

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 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 2022 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.

PART 1.....2

Examples 1-2: variations in text at end of Chart 1 that explain the totals2

[Example 1: Deductible payment stage, no payments from plan or others].....3

[Example 2: Initial coverage stage, payments from plan, from Extra Help, and from another organization].....5

PART 2.....9

[Example 3: Using a separate chart for Supplemental Drug Coverage].....10

PART 3.....11

Example 4: Using “notes” on Chart 1 to show changes to the formulary11

[Example 4: Excerpt from Chart 1 showing notes about changes to the formulary]12

PART 1.

Examples 1-2: variations in text at end of Chart 1 that explain the totals

Examples 1 and 2 are designed to illustrate differences in the wording of the text that explains the total amounts which appear at the bottom of the Chart 1 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 receives no payments from the plan or from third parties.
- Example 2 shows a version of Section 1 for a plan member who is in the initial coverage period. This member receives 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 and check to see that it's correct.** If you have any questions or there's a mistake, Section 5 shows you what to do.
- **Drug Pricing Information (Drug Price & Price Change)**
 - The **Drug Price** shows the cost of each drug (including what you, your plan and other programs paid). The **Price Change** shows the percentage of the drug price since it was first filled during this benefit year.
 - There may be **Lower Cost Therapeutic Alternative drugs** (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost-sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

CHART 1.

Your prescriptions for covered Part D drugs
March 2022

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
{insert name of first drug} 40 mg tabs 03/09/22, ABC Pharmacy Rx# 106663421555, 30 day supply Lower Cost Therapeutic Alternative(s):	\$0.00	\$45.18	\$0.00	\$45.18 +4%
{insert name of second drug} 25 mg caps 03/09/22, ABC Pharmacy Rx# 349000711222, 30 day supply Lower Cost Therapeutic Alternative(s):	\$1.20	\$13.80	\$0.00	\$15.00 -3.5%

(continued)

CHART 1.

Your prescriptions for covered Part D drugs

March 2022

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
TOTALS for the month of March 2022: 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)	Not Applicable

Year-to-date totals 1/1/22 through 3/31/22	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
Your year-to-date amount for “out-of-pocket costs” is \$58.98. Your year-to-date amount for “total drug costs” is \$58.98. For more about “out-of-pocket costs” and “total drug costs,” see Section 3.	\$0.00 (year-to-date total)	\$58.98 (year-to-date total)	\$0.00 (year-to-date total)

[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 and check to see that it's correct.** If you have any questions or think there's a mistake, Section 5 shows you what to do.
- **Drug Pricing Information (Drug Price & Price Change)**
 - The **Drug Price** shows the cost of each drug (including what you, your plan and other programs paid). The **Price Change** shows the percentage of the drug price since it was first filled during this benefit year.
 - There may be **Lower Cost Therapeutic Alternative drugs** (when applicable) listed below some of your current drugs. These are drugs that may be an alternative to the ones you are taking but with lower cost-sharing or a lower drug price. You may want to speak with your prescriber to see if the lower cost therapeutic alternative is right for you.

CHART 1.

Your prescriptions for covered Part D drugs
March 2022

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
{insert name of first drug} inj 100 u/ml 03/09/22, ABC Pharmacy Rx# 124868934511, 15 day supply Lower Cost Therapeutic Alternative(s):	\$107.11	\$21.42	\$14.28 (paid by "Extra Help")	\$142.81 +3.0%

CHART 1.

Your prescriptions for covered Part D drugs

March 2022

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
{insert name of second drug} 240 mg caps 03/12/22, ABC Pharmacy Rx# 316582122880, 30 day supply Lower Cost Therapeutic Alternative(s):	\$6.60	\$1.32	\$2.26 (paid by “Extra Help”)	\$10.18 -1.1%
{insert name of third drug} 150 mg tabs 03/15/22, ABC Pharmacy Rx# 632005552144, 30 day supply Lower Cost Therapeutic Alternative(s):	\$326.90	\$10.00	\$43.59 (paid by “Extra Help”) \$65.38 (paid by Worker’s Compensation)	\$445.87 -8.4%
{insert name of fourth drug} 50 mg tabs 03/15/22, ABC Pharmacy Rx# 529042917765, 30 day supply Lower Cost Therapeutic Alternative(s): NOTE: Beginning on June 1, 2022, step therapy will be required for this drug. See Section 4 for details.	\$60.17	\$12.03	\$8.02 (paid by “Extra Help”)	\$80.22 +1.1%

CHART 1.

Your prescriptions for covered Part D drugs

March 2022

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
{insert name of first drug} 100 u/ml 03/15/22, ABC Pharmacy Rx# 124868900912, 15 day supply Lower Cost Therapeutic Alternative(s):	\$107.11	\$21.42	\$14.28 (paid by “Extra Help”)	\$142.81 +11.2%
TOTALS for the month of March 2022: 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.)	Not applicable

(continued)

Year-to-date totals as of 3/31/2022	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>	\$1,314.70 (year-to-date total)	\$445.20 (year-to-date total)	\$376.36 (year-to-date total) (Of this amount, \$245.60 counts toward your “out-of-pocket costs.” See definitions in Section 3.)

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**

March 2022

- 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 03/01/22, ABC Pharmacy Rx# 836725300111, 30 day supply	\$2.80	\$5.00	\$0.00
Totals for the month of March 2022	\$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 shows how explanatory notes are used in Section 1. These notes can provide members additional information related to a prescription, such as notes that highlight general price increases for that drug, or when a payment for a drug does not count toward out-of-pocket costs, or the drug is only partially covered because it is a compound drug that includes non-Part D drugs. The plan may also suggest lower-cost alternatives that a member and his/her doctor might consider in this section.

[Example 4: Excerpt from Chart 1 showing notes about changes to the formulary]

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CHART 1.

Your prescriptions for covered Part D drugs
March 2022

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
{insert name of first drug} 30 mg tabs 03/11/22, ABC Pharmacy Rx# 222003740005, 30 day supply Lower Cost Therapeutic Alternative(s): NOTE: Beginning on June 1, 2022, step therapy will be required for this drug. See Section 4 for details.	\$48.29	\$16.21	\$0.00	\$64.50 +1.3%
{insert name of second drug} 50 mg caps 03/21/22, ABC Pharmacy	\$72.34	\$22.60	\$0.00	\$94.94

Rx# 671142913332, 30 day supply Lower Cost Therapeutic Alternative(s): NOTE: Beginning on June 1, 2022, step therapy will be required for this drug. See Section 4 for details.				-7.4%
{insert name of third drug} 0.5 mg 03/25/22, ABC Pharmacy Rx# 444025344660, 30 day supply Lower Cost Therapeutic Alternative(s): NOTE: Effective June 1, 2022, 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	\$7.80 -2.1%

{NOTE: This example shows only the first part of Chart 1. The rest of the chart is not included.}