


**EXAMPLE: HOW TO POPULATE AN EOB FOR A BENEFICIARY WITH A DEFINED STANDARD BENEFIT IN CY2008, WITH NO SECONDARY PAYER ON RECORD, AND WITH GROSS DRUG SPEND OF \$5826.25.**

<b>I. Summary of Your Year-to-Date Medicare Prescription Drug Costs</b> Definitions of the terms used are provided on the next page of this document.						
<b>1. Yearly Deductible</b>	Plan Deductible:	Total <Plan> paid:	Total you/others on your behalf paid:	Total that you/others on your behalf paid that <b>counted</b> toward your out-of-pocket costs:	Total that you/others on your behalf paid that <b>didn't count</b> toward your out-of-pocket costs:	Total Drug Costs left to move to the initial coverage period:
	\$275.00	\$0.00	\$275.00	\$275.00	\$0.00	<b>\$0.00</b>
<b><u>YOUR CURRENT COVERAGE PERIOD</u></b>  <b>2. Initial Coverage Period</b>	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 <b>counted</b> toward your out-of-pocket costs:	Total that you/others on your behalf paid that <b>didn't count</b> toward your out-of-pocket costs:	Total Drug Costs left before the coverage gap:
	\$2235.00	\$1676.25	\$558.75	\$558.75	\$0.00	<b>\$0.00</b>
<b>3. Coverage Gap</b>	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 <b>counted</b> toward your out-of-pocket costs:	Total that you/others on your behalf paid that <b>didn't count</b> toward your out-of-pocket costs:	Amount left before catastrophic coverage:
	\$3216.25	\$0.00	\$3216.25	\$3216.25	\$0.00	<b>\$0.00</b>
 <b>4. Catastrophic Coverage</b>	No maximum	Total <Plan> paid:	Total you/others on your behalf paid:			
		\$95.00	\$5.00			

**Out-of-Pocket Costs to Date: \$4050.00**

**Total Drug Costs to Date: \$5826.25**