

**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 2009 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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PART 1. Examples 1-3: variations in text at end of Chart 1 that explains the totals

Examples 1-3 are designed to illustrate differences in the wording of the explanatory text that goes with the total amounts at the end of Chart 1 that shows the 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 has no payments from the plan or from others.
- Example 2 shows a version of Section 1 for a plan member who is in the initial coverage period. This member has payments from the plan, from Extra Help (these payments count toward out-of-pocket costs), and from an AIDS drug assistance program (these payments do *not* count toward out-of-pocket costs).
- Example 3 shows a version of Section 1 for a plan member who was in the Coverage Gap when the month began and moved to the Catastrophic Coverage during the month. The chart includes explanatory notes telling the member that this change from one drug payment stage to the next took place during the month.

[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.

CHART 1.

Your prescriptions for covered Part D drugs
September, 2009

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
{insert name of first drug} 40 mg tabs 09/01/09, ABC Pharmacy Rx# 106663421, 30 days supply	\$0.00	\$45.18	\$0.00
{insert name of second drug} 25 mg caps 09/01/09, ABC Pharmacy Rx# 349000711, 30 days supply	\$0.00	\$13.80	\$0.00
TOTALS for the month of September 2009: Your “out-of-pocket costs” amount is \$48.98. (This is the amount you paid this month (\$48.98) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” (\$0.00). See definitions in Section 3.) Your “total drug costs” amount is \$48.98. (This is the total for this month of all payments made for your drugs by the plan (\$0.00) and you (\$48.98) plus “other payments” (\$0.00).)	\$0.00 (total for the month)	\$48.98 (total for the month)	\$0.00 (total for the month)

(continued)

Year-to-date totals as of 9/30/09	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for “out-of-pocket costs” is \$48.98. (This is the amount you have paid since January 1, 2009 (\$48.98) plus the amount of “other payments” made since January 1, 2009, that count toward your “out-of-pocket costs” (\$0.00). See definitions in Section 3.)</p> <p>Your year-to-date amount for “total drug costs” is \$48.98. (This is the total of all payments made for your drugs since January 1, 2009 by the plan (\$0.00) and you (\$48.98) plus “other payments” (\$0.00).)</p>	<p>\$0.00</p> <p>(total for 1/1/09 through 9/30/09)</p>	<p>\$48.98</p> <p>(total for 1/1/09 through 9/30/09)</p>	<p>\$0.00</p> <p>(total for 1/1/09 through 9/30/09)</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 to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1. Your prescriptions for covered Part D drugs September, 2009	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
{insert name of first drug} inj 100 u/ml 09/01/09, ABC Pharmacy Rx# 1248689, 15 days supply	\$107.11	\$21.42	\$14.28 (paid by "Extra Help")
{insert name of second drug} 240 mg caps 09/01/09, Springfield Drugs Rx# 3165821, 30 days supply	\$6.60	\$1.32	\$.90 (paid by "Extra Help")
{insert name of third drug} 150 mg tabs 09/01/09, ABC Pharmacy Rx# 63200555, 30 days supply	\$326.90	\$10.00	\$43.59 (paid by "Extra Help") \$65.38 (paid by AIDS Drug Assistance Program)

(continued)

CHART 1.

Your prescriptions for covered Part D drugs
September, 2009

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
{insert name of fourth drug} 50 mg tabs 09/01/09, ABC Pharmacy Rx# 52904291, 30 days supply NOTE: Beginning on January 1, 2010, step therapy will be required for this drug. See Section 4 for details.	\$60.17	\$12.03	\$8.02 (paid by "Extra Help")
{insert name of first drug} 100 u/ml 09/14/09, ABC Pharmacy Rx# 1248689, 15 days supply	\$107.11	\$21.42	\$14.28 (paid by "Extra Help")
TOTALS for the month of September 2009: Your "out-of-pocket costs" amount is \$148.62. (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.) Your "total drug costs" amount is \$821.89. (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).)	\$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." The payment(s) made by the AIDS Drug Assistance Program totaling \$65.38 do <u>not</u> count toward your out-of-pocket costs. See definitions in Section 3.)

(continued)

Year-to-date totals as of 9/30/09	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for “out-of-pocket costs” is \$690.80. (This is the amount you have paid since January 1, 2009 (\$445.20) plus the amount of “other payments” made since January 1, 2009, that count toward your “out-of-pocket costs” (\$245.60). See definitions in Section 3.)</p> <p>Your year-to-date amount for “total drug costs” is \$2,136.26. (This is the total of all payments made for your drugs January 1, 2009 by the plan (\$1,314.70) and you (\$445.20) plus “other payments” (\$376.36).)</p>	<p>\$1,314.70 (total for 1/1/09 through 9/30/09)</p>	<p>\$445.20 (total for 1/1/09 through 9/30/09)</p>	<p>\$376.36 (total for 1/1/09 through 9/30/09) (Of this amount, \$245.60 counts toward your “out-of-pocket costs.” See definitions in Section 3.)</p>

[Example 3: Showing the transition from Coverage Gap to Catastrophic Coverage]

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.

CHART 1. Your prescriptions for covered Part D drugs September, 2009	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
{Insert name of drug} inj 100u/ml 09/01/09, ABC Pharmacy Rx# 1138689, 30 days supply	\$0.00	\$151.61	\$0.00
{insert name of drug} 10 mg tabs 09/01/09, ABC Pharmacy Rx# 88890374, 30 days supply	\$0.00	\$79.20	\$0.00
{insert name of drug} 50 mg tabs 09/01/09, ABC Pharmacy Rx# 44304291, 30 days supply NOTE: With this prescription payment, your year-to-date total for “out-of-pocket costs” has reached \$4,350, which means that you have moved to the next drug payment stage, Catastrophic Coverage (see Section 2).	\$6.43	\$73.79	\$0.00

(continued)

CHART 1.

Your prescriptions for covered Part D drugs
September, 2009

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
{insert name of drug} 20 mg tabs 09/14/09, ABC Pharmacy Rx# 76008722, 10 days supply	\$136.81	\$6.00	\$0.00
TOTALS for the month of September 2009: Your “out-of-pocket costs” amount is \$310.60. (This is the amount you paid this month (\$310.60) plus the amount of “other payments” made this month that count toward your “out-of-pocket costs” (\$0.00). See definitions in Section 3.) Your “total drug costs” amount is \$453.84. (This is the total for this month of all payments made for your drugs by the plan (\$143.24) and you (\$310.60) plus “other payments” (\$0.00).)	\$143.24 (total for the month) (Earlier this month, during the time you were in the Coverage Gap payment stage, the plan did not make payments for your drugs. Once you moved to the Catastrophic Coverage payment stage, the plan made payments. See Section 2.)	\$310.60 (total for the month)	\$0.00 (total for the month)

(continued)

Year-to-date totals as of 9/30/09	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p>Your year-to-date amount for “out-of-pocket costs” is \$4,356.00. (This is the amount you have paid since January 1, 2009 (\$4,356.00) plus the amount of “other payments” made since January 1, 2009, that count toward your “out-of-pocket costs” (\$0.00). See definitions in Section 3.)</p> <p>Your year-to-date amount for “total drug costs” is \$6,244.34. (This is the total of all payments made for your drugs since January 1, 2009 by the plan (\$1,888.34) and you (\$4,356.00) plus “other payments” (\$0.00).)</p>	<p>\$1,888.34 (total for 1/1/09 through 9/30/09)</p>	<p>\$4,356.00 (total for 1/1/09 through 9/30/09)</p>	<p>\$0.00 (total for 1/1/09 through 9/30/09)</p>

PART 2. Example 4: Using a separate chart for Supplemental Drug Coverage

Example 4 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 4: 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**

September, 2009

- 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)
{insert name of drug} 0.5 mg 09/01/09, ABC Pharmacy Rx# 8367253, 30 days supply	\$2.80	\$5.00	\$0.00
Totals for the month of September, 2009	\$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 5: Using “notes” on Chart 1 to show changes to the formulary

Example 5 that follows show how explanatory notes are used in Section 1 to alert plan members when there is an upcoming change to cost or coverage of one of their drugs listed in Section 1.

[Example 5: 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.

CHART 1. Your prescriptions for covered Part D drugs September, 2009	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
{insert name of first drug} 30 mg tabs 09/11/09, ABC Pharmacy Rx# 22200374, 30 days supply NOTE: Beginning on January 1, 2010, step therapy will be required for this drug. See Section 4 for details.	\$48.29	\$16.21	\$0.00
{insert name of second drug} 50 mg caps 09/21/09, ABC Pharmacy Rx# 67114291, 30 days supply NOTE: Effective January 1, 2010, this drug will be removed from our drug list. See Section 4 for details.	\$72.34	\$22.60	\$0.00
{insert name of third drug} 0.5 mg 09/25/09, ABC Pharmacy Rx# 4440253, 30 days supply NOTE: Effective January 1, 2010, 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.}