



Central Health Plan of California  
1540 Bridgegate Drive  
Diamond Bar, CA 91765

Central Health Plan (HMO) is operated by Central Health Plan of California.

<Date>

<First Name Last Name>  
<Address>  
<Address>  
<City, State, Zip>

Your Member numbers are:

Member ID: XXXXXXXXXXXXXXX  
Group number: XXXXXXXXX  
BIN: XXXXX PCN: XXXXX

## Your Monthly Prescription Drug Summary

For <Month, 2012 >

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

Need large print or another format?

To get this material in other formats, or ask for language translation services, call [<Plan name> Member Services](#) (the number is on this page).

For languages other than English:

Espanol 1-800-546-5677 (Spanish)

### <Plan name > (plan type)> 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.

1-800-546-5677

TTY users call: 1-866-706-4757

Fax: 1-800-458-1646

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