

EXHIBIT E. Example of Chart 4 (Changes to the Formulary)

The pages that follow show an example of Chart 4 in the model Part D EOB. Chart 4 gives updates to the formulary.

This example is for a fictional MA-PD plan called “Birchwood Medicare Plus.” The Part D sponsor has met all requirements and has the option to immediately replace brand name drugs with their generic equivalents. The example illustrates model language for six different types of changes. It uses placeholders for the names of the drugs. To help show how this section would look in an actual Part D EOB, the example includes fictional information for the rest of the drug-related text. To help members scan quickly through the list, the drug names are accented with boxes.

CHART 4

Changes to our Drug List that affect drugs you take

We may make changes to our Drug List during the year, like adding new drugs, removing drugs, changing coverage restrictions, or moving drugs from one cost-sharing tier to another. **The information below shows updates that affect plan-covered prescriptions you filled in 2025.**

[Drug A]**Step therapy**

- Starting June 1, 2025, “step therapy” will be required for this drug. This means you’ll be required to try a different drug first before we’ll cover [Drug-name A]. This requirement encourages you to try another drug that costs less but is just as safe and effective as [Drug-name A]. If this other drug doesn’t work for you, the plan will then cover [Drug-name A].

Understanding these changes

- See the next page for places to get help and more information about your options.
- You and your doctor may want to consider trying [alternate drug 1] or [alternate drug 2]. Both are on our Drug List and have no coverage restrictions. They’re used in similar ways as [Drug A] and they’re on a lower cost-sharing tier.

How much will you pay?

The amount you’ll pay depends on which drug payment stage you’re in when you fill the prescription. To find out how much you’ll pay, call Birchwood Member Services at 1-800-555-1212 (TTY 1-888-555-1313).

[Drug B]**Quantity limit**

- Starting October 1, 2025, there’ll be a new limit on the amount of the drug you can have: no more than 60 tablets (extended release 80 mg tablets) for a 30 day supply will be covered.

Understanding these changes

See the next page for places to get help and more information about your options.

How much will you pay?

The amount you’ll pay depends on which drug payment stage you’re in when you fill the prescription. To find out how much you’ll pay, call Birchwood Member Services at 1-800-555-1212 (TTY 1-888-555-1313).

[Drug C]

Prior authorization

- Starting June 1, 2025, “prior authorization” will be required for this drug. This means you or your doctor need to get approval from the plan before we’ll cover it.

Understanding these changes

- See the next page for places to get help and more information about your options.
- Your choices include asking for prior authorization in order to continue having this drug be covered for you, or changing to a different drug.

How much will you pay?

The amount you’ll pay depends on which drug payment stage you’re in when you fill the prescription. To find out how much you’ll pay, call Birchwood Member Services at 1-800-555-1212 (TTY 1-888-555-1313).

[Drug D]

Generic replacement

- Starting June 1, 2025, the brand-name drug [Brand Drug D] was removed from our Drug List. We added a new generic version of [Brand Drug D] to the Drug List called [Generic Drug D].

Understanding these changes

- We replaced [Brand Drug D] because [Generic Drug D], a new generic version of [Brand Drug D], is available. This change can save you money because [Generic Drug D] (tier 1) is in a lower cost-sharing tier than [Brand Drug D] (tier 3).
- If your prescriber believes this generic drug isn’t right for you due to your medical condition, you or your prescriber can ask us to make an exception.
- See the next page for places to get help and more information about your options.

How much will you pay?

The amount you’ll pay depends on which drug payment stage you’re in when you fill the prescription. To find out how much you’ll pay, call Birchwood Member Services at 1-800-555-1212 (TTY 1-888-555-1313).

[Drug E]

Cost-sharing increase

- Starting July 1, 2025, the brand-name drug [Brand Drug E] will move from tier 2 to a higher cost-sharing tier (tier 3).

Understanding these changes

- See the next page for places to get help and more information about your options.
- You and your doctor may want to consider trying a lower cost generic drug, [Alternate Generic Drug 1], which is in cost-sharing tier 1.

How much will you pay?

The amount you'll pay depends on which drug payment stage you're in when you fill the prescription. To find out how much you'll pay, call Birchwood Member Services at 1-800-555-1212 (TTY 1-888-555-1313).

[Drug F]

Removed from Drug List

- Starting October 1, 2025, the brand-name drug [Brand Drug F] will be removed from our Drug List. If you're taking this drug now, this change won't affect your coverage for this drug for the rest of the plan year.
- We'll add [Brand Drug G] to our Drug List, which is less costly yet just as safe and effective as [Brand Drug F].

Understanding these changes

See the next page for places to get help and more information about your options.

How much will you pay?

The amount you'll pay depends on which drug payment stage you're in when you fill the prescription. To find out how much you'll pay, call Birchwood Member Services at 1-800-555-1212 (TTY 1-888-555-1313).