



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	\$37.00
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX	\$130.10	\$52.90
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX	\$0.00	\$38.00
GEISINGER HEALTH PLAN	H3954-159	GEISINGER GOLD CLASSIC ESSENTIAL Rx (HMO)	\$0.00	\$0.00
GEISINGER INDEMNITY	H3924-059	GEISINGER GOLD PREFERRED ADVANTAGE	\$58.70	\$58.30
GEISINGER INDEMNITY	H3924-060	GEISINGER GOLD PREFERRED COMPLETE	\$0.00	\$0.00
GEISINGER INDEMNITY	H3924-062	GEISINGER GOLD PREFERRED ENHANCED Rx (PPO)	\$0.00	\$45.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-001	PERSONAL CHOICE 65 RX (PPO)	\$196.00	\$93.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-009	PERSONAL CHOICE 65 RX (PPO)	\$73.70	\$86.30
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)	\$158.40	\$70.60
KEYSTONE HEALTH PLAN EAST	H3952-045	KEYSTONE 65 PREFERRED RX (HMO)	\$216.40	\$72.60
KEYSTONE HEALTH PLAN EAST	H3952-049	KEYSTONE 65 SELECT RX (HMO)	\$26.70	\$41.30
KEYSTONE HEALTH PLAN EAST	H3952-051	KEYSTONE 65 SELECT RX (HMO)	\$56.00	\$42.00
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



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UPMC HEALTH PLAN	H3907-006	UPMC FOR LIFE HMO RX ENHANCED (HMO)	\$212.50	\$77.50
UPMC HEALTH PLAN	H3907-029	UPMC FOR LIFE HMO RX (HMO)	\$19.70	\$61.30
UPMC HEALTH PLAN	H3907-037	UPMC FOR LIFE HMO DEDUCTIBLE WITH Rx	\$0.00	\$22.00
UPMC HEALTH PLAN	H3907-042	UPMC FOR LIFE HMO RX (HMO)	\$19.50	\$35.50
UPMC HEALTH PLAN	H3907-043	UPMC FOR LIFE HMO DEDUCTIBLE WITH Rx	\$0.00	\$15.00
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)	\$45.40	\$35.60
UPMC HEALTH PLAN	H3907-048	UPMC FOR LIFE HMO RX (HMO)	\$45.40	\$35.60
UPMC HEALTH PLAN	H3907-049	UPMC FOR LIFE HMO RX CHOICE (HMO)	\$4.40	\$35.60
UPMC HEALTH PLAN	H3907-050	UPMC FOR LIFE HMO PREMIER RX (HMO)	\$0.00	\$0.00
UPMC HEALTH PLAN	H3907-051	UPMC FOR LIFE HMO PREMIER RX (HMO)	\$0.00	\$0.00
UPMC HEALTH PLAN	H3907-052	UPMC FOR LIFE HMO PREMIER RX (HMO)	\$0.00	\$0.00
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)	\$76.60	\$58.40
UPMC HEALTH PLAN	H5533-007	UPMC FOR LIFE PPO RX ENHANCED (PPO)	\$30.80	\$29.20
UPMC HEALTH PLAN	H5533-008	UPMC FOR LIFE PPO RX ENHANCED (PPO)	\$15.70	\$29.30
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	\$34.80
WELLCARE PRESCRIPTION INSURANCE	S4802-103	WELLCARE EXTRA (PDP)	n/a	\$72.60
CAPITAL BLUE CROSS	H3923-013	BLUEJOURNEY CLASSIC (PPO)	\$31.30	\$33.70
CAPITAL BLUE CROSS	H3923-017	BLUEJOURNEY PRIME (PPO)	\$92.40	\$77.60
CAPITAL BLUE CROSS	H3962-001	BLUEJOURNEY PREMIER (HMO)	\$75.60	\$72.40



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CAPITAL BLUE CROSS	H3962-004	BLUEJOURNEY VALUE (HMO)	\$0.00	\$50.00
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 CARE (HMO SNP)	\$0.00	\$25.00
CAPITAL BLUE CROSS	H3962-020	BLUEJOURNEY ALLIANCE ASSISTED CARE (HMO SNP)	\$10.20	\$39.80
AVALON INSURANCE	S8067-001	SECURERX - OPTION 3 (PDP)	n/a	\$86.00
AVALON INSURANCE	S8067-003	SECURERX - OPTION 1 (PDP)	n/a	\$108.00
CIGNA	S5617-215	CIGNA HEALTHSPRING RX SECURE (PDP)	n/a	\$34.40
CIGNA	S5617-251	CIGNA HEALTHSPRING RX EXTRA (PDP)	n/a	\$55.40
CIGNA	S5617-285	CIGNA HEALTHSPRING RX ESSENTIAL (PDP)	n/a	\$21.90
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)	n/a	\$32.50
HEALTH PARTNERS PLANS	H9207-002	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$16.00	\$55.00
HEALTH PARTNERS PLANS	H9207-004	HEALTH PARTNERS MEDICARE SPECIAL (HMO SNP)	\$0.00	\$37.00
HEALTH PARTNERS PLANS	H9207-005	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$0.00	\$71.00
HEALTH PARTNERS PLANS	H9207-010	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$18.60	\$52.40
ENVISION	S7694-006	ENVISION RX PLUS (PDP)	n/a	\$14.50
HIGHMARK SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	\$190.20	\$102.80
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	\$167.20	\$102.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	\$182.30	\$107.20
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	\$101.10	\$85.40
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	\$24.20	\$46.80



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HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	\$88.60	\$83.40
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	\$48.40	\$85.10
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	\$11.00	\$66.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	\$27.70	\$46.80
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	\$84.70
HIGHMARK HEALTH INSURANCE COMPANY	S5593-003	BLUE RX PDP COMPLETE (PDP)	n/a	\$156.00
HIGHMARK HEALTH INSURANCE COMPANY	S5593-801	BLUE RX EMPLOYER GROUP CALENDAR (PDP)	n/a	varies



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HIGHMARK HEALTH INSURANCE COMPANY	S5593-802	BLUE RX EMPLOYER GROUP NON-CALENDAR	n/a	varies
HIGHMARK CHOICE COMPANY	H3957-003	SECURITY BLUE HMO STANDARD (HMO)	\$101.00	\$100.50
HIGHMARK CHOICE COMPANY	H3957-006	SECURITY BLUE HMO STANDARD (HMO)	\$84.70	\$102.80
HIGHMARK CHOICE COMPANY	H3957-020	SECURITY BLUE HMO DELUXE (HMO)	\$153.20	\$115.30
HIGHMARK CHOICE COMPANY	H3957-021	SECURITY BLUE HMO DELUXE (HMO)	\$110.90	\$116.60
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO VALUERX (HMO)	\$2.30	\$62.70
HIGHMARK CHOICE COMPANY	H3957-032	SECURITY BLUE HMO VALUERX (HMO)	\$0.10	\$60.40
HIGHMARK CHOICE COMPANY	H3957-038	COMMUNITY BLUE MEDICARE HMO SIGNATURE	\$0.00	\$0.00
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE	\$115.90	\$110.10
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
HIGHMARK CHOICE COMPANY	H3957-814	SECURITY BLUE EMPLOYER GROUP	varies	varies
HIGHMARK CHOICE COMPANY	H3957-815	SECURITY BLUE EMPLOYER GROUP	varies	varies
UNITED HEALTHCARE INSURANCE	S5820-005	AARP MEDICARERX PREFERRED (PDP)	n/a	\$75.70
UNITED HEALTHCARE INSURANCE	S5921-351	AARP MEDICARERX SAVER PLUS (PDP)	n/a	\$35.80
UNITED HEALTHCARE INSURANCE	S5921-388	AARP MEDICARERX WALGREENS (PDP)	n/a	\$28.00
UNITED HEALTHCARE INSURANCE	H0710-017	UNITEDHEALTHCARE NURSING HOME PLAN	\$0.00	\$37.00
UNITED HEALTHCARE INSURANCE	H1944-009	AARP MEDICARECOMPLETE (HMO)	\$1.70	\$21.30
UNITED HEALTHCARE INSURANCE	H1944-010	AARP MEDICARECOMPLETE PLAN 1 (HMO)	\$0.00	\$0.00
UNITED HEALTHCARE INSURANCE	H1944-011	AARP MEDICARECOMPLETE PLAN 2 (HMO)	\$22.80	\$15.20
UNITED HEALTHCARE INSURANCE	H1944-024	AARP MEDICARECOMPLETE	\$0.00	\$8.00
UNITED HEALTHCARE INSURANCE	H1944-025	AARP MEDICARECOMPLETE CHOICE PLAN 3	\$64.90	\$28.10
UNITED HEALTHCARE INSURANCE	H2228-035	AARP MEDICARECOMPLETE CHOICE PLAN 1	\$0.00	\$18.00
UNITED HEALTHCARE INSURANCE	H2228-036	AARP MEDICARECOMPLETE CHOICE PLAN 2	\$39.10	\$18.90



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UNITED HEALTHCARE INSURANCE	H2228-037	AARP MEDICARE COMPLETE CHOICE (PPO)	\$28.80	\$29.20
UNITED HEALTHCARE INSURANCE	H3113-009	UNITED HEALTHCARE DUAL COMPLETE (HMO)	\$0.00	\$25.90
UNITED HEALTHCARE INSURANCE	H3113-012	UNITED HEALTHCARE DUAL COMPLETE ONE	\$0.00	\$26.70
UNITED HEALTHCARE INSURANCE	H5652-001	ERICKSON ADVANTAGE SIGNATURE	\$166.50	\$28.50
UNITED HEALTHCARE INSURANCE	H5652-003	ERICKSON ADVANTAGE GUARDIAN	\$0.00	\$33.10
UNITED HEALTHCARE INSURANCE	H5652-004	ERICKSON ADVANTAGE CHAMPION	\$169.00	\$26.00
UNITED HEALTHCARE INSURANCE	H5652-006	ERICKSON ADVANTAGE CHAMPION	\$19.50	\$28.50
BRAVO HEALTH	H3949-009	CIGNA-HEALTHSPRING TOTALCARE (HMO S)	\$0.00	\$33.50
BRAVO HEALTH	H3949-013	CIGNA-HEALTHSPRING PREFERRED PLUS	\$103.00	\$22.00
BRAVO HEALTH	H3949-016	CIGNA-HEALTHSPRING TRADITIONS (HMO)	\$0.00	\$37.00
BRAVO HEALTH	H3949-024	CIGNA-HEALTHSPRING ACHIEVE (HMO SNP)	\$29.00	\$0.00
BRAVO HEALTH	H3949-030	CIGNA-HEALTHSPRING PREFERRED (HMO)	\$0.00	\$15.00
BRAVO HEALTH	H3949-031	CIGNA-HEALTHSPRING ALLIANCE	\$0.00	\$0.00
GATEWAY HEALTH PLAN	H5932-009	GATEWAY HEALTH MEDICARE ASSURED RUB	\$0.00	\$37.00
VIBRA HEALTH PLAN	H9408-001	VIBRA HEALTH PLAN ESSENTIAL (PPO)	\$0.00	\$0.00
VIBRA HEALTH PLAN	H9408-002	VIBRA HEALTH PLAN ENHANCED (PPO)	\$16.60	\$43.40