



PARENT NAME	CONTRACT/PBP	PRODUCT NAME	PART C PREM	PART D PREM
GEISINGER HEALTH PLAN	H3954-097	GEISINGER GOLD SECURE RX (HMO SNP)	\$0.00	\$37.20
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX	\$133.30	\$49.70
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX	\$0.00	\$38.00
GEISINGER HEALTH PLAN	H3954-159	GEISINGER GOLD ESSENTIAL RX (HMO)	\$0.00	\$0.00
GEISINGER INDEMNITY	H3924-059	GEISINGER GOLD PREFERRED ADVANTAGE	\$54.50	\$52.50
GEISINGER INDEMNITY	H3924-060	GEISINGER GOLD PREFERRED COMPLETE	\$0.00	\$0.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-001	PERSONAL CHOICE 65 RX (PPO)	\$206.70	\$90.30
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-009	PERSONAL CHOICE 65 RX (PPO)	\$74.90	\$85.10
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-802	PERSONAL CHOICE 65 GROUP RX (PPO)	varies	varies
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	S6875-801	SELECT OPTION RX GROUP OPTION I	n/a	varies
KEYSTONE HEALTH PLAN EAST	H3952-020	KEYSTONE 65 PREFERRED RX (HMO)	\$156.40	\$72.60
KEYSTONE HEALTH PLAN EAST	H3952-045	KEYSTONE 65 PREFERRED RX (HMO)	\$218.20	\$70.80
KEYSTONE HEALTH PLAN EAST	H3952-049	KEYSTONE 65 SELECT RX (HMO)	\$17.30	\$50.70
KEYSTONE HEALTH PLAN EAST	H3952-051	KEYSTONE 65 SELECT RX (HMO)	\$50.50	\$50.50
KEYSTONE HEALTH PLAN EAST	H3952-053	KEYSTONE 65 FOCUS RX (HMO)	\$0.00	\$10.00
KEYSTONE HEALTH PLAN EAST	H3952-054	KEYSTONE 65 FOCUS RX (HMO)	\$0.00	\$35.00
KEYSTONE HEALTH PLAN EAST	H3952-055	KEYSTONE 65 BASIC RX (HMO)	\$0.00	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-056	KEYSTONE 65 BASIC RX (HMO)	\$0.00	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-804	KEYSTONE 65 GROUP RX (HMO)	varies	varies
UPMC HEALTH PLAN	H3907-006	UPMC FOR LIFE HMO RX ENHANCED (HMO)	\$190.10	\$72.90
UPMC HEALTH PLAN	H3907-029	UPMC FOR LIFE HMO RX (HMO)	\$19.10	\$61.90
UPMC HEALTH PLAN	H3907-037	UPMC FOR LIFE HMO DEDUCTIBLE WITH Rx	\$0.00	\$20.00
UPMC HEALTH PLAN	H3907-039	UPMC FOR LIFE HMO DEDUCTIBLE WITH Rx	\$0.00	\$20.00
UPMC HEALTH PLAN	H3907-040	UPMC FOR LIFE HMO RX (HMO)	\$39.40	\$41.60



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UPMC HEALTH PLAN	H3907-042	UPMC FOR LIFE HMO RX (HMO)	\$39.40	\$41.60
UPMC HEALTH PLAN	H3907-043	UPMC FOR LIFE HMO DEDUCTIBLE WITH RX	\$0.00	\$20.00
UPMC HEALTH PLAN	H3907-044	UPMC FOR LIFE HMO DEDUCTIBLE WITH RX	\$0.00	\$0.00
UPMC HEALTH PLAN	H3907-045	UPMC FOR LIFE HMO PREMIER RX (HMO)	\$0.00	\$0.00
UPMC HEALTH PLAN	H3907-046	UPMC FOR LIFE HMO PREMIER RX (HMO)	\$0.00	\$0.00
UPMC HEALTH PLAN	H3907-047	UPMC FOR LIFE HMO RX (HMO)	\$39.40	\$41.60
UPMC HEALTH PLAN	H3907-048	UPMC FOR LIFE HMO RX (HMO)	\$39.40	\$41.60
UPMC HEALTH PLAN	H3907-802	UPMC EMPLOYER GROUP RX (HMO)	varies	varies
UPMC HEALTH PLAN	H5533-003	UPMC FOR LIFE PPO HIGH DEDUCTIBLE WITH Rx	\$0.00	\$35.00
UPMC HEALTH PLAN	H5533-005	UPMC FOR LIFE PPO RX ENHANCED (PPO)	\$66.30	\$68.70
UPMC HEALTH PLAN	H5533-007	UPMC FOR LIFE PPO RX ENHANCED (PPO)	\$66.30	\$68.70
UPMC HEALTH PLAN	H5533-008	UPMC FOR LIFE PPO RX ENHANCED (PPO)	\$0.00	\$35.00
UPMC HEALTH PLAN	H5533-802	UPMC EMPLOYER GROUP RX (PPO)	varies	varies
UPMC HEALTH PLAN	S3389-802	UPMC EMPLOYER GROUP (PDP)	n/a	varies
WELLCARE PRESCRIPTION INSURANCE	S4802-080	WELLCARE CLASSIC (PDP)	n/a	\$37.18
WELLCARE PRESCRIPTION INSURANCE	S4802-103	WELLCARE EXTRA (PDP)	n/a	\$70.90
CAPITAL BLUE CROSS	H3923-013	BLUEJOURNEY CLASSIC (PPO)	\$17.60	\$44.40
CAPITAL BLUE CROSS	H3923-017	BLUEJOURNEY PRIME (PPO)	\$99.40	\$69.60
CAPITAL BLUE CROSS	H3962-001	BLUEJOURNEY PREMIER (HMO)	\$88.60	\$59.40
CAPITAL BLUE CROSS	H3962-004	BLUEJOURNEY VALUE (HMO)	\$0.00	\$48.00
CAPITAL BLUE CROSS	H3962-007	BLUEJOURNEY ESSENTIAL (HMO)	\$0.00	\$0.00
CAPITAL BLUE CROSS	H3962-018	BLUEJOURNEY ALLIANCE LUNG CARE (HMO SNP)	\$0.00	\$33.00
CAPITAL BLUE CROSS	H3962-019	BLUEJOURNEY ALLIANCE HEART AND DIABETES	\$0.00	\$23.00
AVALON INSURANCE	S8067-001	SECURERX - OPTION 3 (PDP)	n/a	\$68.10
AVALON INSURANCE	S8067-003	SECURERX - OPTION 1 (PDP)	n/a	\$133.70
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)	\$0.00	\$27.80
CONNECTICUT GENERAL LIFE INSURANCE COMPANY	S5617-215	CIGNA-HEALTHSPRING RX SECURE (PDP)	n/a	\$37.70



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CONNECTICUT GENERAL LIFE INSURANCE COMPANY	S5617-251	CIGNA-HEALTHSPRING RX SECURE-EXTRA (PDP)	n/a	\$55.10
HEALTH PARTNERS PLANS	H9207-002	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$0.00	\$37.00
HEALTH PARTNERS PLANS	H9207-004	HEALTH PARTNERS MEDICARE SPECIAL (HMO)	\$0.00	\$37.00
HEALTH PARTNERS PLANS	H9207-005	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$0.00	\$37.00
HEALTH PARTNERS PLANS	H9207-007	HEALTH PARTNERS MEDICARE VALUE (HMO)	\$0.00	\$0.00
HEALTH PARTNERS PLANS	H9207-008	HEALTH PARTNERS MEDICARE VALUE (HMO)	\$0.00	\$0.00
HEALTH PARTNERS PLANS	H9207-009	HEALTH PARTNERS MEDICARE VALUE (HMO)	\$0.00	\$0.00
HEALTH PARTNERS PLANS	H9207-010	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$0.00	\$37.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	\$188.90	\$106.10
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	\$176.40	\$105.10
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	\$176.30	\$115.20
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	\$95.30	\$93.20
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	\$21.10	\$51.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	\$84.80	\$89.20
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	\$45.50	\$90.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	\$6.50	\$72.50
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	\$26.50	\$50.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-034	COMMUNITY BLUE MEDICARE PPO SIGNATURE	\$0.10	\$26.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-035	COMMUNITY BLUE MEDICARE PPO SIGNATURE	\$0.10	\$26.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-036	COMMUNITY BLUE MEDICARE PLUS PPO	\$0.10	\$16.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-802	FREEDOM BLUE PPO MA-PD PENNSYLVANIA	varies	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-804	FREEDOM BLUE PPO MA-PD PA NON-CALEN	varies	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-806	FREEDOM BLUE EMPLOYER GROUP	varies	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-807	FREEDOM BLUE EMPLOYER GROUP	varies	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-002	BLUE RX PDP PLUS (PDP)	n/a	\$84.90



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HIGHMARK HEALTH INSURANCE COMPANY	S5593-003	BLUE RX PDP COMPLETE (PDP)	n/a	\$157.80
HIGHMARK HEALTH INSURANCE COMPANY	S5593-801	BLUE RX EMPLOYER GROUP CALENDAR (PDP)	varies	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-802	BLUE RX EMPLOYER GROUP NON-CALENDAR	varies	varies
HIGHMARK CHOICE COMPANY	H3957-003	SECURITY BLUE HMO STANDARD (HMO)	\$105.50	\$98.00
HIGHMARK CHOICE COMPANY	H3957-006	SECURITY BLUE HMO STANDARD (HMO)	\$89.60	\$99.90
HIGHMARK CHOICE COMPANY	H3957-020	SECURITY BLUE HMO DELUXE (HMO)	\$158.40	\$112.10
HIGHMARK CHOICE COMPANY	H3957-021	SECURITY BLUE HMO DELUXE (HMO)	\$113.80	\$115.70
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO VALUERX (HMO)	\$0.10	\$66.90
HIGHMARK CHOICE COMPANY	H3957-032	SECURITY BLUE HMO VALUERX (HMO)	\$0.10	\$62.40
HIGHMARK CHOICE COMPANY	H3957-038	COMMUNITY BLUE MEDICARE HMO SIGNATURE	\$0.00	\$0.00
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE	\$82.90	\$114.10
HIGHMARK CHOICE COMPANY	H3957-042	COMMUNITY BLUE MEDICARE HMO SIGNATURE	\$0.00	\$0.00
HIGHMARK CHOICE COMPANY	H3957-806	SECURITY BLUE MA-PD (HMO)	varies	varies
HIGHMARK CHOICE COMPANY	H3957-808	SECURITY BLUE MA-PD NON-CALENDAR (HMO)	varies	varies
HIGHMARK CHOICE COMPANY	H3957-811	SECURITY BLUE MA-PD NON-CALENDAR (HMO)	varies	varies
HIGHMARK CHOICE COMPANY	H3957-812	SECURITY BLUE EMPLOYER GROUP	varies	varies
UNITED HEALTHCARE INSURANCE	H0710-017	UNITEDHEALTHCARE NURSING HOME PLAN	\$0.00	\$32.70
UNITED HEALTHCARE INSURANCE	H0710-018	UNITEDHEALTHCARE ASSISTED LIVING PL	\$0.00	\$29.30
UNITED HEALTHCARE INSURANCE	H1944-009	AARP MEDICARECOMPLETE (HMO)	\$0.00	\$24.00
UNITED HEALTHCARE INSURANCE	H1944-010	AARP MEDICARECOMPLETE PLAN 1 (HMO)	\$0.00	\$14.00
UNITED HEALTHCARE INSURANCE	H1944-011	AARP MEDICARECOMPLETE PLAN 2 (HMO)	\$17.50	\$26.50
UNITED HEALTHCARE INSURANCE	H1944-012	AARP MEDICARECOMPLETE PLAN 1 (HMO)	\$0.00	\$14.00
UNITED HEALTHCARE INSURANCE	H1944-013	AARP MEDICARECOMPLETE PLAN 2 (HMO)	\$10.10	\$33.90
UNITED HEALTHCARE INSURANCE	H1944-024	AARP MEDICARECOMPLETE CHOICE PLAN 1	\$0.00	\$14.00
UNITED HEALTHCARE INSURANCE	H1944-025	AARP MEDICARECOMPLETE CHOICE PLAN 2	\$53.90	\$30.10



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UNITED HEALTHCARE INSURANCE	H1944-026	AARP MEDICARECOMPLETE CHOICE (PPO)	\$53.70	\$30.30
UNITED HEALTHCARE INSURANCE	H2228-035	AARP MEDICARECOMPLETE CHOICE PLAN 1	\$0.00	\$24.00
UNITED HEALTHCARE INSURANCE	H2228-036	AARP MEDICARECOMPLETE CHOICE PLAN 2	\$36.90	\$27.10
UNITED HEALTHCARE INSURANCE	H2228-037	AARP MEDICARECOMPLETE CHOICE (PPO)	\$16.90	\$33.10
UNITED HEALTHCARE INSURANCE	H3113-009	UNITEDHEALTHCARE DUAL COMPLETE (HMO	\$0.00	\$19.00
UNITED HEALTHCARE INSURANCE	H3113-012	UNITEDHEALTHCARE DUAL COMPLETE ONE	\$0.00	\$23.50
UNITED HEALTHCARE INSURANCE	S5820-005	AARP MEDICARERX PREFERRED (PDP)	n/a	\$83.90
UNITED HEALTHCARE INSURANCE	S5921-351	AARP MEDICARERX SAVER PLUS (PDP)	n/a	\$48.20
UNITED HEALTHCARE INSURANCE	S5921-388	AARP MEDICARERX WALGREENS (PDP)	n/a	\$26.80
UNITED HEALTHCARE INSURANCE	H5652-001	ERICKSON ADVANTAGE SIGNATURE	\$152.20	\$43.80
UNITED HEALTHCARE INSURANCE	H5652-003	ERICKSON ADVANTAGE GUARDIAN	\$0.00	\$32.80
UNITED HEALTHCARE INSURANCE	H5652-004	ERICKSON ADVANTAGE CHAMPION	\$164.40	\$31.60
UNITED HEALTHCARE INSURANCE	H5652-006	ERICKSON ADVANTAGE CHAMPION	\$12.90	\$36.10
UNITED HEALTHCARE INSURANCE	S0522-078	SYMPHONIX VALUE RX (PDP)	n/a	\$33.00
GATEWAY HEALTH PLAN	H5932-009	GATEWAY HEALTH MEDICARE ASSURED	\$0.00	\$37.20
GATEWAY HEALTH PLAN	H5932-010	GATEWAY HEALTH MEDICARE ASSURED	\$0.00	\$0.00
GATEWAY HEALTH PLAN	H5932-011	GATEWAY HEALTH MEDICARE ASSURED	\$12.30	\$16.70
ENVISION INSURANCE COMPANY	S7694-006	ENVISIONRXPLUS (PDP)	n/a	\$12.60