



1-844-639-2444

Highmark.com/blueshieldnyny

## Benefit Summary for Group:

CASHIC-Averill Park CSD

Effective Date: 7/1/2023

	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	Includes coverage for domestic partner and children		
Prescription Drug Coverage			
Prescription Drugs	\$2/\$25/\$40	Not Covered	
Mail Order	\$4/\$50/\$80 copay up to a 90 day supply	Not Covered	

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Group ID: 10651964 84 74 60 80 70

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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.

