



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

P.O. Box 22690, Salt Lake City, UT 84122-0690



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STEPHANIE EBEL
59 CAMINO REAL DR
LODI CA 95240

07/18/2009

Member ID Number: RXA01003081176

Rx PCN: 5000



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

This notice includes:

1. How much you've paid so far this year for your prescriptions.
2. Your recent claims for prescriptions.
3. Updates to our drug list (formulary).



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1. Summary of Your Year-to-Date Medicare Prescription Drug Costs

Definitions of the terms used are provided on the next page of this document.

| YOUR CURRENT COVERAGE PERIOD. | Maximum you/plan/others pay in this period (ICL): | Total Advantage/Star Plan paid: | Total you/others on your behalf paid: | Total that you/others on your behalf paid that counted toward your Out-of-Pocket costs: | Total that you/others on your behalf paid that didn't count toward your out-of-pocket costs: | Amount left before catastrophic coverage: |
|--------------------------------------|--|--|--|--|---|--|
| 1. Initial Coverage Period | \$4,350.00 | \$480.35 | \$434.79 | \$434.79 | \$0.00 | \$3,915.21 |
| 2. Catastrophic Coverage | No maximum | Total Advantage/Star Plan paid: | Total you/others on your behalf paid: | [Redacted] | | |

Out-of-Pocket Costs to Date: \$434.79

Total Drug Costs to Date: \$915.14