

## **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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## 2020 Part D EOB Exhibit B

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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.

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<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} 40 mg tabs</b> 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

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>{insert name of second drug} 25 mg caps</b> 03/09/20, ABC Pharmacy Rx# 349000711222, 30 day supply	\$0.00	\$13.80	\$0.00

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>TOTALS for the month of March 2020:</b> <b>Your “out-of-pocket costs” amount is \$58.98.</b> (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.) <b>Your “total drug costs” amount is \$58.98.</b> (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)

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<b>Year-to-date totals</b> <b>1/1/20 through 3/31/2020</b>	<b>Plan paid</b>	<b>You paid</b>	<i>(continued)</i> <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 \$58.98.</b></p> <p><b>Your year-to-date amount for “total drug costs” is \$58.98.</b></p> <p>For more about “out-of-pocket costs” and “total drug costs,” see Section 3.</p>	<p>\$0.00</p> <p>(year-to-date total)</p>	<p>\$58.98</p> <p>(year-to-date total)</p>	<p>\$0.00</p> <p>(year-to-date total)</p>

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*[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.

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<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} inj 100 u/ml</b> 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")

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>{insert name of second drug} 240 mg caps</b> 03/12/20, Springfield Drugs Rx# 316582122880, 30 day supply	\$6.60	\$1.32	\$2.26 (paid by "Extra Help")

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>{insert name of third drug} 150 mg tabs</b> 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)

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>{insert name of fourth drug} 50 mg tabs</b>                      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.</p> <p><b>NOTE:</b> Beginning on December 1, 2020, step therapy will be required for this drug. See Section 4 for details.</p>	\$60.17	\$12.03	\$8.02 (paid by "Extra Help")

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<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} 100 u/ml</b> 03/15/20, ABC Pharmacy Rx# 124868900912, 15 day supply	\$107.11	\$21.42	\$14.28 (paid by "Extra Help")
<b>TOTALS for the month of March 2020:</b> <b>Your "out-of-pocket costs" amount is \$148.62.</b> (This is the amount you paid this month (\$66.19) plus the amount of "other payments" made this month that count	\$607.89 (total for the month)	\$66.19 (total for the month)	\$147.81 (total for the month) (Of this amount, \$82.43 counts toward your "out-

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
toward your “out-of-pocket costs” (\$82.43). See definitions in Section 3.)  <b>Your “total drug costs” amount is \$821.89.</b> (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).)			of pocket costs. See definitions in Section 3.)

*(continued)*

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<b>Year-to-date totals as of 9/30/20</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 \$690.80.</b></p> <p><b>Your year-to-date amount for “total drug costs” is \$2,136.26.</b></p> <p>For more about “out-of-pocket costs” and “total drug costs,” see Section 3.</p>	<p>\$1,314.70 (year-to-date total)</p>	<p>\$445.20 (year-to-date total)</p>	<p>\$376.36 (year-to-date total)</p> <p>(Of this amount, \$245.60 counts toward your “out-of-pocket costs.” See definitions in Section 3.)</p>

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## **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)."

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

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## 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)
<b>{insert name of drug} 0.5 mg</b> 03/01/20, ABC Pharmacy Rx# 836725300111, 30 day supply Negotiated Price Change (01/01/2020 to date): \$104 increase.	\$2.80	\$5.00	\$0.00

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**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.

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>Totals for the month of March 2020</b>	\$2.80	\$5.00	\$0.00
These payments do <u>not</u> count toward your “out-of-pocket costs” or your “total drug costs” because they are for drugs that are not			

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## 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)
generally covered by Medicare. (See definitions in Section 3.)		

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### **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.

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*[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.

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>{insert name of first drug} 30 mg tabs</b>                      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.  <b>NOTE:</b> Beginning on December 1, 2020, step therapy will be required for this drug. See Section 4 for details.</p>	\$48.29	\$16.21	\$0.00

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>{insert name of second drug} 50 mg caps</b> 03/21/20, ABC Pharmacy Rx# 671142913332, 30 day supply  <b>NOTE:</b> Effective December 1, 2020, this drug will be removed from our drug list. See Section 4 for details.	\$72.34	\$22.60	\$0.00

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<b>CHART 1.</b> Your prescriptions for covered Part D drugs March 2020	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<b>{insert name of third drug} 0.5 mg</b> 03/25/20, ABC Pharmacy Rx# 444025344660, 30 day supply  <b>NOTE:</b> 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.}*

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