

EXHIBIT A.

Examples of a cover page

(shown in landscape and portrait versions)

The examples in this exhibit illustrate the overall look for the cover page of the Model Part D EOB. This example is for a Part D EOB to be sent out April 5, 2020, for a fictional plan called “Birchwood Medicare Plus.”

In this exhibit, the same cover is shown in portrait orientation and landscape orientation. Plans may use either of these.

- Since the rest of the EOB is in landscape orientation, using landscape orientation for the cover minimizes burden on the readers by keeping a consistent orientation throughout the document.
- The portrait version of the cover is included for optional use, with the member’s name and address positioned for mailing in a window envelope.



April 5, 2020

Jane Doe
1500 Main Street
Anytown, MD 21201

Your member numbers are:
{insert member ID numbers and any other
applicable reference numbers}

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

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)

Form CMS-10141

Your Monthly Prescription Drug Summary For March, 2020

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 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. We are available Monday through Friday
from 8 am to 5 pm. 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>

<insert material ID>



April 5, 2020

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{insert member ID numbers and any other applicable reference numbers}

Jane Doe
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- 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

Need large print or another format?

PRA Disclosure Statement According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this collection is 0938-0964. The time required to complete this information collection is estimated to average 200 hours per response based on the time and effort necessary to disclose and disseminate plan information and materials. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

CMS does not discriminate in its programs and activities: To request this form in an accessible format (e.g., Braille, Large Print, Audio CD) contact your Medicare Drug Plan. If you need assistance contacting your plan, call: 1-800-MEDICARE.

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