SECTION 2: PHARMACY BENEFITS

St. Lawrence County

Prescription Drug Benefit Co-Pays

Active employees and retirees < 65 years old

ProAct – Pharmacy Benefit Manager

Drug Tier	Retail Copay (30 day supply)	Mail Order Copay (90 day supply)	Specialty Copay (30 day supply)
Generic	$15	$15	$15
Preferred Brand	$35	$50	20%
Non-Preferred Brand	$50	$80	20%

Updated 11/08/2022

St. Lawrence County

Prescription Drug Benefit Co-Pays

Retirees on Medicare > 65 years old

Employer Group Waiver Plan (EGWP) – RX plan for retirees on Medicare

AMWINS – Third Party Administrator for Retiree RX plan

Retiree RX Care – Insurance Carrier for retiree RX plan

Drug Tier	Retail Copay (30 day supply)	Mail Order Copay (90 day supply)
Generic	$7	$7
Preferred Brand	$15	$30
Non-Preferred Brand	$30	$60

* retiree either pays full price of medication or copay (whichever is lower)
* retirees can use CanaRX program

Updated 11/08/2022

SLCMeds
Employee Program

Introduction:

SLCMeds is an optional international mail order program designed for Employees, Retirees and their Dependents of St. Lawrence County, New York. For your convenience, a listing of eligible medications can be found on the reverse of this form.

Copayments:

All member copayments have been waived for this program **only**.

SLCMeds Vs. Current local purchase plan

Annual Cost *No Copays!*		Monthly Copays		Refills		Annual Savings
$0	Vs.	$15	x	12	=	$180 / script
	Vs.	$30	x	12	=	$360 / script

Ordering Instructions:

To place your first order simply complete the enrollment form and include a new prescription for each medication. Please allow 4 weeks for delivery.

Ask your doctor for a prescription for a **3 month supply** with **3 refills**. We will call you prior to each renewal to ensure that you have a continuous supply.

Medications must be taken for 30 days before ordering through **SLCMeds**.

RETURN YOUR COMPLETED AND SIGNED ENROLLMENT FORM AND ORIGINAL PRESCRIPTION(S):

By Faxing to: 1-866-715-(MEDS) 6337 toll free

Faxed prescriptions are only accepted if sent directly from the physician's office.

OR

By Mailing to: **SLCMeds**
P.O. Box 44650
Detroit, Michigan 48244-0650

More forms are available:

Additional forms may be obtained at Human Resources, printing them from the **www.SLCMeds.com** website or by calling our Customer Service Representatives toll free at **1-866-893-(MEDS) 6337**. For a list of current eligible medications, please visit **www.SLCMeds.com**.

Welcome to SLCMeds