



PARENT NAME	CONTRACT/ PBP	PRODUCT NAME	Part C Agreement	PART C PREM	Part D Agreement	PART D PREM
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX (HMO)	Y	\$92.90	Y	\$62.10
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX (HMO)	Y	\$0.00	Y	\$38.00
GEISINGER HEALTH PLAN	H3954-161	GEISINGER GOLD CLASSIC ESSENTIAL RX (HMO)	Y	\$0.00	Y	\$0.00
GEISINGER HEALTH PLAN	H3954-160	GEISINGER GOLD CLASSIC 360 RX (HMO)	Y	\$0.00	Y	\$0.00
GEISINGER HEALTH PLAN	H3924-059	GEISINGER GOLD PREFERRED ADVANTAGE RX (PPO)	Y	\$42.30	Y	\$66.70
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	\$0.00	Y	\$45.00
GEISINGER HEALTH PLAN	H3924-066	GEISINGER GOLD PREFERRED 360 RX (PPO)	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	Y	\$164.50	Y	\$113.50
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	Y	\$98.40	Y	\$121.60
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	Y	\$158.50	Y	\$126.50
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	Y	\$74.50	Y	\$96.50
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$66.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	Y	\$57.90	Y	\$108.10
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	Y	\$21.20	Y	\$105.80
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$71.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$68.00



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HIGHMARK SENIOR HEALTH COMPANY	H3916-034	COMMUNITY BLUE MEDICARE	Y	\$0.00	Y	\$25.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-035	COMMUNITY BLUE PPO DISTINCT	Y	\$0.00	Y	\$25.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-036	COMMUNITY BLUE MEDICARE PLUS	Y	\$0.00	Y	\$25.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-037	COMMUNITY BLUE MEDICARE PPO	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-038	COMMUNITY BLUE MEDICARE PPO	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-039	COMMUNITY BLUE MEDICARE PLUS	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-041	COMMUNITY BLUE MEDICARE PLUS	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-802	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-804	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-806	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-807	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO VALUERX (HMO)	Y	\$0.00	Y	\$59.00
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE	Y	\$0.00	Y	\$50.00
HIGHMARK CHOICE COMPANY	H3957-042	COMMUNITY BLUE MEDICARE HMO SIGNATURE	Y	\$0.00	Y	\$0.00
HIGHMARK CHOICE COMPANY	H3957-044	SECURITY BLUE HMO-POS VALUE RX	Y	\$0.00	Y	\$54.00



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HIGHMARK CHOICE COMPANY	H3957-045	SECURITY BLUE HMO-POS STANDARD	Y	\$83.30	Y	\$109.70
HIGHMARK CHOICE COMPANY	H3957-046	SECURITY BLUE HMO-POS DELUXE	Y	\$134.40	Y	\$121.60
HIGHMARK CHOICE COMPANY	H3957-047	COMMUNITY BLUE MEDICARE HMO SIGNATURE	Y	\$0.00	Y	\$0.00
HIGHMARK CHOICE COMPANY	H3957-048	COMMUNITY 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	COMMUNITY BLUE MEDICARE HMO SIGNATURE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-811	SECURITY BLUE HMO-POS VALUE RX	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-812	SECURITY BLUE HMO-POS STANDARD	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-814	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-815	COMMUNITY BLUE MEDICARE HMO SIGNATURE	Y	varies	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-002	BLUE RX PDP PLUS (PDP)	N/A	N/A	Y	\$121.10
HIGHMARK HEALTH INSURANCE COMPANY	S5593-003	BLUE RX PDP COMPLETE (PDP)	N/A	N/A	Y	\$192.60
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 COMPLETE (PDP)	N/A	N/A	Y	varies
UPMC HEALTH PLAN	H3907-006	UPMC for Life HMO Rx Enhanced (HMO)	Y	\$192.50	Y	\$102.50
UPMC HEALTH PLAN	H3907-029	UPMC for Life HMO Rx (HMO)	Y	\$31.50	Y	\$49.50
UPMC HEALTH PLAN	H3907-037	UPMC for Life HMO Deductible Rx (HMO)	Y	\$0.00	Y	\$22.00
UPMC HEALTH PLAN	H3907-046	UPMC for Life HMO Premier Rx (HMO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H3907-049	UPMC for Life HMO Rx Choice (HMO)	Y	\$0.00	Y	\$36.00
UPMC HEALTH PLAN	H3907-050	UPMC for Life HMO Premier Rx (HMO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H3907-052	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



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UPMC HEALTH PLAN	H5533-009	UPMC for Life PPO Rx Choice (PPO)	Y	\$0.00	Y	\$23.00
UPMC HEALTH PLAN	H5533-011	UPMC for Life PPO Flex Rx (PPO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H5533-013	UPMC for Life PPO Flex Rx (PPO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H5533-014	UPMC for Life PPO Flex Rx (PPO)	Y	\$0.00	Y	\$23.00
UPMC HEALTH PLAN	H5533-802	UPMC For Life Employer Group Rx (PPO)	Y	varies	Y	varies
AETNA HEALTH	H3959-001	AETNA MEDICARE ADVANTRA GOLD	N	N/A	Y	\$25.90
AETNA HEALTH	H3959-002	AETNA MEDICARE ADVANTRA GOLD	N	N/A	Y	\$24.20
AETNA HEALTH	H3959-010	AETNA MEDICARE ADVANTRA SILVER	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-011	AETNA MEDICARE ADVANTRA SILVER	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-032	AETNA MEDICARE ADVANTRA PREMIER	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-033	AETNA MEDICARE ADVANTRA PREMIER	N	N/A	Y	\$21.60
AETNA HEALTH	H3959-035	AETNA MEDICARE ADVANTRA CARES	N	N/A	Y	\$32.70
AETNA HEALTH	H3959-036	AETNA MEDICARE ADVANTRA CARES	N	N/A	Y	\$24.60
AETNA HEALTH	H3959-037	AETNA MEDICARE ADVANTRA GOLD	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-039	AETNA MEDICARE ADVANTRA PREMIER	N	N/A	Y	\$11.20
AETNA HEALTH	H3959-045	AETNA MEDICARE PENNHIGHLANDS	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-046	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-047	AETNA MEDICARE ADVANTRA BUTLER	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-049	AETNA MEDICARE ADVANTRA EXCELA	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-051	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-052	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$0.00
AETNA HEALTH	H3959-053	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$0.00
AETNA HEALTH	H3931-004	AETNA MEDICARE PREMIER	N	N/A	Y	\$35.10
AETNA HEALTH	H3931-064	AETNA MEDICARE PREMIER	N	N/A	Y	\$41.30
AETNA HEALTH	H3931-070	AETNA MEDICARE SILVER	N	N/A	Y	\$30.50
AETNA HEALTH	H3931-091	AETNA MEDICARE	N	N/A	Y	\$0.00



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AETNA HEALTH	H3931-105	AETNA MEDICARE	N	N/A	Y	\$0.00
AETNA HEALTH	H5521-122	AETNA MEDICARE GOLD PLAN (PPO)	N	N/A	Y	\$58.40
AETNA HEALTH	H5521-261	AETNA MEDICARE VALUE (PPO)	N	N/A	Y	\$0.00
AETNA HEALTH	H5521-263	AETNA MEDICARE VALUE (PPO)	N	N/A	Y	\$0.00
AETNA HEALTH	H5521-294	AETNA MEDICARE VALUE (PPO)	N	N/A	Y	\$0.00
HEALTH ASSURANCE	H5522-001	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$33.00
HEALTH ASSURANCE	H5522-002	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$16.80
HEALTH ASSURANCE	H5522-004	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$0.00
HEALTH ASSURANCE	H5522-005	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$13.20
HEALTH ASSURANCE	H5522-013	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$6.00
HEALTH ASSURANCE	H5522-014	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$24.50
HEALTH ASSURANCE	H5522-017	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$0.00
HEALTH ASSURANCE	H5522-020	AETNA MEDICARE ADVANTRA	N	N/A	Y	\$0.00
WELLCARE PRESCRIPTION INSURANCE	S4802-080	WELLCARE CLASSIC (PDP)	N/A	N/A	Y	\$37.60
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)	N/A	N/A	Y	\$39.60
CIGNA	S5617-215	CIGNA SECURE	N/A	N/A	Y	\$38.30
CIGNA	S5617-356	CIGNA SAVER	N/A	N/A	Y	\$12.40
CIGNA	S5617-251	CIGNA EXTRA	N/A	N/A	Y	\$57.80