visit.....	\$20
Radiology; Diagnostic Laboratory Tests.....	\$20
(If Radiology and Laboratory Tests are charged by an MPN network provider during a single visit, only one copayment will apply, in addition to any copayment due for Office Visit.)	

Network Hospital Outpatient Department Services

Surgery.....	\$40*
Diagnostic Laboratory Tests.....	\$30*
Diagnostic Radiology.....	\$30*
Administration of Desferal for Cooley's Anemia.....	\$30*
Physical Therapy (following related surgery or hospitalization).....	\$20
Chemotherapy, Radiation Therapy, Dialysis.....	No copayment
Preadmission Testing/Presurgical Testing prior to inpatient admission.....	No copayment

Hospital Outpatient Department Services

Emergency Care.....	\$60*
(The \$60 hospital outpatient copayment covers use of the facility for Emergency Room Care, including services of the attending emergency room physician and providers who administer or interpret radiological exams, laboratory tests, electrocardiogram and pathology services.)	

***Only one** copayment per visit will apply for all covered hospital outpatient services rendered during that visit. The copayment covers the outpatient facility. Provider services may be billed separately. You will not have to pay the facility copayment if you are treated in the outpatient department of a hospital and it becomes necessary for the hospital to admit you, at that time, as an inpatient.

Be sure to follow **Benefits Management Program** requirements for hospital admissions, skilled nursing facility admission and Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Computerized Tomography (CT), Positron Emission Tomography (PET) scan or nuclear medicine tests.

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New York State
 Department of Civil Service
 Employee Benefits Division
 P.O. Box 1068
 Schenectady, New York 12301-1068
<https://www.cs.ny.gov>

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Information for the Enrollee, Enrolled Spouse/
 Domestic Partner and Other Enrolled Dependents

CSEA Empire Plan Special Report – August 2011

CHANGE SERVICE REQUESTED

**Please do not send mail
 or correspondence to the
 return address. See address
 information on page 5.**

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>). Click on Benefit Programs, then NYSHIP Online 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. New York State and Participating Employer Retirees and COBRA Enrollees: Contact the Employee Benefits Division at 518-457-5754 or 1-800-833-4344 (U.S., Canada, Puerto Rico, Virgin Islands).

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Empire Plan Copayments, continued

**Mental Health and Substance Abuse Services
 by Network Providers When You Are Referred by
 UnitedHealthcare**

Call the Mental Health and Substance Abuse Program at 1-877-7-NYSHIP (1-877-769-7447) toll free before beginning treatment.

Visit to Outpatient Substance Abuse Treatment Program.....	\$20
Visit to Mental Health Professional	\$20
Psychiatric Second Opinion when precertified.....	No copayment
Mental Health Crisis Intervention (three visits)	No copayment
Inpatient.....	No copayment

Empire Plan Prescription Drugs

(Only **one copayment** applies for up to a 90-day supply.)

Up to a 30-day supply from a participating retail pharmacy, the Mail Service Pharmacy or the designated Specialty Pharmacy

Level 1 or most Generic Drugs.....	\$5
Level 2 or Preferred Drug.....	\$25
Level 3 or Non-Preferred Drug.....	\$45**

31- to 90-day supply from a participating retail pharmacy

Level 1 or most Generic Drugs.....	\$10
Level 2 or Preferred Drug.....	\$50
Level 3 or Non-Preferred Drug.....	\$90**

31- to 90-day supply through the Mail Service Pharmacy or the designated Specialty Pharmacy

Level 1 or most Generic Drugs.....	\$5
Level 2 or Preferred Drug.....	\$50
Level 3 or Non-Preferred Drug.....	\$90**

** If you choose to purchase 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 drug and its generic equivalent (with some exceptions), not to exceed the full cost of the drug.