

**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 1-2: variations in text at end of Chart 1 that explains the totals

Examples 1 and 2 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 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.

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# 106663421555, 30 day supply | \$0.00 | \$45.18 | \$0.00 |
| {insert name of second drug} 25 mg caps 09/01/09, ABC Pharmacy Rx# 349000711222, 30 day supply | \$0.00 | \$13.80 | \$0.00 |
| TOTALS for the month of September 2009: Your “out-of-pocket costs” amount is \$58.98. (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.) Your “total drug costs” amount is \$58.98. (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) |

(continued)

| Year-to-date totals 1/1/09 through 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 \$58.98.</p> <p>Your year-to-date amount for “total drug costs” is \$58.98.</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> |

[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# 124868934511, 15 day 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# 316582122880, 30 day supply | \$6.60 | \$1.32 | \$2.26 (paid by "Extra Help") |
| {insert name of third drug} 150 mg tabs 09/01/09, 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)

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# 529042917765, 30 day 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# 124868900912, 15 day 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". 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.</p> <p>Your year-to-date amount for “total drug costs” is \$2,136.26.</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**

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# 836725300111, 30 day 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 4: Using “notes” on Chart 1 to show changes to the formulary

Example 4 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 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.

| 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# 222003740005, 30 day 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# 671142913332, 30 day 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# 444025344660, 30 day 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.}