

Special Pharmaceutical Benefits Program

*Plans highlighted in yellow below are Medicare Partner Plans with auto-enrollment

PARENT NAME	CONTRACT/PBP	PLAN NAME	PART C PREM	PART D PREM
AVALON INSURANCE	S8067-001	SECURERX - OPTION 3 (PDP)	n/a	\$76.10
AVALON INSURANCE	S8067-003	SECURERX - OPTION 1 (PDP)	n/a	\$124.10
BRAVO HEALTH	H3949-009	CIGNA-HEALTHSPRING TOTALCARE (HMO S)	\$0.00	\$28.80
BRAVO HEALTH	H3949-013	CIGNA-HEALTHSPRING PREFERRED PLUS	\$103.70	\$36.30
BRAVO HEALTH	H3949-016	CIGNA-HEALTHSPRING TRADITIONS (HMO)	\$0.00	\$39.40
BRAVO HEALTH	H3949-024	CIGNA-HEALTHSPRING ACHIEVE (HMO SNP)	\$47.00	\$11.50
BRAVO HEALTH	H3949-028	CIGNA-HEALTHSPRING PREVENTIVECARE	\$0.00	\$0.00
BRAVO HEALTH	H3949-030	CIGNA-HEALTHSPRING PREFERRED (HMO)	\$6.20	\$13.80
CAPITAL BLUE CROSS	H3923-013	BLUEJOURNEY CLASSIC (PPO)	\$13.50	\$41.50
CAPITAL BLUE CROSS	H3923-017	BLUEJOURNEY PRIME (PPO)	\$87.50	\$87.50
CAPITAL BLUE CROSS	H3962-001	BLUEJOURNEY PREMIER (HMO)	\$91.00	\$59.00
CAPITAL BLUE CROSS	H3962-004	BLUEJOURNEY VALUE (HMO)	\$0.00	\$50.00
CAPITAL BLUE CROSS	H3962-007	BLUEJOURNEY ESSENTIAL (HMO)	\$0.00	\$0.00
CIGNA	S5617-215	CIGNA-HEALTHSPRING RX SECURE (PDP)	n/a	\$27.60
CIGNA	S5617-251	CIGNA-HEALTHSPRING RX SECURE-EXTRA	n/a	\$35.10
GATEWAY HEALTH PLAN	H5932-009	GATEWAY HEALTH MEDICARE ASSURED RUBY	\$0.00	\$39.40
GEISINGER HEALTH PLAN	H3954-097	GEISINGER GOLD SECURE RX (HMO SNP)	\$0.00	\$39.40
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX	\$99.90	\$47.10
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX	\$0.00	\$0.00
GEISINGER INDEMNITY	H3924-059	GEISINGER GOLD PREFERRED ADVANTAGE	\$22.00	\$53.00
GEISINGER INDEMNITY	H3924-060	GEISINGER GOLD PREFERRED COMPLETE	\$0.00	\$0.00
HEALTH PARTNERS PLANS	H9207-001	HEALTH PARTNERS MEDICARE BASIC (HMO)	\$0.00	\$0.00
HEALTH PARTNERS PLANS	H9207-002	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$0.00	\$39.40
HEALTH PARTNERS PLANS	H9207-004	HEALTH PARTNERS MEDICARE SPECIAL (HMO)	\$0.00	\$39.40
HEALTH PARTNERS PLANS	H9207-005	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$0.00	\$39.40
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

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HEALTH PARTNERS PLANS	H9207-010	HEALTH PARTNERS MEDICARE PRIME (HMO)	\$0.00	\$39.40
HIGHMARK CHOICE COMPANY	H3957-003	SECURITY BLUE HMO STANDARD (HMO)	\$107.40	\$98.10
HIGHMARK CHOICE COMPANY	H3957-006	SECURITY BLUE HMO STANDARD (HMO)	\$93.70	\$97.80
HIGHMARK CHOICE COMPANY	H3957-020	SECURITY BLUE HMO DELUXE (HMO)	\$160.10	\$112.40
HIGHMARK CHOICE COMPANY	H3957-021	SECURITY BLUE HMO DELUXE (HMO)	\$120.10	\$111.40
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO VALUERX (HMO)	\$0.00	\$69.00
HIGHMARK CHOICE COMPANY	H3957-032	SECURITY BLUE HMO VALUERX (HMO)	\$0.10	\$64.40
HIGHMARK CHOICE COMPANY	H3957-038	COMMUNITY BLUE MEDICARE HMO SIGNATURE	\$0.00	\$0.00
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE	\$73.90	\$125.10
HIGHMARK CHOICE COMPANY	H3957-040	COMMUNITY BLUE MEDICARE HMO SIGNATURE	\$0.00	\$16.00
HIGHMARK CHOICE COMPANY	H3957-041	COMMUNITY BLUE MEDICARE HMO SIGNATURE	\$0.10	\$25.90
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 HEALTH INSURANCE COMPANY	S5593-002	BLUE RX PDP PLUS (PDP)	n/a	\$95.10
HIGHMARK HEALTH INSURANCE COMPANY	S5593-003	BLUE RX PDP COMPLETE (PDP)	n/a	\$170.60
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 SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	\$182.40	\$114.60
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	\$179.20	\$104.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	\$178.90	\$114.60
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	\$99.60	\$90.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	\$8.30	\$66.70
HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	\$79.00	\$97.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	\$40.80	\$96.70
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	\$0.00	\$81.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	\$15.10	\$63.40
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-CALENDAR	varies	varies
KEYSTONE HEALTH PLAN EAST	H3952-020	KEYSTONE 65 PREFERRED RX (HMO)	\$148.30	\$78.70
KEYSTONE HEALTH PLAN EAST	H3952-045	KEYSTONE 65 PREFERRED RX (HMO)	\$212.20	\$74.80
KEYSTONE HEALTH PLAN EAST	H3952-049	KEYSTONE 65 SELECT RX (HMO)	\$5.80	\$50.20

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KEYSTONE HEALTH PLAN EAST	H3952-051	KEYSTONE 65 SELECT RX (HMO)	\$41.10	\$47.90
KEYSTONE HEALTH PLAN EAST	H3952-053	KEYSTONE 65 FOCUS RX (HMO)	\$0.00	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-054	KEYSTONE 65 FOCUS RX (HMO)	\$0.00	\$30.00
KEYSTONE HEALTH PLAN EAST	H3952-804	KEYSTONE 65 GROUP RX (HMO)	varies	varies
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-001	PERSONAL CHOICE 65 RX (PPO)	\$192.90	\$87.10
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-009	PERSONAL CHOICE 65 RX (PPO)	\$72.40	\$70.60
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-802	PERSONAL CHOICE 65 GROUP RX (PPO)	n/a	varies
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	S6875-801	SELECT OPTION RX GROUP OPTION I	n/a	varies
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)	\$0.00	\$28.50
UNITED HEALTHCARE INSURANCE	H0710-017	UNITEDHEALTHCARE NURSING HOME PLAN	\$0.00	\$29.80
UNITED HEALTHCARE INSURANCE	H0710-018	UNITEDHEALTHCARE ASSISTED LIVING PL	\$0.00	\$19.00
UNITED HEALTHCARE INSURANCE	H1944-009	AARP MEDICARECOMPLETE (HMO)	\$0.50	\$25.50
UNITED HEALTHCARE INSURANCE	H1944-010	AARP MEDICARECOMPLETE PLAN 1 (HMO)	\$0.50	\$15.50
UNITED HEALTHCARE INSURANCE	H1944-011	AARP MEDICARECOMPLETE PLAN 2 (HMO)	\$16.60	\$29.40
UNITED HEALTHCARE INSURANCE	H1944-012	AARP MEDICARECOMPLETE PLAN 1 (HMO)	\$0.40	\$15.60
UNITED HEALTHCARE INSURANCE	H1944-013	AARP MEDICARECOMPLETE PLAN 2 (HMO)	\$15.30	\$30.70
UNITED HEALTHCARE INSURANCE	H1944-024	AARP MEDICARECOMPLETE CHOICE PLAN 1	\$0.50	\$15.50
UNITED HEALTHCARE INSURANCE	H1944-025	AARP MEDICARECOMPLETE CHOICE PLAN 2	\$45.60	\$40.40
UNITED HEALTHCARE INSURANCE	H1944-026	AARP MEDICARECOMPLETE CHOICE (PPO)	\$45.30	\$40.70
UNITED HEALTHCARE INSURANCE	H2228-035	AARP MEDICARECOMPLETE CHOICE PLAN 1	\$6.30	\$29.70
UNITED HEALTHCARE INSURANCE	H2228-036	AARP MEDICARECOMPLETE CHOICE PLAN 2	\$36.90	\$29.10
UNITED HEALTHCARE INSURANCE	H2228-037	AARP MEDICARECOMPLETE CHOICE (PPO)	\$19.10	\$59.60
UNITED HEALTHCARE INSURANCE	H3113-009	UNITEDHEALTHCARE DUAL COMPLETE (HMO)	\$0.00	\$34.00
UNITED HEALTHCARE INSURANCE	H3113-012	UNITEDHEALTHCARE DUAL COMPLETE ONE	\$0.00	\$35.00
UNITED HEALTHCARE INSURANCE	H5322-011	UNITEDHEALTHCARE NURSING HOME PLAN	\$0.00	\$31.10
UNITED HEALTHCARE INSURANCE	S0522-079	SYMPHONIX VALUE RX (PDP)	n/a	\$30.60
UNITED HEALTHCARE INSURANCE	S0522-080	AARP MEDICARERX WALGREENS (PDP)	n/a	\$22.50
UNITED HEALTHCARE INSURANCE	S5820-005	AARP MEDICARERX PREFERRED (PDP)	n/a	\$68.20

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UNITED HEALTHCARE INSURANCE	S5921-351	AARP MEDICARERX SAVER PLUS (PDP)	n/a	\$37.30
UPMC HEALTH PLAN	H3907-006	UPMC FOR LIFE HMO RX ENHANCED (HMO)	\$181.70	\$73.30
UPMC HEALTH PLAN	H3907-029	UPMC FOR LIFE HMO RX (HMO)	\$21.80	\$61.20
UPMC HEALTH PLAN	H3907-037	UPMC FOR LIFE HMO DEDUCTIBLE WITH Rx	\$0.00	\$22.00
UPMC HEALTH PLAN	H3907-039	UPMC FOR LIFE HMO DEDUCTIBLE WITH Rx	\$0.00	\$16.00
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	\$37.00
UPMC HEALTH PLAN	H5533-005	UPMC FOR LIFE PPO RX ENHANCED (PPO)	\$65.80	\$71.20
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	\$33.40
WELLCARE PRESCRIPTION INSURANCE	S4802-103	WELLCARE EXTRA (PDP)	n/a	\$70.00