

2020 ARCELORMITTAL USA VEBA BENEFIT OPTIONS

ArcelorMittal USA VEBA offers 3 Medicare Advantage Plans with Prescription Drug Options all provided by Aetna. This brochure outlines the features of each plan.

AETNA'S 4-STAR RATED MEDICARE ADVANTAGE PLANS

Aetna leads national competitors with 87% of members in 4+ out of five (5) star plans.

The 3 Aetna Medicare Advantage Plans with Prescription Drugs offered through the ArcelorMittal USA VEBA have no network requirements. You may see any provider who accepts Medicare and Aetna Medicare Advantage plans.

These plans include a Medicare Advantage PPO Extended Service Area (ESA) plan. The ESA option provides you with the same benefits as in the in-network PPO option, and you will pay the in-network level of cost sharing for all services, even when you are accessing care from out-of-network providers.

This means:

- Access to providers **nationwide**
- Your doctor does not have to be in the Aetna network
- You will have the same benefits in or out of network
- No referrals needed
- Covers you even during travel

Some of the plans even come with extra benefits. Here is a partial list:

- \$200 vision reimbursement every 24 months
- \$500 reimbursement every 36 months on hearing aids
- Free prescription lenses after cataract surgery
- SilverSneakers® fitness program - free gym memberships at participating facilities. Visit silversneakers.com.
- Resources for Living - Aetna consultants will connect you to resources in your community
- Transportation benefit – 24 trips per year at no cost to you

Aetna's Medicare Advantage PPO Plans replace Original Medicare

The Aetna Medicare Advantage Plans provide all benefits and services covered under Original Medicare Parts A and B. In these Plans, your costs are simplified - you have no Medicare Part A and Part B deductibles and no plan deductible to pay for Premier and Plus Plans. You do still enroll in Medicare Parts A and B. You also have to pay your Part B premium.

2020 ARCELORMITTAL VEBA – AETNA MEDICARE ADVANTAGE WITH PRESCRIPTION DRUG PLANS

WHAT YOU PAY

BENEFITS	AMVEBA Medicare Advantage ESA PPO PREMIER Plan	AMVEBA Medicare Advantage ESA PPO PLUS Plan	AMVEBA Medicare Advantage ESA PPO BASIC Plan
Premium Per Member Per Month	\$90	\$40	\$10
Annual plan deductible	\$0	\$0	\$250
Maximum out-of-pocket responsibility	\$1,500 annually	\$3,400 annually	\$6,700 annually
Preventive care	\$0	\$0	\$0
Primary care	\$10	\$15	\$15
Specialist visit	\$35	\$40	\$40
Hospitalization	\$0 per stay. No day limit.	\$200 copay per day, day(s) 1-7. Plan pays 100% thereafter. No day limit.	\$200 copay per day, day(s) 1-7. Plan pays 100% thereafter. No day limit.
Emergency room	\$50 Waived if admitted.	\$75 Waived if admitted.	\$75 Waived if admitted.
X-ray	\$0	\$35 basic x-ray. \$200 complex imaging.	\$35 basic x-ray. \$200 complex imaging.
Lab	\$0	\$35	\$35
Outpatient surgery	\$0	\$185	\$185
Skilled nursing Days 1-20			
Days 21-100	\$0	\$0	\$0
Days 100+	\$0	\$125/day	\$125/day
	Limited to 100 days per benefit period ¹	Limited to 100 days per benefit period ¹	Limited to 100 days per benefit period ¹
Home health care	0%	0%	0%
Rehabilitation services	\$40	\$40	\$40
Chiropractic care	\$20	\$20	\$20
Outpatient mental health & substance abuse treatment	\$35	\$40	\$40
Hospice care	Covered by Original Medicare at a Medicare certified hospice. ²	Covered by Original Medicare at a Medicare certified hospice. ²	Covered by Original Medicare at a Medicare certified hospice. ²
Durable medical equipment	20%	20%	20%

¹A benefit period lasts from admittance to a hospital or Skilled Nursing Facility (SNF) until 60 days after re-lease. Re-admission within that 60 day period is part of the same benefit period for purposes of the deductible and day limits. Hospital or SNF admissions after the 60 days start a new benefit period, with a new deductible and new day limits. There is no limit to the number of benefit periods in a plan year. You must meet certain requirements, including having been in a hospital for at least 3 days and entered a Medicare-approved facility within 30 days after leaving the hospital.

² copay per prescription for pain management and % for inpatient respite care.

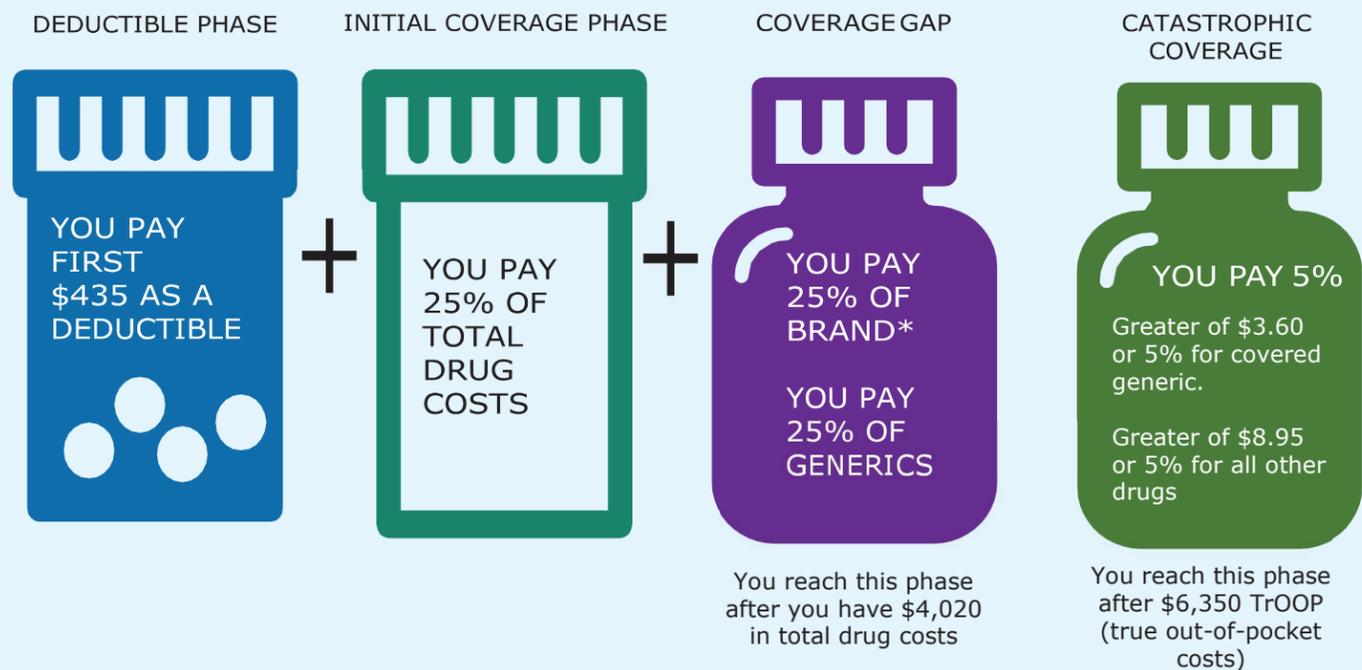
Your choice of Medicare Advantage Plan includes the prescription benefits summarized here.

Your prescription drug plan is already paired with your medical plan when you make an election.

Aetna Part D plans are based on the Medicare Part D benefit each year. In order to better understand how the plans work, it's helpful to review Medicare's Part D foundational design (see diagram below), which reflects the minimum amount of coverage that Medicare allows. Aetna's plans are richer than the Medicare allowance.



2020 STANDARD MEDICARE PART D DESIGN (non low-income subsidy eligible)



*Includes 70% discount from drug manufacturer and 5% payment from the plan, leaving a 25% cost share for Medicare enrollees.

AMUSA VEBA Customer Care Center: 1-877-474-8322

2020 AETNA Rx PLANS!			
BENEFITS	PREMIUM PLAN	PLUS PLAN	BASIC PLAN
Formulary	GRP B2	GRP B2	GRP A1
Formulary network	P1	P1	P1
Your annual deductible	\$0	\$0	\$0
Initial Coverage Phase Up to \$4,020 in total drug costs			
Initial coverage phase2: what you pay (30 day supply, preferred retail)	\$4 Tier 1 Preferred \$15 Tier 2 Preferred \$40 Tier 3 \$75 Tier 4 33% but not more than \$200 Tier 5	\$4 Tier 1 Preferred \$15 Tier 2 Preferred \$40 Tier 3 \$75 Tier 4 33% but not more than \$200 Tier 5	\$5 Tier 1 Preferred \$15 Tier 2 Preferred \$40 Tier 3 Preferred 50% Tier 4 Preferred 33% Tier 5 Preferred
Coverage Gap2 After \$4,020 in total drug costs, and before reaching \$6,350 out-of-pocket (TrOOP)			
Coverage gap2: what you pay	\$4 Tier 1 Preferred \$15 Tier 2 Preferred \$40 Tier 3 25% Generic/25% Brand Tier 4 and Tier 5	\$4 Tier 1 Preferred \$15 Tier 2 Preferred \$40 Tier 3 25% Generic/25% Brand Tier 4 and Tier 5	25% generic 25% brand3
Catastrophic Coverage After reaching \$6,350 out-of-pocket (TrOOP)			
Catastrophic coverage: what you pay	Greater of 5% of the cost of the drug - or - \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs.	Greater of 5% of the cost of the drug - or - \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs.	Greater of 5% of the cost of the drug - or - \$3.60 for a generic drug or a drug that is treated like a generic and \$8.95 for all other drugs.
Step therapy ⁴	Required for some drugs	Required for some drugs	Required for some drugs
Prior authorization ⁵	Required for some drugs	Required for some drugs	Required for some drugs

²Coinsurance is the amount a member pays as a percentage of the negotiated cost for the drug. Coinsurance is applied against overall cost of the drug, before any discounts or benefits are applied.

³The Medicare Coverage Gap Discount Program will continue to provide manufacturer discounts on brand name drugs to Part D beneficiaries who reach the Coverage Gap and are not already receiving "Extra Help." A 50% discount on the negotiated price of preferred and non-preferred brand drugs (excluding the dispensing fee) will be available from manufacturers that have agreed to provide the discount.

⁴Step Therapy is a process where in certain cases one or more clinically equivalent drugs must be tried before the prescribed drug can be covered. If the step therapy drug does not work, Aetna can then cover the requested drug.

⁵Aetna requires you or your physician to get prior authorization for certain drugs. This means that you will need to get approval from Aetna before you fill your prescriptions. If you don't get approval, Aetna may not cover the drug.