

Special Pharmaceutical Benefits Program

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	H3931-004	AETNA MEDICARE PREMIER PLUS (HMO-POS)	N	\$51.80	Y	\$35.20
AETNA HEALTH	H3931-064	AETNA MEDICARE PREMIER (HMO-POS)	N	\$21.30	Y	\$35.70
AETNA HEALTH	H3931-070	AETNA MEDICARE SILVER (HMO)	N	\$2.70	Y	\$34.30
AETNA HEALTH	H3931-091	AETNA MEDICARE PINNACLEHEALTH PRIME (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3931-105	AETNA MEDICARE PHILLY SUBURBAN VALUE (HMO-P	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-001	AETNA MEDICARE ADVANTRA GOLD (HMO)	N	\$0.00	Y	\$22.60
AETNA HEALTH	H3959-002	AETNA MEDICARE ADVANTRA GOLD (HMO)	N	\$1.00	Y	\$18.00
AETNA HEALTH	H3959-010	AETNA MEDICARE ADVANTRA SILVER (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-011	AETNA MEDICARE ADVANTRA SILVER (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-032	AETNA MEDICARE ADVANTRA PREMIER (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-033	AETNA MEDICARE VALUE PLUS (HMO-POS)	N	\$0.00	Y	\$27.00
AETNA HEALTH	H3959-035	AETNA MEDICARE ADVANTRA CARES (HMO D-SNP)	N	\$0.00	Y	\$40.20
AETNA HEALTH	H3959-036	AETNA MEDICARE ADVANTRA CARES (HMO D-SNP)	N	\$0.00	Y	\$38.30
AETNA HEALTH	H3959-037	AETNA MEDICARE ADVANTRA GOLD (HMO-POS)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-039	AETNA MEDICARE ADVANTRA PREMIER (HMO-POS)	N	\$0.00	Y	\$21.00
AETNA HEALTH	H3959-045	AETNA MEDICARE PENNHIGHLANDS PRIME (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-046	AETNA MEDICARE ADVANTRA WASHINGTON PRIME (N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-047	AETNA MEDICARE ADVANTRA BUTLER PRIME (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-049	AETNA MEDICARE ADVANTRA EXCELA PRIME (HMO-F	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-051	AETNA MEDICARE BEAVER VALLEY PRIME (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-052	AETNA MEDICARE ADVANTRA VALUE (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-053	AETNA MEDICARE ADVANTRA PHILLY PRIME (HMO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H3959-066	AETNA MEDICARE LONGEVITY PLAN (HMO I-SNP)	N	\$0.00	Y	\$39.00
AETNA HEALTH	H5521-122	AETNA MEDICARE GOLD PLAN (PPO)	N	\$88.50	Y	\$56.50
AETNA HEALTH	H5521-261	AETNA MEDICARE VALUE (PPO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H5521-263	AETNA MEDICARE VALUE (PPO)	N	\$0.00	Y	\$0.00
AETNA HEALTH	H5521-294	AETNA MEDICARE THE VALLEY PLAN (PPO)	N	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-013	BLUEJOURNEY CLASSIC (PPO)	Y	\$18.20	Y	\$41.80
CAPITAL BLUE CROSS	H3923-017	BLUEJOURNEY PRIME (PPO)	Y	\$127.30	Y	\$49.70

*Medicare Part D plans that accept electronic enrollment from SPBP

INSURANCE COMPANY	CONTRACT/ PLAN BENEFIT		PART C PREMIUM AGREEMENT WITH SPBP	PART C MONTHLY PREMIUM	PART D PREMIUM AGREEMENT WITH SPBP	PART D MONTHLY PREMIUM
	PACKAGE	PLAN NAME				
CAPITAL BLUE CROSS	H3923-028	CAPITAL BLUE CROSS SELECT (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-029	WELLSPAN HEALTH ADVANTAGE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-030	WELLSPAN HEALTH ADVANTAGE PLUS (PPO)	Y	\$10.60	Y	\$11.40
CAPITAL BLUE CROSS	H3923-031	WELLSPAN HEALTH VALUE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-032	CAPITAL BLUE CROSS VALUE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-033	CAPITAL BLUE CROSS VALUE (PPO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3923-034	CAPITAL BLUE CROSS ENHANCED (PPO)	Y	\$0.00	Y	\$22.00
CAPITAL BLUE CROSS	H3923-035	CAPITAL BLUE CROSS ENHANCED (PPO)	Y	\$0.00	Y	\$22.00
CAPITAL BLUE CROSS	H3962-001	BLUEJOURNEY PREMIER (HMO)	Y	\$72.80	Y	\$44.20
CAPITAL BLUE CROSS	H3962-004	BLUEJOURNEY VALUE	Y	\$19.70	Y	\$45.30
CAPITAL BLUE CROSS	H3962-007	BLUEJOURNEY ESSENTIAL (HMO)	Y	\$0.00	Y	\$0.00
CAPITAL BLUE CROSS	H3962-021	WELLSPAN HEALTH INSPIRE (HMO)	Y	\$0.00	Y	\$0.00
CIGNA HEALTH & LIFE INSURANCE	H7849-006	CIGNA TRUE CHOICE MEDICARE (PPO)	N	\$0.00	Y	\$0.00
CIGNA HEALTH & LIFE INSURANCE	H7849-031	CIGNA TRUE CHOICE SAVINGS MEDICARE (PPO)	N	\$0.00	Y	\$0.00
CIGNA HEALTH & LIFE INSURANCE	H7849-104	CIGNA TRUE CHOICE MEDICARE (PPO)	N	\$0.00	Y	\$0.00
CIGNA HEALTH & LIFE INSURANCE	H7849-105	CIGNA TRUE CHOICE PLUS MEDICARE (PPO)	N	\$0.00	Y	\$27.00
CIGNA HEALTH & LIFE INSURANCE	H7849-106	CIGNA TRUE CHOICE MEDICARE (PPO)	N	\$0.00	Y	\$0.00
CIGNA HEALTH & LIFE INSURANCE	H7849-107	CIGNA TRUE CHOICE PLUS MEDICARE (PPO)	N	\$0.00	Y	\$27.00
CIGNA HEALTH & LIFE INSURANCE	H7849-108	CIGNA TRUE CHOICE SAVINGS MEDICARE (PPO)	N	\$0.00	Y	\$0.00
CIGNA HEALTH & LIFE INSURANCE	H7849-109	CIGNA TRUE CHOICE PLUS MEDICARE (PPO)	N	\$0.00	Y	\$26.00
CIGNA HEALTH & LIFE INSURANCE	H7849-111	CIGNA TRUE CHOICE SAVINGS MEDICARE (PPO)	N	\$0.00	Y	\$0.00
GATEWAY HEALTH PLANS	H5932-001	HIGHMARK WHOLECARE MEDICARE ASSURED DIAM N		\$0.00	Y	\$40.20
GATEWAY HEALTH PLANS	H5932-009	HIGHMARK WHOLECARE MEDICARE ASSURED RUBY N		\$0.00	Y	\$40.20
GATEWAY HEALTH PLANS	H5932-012	HIGHMARK WHOLECARE MEDICARE ASSURED DIAM N		\$0.00	Y	\$40.20
GATEWAY HEALTH PLANS	H5932-013	HIGHMARK WHOLECARE MEDICARE ASSURED RUBY N		\$0.00	Y	\$38.80
GEISINGER HEALTH PLAN	H3924-059	GEISINGER GOLD PREFERRED ADVANTAGE RX (PPO)	Y	\$27.10	Y	\$51.90
GEISINGER HEALTH PLAN	H3924-062	GEISINGER GOLD PREFERRED ENHANCED RX (PPO)	Y	\$19.20	Y	\$44.80
GEISINGER HEALTH PLAN	H3924-065	GEISINGER GOLD PREFERRED COMPLETE RX (PPO)	Y	\$0.00	Y	\$0.00
GEISINGER HEALTH PLAN	H3954-097	GEISINGER GOLD SECURE RX (HMO-SNP)	Y	\$0.00	Y	\$40.20
GEISINGER HEALTH PLAN	H3954-157	GEISINGER GOLD CLASSIC ADVANTAGE RX (HMO)	Y	\$84.40	Y	\$44.60
GEISINGER HEALTH PLAN	H3954-158	GEISINGER GOLD CLASSIC COMPLETE RX (HMO)	Y	\$0.00	Y	\$34.00
GEISINGER HEALTH PLAN	H3954-160	GEISINGER GOLD CLASSIC 360 RX (HMO)	Y	\$0.00	Y	\$0.00
GEISINGER HEALTH PLAN	H3954-161	GEISINGER GOLD CLASSIC ESSENTIAL RX (HMO)	Y	\$0.00	Y	\$0.00

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GEISINGER HEALTH PLAN	H3954-163	GEISINGER GOLD VALUE RX (HMO)	Y	\$0.00	Y	\$23.00
HEALTH ASSURANCE	H5522-001	AETNA MEDICARE VALUE PLUS (PPO)	N	\$0.00	Y	\$29.00
HEALTH ASSURANCE	H5522-002	AETNA MEDICARE ADVANTRA PREMIER PLUS (PPO)	N	\$54.40	Y	\$12.60
HEALTH ASSURANCE	H5522-004	AETNA MEDICARE ADVANTRA SILVER (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-005	AETNA MEDICARE VALUE PLUS (PPO)	N	\$0.00	Y	\$13.00
HEALTH ASSURANCE	H5522-013	AETNA MEDICARE VALUE PLUS (PPO)	N	\$0.00	Y	\$14.60
HEALTH ASSURANCE	H5522-014	AETNA MEDICARE ADVANTRA PREMIER PLUS (PPO)	N	\$39.70	Y	\$19.30
HEALTH ASSURANCE	H5522-017	AETNA MEDICARE ADVANTRA CREDIT VALUE (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-022	AETNA MEDICARE SILVER BACK (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-023	AETNA MEDICARE DELUXE PLAN (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-024	AETNA MEDICARE DUAL PREFERRED (PPO D-SNP)	N	\$0.00	Y	\$35.40
HEALTH ASSURANCE	H5522-025	AETNA MEDICARE SMARTSAVER ELITE	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-026	AETNA MEDICARE ESSENTIALS PLAN (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-027	AETNA MEDICARE ESSENTIALS PLAN (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-028	AETNA MEDICARE FREEDOM CORE (PPO)	N	\$0.00	Y	\$0.00
HEALTH ASSURANCE	H5522-029	AETNA MEDICARE PINNACLE HEALTH PRIME (PPO)	N	\$0.00	Y	\$0.00
HEALTH PARTNERS PLANS	H1619-001	HEALTH PARTNERS MEDICARE COMPLETE (HMO-POS)	N	\$0.00	Y	\$0.00
HEALTH PARTNERS PLANS	H1619-002	HEALTH PARTNERS MEDICARE COMPLETE (HMO-POS)	N	\$0.00	Y	\$49.00
HEALTH PARTNERS PLANS	H9207-002	HEALTH PARTNERS MEDICARE PRIME (HMO-POS)	N	\$0.00	Y	\$40.20
HEALTH PARTNERS PLANS	H9207-004	HEALTH PARTNERS MEDICARE SPECIAL (HMO D-SNP)	N	\$0.00	Y	\$40.20
HEALTH PARTNERS PLANS	H9207-012	HEALTH PARTNERS MEDICARE COMPLETE (HMO-POS)	N	\$0.00	Y	\$0.00
HEALTH PARTNERS PLANS	H9207-015	HEALTH PARTNERS MEDICARE COMPLETE (HMO-POS)	N	\$0.00	Y	\$0.00
HEALTH PARTNERS PLANS	H9207-016	HEALTH PARTNERS MEDICARE COMPLETE (HMO-POS)	N	\$0.00	Y	\$40.20
HIGHMARK CHOICE COMPANY	H3957-031	SECURITY BLUE HMO VALUERX (HMO)	Y	\$0.00	Y	\$48.00
HIGHMARK CHOICE COMPANY	H3957-039	COMMUNITY BLUE MEDICARE HMO PRESTIGE	Y	\$0.00	Y	\$41.00
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	\$43.00
HIGHMARK CHOICE COMPANY	H3957-045	SECURITY BLUE HMO-POS STANDARD	Y	\$94.70	Y	\$87.30
HIGHMARK CHOICE COMPANY	H3957-046	SECURITY BLUE HMO-POS DELUXE	Y	\$151.80	Y	\$93.20
HIGHMARK CHOICE COMPANY	H3957-047	COMMUNITY BLUE MEDICARE HMO SIGNATURE	Y	\$0.00	Y	\$0.00
HIGHMARK CHOICE COMPANY	H3957-048	TOGETHER 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	SECURITY BLUE HMO-POS VALUE RX	Y	varies	Y	varies

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HIGHMARK CHOICE COMPANY	H3957-811	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-812	COMMUNITY BLUE MEDICARE HMO PRESTIGE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-814	SECURITY BLUE HMO-POS VALUE RX	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-815	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-816	SECURITY BLUE HMO-POS VALUE RX	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-817	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK CHOICE COMPANY	H3957-818	SECURITY BLUE HMO-POS DELUXE	Y	varies	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-002	BLUE RX PDP PLUS (PDP)	N/A	N/A	Y	\$108.80
HIGHMARK HEALTH INSURANCE COMPANY	S5593-003	BLUE RX PDP COMPLETE (PDP)	N/A	N/A	Y	\$195.10
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 PLUS (PDP)	N/A	N/A	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-807	BLUE RX PDP COMPLETE (PDP)	N/A	N/A	Y	varies
HIGHMARK HEALTH INSURANCE COMPANY	S5593-808	BLUE RX PDP PLUS (PDP)	N/A	N/A	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-001	FREEDOM BLUE PPO CLASSIC (PPO)	Y	\$169.00	Y	\$102.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-002	FREEDOM BLUE PPO CLASSIC (PPO)	Y	\$140.10	Y	\$102.90
HIGHMARK SENIOR HEALTH COMPANY	H3916-005	FREEDOM BLUE PPO DELUXE (PPO)	Y	\$179.00	Y	\$99.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-015	FREEDOM BLUE PPO STANDARD (PPO)	Y	\$83.20	Y	\$80.80
HIGHMARK SENIOR HEALTH COMPANY	H3916-018	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$58.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-022	FREEDOM BLUE PPO SELECT (PPO)	Y	\$60.80	Y	\$97.20
HIGHMARK SENIOR HEALTH COMPANY	H3916-024	FREEDOM BLUE PPO SELECT (PPO)	Y	\$46.90	Y	\$72.10
HIGHMARK SENIOR HEALTH COMPANY	H3916-032	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$8.00	Y	\$56.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-033	FREEDOM BLUE PPO VALUERX (PPO)	Y	\$0.00	Y	\$61.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-034	COMMUNITY BLUE MEDICARE	Y	\$0.00	Y	\$27.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-035	COMMUNITY BLUE PPO DISTINCT	Y	\$0.00	Y	\$27.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-036	COMMUNITY BLUE MEDICARE PLUS	Y	\$0.00	Y	\$27.00
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

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	PACKAGE	PLAN NAME	WITH SPBP		WITH SPBP	
HIGHMARK SENIOR HEALTH COMPANY	H3916-039	COMMUNITY BLUE MEDICARE PLUS	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-041	COMMUNITY PPO SIGNATURE	Y	\$0.00	Y	\$0.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-044	COMPLETE BLUE PPO PREMIER	Y	\$0.00	Y	\$46.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-046	COMMUNITY BLUE MEDICARE PLUS	Y	\$0.00	Y	\$46.00
HIGHMARK SENIOR HEALTH COMPANY	H3916-802	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-804	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-806	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-807	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-808	COMMUNITY BLUE MEDICARE PPO	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-809	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HIGHMARK SENIOR HEALTH COMPANY	H3916-810	COMMUNITY BLUE MEDICARE PLUS	Y	varies	Y	varies
HUMANA	H5216-117	HUMANA VALUE PLUS (PPO)	N	\$0.00	Y	\$40.20
HUMANA	H5216-120	HUMANA CHOICE (PPO)	N	\$69.70	Y	\$53.30
HUMANA	H5216-227	HUMANA CHOICE (PPO)	N	\$0.00	Y	\$40.20
HUMANA	H5216-373	HUMANA CHOICE (PPO)	N	\$0.00	Y	\$40.20
HUMANA	H5525-005	HUMANA CHOICE (PPO)	N	\$3.40	Y	\$49.60
HUMANA	R0923-002	HUMANA CHOICE (REGIONAL PPO)	N	\$5.00	Y	\$41.00
HUMANA	S5884-104	HUMANA BASIC RX PLAN (PDP)	N/A	N/A	Y	\$45.30
HUMANA	S5884-152	HUMANA PREMIER RX PLAN (PDP)	N/A	N/A	Y	\$106.70
HUMANA	S5884-185	HUMANA PREMIER RX PLAN (PDP)	N/A	N/A	Y	\$41.60
KEYSTONE HEALTH PLAN	H3952-020	KEYSTONE 65 PREFERRED RX (HMO)	Y	\$135.40	Y	\$43.60
KEYSTONE HEALTH PLAN	H3952-045	KEYSTONE 65 PREFERRED RX (HMO)	Y	\$153.60	Y	\$51.40
KEYSTONE HEALTH PLAN	H3952-049	KEYSTONE 65 SELECT RX (HMO)	Y	\$23.80	Y	\$26.70
KEYSTONE HEALTH PLAN	H3952-051	KEYSTONE 65 SELECT RX (HMO)	Y	\$57.60	Y	\$19.90
KEYSTONE HEALTH PLAN	H3952-053	KEYSTONE 65 FOCUS RX (HMO-POS)	Y	\$0.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-054	KEYSTONE 65 FOCUS RX (HMO-POS)	Y	\$15.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-055	KEYSTONE 65 BASIC RX (HMO)	Y	\$0.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-056	KEYSTONE 65 BASIC RX (HMO)	Y	\$0.00	Y	\$0.00
KEYSTONE HEALTH PLAN	H3952-804	KEYSTONE 65 GROUP RX (HMO)	Y	varies	Y	varies
QCC INSURANCE COMPANY	H3909-001	PERSONAL CHOICE 65 RX (PPO)	Y	\$138.70	Y	\$108.30
QCC INSURANCE COMPANY	H3909-009	PERSONAL CHOICE 65 RX (PPO)	Y	\$112.30	Y	\$45.70
QCC INSURANCE COMPANY	H3909-014	PERSONAL CHOICE 65 PRIME RX (PPO)	Y	\$0.00	Y	\$0.00
QCC INSURANCE COMPANY	H3909-015	PERSONAL CHOICE 65 PRIME RX (PPO)	Y	\$0.00	Y	\$0.00

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QCC INSURANCE COMPANY	H3909-016	PERSONAL CHOICE 65 SAVOR RX (PPO)	Y	\$0.00	Y	\$0.00
QCC INSURANCE COMPANY	H3909-017	PERSONAL CHOICE 65 ELITE RX (PPO)	Y	\$0.00	Y	\$25.60
QCC INSURANCE COMPANY	H3909-802	PERSONAL CHOICE 65 GROUP RX (PPO)	Y	varies	Y	varies
QCC INSURANCE COMPANY	H6875-801	SELECT OPTION RX GROUP OPTION I	Y	varies	Y	varies
SILVERSCRIPT INSURANCE	S5601-012	SILVERSCRIPT CHOICE (PDP)*	N/A	N/A	Y	\$40.16
UNITED HEALTHCARE	H0710-017	UNITEDHEALTHCARE NURSING HOME PLAN 2 (PPO I-	Y	\$0.00	Y	\$32.20
UNITED HEALTHCARE	H1889-007	UNITEDHEALTHCARE DUAL COMPLETE CHOICE (PPO I	Y	\$0.00	Y	\$40.20
UNITED HEALTHCARE	H1944-010	AARP MEDICARE ADVANTAGE FROM UHC PA-0002 (F	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H1944-011	AARP MEDICARE ADVANTAGE FROM UHC PA-0003 (F	Y	\$0.00	Y	\$39.00
UNITED HEALTHCARE	H1944-024	AARP MEDICARE ADVANTAGE FROM UHC PA-0004 (F	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H1944-035	AARP MEDICARE ADVANTAGE FROM UHC PA-0006 (F	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2406-046	AARP MEDICARE ADVANTAGE FROM UHC PA-0007 (P	Y	\$0.00	Y	\$25.00
UNITED HEALTHCARE	H2406-047	AARP MEDICARE ADVANTAGE FROM UHC PA-0008 (P	Y	\$10.70	Y	\$33.30
UNITED HEALTHCARE	H2406-072	AARP MEDICARE ADVANTAGE FROM UHC PA-0011 (P	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2406-101	AARP MEDICARE ADVANTAGE FROM UHC PA-0012 (P	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2406-117	AARP MEDICARE ADVANTAGE FROM UHC PA-0017 (P	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H2577-021	AARP MEDICARE ADVANTAGE FROM UHC PA-0014 (P	Y	\$0.00	Y	\$40.00
UNITED HEALTHCARE	H3113-009	UNITEDHEALTHCARE DUAL COMPLETE PA-S002 (HM	Y	\$0.00	Y	\$33.90
UNITED HEALTHCARE	H3113-014	UNITEDHEALTHCARE DUAL COMPLETE PA-V001 (HM	Y	\$0.00	Y	\$29.50
UNITED HEALTHCARE	H5652-001	ERICKSON ADVANTAGE SIGNATURE WITH DRUGS (HM	Y	\$113.60	Y	\$54.40
UNITED HEALTHCARE	H5652-003	ERICKSON ADVANTAGE GUARDIAN (HMO-POS I-SNP)	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	H5652-004	ERICKSON ADVANTAGE CHAMPION (HMO-POS C-SNF	Y	\$150.80	Y	\$37.20
UNITED HEALTHCARE	H5652-006	ERICKSON ADVANTAGE FREEDOM (HMO-POS)	Y	\$4.70	Y	\$59.30
UNITED HEALTHCARE	H5652-008	ERICKSON ADVANTAGE LIBERTY WITH DRUGS (HMO-	Y	\$0.00	Y	\$0.00
UNITED HEALTHCARE	S5820-005	AARP MEDICARERX PREFERRED	N/A	N/A	Y	\$107.10
UNITED HEALTHCARE	S5921-351	AARP MEDICARERX SAVER PLUS	N/A	N/A	Y	\$38.60
UNITED HEALTHCARE	S5921-388	AARP MEDICARERX WALGREENS	N/A	N/A	Y	\$68.50
UPMC HEALTH PLAN	H3907-006	UPMC FOR LIFE HMO RX ENHANCED (HMO)	Y	\$218.20	Y	\$76.80
UPMC HEALTH PLAN	H3907-029	UPMC FOR LIFE HMO RX (HMO)	Y	\$57.00	Y	\$24.00
UPMC HEALTH PLAN	H3907-037	UPMC FOR LIFE HMO DEDUCTIBLE RX (HMO)	Y	\$0.00	Y	\$20.80
UPMC HEALTH PLAN	H3907-046	UPMC FOR LIFE HMO PREMIER RX (HMO)	Y	\$0.00	Y	\$0.00
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

*Medicare Part D plans that accept electronic enrollment from SPBP

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	
UPMC HEALTH PLAN	H3907-057	UPMC FOR LIFE HMO PREMIER RX (HMO)	Y	\$19.50	Y	\$16.50
UPMC HEALTH PLAN	H3907-802	UPMC FOR LIFE EMPLOYER GROUP RX (HMO)	Y	varies	Y	varies
UPMC HEALTH PLAN	H5533-003	UPMC FOR LIFE PPO HIGH DEDUCTIBLE RX (PPO)	Y	\$0.00	Y	\$29.50
UPMC HEALTH PLAN	H5533-005	UPMC FOR LIFE PPO RX ENHANCED (PPO)	Y	\$91.00	Y	\$43.00
UPMC HEALTH PLAN	H5533-008	UPMC FOR LIFE PPO RX ENHANCED (PPO)	Y	\$32.90	Y	\$25.10
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 PREMIER RX (PPO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H5533-013	UPMC FOR LIFE PPO PREMIER RX (PPO)	Y	\$0.00	Y	\$0.00
UPMC HEALTH PLAN	H5533-015	UPMC FOR LIFE PPO RX CHOICE (PPO)	Y	\$0.00	Y	\$19.00
UPMC HEALTH PLAN	H5533-802	UPMC FOR LIFE EMPLOYER GROUP RX (PPO)	Y	varies	Y	varies
WELLCARE PRESCRIPTION INSURANCE	S4802-080	WELLCARE CLASSIC (PDP)*	N/A	N/A	Y	\$40.16
WELLCARE PRESCRIPTION INSURANCE	S4802-141	WELLCARE VALUE SCRIPT	N/A	N/A	Y	\$0.50
WELLCARE PRESCRIPTION INSURANCE	S4802-209	WELLCARE MEDICARE RX VALUE PLUS	N/A	N/A	Y	\$78.90

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