

**EXHIBIT C. Examples that show different versions of Section 2
(drug payment stages)**

NOTE: The examples in this exhibit are fictional. They have been designed to illustrate some of the main variations in model language for Section 2 of the model Part D Explanation of Benefits (EOB). These examples use numbers for the year 2022. For ease of illustration, the amounts for out-of-pocket costs and total drug costs have been rounded.

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PART 1. Examples 1-4: non-LIS, with a deductible and limited gap coverage

(these examples begin on the next page)

[Example 1: non-LIS, with a deductible and limited gap coverage, in the yearly deductible stage]

SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:

STAGE 1

Yearly Deductible

- You begin in this payment stage when you fill your first prescription of the calendar year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage **until you (or others on your behalf) have paid \$480** for your drugs (\$480 is the amount of your deductible).
- As of 01/31/22 you (or others on your behalf) have paid **\$200** for your drugs.

STAGE 2

Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date “total drug costs” (see Section 3) reaches \$4,430. When this happens, you move to payment stage 3, Coverage Gap.

STAGE 3

Coverage Gap

- During this payment stage, you (or others on your behalf) receive a 70% manufacturer’s discount on covered brand name drugs and the plan will cover *[insert if additional brand gap coverage: “at least”]* another 5%, so you will pay *[insert if additional brand gap coverage: “less than”]* 25% of the negotiated price on brand-name drugs. In addition you (or others on your behalf) pay *[insert if additional generic gap coverage: “less than”]* 25% of the costs of generic drugs.
- You generally stay in this stage until the amount of your year-to-date “out-of-

STAGE 4

Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2022).

What happens next?

Once you (or others on your behalf) have paid **an additional \$280** for your drugs, you move to the next payment stage (stage 2, Initial Coverage).

pocket costs” (see Section 3) reaches \$ 7,050. When this happens, you move to payment stage 4, Catastrophic Coverage.

[Example 2: non-LIS, with a deductible and limited gap coverage, in the Initial Coverage Stage]**SECTION 2. Which “drug payment stage” are you in?**

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:**STAGE 1****Yearly Deductible**

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$480 for your drugs (\$480 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

STAGE 2**Initial Coverage**

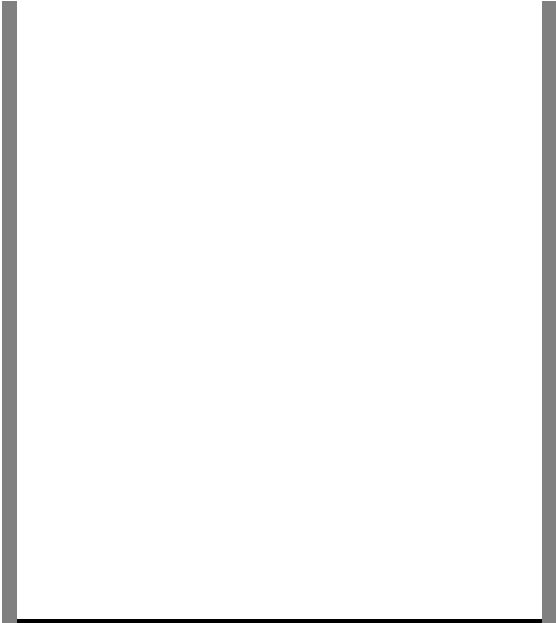
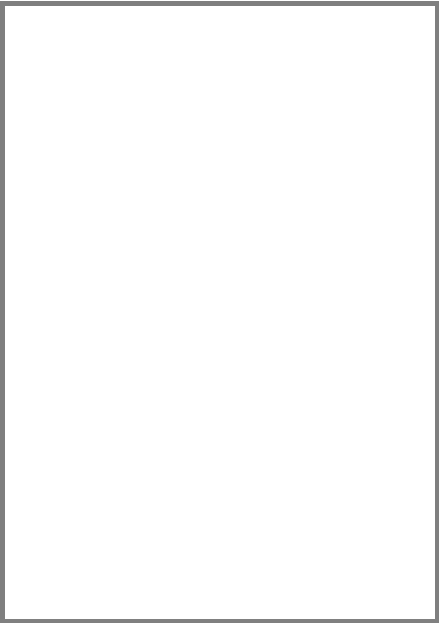
- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date “total drug costs” reaches \$4,430.** As of 4/30/22, your year-to-date “total drug costs” were **\$1,900.** (See definitions in Section 3.)

STAGE 3**Coverage Gap**

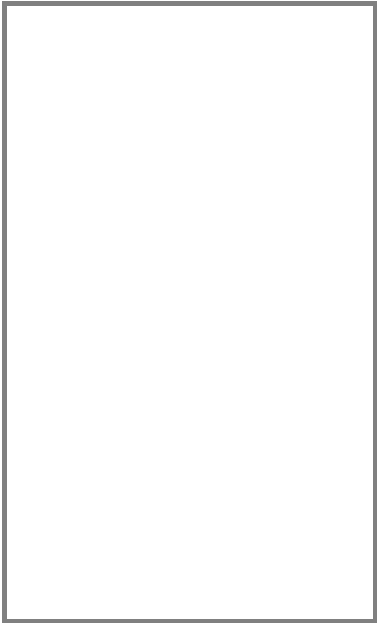
- During this payment stage, you (or others on your behalf) receive a 70% manufacturer’s discount on covered brand name drugs and the plan will cover *[insert if additional brand gap coverage: “at least”]* another 5%, so you will pay *[insert if additional brand gap coverage: “less than”]* 25% of the negotiated price on brand-name drugs. In addition you (or others on your behalf) pay *[insert if additional generic gap coverage: “less than”]* 25% of the costs of generic drugs.
- You generally stay in this stage until the amount of your year-to-date “out-of-

STAGE 4**Catastrophic Coverage**

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2022).



pocket costs” (see Section 3) reaches \$7,050. When this happens, you move to payment stage 4, Catastrophic Coverage.



What happens next?

Once you have **an additional \$2,530** in “**total drug costs**,” you move to the next payment stage (stage 3, Coverage Gap).

[Example 3: non-LIS, with a deductible and limited gap coverage, in the Coverage Gap]**SECTION 2. Which “drug payment stage” are you in?**

As shown below, your Part D prescription drug coverage has “drug payment stages.”

How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1**Yearly Deductible**

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$480 for your drugs (\$480 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

STAGE 2**Initial Coverage**

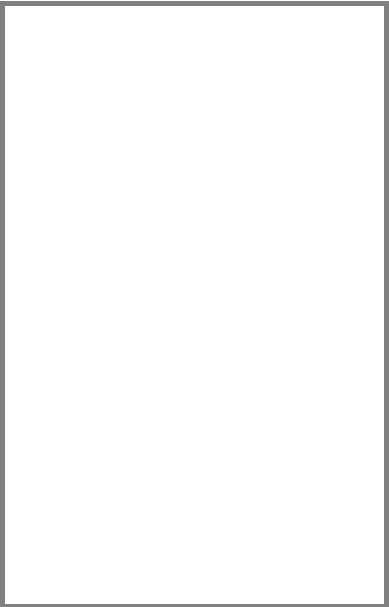
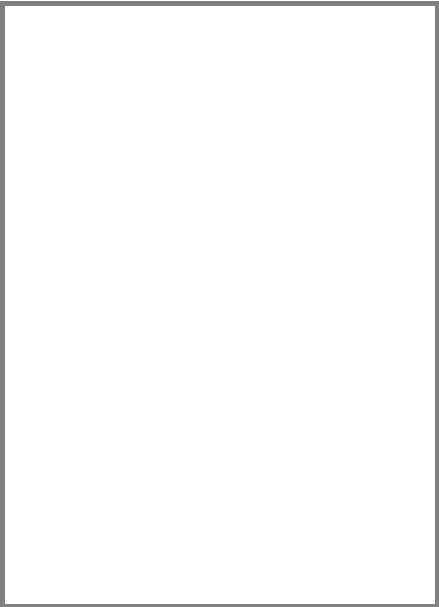
- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your year-to-date “total drug costs” reaches \$ 4,430. Then you move to payment stage 3, Coverage Gap.

You are in this stage:**STAGE 3****Coverage Gap**

- During this payment stage, you (or others on your behalf) receive a 70% manufacturer’s discount on covered brand name drugs and the plan will cover *[insert if additional brand gap coverage: “at least”]* another 5%, so you will pay *[insert if additional brand gap coverage: “less than”]* 25% of the negotiated price on brand-name drugs. In addition you (or others on your behalf) pay *[insert if additional generic gap coverage: “less than”]* 25% of the costs of generic drugs.
- You generally stay in this stage **until the amount of your year-to-date “out-of-pocket costs” reaches \$7,050.** As of 08/31/22 your year-to-date “out-of-pocket costs” were **\$3,200** (see Section 3).

STAGE 4**Catastrophic Coverage**

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2022).



What happens next?

Once you (or others on your behalf) have paid **an additional \$3,850 in “out-of-pocket costs,”** you move to the next payment stage (stage 4, Catastrophic Coverage).

[Example 4: non-LIS, with a deductible and limited gap coverage, in Catastrophic Coverage]**SECTION 2. Which “drug payment stage” are you in?**

As shown below, your Part D prescription drug coverage has “drug payment stages.”

How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1**Yearly Deductible**

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$480 for your drugs (\$480 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

STAGE 2**Initial Coverage**

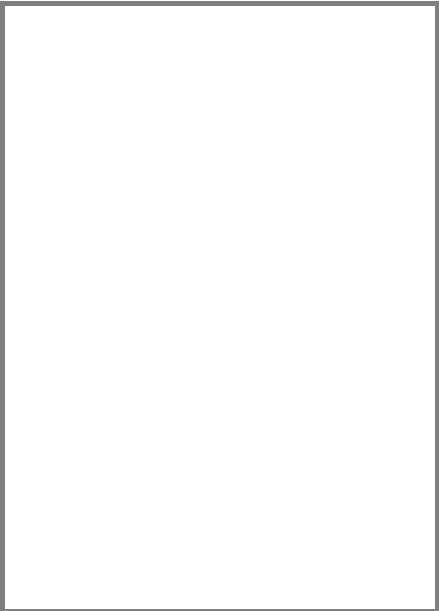
- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage until the amount of your “total drug costs” reaches \$4,430. Then you move to payment stage 3, Coverage Gap.

STAGE 3**Coverage Gap**

- During this payment stage, you (or others on your behalf) receive a 70% manufacturer’s discount on covered brand name drugs and the plan will cover *[insert if additional brand gap coverage: “at least”]* another 5%, you will pay *[insert if additional brand gap coverage: “less than”]* 25% of the negotiated price on brand-name drugs. In addition you (or others on your behalf) pay *[insert if additional generic gap coverage: “less than”]* 25% of the costs of generic drugs.
- You generally stay in this stage until the amount of your “out-of-pocket costs”

You are in this stage:**STAGE 4****Catastrophic Coverage**

- During this payment stage, the plan pays most of the cost for your covered drugs.
- For each prescription, you pay whichever of these is larger: a payment equal to 5% of the cost of the drug (this is called “coinsurance”), or a copayment (\$3.95 for a generic drug or a drug that is treated like a generic, \$9.85 for all other drugs).



reaches \$7,050. When you move to payment stage 4, Catastrophic Coverage.

What happens next?

You generally stay in this payment stage, Catastrophic Coverage, for the rest of the calendar year (through December 31, 2022).

PART 2. Example 5: non-LIS, no deductible and no gap coverage

(this example is on the next page)

[Example 5: non-LIS, no deductible and no additional gap coverage, in the Initial Coverage Stage]

SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1

Yearly Deductible

(Because there is no deductible for the plan, this payment stage does not apply to you.)

You are in this stage:

STAGE 2

Initial Coverage

- You begin in this payment stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date “total drug costs” reaches \$4,430.** As of 4/30/22, your year-to-date “total drug costs” were **\$1,900.** (See definitions in Section 3.)

What happens next?

Once you have an additional **\$2,530** in “total drug costs,”

STAGE 3

Coverage Gap

- During this payment stage, you (or others on your behalf) receive a 70% manufacturer’s discount on covered brand name drugs and the plan will cover another 5%, so you will pay 25% of the negotiated price on brand-name drugs. In addition you (or others on your behalf) pay 25% of the costs of generic drugs.
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$7,050. Then you move to payment stage 4, Catastrophic Coverage.

STAGE 4

Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2022).

you move to the next payment stage (stage 3, Coverage Gap).

PART 3. Example 6: non-LIS, brand-name/tier level only deductible and no gap coverage

(this example is on the next page)

[Example 6: non-LIS, brand-name/tier level only deductible and no gap coverage, in the Initial Coverage Stage]

SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:

STAGE 1

Yearly Deductible

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name (or tier 3) drugs.
- You generally pay full cost of your brand-name (or tier 3) drugs until you (or others on your behalf) have paid \$480 for your brand-name (or tier 3) drugs (\$480 is the amount of your brand-name (or tier 3) deductible).

STAGE 2

Initial Coverage

- During this payment stage, the plan pays its share of the cost of your generic (or tier 1 and tier 2) drugs and you (or others on your behalf) pay your share of the cost.
- After you (or others on your behalf) have met your brand-name (or tier 3) deductible, the plan pays its share of the cost of your brand-name (or tier 3) drugs and you (or others on your behalf) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date “total drug costs” reaches \$4,430**. As of 4/30/22, your year-to-date “total drug costs” were **\$1,900**. (See definitions in Section 3.)

STAGE 3

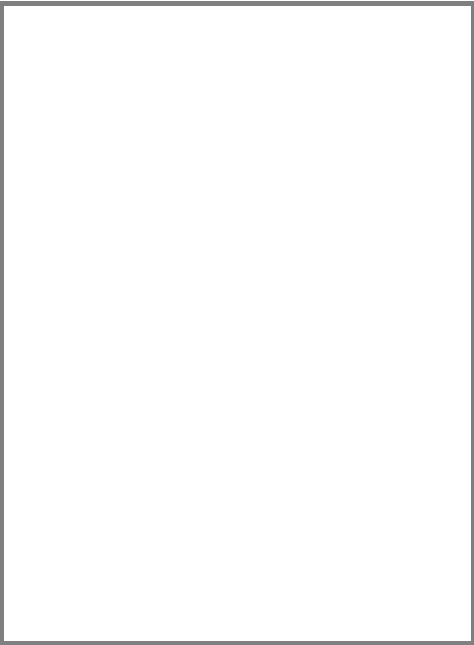
Coverage Gap

- During this payment stage, you (or others on your behalf) receive a 70% manufacturer’s discount on covered brand name drugs and the plan will cover another 5%, so you will pay 25% of the negotiated price on brand-name drugs. In addition you (or others on your behalf) pay 25% of the costs of generic drugs.
- You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” (see Section 3) reaches \$7,050. Then you move to payment

STAGE 4

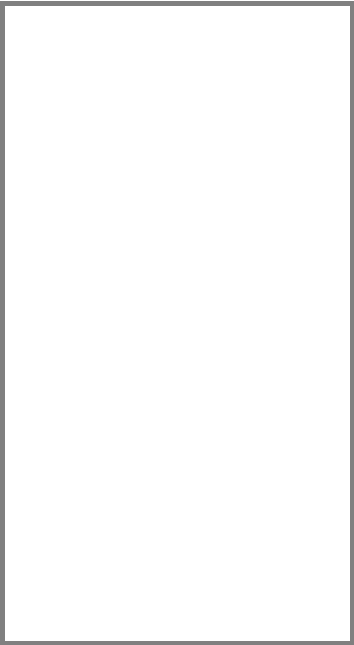
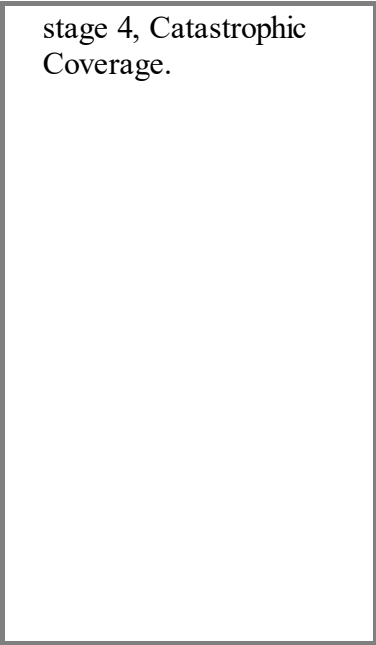
Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- When you are in this stage, you generally stay in it for the rest of the calendar year (through December 31, 2022).



What happens next?

Once you have **an additional \$2,530 in “total drug costs,”** you move to the next payment stage (stage 3, Coverage Gap).



PART 4. Examples 7-9: partial LIS, with a deductible

(these examples begin on the next page)

[Example 7: partial LIS, with a deductible, in the Yearly deductible stage]

SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

You are in this stage:

STAGE 1

Yearly Deductible

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage **until you (or others on your behalf) have paid \$99** for your drugs. (The plan deductible is usually \$480, but you pay \$99 because you are receiving “Extra Help” from Medicare.)
- As of 05/31/22 you have paid **\$50** for your drugs.

What happens next?

Once you (or others on your behalf) have paid **an additional \$49** for your

STAGE 2

Initial Coverage

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost.
 - You generally stay in this stage until the amount of your year-to-date “out-of-pocket costs” reaches \$7,050. When this happens, you move to payment stage 4, Catastrophic Coverage.

STAGE 3

Coverage Gap

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

STAGE 4

Catastrophic Coverage

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2022).

drugs, you move to the next payment stage (stage 2, Initial Coverage).

*[Example 8: partial LIS, with a deductible, in the Initial Coverage Stage]***SECTION 2. Which “drug payment stage” are you in?**

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1**Yearly Deductible**

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$99 for your drugs (\$99 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

You are in this stage:**STAGE 2****Initial Coverage**

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date “out-of-pocket costs” reaches \$7,050**. As of 08/31/22 your year-to-date “out-of-pocket costs” were **\$4,130** (see definitions in Section 3).

What happens next?

Once you (or others on your behalf) have paid **an additional \$2,920 in “out-of-pocket costs”** for your drugs, you move to the next payment stage (stage 4, Catastrophic Coverage).

STAGE 3**Coverage Gap**

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

STAGE 4**Catastrophic Coverage**

- During this payment stage, the plan pays most of the cost for your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2022).

*[Example 9: partial LIS, with a deductible, in Catastrophic Coverage]***SECTION 2. Which “drug payment stage” are you in?**

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1**Yearly Deductible**

- You begin in this payment stage when you fill your first prescription of the year. During this stage, you (or others on your behalf) pay the full cost of your drugs.
- You generally stay in this stage until you (or others on your behalf) have paid \$99 (\$99 is the amount of your deductible). Then you move to payment stage 2, Initial Coverage.

STAGE 2**Initial Coverage**

- During this payment stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost.
- You generally stay in this stage until the amount of your “out-of-pocket costs” reaches **\$7,050**. Then you move to payment stage 4, Catastrophic Coverage.

STAGE 3**Coverage Gap**

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

You are in this stage:**STAGE 4****Catastrophic Coverage**

- During this stage, the plan pays most of the cost for your covered drugs.
- For each prescription, you pay up to \$3.95 for a generic drug or a drug that is treated like a generic, and \$9.85 for all other drugs.

What happens next?

You generally stay in this payment stage, Catastrophic Coverage, for the rest of the calendar year (through December 31, 2022).

PART 5. Example 10: full LIS, in a plan that has a deductible

The page that follows has an example that illustrates what the drug payment stages chart in Section 2 looks like for someone with full LIS who is in drug payment stage 2 (Initial Coverage). The purpose of this example is to show how the model language explains the absence of a deductible for someone with full LIS who is in a plan that has a deductible.

(this example is on the next page)

[Example 10: full LIS, in a plan with a deductible, in the Initial Coverage Stage]

SECTION 2. Which “drug payment stage” are you in?

As shown below, your Part D prescription drug coverage has “drug payment stages.” How much you pay for a covered Part D prescription depends on which payment stage you are in when you fill it. During the calendar year, whether you move from one payment stage to the next depends on how much is spent for your drugs.

STAGE 1

Yearly Deductible

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

You are in this stage:

STAGE 2

Initial Coverage

- You begin in this payment stage when you fill your first prescription of the year.
- During this stage, the plan pays its share of the cost of your drugs and you (or others on your behalf, including “Extra Help” from Medicare) pay your share of the cost.
- You generally stay in this stage **until the amount of your year-to-date “out-of-pocket costs” reaches \$7,050**. As of 08/31/22 your year-to-date “out-of-pocket costs” were **\$4,130** (see definitions in Section 3).

What happens next?

Once you (or others on your behalf) have paid **an additional \$2,920 in out-of-pocket costs** for your drugs, you move to

STAGE 3

Coverage Gap

(Because you are receiving “Extra Help” from Medicare, this payment stage does not apply to you.)

STAGE 4

Catastrophic Coverage

- During this payment stage, the plan pays for all your covered drugs.
- You generally stay in this stage for the rest of the calendar year (through December 31, 2022).

the next payment stage (stage 4,
Catastrophic Coverage).