

2026-27
 \$20 MVP Copay
 \$25 CDPHP/SECURE BLUE
 ESI \$5/\$20/\$35 Copay

MTA
 TEACHERS AND NURSES
 PRE 7/1/2016
 OPEN ENROLLMENT 2026-27

Health BLUE Monthly Monthly Monthly Bi-Weekly
 Drug EDGE Premium Employee Board P/R Ded

HIGHMARK

DENTAL

SECURE BLUE PPO 815

18.00%

82.00%

| | X | | | | | |
|---|---|---|----------|--------|----------|--------|
| Individual | X | | 1,071.43 | 192.86 | 878.57 | 96.43 |
| Individual w/Blue Edge Dental Elite Prime | X | X | 1,098.26 | 200.92 | 897.34 | 100.46 |
| 2 Person | X | | 2,203.29 | 396.58 | 1,806.71 | 198.29 |
| 2 Person w/Blue Edge Dental Elite Prime | X | X | 2,254.29 | 416.98 | 1,837.31 | 208.49 |
| Family | X | | 3,125.98 | 562.68 | 2,563.30 | 281.34 |
| Family w/Blue Edge Dental Elite Prime | X | X | 3,206.74 | 594.98 | 2,611.76 | 297.49 |

MVP HMO

18.00%

82.00%

| | X | | | | | |
|---|---|---|----------|--------|----------|--------|
| Individual | X | | 1,311.88 | 236.14 | 1,075.74 | 118.07 |
| Individual w/Blue Edge Dental Elite Prime | X | X | 1,338.71 | 244.20 | 1,094.51 | 122.10 |
| 2 Person | X | | 2,947.42 | 530.54 | 2,416.88 | 265.27 |
| 2 Person w/Blue Edge Dental Elite Prime | X | X | 2,998.42 | 550.94 | 2,447.48 | 275.47 |
| Family | X | | 3,188.22 | 573.88 | 2,614.34 | 286.94 |
| Family w/Blue Edge Dental Elite Prime | X | X | 3,268.98 | 606.18 | 2,662.80 | 303.09 |

CDPHP EPO

18.00%

82.00%

| | X | | | | | |
|---|---|---|----------|--------|----------|--------|
| Individual | X | | 1,374.27 | 247.36 | 1,126.91 | 123.68 |
| Individual w/Blue Edge Dental Elite Prime | X | X | 1,401.10 | 255.42 | 1,145.68 | 127.71 |
| 2 Person | X | | 3,243.64 | 583.87 | 2,659.77 | 291.93 |
| 2 Person w/Blue Edge Dental Elite Prime | X | X | 3,294.64 | 604.27 | 2,690.37 | 302.13 |
| Family | X | | 3,484.44 | 627.20 | 2,857.24 | 313.60 |
| Family w/Blue Edge Dental Elite Prime | X | X | 3,565.20 | 659.50 | 2,905.70 | 329.75 |

HIGHMARK BLUE EDGE DENTAL

| | N/A | X | | | | |
|------------|-----|---|-------|-------|-------|-------|
| Individual | N/A | X | 26.83 | 8.06 | 18.77 | 4.03 |
| 2 Person | N/A | X | 51.00 | 20.40 | 30.60 | 10.20 |
| Family | N/A | X | 80.76 | 32.30 | 48.46 | 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 2026-27 MTA

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

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).



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.

