

	Health/Drug	Dental	Vision	Monthly Premium	Employee Share	Board Share	Payroll Deduction		
SECURE BLUE PPO 815					10.00%	90.00%			
Individual	X		X	895.14	89.52	805.62	44.76		
Individual w/Trad. Blue Dental	X	X	X	921.97	97.58	824.39	48.79		
					20%	80%			
Individual - Hired after 7/1/91	X		X	895.14	179.04	716.10	89.52		
Individual - Hired after 7/1/91 w/dental	X	X	X	921.97	192.46	729.51	96.23		
					10.00%	90.00%			
2 Person	X		X	1,835.98	183.60	1,652.38	91.80		
2 Person w/Trad. Blue Dental	X	X	X	1,886.98	204.00	1,682.98	102.00		
					20%	80%			
2 Person - Hired after 7/1/91	X		X	1,835.98	367.20	1,468.78	183.60		
2 Person - Hired after 7/1/91 w/dental	X	X	X	1,886.98	392.70	1,494.28	196.35		
					10.00%	90.00%			
Family	X		X	2,604.36	260.44	2,343.92	130.22		
Family w/Trad. Blue dental	X	X	X	2,685.12	292.74	2,392.38	146.37		
					20%	80%			
Family - Hired after 7/1/91	X		X	2,604.36	520.88	2,083.48	260.44		
Family - Hired after 7/1/91 w/dental	X	X	X	2,685.12	561.26	2,123.86	280.63		
MVP HMO					10.00%	90.00%			
Individual	X		N/A	1,124.19	112.42	1,011.77	56.21		
Individual w/Trad. Blue Dental	X	X	N/A	1,151.02	120.48	1,030.54	60.24		
					20%	80%			
Individual - Hired after 7/1/91	X		N/A	1,124.19	224.84	899.35	112.42		
Individual - Hired after 7/1/91 w/dental	X	X	N/A	1,151.02	238.26	912.76	119.13		
					10.00%	90.00%			
2-Person	X		N/A	2,521.97	252.20	2,269.77	126.10		
2-Person w/Trad. Blue Dental	X	X	N/A	2,572.97	272.60	2,300.37	136.30		
					20%	80%			
2-Person - Hired after 7/1/91	X		N/A	2,521.97	504.40	2,017.57	252.20		
2-Person - Hired after 7/1/91 w/dental	X	X	N/A	2,572.97	529.90	2,043.07	264.95		
					10.00%	90.00%			
Family	X		N/A	2,734.98	273.50	2,461.48	136.75		
Family w/Trad. Blue Dental	X	X	N/A	2,815.74	305.80	2,509.94	152.90		
					20%	80%			
Family - Hired after 7/1/91	X		N/A	2,734.98	547.00	2,187.98	273.50		
Family - Hired after 7/1/91 w/dental	X	X	N/A	2,815.74	587.38	2,228.36	293.69		
CDPHP EPO					10.00%	90.00%			
Individual	X		N/A	1,143.49	114.36	1,029.13	57.18		
Individual w/Trad. Blue Dental	X	X	N/A	1,170.32	122.42	1,047.90	61.21		
					20%	80%			
Individual - Hired after 7/1/91	X		N/A	1,143.49	228.70	914.79	114.35		
Individual - Hired after 7/1/91 w/dental	X	X	N/A	1,170.32	242.12	928.20	121.06		
					10.00%	90.00%			
2 Person	X		N/A	2,687.56	268.76	2,418.80	134.38		
2 Person w/Trad. Blue Dental	X	X	N/A	2,738.56	289.16	2,449.40	144.58		
					20%	80%			
2 Person - Hired after 7/1/91	X		N/A	2,687.56	537.52	2,150.04	268.76		
2 Person - Hired after 7/1/91 w/dental	X	X	N/A	2,738.56	563.02	2,175.54	281.51		
					10.00%	90.00%			
Family	X		N/A	2,900.57	290.06	2,610.51	145.03		
Family w/Trad. Blue Dental	X	X	N/A	2,981.33	322.36	2,658.97	161.18		
					20%	80%			
Family - Hired after 7/1/91	X		N/A	2,900.57	580.12	2,320.45	290.06		
Family - Hired after 7/1/91 w/dental	X	X	N/A	2,981.33	620.50	2,360.83	310.25		
TRADITIONAL BLUE DENTAL									
Individual	N/A	X	N/A	26.83	8.06	30%	18.77	70%	4.03
2 Person	N/A	X	N/A	51.00	20.40	40%	30.60	60%	10.20
Family	N/A	X	N/A	80.76	32.30	40%	48.46	60%	16.15
Individual - CS Hired after 7/1/91	N/A	X	N/A	26.83	13.42	50%	13.41	50%	6.71
2 Person - CS Hired after 7/1/91	N/A	X	N/A	51.00	25.50	50%	25.50	50%	12.75
Family - CS Hired after 7/1/91	N/A	X	N/A	80.76	40.38	50%	40.38	50%	20.19
Superintendent 2 Person	N/A	X	N/A	51.00	10.20	20%	40.80	80%	5.10

MOHONASEN MEDS

An optional mail order program which may be used for specific brand named prescriptions with \$0 co-pay. You must be enrolled in a health plan to be eligible for this service.

www.MohonasenMeds.com

**SECURE
BLUE PPO 815**

Flexible managed care plan with no referrals. Model Plan
Combines coverage for hospitalization, medical/surgical and major medical.
Portable coverage, offering in-network and out-of-network services.
Co-Pay for doctor exams is \$25 Lab Work \$25
Emergency Room co-pay \$150 Urgent Care co-pay \$35
Inpatient hospital care – \$250 co-pay Outpatient Surgical \$100
Please see SBC for complete co-pay information
Prosthetics are not covered
Vision exam every two years unless medically needed. Discount eyewear allowance through Davis Vision Networks. www.bsny.com

MVP

You can use a doctor in the MVP network now without a referral, but you still must select a primary care physician.
Co-pay for doctor exams is \$20
Emergency Room co-pay \$50
Inpatient hospital care – \$240 per stay
Vision exam every two years unless medically necessary. No Eyewear
Preventative dental for children under 19 – Co-Pay \$25 www.mvp.com

CDPHP EPO

You can use a doctor in the CDPHP network. You no longer need to get a referral to see a specialist or doctor other than your primary physician, but you are responsible to make sure prior approval from CDPHP is obtained. You will need prior approval for any infusion therapy. You have access to more than 550,000 participating practitioners and providers nationwide, including many major hospitals. Model plan
Co-Pay for doctor exams is \$25 Telemedicine Preferred \$0 all other \$25
Emergency Room co-pay \$150 Urgent Care co-pay \$35
Inpatient hospital care - \$250 per stay. www.cdphp.com
Vision exam every two years unless medically necessary No Eyewear

**EXPRESS SCRIPTS
PRESCRIPTION
PLAN**

ALL plans will now use Express Scripts Prescription Plan:
Generic drugs \$ 5.00 per prescription
Formulary brand name drugs \$20.00 per prescription
Non-Formulary brand name drugs \$35.00 per prescription

Pick up prescriptions at the pharmacy. www.express-scripts.com
Mail in orders for a 3-month supply will be prescription cost times two.

MOHONASEN MEDS/CANARX-<http://canarx.com/MohonasenMeds/contact.htm> for more information on how your prescription plan can be used (zero co-pay meds).

***Blue Shield Dental Rider** is also available as an option with the various insurance plans in accordance with negotiated contribution formulas. \$1000.00 maximum coverage per person per calendar year.

Benefit booklets are available in the business office.

MOHONASEN CSD
\$5/20/35 COPAY PRESCRIPTION DRUG PLAN



EXPRESS SCRIPTS®/MEDCO

express-scripts.com

Pharmacy Benefits Manager

Eligibility

Employees, spouses and dependents to age 26

Benefits

Participating Local Retail Pharmacy & CuraScript Specialty Pharmacy (see below)

Generic Drugs	\$ 5 copay, 30-day supply
Formulary Brand Name Drugs	\$20 copay, 30-day supply
Non-Formulary Brand Name Drugs	\$35 copay, 30-day supply

Home Delivery Pharmacy (for maintenance medications that treat chronic conditions)

Generic Drugs	\$10 copay, 90-day supply
Formulary Brand Name Drugs	\$40 .copay, 90-day supply
Non-Formulary Brand Name Drugs	\$70 copay, 90-day supply

Participating Pharmacy Information

To locate participating pharmacies, visit the Express Scripts website at www.express-scripts.com.

Home Delivery (Mail Order) Pharmacy Information

Send mail service profile form along with original prescription and applicable co-pay in self-addressed envelope found in your Express Scripts welcome packet. Allow 14 business days to receive your prescription.

CuraScript Specialty Pharmacy Information

Exclusive supplier of "specialty medications" (high-cost oral, injectable, infused or inhaled medications that may be self-administered), offering clinical support and therapy management and counseling. First prescription may be obtained at the retail pharmacy with subsequent prescriptions filled through CuraScript and delivered to your home.

General Exclusions

Medications lawfully obtained without a prescription/Devices or appliances, support garments or other non-medicinal substances/Administration charges for drugs or insulin/Investigational or experimental drugs/Unauthorized refills/Prescriptions covered without charge under Federal, State or local programs including Workers' Compensation/Medications for eligible confined to a rest home, nursing home, sanitarium, extended care facility, hospital or similar entity/Medication used for cosmetic purposes.

This summary does not detail all benefits, limitations or exclusions. All benefits subject to coordination of benefits (COB).



Rotterdam-Mohonasen Central School District

**SIMPLE.
SAFE.
SMART.**



SIGN UP TODAY

Medications FREE to your door!
See reverse for a full list of medications.

CANARX is a voluntary international mail order prescription program that is available to eligible employees, retirees and their dependents of Rotterdam-Mohonasen Central School District, Schenectady, New York.

Brand name medications, in the original factory-sealed manufacturers packaging, are delivered DIRECT TO YOUR DOOR from certified pharmacies in Canada, the United Kingdom and Australia. YOU PAY NOTHING thanks to the savings CANARX brings to your plan.

Getting started is super easy!

1. Check to see if a medication is offered - call CANARX at **1-866-893-6337** or to view the complete formulary - and enroll online or download an enrollment form - visit www.canarx.com (WebID: **RMCS**).
2. Ask your doctor for a prescription for a 3-month supply, with 3 refills.
3. Submit documentation (completed enrollment form, prescription and a copy of your photo ID).
4. Sit back and relax...medication will be mailed direct to your home within 4 business days.

- ✓ **\$0 Copay**
- ✓ **450+ FREE Brand Name Medications**
- ✓ **Easy, convenient refills**
- ✓ **Refills only, no "new to you" meds**
- ✓ **No additional costs**

For More Information



1-866-893-6337
www.canarx.com
WebID: **RMCS**