

## **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 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 2022 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.

<b>PART 1</b> .....	<b>2</b>
<b>Examples 1-2: variations in text at end of Chart 1 that explain the totals</b> .....	<b>2</b>
<b>[Example 1: Deductible payment stage, no payments from plan or others]</b> .....	<b>3</b>
<b>[Example 2: Initial coverage stage, payments from plan, from Extra Help, and from another organization]</b> .....	<b>5</b>
<b>PART 2</b> .....	<b>9</b>
<b>[Example 3: Using a separate chart for Supplemental Drug Coverage]</b> .....	<b>10</b>
<b>PART 3</b> .....	<b>11</b>
<b>Example 4: Using “notes” on Chart 1 to show changes to the formulary</b> .....	<b>11</b>
<b>[Example 4: Excerpt from Chart 1 showing notes about changes to the formulary]</b> .....	<b>12</b>

## **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 and check to see that it’s correct.** If you have any questions or there’s a mistake, Section 5 shows you what to do.
- **Drug Pricing Information (Drug Price & Price Change)**
  - The **Drug Price** shows the cost of each drug (including what you, your plan and other programs paid). The **Price Change** shows the percentage of the drug price since it was first filled during this benefit year.
  - There may be **Lower Cost Therapeutic Alternative drugs** (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost-sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

**CHART 1.**

Your prescriptions for covered Part D drugs  
March 2022

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)	<b>Drug Price &amp; Price Change</b>
<p><b>{insert name of first drug} 40 mg tabs</b> 03/09/22, ABC Pharmacy Rx# 106663421555, 30 day supply Lower Cost Therapeutic Alternative(s):</p>	\$0.00	\$45.18	\$0.00	\$45.18 +4%
<p><b>{insert name of second drug} 25 mg caps</b> 03/09/22, ABC Pharmacy Rx# 349000711222, 30 day supply Lower Cost Therapeutic Alternative(s):</p>	\$1.20	\$13.80	\$0.00	\$15.00 -3.5%

(continued)

**CHART 1.**

Your prescriptions for covered Part D drugs  
March 2022

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)	<b>Drug Price &amp; Price Change</b>
<p><b>TOTALS for the month of March 2022:</b></p> <p><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.)</p> <p><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).)</p>	<p>\$0.00 (total for the month)</p>	<p>\$58.98 (total for the month)</p>	<p>\$0.00 (total for the month)</p>	<p>Not Applicable</p>

<p><b>Year-to-date totals</b> <b>1/1/22 through 3/31/22</b></p>	<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 \$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 (year-to-date total)</p>	<p>\$58.98 (year-to-date total)</p>	<p>\$0.00 (year-to-date total)</p>

*[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 and check to see that it’s correct.** If you have any questions or think there’s a mistake, Section 5 shows you what to do.
- **Drug Pricing Information (Drug Price & Price Change)**
  - The **Drug Price** shows the cost of each drug (including what you, your plan and other programs paid). The **Price Change** shows the percentage of the drug price since it was first filled during this benefit year.
  - There may be **Lower Cost Therapeutic Alternative drugs** (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost-sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

**CHART 1.**

Your prescriptions for covered Part D drugs  
March 2022

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)	<b>Drug Price &amp; Price Change</b>
{insert name of first drug} inj 100 u/ml 03/09/22, ABC Pharmacy Rx# 124868934511, 15 day supply Lower Cost Therapeutic Alternative(s):	\$107.11	\$21.42	\$14.28 (paid by “Extra Help”)	\$142.81 +3.0%

**CHART 1.**

Your prescriptions for covered Part D drugs  
March 2022

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)	<b>Drug Price &amp; Price Change</b>
<p><b>{insert name of second drug} 240 mg caps</b> 03/12/22, ABC Pharmacy Rx# 316582122880, 30 day supply Lower Cost Therapeutic Alternative(s):</p>	\$6.60	\$1.32	\$2.26 (paid by “Extra Help”)	\$10.18 -1.1%
<p><b>{insert name of third drug} 150 mg tabs</b> 03/15/22, ABC Pharmacy Rx# 632005552144, 30 day supply Lower Cost Therapeutic Alternative(s):</p>	\$326.90	\$10.00	\$43.59 (paid by “Extra Help”)  \$65.38 (paid by Worker’s Compensation)	\$445.87 -8.4%
<p><b>{insert name of fourth drug} 50 mg tabs</b> 03/15/22, ABC Pharmacy Rx# 529042917765, 30 day supply Lower Cost Therapeutic Alternative(s):  <b>NOTE:</b> Beginning on June 1, 2022, step therapy will be required for this drug. See Section 4 for details.</p>	\$60.17	\$12.03	\$8.02 (paid by “Extra Help”)	\$80.22 +1.1%

**CHART 1.**

Your prescriptions for covered Part D drugs  
March 2022

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)	<b>Drug Price &amp; Price Change</b>
<p><b>{insert name of first drug} 100 u/ml</b> 03/15/22, ABC Pharmacy Rx# 124868900912, 15 day supply Lower Cost Therapeutic Alternative(s):</p>	\$107.11	\$21.42	\$14.28 (paid by “Extra Help”)	\$142.81 +11.2%
<p><b>TOTALS for the month of March 2022:</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 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).)</p>	\$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-of-pocket costs.” See definitions in Section 3.)	Not applicable

*(continued)*

<b>Year-to-date totals as of 3/31/2022</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>

**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 2022

- 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>{insert name of drug} 0.5 mg</b> 03/01/22, ABC Pharmacy Rx# 836725300111, 30 day supply	\$2.80	\$5.00	\$0.00
<b>Totals for the month of March 2022</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 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 price 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 and check to see that it’s correct.** If you have any questions or think there’s a mistake, Section 5 shows you what to do.
- **Drug Pricing Information (Drug Price & Price Change)**
  - The **Drug Price** shows the cost of each drug (including what you, your plan and other programs paid). The **Price Change** shows the percentage of the drug price since it was first filled during this benefit year.
  - There may be **Lower Cost Therapeutic Alternative drugs** (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost-sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

**CHART 1.**

Your prescriptions for covered Part D drugs  
March 2022

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)	<b>Drug Price &amp; Price Change</b>
<p><b>{insert name of first drug} 30 mg tabs</b> 03/11/22, ABC Pharmacy Rx# 222003740005, 30 day supply Lower Cost Therapeutic Alternative(s):</p> <p><b>NOTE:</b> Beginning on June 1, 2022, step therapy will be required for this drug. See Section 4 for details.</p>	\$48.29	\$16.21	\$0.00	\$64.50 +1.3%
<p><b>{insert name of second drug} 50 mg caps</b> 03/21/22, ABC Pharmacy</p>	\$72.34	\$22.60	\$0.00	\$94.94

<p>Rx# 671142913332, 30 day supply Lower Cost Therapeutic Alternative(s):</p> <p><b>NOTE:</b> Beginning on June 1, 2022, step therapy will be required for this drug. See Section 4 for details.</p>				<p>-7.4%</p>
<p><b>{insert name of third drug} 0.5 mg</b> 03/25/22, ABC Pharmacy Rx# 444025344660, 30 day supply Lower Cost Therapeutic Alternative(s):</p> <p><b>NOTE:</b> Effective June 1, 2022, this drug will be moved from cost-sharing tier 2 to a higher cost-sharing tier (tier 3). See Section 4 for details.</p>	<p>\$2.80</p>	<p>\$5.00</p>	<p>\$0.00</p>	<p>\$7.80 -2.1%</p>

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