EXHIBIT B. Examples that show different versions of Chart 1 (monthly covered prescriptions), Chart 1A (Supplemental Coverage), and Chart 2 (yearly spending totals)

The examples in this exhibit illustrate some of the main variations in model language for Chart 1, Chart 1A and Chart 2 of the Model Part D Explanation of Benefits (EOB) for a fictional enrollee. This section shows the monthly list of prescriptions filled by a plan member and summarizes the monthly and yearly spending totals.

All examples use 2024 benefit parameters[[1]](#footnote-2) and placeholders for the names of drugs.

[Example 1: Deductible payment stage, no payments from plan or others 2](#_Toc127962486)

[Example 2: Initial coverage stage, with LIS, payments from plan and Extra Help or another organization 3](#_Toc127962498)

Example 3: Using a separate chart for Supplemental Drug Coverage 5

[Example 4: Using “notes” on Chart 1 to show changes to the formulary 7](#_Toc127962515)

[Examples 5 & 6: Chart 2 for yearly spending totals 9](#_Toc127962517)

## Example 1: Deductible payment stage, no payments from plan or others

CHART 1

## Your MONTHLY prescriptions for covered Part D drugs: March 2024

**Totals for the month of March 2024**

* Your **Out-of-Pocket Costs** amount is **$220.50**
* Your **Total Drug Costs** amount is **$220.50**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Drug Name, Fill Date, Pharmacy, Rx#** | **You  Paid** | **Plan  Paid** | **Other Payments** | **Drug  Price** | **Price Change** | **Lower Cost Alternative Drugs** |
| **[insert name of first drug], 40 mg tabs**  04/09/24, ABC Pharmacy  Rx# 106663421555, 30 day supply | $147.88 | $0 | $0 | $147.88 | +4% | [insert name of lower cost alternative drug] |
| **[insert name of second drug], 10 mg tabs**  04/09/24, ABC Pharmacy  Rx# 349000711222, 30 day supply | $72.62 | $0 | $0 | $72.62 | -2% | [insert name of lower cost alternative drug] |
| **Totals for the month of March 2024** | **$220.50** | **$0** | **$0** | **$220.50** |  |  |

|  |  |  |
| --- | --- | --- |
| You Paid This is the amount you paid out-of-pocket for each drug. It includes any payments for your drugs made by family or friends. Plan Paid This is the amount Birchwood paid for each drug. Other Payments This shows any payments made by other programs or organizations, such as Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs. |  | Drug Price This shows the cost of each drug (including what you, your plan, and other programs paid). Price Change This shows how the drug price changed (as a percentage) from when your prescription was first filled during the benefit year. You’ll only see a drug price change when the quantity dispensed was the same. Lower Cost Alternative Drugs This shows drugs that may be an alternative to the ones you’re taking now, but with lower cost-sharing or a lower drug price. You may want to ask your doctor if the lower cost alternative is right for you. |

## Example 2: Initial coverage stage, with LIS, payments from plan and Extra Help or another organization

CHART 1

## Your MONTHLY prescriptions for covered Part D drugs: March 2024

**Totals for the month of March 2024**

* Your **Out-of-Pocket Costs** amount is **$319.93**
* Your **Total Drug Costs** amount is **$836.42**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Drug Name, Fill Date, Pharmacy, Rx#** | **You  Paid** | **Plan  Paid** | **Other Payments** | **Drug  Price** | **Price Change** | **Lower Cost Alternative Drugs** |
| **[insert name of first drug], 40 mg tabs**  03/09/24, ABC Pharmacy  Rx# 106663421555, 30 day supply | $4.50 | $122.81 | $15.50  **(paid by Extra Help)** | $142.81 | +11.2% | [insert name of lower cost alternative drug] |
| **[insert name of second drug], 240 mg caps**  03/12/24, ABC Pharmacy  Rx# 349000711222, 30 day supply | $4.50 | $0.18 | $5.50  **(paid by Extra Help)** | $10.18 | -2% | [insert name of lower cost alternative drug] |
| **[insert name of third drug], 150 mg tabs**  03/15/24, ABC Pharmacy  Rx# 349000711222, 30 day supply | $11.20 | $222.94 | $211.73  **(paid by**  **Extra**  **Help)** | $445.87 | -8.4% | [insert name of lower cost alternative drug] |
| **[insert name of fourth drug], 50 mg tabs**  03/15/24, ABC Pharmacy  Rx# 349000711222, 30 day supply | $4.50 | $60.22 | $15.50  **(paid by Extra Help)** | $80.22 | +1.1% | [insert name of lower cost alternative drug] |
| **[insert name of fifth drug], 100 u/ml**  03/15/24, ABC Pharmacy  Rx# 349000711222, 30 day supply | $4.50 | $110.34 | $42.50  **(paid by Extra Help)** | $157.34 | +2.2% | [insert name of lower cost alternative drug] |
| **Totals for the month of March 2024** | **$29.20** | **$516.49** | **$290.73** | **$836.42** |  |  |

|  |  |  |
| --- | --- | --- |
| You Paid This is the amount you paid out-of-pocket for each drug. It includes any payments for your drugs made by family or friends. Plan Paid This is the amount Birchwood paid for each drug. Other Payments This shows any payments made by other programs or organizations, such as Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs. |  | Drug Price This shows the cost of each drug (including what you, your plan, and other programs paid). Price Change This shows how the drug price changed (as a percentage) from when your prescription was first filled during the benefit year. You’ll only see a drug price change when the quantity dispensed was the same. Lower Cost Alternative Drugs This shows drugs that may be an alternative to the ones you’re taking now, but with lower cost-sharing or a lower drug price. You may want to ask your doctor if the lower cost alternative is right for you. |
|  |  |  |

Example 3:

Using a separate chart for Supplemental Drug Coverage

Example 3 shows a version of Chart 1A, which shows prescriptions covered under the plan’s Supplemental Drug Coverage. This chart follows Chart 1.

Showing a separate chart for prescriptions covered under the plan’s Supplemental Drug Coverage helps reduce potential confusion by emphasizing that payments for these prescriptions do not count toward members’ out-of-pocket costs or total drug costs.

NOTE: When Chart 1A is included in an EOB, the following sentence is added to the first bulleted point in the introductory section of Chart 1: “(Prescriptions for drugs covered by our plan’s Supplemental Drug Coverage are shown separately in Chart 1A).”

CHART 1A

## Your prescriptions for drugs covered by your plan’s Supplemental Drug Coverage: March 2024

Your Supplemental Drug Coverage pays for some drugs not generally covered by Medicare. Any prescriptions you filled for these drugs this month are listed in the chart below. **The amounts paid for these drugs do *not* count toward your Out-of-Pocket Costs or Total Drug Costs.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug Name, Fill Date, Pharmacy, Rx#** | **You  Paid** | **Plan  Paid** | **Other  Payments** |
| **[insert name of first drug], 0.5 mg**  03/01/24, ABC Pharmacy  Rx# 106663421555, 30 day supply | $47 | $153 | $0 |
| **Totals for the month of March 2024** | **$47** | **$153** | **$0** |

Example 4: Using “notes” on Chart 1 to show changes to the formulary

Example 4 shows how explanatory notes are used in Chart 1. These notes can provide additional information about a prescription, such as notes that highlight general price increases for that drug, or when a payment for a drug does not count toward out-of-pocket costs, or the drug is only partially covered because it is a compound drug that includes non-Part D drugs. The plan may also suggest lower-cost alternatives that a member and their doctor might consider in this section.

CHART 1

## Your MONTHLY prescriptions for covered Part D drugs: March 2024

Totals for the month of March 2024

* Your **Out-of-Pocket Costs** amount is **$279.25**
* Your **Total Drug Costs** amount is **$692.30**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Drug Name, Fill Date, Pharmacy, Rx#** | **You  Paid** | **Plan  Paid** | **Other Payments** | **Drug  Price** | **Price Change** | **Lower Cost Alternative Drugs** |
| **[insert name of first drug], 30 mg tabs**  03/11/24, ABC Pharmacy  Rx# 106663421555, 30 day supply  **NOTE:**Starting June 1, 2024, step therapy will be required for this drug. See Chart 4 for details. | $232.25 | $232.25 | $0 | $464.50 | +1.3% | [insert name of lower cost alternative drug] |
| **[insert name of third drug], .5 mg**  03/25/24, ABC Pharmacy  Rx# 349000711222, 30 day supply  **NOTE:**Effective June 1, 2024, this drug will be moved from cost-sharing tier 2 to a higher cost-sharing tier (tier 3). See Chart 4 for details. | $47 | $180.80 | $0 | $227.80 | -2.1% | [insert name of lower cost alternative drug] |

*[NOTE: This example shows only the first part of Chart 1. The rest of the chart is not included.]*

# 

Examples 5 & 6: Chart 2 for yearly spending totals

Examples 5 and 6 illustrate differences in the wording of the text that explains the yearly total amounts. These examples are for plan members who have no supplemental drug coverage. Each is in a different payment stage:

* Example 5 shows a version of Chart 2 for a plan member without LIS who is in the deductible payment stage. This member receives no payments from the plan or from third parties.
* Example 6 shows a version of Chart 2 for a plan member with LIS who is in the initial coverage period. This member receives payments from the plan and from Extra Help (these payments count toward out-of-pocket costs).

## 

## Example 5: Deductible payment stage, no payments from plans or others

CHART 2

## Your YEARLY spending totals for covered Part D drugs

Totals for the year-to-date

* Your **Out-of-Pocket Costs** amount is **$441** (includes what **You Paid** plus **Other Payments**)
* Your **Total Drug Costs** amount is **$441**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **You  Paid** | **Plan  Paid** | **Other  Payments** | **Total  Drug Costs** |
| **Monthly totals:  March 2024** | $220.50 | $0 | $0 | **$220.50** |
| **Year-to-date totals:**  **Jan – March 2024** | **$441** | **$0** | **$0** | **$441** |

|  |  |  |
| --- | --- | --- |
| Out-of-Pocket Costs include:  * What you paid when you fill/refill a covered Part D prescription * Any other payments for your drugs made by family or friends * Any other payments made for your drugs by Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, Indian Health Service, AIDS drug assistance programs, t charities, and most State Pharmaceutical Assistance Programs (SPAPs)  Out-of-Pocket Costs DON’T include payments made for:  * Plan premiums * Drugs not covered by our plan * Non-Part D drugs (like drugs you get during a hospital stay) * Drugs covered by employer or union health plans, some government-funded programs (including TRICARE and the Veterans Administration), Workers’ Compensation, and some other programs |  | Total Drug Costs This is the total of all payments made for your covered Part D drugs. It includes:   * What the plan pays * What you pay * What other programs or organizations pay for your drugs  Other PaymentsThis shows any payments made by other programs or organizations, such as Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs. **Learn more**  Medicare made the rules about which types of payments count toward “Out-of-Pocket Costs” and “Total Drug Costs.” For more details, see Birchwood’s *Evidence of Coverage* benefits booklet. |

## Example 6: Initial coverage stage, with LIS, payments from plan and Extra Help

CHART 2

## Your YEARLY spending totals for covered Part D drugs

Totals for the year-to-date

* Your **Out-of-Pocket Costs** amount is **$300** (includes what **You Paid** plus **Other Payments**)
* Your **Total Drug Costs** amount is **$661.50**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **You  Paid** | **Plan  Paid** | **Other  Payments** | **Total  Drug Costs** |
| **Monthly totals:  March 2024** | $11.50 | $220.50 | $88.50 | **$320.50** |
| **Year-to-date totals:**  **Jan – March 2024** | **$34.50** | **$661.50** | **$265.50** | **$661.50** |

|  |  |  |
| --- | --- | --- |
| Out-of-Pocket Costs include:  * What you paid when you fill/refill a covered Part D prescription * Any other payments for your drugs made by family or friends * Any other payments made for your drugs by Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs)  Out-of-Pocket Costs DON’T include payments made for:  * Plan premiums * Drugs not covered by our plan * Non-Part D drugs (like drugs you get during a hospital stay) * Drugs covered by employer or union health plans, some government-funded programs (including TRICARE and the Veterans Administration), Workers’ Compensation, and some other programs |  | Total Drug Costs This is the total of all payments made for your covered Part D drugs. It includes:   * What the plan pays * What you pay * What other programs or organizations pay for your drugs  Other PaymentsThis shows any payments made by other programs or organizations, such as Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs. **Learn more**  Medicare made the rules about which types of payments count toward “Out-of-Pocket Costs” and “Total Drug Costs.” For more details, see Birchwood’s *Evidence of Coverage* benefits booklet. |

1. See the April 4, 2023 Health Plan Management System (HPMS) memorandum titled “Final Contract Year (CY) 2024 Part D Bidding Instructions. [↑](#footnote-ref-2)