

Special Pharmaceutical Benefits Program

*Medicare Part D plans that accept electronic enrollment from SPBP

INSURANCE COMPANY	CONTRACT/ PLAN BENEFIT		PART C	PART C	PART D	PART D
	PACKAGE	PLAN NAME	PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM	PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM
AETNA HEALTH INC.	H3959-047	AETNA MEDICARE ADVANTRA BUTLER PRIME (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-035	AETNA MEDICARE ADVANTRA CARES (HMO D-SNP)	NO	\$0.00	YES	\$16.40
AETNA HEALTH INC.	H3959-036	AETNA MEDICARE ADVANTRA CARES (HMO D-SNP)	NO	\$0.00	YES	\$20.40
AETNA HEALTH INC.	H3959-049	AETNA MEDICARE ADVANTRA EXCELA PRIME (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-001	AETNA MEDICARE ADVANTRA GOLD (HMO)	NO	\$10.80	YES	\$33.20
AETNA HEALTH INC.	H3959-002	AETNA MEDICARE ADVANTRA GOLD (HMO)	NO	\$24.40	YES	\$33.60
AETNA HEALTH INC.	H3959-037	AETNA MEDICARE ADVANTRA GOLD (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-032	AETNA MEDICARE ADVANTRA PREMIER (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-033	AETNA MEDICARE ADVANTRA PREMIER (HMO)	NO	\$17.50	YES	\$25.50
AETNA HEALTH INC.	H3959-039	AETNA MEDICARE ADVANTRA PREMIER (HMO)	NO	\$2.80	YES	\$24.20
AETNA HEALTH INC.	H3959-010	AETNA MEDICARE ADVANTRA SILVER (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-011	AETNA MEDICARE ADVANTRA SILVER (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-052	AETNA MEDICARE ADVANTRA VALUE (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-046	AETNA MEDICARE ADVANTRA WASHINGTON PRIME	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-051	AETNA MEDICARE BEAVER VALLEY PRIME (HMO)	NO	\$0.00	YES	\$0.00
AETNA HEALTH INC.	H3959-045	AETNA MEDICARE PENNHIGHLANDS PRIME (HMO)	NO	\$0.00	YES	\$0.00
BRAVO HEALTH PENNSYLVANIA, INC.	H3949-024	CIGNA-HEALTHSPRING ACHIEVE (HMO C-SNP)	NO	\$0.00	YES	\$0.00
BRAVO HEALTH PENNSYLVANIA, INC.	H3949-031	CIGNA-HEALTHSPRING ALLIANCE (HMO)	NO	\$0.00	YES	\$0.00
BRAVO HEALTH PENNSYLVANIA, INC.	H3949-030	CIGNA-HEALTHSPRING PREFERRED (HMO)	NO	\$0.20	YES	\$19.80
BRAVO HEALTH PENNSYLVANIA, INC.	H3949-013	CIGNA-HEALTHSPRING PREFERREDPLUS (HMO)	NO	\$108.20	YES	\$26.80
BRAVO HEALTH PENNSYLVANIA, INC.	H3949-009	CIGNA-HEALTHSPRING TOTALCARE (HMO D-SNP)	NO	\$0.00	YES	\$34.30
BRAVO HEALTH PENNSYLVANIA, INC.	H3949-016	CIGNA-HEALTHSPRING TRADITIONS (HMO I-SNP)	NO	\$0.00	YES	\$35.60
CAPITAL BLUE CROSS	H3962-020	BLUEJOURNEY ALLIANCE ASSISTED CARE (HMO I-	YES	\$34.60	YES	\$5.40
CAPITAL BLUE CROSS	H3962-019	BLUEJOURNEY ALLIANCE HEART AND DIABETES	YES	\$0.00	YES	\$25.00
CAPITAL BLUE CROSS	H3962-018	BLUEJOURNEY ALLIANCE LUNG CARE (HMO C-SNP)	YES	\$3.00	YES	\$30.00
CAPITAL BLUE CROSS	H3923-013	BLUEJOURNEY CLASSIC (PPO)	YES	\$16.20	YES	\$32.80
CAPITAL BLUE CROSS	H3962-007	BLUEJOURNEY ESSENTIAL (HMO)	YES	\$0.00	YES	\$0.00
CAPITAL BLUE CROSS	H3962-001	BLUEJOURNEY PREMIER (HMO)	YES	\$114.80	YES	\$33.20
CAPITAL BLUE CROSS	H3923-017	BLUEJOURNEY PRIME (PPO)	YES	\$119.40	YES	\$50.60

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CAPITAL BLUE CROSS	H3962-004	BLUEJOURNEY VALUE (HMO)	YES	\$11.30	YES	\$38.70
CAPITAL BLUE CROSS	S8067-003	SECURERX - OPTION 1 (PDP)		NOT AVAILABLE	YES	\$91.10
CAPITAL BLUE CROSS	S8067-001	SECURERX - OPTION 3 (PDP)		NOT AVAILABLE	YES	\$72.60
CIGNA HEALTH & LIFE INSURANCE	S5617-215	CIGNA-HEALTHSPRING RX SECURE (PDP)		NOT AVAILABLE	YES	\$33.40
CIGNA HEALTH & LIFE INSURANCE	S5617-285	CIGNA-HEALTHSPRING RX SECURE-ESSENTIAL (PDP)		NOT AVAILABLE	YES	\$22.10
CIGNA HEALTH & LIFE INSURANCE	S5617-251	CIGNA-HEALTHSPRING RX SECURE-EXTRA (PDP)		NOT AVAILABLE	YES	\$57.30
CIGNA HEALTH & LIFE INSURANCE	H7849-006	CIGNA-HEALTHSPRING TRUE CHOICE (PPO)	NO	\$0.00	YES	\$0.00
CIGNA HEALTH & LIFE INSURANCE	H7849-007	CIGNA-HEALTHSPRING TRUE CHOICE PLUS (PPO)	NO	\$44.60	YES	\$14.40
ENVISION	S7694-006	ENVISIONRXPLUS (PDP)		NOT AVAILABLE	YES	\$14.20
GATEWAY HEALTH PLAN	H5932-009	GATEWAY HEALTH MEDICARE ASSURED RUBY (HMO)	NO	\$0.00	YES	\$35.60
GEISINGER HEALTH PLAN	H3954-160	GEISINGER GOLD CLASSIC 360 RX (HMO)	YES	\$0.00	YES	\$0.00
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX (HMO)	YES	VARIES	YES	\$38.90
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX (HMO)	YES	\$8.60	YES	\$29.40
GEISINGER HEALTH PLAN	H3954-159	GEISINGER GOLD CLASSIC ESSENTIAL RX (HMO)	YES	\$0.00	YES	\$0.00
GEISINGER HEALTH PLAN	H3954-097	GEISINGER GOLD SECURE RX (HMO SNP)	YES	\$0.00	YES	\$35.60
GEISINGER INDEMNITY	H3924-059	GEISINGER GOLD PREFERRED ADVANTAGE (PPO)	YES	\$30.20	YES	\$56.80
GEISINGER INDEMNITY	H3924-060	GEISINGER GOLD PREFERRED COMPLETE (PPO)	YES	\$0.00	YES	\$0.00
GEISINGER INDEMNITY	H3924-062	GEISINGER GOLD PREFERRED ENHANCED RX (PPO)	YES	\$5.70	YES	\$39.30
HEALTH PARTNERS PLANS, INC.	H9207-002	HEALTH PARTNERS MEDICARE PRIME (HMO-POS)	NO	\$0.00	YES	\$35.60
HEALTH PARTNERS PLANS, INC.	H9207-011	HEALTH PARTNERS MEDICARE SIMPLE (HMO-POS)	NO	\$0.00	YES	\$0.00
HEALTH PARTNERS PLANS, INC.	H9207-004	HEALTH PARTNERS MEDICARE SPECIAL (HMO D-)	NO	\$0.00	YES	\$35.60
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-017	Aetna Medicare Advantra Credit Value (PPO)	NO	\$0.00	YES	\$0.00
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-018	Aetna Medicare Advantra Premier (PPO)	NO	\$0.00	YES	\$26.00
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-001	Aetna Medicare Advantra Premier Plus (PPO)	NO	\$22.90	YES	\$25.10
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-002	Aetna Medicare Advantra Premier Plus (PPO)	NO	\$46.70	YES	\$25.30
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-004	Aetna Medicare Advantra Silver (PPO)	NO	\$0.00	YES	\$0.00
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-005	Aetna Medicare Advantra Silver (PPO)	NO	\$0.00	YES	\$28.00
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-013	Aetna Medicare Advantra Silver Plus (PPO)	NO	\$15.60	YES	\$12.40
HEALTHASSURANCE PENNSYLVANIA, INC.	H5522-014	Aetna Medicare Advantra Silver Plus (PPO)	NO	\$38.60	YES	\$27.40
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE	YES	\$143.70	YES	\$102.30
HIGHMARK CHOICE COMPANY	H3957-042	COMMUNITY BLUE MEDICARE HMO SIGNATURE	YES	\$0.00	YES	\$0.00
HIGHMARK CHOICE COMPANY	H3957-047	COMMUNITY BLUE MEDICARE HMO SIGNATURE	YES	\$0.00	YES	\$0.00
HIGHMARK CHOICE COMPANY	H3957-812	SECURITY BLUE EMPLOYER GROUP	YES	VARIES	YES	VARIES

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HIGHMARK CHOICE COMPANY	H3957-814	SECURITY BLUE EMPLOYER GROUP	YES	VARIES	YES	VARIES
HIGHMARK CHOICE COMPANY	H3957-815	SECURITY BLUE EMPLOYER GROUP	YES	VARIES	YES	VARIES
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO VALUERX (HMO)	YES	\$0.20	YES	\$63.80
HIGHMARK CHOICE COMPANY	H3957-046	SECURITY BLUE HMO-POS DELUXE (HMO-POS)	YES	\$153.50	YES	\$114.00
HIGHMARK CHOICE COMPANY	H3957-045	SECURITY BLUE HMO-POS STANDARD (HMO-POS)	YES	VARIES	YES	\$101.60
HIGHMARK CHOICE COMPANY	H3957-044	SECURITY BLUE HMO-POS VALUERX (HMO-POS)	YES	\$0.20	YES	\$59.30
HIGHMARK CHOICE COMPANY	H3957-806	SECURITY BLUE MA-PD (HMO)	YES	VARIES	YES	VARIES
HIGHMARK CHOICE COMPANY	H3957-808	SECURITY BLUE MA-PD NON-CALENDAR (HMO)	YES	VARIES	YES	VARIES
HIGHMARK CHOICE COMPANY	H3957-811	SECURITY BLUE MA-PD NON-CALENDAR (HMO)	YES	VARIES	YES	VARIES
HIGHMARK HEALTH INSURANCE	S5593-801	BLUE RX EMPLOYER GROUP CALENDAR (PDP)		NOT AVAILABLE	YES	VARIES
HIGHMARK HEALTH INSURANCE	S5593-802	BLUE RX EMPLOYER GROUP NON-CALENDAR		NOT AVAILABLE	YES	VARIES
HIGHMARK HEALTH INSURANCE	S5593-003	BLUE RX PDP COMPLETE (PDP)		NOT AVAILABLE	YES	\$168.40
HIGHMARK HEALTH INSURANCE	S5593-002	BLUE RX PDP PLUS (PDP)		NOT AVAILABLE	YES	\$92.80
HIGHMARK SENIOR HEALTH COMPANY	H3916-806	FREEDOM BLUE EMPLOYER GROUP	YES	VARIES	YES	VARIES
HIGHMARK SENIOR HEALTH COMPANY	H3916-807	FREEDOM BLUE EMPLOYER GROUP	YES	VARIES	YES	VARIES
HIGHMARK SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	YES	\$182.30	YES	\$109.70
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	YES	\$148.20	YES	\$107.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	YES	\$177.80	YES	\$110.70
HIGHMARK SENIOR HEALTH COMPANY	H3916-804	FREEDOM BLUE PPO MA-PD PA NON-CALEN	YES	VARIES	YES	VARIES
HIGHMARK SENIOR HEALTH COMPANY	H3916-802	FREEDOM BLUE PPO MA-PD PENNSYLVANIA	YES	VARIES	YES	VARIES
HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	YES	\$80.00	YES	\$91.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	YES	\$39.10	YES	\$93.40
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	YES	\$90.40	YES	\$95.10
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	YES	\$23.00	YES	\$47.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	YES	\$3.10	YES	\$72.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	YES	\$27.70	YES	\$45.80
KEYSTONE HEALTH PLAN EAST	H3952-055	KEYSTONE 65 Basic RX (HMO)	YES	\$0.00	YES	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-056	KEYSTONE 65 Basic RX (HMO)	YES	\$0.00	YES	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-053	KEYSTONE 65 FOCUS RX (HMO)	YES	\$0.00	YES	\$9.00
KEYSTONE HEALTH PLAN EAST	H3952-054	KEYSTONE 65 FOCUS RX (HMO)	YES	\$0.00	YES	\$19.00
KEYSTONE HEALTH PLAN EAST	H3952-804	KEYSTONE 65 GROUP RX (HMO)	YES	VARIES	YES	VARIES
KEYSTONE HEALTH PLAN EAST	H3952-020	KEYSTONE 65 PREFERRED RX (HMO)	YES	\$158.80	YES	\$69.20
KEYSTONE HEALTH PLAN EAST	H3952-045	KEYSTONE 65 PREFERRED RX (HMO)	YES	\$189.70	YES	\$66.30

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KEYSTONE HEALTH PLAN EAST	H3952-049	KEYSTONE 65 SELECT RX (HMO)	YES	\$8.30	YES	\$46.20
KEYSTONE HEALTH PLAN EAST	H3952-051	KEYSTONE 65 SELECT RX (HMO)	YES	\$37.90	YES	\$42.60
QCC INSURANCE COMPANY d/b/a	H3909-802	PERSONAL CHOICE 65 GROUP RX (PPO)	YES	VARIES	YES	VARIES
QCC INSURANCE COMPANY d/b/a	H3909-014	PERSONAL CHOICE 65 PRIME RX PPO	YES	\$0.00	YES	\$0.00
QCC INSURANCE COMPANY d/b/a	H3909-015	PERSONAL CHOICE 65 PRIME RX PPO	YES	\$0.00	YES	\$0.00
QCC INSURANCE COMPANY d/b/a	H3909-001	PERSONAL CHOICE 65 RX (PPO)	YES	\$195.40	YES	\$92.60
QCC INSURANCE COMPANY d/b/a	H3909-009	PERSONAL CHOICE 65 RX (PPO)	YES	\$80.20	YES	\$78.80
QCC INSURANCE COMPANY d/b/a	S6875-801	SELECT OPTION RX GROUP OPTION I		NOT AVAILABLE	YES	VARIES
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)*		NOT AVAILABLE	YES	\$31.80
UPMC HEALTH PLAN, INC.	H3907-802	UPMC EMPLOYER GROUP RX (HMO)	YES	VARIES	YES	VARIES
UPMC HEALTH PLAN, INC.	S3389-802	UPMC EMPLOYER GROUP RX (PDP)		NOT AVAILABLE	YES	VARIES
UPMC HEALTH PLAN, INC.	H5533-802	UPMC EMPLOYER GROUP RX (PPO)	YES	VARIES	YES	VARIES
UPMC HEALTH PLAN, INC.	H3907-037	UPMC FOR LIFE HMO DEDUCTIBLE WITH RX (HMO)	YES	\$0.00	YES	\$22.00
UPMC HEALTH PLAN, INC.	H3907-044	UPMC FOR LIFE HMO DEDUCTIBLE WITH RX (HMO)	YES	\$0.00	YES	\$16.50
UPMC HEALTH PLAN, INC.	H3907-045	UPMC FOR LIFE HMO PREMIER RX (HMO)	YES	\$0.00	YES	\$0.00
UPMC HEALTH PLAN, INC.	H3907-046	UPMC FOR LIFE HMO PREMIER RX (HMO)	YES	\$0.00	YES	\$0.00
UPMC HEALTH PLAN, INC.	H3907-050	UPMC FOR LIFE HMO PREMIER RX (HMO)	YES	\$0.00	YES	\$0.00
UPMC HEALTH PLAN, INC.	H3907-051	UPMC FOR LIFE HMO PREMIER RX (HMO)	YES	\$0.00	YES	\$0.00
UPMC HEALTH PLAN, INC.	H3907-052	UPMC FOR LIFE HMO PREMIER RX (HMO)	YES	\$0.00	YES	\$0.00
UPMC HEALTH PLAN, INC.	H3907-029	UPMC FOR LIFE HMO RX (HMO)	YES	\$6.10	YES	\$74.90
UPMC HEALTH PLAN, INC.	H3907-047	UPMC FOR LIFE HMO RX (HMO)	YES	\$48.30	YES	\$34.70
UPMC HEALTH PLAN, INC.	H3907-048	UPMC FOR LIFE HMO RX (HMO)	YES	\$40.70	YES	\$41.70
UPMC HEALTH PLAN, INC.	H3907-049	UPMC FOR LIFE HMO RX CHOICE (HMO)	YES	\$3.00	YES	\$37.00
UPMC HEALTH PLAN, INC.	H3907-006	UPMC FOR LIFE HMO RX ENHANCED (HMO)	YES	\$209.50	YES	\$91.50
UPMC HEALTH PLAN, INC.	H5533-003	UPMC FOR LIFE PPO HIGH DEDUCTIBLE WITH RX	YES	\$0.00	YES	\$35.00
UPMC HEALTH PLAN, INC.	H5533-005	UPMC FOR LIFE PPO RX ENHANCED (PPO)	YES	\$60.60	YES	\$74.40
UPMC HEALTH PLAN, INC.	H5533-007	UPMC FOR LIFE PPO RX ENHANCED (PPO)	YES	\$43.20	YES	\$18.80
UPMC HEALTH PLAN, INC.	H5533-008	UPMC FOR LIFE PPO RX ENHANCED (PPO)	YES	\$13.50	YES	\$33.50
WELLCARE PRESCRIPTION INSURANCE	S4802-080	WELLCARE CLASSIC (PDP)*		NOT AVAILABLE	YES	\$33.60
WELLCARE PRESCRIPTION INSURANCE	S5810-040	WELLCARE MEDICARE RX SAVER (PDP)		NOT AVAILABLE	YES	\$35.00
WELLCARE PRESCRIPTION INSURANCE	S5768-129	WELLCARE MEDICARE RX VALUE PLUS (PDP)		NOT AVAILABLE	YES	\$71.80