

# Prescription Benefit Update

Explanation of Benefits (EOB) for Your Medicare Prescription Drug Coverage (Part D)

**Medco Medicare Prescription Plan™**



Prepared for:



3896 0004058 0002  
Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

Your personalized Prescription Benefit Update provides you with more than a summary of your prescription drug purchases each month. We also provide other useful information that can help you get the best value from **Medco Medicare Prescription Plan for Chevron.**

## Customer Service Information

If you have any questions, call 1-800-935-6215, 24 hours a day, 7 days a week, except Thanksgiving and Christmas. TTY/TDD users should call 1-800-716-3231. Or, visit [www.medco.com](http://www.medco.com) on the Web.

The Plan has retail, retail maintenance, mail-order, long-term care, home infusion and Indian/Tribal/Urban pharmacies in its network. A network pharmacy is a pharmacy where beneficiaries obtain prescription drug benefits provided by the Plan. In most cases, your prescriptions are covered under the Plan only if they are filled at a network pharmacy or through our mail-order pharmacy service. Once you go to one, you are not required to continue going to the same pharmacy to fill your prescription; you can go to any of our network pharmacies. We will fill prescriptions at out-of-network pharmacies under certain circumstances, as described in your Evidence of Coverage.

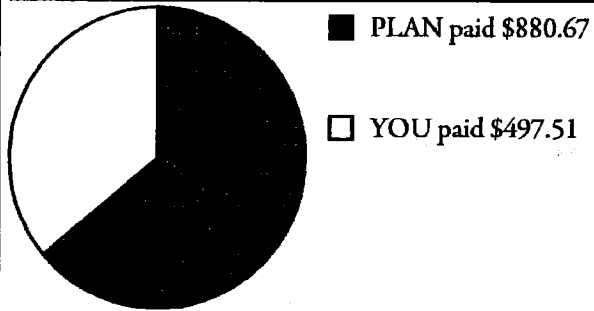
Member Number: 358657422574  
Group Number: CMD3896

**THIS IS NOT A BILL.**  
Keep this notice for your records.

## This Notice Includes

- **Coverage Status**  
How much you've paid so far this year for your prescriptions. You are in Period 2 — Initial Coverage. See full details on page 2.
- **Rx Month at a Glance**  
Your recent claims for prescriptions for November are on page 5.

## Benefit Highlights



Your total drug costs for 2010 .....	\$1,378.18
<b>Medco Medicare Prescription Plan for Chevron</b> paid .....	\$880.67
YOU paid.....	\$497.51

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# Coverage Status

Where you are in the 3 periods

## Summary of Your Year-to-Date Medicare Prescription Drug Costs

Here you'll find an explanation of each period and where you are within the periods as of November 2010. There are 3 periods in your prescription drug benefit. The chart below shows you which period you're in to take full advantage of your coverage. Your benefit is based on a calendar year. You start at Period 1 each January 1st.

You are currently in Period 2—Initial Coverage

\$4,550.00 limit



↑ You are here—Total OUT OF POCKET: \$497.51

	Total PLAN paid:	Total you/others on your behalf paid:	Total you/others on your behalf paid that counts toward your out-of-pocket costs:	Total you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount remaining to move to next period:
<b>Period 1. Yearly Deductible</b>  <b>\$310.00</b>  The amount of total drug costs you and/or all others making payments on your behalf must pay before the <b>Medco Medicare Prescription Plan</b> begins to pay for covered brand-name drugs. There is no deductible for generics. Only the amount you and/or others making payments on your behalf pay for brand-name drugs counts toward the deductible.	\$0.00	\$310.00	\$310.00	\$0.00	Total Drug Costs left to move to the initial coverage period:  \$0.00

# Coverage Status Continued

	Total PLAN paid:	Total you/others on your behalf paid:	Total you/others on your behalf paid that counts toward your out-of-pocket costs:	Total you/others on your behalf paid that didn't count toward your out-of-pocket costs:	Amount remaining to move to next period:
<p><b>Period 2. Initial Coverage</b>                      The initial coverage period begins after you meet the yearly deductible. You generally pay a co-payment for each prescription during this period. The initial coverage period ends when your total out-of-pocket costs reach \$4,550.00 during the coverage year. During the initial coverage period, total out-of-pocket costs for your drugs include amounts paid for your prescriptions so far this year by you, Medicare, and/or others making payments on your behalf.</p>	\$880.67	\$187.51	\$187.51	\$0.00	Out-of-Pocket Costs left before catastrophic coverage:  \$4,052.49
<p><b>Period 3. Catastrophic Coverage</b>                      This period begins once your out-of-pocket drug costs reach \$4,550.00. This is the period where you pay 5% with a \$21.00 maximum for up to a 34-day supply for brand-name drugs, 5% with a \$5.00 maximum for up to a 34-day supply for generics at retail and 5% with a \$42.00 maximum for brand-name drugs, 5% with a \$10.00 maximum for generics at mail for your covered drugs for the remainder of the coverage year.</p>	\$0.00	\$0.00			

<b>TOTAL Out-of-Pocket Costs for 2010:</b>	\$497.51
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<b>TOTAL Drug Costs for 2010:</b>	\$1,378.18
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Call us toll free 1-800-935-6215  
 TTY/TDD users call 1-800-716-3231  
 Visit us online at [www.medco.com](http://www.medco.com)

# Coverage Status Continued

- **Out-of-Pocket Costs** Includes payments that you and/or certain others on your behalf paid for covered drugs during the coverage year. This includes payments made in the deductible and/or initial coverage period this coverage year. Payments made by certain others that count toward your out-of-pocket costs include those made by family members, State Pharmaceutical Assistance Programs (SPAPs), and most charities. This amount does not include amounts paid by **Medco Medicare Prescription Plan** or certain others making payments on your behalf.

Payments made by certain others that don't count toward your out-of-pocket costs include those made by group health plans (like from your spouse's current or former employer), other insurance, or government-funded health programs.

Once your out-of-pocket costs reach \$4,550.00, you move into the catastrophic coverage period.

- **Total Drug Costs** This is the total amount spent on your covered drugs this coverage year by **Medco Medicare Prescription Plan**, you, and/or all others making payments on your behalf during all coverage periods.

**Note:** We offer extra coverage for some drugs not generally covered by Medicare. These drugs are noted on your summary of claims in the Rx Month at a Glance section. The amounts paid for these drugs don't count toward your out-of-pocket costs or total drug costs.

Call us toll free 1-800-935-6215  
TTY/TDD users call 1-800-716-3231  
Visit us online at [www.medco.com](http://www.medco.com)

# Rx Month at a Glance

For November 2010

This chart shows you a summary of Prescription Claims Processed from 11/01/2010 through 11/30/2010. It enables you to track and manage your expenses.

Date Prescription Filled	Name of Drug / Claim Number	Quantity Filled	Amount PLAN Paid	Amount YOU Paid	Amount Paid by Secondary Coverage / Other Sources	Notes'
11/09/10	CIPROFLOXACIN HCL / 000001488926	20	\$8.63	\$5.00	\$0.00	
11/11/10	MEGESTROL ACETATE / 000001489649	90	\$4.21	\$15.00	\$0.00	
11/23/10	ALENDRONATE SODIUM / 000001482935	4	\$20.06	\$5.00	\$0.00	
11/26/10	LEVAQUIN / 000001494048	7	\$99.28	\$21.00	\$0.00	
11/29/10	ETHAMBUTOL HCL / 000001494792	90	\$118.54	\$5.00	\$0.00	
11/29/10	AZITHROMYCIN / 000001494789	30	\$96.81	\$5.00	\$0.00	
11/29/10	RIFAMPIN / 000001494790	60	\$93.44	\$5.00	\$0.00	
<b>TOTAL from 11/01/10 to 11/30/10:</b>			\$440.97	\$61.00	\$0.00	
<b>TOTAL Out-of-Pocket Costs from 11/01/10 to 11/30/10:</b>			\$61.00			
<b>TOTAL Drug Costs from 11/01/10 to 11/30/10:</b>			\$501.97			
<b>TOTAL Amount YOU paid for 2010:</b>			\$497.51			
<b>Total Out-of-Pocket Costs left to pay before catastrophic coverage:</b>			\$4,052.49			

**TOTAL Out-of-Pocket Costs for 2010:**
**\$497.51**
**TOTAL Drug Costs for 2010:**
**\$1,378.18**

# Rx Month at a Glance

For November 2010 Continued

The amount listed in "Amount Paid by Secondary Coverage/Other Sources" includes payments made by all sources other than yourself or extra help from Medicare. Amounts paid on your behalf that do not count toward your out-of-pocket costs described in the Coverage Status section include those made by group health plans (like from a current or former employers or union), other insurance, or Government-funded health programs. Amounts paid on your behalf that do count toward your out-of-pocket costs include those made by family members, Medicare's extra help, State Pharmaceutical Assistance Programs (SPAPs), and most charities.

**For more information**

For more detailed information about your **Medco Medicare Prescription Plan** prescription drug coverage, please refer to your Evidence of Coverage and plan formulary.

If you have any questions, please contact Customer Service at 1-800-935-6215, 24 hours a day, 7 days a week, except Thanksgiving and Christmas, or visit [www.medco.com](http://www.medco.com) on the Web. TTY/TDD users should call 1-800-716-3231.

Para obtener una copia de esta información en español, llame GRATIS al 1-800-935-6215. Los usuarios de TTY/TDD deben llamar al 1-800-716-3231.

**What to do if you disagree with the accuracy of this Explanation of Benefits**

If you have a complaint or disagree with any information contained in this document, you have a right to file a grievance with us. Grievances should be sent to us at Medco Health Solutions, PO Box 630246, Irving, TX 75063-0115, 1-800-935-6215.

**What to do if you disagree with Medco Medicare Prescription Plan's coverage decision**

If we deny your request for a drug you haven't received, or deny your request to pay you back for a drug you have received, we will send you a letter explaining our decision. If you disagree with our decision, you can request an appeal within 60 calendar days from the date of our first decision. You can request a standard or fast (expedited) appeal. We will automatically give you a fast appeal if your physician tells us that your life or health may be seriously jeopardized by waiting for a standard decision. You can request an appeal by:

- Writing a letter to Medco Health Solutions, PO Box 630367, Irving, TX 75063
- Calling 1-800-864-1135
- We do not accept standard requests by phone.
- Sending a fax to 1-888-235-8551

Your doctor needs to give us a statement explaining that the drug you need is medically necessary to treat your condition, if you or your doctor believe(s):

- You need a drug that isn't on our list of covered drugs (formulary),
- The plan should waive a coverage rule or limit on a drug you need, or
- You can't take any of the drugs on our preferred tier for your condition, and you would like us to cover a non-preferred drug at the preferred cost-sharing amount.

Your doctor needs to give us a statement by sending it to Medco Health Solutions, PO Box 630367, Irving, TX 75063, fax number 1-888-235-8551, or by calling us at 1-800-864-1135.

**Suspect fraud?**

If you suspect fraud, please contact **MEDCO HEALTH SOLUTIONS, PO BOX 630246, IRVING, TX 75063-0115, 1-800-303-9373. Or, call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.**

**Do you have limited income and resources?**

You may qualify for extra help paying your Medicare prescription drug costs. For more information about applying for extra help, visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Web or call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

Medco Medicare Prescription Plan is a Medicare Part D approved sponsor.

Call us toll free 1-800-935-6215  
TTY/TDD users call 1-800-716-3231  
Visit us online at [www.medco.com](http://www.medco.com)

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Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

**Medco Medicare Prescription Plan® (PDP)**



August 21, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Cyc4572//0003875//0269



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD07026900387501040000

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## Your Monthly Prescription Drug Summary

For July, 2011

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?
- 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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### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

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## 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  
July 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>AVELOX 400 MG TABLET</b> 7/15/2011, WALGREENS #3328 Rx# 000001564926, 5 day supply	\$0.00	\$21.00	\$42.78 (paid by "Medicare Coverage Gap Discount Program") \$22.77 (paid by "Commercial Wrap")
<b>MEGESTROL ACET 40 MG/ML SUSP</b> 7/15/2011, WALGREENS #3328 Rx# 000001564925, 30 day supply	\$60.05	\$5.00	\$0.00
<b>Totals for the month of July 2011</b>  Your "out-of-pocket costs" amount is <b>\$68.78</b> . (This is the amount you paid this month (\$26.00) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$42.78). See definitions in Section 3.)  Your "total drug costs" amount is <b>\$151.60</b> . (This is the total for this month of all payments made for your drugs by the plan (\$60.05) and you (\$26.00) plus "other payments" (\$65.55).)	\$60.05 (total for the month)	\$26.00 (total for the month)  (Of this amount, \$26.00 counts toward your out-of-pocket costs.)	\$65.55 (total for the month)  (Of this amount, \$42.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)



Year-to-date totals 1/1/2011 through 7/31/2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$817.48.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$3,551.05.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,585.99 (year-to-date total)</p>	<p>\$624.88 (year-to-date total)</p> <p>(Of this amount, \$624.88 counts toward your "out-of-pocket costs".)</p>	<p>\$340.18 (year-to-date total)</p> <p>(Of this amount, \$192.60 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>

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

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a 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.

<p><b>STAGE 1</b> Yearly Deductible</p> <ul style="list-style-type: none"> <li>• During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.</li> <li>• You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).</li> </ul>	<p><b>STAGE 2</b> Initial Coverage</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• You generally stay in this stage <b>until the amount of your year-to-date "total drug costs" reaches \$2,840.00.</b> Then you move to payment stage 3, Coverage Gap.</li> </ul>	<p><b>You are in this stage:</b></p> <p><b>STAGE 3</b> Coverage Gap</p> <ul style="list-style-type: none"> <li>• Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.</li> <li>• You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 07/31/2011 your year-to-date "out-of-pocket costs" was \$817.48 (see Section 3).</li> </ul> <p><b>What happens next?</b></p> <ul style="list-style-type: none"> <li>• Once you (or others on your behalf) have paid an <b>additional \$3,732.52 in "out-of-pocket costs"</b>, you move to the next payment stage (stage 4, Catastrophic Coverage).</li> </ul>	<p><b>STAGE 4</b> Catastrophic Coverage</p> <ul style="list-style-type: none"> <li>• During this payment stage, the plan pays <b>most</b> of the cost for your covered drugs.</li> <li>• You generally stay in this stage for the rest of the calendar year (through December 31, 2011).</li> </ul>
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## 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"

**\$68.78** month of July 2011

**\$817.48** year-to-date (since January 2011)

#### 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 covered by our plan's Supplemental Drug Coverage, e) 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.

### Your "total drug costs"

**\$151.60** month of July 2011

**\$3,551.05** year-to-date (since January 2011)

#### 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.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

**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 2011 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 Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

### 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 Medco Medicare Prescription Plan Member 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 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. 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 7 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 be done if your doctor tells us that your

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health requires a quick decision.

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

- You can call us at Medco Medicare Prescription Plan for Chevron Member 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 2011* 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*.

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan (PDP)



September 15, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Cyc4574//0003998//0066



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

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## Your Monthly Prescription Drug Summary

For August, 2011

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
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### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

A Medicare-approved Part D sponsor

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## 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  
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>BROVANA 15 MCG/2 ML SOLUTION</b> 7/11/2011, LEGENDS PHARMACY II Rx# 000006048463, 15 day supply	\$0.00	\$42.00	\$102.79 (paid by "Medicare Coverage Gap Discount Program") \$62.79 (paid by "Commercial Wrap")
<b>LEVOTHYROXINE 50 MCG TABLET</b> 8/1/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>PLAVIX 75 MG TABLET</b> 8/5/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
<b>AMLODIPINE BESYLATE 5 MG TAB</b> 8/5/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

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Page 2



**CHART 1.**

Your prescriptions for covered Part D drugs  
August 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>ALENDRONATE SODIUM 70 MG TAB</b> 8/11/2011, WALGREENS #3328 Rx# 000001550332, 28 day supply	\$20.06	\$5.00	\$0.00
<b>SPIRIVA 18 MCG CP-HANDIHALER</b> 8/11/2011, WALGREENS #3328 Rx# 000001540089, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
<b>HYDROCODON-ACETAMINOPHEN 5-500</b> 8/22/2011, WALGREENS #3328 Rx# 000001575622, 7 day supply	\$3.64	\$5.00	\$0.00
<b>METOPROLOL TARTRATE 50 MG TAB</b> 8/23/2011, WALGREENS #3328 Rx# 000001575953, 30 day supply	\$0.00	\$4.38	\$0.00
<b>MEGESTROL ACET 40 MG/ML SUSP</b> 8/30/2011, WALGREENS #3328 Rx# 000001578099, 30 day supply	\$60.05	\$5.00	\$0.00
<b>AMLODIPINE BESYLATE 5 MG TAB</b> 8/30/2011, WALGREENS #3328 Rx# 000001570739, 30 day supply	\$10.37	\$5.00	\$0.00

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**CHART 1.**

**Your prescriptions for covered Part D drugs  
August 2011**

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>Totals for the month of August 2011</b></p> <p><b>Your "out-of-pocket costs" amount is \$432.66.</b> (This is the amount you paid this month (\$115.88) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$316.78). See definitions in Section 3.)</p> <p><b>Your "total drug costs" amount is \$772.78.</b> (This is the total for this month of all payments made for your drugs by the plan (\$105.85) and you (\$115.88) plus "other payments" (\$551.05).)</p>	<p>\$105.85 (total for the month)</p>	<p>\$115.88 (total for the month)</p> <p>(Of this amount, \$115.88 counts toward your out-of-pocket costs.)</p>	<p>\$551.05 (total for the month)</p> <p>(Of this amount, \$316.78 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p>

<b>Year-to-date totals</b> 1/1/2011 through 8/31/2011	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$1,250.14.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$4,323.83.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,691.84 (year-to-date total)</p>	<p>\$740.76 (year-to-date total)</p> <p>(Of this amount, \$740.76 counts toward your "out-of-pocket costs".)</p>	<p>\$891.23 (year-to-date total)</p> <p>(Of this amount, \$509.38 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>



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

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a 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

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

### 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 the amount of your year-to-date "total drug costs" reaches \$2,840.00**. Then you move to payment stage 3, Coverage Gap.

### You are in this stage:

### STAGE 3 Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 08/31/2011 your year-to-date "out-of-pocket costs" was \$1,250.14 (see Section 3).

### 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, 2011).

### What happens next?

- Once you (or others on your behalf) have paid an **additional \$3,299.86 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

### 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"

**\$432.66 month of August 2011**

**\$1,250.14 year-to-date (since January 2011)**

#### 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 covered by our plan's Supplemental Drug Coverage, e) 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.

#### Your "total drug costs"

**\$772.78 month of August 2011**

**\$4,323.83 year-to-date (since January 2011)**

#### 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.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do **not** count toward your out-of-pocket costs or total drug costs.

**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 2011 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 Medco Medicare Prescription Plan Member Services (phone numbers are on the cover of this summary). You can also find answers to many questions at our website: [www.medco.com](http://www.medco.com).

### 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 Medco Medicare Prescription Plan Member 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 5. Asking the plan to pay its share of a bill you have received for covered services or drugs.
- Chapter 7. 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 7 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 be done if your doctor tells us that your

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health requires a quick decision.

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

- You can call us at Medco Medicare Prescription Plan for Chevron Member 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 2011* 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*.

Chevron HRSC  
PO Box 436  
Little Falls, NJ 07424-0436

Medco Medicare Prescription Plan\*(PDP)



October 20, 2011

Your member numbers are:

Member ID: 358657422574

Group Number: #CMD3896

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Cyc4576//0003925//0309



Nelva E Brunsting  
13630 Pinerock Ln  
Houston, TX 77079-5914

MD09030900392501040000

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## Your Monthly Prescription Drug Summary

For September, 2011

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?
- 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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### Need large print or another format?

To get this material in other formats, or ask for language translation services, call Medco Medicare Prescription Plan for Chevron (PDP) Member Services (the number is on this page).

### For languages other than English:

Español 1-800-935-6215 (Spanish)

Medco Medicare Prescription Plan for Chevron (PDP) is operated by Medco Medicare Prescription Plan

### Member Services

If you have questions or need help, call us 24 hours a day, 7 days a week. Calls to these numbers are free.

**1-800-935-6215**

TTY users call: 1-800-716-3231

On the Web at: [www.medco.com](http://www.medco.com)

A Medicare-approved Part D sponsor

Page 1

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## 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.

<b>CHART 1.</b> Your prescriptions for covered Part D drugs September 2011	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>LEVOTHYROXINE 50 MCG TABLET</b> 9/6/2011, WALGREENS #3328 Rx# 000001569523, 30 day supply	\$1.36	\$2.50	\$2.50 (paid by "Medicare Coverage Gap Discount Program")
<b>PLAVIX 75 MG TABLET</b> 9/6/2011, WALGREENS #3328 Rx# 000001570740, 30 day supply	\$0.00	\$21.00	\$95.63 (paid by "Medicare Coverage Gap Discount Program") \$75.62 (paid by "Commercial Wrap")
<b>SPIRONOLACTONE 100 MG TABLET</b> 9/13/2011, WALGREENS #3328 Rx# 000001582039, 30 day supply	\$20.95	\$5.00	\$0.00
<b>FUROSEMIDE 40 MG TABLET</b> 9/14/2011, WALGREENS #3328 Rx# 000001582564, 30 day supply	\$0.00	\$2.69	\$1.69 (paid by "Medicare Coverage Gap Discount Program")
<b>WARFARIN SODIUM 5 MG TABLET</b> 9/19/2011, WALGREENS #13142 Rx# 000000075984, 30 day supply	\$7.46	\$5.00	\$0.00



**CHART 1.**

Your prescriptions for covered Part D drugs  
September 2011

	Plan paid	You paid	Other payments (made by programs or organizations; see Section 3)
<b>CARTIA XT 120 MG CAPSULE</b> 9/19/2011, WALGREENS #13142 Rx# 000000075983, 30 day supply	\$19.73	\$5.00	\$0.00
<b>POTASSIUM CL ER 20 MEQ TABLET</b> 9/20/2011, WALGREENS #3328 Rx# 000001584402, 30 day supply	\$10.11	\$5.00	\$0.00
<b>SPIRIVA 18 MCG CP-HANDHALER</b> 9/22/2011, WALGREENS #3328 Rx# 000001584751, 30 day supply	\$0.00	\$21.00	\$115.86 (paid by "Medicare Coverage Gap Discount Program") \$95.86 (paid by "Commercial Wrap")
<b>WARFARIN SODIUM 2 MG TABLET</b> 9/28/2011, O C PHARMACY Rx# 000006014189, 30 day supply	\$7.27	\$5.00	\$0.00

**CHART 1.**  
**Your prescriptions for covered Part D drugs**  
**September 2011**

	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>Totals for the month of September 2011</b></p> <p><b>Your "out-of-pocket costs" amount is \$287.87.</b> (This is the amount you paid this month (\$72.19) plus the amount of "other payments" made this month that count toward your "out-of-pocket costs" (\$215.68). See definitions in Section 3.)</p> <p><b>Your "total drug costs" amount is \$526.23.</b> (This is the total for this month of all payments made for your drugs by the plan (\$66.88) and you (\$72.19) plus "other payments" (\$387.16).)</p>	<p>\$66.88 (total for the month)</p>	<p>\$72.19 (total for the month)</p> <p>(Of this amount, \$72.19 counts toward your out-of-pocket costs.)</p>	<p>\$387.16 (total for the month)</p> <p>(Of this amount, \$215.68 counts toward your "out-of-pocket costs". See definitions in Section 3.)</p>

<b>Year-to-date totals</b> 1/1/2011 through 9/30/2011	<b>Plan paid</b>	<b>You paid</b>	<b>Other payments</b> (made by programs or organizations; see Section 3)
<p><b>Your year-to-date amount for "out-of-pocket costs" is \$1,538.01.</b></p> <p><b>Your year-to-date amount for "total drug costs" is \$4,850.06.</b></p> <p>For more about "out-of-pocket costs" and "total drug costs", see Section 3.</p>	<p>\$2,758.72 (year-to-date total)</p>	<p>\$812.95 (year-to-date total)</p> <p>(Of this amount, \$812.95 counts toward your "out-of-pocket costs".)</p>	<p>\$1,278.39 (year-to-date total)</p> <p>(Of this amount, \$725.06 counts toward your "out-of-pocket costs." See definitions in Section 3.)</p>



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

As shown below, your prescription drug coverage has "drug payment stages." How much you pay for a 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

- During this payment stage, you (or others on your behalf) pay the full cost of your brand-name drugs.
- You generally pay the full cost of your brand-name drugs until you (or others on your behalf) have paid \$310.00 for your brand-name drugs (\$310.00 is the amount of your brand name deductible).

**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 the amount of your year-to-date "total drug costs" reaches \$2,840.00. Then you move to payment stage 3, Coverage Gap.

**You are in this stage:**

**STAGE 3**  
Coverage Gap

- Once you reach this Stage, manufacturer discounts apply when you purchase brand drugs so that when coupled with the amount the Plan pays, the amount you pay is similar to what you pay prior to entry into the Coverage Gap stage.
- You generally stay in this stage until the amount of your year-to-date "out-of-pocket costs" reaches \$4,550.00. As of 09/30/2011 your year-to-date "out-of-pocket costs" was \$1,538.01 (see Section 3).

**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, 2011).

**What happens next?**

- Once you (or others on your behalf) have paid an **additional \$3,011.99 in "out-of-pocket costs"**, you move to the next payment stage (stage 4, Catastrophic Coverage).

### 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"  
\$287.87 month of September 2011  
\$1,538.01 year-to-date (since January 2011)

**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 covered by our plan's Supplemental Drug Coverage, e) 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.

Your "total drug costs"  
\$526.23 month of September 2011  
\$4,850.06 year-to-date (since January 2011)

**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.

**NOTE:** Our plan offers Supplemental Drug Coverage for some drugs not generally covered by Medicare. If you have filled any prescriptions for these drugs this month, they are listed in a separate chart (Chart 2) in Section 1. The amounts paid for these drugs do not count toward your out-of-pocket costs or total drug costs.

**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 2011 as a member of our plan.)

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- 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 2011* 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*.