



PARENT NAME	CONTRACT/ PBP	PRODUCT NAME	Part C Agreement	PART C PREM	Part D Agreement	PART D PREM
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-001	PERSONAL CHOICE 65 RX (PPO)	Y	\$187.30	Y	\$106.70
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-009	PERSONAL CHOICE 65 RX (PPO)	Y	\$105.40	Y	\$59.60
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-014	PERSONAL CHOICE 65 PRIME RX (PPO)	Y	\$0.00	Y	\$0.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-015	PERSONAL CHOICE 65 PRIME RX (PPO)	Y	\$0.00	Y	\$0.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-016	PERSONAL CHOICE 65 PRIME RX (PPO)	Y	\$0.00	Y	\$0.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-017	PERSONAL CHOICE 65 PRIME RX (PPO)	Y	\$1.00	Y	\$50.00
KEYSTONE HEALTH PLAN EAST	H3952-020	KEYSTONE 65 SELECT RX (HMO)	Y	\$162.20	Y	\$68.40
KEYSTONE HEALTH PLAN EAST	H3952-045	KEYSTONE 65 SELECT RX (HMO)	Y	\$169.30	Y	\$88.70
KEYSTONE HEALTH PLAN EAST	H3952-049	KEYSTONE 65 SELECT RX (HMO)	Y	\$1.00	Y	\$56.50
KEYSTONE HEALTH PLAN EAST	H3952-051	KEYSTONE 65 SELECT RX (HMO)	Y	\$30.60	Y	\$52.90
KEYSTONE HEALTH PLAN EAST	H3952-053	KEYSTONE 65 FOCUS RX (HMO)	Y	\$0.00	Y	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-054	KEYSTONE 65 FOCUS RX (HMO)	Y	\$0.00	Y	\$15.00
KEYSTONE HEALTH PLAN EAST	H3952-055	KEYSTONE 65 BASIC RX (HMO)	Y	\$0.00	Y	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-056	KEYSTONE 65 BASIC RX (HMO)	Y	\$0.00	Y	\$0.00
WELLCARE PRESCRIPTION INSURANCE	S4802-080	WELLCARE CLASSIC (PDP)	N/A	N/A	Y	\$35.90
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)	N/A	N/A	Y	\$33.30
CIGNA	S5617-215	CIGNA SECURE	N/A	N/A	Y	\$36.80
CIGNA	S5617-285	CIGNA ESSENTIAL	N/A	N/A	Y	\$33.20
CIGNA	S5617-251	CIGNA EXTRA	N/A	N/A	Y	\$45.30