INSURANCE COMPANY	CONTRACT/PBP	PLAN NAME	PART C AGREEMENT	PART C MONTHLY PREMIUM	PART D AGREEMENT	PART D MONTHLY PREMIUM
Geisinger Gold	H3954-157	Geisinger Gold Classic Advantage Rx (HMO)	Y	Varies	Y	$99.30
Geisinger Gold	H3954-158	Geisinger Gold Classic Complete Rx (HMO)	Y	$0.00	Y	$48.00
Geisinger Gold	H3954-161	Geisinger Gold Classic Essential Rx (HMO)	Y	$0.00	Y	$0.00
Geisinger Gold	H3954-160	Geisinger Gold Classic 360 Rx (HMO)	Y	$0.00	Y	$0.00
Geisinger Gold	H3924-059	Geisinger Gold Preferred Advantage Rx (PPO)	Y	Varies	Y	Varies
Geisinger Gold	H3924-065	Geisinger Gold Preferred Complete Rx (PPO)	Y	$0.00	Y	$0.00
Geisinger Gold	H3954-163	Geisinger Gold Value Rx (HMO)	Y	$0.00	Y	$23.00
Geisinger Gold	H3954-097	Geisinger Gold Secure Rx (HMO D-SNP)	Y	$0.00	Y	$32.70
UPMC for Life	H3907-006	UPMC for Life HMO Rx Enhanced	Y	$201.60	Y	$93.40
UPMC for Life	H3907-037	UPMC for Life HMO Deductible Rx	Y	$3.90	Y	$18.10
UPMC for Life	H3907-057	UPMC for Life HMO Rx Choice (HMO)	Y	Varies	Y	Varies
UPMC for Life	H3907-058	UPMC for Life HMO Rx (HMO)	Y	$56.30	Y	$33.70
UPMC for Life	H3907-059	UPMC for Life HMO Premier Rx (HMO)	Y	$0.00	Y	$0.00
UPMC for Life	H3907-802	UPMC for Life	Y	Varies	Y	Varies
UPMC for Life	H5533-003	UPMC for Life PPO High Deductible Rx (PPO)	Y	$0.00	Y	$33.00
UPMC for Life	H5533-005	UPMC for Life PPO Rx Enhanced (PPO)	Y	$0.00	Y	$140.00
UPMC for Life	H5533-008	UPMC for Life PPO Rx Enhanced (PPO)	Y	$15.30	Y	$42.70
UPMC for Life	H5533-011	UPMC for Life PPO Premier Rx (PPO)	Y	$0.00	Y	$0.00
UPMC for Life	H5533-013	UPMC for Life PPO Premier Rx (PPO)	Y	$0.00	Y	$0.00
UPMC for Life	H5533-015	UPMC for Life PPO Rx Choice (PPO)	Y	$0.00	Y	Varies
UPMC for Life	H5533-017	UPMC for Life PPO Essential Care Rx (PPO)	Y	$0.00	Y	$0.00
UPMC for Life	H5533-802	UPMC for Life	Y	Varies	Y	Varies

UPMC for Life	S3389-802	UPMC for Life	N/A	N/A	Y	Varies
Wellcare	S4802-141	Wellcare Value Script (PDP)	N/A	N/A	Y	$8.20
Wellcare	S4802-080	Wellcare Classic (PDP)	N/A	N/A	Y	$14.70
Capital Blue Cross	H3962-001	Capital Blue Cross Premier (HMO)	Y	$60.70	Y	$25.30
Capital Blue Cross	H3962-004	Capital Blue Cross Value (HMO)	Y	$24.10	Y	$33.90
Capital Blue Cross	H3962-022	Capital Blue Cross Essential (HMO)	Y	$0.00	Y	$0.00
Capital Blue Cross	H3923-013	Capital Blue Cross Classic (PPO)	Y	$39.50	Y	$32.50
Capital Blue Cross	H3923-017	Capital Blue Cross Prime (PPO)	Y	$99.70	Y	$77.30
Capital Blue Cross	H3923-044	Capital Blue Cross Select (PPO)	Y	$0.00	Y	$0.00
Capital Blue Cross	H3923-045	Capital Blue Cross Value (PPO)	Y	$0.00	Y	$0.00
Capital Blue Cross	H3923-046	Capital Blue Cross Enhanced (PPO)	Y	$0.00	Y	Varies
Capital Blue Cross	H3923-047	Capital Blue Cross Complete (PPO)	Y	$0.00	Y	Varies
Capital Blue Cross	H3923-048	Capital Blue Cross Basic (PPO)	Y	$2.00	Y	$18.00
Humana	H5525-005	HumanaChoice H5525-005 (PPO)	N	$0.00	Y	$26.00
Humana	H5525-006	HumanaChoice H5525-006 (PPO)	N	$0.00	Y	$27.00
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
Humana	H5525-085	HumanaChoice Giveback H5525-085 (PPO)	N	$0.00	Y	$0.00
Humana	H5525-086	HumanaChoice H5525-086 (PPO)	N	$0.00	Y	Varies
Humana	H6622-035	Humana Gold Plus H6622-035 (HMO)	N	$0.00	Y	$0.00
Humana	H6622-036	Humana Gold Plus H6622-036 (HMO)	N	$0.00	Y	$0.00
Humana	H6622-037	Humana Gold Plus H6622-037 (HMO)	N	$0.00	Y	$0.00
Humana	H6622-054	Humana Gold Plus H6622-054 (HMO)	N	$0.00	Y	$0.00
Humana	H6622-078	Humana Gold Plus SNP-DE H6622-078 (HMO D-SNP)	N	$0.00	Y	$0.00
Humana	H7617-048	HumanaChoice SNP-DE H7617-048 (PPO D-SNP)	N	$0.00	Y	$11.50
Humana	H5377-003	Humana Gold Plus SNP-DE H5377-003 (HMO D-SNP)	N	$0.00	Y	$2.60
Humana	H5216-023	HumanaChoice H5216-023 (PPO)	N	$0.00	Y	$21.00
Humana	H5216-120	HumanaChoice H5216-120 (PPO)	N	$8.40	Y	$85.60

Humana	H5216-227	HumanaChoice SNP-DE H5216-227 (PPO D-SNP)	N	$0.00	Y	$0.00
Humana	H8145-052	Humana Gold Choice H8145-052	N	$0.00	Y	$0.00
Humana	R0110-008	HumanaChoice R0110-008 (Regional PPO)	N	$0.00	Y	$52.00
Humana	S5884-104	Humana Basic Rx Plan (PDP)	N/A	N/A	Y	$6.60
Humana	S5884-152	Humana Premier Rx Plan (PDP)	N/A	N/A	Y	$123.60
Humana	S5884-185	Humana Value Rx Plan (PDP)	N/A	N/A	Y	$19.40
Aetna Medicare	S5601-012	SilverScript Choice (PDP)	N/A	N/A	Y	$22.70
Aetna Medicare	H3931-004	Aetna Medicare Premier (HMO-POS)	N	$0.00	Y	$104.00
Aetna Medicare	H3931-091	Aetna Medicare PinnacleHealth Prime (HMO-POS)	N	$0.00	Y	$0.00
Aetna Medicare	H3959-001	Aetna Medicare Advantra Enhanced (HMO-POS)	N	$5.00	Y	$19.00
Aetna Medicare	H3959-002	Aetna Medicare Advantra Premier (HMO-POS)	N	$0.00	Y	$29.00
Aetna Medicare	H3959-010	Aetna Medicare Advantra Signature (HMO-POS)	N	$0.00	Y	$0.00
Aetna Medicare	H3959-011	Aetna Medicare Advantra Signature Plus (HMO-POS)	N	$0.00	Y	$0.00
Aetna Medicare	H3959-032	Aetna Medicare Advantra Signature Plus (HMO-POS)	N	$0.00	Y	$0.00
Aetna Medicare	H3959-033	Aetna Medicare Value Care (HMO-POS)	N	$0.00	Y	$32.70
Aetna Medicare	H3959-035	Aetna Medicare Advantra Dual Care (HMO D-SNP)	N	$0.00	Y	$31.80
Aetna Medicare	H3959-036	Aetna Medicare Advantra Dual (HMO D-SNP)	N	$0.00	Y	$13.80
Aetna Medicare	H3959-037	Aetna Medicare Advantra Signature (HMO-POS)	N	$0.00	Y	$0.00
Aetna Medicare	H3959-039	Aetna Medicare Advantra Enhanced (HMO-POS)	N	$0.00	Y	$48.00
Aetna Medicare	H3959-052	Aetna Medicare Advantra Signature (HMO-POS)	N	$0.00	Y	$0.00

Aetna Medicare	H3959-053	Aetna Medicare Advantra Prime Plus (HMO-POS)	N	$0.00	Y	$0.00
Aetna Medicare	H3959-066	Aetna Medicare Longevity (HMO I-SNP)	N	$0.00	Y	$32.70
Aetna Medicare	H3959-069	Aetna Community HealthChoices (HMO D-SNP)	N	$0.00	Y	$14.70
Aetna Medicare	H3959-070	Aetna Community HealthChoices (HMO D-SNP)	N	$0.00	Y	$21.70
Aetna Medicare	H3959-071	Aetna Community HealthChoices (HMO D-SNP)	N	$0.00	Y	$16.10
Aetna Medicare	H3959-072	Aetna Community HealthChoices (HMO D-SNP)	N	$0.00	Y	$14.20
Aetna Medicare	H3959-073	Aetna Community HealthChoices (HMO D-SNP)	N	$0.00	Y	$14.40
Aetna Medicare	H3959-074	Aetna Medicare Chronic Care Value (HMO C-SNP)	N	$0.00	Y	$32.70
Aetna Medicare	H3959-075	Aetna Medicare Chronic Care Value (HMO C-SNP)	N	$0.00	Y	$28.80
Aetna Medicare	H3959-076	Aetna Medicare Chronic Care (HMO C-SNP)	N	$0.00	Y	$0.00
Aetna Medicare	H3959-085	Aetna Medicare Chronic Care Value (HMO C-SNP)	N	$0.00	Y	$29.70
Aetna Medicare	H5521-122	Aetna Medicare Enhanced (PPO)	N	$8.00	Y	$175.00
Aetna Medicare	H5521-261	Aetna Medicare Signature (PPO)	N	$0.00	Y	$0.00
Aetna Medicare	H5521-263	Aetna Medicare Signature Extra (PPO)	N	$0.00	Y	$0.00
UnitedHealthcare	S5921-351	AARP Medicare Rx Saver from UHC	N/A	N/A	Y	$43.50
UnitedHealthcare	S5921-388	AARP Medicare Rx Preferred from UHC (PDP)	N/A	N/A	Y	$121.90
UnitedHealthcare	H0710-017	UHC Nursing Home Plan EX-F002 (PPO I-SNP)	Y	$0.00	Y	$32.60
UnitedHealthcare	H1889-007	UHC Dual Complete PA-S001 (PPO D-SNP)	Y	$0.00	Y	$32.70
UnitedHealthcare	H2001-110	AARP Medicare Advantage from UHC PA-0015 (PPO)	Y	$0.00	Y	$0.00

UnitedHealthcare	H2406-046	AARP Medicare Advantage from UHC PA-0007 (PPO)	Y	$0.00	Y	$42.00
UnitedHealthcare	H2406-047	AARP Medicare Advantage from UHC PA-0008 (PPO)	Y	$0.00	Y	$60.00
UnitedHealthcare	H2406-048	AARP Medicare Advantage from UHC PA-0009 (PPO)	Y	$0.00	Y	$79.00
UnitedHealthcare	H2406-071	AARP Medicare Advantage from UHC PA-0010 (PPO)	Y	$0.00	Y	$0.00
UnitedHealthcare	H2406-072	AARP Medicare Advantage from UHC PA-0011 (PPO)	Y	$0.00	Y	$0.00
UnitedHealthcare	H2406-101	AARP Medicare Advantage Giveback from UHC PA-12 (PPO)	Y	$0.00	Y	$0.00
UnitedHealthcare	H3113-009	UHC Dual Complete PA-S002 (HMO-POS D-SNP)	Y	$0.00	Y	$6.80
UnitedHealthcare	H3113-014	UHC Dual Complete PA-V001 (HMO-POS D-SNP)	Y	$0.00	Y	$30.40
UnitedHealthcare	H3113-016	UHC Dual Complete PA-S3 (HMO-POS D-SNP)	Y	$0.00	Y	$18.50
UnitedHealthcare	H5253-145	AARP Medicare Advantage from UHC PA-0001 (HMO-POS)	Y	$0.00	Y	$49.00
UnitedHealthcare	H5253-146	AARP Medicare Advantage from UHC PA-0002 (HMO-POS)	Y	$0.00	Y	$0.00
UnitedHealthcare	H5253-147	AARP Medicare Advantage from UHC PA-0003 (HMO-POS)	Y	$0.00	Y	$39.00
UnitedHealthcare	H5253-154	AARP Medicare Advantage Essentials from UHC PA-5 (HMO-POS)	Y	$0.00	Y	$0.00
UnitedHealthcare	H5253-192	UHC Complete Care PA-17 (HMO-POS C-SNP)	Y	$0.00	Y	$0.00
UnitedHealthcare	H5253-203	AARP Medicare Advantage Extras from UHC PA-18 (HMO-POS)	Y	$0.00	Y	$0.00
UnitedHealthcare	H5652-001	Erickson Advantage Signature (HMO-POS)	Y	$8.30	Y	$173.70

UnitedHealthcare	H5652-003	Erickson Advantage Guardian (HMO-POS I-SNP)	Y	$0.00	Y	$0.00
UnitedHealthcare	H5652-004	Erickson Advantage Champion (HMO-POS C-SNP)	Y	$62.50	Y	$119.50
UnitedHealthcare	H5652-006	Erickson Advantage Freedom (HMO-	Y	$0.00	Y	$89.00
UnitedHealthcare	H5652-008	Erickson Advantage Liberty (HMO-POS)	Y	$0.00	Y	$14.00
Highmark Blue Cross Blue Shield	H3916-001	Freedom Blue PPO Classic (PPO)	Y	$102.60	Y	$145.40
Highmark Blue Cross Blue Shield	H3916-002	Freedom Blue PPO Classic (PPO)	Y	$79.10	Y	$140.90
Highmark Blue Cross Blue Shield	H3916-005	Freedom Blue PPO Deluxe (PPO)	Y	$103.60	Y	$122.40
Highmark Blue Cross Blue Shield	H3916-015	Freedom Blue PPO Standard (PPO)	Y	$22.80	Y	$98.20
Highmark Blue Cross Blue Shield	H3916-018	Freedom Blue PPO ValueRx (PPO)	Y	$22.00	Y	$44.00
Highmark Blue Cross Blue Shield	H3916-022	Freedom Blue PPO Select (PPO)	Y	$23.30	Y	$115.70
Highmark Blue Cross Blue Shield	H3916-024	Freedom Blue PPO Select (PPO)	Y	$0.30	Y	$95.70
Highmark Blue Cross Blue Shield	H3916-032	Freedom Blue PPO ValueRx (PPO)	Y	$2.00	Y	$77.00
Highmark Blue Cross Blue Shield	H3916-033	Freedom Blue PPO ValueRx (PPO)	Y	$27.80	Y	$37.20
Highmark Blue Cross Blue Shield	H3916-035	Complete Blue PPO Distinct (PPO)	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-037	Community Blue Medicare PPO Signature (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-038	Complete Blue PPO Signature (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-039	Community Blue Medicare Plus PPO Signature (PPO)	Y	$0.00	Y	$0.00

Highmark Blue Cross Blue Shield	H3916-041	Complete Blue PPO Signature (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-057	Complete Blue PPO Merit (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-058	Complete Blue PPO Signature (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-059	Complete Blue PPO Distinct (PPO)	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-060	Complete Blue PPO Distinct (PPO)	Y	$44.00	Y	$11.00
Highmark Blue Cross Blue Shield	H3916-061	Complete Blue Plus PPO Distinct (PPO)	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-062	Complete Blue PPO Distinct (PPO)	Y	$109.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-063	Community Blue Medicare Plus PPO Signature (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-064	Complete Blue Plus PPO Merit (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-065	Community Blue Medicare PPO Signature (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-066	Complete Blue PPO Merit (PPO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3916-802	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-804	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-806	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-807	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-808	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies

Highmark Blue Cross Blue Shield	H3916-809	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3916-810	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Shield	S5593-002	Blue Rx PDP Plus (PDP)	N/A	N/A	Y	$193.20
Highmark Blue Shield	S5593-003	Blue Rx PDP Complete (PDP)	N/A	N/A	Y	$164.80
Highmark Blue Shield	S5593-801	Highmark Blue Shield	N/A	N/A	Y	Varies
Highmark Blue Shield	S5593-802	Highmark Blue Shield	N/A	N/A	Y	Varies
Highmark Blue Shield	S5593-807	Highmark Blue Shield	N/A	N/A	Y	Varies
Highmark Blue Shield	S5593-808	Highmark Blue Shield	N/A	N/A	Y	Varies
Highmark Blue Cross Blue Shield	H3957-031	Security Blue HMO-POS ValueRx (HMO-POS)	Y	$25.00	Y	$10.00
Highmark Blue Cross Blue Shield	H3957-042	Community Blue Medicare HMO Signature (HMO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3957-044	Security Blue HMO-POS ValueRx (HMO-POS)	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-045	Security Blue HMO-POS Standard (HMO-POS)	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-046	Security Blue HMO-POS Deluxe (HMO-POS)	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-047	Community Blue Medicare HMO Signature (HMO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3957-048	Together Blue Medicare HMO Signature (HMO)	Y	$0.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3957-049	Community Blue Medicare HMO Distinct (HMO)	Y	$27.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3957-050	Complete Blue HMO Distinct (HMO)	Y	$20.00	Y	$0.00
Highmark Blue Cross Blue Shield	H3957-806	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-808	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies

Highmark Blue Cross Blue Shield	H3957-811	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-812	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-814	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-815	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-816	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-817	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Highmark Blue Cross Blue Shield	H3957-818	Highmark Blue Cross Blue Shield	Y	Varies	Y	Varies
Jefferson Health Plans	H9207-002	Jefferson Health Plans Prime (HMO)	N	$0.00	Y	$32.70
Jefferson Health Plans	H9207-004	Jefferson Health Plans Special (HMO D-SNP)	N	$0.00	Y	$32.70
Jefferson Health Plans	H9207-012	Jefferson Health Plans Complete (HMO)	N	$0.00	Y	$0.00
Jefferson Health Plans	H9207-015	Jefferson Health Plans Giveback (HMO)	N	$0.00	Y	$0.00
Jefferson Health Plans	H9207-016	Jefferson Health Plans Dual Pearl (HMO D-SNP)	N	$0.00	Y	$32.70
Jefferson Health Plans	H9207-017	Jefferson Health Plans Select (HMO D-SNP)	N	$0.00	Y	$32.70
Highmark Wholecare Medicare Assured	H5932-009	Highmark Wholecare Medicare Assured Ruby (HMO D-SNP)	N	$0.00	Y	$17.60
Highmark Wholecare Medicare Assured	H5932-013	Highmark Wholecare Medicare Assured Ruby (HMO D-SNP)	N	$0.00	Y	$13.10
Devoted Health	H6852-005	DEVOTED DUAL PLUS 005 PA (HMO D-SNP)	N	$0.00	Y	$22.50

Devoted Health	H6852-007	DEVOTED DUAL PLUS 007 PA (HMO D-SNP)	N	$0.00	Y	$16.90
Devoted Health	H6852-008	DEVOTED CORE 008 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-009	DEVOTED GIVEBACK 009 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-010	DEVOTED CORE 010 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-011	DEVOTED GIVEBACK 011 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-012	DEVOTED CORE 012 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-013	DEVOTED GIVEBACK 013 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-014	DEVOTED CORE 014 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-016	DEVOTED C-SNP PREMIUM 016 PA (HMO C-SNP)	N	$0.00	Y	$32.70
Devoted Health	H6852-017	DEVOTED C-SNP PREMIUM 017 PA (HMO C-SNP)	N	$0.00	Y	$32.70
Devoted Health	H6852-018	DEVOTED C-SNP PREMIUM 018 PA (HMO C-SNP)	N	$0.00	Y	$32.70
Devoted Health	H6852-019	DEVOTED C-SNP PREMIUM 019 PA (HMO C-SNP)	N	$0.00	Y	$32.70
Devoted Health	H6852-020	DEVOTED C-SNP PREMIUM 020 PA (HMO C-SNP)	N	$0.00	Y	$32.70
Devoted Health	H6852-021	DEVOTED C-SNP PLUS 021 PA (HMO C-SNP)	N	$0.00	Y	$32.70
Devoted Health	H6852-022	DEVOTED C-SNP PLUS 022 PA (HMO C-SNP)	N	$0.00	Y	$32.70
Devoted Health	H6852-023	DEVOTED CORE 023 PA (HMO)	N	$0.00	Y	$0.00
Devoted Health	H6852-025	DEVOTED DUAL FULL 025 PA (HMO D-SNP)	N	$0.00	Y	$19.70
Devoted Health	H6852-026	DEVOTED DUAL FULL 026 PA (HMO D-SNP)	N	$0.00	Y	$19.50
Devoted Health	H6018-002	DEVOTED CHOICE PREMIUM 002 PA (PPO)	N	$0.00	Y	$32.70
Devoted Health	H6018-003	DEVOTED CHOICE GIVEBACK 003 PA (PPO)	N	$0.00	Y	$0.00
Devoted Health	H6018-007	DEVOTED CHOICE 007 PA (PPO)	N	$0.00	Y	$0.00

Devoted Health	H6018-008	DEVOTED CHOICE GIVEBACK 008 PA (PPO)	N	$0.00	Y	$0.00
Devoted Health	H6018-010	DEVOTED CHOICE 010 PA (PPO)	N	$0.00	Y	$0.00
Devoted Health	H6018-011	DEVOTED CHOICE GIVEBACK 011 PA (PPO)	N	$0.00	Y	$0.00
Cigna HealthCare	S5617-215	HealthSpring Assurance Rx (PDP)	N	$0.00	Y	$74.00
Cigna HealthCare	S5617-356	HealthSpring Extra Rx (PDP)	N	$0.00	Y	$62.60
Aetna Medicare	H5522-001	Aetna Medicare Value Plus (PPO)	N	$0.00	Y	$29.00
Aetna Medicare	H5522-002	Aetna Medicare Advantra Premier	N	$1.00	Y	$97.00
Aetna Medicare	H5522-004	Aetna Medicare Advantra Signature	N	$0.00	Y	$0.00
Aetna Medicare	H5522-005	Aetna Medicare Value Plus (PPO)	N	$0.00	Y	$13.00
Aetna Medicare	H5522-013	Aetna Medicare Value Care (PPO)	N	$0.00	Y	$29.00
Aetna Medicare	H5522-014	Aetna Medicare Advantra Premier	N	$1.00	Y	$105.00
Aetna Medicare	H5522-017	Aetna Medicare Advantra Signature Giveback (PPO)	N	$0.00	Y	$0.00
Aetna Medicare	H5522-022	Aetna Medicare Signature Giveback (PPO)	N	$0.00	Y	$0.00
Aetna Medicare	H5522-028	Aetna Medicare Signature (PPO)	N	$0.00	Y	$0.00
Aetna Medicare	H5522-029	Aetna Medicare PinnacleHealth Prime (PPO)	N	$0.00	Y	$0.00
Aetna Medicare	H5522-032	Aetna Medicare Enhanced (PPO)	N	$0.00	Y	$66.00
Cigna HealthCare	H3949-009	HealthSpring TotalCare Plus (HMO D-SNP)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-024	HealthSpring Achieve (HMO C-SNP)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-030	HealthSpring Preferred Plus (HMO)	N	$18.70	Y	$12.30
Cigna HealthCare	H3949-031	HealthSpring Preferred PA (HMO)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-035	HealthSpring Preferred (HMO)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-045	HealthSpring Preferred (HMO)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-047	HealthSpring Preferred (HMO)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-048	HealthSpring Preferred Plus (HMO)	N	$9.70	Y	$11.30
Cigna HealthCare	H3949-049	HealthSpring Preferred (HMO)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-052	HealthSpring Preferred (HMO)	N	$0.00	Y	$0.00
Cigna HealthCare	H3949-053	HealthSpring Preferred Savings (HMO)	N	$0.00	Y	$0.00

Jefferson Health Plans	H1619-001	Jefferson Health Plans Flex (PPO)	N	$0.00	Y	$0.00
Jefferson Health Plans	H1619-002	Jefferson Health Plans Flex Plus (PPO)	N	$0.00	Y	$32.70
Jefferson Health Plans	H1619-003	Jefferson Health Plans Flex Pro (PPO)	N	$0.00	Y	$18.00
Independence Blue Cross	H3909-001	Personal Choice 65 Rx (PPO)	Y	$124.80	Y	$102.20
Independence Blue Cross	H3909-009	Personal Choice 65 Rx (PPO)	Y	$74.30	Y	$112.70
Independence Blue Cross	H3909-018	Personal Choice 65 Plus Rx (PPO)	Y	$132.80	Y	$81.20
Independence Blue Cross	H3909-802	Independence Blue Cross	Y	Varies	Y	Varies
Independence Blue Cross	H6875-801	Independence Blue Cross	Y	Varies	Y	Varies
Independence Blue Cross	H6875-802	Independence Blue Cross	Y	Varies	Y	Varies
Independence Blue Cross	H3952-020	Keystone 65 Preferred Rx (HMO)	Y	$108.30	Y	$79.70
Independence Blue Cross	H3952-045	Keystone 65 Preferred Rx (HMO)	Y	$98.30	Y	$59.70
Independence Blue Cross	H3952-049	Keystone 65 Select Rx (HMO)	Y	$0.00	Y	$47.00
Independence Blue Cross	H3952-051	Keystone 65 Select Rx (HMO)	Y	$10.50	Y	$63.50
Independence Blue Cross	H3952-053	Keystone 65 Focus Rx (HMO-POS)	Y	$0.00	Y	$0.00
Independence Blue Cross	H3952-054	Keystone 65 Focus Rx (HMO-POS)	Y	$15.00	Y	$0.00
Independence Blue Cross	H3952-055	Keystone 65 Basic Rx (HMO)	Y	$0.00	Y	$0.00
Independence Blue Cross	H3952-060	Keystone 65 Essential Rx (HMO-POS)	Y	$0.00	Y	$31.00
Independence Blue Cross	H3952-804	Independence Blue Cross	Y	Varies	Y	Varies