

EXHIBIT B. Examples that show different versions of Chart 1 (monthly covered prescriptions), Chart 1A (Supplemental Coverage), and Chart 2 (yearly spending totals)

The examples in this exhibit illustrate some of the main variations in model language for Chart 1, Chart 1A and Chart 2 of the Model Part D Explanation of Benefits (EOB) for a fictional enrollee. This section shows the monthly list of prescriptions filled by a plan member and summarizes the monthly and yearly spending totals.

These examples use numbers for the year 2025 and placeholders for the names of drugs. All examples use 2024 benefit parameters¹ where 2025 benefit parameters are not yet available and will be updated in the final version.

Example 1: Deductible payment stage, no payments from plan or others2

Example 2: Initial coverage stage, with LIS, payments from plan and Extra Help or another organization.....3

Example 3: Using a separate chart for Supplemental Drug Coverage5

Example 4: Using “notes” on Chart 1 to show changes to the formulary7

Examples 5 & 6: Chart 2 for yearly spending totals9

¹ See the April 4, 2023 Health Plan Management System (HPMS) memorandum titled “Final Contract Year (CY) 2024 Part D Bidding Instructions.

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

CHART 1

Your MONTHLY prescriptions for covered Part D drugs: March 2025

Totals for the month of March 2025

- Your **Out-of-Pocket Costs** amount is **\$220.50**
- Your **Total Drug Costs** amount is **\$220.50**

| Drug Name, Fill Date, Pharmacy, Rx# | You Paid | Plan Paid | Other Payments | Drug Price | Price Change | Lower Cost Alternative Drugs |
|---|-----------------|------------|----------------|-----------------|--------------|--|
| [insert name of first drug], 40 mg tabs 03/09/25, ABC Pharmacy Rx# 106663421555, 30 day supply | \$147.88 | \$0 | \$0 | \$147.88 | +4% | [insert name of lower cost alternative drug] |
| [insert name of second drug], 10 mg tabs 03/09/25, ABC Pharmacy Rx# 349000711222, 30 day supply | \$72.62 | \$0 | \$0 | \$72.62 | -2% | [insert name of lower cost alternative drug] |
| Totals for the month of March 2025 | \$220.50 | \$0 | \$0 | \$220.50 | | |

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and the amounts here might differ from what you paid.

Plan Paid

This is the amount Birchwood paid for each drug.

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, such as those made by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs.

Drug Price

This shows the cost of each drug (including payments made by you, your plan, and others).

Price Change

This shows how the drug price changed (as a percentage) from when your prescription was first filled during the benefit year. You'll only see a drug price change when the quantity dispensed was the same.

Lower Cost Alternative Drugs

This shows drugs that may be an alternative to the ones you're taking now, but with lower cost sharing or a lower drug price. You may want to ask your doctor if the lower cost alternative is right for you.

Example 2: Initial coverage stage, with LIS, payments from plan and Extra Help or another organization

CHART 1

Your MONTHLY prescriptions for covered Part D drugs: March 2025

Totals for the month of March 2025

- Your **Out-of-Pocket Costs** amount is **\$319.93**
- Your **Total Drug Costs** amount is **\$836.42**

| Drug Name, Fill Date, Pharmacy, Rx# | You Paid | Plan Paid | Other Payments | Drug Price | Price Change | Lower Cost Alternative Drugs |
|---|-----------------|------------------|---|-------------------|---------------------|--|
| [insert name of first drug], 40 mg tabs 03/09/25, ABC Pharmacy Rx# 106663421555, 30 day supply | \$4.50 | \$122.81 | \$15.50 (paid by Extra Help) | \$142.81 | +11.2% | [insert name of lower cost alternative drug] |
| [insert name of second drug], 240 mg caps 03/12/25, ABC Pharmacy Rx# 349000711222, 30 day supply | \$4.50 | \$0.18 | \$5.50 (paid by Extra Help) | \$10.18 | -2% | [insert name of lower cost alternative drug] |
| [insert name of third drug], 150 mg tabs 03/15/25, ABC Pharmacy Rx# 349000711222, 30 day supply | \$11.20 | \$222.94 | \$211.73 (paid by Extra Help) | \$445.87 | -8.4% | [insert name of lower cost alternative drug] |
| [insert name of fourth drug], 50 mg tabs 03/15/25, ABC Pharmacy Rx# 349000711222, 30 day supply | \$4.50 | \$60.22 | \$15.50 (paid by Extra Help) | \$80.22 | +1.1% | [insert name of lower cost alternative drug] |
| [insert name of fifth drug], 100 u/ml 03/15/25, ABC Pharmacy Rx# 349000711222, 30 day supply | \$4.50 | \$110.34 | \$42.50 (paid by Extra Help) | \$157.34 | +2.2% | [insert name of lower cost alternative drug] |
| Totals for the month of March 2025 | \$29.20 | \$516.49 | \$290.73 | \$836.42 | | |

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and the amounts here might differ from what you paid.

Plan Paid

This is the amount Birchwood paid for each drug.

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, such as those made by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs.

Drug Price

This shows the cost of each drug (including payments made by you, your plan, and others).

Price Change

This shows how the drug price changed (as a percentage) from when your prescription was first filled during the benefit year. You'll only see a drug price change when the quantity dispensed was the same.

Lower Cost Alternative Drugs

This shows drugs that may be an alternative to the ones you're taking now, but with lower cost sharing or a lower drug price. You may want to ask your doctor if the lower cost alternative is right for you.

Example 3:

Using a separate chart for Supplemental Drug Coverage

Example 3 shows a version of Chart 1A, which shows prescriptions covered under the plan's Supplemental Drug Coverage. This chart follows Chart 1.

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 1A 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 1A)."

CHART 1A

Your prescriptions for drugs covered by your plan’s Supplemental Drug Coverage: March 2025

Your Supplemental Drug Coverage pays for some drugs not generally covered by Medicare. Any prescriptions you filled for these drugs this month are listed in the chart below. **The amounts paid for these drugs do *not* count toward your Out-of-Pocket Costs or Total Drug Costs.**

| Drug Name, Fill Date, Pharmacy, Rx# | You Paid | Plan Paid | Other Payments |
|--|-------------|--------------|----------------|
| [insert name of first drug], 0.5 mg 03/01/25, ABC Pharmacy Rx# 106663421555, 30 day supply | \$47 | \$153 | \$0 |
| Totals for the month of March 2025 | \$47 | \$153 | \$0 |

Example 4: Using “notes” on Chart 1 to show changes to the formulary

Example 4 shows how explanatory notes are used in Chart 1. These notes can provide additional information about 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 their doctor might consider in this section.

CHART 1

Your MONTHLY prescriptions for covered Part D drugs: March 2025

Totals for the month of March 2025

- Your **Out-of-Pocket Costs** amount is **\$279.25**
- Your **Total Drug Costs** amount is **\$692.30**

| Drug Name, Fill Date, Pharmacy, Rx# | You Paid | Plan Paid | Other Payments | Drug Price | Price Change | Lower Cost Alternative Drugs |
|---|----------|-----------|----------------|------------|--------------|--|
| <p>[insert name of first drug], 30 mg tabs 03/11/25, ABC Pharmacy Rx# 106663421555, 30 day supply</p> <p>NOTE: Starting June 1, 2025, step therapy will be required for this drug. See Chart 4 for details.</p> | \$232.25 | \$232.25 | \$0 | \$464.50 | +1.3% | [insert name of lower cost alternative drug] |
| <p>[insert name of third drug], .5 mg 03/25/25, ABC Pharmacy Rx# 349000711222, 30 day supply</p> <p>NOTE: Effective June 1, 2025, this drug will be moved from cost-sharing tier 2 to a higher cost-sharing tier (tier 3). See Chart 4 for details.</p> | \$47 | \$180.80 | \$0 | \$227.80 | -2.1% | [insert name of lower cost alternative drug] |

[NOTE: This example shows only the first part of Chart 1. The rest of the chart is not included.]

Examples 5 & 6: Chart 2 for yearly spending totals

Examples 5 and 6 illustrate differences in the wording of the text that explains the yearly total amounts. These examples are for plan members who have no supplemental drug coverage. Each is in a different payment stage:

- Example 5 shows a version of Chart 2 for a plan member without LIS who is in the deductible payment stage. This member receives no payments from the plan or from third parties.
- Example 6 shows a version of Chart 2 for a plan member with LIS who is in the initial coverage period. This member receives payments from the plan and from Extra Help (these payments count toward Out-of-Pocket Costs).

Example 5: Deductible payment stage, no payments from plan or others

CHART 2

Your YEARLY spending totals for covered Part D drugs

Your year-to-date **Out-of-Pocket Costs** amount is **\$441** (includes what **You Paid** plus **Other Payments**)

| | You Paid | Plan Paid | Other Payments | Total Drug Costs |
|--|--------------|------------|----------------|------------------|
| Monthly totals: March 2025 | \$220.50 | \$0 | \$0 | \$220.50 |
| Year-to-date totals: Jan – March 2025 | \$441 | \$0 | \$0 | \$441 |

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and amounts here might differ from what you paid.

Plan Paid

This is the amount Birchwood paid for each drug.

Total Drug Costs

This is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays
- What you pay
- What other programs or organizations pay for your drugs

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, those made by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count towards your Out-of-Pocket Costs.

Out-of-Pocket Costs include:

- What you paid when you fill/refill a covered Part D prescription
- Any payments for your drugs made by family or friends
- Any payments made for your drugs by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs)

Out-of-Pocket Costs DON'T include payments made for:

- Plan premiums
- Drugs not covered by our plan
- Non-Part D drugs (like drugs you get during a hospital stay)
- Drugs covered by certain other programs, such as the Veteran's Administration or Worker's Compensation
- Manufacturer Discount Program
- Selected Drug subsidy
- Drugs covered by our plan's Supplemental Drug Coverage listed in Chart 1A

Learn more

Medicare made the rules about which types of payments count toward "Out-of-Pocket Costs" and "Total Drug Costs." For more details, see Birchwood's *Evidence of Coverage* benefits booklet.

Example 6: Initial coverage stage, with LIS, and payments from plan and Extra Help

CHART 2

Your YEARLY spending totals for covered Part D drugs

Your year-to-date **Out-of-Pocket Costs** amount is **\$300** (includes what **You Paid** plus **Other Payments**)

| | You Paid | Plan Paid | Other Payments | Total Drug Costs |
|--|----------------|-----------------|-----------------|------------------|
| Monthly totals: March 2025 | \$11.50 | \$220.50 | \$88.50 | \$320.50 |
| Year-to-date totals: Jan – March 2025 | \$34.50 | \$661.50 | \$265.50 | \$661.50 |

You Paid

This is the amount you paid for each drug. It includes any payments for your drugs made by family or friends. If you participate in the Medicare Prescription Payment Plan, we'll send you a separate monthly billing statement, and amounts here might differ from what you paid.

Plan Paid

This is the amount Birchwood paid for each drug.

Total Drug Costs

This is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays
- What you pay
- What other programs or organizations pay for your drugs

Other Payments

This shows any payments not included in the "You Paid" and "Plan Paid" columns, those made by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, Manufacturer Discount Program, charities, and State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count towards your Out-of-Pocket Costs.

Out-of-Pocket Costs include:

- What you paid when you fill/refill a covered Part D prescription
- Any payments for your drugs made by family or friends
- Any payments made for your drugs by Extra Help from Medicare, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs)

Out-of-Pocket Costs DON'T include payments made for:

- Plan premiums
- Drugs not covered by our plan
- Non-Part D drugs (like drugs you get during a hospital stay)
- Drugs covered by certain other programs, such as the Veteran's Administration or Worker's Compensation
- Manufacturer Discount Program
- Selected Drug subsidy
- Drugs covered by our plan's Supplemental Drug Coverage listed in Chart 1A

Learn more

Medicare made the rules about which types of payments count toward "Out-of-Pocket Costs" and "Total Drug Costs." For more details, see Birchwood's *Evidence of Coverage* benefits booklet.