



Birchwood
Medicare Plus

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, 2022
Claims Processed Between	March 15 – April 15, 2022

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

1-800-111-7788 fax

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)

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To get this material in other formats, including large type, braille, and translation into other languages, call Birchwood Member Services at the number shown on this page.



CHART 1

Your MONTHLY prescriptions for covered Part D drugs: APRIL 2022**Totals for the month of April 2022**

- Your **Out-of-Pocket Costs** amount is **\$35.68**
- Your **Total Drug Costs** amount is **\$220.50**

Drug Name, Fill Date, Pharmacy, Rx#	You Paid	Plan Paid	Other Payments	Drug Price	Price Change	Lower Cost Alternative Drugs
Zocor, 40 mg tabs 04/09/22, ABC Pharmacy Rx# 106663421555, 30 day supply	\$17.53	\$125.35	\$5.00 [paid by SPAP]	\$147.88	+4%	Atorvastatin
Mavenclad, 10 mg tabs 04/09/22, ABC Pharmacy Rx# 349000711222, 30 day supply	\$18.15	\$54.47	\$0.00	\$72.62	-2%	Fingolimod
Totals for the month of April 2022	\$35.68	\$179.82	\$5.00	\$220.50		

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 Medicare Plus paid for each drug.


Other Payments

This shows any payments made by other programs or organizations, including Extra Help from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

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 the ones 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.

CHART 1A

Your prescriptions for drugs covered by your plan's Supplemental Drug Coverage: APRIL 2022

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
Sildenafil, 25 mg tabs 04/09/22, ABC Pharmacy Rx# 106663421555, 30 day supply	\$40.00	\$27.32	\$0.00
Benzonatate, 100 mg caps 04/09/22, ABC Pharmacy Rx# 349000711222, 30 day supply	\$10.00	\$7.44	\$0.00

*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 Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs)

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 Medicare Plus paid for each drug.

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 our plan's Supplemental Drug Coverage
- Prescriptions filled at a non-network pharmacy that doesn't meet our out-of-network pharmacy access policy
- Payments made for your drugs by employer or union health plans; some government-funded programs (including TRICARE and the Veteran's Administration); Worker's Compensation; and some other programs

Other Payments

This shows any payments made by other programs or organizations, including Extra Help from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

If you have questions, please call Birchwood Medicare Plus at 1-800-222-3333 (TTY 1-888-444-5555), Monday through Friday from 8 a.m. to 5 p.m. The call is free. **For more information**, visit www.birchwood.com.

CHART 2

Your YEARLY spending totals for covered Part D drugs**Totals for the year-to-date**

- Your **Out-of-Pocket Costs*** amount is **\$447.53** (includes what **You Paid** plus **Other Payments**)
- Your **Total Drug Costs** amount is **\$774.43**

	You Paid	Plan Paid	Other Payments	Total Drug Costs
Monthly totals:				
April 2022	\$35.68	\$179.82	\$5.00	\$220.50
Year-to-date totals:				
Jan – April 2022	\$442.53	\$326.90	\$5.00	\$774.43

***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; most 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 our plan's Supplemental Drug Coverage
- Prescriptions filled at a non-network pharmacy that doesn't meet our out-of-network pharmacy access policy
- Payments made for your drugs by employer or union health plans; some government-funded programs (including TRICARE and the Veteran's Administration); Worker's Compensation; and some other programs

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, including Extra Help from Medicare; Medicare's Coverage Gap Discount Program; Indian Health Service; AIDS drug assistance programs; most charities; and most State Pharmaceutical Assistance Programs (SPAPs).

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 Medicare'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 – April 2022	Stage 1: Yearly Deductible	You're in Stage 2: Initial Coverage	Stage 3: Coverage Gap	Stage 4: Catastrophic Coverage
Out-of-pocket costs	<i>lasts until your out-of-pocket costs reach \$435</i>	\$442.53	<i>starts when total drug costs reach \$4,130</i>	<i>starts when your out-of-pocket costs reach \$6,650</i>
Total drug costs		\$774.43		

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 \$4,130.00**. As of 04/30/22, your year-to-date total drug costs were **\$774.43**.

What happens next?

Once you have **an additional \$3,355.57 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 (\$435.00).
- 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 \$4,130.00.
- Stage 3: Coverage Gap**
In this stage, you pay 25% of the cost of your generic or brand-name drugs.
You generally stay in this stage until your year-to-date out-of-pocket costs reach \$6,650.00.
- Stage 4: Catastrophic Coverage**
In this stage, for covered drugs you pay \$2 (generic)/\$5 (brand) or 5% of the cost, whichever is greater.
You generally stay in this stage for the rest of the calendar year (through December 31, 2022).

If you have questions, please call Birchwood Medicare Plus at 1-800-222-3333 (TTY 1-888-444-5555), Monday through Friday from 8 a.m. to 5 p.m. The call is free. For more information, visit www.birchwood.com.

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 2022.**

**Zocor, 40 mg tabs**

Generic replacement

- Beginning June 1, 2022, the brand-name drug Zocor will be removed from our Drug List. We will add a new generic version of Zocor to the Drug List (it is called Simvastatin).

Understanding these changes

- Generic replacement:** This means your brand-name drug was removed from our Drug List because a generic version is available, in 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 1-888-444-5555).

See the next page for places to get help & more information about your options.

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. 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 7 in the *Evidence of Coverage*, "What to do if you have a problem or complaint."

Get more details in the *Evidence of Coverage*

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  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.


Where to go for help with coverage 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 have received 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 our decision (see Chapter 9 of 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).