

## **EXHIBIT G.**

### **Example of a Part D EOB (all sections included)**

The fictional example in this exhibit is designed to illustrate the full document. It includes all sections for the draft revised Model Part D EOB.

It is for a person in the Initial Coverage payment stage who does not have LIS and does not have Supplemental Drug Coverage. It shows what the EOB might look like for a member who has only a couple of prescriptions filled during the month and does not have any updates to the formulary.

Assuming that this EOB is printed double-sided, it would require 4 sheets of paper (it is 7 pages long).



September 6, 2009

Jane Doe  
1500 Main Street  
Anytown, MD 21201

Birchwood Medicare Plus (HMO) is operated  
by Birchwood Health Corporation (1500  
Springfield Drive, Anytown, PA 18500).

Your member numbers are:

Member ID: 33965184442  
Rx: 777122 RxGRP: COS  
Group number #33-3388-NLIS-1C

### **Need large print or another format?**

To get this material in other formats, or ask for  
language translation services, call Birchwood  
Member Services (the number is on this page).

### **For languages other than English:**

Español 1-800-331-2345 (Spanish)  
Русский 1-800-331-5678 (Russian)  
tiếng Việt 1-800-331-7777 (Vietnamese)

Material ID H0000\_00\_0000

CMS Approved (01/01/2008)

## **Your Monthly Prescription Drug Summary**

### **For August, 2009**

This summary is your “Explanation of Benefits” (EOB) for your Medicare  
prescription drug coverage (Part D). Please review this summary and keep  
it for your records. (This is *not* a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which “drug payment stage” are you in?
- SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and  
definitions)
- SECTION 4. Updates to the plan’s Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what  
should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

## **Birchwood Member Services**

If you have questions or need help, call us 8 am to 5 pm, Monday through Friday.  
Calls to these numbers are free.

**1-800-222-3333**

TTY users only: 1-888-444-5555

Fax: 1-800-111-7788

On the Web at <http://www.birchwood.com>

A Health plan with a Medicare contract.

**SECTION 1. Your prescriptions during the past month**

- Chart 1 shows your prescriptions for covered Part D drugs for the past month.
- **Please look over this information about your prescriptions to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

**CHART 1.**

Your prescriptions for covered Part D drugs  
September, 2009

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>{insert name of first drug} 30 mg tabs</b> 09/10/09, ABC Pharmacy Rx# 222003742225, 30 day supply	\$0	\$24.15	\$24.15  (paid by Medicare Coverage Gap Discount Program)
<b>{insert name of second drug} 50 mg caps</b> 09/21/09, ABC Pharmacy Rx# 671142910071, 30 day supply	\$0	\$36.17	\$36.17  (paid by Medicare Coverage Gap Discount Program)
<b>TOTALS for the month of September 2009:</b>  <b>Your “out-of-pocket costs” amount is \$120.64</b> (This is the amount you paid this month (\$60.32) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” (\$60.32). See definitions in Section 3.)  <b>Your “total drug costs” amount is \$120.64.</b> (This is the total of all payments made for your drugs this month by the plan (\$0) and you (\$60.32) plus “other payments” (\$60.32).)	\$0  (total for the month)	\$60.32  (total for the month)	\$60.32  (total for the month)

*(continued)*

<b>Year-to-date totals</b> <b>1/1/09 through 9/30/09</b>	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for “out-of-pocket costs” is \$356.00.</b></p> <p><b>Your year-to-date amount for “total drug costs” is \$624.43.</b></p> <p>For more about “out-of-pocket costs” and “total drug costs,” see Section 3.</p>	<p>\$268.43 (year-to-date total)</p>	<p>\$295.68 (year-to-date total)</p>	<p>\$60.32 (year-to-date total)</p>

## SECTION 2. Which “drug payment stage” are you in?

As shown below, your prescription drug coverage has “drug payment stages.” How much you pay for a prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

### STAGE 1

#### Yearly Deductible

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$250 for your drugs (\$250 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

### You are in this stage:

### STAGE 2

#### Initial Coverage

- When you are in this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this payment stage **until the amount of your year-to-date “total drug costs” reaches \$2,700.** As of 9/30/09, your year-to-date “total drug costs” was **\$624.43.** (See definitions in Section 3.)

### What happens next?

Once you have **an additional \$2,075.57 in “total drug costs,”** you move to the next payment stage (stage 3, Coverage Gap).

### STAGE 3

#### Coverage Gap

- When you are in this payment stage, you (or others on your behalf) receive a discount on brand name drugs and you pay only 93% of the costs of generic drugs.
- When you are in this stage, you generally stay in it until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$4,350. When this happens, you move to payment stage 4, Catastrophic Coverage.

### STAGE 4

#### Catastrophic Coverage

- When you are in this payment stage, the plan pays most of the cost for your covered drugs.
- When you are in this stage, you generally stay in it for the rest of the calendar year (through December 31, 2009).

## SECTION 3. Your “out-of-pocket costs” and “total drug costs” (amounts and definitions)

We’re including this Section to help you keep track of your “out-of-pocket costs” and “total drug costs” because these costs determine which drug payment stage you are in. And, as explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

### Your “out-of-pocket costs”

**\$120.64** month of September, 2009  
**\$356.00** year-to-date (since January, 2009)

#### DEFINITION:

#### “Out of pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: “Extra Help” from Medicare; Medicare’s Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities, and most State Pharmaceutical Assistance Programs (SPAPs).

#### It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay).
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and Veteran’s Administration; Worker’s Compensation, and some other programs.

### Your “total drug costs”

**\$120.64** month of September, 2009  
**\$624.43** year-to-date (since January, 2009)

#### DEFINITION:

“Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

**Learn more.** Medicare has made the rules about which types of payments count and do *not* count toward “out-of-pocket costs” and “total drug costs.” The definitions on this page give you only the main rules. For details, including more about “covered Part D drugs,” see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

## **SECTION 4. Updates to the plan's Drug List that will affect drugs you take**

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By “drugs you take,” we mean any plan-covered drugs for which you filled prescriptions in 2009 as a member of our plan.)

## **SECTION 5. If you see mistakes on this summary or have questions, what should you do?**

### **If you have questions, call**

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at Birchwood Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: <http://www.birchwood.com>.

### **What about possible fraud?**

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please tell us so that we can check into it.

- Call us at Birchwood Member Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

## **SECTION 6. Important things to know about your drug coverage and your rights**

### **Your “Evidence of Coverage” has the details about your drug coverage and costs**

The *Evidence of Coverage* is Birchwood Medicare Plus' benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers for Birchwood Member Services are on the cover of this monthly summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

### **What if you have problems related to coverage or payments for your drugs?**

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 7. Asking the plan to pay its share of a bill you have received for covered services or drugs
- Chapter 9. What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you pay, it's called a “coverage decision.” If you disagree with our coverage decision, you can appeal our decision (see Chapter 9 of the *Evidence of Coverage*).
- Medicare has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The



process can be done if your doctor tells us that your health requires a quick decision.

name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Please ask for help if you need it. Here's how:

- You can call us at Birchwood Member Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

### **Did you know there are programs to help people pay for their drugs?**

- **“Extra Help” from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the “low-income subsidy” or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2009* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state’s pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The