

Special Pharmaceutical Benefits Program

*Medicare Part D plans that accept electronic enrollment from SPBP

INSURANCE COMPANY	CONTRACT/ PLAN BENEFIT PACKAGE	PLAN NAME	PART C	PART C	PART D	PART D
			PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM	PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM
AETNA HEALTH	H3931-004	AETNA MEDICARE PREMIER	No	\$133.30	Yes	\$51.70
AETNA HEALTH	H3931-064	AETNA MEDICARE PREMIER	No	\$56.50	Yes	\$43.50
AETNA HEALTH	H3931-070	AETNA MEDICARE SILVER	No	\$41.60	Yes	\$27.40
AETNA HEALTH	H3931-091	AETNA MEDICARE	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3931-105	AETNA MEDICARE	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3931-112	AETNA MEDICARE	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-001	AETNA MEDICARE ADVANTRA GOLD	No	\$15.30	Yes	\$23.70
AETNA HEALTH	H3959-002	AETNA MEDICARE ADVANTRA GOLD	No	\$28.00	Yes	\$21.00
AETNA HEALTH	H3959-010	AETNA MEDICARE ADVANTRA SILVER	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-011	AETNA MEDICARE ADVANTRA SILVER	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-032	AETNA MEDICARE ADVANTRA PREMIER	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-033	AETNA MEDICARE ADVANTRA PREMIER	No	\$29.60	Yes	\$19.40
AETNA HEALTH	H3959-035	AETNA MEDICARE ADVANTRA CARES	No	\$0.00	Yes	\$30.90
AETNA HEALTH	H3959-036	AETNA MEDICARE ADVANTRA CARES	No	\$0.00	Yes	\$27.30
AETNA HEALTH	H3959-037	AETNA MEDICARE ADVANTRA GOLD	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-039	AETNA MEDICARE ADVANTRA PREMIER	No	\$4.40	Yes	\$20.60
AETNA HEALTH	H3959-045	AETNA MEDICARE PENNHIGHLANDS	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-046	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-047	AETNA MEDICARE ADVANTRA BUTLER	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-049	AETNA MEDICARE ADVANTRA EXCELA	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-051	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-052	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$0.00
AETNA HEALTH	H3959-053	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$0.00
CAPITAL BLUE	H3923-013	BLUEJOURNEY CLASSIC	Yes	\$49.00	Yes	\$0.00
CAPITAL BLUE	H3923-017	BLUEJOURNEY PRIME	Yes	\$147.40	Yes	\$23.60
CAPITAL BLUE	H3923-028	BLUEJOURNEY SELECT	Yes	\$0.00	Yes	\$0.00
CAPITAL BLUE	H3962-001	BLUEJOURNEY PREMIER	Yes	\$106.00	Yes	\$0.00

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	PACKAGE	PLAN NAME	PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM	PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM
CAPITAL BLUE	H3962-004	BLUEJOURNEY VALUE	Yes	\$51.00	Yes	\$0.00
CAPITAL BLUE	H3962-007	BLUEJOURNEY ESSENTIAL	Yes	\$0.00	Yes	\$0.00
CAPITAL BLUE	S8067-001	SECURE RX	N/A	N/A	Yes	\$60.90
CAPITAL BLUE	S8067-003	SECURE RX	N/A	N/A	Yes	\$107.50
CIGNA	H7849-006	TRUE CHOICE MEDICARE	No	\$0.00	Yes	\$0.00
CIGNA	H7849-007	TRUE CHOICE PLUS MEDICARE	No	\$37.60	Yes	\$21.40
CIGNA	S5617-215	CIGNA SECURE	N/A	N/A	Yes	\$30.00
CIGNA	S5617-251	CIGNA SECURE	N/A	N/A	Yes	\$45.60
CIGNA	S5617-285	CIGNA SECURE	N/A	N/A	Yes	\$24.00
ENVISION	S7694-006	ELIXIR RXSECURE	N/A	N/A	Yes	\$35.00
GATEWAY	H5932-009	RUBY	N/A	N/A	Yes	\$37.50
GEISINGER HEALTH PLAN	H3954-097	GEISINGER GOLD SECURE RX (HMO D-SNP)	Yes	\$0.00	Yes	\$37.50
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX (HMO)	Yes	\$120.80	Yes	\$45.20
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX (HMO)	Yes	\$0.00	Yes	\$38.00
GEISINGER HEALTH PLAN	H3954-159	GEISINGER GOLD CLASSIC ESSENTIAL RX (HMO)	Yes	\$0.00	Yes	\$0.00
GEISINGER HEALTH PLAN	H3954-160	GEISINGER GOLD CLASSIC 360 RX (HMO)	Yes	\$0.00	Yes	\$0.00
GEISINGER INDEMNITY	H3924-059	GEISINGER INDEMNITY	Yes	\$115.00	Yes	\$59.10
GEISINGER INDEMNITY	H3924-060	GEISINGER INDEMNITY	Yes	\$0.00	Yes	\$0.00
GEISINGER INDEMNITY	H3924-062	GEISINGER INDEMNITY	Yes	\$4.40	Yes	\$40.60
GEISINGER INDEMNITY	H3924-064	GEISINGER INDEMNITY	Yes	\$0.00	Yes	\$0.00
HEALTH ASSURANCE	H5522-001	AETNA MEDICARE ADVANTRA	No	\$1.80	Yes	\$27.20
HEALTH ASSURANCE	H5522-002	AETNA MEDICARE ADVANTRA	No	\$31.00	Yes	\$16.00
HEALTH ASSURANCE	H5522-004	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$0.00
HEALTH ASSURANCE	H5522-005	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$19.00
HEALTH ASSURANCE	H5522-013	AETNA MEDICARE ADVANTRA	No	\$9.70	Yes	\$9.30
HEALTH ASSURANCE	H5522-014	AETNA MEDICARE ADVANTRA	No	\$26.40	Yes	\$22.60
HEALTH ASSURANCE	H5522-017	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$0.00
HEALTH ASSURANCE	H5522-018	AETNA MEDICARE ADVANTRA	No	\$0.00	Yes	\$19.00
HEALTH PARTNERS PLANS	H9207-002	HEALTH PARTNERS MEDICARE PRIME (HMO)	No	\$0.00	Yes	\$37.50
HEALTH PARTNERS PLANS	H9207-004	HEALTH PARTNERS MEDICARE SPECIAL (HMO)	No	\$0.00	Yes	\$37.50
HEALTH PARTNERS PLANS	H9207-012	HEALTH PARTNERS MEDICARE COMPLETE (HMO)	No	\$0.00	Yes	\$0.00



Medicare Part C and D Plans with Premium Payment Agreements

2021

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
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO VALUERX (HMO)	Yes	\$0.00	Yes	\$63.00
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE	Yes	\$138.00	Yes	\$112.00
HIGHMARK CHOICE COMPANY	H3957-042	COMMUNITY BLUE MEDICARE HMO SIGNATURE	Yes	\$0.00	Yes	\$0.00
HIGHMARK CHOICE COMPANY	H3957-044	SECURITY BLUE HMO-POS VALUE RX	Yes	\$0.00	Yes	\$58.00
HIGHMARK CHOICE COMPANY	H3957-045	SECURITY BLUE HMO-POS STANDARD	Yes	\$96.90	Yes	\$102.10
HIGHMARK CHOICE COMPANY	H3957-046	SECURITY BLUE HMO-POS DELUXE	Yes	\$153.80	Yes	\$112.20
HIGHMARK CHOICE COMPANY	H3957-047	COMMUNITY BLUE MEDICARE HMO SIGNATURE	Yes	\$0.00	Yes	\$0.00
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 CHOICE COMPANY	H3957-812	SECURITY BLUE MA-PD NON-CALENDAR (HMO)	Yes	varies	Yes	varies
HIGHMARK CHOICE COMPANY	H3957-814	SECURITY BLUE MA-PD NON-CALENDAR (HMO)	Yes	varies	Yes	varies
HIGHMARK CHOICE COMPANY	H3957-815	SECURITY BLUE MA-PD NON-CALENDAR (HMO)	Yes	varies	Yes	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-002	BLUE RX PDP PLUS (PDP)	N/A	N/A	Yes	\$94.80
HIGHMARK HEALTH INSURANCE COMPANY	S5593-003	BLUE RX PDP COMPLETE (PDP)	N/A	N/A	Yes	\$164.40
HIGHMARK HEALTH INSURANCE COMPANY	S5593-801	BLUE RX EMPLOYER GROUP CALENDAR (PDP)	N/A	N/A	Yes	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-802	BLUE RX EMPLOYER GROUP NON-CALENDAR	N/A	N/A	Yes	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	Yes	\$170.60	Yes	\$111.40
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	Yes	\$144.80	Yes	\$109.20
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	Yes	\$168.00	Yes	\$121.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	Yes	\$90.40	Yes	\$84.60
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	Yes	\$22.10	Yes	\$47.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	Yes	\$81.00	Yes	\$89.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	Yes	\$39.70	Yes	\$91.30
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	Yes	\$0.80	Yes	\$74.20
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	Yes	\$26.90	Yes	\$45.10
HIGHMARK SENIOR HEALTH COMPANY	H3916-034	COMMUNITY BLUE MEDICARE	Yes	\$0.00	Yes	\$35.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-035	COMMUNITY BLUE PPO DISTINCT	Yes	\$0.00	Yes	\$35.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-036	COMMUNITY BLUE MEDICARE PLUS	Yes	\$0.00	Yes	\$35.00



Medicare Part C and D Plans with Premium Payment Agreements

2021

INSURANCE COMPANY	CONTRACT/ PLAN BENEFIT		PART C PREMIUM AGREEMENT	PART C MONTHLY PREMIUM	PART D PREMIUM AGREEMENT	PART D MONTHLY PREMIUM
	PACKAGE	PLAN NAME	WITH SPBP		WITH SPBP	
HIGHMARK SENIOR HEALTH COMPANY	H3916-037	COMMUNITY BLUE MEDICARE PPO	Yes	\$0.00	Yes	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-038	COMMUNITY BLUE MEDICARE PPO	Yes	\$0.00	Yes	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-039	COMMUNITY BLUE MEDICARE PLUS	Yes	\$0.00	Yes	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-802	FREEDOM BLUE PPO MA-PD PENNSYLVANIA	Yes	varies	Yes	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-804	FREEDOM BLUE PPO MA-PD PA	Yes	varies	Yes	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-806	FREEDOM BLUE PPO MA-PD PA	Yes	varies	Yes	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-807	FREEDOM BLUE PPO MA-PD PA	Yes	varies	Yes	varies
INDY HEALTH	S3535-005	ELITE RX	N/A	N/A	Yes	\$47.10
INDY HEALTH	S3535-009	SAVER RX*	N/A	N/A	Yes	\$34.00
KEYSTONE HEALTH PLAN EAST	H3952-020	KEYSTONE 65 PREFERRED RX (HMO)	Yes	\$151.30	Yes	\$78.70
KEYSTONE HEALTH PLAN EAST	H3952-045	KEYSTONE 65 PREFERRED RX (HMO)	Yes	\$183.60	Yes	\$74.40
KEYSTONE HEALTH PLAN EAST	H3952-049	KEYSTONE 65 SELECT RX (HMO)	Yes	\$4.30	Yes	\$52.20
KEYSTONE HEALTH PLAN EAST	H3952-051	KEYSTONE 65 SELECT RX (HMO)	Yes	\$35.10	Yes	\$47.40
KEYSTONE HEALTH PLAN EAST	H3952-053	KEYSTONE 65 FOCUS RX (HMO)	Yes	\$0.00	Yes	\$0.00
KEYSTONE HEALTH PLAN EAST	H3952-054	KEYSTONE 65 FOCUS RX (HMO)	Yes	\$0.00	Yes	\$15.00
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	H3952-804	KEYSTONE 65 GROUP RX (HMO)	Yes	varies	Yes	varies
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-001	PERSONAL CHOICE 65 RX (PPO)	Yes	\$192.30	Yes	\$97.70
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-009	PERSONAL CHOICE 65 RX (PPO)	Yes	\$101.00	Yes	\$60.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-014	PERSONAL CHOICE 65 PRIME RX (PPO)	Yes	\$0.00	Yes	\$0.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-015	PERSONAL CHOICE 65 PRIME RX (PPO)	Yes	\$0.00	Yes	\$0.00
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	H3909-802	PERSONAL CHOICE 65 GROUP RX (PPO)	Yes	varies	Yes	varies
QCC INSURANCE COMPANY d/b/a INDEPENDENCE BLUE CROSS	S6875-801	SELECT OPTION RX GROUP OPTION I	N/A	N/A	Yes	varies
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)*	N/A	N/A	Yes	\$32.90
UNITED HEALTHCARE	H0710-017	UHC PPO	Yes	\$0.00	Yes	\$37.20
UNITED HEALTHCARE	H1944-009	AARP MEDICARE COMPLETE	Yes	\$7.00	Yes	\$22.00

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	PACKAGE	PLAN NAME	PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM	PREMIUM AGREEMENT WITH SPBP	MONTHLY PREMIUM
UNITED HEALTHCARE	H1944-010	AARP MEDICARE COMPLETE	Yes	\$0.00	Yes	\$0.00
UNITED HEALTHCARE	H1944-011	AARP MEDICARE ADVANTAGE PLAN HMO	Yes	\$0.00	Yes	\$35.00
UNITED HEALTHCARE	H1944-024	AARP MEDICARE ADVANTAGE COMPLETE	Yes	\$0.00	Yes	\$23.50
UNITED HEALTHCARE	H2228-035	AARP MEDICARE ADVANTAGE CHOICE PLAN	Yes	\$0.00	Yes	\$25.00
UNITED HEALTHCARE	H2228-036	AARP MEDICARE CHOICE PLAN	Yes	\$24.50	Yes	\$33.50
UNITED HEALTHCARE	H2228-037	AARP MEDICARE ADVANTAGE CHOICE PLAN	Yes	\$13.20	Yes	\$44.80
UNITED HEALTHCARE	H2228-085	AARP MEDICARE ADVANTAGE CHOICE PLAN	Yes	\$0.00	Yes	\$0.00
UNITED HEALTHCARE	H2228-086	AARP MEDICARE ADVANTAGE CHOICE PLAN	Yes	\$0.00	Yes	\$0.00
UNITED HEALTHCARE	H2577-021	AARP MEDICARE ADVANTAGE CHOICE PLAN	Yes	\$0.00	Yes	\$35.00
UNITED HEALTHCARE	H3113-009	UNITED HEALTHCARE DUAL	Yes	\$0.00	Yes	\$30.10
UNITED HEALTHCARE	H5652-001	ERICKSON ADVANTAGE SIGNATURE	Yes	\$147.70	Yes	\$51.30
UNITED HEALTHCARE	H5652-003	ERICKSON ADVANTAGE GUARDIAN	Yes	\$0.00	Yes	\$28.80
UNITED HEALTHCARE	H5652-004	ERICKSON ADVANTAGE CHAMPION	Yes	\$160.70	Yes	\$38.80
UNITED HEALTHCARE	H5652-006	ERICKSON ADVANTAGE FREEDOM	Yes	\$37.60	Yes	\$32.40
UNITED HEALTHCARE	H5652-008	ERICKSON ADVANTAGE LIBERTY	Yes	\$0.00	Yes	\$0.00
UNITED HEALTHCARE	S5820-005	AARP MEDICARE RX PREFERRED	N/A	N/A	Yes	\$87.20
UNITED HEALTHCARE	S5921-351	AARP MEDICARE SAVER PLUS	N/A	N/A	Yes	\$34.30
UNITED HEALTHCARE	S5921-388	AARP MEDICARE RX WALGREENS	N/A	N/A	Yes	\$35.90
UPMC HEALTH PLAN	H3907-006	UPMC FOR LIFE HMO	Yes	\$198.90	Yes	\$103.10
UPMC HEALTH PLAN	H3907-029	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$81.00
UPMC HEALTH PLAN	H3907-037	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$22.00
UPMC HEALTH PLAN	H3907-045	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$0.00
UPMC HEALTH PLAN	H3907-046	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$0.00
UPMC HEALTH PLAN	H3907-047	UPMC FOR LIFE HMO	Yes	\$33.60	Yes	\$50.40
UPMC HEALTH PLAN	H3907-049	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$40.00
UPMC HEALTH PLAN	H3907-050	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$0.00
UPMC HEALTH PLAN	H3907-051	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$0.00
UPMC HEALTH PLAN	H3907-052	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$0.00
UPMC HEALTH PLAN	H3907-802	UPMC EMPLOYER GROUP	Yes	varies	Yes	varies
UPMC HEALTH PLAN	H5533-003	UPMC FOR LIFE HMO	Yes	\$0.00	Yes	\$35.00
UPMC HEALTH PLAN	H5533-005	UPMC FOR LIFE HMO	Yes	\$43.70	Yes	\$92.30
UPMC HEALTH PLAN	H5533-007	UPMC FOR LIFE HMO	Yes	\$20.20	Yes	\$41.80
UPMC HEALTH PLAN	H5533-008	UPMC FOR LIFE HMO	Yes	\$13.40	Yes	\$46.60

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	PACKAGE	PLAN NAME				
UPMC HEALTH PLAN	H5533-802	UPMC EMPLOYER GROUP	Yes	varies	Yes	varies
WELLCARE PRESCRIPTION INSURANCE	S4802-080	WELLCARE CLASSIC (PDP)*	N/A	N/A	Yes	\$33.80
WELLCARE PRESCRIPTION INSURANCE	S5768-129	WELLCARE MEDICARE RX VALUE PLUS	N/A	N/A	Yes	\$75.60
WELLCARE PRESCRIPTION INSURANCE	S5810-040	WELLCARE MEDICARE RX SAVER	N/A	N/A	Yes	\$35.90