



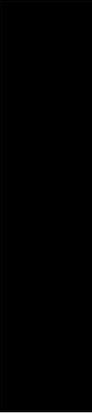
December 14, 2015

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Your member numbers are:
Member ID:
RxBIN: 610602
RxPCN: NVTD
RxGroup:



Your Monthly Prescription Drug Summary For November, 2015

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.)

- 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

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For languages other than English:

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Customer Services

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On the Web at:
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is an HMO plan with a Medicare contract. Enrollment in depends on contract renewal.

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 to be sure it is correct.** If you have any questions or think there is a mistake, Section 5 tells what you should do.

CHART 1.

Your prescriptions for covered Part D drugs
November, 2015

| Your prescriptions for covered Part D drugs November, 2015 | Plan paid | You paid | Other payments (made by programs or organizations; see Section 3) |
|---|------------|------------|---|
| <p>██████████ TAB 37.5-25 07/27/2015, ██████████ Rx# ██████████, -90 days supply</p> | ██████████ | ██████████ | ██████████ |
| <p>██████████ SOL 0.005% 09/22/2015, ██████████ Rx# ██████████, -30 days supply</p> | ██████████ | ██████████ | ██████████ |
| <p>██████████ SOL 0.005% 09/22/2015, ██████████ Rx# ██████████, 30 days supply</p> | ██████████ | ██████████ | ██████████ |
| <p>██████████ TAB 37.5-25 11/02/2015, ██████████ Rx# ██████████, 90 days supply</p> | ██████████ | ██████████ | ██████████ |
| <p>██████████ TAB 100MG 11/12/2015, ██████████ Rx# ██████████, 30 days supply</p> | ██████████ | ██████████ | ██████████ |
| <p>██████████ TAB 20MG 11/13/2015, ██████████ Rx# ██████████, 30 days supply</p> | ██████████ | ██████████ | ██████████ |
| <p>██████████ AER 160-4.5 11/16/2015, ██████████ Rx# ██████████, 25 days supply</p> | ██████████ | ██████████ | ██████████ |



CHART 1.

Your prescriptions for covered Part D drugs
November, 2015

| | Plan paid | You paid | Other payments (made by programs or organizations; see Section 3) |
|--|---|---|--|
| <p>TOTALS for the month of November, 2015:</p> <p>Your "out-of-pocket costs" amount is [REDACTED]. (This is the amount you paid this month ([REDACTED]) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" ([REDACTED]). See definitions in Section 3.)</p> <p>Your "total drug costs" amount is [REDACTED]. (This is the total for this month of all payments made for your drugs by the plan ([REDACTED]) and you ([REDACTED]) plus "other payments" ([REDACTED]).)</p> | <p>[REDACTED] (total for the month)</p> | <p>[REDACTED] (total for the month)</p> | <p>[REDACTED] (total for the month)</p> |

| <p>Year-to-date totals 01/01/2015 through 11/30/2015</p> | 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 [REDACTED].</p> <p>Your year-to-date amount for "total drug costs" is [REDACTED].</p> <p>For more about "out-of-pocket costs" and "total drug costs," see Section 3.</p> | <p>[REDACTED] (year-to-date total)</p> | <p>[REDACTED] (year-to-date total)</p> | <p>[REDACTED] (year-to-date total)</p> |

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 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 [REDACTED]**. As of 11/30/2015, your year-to-date "total drug costs" was [REDACTED]. (See definitions in Section 3.)

What happens next?

Once you have an **additional [REDACTED] in "total drug costs,"** you move to the next payment stage (stage 3, Coverage Gap).

STAGE 3

Coverage Gap

- During this payment stage, you (or others on your behalf) receive a [REDACTED] manufacturer's discount on covered brand name drugs and the plan will cover another [REDACTED], so you will pay [REDACTED] of the negotiated price on brand-name drugs. In addition you pay [REDACTED] 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 [REDACTED]. When this happens, 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, 2015).

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

We’re including this section to help you keep track of your “out-of-pocket costs” and “total drug costs” because these costs determine which drug payment stage you are in. As explained in Section 2, the payment stage you are in determines how much you pay for your prescriptions.

Your “out-of-pocket costs”

■■■■■ month of November, 2015
■■■■■ year-to-date (since January, 2015)

Your "total drug costs"

■■■■■ month of November, 2015
■■■■■ year-to-date (since January, 2015)

DEFINITION:

“Out of pocket costs” includes:

- What you pay when you fill or refill a prescription for a covered Part D drug. (This includes payments for your drugs, if any, that are made by family or friends.)
- Payments made for your drugs by any of the following programs or organizations: “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).

It does not include:

- Payments made for: a) plan premiums, b) drugs not covered by our plan, c) non-Part D drugs (such as drugs you receive during a hospital stay), d) drugs obtained at a non-network pharmacy that does not meet our out-of-network pharmacy access policy.
- Payments made for your drugs by any of the following programs or organizations: employer or union health plans; some government-funded programs, including TRICARE and the Veteran’s Administration; Worker’s Compensation; and some other programs.

DEFINITION:

“Total drug costs” is the total of all payments made for your covered Part D drugs. It includes:

- What the plan pays.
- What you pay.
- What others (programs or organizations) pay for your drugs.

Learn more. Medicare has made the rules about which types of payments count and do not count toward “out-of-pocket costs” and “total drug costs.” The definitions on this page give you only the main rules. For details, including more about “covered Part D drugs,” see the *Evidence of Coverage*, our benefits booklet (for more about the *Evidence of Coverage*, see Section 6).

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

At this time, there are no upcoming changes to our Drug List that will affect the coverage or cost of drugs you take. (By "drugs you take," we mean any plan-covered drugs for which you filled prescriptions in 2015 as a member of our plan.)



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

If you have questions, call us

If something is confusing or doesn't look right on this monthly prescription drug summary, please call us at [REDACTED] Customer Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [REDACTED]

What about possible fraud?

Most health care professionals and organizations that provide Medicare services are honest. Unfortunately, there may be some who are dishonest.

If this monthly summary shows drugs you're not taking, or anything else that looks suspicious to you, please contact us.

- Call us at [REDACTED] Customer Services (phone numbers are on the cover of this summary).
- Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.

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

Your "Evidence of Coverage" has the details about your drug coverage and costs

The *Evidence of Coverage* is our plan's benefits booklet. It explains your drug coverage and the rules you need to follow when you are using your drug coverage.

We have sent you a copy of the *Evidence of Coverage*. If you need another copy, please call us (phone numbers are on the cover of this summary).

Remember, to get your drug coverage under our plan you must use pharmacies in our network, except in certain circumstances. Also, quantity limitations and restrictions may apply.

What if you have problems related to coverage or payments for your drugs?

Your *Evidence of Coverage* has step-by-step instructions that explain what to do if you have problems related to your drug coverage and costs. Here are the chapters to look for:

- Chapter 7. Asking us to pay our share of a bill you have received for covered medical services or drugs.
- Chapter 9. What to do if you have a problem or complaint (coverage decisions, appeals, complaints).

Here are things to keep in mind:

- When we decide whether a drug is covered and how much you 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 has set the rules for how coverage decisions and appeals are handled. These are legal procedures and the deadlines are important. The process can take place if your doctor tells us that your health requires a quick decision.

Please ask for help if you need it. Here's how:

- You can call us at [REDACTED] Customer Services (phone numbers are on the cover of this monthly summary).
- You can call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week.
- You can call your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.

Did you know there are programs to help people pay for their drugs?

- **"Extra Help" from Medicare.** You may be able to get Extra Help to pay for your prescription drug premiums and costs. This program is also called the "low-income subsidy" or LIS. People whose yearly income and resources are below certain limits can qualify for this help. To see if you qualify for getting Extra Help, see Section 3 of your *Medicare & You 2015* handbook or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. You can call these numbers for free, 24 hours a day, 7 days a week. You can also call the Social Security Office at 1-800-772-1213 between 7 a.m. and 7 p.m., Monday through Friday. TTY users should call 1-800-325-0778. You can also call your State Medicaid Office.
- **Help from your state's pharmaceutical assistance program.** Many states have State Pharmaceutical Assistance Programs (SPAPs) that help some people pay for prescription drugs based on financial need, age, or medical condition. Each state has different rules. Check with your State Health Insurance Assistance Program (SHIP). The name and phone numbers for this organization are in Chapter 2, Section 3 of your *Evidence of Coverage*.