



Benefit Summary for Group:

CASHIC-East Greenbush CSD

Effective Date: 7/1/2023

	Standalone Drug		Additional Information
	In-Network	Out-of-Network	
General Information			
Provider Network	Standalone Drug		
Benefit Administration Date	1/1		
Dependent Coverage			
Dependent Age	26/26		
Dependent Coverage Ends	End of birth month		
Domestic Partner and Children	Not covered		
Prescription Drug Coverage			
Prescription Drugs	\$10/\$30/\$50	Not Covered	
Mail Order	\$20/\$60/\$100 copay up to a 90 day supply	Not Covered	

Highmark Blue Cross Blue Shield of Western New York and Highmark Blue Shield of Northeastern New York are trade names of Highmark Western and Northeastern New York Inc., an independent licensee of the Blue Cross Blue Shield Association.

Group 10651993 10652017 10652005 10651990 10652014 10652002

Page 1 of 2

*Cost share may vary based on place of service for services listed above.

**For a list of Medicare Part D creditable coverage prescription drug plans, please refer to our website.

***This is a summary of covered benefits and exclusions and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.

