

St. Lawrence County

Prescription Drug Benefit Co-Pays

SECTION 2: PHARMACY BENEFITS

A. ProAct

B. EGWP

C. SLCMeds (CanaRx)

St. Lawrence County

Prescription Drug Benefit Co-Pays

A. Active employees and retirees < 65 years old

ProAct – Pharmacy Benefit Manager

Effective 01/01/2026:

CSEA (Unit 8400), MGMT, Indigent Defenders, SWD, Correction Officers

	Generic	Formulary (Preferred Brand)	Non-Formulary (Non-Preferred Brand)
Retail	\$20	\$40	\$60
Mail Order	\$20	\$55	\$85

***Effective 01/01/2026 CanaRX Penalty \$50**

Deputies, Deputy Supervisors, CO Supervisors

	Generic	Formulary (Preferred Brand)	Non-Formulary (Non-Preferred Brand)
Retail	\$15	\$35	\$50
Mail Order	\$15	\$50	\$80

St. Lawrence County

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B. Retirees on Medicare > 65 years old

ProAct – Pharmacy Benefit Manager

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)

* Option to utilize CanaRX program – no \$50 penalty for non-utilization

St. Lawrence County

SLC Meds

C. SLCMeds (CanaRx)

SLCMeds (CanaRx) is an optional international mail order program, for certain Brand Name medications, designed for members of the St. Lawrence County Healthcare plan (employees, retirees and their dependents).

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

Annual Savings Realized Utilizing SLCMeds program:

- \$420/year for brand-name medications that typically require a \$35 co-pay for a 30-day supply.
- \$480/year for brand-name medications that typically require a \$40 co-pay for a 30-day supply.

Requirement:

- Effective January 1, 2026, members of the employee groups listed below must obtain any eligible brand-name medications through SLCMeds (CanaRx), if available through this program.
 - CSEA Unit 8400
 - CSEA Unit 8427
 - Indigent Defenders
 - Council 82 Unit 2390
 - Non-Union
- If a brand-name medication is available through SLCMeds (CanaRx) and is purchased through another prescription provider instead, a \$50 penalty will apply per prescription.

Ordering Instructions:

- Ask your doctor for a prescription for a **3 month supply with 3 refills**.
- Complete the enrollment form and include a new prescription for each medication.
- Allow 4 weeks for initial delivery.
- SLCMeds (CanaRx) 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
PO. Box 44650
Detroit, Michigan 48244-0650

Forms:

Forms may be obtained at Human Resources, printing them from the www.canarx.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 the website and enter "SLCMeds" for the WebID.