

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
HIGHMARK SECURE BLUE PPO 815	20% -MED 80%+MED			30%-MED			70%+MED		
Individual	1,071.43	214.29	857.14	1,071.43	321.43	750.00	N/A	N/A	N/A
Individual w/ dental	1,098.26	241.12	857.14	1,098.26	348.26	750.00	N/A	N/A	N/A
	20% -MED 80%+MED			30%-MED			70%+MED		
2 Person	N/A	N/A	N/A	2,203.29	660.99	1,542.30	N/A	N/A	N/A
2 Person w/ dental	N/A	N/A	N/A	2,254.29	711.99	1,542.30	N/A	N/A	N/A
	20% -MED 80%+MED			30%-MED			70%+MED		
Family	N/A	N/A	N/A	3,125.98	937.79	2,188.19	N/A	N/A	N/A
Family w/ dental	N/A	N/A	N/A	3,206.74	1,018.55	2,188.19	N/A	N/A	N/A
SECURE BLUE PPO 815	20% -MED 80%+MED			30%-MED			70%+MED		
Medicare - Individual 815	1,069.29	155.16	914.13	1,069.29	262.09	807.20	1,069.29	475.95	593.34
Medicare - Individual w/dental	1,096.12	181.99	914.13	1,096.12	288.92	807.20	1,096.12	502.78	593.34
FOREVER BLUE 799 PPO MAP CF15	20% -MED 80%+MED			30%-MED			70%+MED		
FB MAP 799 PPO	922.65	125.83	796.82	922.65	218.10	704.55	922.65	402.63	520.02
FB MAP 799 PPO W/DENTAL	949.48	152.66	796.82	949.48	244.93	704.55	949.48	429.46	520.02
FOREVER BLUE ESSENTIAL CF1	20% -MED 80%+MED			30%-MED			70%+MED		
FB PPO ESSENTIAL MAP Pla	844.65	110.23	734.42	844.65	194.70	649.95	844.65	363.63	481.02
FB PPO ESSENTIAL W/DENT	871.48	137.06	734.42	871.48	221.53	649.95	871.48	390.46	481.02
MVP HMO	20% -MED 80%+MED			30%-MED			70%+MED		
Individual	1,311.88	262.38	1049.50	1,311.88	393.56	918.32	N/A	N/A	N/A
Individual w/ dental	1,338.71	289.21	1049.50	1,338.71	420.39	918.32	N/A	N/A	N/A
	20% -MED 80%+MED			30%-MED			70%+MED		
Two Person	N/A	N/A	N/A	2,947.42	884.23	2,063.19	N/A	N/A	N/A
2 Person w/ dental	N/A	N/A	N/A	2,998.42	935.23	2,063.19	N/A	N/A	N/A
	20% -MED 80%+MED			30%-MED			70%+MED		
Family	N/A	N/A	N/A	3,188.22	956.47	2,231.75	N/A	N/A	N/A
Family w/ dental	N/A	N/A	N/A	3,268.98	1037.23	2,231.75	N/A	N/A	N/A
	20% -MED 80%+MED			30%-MED			70%+MED		
Medicare Individual	1,673.05	275.91	1397.14	1,673.05	443.22	1,229.83	1,673.05	777.83	895.22
	20% -MED 80%+MED			30%-2MED			70%+2MED		
Medicare 2Person (over 65)	N/A	N/A	N/A	3,699.92	992.58	2,707.34	3,699.92	1,732.56	1,967.35
	20% -MED 80%+MED			30%-MED			70%+MED		
Medicare 1/1 (1over/1under)	N/A	N/A	N/A	2,984.93	836.78	2,148.14	2,984.93	1,433.77	1,551.16
CDPHP EPO	20% -MED 80%+MED			30%-MED			70%+MED		
Individual	1,374.27	274.85	1099.42	1,374.27	412.28	961.99	N/A	N/A	N/A
Individual w/ dental	1,401.10	301.68	1099.42	1,401.10	439.11	961.99	N/A	N/A	N/A
	20% -MED 80%+MED			30%-MED			70%+MED		
Two Person	N/A	N/A	N/A	3,243.64	973.09	2,270.55	N/A	N/A	N/A
2 Person w/dental	N/A	N/A	N/A	3,294.64	1024.09	2,270.55	N/A	N/A	N/A
	20% -MED 80%+MED			30%-MED			70%+MED		
Family	N/A	N/A	N/A	3,484.44	1045.33	2,439.10	N/A	N/A	N/A
Family w/ dental	N/A	N/A	N/A	3,565.20	1126.09	2,439.10	N/A	N/A	N/A
CDPHP Indemnity Plan	20% -MED 80%+MED			30%-MED			70%+MED		
Medicare EPO Individual	1,735.44	288.39	1447.05	1,735.44	461.93	1,273.51	1,735.44	809.03	926.41
CDPHP MAP HMO	807.88	102.88	705.00	807.88	183.66	624.22	807.88	345.24	462.63
CDPHP MAP HMO w/dental	834.71	129.71	705.00	834.71	210.49	624.22	834.71	372.07	462.63
CDPHP MAP PPO	843.23	109.95	733.28	843.23	194.27	648.96	843.23	362.92	480.32
CDPHP MAP PPO w/dental	870.06	136.78	733.28	870.06	221.10	648.96	870.06	389.75	480.32
CDPHP Indemnity Plan	20% -MED 80%+MED			30%-2MED			70%+2MED		
Medicare EPO 2Person (over 65)	N/A	N/A	N/A	3,996.14	1081.44	2,914.69	3,996.14	1,880.67	2,115.46
CDPHP Indemnity Plan	20% -MED 80%+MED			30%-MED			70%+MED		
Medicare EPO (1 over/1under)	N/A	N/A	N/A	3,109.71	874.21	2,235.50	3,109.71	1,496.16	1,613.55
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 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

2026

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).



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, 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
or call 1-866-893-6337.

