

DCS/NYSIF Prescription Drug Program Copayment Matrix

Plan Name	Type of Drug/Level	COPAYMENTS ⁽¹⁾		
		Up to a 30-Day Supply from a Network Pharmacy, Mail Service Pharmacy, or Specialty Pharmacy	31-90-Day Supply from a Network Pharmacy	31- to 90-Day Supply through the Mail Service Pharmacy or Specialty Pharmacy
<i>Empire Plan - Non-Ratified Groups</i>	Level 1: Generic	\$5	\$10	\$5
	Level 2: Preferred Brand	\$25	\$50	\$50
	Level 3: Non-Preferred Brand	\$45	\$90	\$90
<i>Empire Plan - Ratified Groups</i>	Level 1: Generic	\$5	\$10	\$5
	Level 2: Preferred Brand	\$30	\$60	\$55
	Level 3: Non-Preferred Brand	\$60	\$120	\$110
<i>Student Employee Health Plan (SEHP)</i>	Level 1: Generic	\$5	N/A	\$5
	Level 2: Preferred Brand	\$25	N/A	\$50
	Level 3: Non-Preferred Brand	\$45 ⁽²⁾	N/A	\$90
<i>Excelsior Plan</i> (Formulary Follows Carrier's Book of Business)	Level 1: Generic	\$10	\$25	\$20
	Level 2: Preferred Brand	\$40	\$95	\$95
	Level 3: Non-Preferred Brand	\$70	\$180	\$180
<i>NYSIF Worker's Compensation Program</i> (Workers' Compensation Formulary)	All Covered Drugs ⁽³⁾	\$0	\$0	\$0

NOTES:

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

(2) At certain SUNY Campus Student Health Centers, SUNY SEHP enrollees and/or their enrolled dependents are able to fill prescriptions for a \$7 copayment for up to a 3-day supply. See you Health Benefits Administrator for more information. (This does not apply to CUNY SEHP enrollees.)

(3) Mandatory generic substitution rules do not apply.