

CHART CALCULATIONS

I. Summary of Your Year-to-Date Medicare Prescription Drug Costs

Definitions of the terms used are provided on the next page of this document.

DP = Deductible Phase

ICL = Initial Coverage Limit Amount

ICP = Initial Coverage Phase

OOP Threshold = OOP

TDSOOP = Total Covered Part D Drug Spend at the OOP Threshold

CGP = Coverage Gap Phase

CCP = Catastrophic Coverage Phase

	A	B	C	D	E	F
	Plan Deductible:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left to move to the initial coverage period:
	PLAN DEDUCTIBLE AMOUNT	AMOUNT PAID TO DATE BY THE PLAN IN THE DP	AMOUNT PAID BY ENROLLEE AND OTHER PAYER IN THE DP	TROOP-ELIGIBLE PORTION OF VALUE FROM CELL 1C.	TROOP INELIGIBLE PORTION OF VALUE FROM CELL 1C	VALUE IN CELL 1A MINUS VALUE FROM CELL 1C
1. Yearly Deductible (IF APPLICABLE)	<u>FOR LICS LEVEL 4:</u> ENTER LICS LEVEL 4 DEDUCTIBLE AMOUNT (\$60 FOR 2009); MAY PROVIDE FOOTNOTE INDICATING PLAN DEDUCTIBLE AMOUNT					

<p style="text-align: center;"><u>YOUR CURRENT COVERAGE PERIOD</u></p> <p>2. Initial Coverage Period</p>	<p>Maximum you/plan/others pay in this period (ICL):</p> <p>FOR NON-LIS: ICL MINUS VALUE FROM CELL 1A (IF DEDUCTIBLE IS APPLICABLE)</p> <p>FOR LIS: TDSOOP MINUS VALUE FROM CELL 1A (IF DEDUCTIBLE IS APPLICABLE)</p>	<p>Total <Plan> paid:</p> <p>AMOUNT PAID TO DATE BY THE PLAN IN THE ICP</p>	<p>Total you/others on your behalf paid:</p> <p>COST-SHARING PAID BY THE ENROLLEE AND OTHER PAYERS IN THE ICP</p>	<p>Total that you/others on your behalf paid that counted toward your out-of-pocket costs:</p> <p>TROOP-ELIGIBLE PORTION OF VALUE FROM CELL 2C.</p>	<p>Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:</p> <p>TROOP-INELIGIBLE PORTION OF VALUE FROM CELL 2C.</p>	<p>Total Drug Costs left before the coverage gap:</p> <p>FOR NON-LIS: ICL AMOUNT MINUS VALUE FROM CELL 1A (IF DEDUCTIBLE IS APPLICABLE) MINUS VALUE FROM CELL 2B MINUS VALUE FROM CELL 2C</p> <p>FOR LIS: SHOULD BE REPLACED WITH "AMOUNT LEFT BEFORE CATASTROPHIC COVERAGE" (SEE CELL BELOW)</p>
<p>3. Coverage Gap (IF APPLICABLE)</p>	<p>Maximum you / others on your behalf pay in this period:</p> <p>IF ENROLLEE HAS SECONDARY COVERAGE, POPULATE WITH "N/A"</p> <p>IF ENROLLEE DOES NOT HAVE</p>	<p>Total <Plan> paid:</p> <p>AMOUNT PAID TO DATE BY THE PLAN IN THE CGP</p>	<p>Total you/others on your behalf paid:</p> <p>COST-SHARING PAID BY THE ENROLLEE AND OTHER PAYERS IN THE CGP</p>	<p>Total that you/others on your behalf paid that counted toward your out-of-pocket costs:</p> <p>TROOP-ELIGIBLE PORTION OF VALUE FROM CELL 3C.</p>	<p>Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:</p> <p>TROOP-INELIGIBLE PORTION OF VALUE FROM CELL 3C.</p>	<p>Amount left before catastrophic coverage:</p> <p>OOP MINUS VALUE FROM CELL 1D (IF DEDUCTIBLE IS APPLICABLE) MINUS VALUE FROM CELL 2D MINUS VALUE FROM CELL 3D</p>

	<p>SECONDARY COVERAGE, POPULATE WITH OOP MINUS VALUE FROM CELL 1D MINUS VALUE FROM CELL 2D</p> <p>FOR LIS: REMOVE COVERAGE GAP ROW</p>					
4. Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			
		AMOUNT PAID BY THE PLAN TO DATE IN CCP	COST-SHARING PAID BY THE ENROLLEE AND OTHER PAYERS IN CCP			

Out-of-Pocket Costs to Date: TROOP TOTAL TO DATE [1D + 2D + 3D]

Total Drug Costs to Date: GROSS DRUG SPEND TO DATE [1B + 1C + 2B + 2C + 3B + 3C + 4B + 4C]

EXAMPLE 1: In this example, an enrollee in a defined standard plan has a gross drug spend of \$1295 and no secondary payer on record. Since the enrollee is in the initial coverage period based on a gross drug spend of \$1295, he/she has spent \$295 in the deductible phase, and \$250 in the initial coverage phase. The plan has paid \$750 in the initial coverage phase. The enrollee has \$1405 ($\$2700 - \$295 - \$750 - \250) in total drug costs before moving into the coverage gap. The enrollee has \$3805 ($\$4350 - \$295 - \250) in total drug costs before catastrophic coverage.

EXAMPLE 2: In this example, an enrollee in a defined standard plan has a gross drug spend of \$5350 and no secondary payer on record. Since the enrollee is in the coverage gap based on a gross drug spend of \$5350, he/she has spent \$295 in the deductible phase, \$601.25 in the initial coverage phase, and \$2650 in the coverage gap. The plan has paid \$1803.75 in the initial coverage phase. The enrollee has \$803.75 ($\$4350 - \$295 - \$601.25 - \2650) in TrOOP costs before moving into the catastrophic coverage phase.

EXAMPLE 3: In this example, an enrollee in a defined standard plan has a gross drug spend of \$5350 but has a secondary payer on record. Since the enrollee is in the coverage gap based on a gross drug spend of \$5350, \$295 was paid by the enrollee and the secondary payer in the deductible phase (only \$242 of which counted toward TrOOP), \$601.25 was paid by the enrollee and the secondary payer in the initial coverage phase (only \$390 of which counted toward TrOOP), and \$2650 was paid by the enrollee and the secondary payer in the coverage gap (only \$1888 of which counted toward TrOOP). The plan has paid \$1803.75 in the initial coverage phase. The enrollee has \$1830 ($\$4350 - \$242 - \$390 - \1888) in TrOOP costs before moving into the catastrophic coverage phase. The amount in the “Maximum you/others on your behalf pay” field in the coverage gap row should be “N/A,” since the enrollee has a secondary payer on record and the maximum amount cannot be calculated.

EXAMPLE 4: In this example, an enrollee in a basic alternative plan with no deductible has a gross drug spend of \$1295 and no secondary payer on record. The enrollee is in the initial coverage period based on a gross drug spend of \$1295 and has spent \$371 in the initial coverage phase. The plan has paid \$924 in the initial coverage phase. The enrollee has \$1405 ($\$2700 - \$371 - \924) in total drug costs before moving into the coverage gap. The enrollee has \$3979 ($\$4350 - \371) in total drug costs before catastrophic coverage.

EXAMPLE 5: In this example, an enrollee in a basic alternative plan with no deductible has a gross drug spend of \$5350 and no secondary payer on record. The enrollee is in the coverage gap based on a gross drug spend of \$5350 and has spent \$805.25 in the initial coverage phase and \$2650 in the coverage gap. The plan has paid \$1894.75 in the initial coverage phase. The enrollee has \$894.75 ($\$4350 - \$805.25 - \2650) in TrOOP costs before moving into the catastrophic coverage phase.

EXAMPLE 6: In this example, an enrollee in a basic alternative plan with no deductible has a gross drug spend of \$5350 but has a secondary payer on record. The enrollee is in the coverage gap based on a gross drug spend of \$5350. \$822 was paid by the enrollee and the secondary payer in the initial coverage phase (only \$403 of which counted toward TrOOP), and \$2650 was paid by the enrollee and the secondary payer in the coverage gap (only \$1858 of which counted toward TrOOP). The plan has paid \$1878 in the initial coverage phase. The enrollee has \$2089 ($\$4350 - \$403 - \1858) in TrOOP costs

before moving into the catastrophic coverage phase. The amount in the “Maximum you/others on your behalf pay” field in the coverage gap row should be “N/A,” since the enrollee has a secondary payer on record and the maximum amount cannot be calculated.

EXAMPLE 7: In this example, an enrollee in an enhanced alternative plan with a \$100 deductible, a \$3000 ICL, and some coverage in the coverage gap has a gross drug spend of \$5350. The enrollee is in the coverage gap based on a gross drug spend of \$5350. The enrollee paid \$100 in the deductible phase \$753 in the initial coverage phase, and \$1921 in the coverage gap. The plan paid \$2147 in the initial coverage period and \$429 in the coverage gap. The enrollee has \$1576 ($\$4350 - \$100 - \$753 - \1921) to pay before moving into the catastrophic coverage phase.

EXAMPLE 8: In this example, a LICS Level 2 enrollee in a defined standard plan has a gross drug spend of \$5350 and no secondary payer on record. Since the enrollee has no coverage gap based on his/her LICS level, he/she is in the initial coverage phase based on a gross drug spend of \$5350. The Medicare LICS has paid for \$295 in the deductible phase, and a combination of the enrollee and the Medicare LICS have paid \$3546.25 in the initial coverage phase. The plan has paid \$1803.75 in the initial coverage phase. The enrollee has \$803.75 ($\$4350 - \3546.25) in TrOOP costs before moving into the catastrophic coverage phase. Since this enrollee is LIS-eligible, the “Maximum you/plan/others pay in this period (ICL)” field in the initial coverage phase row should be the total covered Part D drug spend at the out-of-pocket threshold amount (\$6153.75 in 2009), since the enrollee has no secondary payer on record and the maximum amount spent in the initial coverage period includes all amounts paid by the plan, the enrollee, and the Medicare LICS.

EXAMPLE 9: In this example, a LICS Level 4 enrollee (with a \$60 deductible and 15% cost-sharing in the initial coverage phase) in a defined standard plan has a gross drug spend of \$5350 and no secondary payer on record. The “Plan Deductible” cell should be populated with the plan’s actual deductible amount, not the LICS Level 4 deductible amount. The plan may, at its option, add a footnote to the plan deductible amount indicating the plan’s full deductible amount and the fact that Medicare’s extra help pays the difference between the plan’s full deductible amount and the partial LIS deductible amount. Since the enrollee has no coverage gap based on his/her LICS level, he/she is in the initial coverage phase based on a gross drug spend of \$5350. The enrollee and the Medicare LICS have paid \$295 in the deductible phase and \$3251.25 in the initial coverage phase. The plan has paid \$1803.75 in the initial coverage phase. The enrollee has \$803.75 ($\$4350 - \$295 - \3251.25) in TrOOP costs before moving into the catastrophic coverage phase. Since this enrollee is LIS-eligible, the “Maximum you/plan/others pay in this period (ICL)” field in the initial coverage phase row should be the total covered Part D drug spend at the out-of-pocket threshold amount minus the deductible amount ($\$6153.75 - \$295 = \$5858.75$), since the enrollee has no secondary payer on record and the maximum amount spent in the initial coverage period includes all amounts paid by the plan, the enrollee, and the Medicare LICS.

EXAMPLE 1: HOW TO POPULATE AN EOB FOR AN ENROLLE WITH A DEFINED STANDARD BENEFIT IN CY2009, NO SECONDARY PAYER ON RECORD, AND GROSS DRUG SPEND OF \$1295.

Summary of Your Year-to-Date Medicare Prescription Drug Costs Definitions of the terms used are provided on the next page of this document.						
Yearly Deductible	Plan Deductible:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left to move to the initial coverage period:
	\$295.00	\$0.00	\$295.00	\$295.00	\$0.00	\$0.00
<u>YOUR CURRENT COVERAGE PERIOD</u>  Initial Coverage Period	Maximum you/plan/others pay in this period (ICL):	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left before the coverage gap:
	\$2405.00	\$750.00	\$250.00	\$250.00	\$0.00	\$1405.00
Coverage Gap	Maximum you / others on your behalf pay in this period:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount left before catastrophic coverage:
						\$3805.00
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$545.00.

Total Drug Costs to Date: \$1295.00

EXAMPLE 2: HOW TO POPULATE AN EOB FOR AN ENROLLE WITH A DEFINED STANDARD BENEFIT IN CY2009, NO SECONDARY PAYER ON RECORD, AND WITH GROSS DRUG SPEND OF \$5350.

Summary of Your Year-to-Date Medicare Prescription Drug Costs Definitions of the terms used are provided on the next page of this document.						
Yearly Deductible	Plan Deductible: \$295.00	Total <Plan> paid: \$0.00	Total you/others on your behalf paid: \$295.00	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$295.00	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$0.00	Total Drug Costs left to move to the initial coverage period: \$0.00
<u>YOUR CURRENT COVERAGE PERIOD</u> Initial Coverage Period	Maximum you/plan/others pay in this period (ICL): \$2405.00	Total <Plan> paid: \$1803.75	Total you/others on your behalf paid: \$601.25	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$601.25	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$0.00	Total Drug Costs left before the coverage gap: \$0.00
 Coverage Gap	Maximum you / others on your behalf pay in this period: \$3453.75	Total <Plan> paid: \$0.00	Total you/others on your behalf paid: \$2650.00	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$2650.00	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$0.00	Amount left before catastrophic coverage: \$803.75
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$3546.25
Total Drug Costs to Date: \$5350.00

EXAMPLE 3: HOW TO POPULATE AN EOB FOR AN ENROLLE WITH A DEFINED STANDARD BENEFIT IN CY2009, A SECONDARY PAYER ON RECORD, AND GROSS DRUG SPEND OF \$5350.

Summary of Your Year-to-Date Medicare Prescription Drug Costs						
Definitions of the terms used are provided on the next page of this document.						
Yearly Deductible	Plan Deductible:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left to move to the initial coverage period:
	\$295.00	\$0.00	\$295.00	\$242.00	\$53.00	\$0.00
<u>YOUR CURRENT COVERAGE PERIOD</u> Initial Coverage Period	Maximum you/plan/others pay in this period (ICL):	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left before the coverage gap:
	\$2405.00	\$1803.75	\$601.25	\$390.00	\$211.25	\$0.00
 Coverage Gap	Maximum you / others on your behalf pay in this period:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount left before catastrophic coverage:
	N/A	\$0.00	\$2650.00	\$1888.00	\$762.00	\$1830.00
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$2520.00

Total Drug Costs to Date: \$5350.00

EXAMPLE 4: HOW TO POPULATE AN EOB FOR AN ENROLLE WITH A BASIC ALTERNATIVE BENEFIT IN CY2009, NO DEDUCTIBLE, NO SECONDARY PAYER ON RECORD, AND GROSS DRUG SPEND OF \$1295.

Summary of Your Year-to-Date Medicare Prescription Drug Costs Definitions of the terms used are provided on the next page of this document.						
YOUR CURRENT COVERAGE PERIOD  Initial Coverage Period	Maximum you/plan/others pay in this period (ICL): \$2700	Total <Plan> paid: \$924.00	Total you/others on your behalf paid: \$371.00	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$371.00	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$0.00	Total Drug Costs left before the coverage gap: \$1405.00
Coverage Gap	Maximum you / others on your behalf pay in this period:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount left before catastrophic coverage: \$3979.00
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:	[Redacted area]		

Out-of-Pocket Costs to Date: \$371.00

Total Drug Costs to Date: \$1295.00

EXAMPLE 5: HOW TO POPULATE AN EOB FOR AN ENROLLE WITH A BASIC ALTERNATIVE BENEFIT IN CY2009, NO DEDUCTIBLE, NO SECONDARY PAYER ON RECORD, AND GROSS DRUG SPEND OF \$5350.

Summary of Your Year-to-Date Medicare Prescription Drug Costs						
Definitions of the terms used are provided on the next page of this document.						
<u>YOUR CURRENT COVERAGE PERIOD</u> Initial Coverage Period	Maximum you/plan/others pay in this period (ICL): \$2700	Total <Plan> paid: \$1894.75	Total you/others on your behalf paid: \$805.25	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$805.25	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$0.00	Total Drug Costs left before the coverage gap: \$0.00
Coverage Gap 	Maximum you / others on your behalf pay in this period: \$3544.75	Total <Plan> paid: \$0.00	Total you/others on your behalf paid: \$2650.00	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$2650.00	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$0.00	Amount left before catastrophic coverage: \$894.75
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$3455.25

Total Drug Costs to Date: \$5350.00

EXAMPLE 6: HOW TO POPULATE AN EOB FOR AN ENROLLE WITH A BASIC ALTERNATIVE BENEFIT IN CY2009, NO DEDUCTIBLE, SECONDARY PAYER ON RECORD, AND GROSS DRUG SPEND OF \$5350.

Summary of Your Year-to-Date Medicare Prescription Drug Costs						
Definitions of the terms used are provided on the next page of this document.						
<u>YOUR CURRENT COVERAGE PERIOD</u> Initial Coverage Period	Maximum you/plan/others pay in this period (ICL): \$2700	Total <Plan> paid: \$1878.00	Total you/others on your behalf paid: \$822.00	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$403.00	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$419.00	Total Drug Costs left before the coverage gap: \$0.00
Coverage Gap 	Maximum you / others on your behalf pay in this period: N/A	Total <Plan> paid: \$0.00	Total you/others on your behalf paid: \$2650.00	Total that you/others on your behalf paid that counted toward your out-of-pocket costs: \$1858.00	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: \$792.00	Amount left before catastrophic coverage: \$2089.00
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$2261.00

Total Drug Costs to Date: \$5350.00

EXAMPLE 7: HOW TO POPULATE AN EOB FOR AN ENROLLEE WITH AN ENHANCED ALTERNATIVE BENEFIT IN CY2009, A \$100 DEDUCTIBLE, A \$3000 ICL, NO SECONDARY PAYER ON RECORD, SOME COVERAGE IN THE COVERAGE GAP, AND GROSS DRUG SPEND OF \$5350.

Summary of Your Year-to-Date Medicare Prescription Drug Costs						
Definitions of the terms used are provided on the next page of this document.						
Yearly Deductible	Plan Deductible:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left to move to the initial coverage period:
	\$100.00	\$0.00	\$100.00	\$100.00	\$0.00	\$0.00
<u>YOUR CURRENT COVERAGE PERIOD</u> Initial Coverage Period	Maximum you/plan/others pay in this period (ICL):	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left before the coverage gap:
	\$2900.00	\$2147.00	\$753.00	\$753.00	\$0.00	\$0.00
 Coverage Gap	Maximum you / others on your behalf pay in this period:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount left before catastrophic coverage:
	\$3497.00	\$429.00	\$1921.00	\$1921.00	\$0.00	\$1576.00
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$2774.00

Total Drug Costs to Date: \$5350.00

EXAMPLE 8: HOW TO POPULATE AN EOB FOR A LICs LEVEL 2 ENROLLEE WITH A DEFINED STANDARD BENEFIT IN CY2009, NO SECONDARY PAYER ON RECORD, AND WITH GROSS DRUG SPEND OF \$5350.

Summary of Your Year-to-Date Medicare Prescription Drug Costs Definitions of the terms used are provided on the next page of this document.						
<u>YOUR CURRENT COVERAGE PERIOD</u> Initial Coverage Period	Maximum you/plan/others pay in this period (ICL):	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount left before catastrophic coverage:
Initial Coverage Period	\$6153.75	\$1803.75	\$3546.25	\$3546.25	\$0.00	\$803.75
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$3546.25

Total Drug Costs to Date: \$5350.00

EXAMPLE 9: HOW TO POPULATE AN EOB FOR A LICs LEVEL 4 ENROLLEE WITH A DEFINED STANDARD BENEFIT IN CY2009, NO SECONDARY PAYER ON RECORD, AND WITH GROSS DRUG SPEND OF \$5350.

Summary of Your Year-to-Date Medicare Prescription Drug Costs						
Definitions of the terms used are provided on the next page of this document.						
Yearly Deductible	Plan Deductible:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Total Drug Costs left to move to the initial coverage period:
	\$60.00*	\$0.00	\$295.00	\$295.00	\$0.00	\$0.00
<u>YOUR CURRENT COVERAGE PERIOD</u> Initial Coverage Period	Maximum you/plan/others pay in this period (ICL):	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that counted toward your out-of-pocket costs:	Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount left before catastrophic coverage:
	\$5858.75	\$1803.75	\$3251.25	\$3251.25	\$0.00	\$803.75
Catastrophic Coverage	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			

Out-of-Pocket Costs to Date: \$3546.75

Total Drug Costs to Date: \$5350.00

* The plan's full deductible amount is \$295. Medicare's extra help pays the difference between the plan's full deductible amount and your deductible amount of \$60.