Exhibit B. Examples that show different versions of Section 1 (the list of prescriptions)

NOTE: The examples in this exhibit have been designed to illustrate some of the main variations in model language for Section 1 of the draft revised Model Part D Explanation of Benefits (EOB). This section shows the list of prescriptions filled by a plan member.

These examples of Section 1 use numbers for the year 2020 and placeholders for the names of drugs. To help show how Section 1 would look in an actual Part D EOB, the examples include fictional information for the rest of the prescription-related text

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# PART 1. Examples 1-2: variations in text at end of Chart 1 that explain the totals

Examples 1 and 2 are designed to illustrate differences in the wording of the text that explains the total amounts which appear at the bottom of the Chart 1 list of prescriptions. These examples are for plan members who have no supplemental drug coverage. Each is in a different payment stage:

* Example 1 shows a version of Section 1 for a plan member who is in the deductible payment stage. This member receives no payments from the plan or from third parties.
* Example 2 shows a version of Section 1 for a plan member who is in the initial coverage period. This member receives payments from the plan, from the Extra Help program (these payments count toward out-of-pocket costs), and from Worker’s Compensation (these payments do *not* count toward out-of-pocket costs).

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

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  March 2020 |  |  |  |
| --- | --- | --- | --- |
| **Plan paid** | **You paid** | **Other payments** (made by programs or organizations; see Section 3) |
| **{insert name of first drug} 40 mg tabs**  03/09/20, ABC Pharmacy  Rx# 106663421555, 30 day supply  Negotiated Price Change (01/01/2020 to date): $104 increase.  There are lower cost therapeutic alternatives available. Please contact your provider for these options. | $0.00 | $45.18 | $0.00 |
| **{insert name of second drug} 25 mg caps**  03/09/20, ABC Pharmacy  Rx# 349000711222, 30 day supply | $0.00 | $13.80 | $0.00 |
| **TOTALS for the month of March 2020:**  **Your “out-of-pocket costs” amount is $58.98.** (This is the amount you paid this month ($58.98) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” ($0.00). See definitions in Section 3.)  **Your “total drug costs” amount is $58.98.** (This is the total for this month of all payments made for your drugs by the plan ($0.00) and you ($58.98) plus “other payments” ($0.00).) | $0.00  (total for the month) | $58.98  (total for the month) | $0.00  (total for the month) |

(*continued*)

|  |  |  |  |
| --- | --- | --- | --- |
| **Year-to-date totals**  **1/1/20 through 3/31/2020** | **Plan paid** | **You paid** | **Other payments** (made by programs or organizations; see Section 3) |
| **Your year-to-date amount for “out-of-pocket costs” is $58.98.**  **Your year-to-date amount for “total drug costs” is $58.98.**  For more about “out-of-pocket costs” and “total drug costs,” see Section 3. | $0.00  (year-to-date total) | $58.98  (year-to-date total) | $0.00  (year-to-date total) |

## [Example 2: Initial coverage stage, payments from plan, from Extra Help, and from another organization]

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  March 2020 |  |  |  |
| --- | --- | --- | --- |
| **Plan paid** | **You paid** | **Other payments** (made by programs or organizations; see Section 3) |
| **{insert name of first drug} inj 100 u/ml**  03/09/20, ABC Pharmacy  Rx# 124868934511, 15 day supply  Negotiated Price Change (01/01/2020 to date): $104 increase.  There are lower cost therapeutic alternatives available. Please contact your provider for these options. | $107.11 | $21.42 | $14.28  (paid by “Extra Help”) |
| **{insert name of second drug} 240 mg caps**  03/12/20, Springfield Drugs  Rx# 316582122880, 30 day supply | $6.60 | $1.32 | $2.26  (paid by “Extra Help”) |
| **{insert name of third drug} 150 mg tabs**  03/15/20, ABC Pharmacy  Rx# 632005552144, 30 day supply | $326.90 | $10.00 | $43.59  (paid by “Extra Help”)  $65.38  (paid by Worker’s Compensation)  (*continued*) |
| **{insert name of fourth drug} 50 mg tabs**  03/15/20, ABC Pharmacy  Rx# 529042917765, 30 day supply  Negotiated Price Change (01/01/2020 to date): $104 increase.  There are lower cost therapeutic alternatives available. Please contact your provider for these options.  **NOTE:**Beginning on December 1, 2020, step therapy will be required for this drug. See Section 4 for details. | $60.17 | $12.03 | $8.02  (paid by “Extra Help”) |
| **{insert name of first drug} 100 u/ml**  03/15/20, ABC Pharmacy  Rx# 124868900912, 15 day supply | $107.11 | $21.42 | $14.28  (paid by “Extra Help”) |
| **TOTALS for the month of March 2020:**  **Your “out-of-pocket costs” amount is $148.62.** (This is the amount you paid this month ($66.19) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” ($82.43). See definitions in Section 3.)  **Your “total drug costs” amount is $821.89.** (This is the total for this month of all payments made for your drugs by the plan ($607.89) and you ($66.19) plus “other payments” ($147.81).) | $607.89  (total for the month) | $66.19  (total for the month) | $147.81  (total for the month)  (Of this amount, $82.43counts toward your “out-of pocket costs. See definitions in Section 3.) |

(*continued*)

| **Year-to-date totals as of 9/30/20** | **Plan paid** | **You paid** | **Other payments** (made by programs or organizations; see Section 3) |
| --- | --- | --- | --- |
| **Your year-to-date amount for “out-of-pocket costs” is $690.80.**  **Your year-to-date amount for “total drug costs” is $2,136.26.**  For more about “out-of-pocket costs” and “total drug costs,” see Section 3. | $1,314.70  (year-to-date total) | $445.20  (year-to-date total) | $376.36  (year-to-date total)  (Of this amount, $245.60counts toward your “out-of pocket costs.” See definitions in Section 3.) |

# PART 2. Example 3: Using a separate chart for Supplemental Drug Coverage

Example 3 that follows shows a version of Chart 2, which is used to show prescriptions that are covered under the plan’s Supplemental Drug Coverage. This chart follows Chart 1 (it comes immediately after the summary of year-to-date totals).

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 2 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 2).”

## [Example 3: A separate chart (Chart 2) for prescriptions covered by Supplemental Drug Coverage]

| CHART 2.  Your prescriptions for drugs covered by our plan’s **Supplemental Drug Coverage**  March 2020   * This chart shows your prescriptions for drugs that are not generally covered by Medicare. * These drugs are covered for you under our plan’s Supplemental Drug Coverage. |  |  |  |
| --- | --- | --- | --- |
| **Plan paid** | **You paid** | **Other payments** (made by programs or organizations; see Section 3) |
| **{insert name of drug} 0.5 mg**  03/01/20, ABC Pharmacy  Rx# 836725300111, 30 day supply  Negotiated Price Change (01/01/2020 to date): $104 increase.  There are lower cost therapeutic alternatives available. Please contact your provider for these options. | $2.80 | $5.00 | $0.00 |
| **Totals for the month of March 2020** | $2.80 $5.00 $0.00  These payments do not count toward your “out-of-pocket costs” or your “total drug costs” because they are for drugs that are not generally covered by Medicare. (See definitions in Section 3.) | | |

# PART 3. Example 4: Using “notes” on Chart 1 to show changes to the formulary

Example 4 shows how explanatory notes are used in Section 1. These notes can provide members additional information related to a prescription, such as notes that highlight general prices 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 his/her doctor might consider in this section.

## [Example 4: Excerpt from Chart 1 showing notes about changes to the formulary]

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  March 2020 |  |  |  |
| --- | --- | --- | --- |
| **Plan paid** | **You paid** | **Other payments** (made by programs or organizations; see Section 3) |
| **{insert name of first drug} 30 mg tabs**  03/11/20, ABC Pharmacy  Rx# 222003740005, 30 day supply  Negotiated Price Change (01/01/2020 to date): $104 increase.  There are lower cost therapeutic alternatives available. Please contact your provider for these options.  **NOTE:**Beginning on December 1, 2020, step therapy will be required for this drug. See Section 4 for details. | $48.29 | $16.21 | $0.00 |
| **{insert name of second drug} 50 mg caps**  03/21/20, ABC Pharmacy  Rx# 671142913332, 30 day supply  **NOTE:**Effective December 1, 2020, this drug will be removed from our drug list. See Section 4 for details. | $72.34 | $22.60 | $0.00 |
| **{insert name of third drug} 0.5 mg**  03/25/20, ABC Pharmacy  Rx# 444025344660, 30 day supply  **NOTE:**Effective December 1, 2020, this drug will be moved from cost-sharing tier 2 to a higher cost-sharing tier (tier 3). See Section 4 for details. | $2.80 | $5.00 | $0.00 |

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