

EXHIBIT A.

Examples of a cover page


(shown in landscape and portrait versions)

The examples in this exhibit illustrate the overall look for the cover page of the revised Model Part D EOB. This example is for a Part D EOB for September, 2009, for a fictional plan called “Birchwood Medicare Plus.”

In this exhibit, the same cover is shown in portrait orientation and landscape orientation. Plans may use either of these.

- Since the rest of the EOB is in landscape orientation, using landscape orientation for the cover minimizes burden on the readers by keeping a consistent orientation throughout the document.
- The portrait version of the cover is included for optional use, with the member’s name and address positioned for mailing in a window envelope.

Fictional example of the EOB cover shown in landscape orientation:



September 6, 2009

Jane Doe
1500 Main Street
Anytown, MD 21201

Birchwood Medicare Plus (HMO) is operated
by Birchwood Health Corporation (1500
Springfield Drive, Anytown, PA 18500).

Your member numbers are:

Member ID: 33965184442
Rx: 777122 RxGRP: COS
Group number #33-3388-NLIS-1C

Need large print or another format?
To get this material in other formats, or ask for
language translation services, call Birchwood
Member Services (the number is on this page).

For languages other than English:
Español 1-800-331-2345 (Spanish)
Русский 1-800-331-5678 (Russian)
tiếng Việt 1-800-331-7777 (Vietnamese)

Material ID H0000_00_0000
CMS Approved (01/01/2008)

Your Monthly Prescription Drug Summary

For August, 2009

This summary is your "Explanation of Benefits" (EOB) for your Medicare
prescription drug coverage (Part D). Please review this summary and keep
it for your records. (This is *not* a bill.)

Here are the sections in this summary:

- SECTION 1. Your prescriptions during the past month
- SECTION 2. Which "drug payment stage" are you in?
- SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and
definitions)
- SECTION 4. Updates to the plan's Drug List that will affect drugs you take
- SECTION 5. If you see mistakes on this summary or have questions, what
should you do?
- SECTION 6. Important things to know about your drug coverage and your rights

Birchwood Member Services

If you have questions or need help, call us 8 am to 5 pm, Monday through Friday.
Calls to these numbers are free.

1-800-222-3333
TTY users only: 1-888-444-5555
Fax: 1-800-111-7788

On the Web at <http://www.birchwood.com>


A Health plan with a Medicare contract.

Example that illustrates the option
of adding ID numbers for easy
reference by the member.

Example of information
for members with
limited English.

Main number is
formatted to stand
out for easier use.

Fictional example of the same EOB cover shown in portrait orientation:



Birchwood
Medicare Plus

September 6, 2009

Jane Doe
1500 Main Street
Anytown, MD 21201

Birchwood Medicare Plus (HMO) is operated by
Birchwood Health Corporation (1500 Springfield Drive,
Anytown, PA 18500).

Your member numbers are:

Member ID: 33965184442
RxPCN: 777122 RxGRP: COS
Group number #33-3388-NLIS-1C

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SECTION 3. Your "out-of-pocket costs" and "total drug costs" (amounts and definitions)

SECTION 4. Updates to the plan's Drug List that will affect drugs you take

SECTION 5. If you see mistakes on this summary or have questions, what should you do?

SECTION 6. Important things to know about your drug coverage and your rights

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A Health plan with a Medicare contract.