

2025-26  
 20 MVP  
 25 CDPHP/SECURE BLUE  
 \$5/\$20/\$35

2025-26  
 OPEN ENROLLMENT RATES  
 ACTIVE  
 MTA PRE JULY 1, 2016  
 (TEACHERS, NURSES)

	Health Drug	BLUE EDGE	Monthly Premium	Monthly Employee		Monthly Board		Bi-Weekly P/R Ded
<b>HIGHMARK DENTAL</b>								
<b>SECURE BLUE PPO 815</b>				<b>18.00%</b>		<b>82.00%</b>		
Individual	X		951.60	171.30		780.30		85.65
Individual w/Blue Edge Dental	X	X	978.43	179.37		799.06		89.68
2 Person	X		1,953.20	351.58		1,601.62		175.79
2 Person w/Blue Edge Dental	X	X	2,004.20	371.98		1,632.22		185.99
Family	X		2,770.82	498.76		2,272.06		249.38
Family w/Blue Edge Dental	X	X	2,851.58	531.06		2,320.52		265.53

<b>MVP HMO</b>				<b>18.00%</b>		<b>82.00%</b>		
Individual	X		1,202.10	216.38		985.72		108.19
Individual w/Blue Edge Dental	X	X	1,228.93	224.44		1,004.49		112.22
2-Person	X		2,699.23	485.86		2,213.37		242.93
2 Person w/Blue Edge Dental	X	X	2,750.23	506.26		2,243.97		253.13
Family	X		2,922.61	526.06		2,396.55		263.03
Family w/Blue Edge Dental	X	X	3,003.37	558.36		2,445.01		279.18

<b>CDPHP EPO</b>				<b>18.00%</b>		<b>82.00%</b>		
Individual	X		1,251.69	225.30		1,026.39		112.65
Individual w/Blue Edge Dental	X	X	1,278.52	233.36		1,045.16		116.68
2-Person	X		2,950.27	531.06		2,419.21		265.53
2 Person w/Blue Edge Dental	X	X	3,001.27	551.46		2,449.81		275.73
Family	X		3,173.65	571.26		2,602.39		285.63
Family w/Blue Edge Dental	X	X	3,254.41	603.56		2,650.85		301.78

<b>HIGHMARK BLUE EDGE DENTAL</b>								
Individual	N/A	X	26.83	8.06	30%	18.77	70%	4.03
2 Person	N/A	X	51.00	20.40	40%	30.60	60%	10.20
Family	N/A	X	80.76	32.30	40%	48.46	60%	16.15

**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](http://www.MohonasenMeds.com)

3/6/2025

OPEN ENROLLMENT 2025-26

## HEALTH INSURANCE PLANS OFFERED 2025-26

### MTA

#### **HIGHMARK SECURE BLUE PPO 815**

Flexible managed care plan with no referrals. Model Plan  
Combines coverage for hospitalization, medical/surgical and major medical. Uses Quest Diagnostic for Lab work and there is a co-pay.  
Portable coverage, offering in-network and out-of-network services.  
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 Prosthetics are not covered  
Please see SBC for complete co-pay information  
Vision exam every two years unless medically needed. Discount eyewear allowance through Davis Vision Networks. [highmark.com/member/blueshieldnyny.html](https://highmark.com/member/blueshieldnyny.html)

#### **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  
Vision exam every two years unless medically necessary.  
Preventative dental for children under 19 – Co-Pay \$25 [www.mvp.com](https://www.mvp.com)

#### **CDPHP EPO**

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.  
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 per stay  
Vision exam every two years unless medically necessary. [www.cdphp.com](https://www.cdphp.com)

#### **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](https://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. Dependents age 19-25 must be full time or grad students.  
Benefit booklets are 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).





## **\$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**

