

# Understanding Your Pharmacy (Part D) Explanation of Benefits



## What is an Explanation of Benefits (EOB)?

As a member of ATRIO Health Plans, you receive an EOB statement in the mail each month you utilize your prescription drug benefit. This is required by Medicare. Your EOB includes billing details for your covered prescription drugs that were received during the previous month. Your EOB explains what costs ATRIO covered and any costs you paid or need to pay. You will also see how close you are to meeting your deductible (if applicable) and out-of-pocket maximum, which indicate when you enter the Coverage Gap (or donut hole).

You will receive a separate EOB for your medical health care services and items.

*Note: The EOB is NOT a bill. It is simply a statement showing details on how you and your plan will share costs.*

## What to look for in your Part D EOB

The Part D EOB will tell you how much you and your plan paid for prescriptions in the last month. It breaks down your out-of-pocket costs and your total drug costs to help you understand which drug payment stage you are in.

**Front Page Summary** includes a summary of the pages that follow

## Your Monthly Prescription Drug Summary For January, 2022

Look In Section 1 for:  
Which medications  
did I fill last month?

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.

Here are the sections in this summary:

**SECTION 1.** Your prescriptions during the past month

**SECTION 2.** Which "drug payment stage" are you in?

Look In Section 2 for:  
Which stage am I in?  
How close to the  
coverage gap am I?

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

**SECTION 4.** Updates to the plan's Drug List that 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

Look In Section 3 for:  
How much have I  
spent on drugs this  
month/year?

## Section 1

Drugs filled in past month with details	What ATRIO paid	What YOU paid	What other programs paid	
	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)	Drug Price & Price Change
<b>CHART 1.</b> Your prescriptions for covered Part D drugs July, 2020				
BD ULTRA-FINE NDL 12.7MMX29G 100, 07/09/2020, SAVINGS PHARMACY Rx# 1922860, 30 day(s) supply	\$19.49	\$20.28	\$0.00	\$0.00 0%
IBUPROFEN 800 MG TABLET 90, 07/14/2020, MERRILL LYNCH CLINIC LLC Rx# 1459005, 30 day(s) supply	\$6.10	\$6.35	\$0.00	\$0.00 0%

## Section 2

This section will let you know which stage you are in based off your drug spend. The stage you are in will be highlighted and say "You are in this stage:" at the top.

	You are in this Stage		
<b>STAGE 1</b> <b>Yearly Deductible</b>  <i>This section will tell you how much you have paid toward your deductible (if applicable)</i>	<b>STAGE 2</b> <b>Initial Coverage</b>  <i>This section will tell you how much you have spent in out-of-pocket costs for drugs, and how close you are to entering the Coverage Gap Stage. Once you have paid a certain amount, you move on to Stage 3, and receive discounts.</i>	<b>STAGE 3</b> <b>Coverage Gap</b>  <i>This section will tell you how much you have spent in out-of-pocket costs for drugs, and how close you are to entering the Catastrophic Coverage Stage. Again, once you have paid a certain amount, you move to Stage 4 and receive discounts.</i>	<b>STAGE 4</b> <b>Catastrophic Coverage</b>  <i>If you enter this stage, the plan will pay for most of your covered drugs for the rest of the year.</i>

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## Section 3

*This section will summarize your monthly and yearly out-of-pocket costs and your total drug costs. It also provides a bit more information about what counts toward each.*

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<b>Your “out-of-pocket costs”</b>	<b>Your “total drug costs”</b>
\$6.85 month of January, 2022	\$8.10 month of January, 2022
\$6.85 year-to-date (since January, 2022)	\$8.10 year-to-date (since January, 2022)

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## Section 4,5 & 6

*These sections provide a lot of helpful information about the Plan and other programs available.*

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## Additional pages

*Formulary Change Notice – We may include this notice with your EOB if there is a formulary change with a drug, such as a tier change, a prior authorization is needed, a quantity limit is added, or something else. We will let you know the reason and try to provide alternatives.*

*You also get extra pages with your EOB that include the multi-language and non-discrimination statements required by the U.S. Office for Civil Rights.*



You can find a lot of helpful benefit information by registering on our Prescription Drug Portal at [atriohp.com](http://atriohp.com), and select ‘Members’, then ‘Member Portal’. You will find the link/button to the Prescription Drug Portal.

## Questions about your EOB?

Contact Customer Service at  
**1-877-672-8620 (TTY 711)**  
Daily from 8 a.m. to 8 p.m. local time.