EXHIBIT G. Example of a complete EOB

This exhibit displays a complete EOB for a fictional enrollee. All examples use 2024 benefit parameters.[[1]](#footnote-1)



PO Box 789

Anytown, USA 12345-6789

## THIS IS NOT A BILL

JENNIFER WASHINGTON   
123 EXAMPLE STREET  
APARTMENT A  
ANYTOWN, USA 12345-6789

|  |  |  |
| --- | --- | --- |
| **Notice for Jennifer Washington** | |  |
| Your Medicare Number | **2CG5BJ6KS70** | |
| Date of This Notice | **April 15, 2024** | |
| Claims for | **March 2024** | |

# Your Medicare Part D Explanation of Benefits (EOB)

This is your “Explanation of Benefits” (EOB) for your Medicare prescription drug coverage (Part D). Your EOB shows the prescriptions you filled, what we paid, what you and others have paid, and what counts towards your Out-of-Pocket Costs and your Total Drug Costs.

* **Your EOB is not a bill.**If you paid a co-pay or coinsurance for your drug, the EOB should show the amount you paid.
* **You may not get an EOB every month.**When we get a claim (bill) from your pharmacy, you’ll get an EOB the next month. For example, if we get a claim in March, you’ll get an EOB in April.
* **Take a minute to look over your EOB.**Check your EOB to make sure everything is correct. If you have questions, find mistakes, or suspect fraud, we’re happy to help. Call us at the number below.

|  |  |
| --- | --- |
| Birchwood Member Services If you have questions or need help, call us  toll-free Monday through Friday from  8 a.m. to 5 p.m.  1-800-222-3333 1-888-444-5555 for TTY/TDD only  Or visit our website:  www.birchwood.com | For languages other than English: Español 1-800-331-2345 (Spanish) Русский 1-800-331-5678 (Russian)  tieng Viet 1-800-331-7777 (Vietnamese) Need large print or another format? To get this material in other formats, including large type, braille, and translation into other languages, call Birchwood Member Services at the number on this page. |

CHART 1

## Your MONTHLY prescriptions for covered Part D drugs: March 2024

**Totals for the month of March 2024**

* Your **Out-of-Pocket Costs** amount is **$67**
* Your **Total Drug Costs** amount is **$320.50**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Drug Name, Fill Date, Pharmacy, Rx#** | **You  Paid** | **Plan  Paid** | **Other Payments** | **Drug  Price** | **Price Change** | **Lower Cost Alternative Drugs** |
| **[insert name of first drug], 40 mg tabs**  03/09/24, ABC Pharmacy  Rx# 106663421555, 30 day supply | $47 | $200.88 | $0 | $247.88 | +4% | [insert name of lower cost alternative drug] |
| **[insert name of second drug], 10 mg tabs**  03/09/24, ABC Pharmacy  Rx# 349000711222, 30 day supply | $20 | $52.62 | $0 | $72.62 | -2% | [insert name of lower cost alternative drug] |
| **Totals for the month of March 2024** | **$67** | **$253.50** | **$0** | **$320.50** |  |  |

|  |  |  |
| --- | --- | --- |
| You Paid This is the amount you paid out-of-pocket for each drug. It includes any payments for your drugs made by family or friends. Plan Paid This is the amount Birchwood paid for each drug. Other Payments This shows any payments made by other programs or organizations, such as Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs; charities; and most State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs. |  | Drug Price This shows the cost of each drug (including what you, your plan, and other programs paid). Price Change This shows how the drug price changed (as a percentage) from when your prescription was first filled during the benefit year. You’ll only see a drug price change when the quantity dispensed was the same. Lower Cost Alternative Drugs This shows drugs that may be an alternative to theones you’re taking now, but with lower cost-sharing or a lower drug price. You may want to ask your doctor if the lower cost alternative is right for you.  Learn more  Medicare made the rules about which types of payments count toward “out-of-pocket costs” and “total drug costs.” For more details, see Birchwood’s *Evidence of Coverage* benefits booklet. |

CHART 1A

## Your prescriptions for drugs covered by your plan’s Supplemental Drug Coverage: April 2024

Your Supplemental Drug Coverage pays for some drugs not generally covered by Medicare. Any prescriptions you filled for these drugs this month are listed in the chart below. **The amounts paid for these drugs do *not* count toward your Out-of-Pocket Costs or Total Drug Costs.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Drug Name, Fill Date, Pharmacy, Rx#** | **You  Paid** | **Plan  Paid** | **Other  Payments** |
| **[insert name of first drug], 0.5 mg**  03/01/24, ABC Pharmacy  Rx# 106663421555, 30 day supply | $47 | $153 | $0 |
| **Totals for the month of March 2024** | **$47** | **$153** | **$0** |

|  |  |  |
| --- | --- | --- |
|  |  |  |

CHART 2

## Your YEARLY spending totals for covered Part D drugs

Totals for the year-to-date

* Your Out-of-Pocket Costs amount is **$632**  
  (includes what You Paid plus Other Payments)
* Your Total Drug Costs amount is **$961.50**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **You  Paid** | **Plan  Paid** | **Other  Payments** | **Total  Drug Costs** |
| **Monthly totals:  March 2024** | $67 | $253.50 | $0 | **$320.50** |
| **Year-to-date totals:**  **Jan – March 2024** | **$632** | **$329.50** | **$0** | **$961.50** |

|  |  |  |
| --- | --- | --- |
| Out-of-Pocket Costs include:  * What you paid when you fill/refill a covered Part D prescription * Any other payments for your drugs made by family or friends * Any other payments made for your drugs by Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs)  Out-of-Pocket Costs DON’T include payments made for:  * Plan premiums * Drugs not covered by our plan * Non-Part D drugs (like drugs you get during a hospital stay) * Drugs covered by employer or union health plans, some government-funded programs (including TRICARE and the Veterans Administration), Workers’ Compensation, and some other programs * Drugs covered by our plan’s Supplemental Drug Coverage listed in Chart 1A |  | Total Drug Costs This is the total of all payments made for your covered Part D drugs.  It includes:   * What the plan pays * What you pay * What other programs or organizations pay for your drugs  Other Payments This shows any payments made by other programs or organizations, such as Extra Help from Medicare, Medicare’s Coverage Gap Discount Program, employer or union health plans, TRICARE, Indian Health Service, AIDS drug assistance programs, charities, and most State Pharmaceutical Assistance Programs (SPAPs). Some of these payments may not count toward your Out-of-Pocket Costs  Learn more  Medicare made the rules about which types of payments count toward “Out-of-Pocket Costs” and “Total Drug Costs.” For more details, see Brookwood’s *Evidence of Coverage* benefits booklet. |

CHART 3

## Your current drug payment stage

How much you pay for a covered Part D prescription depends on which payment stage you’re in when you fill it. This chart helps you understand what stage you’re in now and when you’ll move to the next stage.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Year-to-date totals: Jan – March 2024** | **Stage 1:  Yearly Deductible** | **You’re in  Stage 2:  Initial  Coverage** | **Stage 3:  Coverage  Gap** | **Stage 4: Catastrophic Coverage** |
| **Out-of-Pocket Costs** | *lasts until*  ***Out-of-Pocket Costs*** *reach*  ***$545*** | **$836.45** | *starts when* ***Total Drug Costs*** *reach* **$5,030** | *starts when*  ***Out-of-Pocket Costs*** *reach* **$8,000** |
| **Total Drug Costs** | **$1,900** |

### 

### You’re in 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 your **year-to-date Total Drug Costs** reach **$5,030**. As of March 31, 2024, your year-to-date Total Drug Costs were **$1,900**.

What happens next?

Once you have **an additional $3,130 in Total Drug Costs,** you move to the next payment stage (Stage 3: Coverage Gap).

### 

### About Coverage Stages

* **Stage 1: Yearly Deductible**  
  You start in this payment stage each calendar year. In this stage, you pay the full cost of your drugs.  
  **You generally stay in this stage until you’ve paid the amount of your deductible ($545).**
* **Stage 2: Initial Coverage**  
  In this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.  
  **You generally stay in this stage until your year-to-date Total Drug Costs reach $5,030.**
* **Stage 3: Coverage Gap**In this stage, you pay 25% of the cost of your brand-name drugs and25% of the cost of your generic drugs. **You generally stay in this stage until your year-to-date Out-of-Pocket Costs reach $8,000.**
* **Stage 4: Catastrophic Coverage**In this stage, the plan pays all of the cost for your covered Part D drugs. You pay nothing. **You generally** **stay in this stage for the rest of the calendar year.**

CHART 4

## Changes to our Drug List that affect drugs you take

We may make changes to our Drug List during the year, like adding new drugs; removing drugs; changing coverage restrictions; or moving drugs from one cost-sharing tier to another. **The information below provides updates that affect plan-covered prescriptions you filled in 2024.**

[Drug A]

#### Step therapy

* Starting June 1, 2024 “step therapy” will be required for this drug. This means you’ll be required to try a different drug first before we’ll cover [Drug A]. This requirement encourages you to try another drug that costs less but is just as safe and effective as [Drug A]. If this other drug doesn’t work for you, the plan will then cover [Drug A].

|  |  |  |
| --- | --- | --- |
| Understanding these changes  * See the next page for places to get help and more information about your options. * You and your doctor may want to consider trying [Alternate Drug 1] or [Alternate Drug 2]. Both are on our Drug List and have no coverage restrictions. They’re used in similar ways as [Drug A] and they’re on a lower cost-sharing tier. |  | How much will you pay? The amount you’ll pay depends on which drug payment stage you’re in when you fill the prescription. To find out how much you’ll pay, call Birchwood Member Services at 1-800-222-3333 (TTY 1-800-444-5555). |

## Important things to know about your drug coverage and your rights

**See mistakes or have questions?**

If you have questions, see mistakes, or suspect fraud, call us at Birchwood Member Services at   
1-800-222-3333 (TTY 1-888-444-5555). You can also find answers to many questions online at [www.birchwood.com.](http://www.birchwood.com/) Or, call Medicare at   
1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

You can also call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for your state SHIP are in Chapter 2, Section 3 of your *Evidence of Coverage*.

### Get help with your options

Here are some things you can do to help you and your doctor manage any changes in coverage:

* **Call Birchwood** **Member Services to ask for a list of covered drugs that treat the same medical condition.** This list can help your doctor to find a covered drug that might work for you and have fewer restrictions or a lower cost.
* You and your doctor **can ask us to make an exception for you.** This means asking us to agree that the change in coverage or cost-sharing tier of a drug doesn’t apply to you. To learn how to ask for an exception, see Chapter 9 in the *Evidence of Coverage*, “What to do if you have a problem or complaint.”

### Get more details in the *Evidence of* Coverage and “LIS Rider”

The *Evidence of Coverage* is our plan’s benefits booklet. It explains your drug coverage and the rules you need to follow to use your coverage. To get a copy of the *Evidence of Coverage* in your mail or email, call Birchwood Member Services at   
1-800-222-3333 (TTY 1-888-444-5555). You can also get this document online at [www.birchwood.com.](http://www.birchwood.com/)

Your“LIS Rider” *(Evidence of Coverage Rider for People Who Get Extra Help Paying for their Prescriptions*) is a short separate document that tells what you pay for your prescriptions.

### Get help with drug coverage or payment problems

Your *Evidence of Coverage* explains what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

* **Chapter 7:** Asking the plan to pay its share of a bill you got for covered services or drugs
* **Chapter 9:** What to do if you have a problem or complaint (coverage decisions, appeals, complaints)

### Your right to appeal

When we decide whether a drug is covered and how much you must pay, it’s called a “coverage decision.” If you disagree with our coverage decision, you can appeal (see Chapter 9 in the *Evidence of Coverage*).

Medicare sets the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can be expedited if your doctor tells us that your health requires a quick decision.

### Get help paying for your drug coverage

**“Extra Help” from Medicare.** If you meet certain income and resource limits, you may qualify for Extra Help. This program helps pay for your Medicare drug coverage costs, such as plan premiums, deductibles, and costs when you fill your prescriptions. To see if you qualify for Extra Help, complete an application online at https://secure.ssa.gov/i1020/start. You can also call Social Security toll-free at 1-800-772-1213   
(TTY 1-800-325-0778).

**Help from your State Pharmaceutical Assistance Program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. To find out if your state has a State Pharmaceutical Assistance Program, visit Medicare.gov and search for “SPAP.” Or, check with your local State Health Insurance Assistance Program (SHIP).

1. See the April 4, 2023 Health Plan Management System (HPMS) memorandum titled “Final Contract Year (CY) 2024 Part D Bidding Instructions.” [↑](#footnote-ref-1)