

**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>HIGHMARK SECURE BLUE PPO 815</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Individual	951.60	190.32	761.28	951.60	285.48	666.12	N/A	N/A	N/A
Individual w/ dental	978.43	217.15	761.28	978.43	312.31	666.12	N/A	N/A	N/A
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
2 Person	N/A	N/A	N/A	1,953.20	585.96	1,367.24	N/A	N/A	N/A
2 Person w/ dental	N/A	N/A	N/A	2,004.20	636.96	1,367.24	N/A	N/A	N/A
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Family	N/A	N/A	N/A	2,770.82	831.25	1,939.57	N/A	N/A	N/A
Family w/ dental	N/A	N/A	N/A	2,851.58	912.01	1,939.57	N/A	N/A	N/A
<b>SECURE BLUE PPO 815</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Medicare - Individual 815	970.04	135.31	834.73	970.04	232.31	737.73	970.04	426.32	543.72
Medicare - Individual w/dental	996.87	162.14	834.73	996.87	259.14	737.73	996.87	453.15	543.72
<b>FOREVER BLUE 799 PPO MAP CF15</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
FB MAP 799 PPO	851.77	111.65	740.12	851.77	196.83	654.94	851.77	367.19	484.58
FB MAP 799 PPO W/DENTAL	878.60	138.48	740.12	878.60	223.66	654.94	878.60	394.02	484.58
<b>FOREVER BLUE ESSENTIAL CF1</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
FB PPO ESSENTIAL MAP Pla	780.77	97.45	683.32	780.77	175.53	605.24	780.77	331.69	449.08
FB PPO ESSENTIAL W/DENT	807.60	124.28	683.32	807.60	202.36	605.24	807.60	358.52	449.08
<b>MVP HMO</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Individual	1,202.10	240.42	961.68	1,202.10	360.63	841.47	N/A	N/A	N/A
Individual w/ dental	1,228.93	267.25	961.68	1,228.93	387.46	841.47	N/A	N/A	N/A
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Two Person	N/A	N/A	N/A	2,699.23	809.77	1,889.46	N/A	N/A	N/A
2 Person w/ dental	N/A	N/A	N/A	2,750.23	860.77	1,889.46	N/A	N/A	N/A
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Family	N/A	N/A	N/A	2,922.61	876.78	2,045.83	N/A	N/A	N/A
Family w/ dental	N/A	N/A	N/A	3,003.37	957.54	2,045.83	N/A	N/A	N/A
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Medicare Individual	1,537.15	248.73	1288.42	1,537.15	402.45	1,134.70	1,537.15	709.88	827.27
	<b>20% -MED 80%+MED</b>			<b>30%-2MED 70%+2MED</b>			<b>50%-MED 50%+MED</b>		
Medicare 2Person (over 65)	N/A	N/A	N/A	3,397.31	901.79	2,495.52	3,397.31	1,581.26	1,816.05
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Medicare 1/1 (1over/1under)	N/A	N/A	N/A	2,739.25	763.08	1,976.17	2,739.25	1,310.93	1,428.32
<b>CDPHP EPO</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Individual	1,251.69	250.34	1001.35	1,251.69	375.51	876.18	N/A	N/A	N/A
Individual w/ dental	1,278.52	277.17	1001.35	1,278.52	402.34	876.18	N/A	N/A	N/A
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Two Person	N/A	N/A	N/A	2,950.27	885.08	2,065.19	N/A	N/A	N/A
2 Person w/dental	N/A	N/A	N/A	3,001.27	936.08	2,065.19	N/A	N/A	N/A
	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Family	N/A	N/A	N/A	3,173.65	952.10	2,221.55	N/A	N/A	N/A
Family w/ dental	N/A	N/A	N/A	3,254.41	1032.86	2,221.55	N/A	N/A	N/A
<b>CDPHP Indemnity Plan</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Medicare EPO Individual	1,586.74	258.65	1328.09	1,586.74	417.32	1,169.42	1,586.74	734.68	852.06
CDPHP MAP HMO	745.83	90.47	655.36	745.83	165.05	580.78	745.83	314.22	431.61
CDPHP MAP HMO w/dental	772.66	117.30	655.36	772.66	191.88	580.78	772.66	341.05	431.61
CDPHP MAP PPO	771.00	95.50	675.50	771.00	172.60	598.40	771.00	326.80	444.20
CDPHP MAP PPO w/dental	797.83	122.33	675.50	797.83	199.43	598.40	797.83	353.63	444.20
<b>CDPHP Indemnity Plan</b>	<b>20% -MED 80%+MED</b>			<b>30%-2MED 70%+2MED</b>			<b>50%-MED 50%+MED</b>		
Medicare EPO 2Person (over 65)	N/A	N/A	N/A	3,648.35	977.11	2,671.24	3,648.35	1,706.78	1,941.57
<b>CDPHP Indemnity Plan</b>	<b>20% -MED 80%+MED</b>			<b>30%-MED 70%+MED</b>			<b>50%-MED 50%+MED</b>		
Medicare EPO (1 over/1under)	N/A	N/A	N/A	2,838.43	792.83	2,045.60	2,838.43	1,360.52	1,477.91
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 = MAP HIGHLIGHT ROSE**

**MEDICARE INDEMNITY PLANS = BLUE HIGHLIGHT**

**MEDICARE REIMBURSEMENT \$58.70**

2025

JULY OPEN ENROLLMENT

JANUARY 2025 MA RATES



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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).





## **\$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**

