

MTA ACTIVES
2025-26
(TEACHERS, NURSES, TEACHING ASSISTANTS)

PROFESSIONAL TEACHERS HIRED
 7/1/2016 FORWARD
 ALL TEACHING ASSISTANTS

HIGHMARK SECURE BLUE PPO 815	Blue Health/ Edge Drug Dental		Monthly Premium	Monthly Employee	Monthly Board		Bi-Weekly P/R Ded
				20.00%	80.00%		
Individual	X		951.60	190.32		761.28	95.16
Individual w/Blue Edge Dental	X	X	978.43	198.38		780.05	99.19
2 Person	X		1,953.20	390.64		1,562.56	195.32
2 Person w/Blue Edge Dental	X	X	2,004.20	411.04		1,593.16	205.52
Family	X		2,770.82	554.16		2,216.66	277.08
Family w/Blue Edge Dental	X	X	2,851.58	586.46		2,265.12	293.23

MVP HMO

				20.00%	80.00%		
Individual	X		1,202.10	240.42		961.68	120.21
Individual w/Blue Edge Dental	X	X	1,228.93	248.48		980.45	124.24
2 Person	X		2,699.23	539.86		2,159.37	269.93
2 Person w/Blue Edge Dental	X	X	2,750.23	560.26		2,189.97	280.13
Family	X		2,922.61	584.52		2,338.09	292.26
Family w/Blue Edge Dental	X	X	3,003.37	616.82		2,386.55	308.41

CDPHP EPO

				20.00%	80.00%		
Individual	X		1,251.69	250.34		1,001.35	125.17
Individual w/Blue Edge Dental	X	X	1,278.52	258.40		1,020.12	129.20
2 Person	X		2,950.27	590.06		2,360.21	295.03
2 Person w/Blue Edge Dental	X	X	3,001.27	610.46		2,390.81	305.23
Family	X		3,173.65	634.74		2,538.91	317.37
Family w/Blue Edge Dental	X	X	3,254.41	667.04		2,587.37	333.52

HIGHMARK BLUE EDGE DENTAL

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

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

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

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

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. 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

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

