



**HIGHMARK**  
NORTHEASTERN NEW YORK

**1-844-639-2444**

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**Benefit Summary for Group:**

**CASHIC-Ravena, Coeymans, Selkirk CSD**

**Effective Date: 7/1/2022**

	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	Birth date		
Domestic Partner and Children	Not covered		
Prescription Drug Coverage			
Prescription Drugs	\$5/\$25/\$40	Not Covered	
Mail Order	2 copays per 90 day supply	Not Covered	
Mandatory mail order applies	Yes		

\*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.