

**Your 2024 Prescription Drug Benefits Chart**  
**Formulary E5, 12/20/47/50%/33% (with Senior Rx Plus)**  
**Cleveland-Cliffs Steel LLC VEBA Trust**  
**Basic Enhanced Drug Plan**

*Your retiree drug coverage includes Medicare Part D drug benefits and non-Medicare supplemental drug benefits. The cost shown below is what you pay after all benefits under your retiree drug coverage have been provided.*

<b>Formulary</b>	E5
<b>Deductible</b>	\$0
<b>Supplemental Gap Coverage</b>	None
<b>Covered Services</b>	What you pay

**Part D Initial Coverage**

Below is your payment responsibility until the amount paid by you and your retiree drug plan for covered Part D prescriptions reaches your Initial Coverage Limit of \$5,030.

<b>Retail Pharmacy</b>	per 30-day supply (Specialty limited to a 30-day supply)	
	<b>Preferred Network Pharmacy</b>	<b>Standard Network Pharmacy</b>
• Select Generics	\$0 copay	\$0 copay
• Preferred Generics	\$5 copay	\$12 copay
• Generics	\$15 copay	\$20 copay
• Preferred Brands	\$40 copay	\$47 copay
• Non-Preferred Drugs	50% coinsurance	50% coinsurance
• Specialty Drugs	33% coinsurance	33% coinsurance

Covered Services	What you pay	
Retail Pharmacy	per 90-day supply	
	Preferred Network Pharmacy	Standard Network Pharmacy
• Select Generics	\$0 copay	\$0 copay
• Preferred Generics	\$10 copay	\$24 copay
• Generics	\$30 copay	\$40 copay
• Preferred Brands	\$80 copay	\$94 copay
• Non-Preferred Drugs	50% coinsurance	50% coinsurance

Many of our retail pharmacies can dispense more than a 30-day supply of medication. If you purchase more than a 30-day supply at these retail pharmacies, you will only need to pay two copays.

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
• Select Generics	\$0 copay
• Preferred Generics	\$10 copay
• Generics	\$30 copay
• Preferred Brands	\$80 copay
• Non-Preferred Drugs	50% coinsurance
• Specialty Drugs	33% coinsurance

Covered Services	What you pay	
Part D Gap Coverage		
Your payment responsibility changes once you reach your Initial Coverage Limit of \$5,030. Below is your payment responsibility during the period after you meet your Initial Coverage Limit and until you meet your True Out of Pocket limit.		
Retail Pharmacy	per 30-day supply (Specialty limited to a 30-day supply)	
	Preferred Network Pharmacy	Standard Network Pharmacy
• Select Generics	25% coinsurance	25% coinsurance
• Preferred Generics	25% coinsurance	25% coinsurance
• Generic Drugs	25% coinsurance	25% coinsurance
• Preferred Brands	25% coinsurance	25% coinsurance
• Non-Preferred Drugs	25% coinsurance	25% coinsurance
• Specialty Drugs	25% coinsurance	25% coinsurance
Retail Pharmacy	per 90-day supply	
	Preferred Network Pharmacy	Standard Network Pharmacy
• Select Generics	25% coinsurance	25% coinsurance
• Preferred Generics	25% coinsurance	25% coinsurance
• Generic Drugs	25% coinsurance	25% coinsurance
• Preferred Brands	25% coinsurance	25% coinsurance
• Non-Preferred Drugs	25% coinsurance	25% coinsurance

Covered Services	What you pay
Mail-Order Pharmacy	per 90-day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
• Select Generics	25% coinsurance
• Preferred Generics	25% coinsurance
• Generic Drugs	25% coinsurance
• Preferred Brands	25% coinsurance
• Non-Preferred Drugs	25% coinsurance
• Specialty Drugs	25% coinsurance

Covered Services	What you pay
<b>Part D Catastrophic Coverage</b>	
Your payment responsibility changes after the cost you and the Coverage Gap Discount Program have paid for covered drugs reaches your True Out of Pocket limit of \$8,000.	
<b>Retail and Mail-Order Pharmacies</b>	Up to a 90-day supply (Specialty limited to a 30-day supply)
• Select Generics	\$0 copay
• Generics	\$0 copay
• Brand-Name Drugs	\$0 copay

- **Important Message About What You Pay for Vaccines:** All Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are covered at no cost to you.
- **Important Message About What You Pay for Insulin:** You won't pay more than \$35 for a one month supply of each insulin product covered by your plan, no matter what cost-sharing tier it is on.
- **Preferred Retail Pharmacies:** Your retiree drug plan has a large nationwide retail pharmacy network, plus mail-order pharmacies for convenient home delivery. When you want to use a retail pharmacy, you will save on most fills if you choose to use one of the network's preferred retail pharmacies. Preferred retail pharmacies are identified in your Group Medicare prescription drug plan's pharmacy directory. The list of preferred pharmacies may change each January.
- **Coverage Gap Discount Program:** If you are not receiving help to pay your share of drug cost through the Low Income Subsidy or PACE programs, you qualify for a discount on the cost you pay for most covered brand drugs through the Medicare Coverage Gap Discount Program. For prescriptions filled in 2024, once the cost paid by you and your retiree drug plan reaches \$5,030 the cost share you pay will reflect all benefits provided by your retiree drug coverage and the Coverage Gap Discount. The Coverage Gap Discount applies until the cost paid by you and the Discount reaches \$8,000. Drug manufacturers have agreed to provide a discount on brand drugs which Medicare considers Part D qualified drugs. **Please note:** Your retiree drug plan may cover some brand drugs beyond those covered by Medicare. The discount will not apply to drugs listed as "Extra Covered Drugs" in your benefits.
- **Vaccines:** Medicare covers some vaccines under Medicare Part B medical coverage and other vaccines under Medicare Part D drug coverage. Vaccines for Flu, including H1N1, and Pneumonia are covered under Medicare medical coverage. Vaccines for Chicken Pox, Shingles, Tetanus, Diphtheria, Meningitis, Rabies, Polio, Yellow Fever and Hepatitis A are

covered under Medicare drug coverage. Hepatitis B is covered under drug coverage unless you fall into a high risk category, then it is covered under medical coverage. All other Advisory Committee on Immunization Practices (ACIP) recommended Part D vaccines are also covered under Medicare drug coverage for Medicare-eligible individuals under 65. You can fill and receive your vaccines at a network pharmacy or they can be administered at a physician's office. However, the physician will only submit a claim for a Part B vaccine. If you want to get a Part D vaccine at your physician's office you will pay for the entire cost of the vaccine and its administration and then ask your drug plan to reimburse you the cost of the vaccine and its administration. Please see your Evidence of Coverage for complete details on what you pay for vaccines.

- **Senior Rx Plus:** Your supplemental drug benefit is non-Medicare coverage that reduces the amount you pay, after your Group Part D benefits and the Coverage Gap Discount. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.