$0 Generic Copay Program and 10% Generic Copay Program

Beginning January 1, 2020, Active members and Retirees under 65 enrolled in the PSC-CUNY Welfare Fund Prescription Plan will have no copay when filling a prescription for a generic drug included in the Welfare Fund's CVS [$0 Generic Copay Formulary](#) and when the prescription is filled at a CVS pharmacy or through the CVS Mail program. Generic drugs purchased outside of a CVS pharmacy are not included in the program.

How does the $0 Generic Copay Program work?

Here are examples of prescription fills to clarify the service eligible for the benefit:

Example: A member who fills a prescription for a generic drug listed on the $0 generic copay formulary at CVS or CVS mail facility would not pay a copay.

Example: A member who fills a prescription for a generic drug listed on the $0 generic copay formulary at a retail pharmacy other than CVS will not have a reduced copay, and the claim will be processed according to the Welfare Fund Prescription Plan's current tiered copay schedule. This means most members using non-CVS pharmacies will continue to pay a 20% copay.

Members should be aware that the $0 generic copay formulary list may not include the medications they are taking, but they will be able to take advantage of the10% Generic Copay Program.

10% Generic Copay Program

Generic drugs on the [Welfare Fund Drug List](#) that are not included in the $0 Generic Copay Formulary are reduced from 20% to 10% when the prescription is filled at CVS or CVS mail until costs reach the Tier 1 limit (when the Fund has paid $10,000 in annual drug expenses). When the member reaches the Tier 1 limit the copay will increase to the Tier 2 copay of 50% until they reach the Tier 2 limit (when the Fund has paid $15,000 in annual drug expenses). At that point the member's copay will move up to the Tier 3 copay of 80%. Importantly, when the member reaches the Tier 1 limit they should then be eligible to apply for copay reimbursement under the new [High-Cost Rx Program.](#)