

**MTA RETIREES POST 7/2018 INCENTIVE TIER %**  
**20% INDIVIDUAL TILL 65 YEARS OR 1ST 5 YEARS**  
**2 PERSON/FAMILY 30% TILL 65 OR 1ST 5 YEARS**  
**AGE 65 (POST 5 YEARS) 50%**

\$20 MVP CO-PAY  
 \$25 CDPHP/BS CO-PAY  
 \$5/\$20/\$35 ESI

	PREMIUM	RETIREE	BOARD	PREMIUM	RETIREE	BOARD	PREMIUM	RETIREE	Board		
<b>SECURE BLUE PPO 815</b>											
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Individual	895.14	179.03	716.11	895.14	268.54	626.60	N/A	N/A	N/A		
Individual w/dental	921.97	205.86	716.11	921.97	295.37	626.60	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
2 Person	1,835.98	N/A	N/A	1,835.98	550.79	1,285.19	N/A	N/A	N/A		
2 Person w/dental	1,886.98	N/A	N/A	1,886.98	601.79	1,285.19	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Family	2,604.36	N/A	N/A	2,604.36	781.31	1,823.05	N/A	N/A	N/A		
Family w/dental	2,685.12	N/A	N/A	2,685.12	862.07	1,823.05	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Medicare/Retiree - Ind 816	918.74	125.05	793.69	918.74	216.92	701.82	918.74	400.67	518.07		
Medicare/Retiree - Ind w/den	945.57	151.88	793.69	945.57	243.75	701.82	945.57	427.50	518.07		
<b>FOREVER BLUE 799 PPO MAP</b>											
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
FB MEDICARE AD 799 PPO	808.25	102.95	705.30	808.25	183.78	624.47	808.25	345.43	462.82		
FB MED AD 799 PPO W/DEI	835.08	129.78	705.30	835.08	210.61	624.47	835.08	372.26	462.82		
<b>FOREVER BLUE ESSENTIAL</b>											
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
FB PPO ESSENTIAL	742.25	89.75	652.50	742.25	163.98	578.27	742.25	312.43	429.82		
FB PPO ESSENTIAL W/DEN	769.08	116.58	652.50	769.08	190.81	578.27	769.08	339.26	429.82		
<b>MVP HMO</b>											
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Individual	1,124.19	224.84	899.35	1,124.19	337.26	786.93	N/A	N/A	N/A		
Individual w/dental	1,151.02	251.67	899.35	1,151.02	364.09	786.93	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Two Person	N/A	N/A	N/A	2,521.97	756.59	1,765.38	N/A	N/A	N/A		
Two Person w/dental	N/A	N/A	N/A	2,572.97	807.59	1,765.38	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Family	N/A	N/A	N/A	2,734.98	820.49	1,914.49	N/A	N/A	N/A		
Family w/dental	N/A	N/A	N/A	2,815.74	901.25	1,914.49	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Medicare/Retiree - Individual	1,443.68	230.04	1213.64	1,443.68	374.40	1,069.28	1,443.68	663.15	780.53		
	<b>20% -MED 80%+MED</b>			<b>30%-2MED</b>			<b>70%+2MED</b>			<b>50%-MED 50%+MED</b>	
Medicare/Retiree - 2P	N/A	N/A	N/A	3,187.64	838.89	2,348.75	3,187.64	1,476.42	1,711.22		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Medicare/Retiree - 1/1 (1ovr)	N/A	N/A	N/A	2,567.87	711.66	1,856.21	2,567.87	1,225.24	1,342.63		
<b>CDPHP EPO</b>											
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Individual	1,143.49	228.70	914.79	1,143.49	343.05	800.44	N/A	N/A	N/A		
Individual w/dental	1,170.32	255.53	914.79	1,170.32	369.88	800.44	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Two Person	N/A	N/A	N/A	2,687.56	806.27	1,881.29	N/A	N/A	N/A		
Two Person w/dental	N/A	N/A	N/A	2,738.56	857.27	1,881.29	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Family	N/A	N/A	N/A	2,900.57	870.17	2,030.40	N/A	N/A	N/A		
Family w/dental	N/A	N/A	N/A	2,981.33	950.93	2,030.40	N/A	N/A	N/A		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Medicare/Retiree - Individual	1,462.98	233.90	1229.08	1,462.98	380.19	1,082.79	1,462.98	672.80	790.18		
CDPHP Medicare AD HMO	699.98	81.30	618.68	699.98	151.29	548.69	699.98	291.29	408.69		
CDPHP Medicare AD HMO w	726.81	108.13	618.68	726.81	178.12	548.69	726.81	318.12	408.69		
CDPHP Medicare AD PPO	705.66	82.43	623.23	705.66	153.00	552.66	705.66	294.13	411.53		
CDPHP Medicare AD PPO w	732.49	109.26	623.23	732.49	179.83	552.66	732.49	320.96	411.53		
	<b>20% -MED 80%+MED</b>			<b>30%-2MED</b>			<b>70%+2MED</b>			<b>50%-MED 50%+MED</b>	
Medicare/Retiree - 2 Person	N/A	N/A	N/A	2,925.96	760.39	2,165.57	2,925.96	1,345.58	1,580.38		
	<b>20% -MED 80%+MED</b>			<b>30%-MED</b>			<b>70%+MED</b>			<b>50%-MED 50%+MED</b>	
Medicare/Retiree - 1/1 (1 ovr)	N/A	N/A	N/A	2,606.47	723.24	1,883.23	2,606.47	1,244.54	1,361.93		
Individual Dental	26.83	26.83	0.00	26.83	26.83	0.00	26.83	26.83	0.00		
2-Person Dental	51.00	51.00	0.00	51.00	51.00	0.00	51.00	51.00	0.00		
Family Dental	80.76	80.76	0.00	80.76	80.76	0.00	80.76	80.76	0.00		

\*\*DENTAL IS PAID 100% BY RETIREE

[www.MohonasenMeds.com](http://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.

**MEDICARE ADVANTAGE PLANS HIGHLIGHTED ROSE**

**MEDICARE REIMBURSEMENT \$58.70**

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**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](http://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](http://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](http://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](http://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](http://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](http://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

- ✓ **\$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](http://www.canarx.com)  
WebID: **RMCS**