

**Benefit Summary for Group:**

**CASHIC-East Greenbush CSD**

**Effective Date: 7/1/2025**

	Standalone Drug		
	In-Network	Out-of-Network	Additional Information
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	
Rx Out of Pocket Maximum Embedded	Individual-\$1980 Family-\$3960	Not Covered	

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Group ID: 10652017 10651990 10652014 10652002

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\*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.

