

Your Medications	Plan A name:				
<i>Write the name of each of your medications and its dose strength (usually in mg or mcg)</i>	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Cost Share
1.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
2.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
3.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
4.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
5.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
6.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
7.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
8.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
9.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
Plan Premium	\$	---	---	---	---
Plan Deductible	\$	---	---	---	---
Estimated Annual Cost (premium + deductible + cost shares)	\$	---	---	---	---

Your Medications	Plan D name:				
<i>Write the name of each of your medications and its dose strength (usually in mg or mcg)</i>	Covered? <i>Circle one</i>	Limits <i>Circle one</i>	Type of Limit* <i>Circle all that apply</i>	Extras <i>Circle one</i>	Cost Share
1.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
2.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
3.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
4.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
5.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
6.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
7.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
8.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
9.	Yes/No	Yes/No	PA QL ST	Yes/No	\$
Plan Premium	\$	---	---	---	---
Plan Deductible	\$	---	---	---	---
Estimated Annual Cost (premium + deductible + cost shares)	\$	---	---	---	---

Pharmacies Participating	Plan A	Plan B
1. Your favorite pharmacy	Yes/No	Yes/No
2	Yes/No	Yes/No
3	Yes/No	Yes/No
4	Yes/No	Yes/No