

MSSA/MAA/MSA  
 2026-27  
 JULY OPEN ENROLLMENT

Blue Edge                      Monthly Employee      Board      Payroll  
Health/Drug    Dental    Davis Vision    Premium    Share    Share    Deduction

**HIGHMARK**

**SECURE BLUE PPO 800**

					20%	80%	BI-WEEKLY
Individual	X		X	1,071.43	214.28	857.15	107.14
Individual w/Blue Edge Dental Elite Prime	X	X	X	1,098.26	227.70	870.56	113.85
					20%	80%	
2 Person	X		X	2,203.29	440.66	1,762.63	220.33
2 Person w/Blue Edge Dental Elite Prime	X	X	X	2,254.29	466.16	1,788.13	233.08
					20%	80%	
Family	X		X	3,125.98	625.20	2,500.78	312.60
Family w/Blue Edge Dental Elite Prime	X	X	X	3,206.74	665.58	2,541.16	332.79

**MVP HMO**

					20%	80%	
Individual	X		N/A	1,311.88	262.38	1,049.50	131.19
Individual w/Blue Edge Dental Elite Prime	X	X	N/A	1,338.71	275.80	1,062.91	137.90
					20%	80%	
2 Person	X		N/A	2,947.42	589.48	2,357.94	294.74
2 Person w/Blue Edge Dental Elite Prime	X	X	N/A	2,998.42	614.98	2,383.44	307.49
					20%	80%	
Family	X		N/A	3,188.22	637.64	2,550.58	318.82
Family w/Blue Edge Dental Elite Prime	X	X	N/A	3,268.98	678.02	2,590.96	339.01

**CDPHP EPO**

					20%	80%	
Individual	X		N/A	1,374.27	274.85	1,099.42	137.43
Individual w/Blue Edge Dental Elite Prime	X	X	N/A	1,401.10	288.28	1,112.82	144.13
					20%	80%	
2 Person	X		N/A	3,243.64	648.74	2,594.90	324.37
2 Person w/Blue Edge Dental Elite Prime	X	X	N/A	3,294.64	674.24	2,620.40	337.12
					20%	80%	
Family	X		N/A	3,484.44	696.88	2,787.56	348.44
Family w/Blue Edge Dental Elite Prime	X	X	N/A	3,565.20	737.26	2,827.94	368.63

**HIGHMARK BLUE EDGE ELITE PRIME DENTAL**

Individual - CS Hired after 7/1/91	N/A	X	N/A	26.83	13.42	13.41	6.71
2 Person - CS Hired after 7/1/91	N/A	X	N/A	51.00	25.50	25.50	12.75
Family - CS Hired after 7/1/91	N/A	X	N/A	80.76	40.38	40.38	20.19
Superintendent 2 Person	N/A	X	N/A	51.00	10.20	40.80	5.10

**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)

HEALTH INSURANCE PLANS OFFERED 2026-27  
MSSA/MAA/MSA

**HIGHMARK  
SECURE BLUE  
PPO 800**

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

[express-scripts.com](http://express-scripts.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).



# SAVE BIG ON YOUR PRESCRIPTIONS!



**CANARX** is a voluntary international mail order prescription program that is available to eligible employees, retirees and their dependents of the **Rotterdam-Mohonasen Central School District**.

Brand-name medications, in the original factory-sealed manufacturer's packaging, are delivered **DIRECT TO YOUR MAILBOX** from certified pharmacies in Canada, the United Kingdom and Australia. **YOU PAY NOTHING** thanks to the savings **CANARX** brings to your plan.

## Why Choose CANARX?

- ✓ \$0 Copay
- ✓ 300+ **FREE** Brand-Name Medications
- ✓ Easy Online Refills
- ✓ No Additional Costs
- ✓ Fully Insured



**WebID: RMCS D**

## How It Works:

Getting started is easy. Visit [canarx.com/plan-login](http://canarx.com/plan-login), enter your **WebID** to view eligible medications, and complete your enrollment online.

After you upload your ID, our friendly customer service representatives will contact you to help complete the next steps.

For more information, visit [canarx.com](http://canarx.com)  
or call 1-866-893-6337.

