

	<u>Health/Drug</u>	<u>Dental</u>	<u>Premium</u>	<u>Retiree</u>	<u>Board</u>
SECURE BLUE PPO 815					
Individual	X		895.14	447.57	447.57
Individual w/dental	X	X	921.97	474.40	447.57
				65%	35%
2 Person	X		1,835.98	1,193.39	642.59
2 Person w/dental	X	X	1,886.98	1,244.39	642.59
				65%	35%
Family	X		2,604.36	1,692.83	911.53
Family w/dental	X	X	2,685.12	1,773.59	911.53
				50%-MED.	50%+MED.
SECURE BLUE PPO 816	X		918.74	400.67	518.07
SB PPO MEDICARE W/D	X	X	945.57	427.50	518.07
FOREVER BLUE PPO 799					
FB PPO MEDICARE ADV	X		808.25	345.43	462.82
FB PPO MED ADVANTAGE	X	X	835.08	372.26	462.82
				50%-MED.	50%+MED.
FOREVER BLUE ESSENTIAL					
FB PPO ESSENTIAL	X		742.25	312.43	429.82
FB PPO ESSENTIAL W/D	X	X	769.08	339.26	429.82
MVP					
				50%	50%
Individual	X		1,124.19	562.10	562.09
Individual w/dental	X	X	1,151.02	588.93	562.09
				65%	35%
Two Person	X		2,521.97	1,639.28	882.69
Two Person w/dental	X	X	2,572.97	1,690.28	882.69
				65%	35%
Family	X		2,734.98	1,777.74	957.24
Family w/dental	X	X	2,815.74	1,858.50	957.24
				50%-MED.	50%+MED.
Medicare/Retiree -Individual	X	N/A	1,443.68	663.14	780.54
				65%-2med	35%+2med
Medicare/Retiree 2Person	X	N/A	3,187.64	1,954.57	1,233.07
				65%-1med	35%+1med
Medicare/Retiree -2 Per (1	X	N/A	2,567.87	1,610.42	957.45
				50%	50%
CDPHP EPO					
Individual	X		1,143.49	571.75	571.74
Individual w/dental	X	X	1,170.32	598.58	571.74
				65%	35%
Two Person	X		2,687.56	1,746.91	940.65
Two Person w/dental	X	X	2,738.56	1,797.91	940.65
				65%	35%
Family	X		2,900.57	1,885.38	1,015.19
Family w/dental	X	X	2,981.33	1,966.14	1,015.19
				50%-MED.	50%+MED.
Medicare/Retiree - Individu	X	N/A	1,462.98	672.79	790.19
CDPHP MEDICARE Choic	X		699.98	291.30	408.68
CDPHP MED Choice HMO	X	X	726.81	318.13	408.68
CDPHP Choice PPO	X		705.66	294.13	411.53
CDPHP Choice PPO w/de	X	X	732.49	320.96	411.53
				65%-2Med.	35%+2Med.
Medicare/Retiree - 2 Pers	X	N/A	3,353.23	2,062.20	1,291.03
				65%-1med	35%+1med
Medicare/Retiree -1/1 O/U	X	N/A	2,606.47	1,635.51	970.96
Individual Dental	N/A	X	26.83	26.83	0.00
2 Person Dental	N/A	X	51.00	51.00	0.00
Family Dental	N/A	X	80.76	80.76	0.00

www.MohonasenMeds.com 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.

**Reimbursement for all Medicare Plans
\$58.70**

SECURE BLUE PPO 815 Out of pocket maximum \$6850 individual \$13,700 family
Combines coverage for hospitalization, medical/surgical and major medical.
Co-Pay for doctor exams is \$25 Telemedicine co-pay \$0
Emergency Room co-pay \$150 Urgent Care co-pay \$35
Inpatient hospital care – \$250 co-pay
Prosthetics are not covered
Vision exam every two years unless medically needed. Discount eyewear allowance through Davis
Vision Networks. www.bsny.com

**FOREVER BLUE
MAP PPO 799** Co-pay primary \$10. Co-pay specialists \$15. \$3350 Calendar Year Out of Pocket Max
Preventative services \$0. Emergency room \$50. Vision \$15/Hearing Exam \$15-\$45. Eyewear
allowance \$200. Dental allowance \$200. Hearing Aid Allowance (TruHearing) \$699/\$999.

**FOREVER BLUE ESSENTIAL
MAP** Co-pay primary \$25. Co-pay specialists \$40. \$3,400 Calendar Year Out of Pocket Max
Preventative services \$0. Emergency room \$50 Vision \$25-\$40/Hearing Exam \$40-\$45
Eyewear allowance \$200 Dental allowance \$200. Hearing Aid Allowance (TruHearing) \$699/\$999.

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 co-pay
Vision exam every two years unless medically necessary.
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.
Out of pocket maximum \$5925 individual \$11,850 family
Co-Pay for doctor exams is \$25 Telemedicine co-pay \$10
Emergency Room co-pay \$150 Urgent Care co-pay \$35
Inpatient hospital care - \$250 co-pay
Vision exam every two years unless medically necessary. www.cdphp.com

CDP MAP HMO Co-pay primary \$10 Co-pay Specialist \$15 Calendar Year Out of Pocket Max \$2500
ER \$50 Urgent Care \$25 Hearing Aid Allowance
Eyewear Allowance \$100 Preventative Dental Allowance \$250

CDP MAP PPO Co-pay primary \$10 Co-pay Specialist \$15 Calendar Year Out of Pocket Max \$3350
ER \$75 Urgent Care \$25 Hearing Aid Allowance
Eyewear Allowance \$100 Preventative Dental Allowance \$250

SHINGLES VACCINATION FOR MAP PLANS ONLY AT THE PHARMACY

Express Scripts Information on next page.

MOHONASEN MEDS/CANARX- <http://canarx.com/MohonasenMeds/contact.htm>

*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.
All benefit booklets available in the business office.

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



EXPRESS SCRIPTS®/MEDCO

expressscripts.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**D).
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

- ✓ **\$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**D