



PARENT NAME	CONTRACT/PBP	PRODUCT NAME	Part C		Part D	
			Agreement	PART C PREM	Agreement	PART D PREM
GEISINGER HEALTH PLAN	H3954-097	GEISINGER GOLD SECURE RX (HMO-SNP)	Y	\$0.00	Y	\$48.40
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX (HMO)	Y	varies	Y	\$45.70
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX (HMO)	Y	\$0.00	Y	\$39.00
GEISINGER HEALTH PLAN	H3954-160	GEISINGER GOLD CLASSIC 360 RX (HMO)	Y	\$0.00	Y	\$0.00
GEISINGER HEALTH PLAN	H3954-161	GEISINGER GOLD CLASSIC ESSENTIAL RX (HMO)	Y	\$0.00	Y	\$0.00
GEISINGER HEALTH PLAN	H3954-163	GEISINGER GOLD VALUE RX (HMO)	Y	\$0.00	Y	\$23.00
GEISINGER HEALTH PLAN	H3924-059	GEISINGER GOLD PREFERRED ADVANTAGE RX (PPO)	Y	varies	Y	\$67.40
GEISINGER HEALTH PLAN	H3924-065	GEISINGER GOLD PREFERRED COMPLETE RX (PPO)	Y	\$0.00	Y	\$0.00
GEISINGER HEALTH PLAN	H3924-062	GEISINGER GOLD PREFERRED ENHANCED RX (PPO)	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	Y	\$133.40	Y	\$118.60
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	Y	\$103.00	Y	\$121.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	Y	\$144.00	Y	\$104.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	Y	\$41.70	Y	\$92.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$39.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	Y	\$26.30	Y	\$112.70
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	Y	\$16.30	Y	\$79.70
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$45.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$42.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-034	COMMUNITY BLUE MEDICARE PPO Distinct (PPO)	Y	\$4.40	Y	\$10.60
HIGHMARK SENIOR HEALTH COMPANY	H3916-035	COMMUNITY BLUE PPO DISTINCT (PPO)	Y	\$5.30	Y	\$6.70
HIGHMARK SENIOR HEALTH COMPANY	H3916-036	COMMUNITY BLUE MEDICARE PLUS PPO DISTINCT (PPO)	Y	\$5.10	Y	\$14.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-037	COMMUNITY BLUE MEDICARE PPO SIGNATURE (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-038	COMMUNITY BLUE PPO SIGNATURE (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-039	COMMUNITY BLUE MEDICARE PLUS PPO SIGNATURE (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-041	COMPLETE BLUE PPO SIGNATURE (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-044	COMPLETE BLUE PPO PREMIER (PPO)	Y	\$19.70	Y	\$29.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-045	COMMUNITY BLUE MEDICARE PPO PREMIER (PPO)	Y	\$19.60	Y	\$35.40
HIGHMARK SENIOR HEALTH COMPANY	H3916-046	COMMUNITY BLUE MEDICARE PLUS PPO PREMIER (PPO)	Y	\$19.70	Y	\$35.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-047	COMPLETE BLUE PPO CHOICE DELUXE (PPO)	Y	\$1.70	Y	\$4.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-048	COMPLETE BLUE PPO CHOICE (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-049	COMPLETE BLUE PPO MERIT (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-050	COMPLETE BLUE PPO CHOICE DELUXE (PPO)	Y	\$2.70	Y	\$4.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-051	COMPLETE BLUE PLUS PPO CHOICE DELUXE (PPO)	Y	\$2.70	Y	\$4.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-052	COMPLETE BLUE PPO CHOICE (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-053	COMPLETE BLUE PLUS PPO CHOICE (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-054	COMPLETE BLUE PLUS PPO CHOICE DELUXE (PPO)	Y	\$4.70	Y	\$4.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-055	COMPLETE BLUE PPO PREMIER (PPO)	Y	\$38.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-802	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies



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HIGHMARK SENIOR HEALTH COMPANY	H3916-804	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-806	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-807	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-808	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-809	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-810	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO-POS VALUERX (HMO-POS)	Y	\$2.70	Y	\$27.30
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE (HMO)	Y	\$0.00	Y	\$35.00
HIGHMARK CHOICE COMPANY	H3957-042	COMMUNITY BLUE MEDICARE HMO SIGNATURE (HMO)	Y	\$0.00	Y	\$0.00
HIGHMARK CHOICE COMPANY	H3957-044	SECURITY BLUE HMO-POS VALUE RX (HMO-POS)	Y	\$2.70	Y	\$14.30
HIGHMARK CHOICE COMPANY	H3957-045	SECURITY BLUE HMO-POS STANDARD (HMO-POS)	Y	varies	Y	\$67.00
HIGHMARK CHOICE COMPANY	H3957-046	SECURITY BLUE HMO-POS DELUXE (HMO-POS)	Y	varies	Y	\$71.70
HIGHMARK CHOICE COMPANY	H3957-047	COMMUNITY BLUE MEDICARE HMO SIGNATURE (HMO)	Y	\$0.00	Y	\$0.00
HIGHMARK CHOICE COMPANY	H3957-048	TOGETHER BLUE MEDICARE HMO SIGNATURE	Y	\$0.00	Y	\$0.00
HIGHMARK CHOICE COMPANY	H3957-806	COMMUNITY BLUE MEDICARE HMO PRESTIGE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-808	SECURITY BLUE HMO-POS VALUE RX	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-811	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-812	COMMUNITY BLUE MEDICARE HMO PRESTIGE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-814	SECURITY BLUE HMO-POS VALUE RX	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-815	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-816	SECURITY BLUE HMO-POS VALUE RX	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-817	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-818	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-002	BLUE RX PDP PLUS (PDP)	N/A	N/A	Y	\$143.20
HIGHMARK HEALTH INSURANCE COMPANY	S5593-003	BLUE RX PDP COMPLETE (PDP)	N/A	N/A	Y	\$168.20
HIGHMARK HEALTH INSURANCE COMPANY	S5593-801	BLUE RX PDP PLUS (PDP)	N/A	N/A	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-802	BLUE RX PDP PLUS (PDP)	N/A	N/A	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-807	BLUE RX PDP COMPLETE (PDP)	N/A	N/A	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-808	BLUE RX PDP PLUS (PDP)	N/A	N/A	Y	varies
UPMC HEALTH PLAN	H3907-006	UPMC for Life HMO Rx Enhanced (HMO)	Y	\$202.10	Y	\$92.90
UPMC HEALTH PLAN	H3907-037	UPMC for Life HMO Deductible Rx (HMO)	Y	\$0.00	Y	\$22.00
UPMC HEALTH PLAN	H3907-057	UPMC for Life HMO Rx CHOICE (HMO)	Y	varies	Y	\$16.20
UPMC HEALTH PLAN	H3907-058	UPMC for Life HMO Rx (HMO)	Y	varies	Y	\$21.40
UPMC HEALTH PLAN	H3907-059	UPMC for Life HMO Premier Rx (HMO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H3907-802	UPMC For Life Employer Group Rx (HMO)	Y	varies	Y	varies
UPMC HEALTH PLAN	H5533-003	UPMC for Life PPO High Deductible Rx (PPO)	Y	\$0.00	Y	\$33.00
UPMC HEALTH PLAN	H5533-005	UPMC for Life PPO Rx Enhanced (PPO)	Y	\$48.50	Y	\$91.50
UPMC HEALTH PLAN	H5533-008	UPMC for Life PPO Rx Enhanced (PPO)	Y	\$41.90	Y	\$16.10



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UPMC HEALTH PLAN	H5533-011	UPMC for Life PPO PREMIER Rx (PPO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H5533-013	UPMC for Life PPO PREMIER Rx (PPO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H5533-015	UPMC for Life PPO Rx Choice (PPO)	Y	varies	Y	\$13.90
UPMC HEALTH PLAN	H5533-017	UPMC for Life PPO Rx Choice (PPO)	Y	\$0.00	Y	\$19.00
UPMC HEALTH PLAN	H5533-802	UPMC For Life Employer Group Rx (PPO)	Y	varies	Y	varies
UPMC HEALTH PLAN	S3389-802	UPMC For Life Employer Group Rx (PPO)	Y	varies	Y	varies
AETNA HEALTH	H3959-001	AETNA MEDICARE ADVANTRA GOLD (HMO)	N	\$0.00	Y	\$19.00
AETNA HEALTH	H3959-002	AETNA MEDICARE ADVANTRA GOLD (HMO)	N	\$0.00	Y	\$19.00
AETNA HEALTH	H3959-010	AETNA MEDICARE ADVANTRA SILVER (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-011	AETNA MEDICARE ADVANTRA SILVER (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-032	AETNA MEDICARE ADVANTRA PREMIER (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-033	AETNA MEDICARE VALUE PLUS (HMO-POS)	N	\$0.00	Y	\$29.00
AETNA HEALTH	H3959-035	AETNA MEDICARE ADVANTRA CARES (HMO D-SNP)	N	\$0.00	Y	\$36.20
AETNA HEALTH	H3959-036	AETNA MEDICARE ADVANTRA CARES (HMO D-SNP)	N	\$0.00	Y	\$26.20
AETNA HEALTH	H3959-037	AETNA MEDICARE ADVANTRA GOLD (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-039	AETNA MEDICARE ADVANTRA PREMIER (HMO-POS)	N	\$0.00	Y	\$18.00
AETNA HEALTH	H3959-052	AETNA MEDICARE ADVANTRA Value (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-053	AETNA MEDICARE ADVANTRA Philly Prime (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-066	AETNA MEDICARE LONGEVITY Plan (HMO I-SNP)	N	\$0.00	Y	\$48.40
AETNA HEALTH	H3959-069	AETNA MEDICARE COMMUNITY COMPLETE (HMO D-SNP)	N	\$0.00	Y	\$30.10
AETNA HEALTH	H3959-070	AETNA MEDICARE COMMUNITY COMPLETE (HMO D-SNP)	N	\$0.00	Y	\$36.80
AETNA HEALTH	H3959-071	AETNA MEDICARE COMMUNITY COMPLETE (HMO D-SNP)	N	\$0.00	Y	\$31.00
AETNA HEALTH	H3959-072	AETNA MEDICARE COMMUNITY COMPLETE (HMO D-SNP)	N	\$0.00	Y	\$29.00
AETNA HEALTH	H3959-073	AETNA MEDICARE COMMUNITY COMPLETE (HMO D-SNP)	N	\$0.00	Y	\$30.20
AETNA HEALTH	H3959-074	AETNA MEDICARE PRIME CHRONIC CARE (HMO C-SNP)	N	\$0.00	Y	\$48.40
AETNA HEALTH	H3959-075	AETNA MEDICARE CHRONIC CARE VALUE (HMO C-SNP)	N	\$0.00	Y	\$48.40
AETNA HEALTH	H3959-076	AETNA MEDICARE CHRONIC CARE (HMO C-SNP)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-077	AETNA MEDICARE PRIME CHRONIC CARE (HMO C-SNP)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3931-004	AETNA MEDICARE PREMIER PLUS (HMO-POS)	N	\$16.90	Y	\$72.10
AETNA HEALTH	H3931-064	AETNA MEDICARE PREMIER (HMO-POS)	N	\$0.00	Y	\$61.00
AETNA HEALTH	H3931-091	AETNA MEDICARE PinnacleHealth Prime (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H5521-122	AETNA MEDICARE GOLD PLAN (PPO)	N	\$30.70	Y	\$111.30
AETNA HEALTH	H5521-261	AETNA MEDICARE VALUE (PPO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H5521-263	AETNA MEDICARE VALUE (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-001	AETNA MEDICARE VALUE Plus (PPO)	N	\$0.00	Y	\$28.00
HEALTH ASSURANCE	H5522-002	AETNA MEDICARE ADVANTRA Premier Plus (PPO)	N	\$15.60	Y	\$56.40
HEALTH ASSURANCE	H5522-004	AETNA MEDICARE ADVANTRA Silver (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-005	AETNA MEDICARE VALUE Plus (PPO)	N	\$0.00	Y	\$13.00



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HEALTH ASSURANCE	H5522-013	AETNA MEDICARE VALUE Plus (PPO)	N	\$0.00	Y	\$19.00
HEALTH ASSURANCE	H5522-014	AETNA MEDICARE ADVANTRA Premier Plus (PPO)	N	\$7.00	Y	\$65.00
HEALTH ASSURANCE	H5522-017	AETNA MEDICARE ADVANTRA Credit Value (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-022	AETNA MEDICARE SILVER BACK (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-024	AETNA MEDICARE DUAL PREFERRED (PPO D-SNP)	N	\$0.00	Y	\$29.50
HEALTH ASSURANCE	H5522-028	AETNA MEDICARE FREEDOM CORE (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-029	AETNA MEDICARE PINNACLE HEALTH PRIME (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-032	AETNA MEDICARE PINNACLE HEALTH PRIME (PPO)	N	\$0.00	Y	\$32.00
WELLCARE PRESCRIPTION INSURANCE	S4802-080	WELLCARE CLASSIC (PDP)	N/A	N/A	Y	\$20.30
WELLCARE PRESCRIPTION INSURANCE	S4802-141	WELLCARE VALUE SCRIPT	N/A	N/A	Y	\$0.00
WELLCARE PRESCRIPTION INSURANCE	S4802-209	WELLCARE MEDICARE RX VALUE PLUS	N/A	N/A	Y	\$107.40
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)	N/A	N/A	Y	\$44.90
UNITED HEALTHCARE	S5921-351	AARP MedicareRx Saver Plus	N/A	N/A	Y	\$64.00
UNITED HEALTHCARE	S5921-388	AARP MedicareRx Walgreens	N/A	N/A	Y	\$103.50
UNITED HEALTHCARE	H0710-017	UnitedHealthcare Nursing Home Plan 2 (PPO I-SNP)	Y	\$0.00	Y	\$48.20
UNITED HEALTHCARE	H1889-007	UnitedHealthcare Dual Complete Choice (PPO D-SNP)	Y	\$0.00	Y	\$31.50
UNITED HEALTHCARE	H2001-105	AARP Medicare Advantage from UHC PA-0014 (PPO)	Y	\$0.00	Y	\$31.00
UNITED HEALTHCARE	H2001-110	AARP Medicare Advantage from UHC PA-0015 (PPO)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2406-046	AARP Medicare Advantage from UHC PA-0007 (PPO)	Y	\$0.00	Y	\$35.00
UNITED HEALTHCARE	H2406-047	AARP Medicare Advantage from UHC PA-0008 (PPO)	Y	\$0.20	Y	\$63.80
UNITED HEALTHCARE	H2406-048	AARP Medicare Advantage from UHC PA-0007 (PPO)	Y	\$0.00	Y	\$59.00
UNITED HEALTHCARE	H2406-071	AARP Medicare Advantage from UHC PA-0008 (PPO)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2406-072	AARP Medicare Advantage from UHC PA-0011 (PPO)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2406-101	AARP Medicare Advantage from UHC PA-0012 (PPO)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2406-102	AARP Medicare Advantage from UHC PA-0012 (PPO)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H3113-009	UnitedHealthcare Dual Complete PA-S002 (HMO-POS D-SNP)	Y	\$0.00	Y	\$27.00
UNITED HEALTHCARE	H3113-014	UnitedHealthcare Dual Complete PA-V001 (HMO-POS D-SNP)	Y	\$0.00	Y	\$46.80
UNITED HEALTHCARE	H3113-016	UnitedHealthcare Dual Complete PA-V001 (HMO-POS D-SNP)	Y	\$0.00	Y	\$48.40
UNITED HEALTHCARE	H5253-145	AARP Medicare Advantage from UHC PA-0001 (HMO-POS)	Y	\$7.70	Y	\$28.30
UNITED HEALTHCARE	H5253-146	AARP Medicare Advantage from UHC PA-0002 (HMO-POS)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H5253-147	AARP Medicare Advantage from UHC PA-0003 (HMO-POS)	Y	\$26.00	Y	\$0.00
UNITED HEALTHCARE	H5253-154	AARP Medicare Advantage from UHC PA-0005 (HMO-POS)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H5253-192	UHC Complete Care PA-17 (HMO-POS C-SNP)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H5652-001	Erickson Advantage Signature with Drugs (HMO-POS)	Y	\$118.60	Y	\$43.40
UNITED HEALTHCARE	H5652-003	Erickson Advantage Guardian (HMO-POS I-SNP)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H5652-004	Erickson Advantage Champion (HMO-POS C-SNP)	Y	\$145.20	Y	\$21.80
UNITED HEALTHCARE	H5652-006	Erickson Advantage Freedom (HMO-POS)	Y	\$0.00	Y	\$67.00
UNITED HEALTHCARE	H5652-008	Erickson Advantage Liberty with Drugs (HMO-POS)	Y	\$0.00	Y	\$0.00



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CAPITAL BLUE CROSS	H3962-001	BlueJourney Premier (HMO)	Y	\$47.20	Y	\$36.80
CAPITAL BLUE CROSS	H3962-004	BLUEJOURNEY VALUE	Y	\$18.30	Y	\$34.70
CAPITAL BLUE CROSS	H3962-007	BLUEJOURNEY ESSENTIAL (HMO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3962-021	WELLSPAN HEALTH INSPIRE (HMO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-013	BLUEJOURNEY CLASSIC (PPO)	Y	\$33.50	Y	\$32.50
CAPITAL BLUE CROSS	H3923-017	BLUEJOURNEY PRIME (PPO)	Y	\$106.70	Y	\$61.30
CAPITAL BLUE CROSS	H3923-028	CAPITAL BLUE CROSS SELECT (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-029	WELLSPAN HEALTH ADVANTAGE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-030	WELLSPAN HEALTH ADVANTAGE PLUS (PPO)	Y	\$11.70	Y	\$14.30
CAPITAL BLUE CROSS	H3923-031	WELLSPAN HEALTH VALUE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-032	CAPITAL BLUE CROSS VALUE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-033	CAPITAL BLUE CROSS VALUE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-034	CAPITAL BLUE CROSS ENHANCED (PPO)	Y	\$0.00	Y	\$27.00
CAPITAL BLUE CROSS	H3923-035	CAPITAL BLUE CROSS ENHANCED (PPO)	Y	\$10.30	Y	\$15.70
CAPITAL BLUE CROSS	H3923-038	CAPITAL BLUE CROSS VALUE (PPO)	Y	\$14.70	Y	\$28.30
CAPITAL BLUE CROSS	H3923-039	Capital Blue Cross Complete (PPO)	Y	\$15.10	Y	\$27.90
CAPITAL BLUE CROSS	H3923-040	CAPITAL BLUE CROSS ENHANCED (PPO)	Y	\$28.40	Y	\$14.60
HUMANA	H5216-227	HumanaChoice SNP-DE H5216-227 (PPO D-SNP)	N	\$0.00	Y	\$29.90
HUMANA	H5216-117	Humana Value Plus H5216-117 (PPO)	N	\$0.00	Y	\$28.70
HUMANA	H5216-120	HumanaChoice H5216-120 (PPO)	N	\$45.20	Y	\$59.80
HUMANA	S5884-104	Humana Basic Rx Plan (PDP)	N/A	N/A	Y	\$70.60
HUMANA	S5884-152	Humana Premier Rx Plan (PDP)	N/A	N/A	Y	\$128.90
HUMANA	S5884-185	Humana Walmart Value Rx Plan (PDP)	N/A	N/A	Y	\$39.80
HUMANA	H5525-005	HumanaChoice H5525-005 (PPO)	N	\$0.10	Y	\$40.90
HUMANA	H5525-006	HumanaChoice H5525-006 (PPO)	N	\$0.00	Y	\$38.00
HUMANA	H5525-017	HumanaChoice H5525-017 (PPO)	N	\$0.00	y	\$26.00
HUMANA	H5525-051	HumanaChoice H5525-051 (PPO)	N	\$0.00	y	\$0.00
HUMANA	H5525-059	Humana USAA Honor Giveback with Rx (PPO)	N	\$0.00	y	\$0.00
HEALTH PARTNERS PLANS	H9207-002	Jefferson Health Plans Prime (HMO)	N	\$0.00	Y	\$40.90
HEALTH PARTNERS PLANS	H9207-004	Jefferson Health Plans Special (HMO D-SNP)	N	\$0.00	Y	\$48.40
HEALTH PARTNERS PLANS	H9207-012	Jefferson Health Plans Complete (HMO)	N	\$0.00	Y	\$0.00
HEALTH PARTNERS PLANS	H9207-015	Jefferson Health Plans Giveback (HMO)	N	\$0.00	Y	\$0.00
HEALTH PARTNERS PLANS	H9207-016	Jefferson Health Plans Dual Pearl (HMO D-SNP)	N	\$0.00	Y	\$48.40
HEALTH PARTNERS PLANS	H1619-001	Jefferson Health Plans Flex (PPO)	N	\$0.00	Y	\$0.00
HEALTH PARTNERS PLANS	H1619-002	Jefferson Health Plans Flex Plus (PPO)	N	\$0.00	Y	\$37.00
QCC INSURANCE COMPANY	H3909-001	PERSONAL CHOICE 65 RX (PPO)	Y	\$130.80	Y	\$61.20
QCC INSURANCE COMPANY	H3909-009	PERSONAL CHOICE 65 RX (PPO)	Y	\$91.90	Y	\$60.10
QCC INSURANCE COMPANY	H3909-015	PERSONAL CHOICE 65 PRIME RX (PPO)	Y	\$0.00	Y	\$0.00



PARENT NAME	CONTRACT/PBP	PRODUCT NAME	Part C		Part D	
			Agreement	PART C PREM	Agreement	PART D PREM
QCC INSURANCE COMPANY	H3909-016	PERSONAL CHOICE 65 SAVOR RX (PPO)	Y	\$0.00	Y	\$0.00
QCC INSURANCE COMPANY	H3909-017	PERSONAL CHOICE 65 ELITE RX (PPO)	Y	\$0.00	Y	\$16.60
QCC INSURANCE COMPANY	H3909-018	PERSONAL CHOICE 65 ELITE RX (PPO)	Y	\$95.30	Y	\$68.70
QCC INSURANCE COMPANY	H6875-801	SELECT OPTION RX GROUP OPTION I	Y	varies	Y	varies
QCC INSURANCE COMPANY	H6875-802	SELECT OPTION RX GROUP OPTION I	Y	varies	Y	varies
KEYSTONE HEALTH PLAN	H3952-020	KEYSTONE 65 PREFERRED RX (HMO)	Y	\$114.80	Y	\$58.20
KEYSTONE HEALTH PLAN	H3952-045	KEYSTONE 65 PREFERRED RX (HMO)	Y	\$127.60	Y	\$15.40
KEYSTONE HEALTH PLAN	H3952-049	KEYSTONE 65 SELECT RX (HMO)	Y	\$32.40	Y	\$9.60
KEYSTONE HEALTH PLAN	H3952-051	KEYSTONE 65 SELECT RX (HMO)	Y	\$69.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-053	KEYSTONE 65 FOCUS RX (HMO-POS)	Y	\$0.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-054	KEYSTONE 65 FOCUS RX (HMO-POS)	Y	\$10.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-055	KEYSTONE 65 BASIC RX (HMO)	Y	\$0.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-060	Keystone 65 Essential Rx (HMO-POS)	Y	\$0.00	Y	\$2.10
KEYSTONE HEALTH PLAN	H3952-804	KEYSTONE 65 GROUP RX (HMO)	Y	varies	Y	varies
CIGNA/MEDCO	S5617-215	Cigna Healthcare Assurance Rx (PDP)	N/A	N/A	Y	\$64.40
CIGNA/MEDCO	S5617-356	Cigna Healthcare Saver Rx (PDP)	N/A	N/A	Y	\$12.60
CIGNA/MEDCO	S5617-251	Cigna Healthcare Extra Rx (PDP)	N/A	N/A	Y	\$95.30