

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% |

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

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.