

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

JANUARY 2025 MA RATE
MSSA/MAA/MSA RETIREE PRE 7/1/2005 JULY 2025 OPEN ENROLLMENT

	Health/Drug	Dental	Premium	Retiree	Board
HIGHMARK SECURE BLUE PPO 815				50%	50%
Individual	X		951.60	475.80	475.80
Individual w/dental	X	X	978.43	502.63	475.80
				65%	35%
2 Person	X		1,953.20	1,269.58	683.62
2 Person w/dental	X	X	2,004.20	1,320.58	683.62
				65%	35%
Family	X		2,770.82	1,801.03	969.79
Family w/dental	X	X	2,851.58	1,881.79	969.79
				50%-MED.	50%+MED.
Medicare- Individual 815	X		970.04	426.32	543.72
Medicare-Individual w/dental	X	X	996.87	453.15	543.72
FOREVER BLUE PPO 799 CF 15					
FB MAP 799 PPO	X		851.77	367.19	484.58
FB MAP 799 PPO W/DENTAL	X	X	878.60	394.02	484.58
FOREVER BLUE ESSENTIAL CF 1				50%-MED.	50%+MED.
FB PPO ESSENTIAL MAP	X		780.77	331.69	449.08
FB PPO ESSEN W/DENTAL	X	X	807.60	358.52	449.08
MVP				50%	50%
Individual	X		1,202.10	601.05	601.05
Individual w/dental	X	X	1,228.93	627.88	601.05
				65%	35%
Two Person	X		2,699.23	1,754.50	944.73
Two Person w/dental	X	X	2,750.23	1,805.50	944.73
				65%	35%
Family	X		2,922.61	1,899.70	1,022.91
Family w/dental	X	X	3,003.37	1,980.46	1,022.91
				50%-MED.	50%+MED.
Medicare Individual	X	N/A	1,537.15	709.88	827.27
				65%-2med	35%+2med
Medicare 2P (over 65)	X	N/A	3,397.31	2,090.85	1,306.46
				65%-1med	35%+1med
Medicare 2P (1over/1under)	X	N/A	2,739.25	1,721.81	1,017.44
CDPHP EPO				50%	50%
Individual	X		1,251.69	625.85	625.84
Individual w/dental	X	X	1,278.52	652.68	625.84
				65%	35%
Two Person	X		2,950.27	1,917.68	1,032.59
Two Person w/dental	X	X	3,001.27	1,968.68	1,032.59
				65%	35%
Family	X		3,173.65	2,062.88	1,110.77
Family w/dental	X	X	3,254.41	2,143.64	1,110.77
				50%-MED.	50%+MED.
Medicare Individual EPO	X	N/A	1,586.74	734.67	852.07
CDPHP MAP HMO	X		745.83	314.22	431.61
CDPHP MAP HMO w/dental	X	X	772.66	341.05	431.61
CDPHP MAP PPO	X		771.00	326.80	444.20
CDPHP MAP PPO w/dental	X	X	797.83	353.63	444.20
				65%-2Med.	35%+2Med.
Medicare 2 Person (over 65)	X	N/A	3,648.35	2,254.03	1,394.32
				65%-1med	35%+1med
Medicare 2 P (1 over/1under)	X	N/A	2,838.43	1,786.28	1,052.15
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

MEDICARE ADVANTAGE PLANS = MAP HIGHLIGHT ROSE
MEDICARE INDEMNITY PLANS = BLUE HIGHLIGHT

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).



\$0 COPAY PRESCRIPTION SAVINGS PROGRAM!

Your employer has teamed up with CANARX to offer eligible members and dependents a FREE international mail order program for certain brand-name medications. This program is intended to help you save money!

Benefits of joining the CANARX program:

- ▶ \$0 copay
- ▶ FREE delivery to your mailbox
- ▶ FREE brand-name medications
- ▶ Worry-free refills

ENROLLING IS VERY EASY.



1
Fill out the online enrollment form



2
Upload your photo identification



3
Include your prescriber's information and CANARX can reach out to request a prescription on your behalf

Have the following ready to make enrolling easier:

- ☐ **Photo Identification** – an image of your valid government-issued photo ID
- ☐ **Name and strength of medications and vitamins you are using**
- ☐ **Prescriber's Information**
 - First and last name
 - Phone number

Need some help? Give CANARX a call at 1-866-893-6337.

Signing up only takes a few minutes and can help you save significantly on your prescription costs!

Scan here to enroll today!
canarx.com/enroll | 1-866-893-6337

