

DP3 VEBA Trust Plan Design and Benefits

MEDICARE PART D PRESCRIPTION DRUG BENEFITS PROVIDED BY EXPRESS SCRIPTS

January 1, 2011 - December 31, 2011

PRESCRIPTION DRUG BENEFIT

Deductible	None				
Member Co-pays	Retail and Maintenance Drug Pharmacy				Express Scripts Home Delivery
		Up to a 1 Month Supply	Up to a 2 Month Supply	Up to a 3 Month Supply	
	Preferred Generic	\$0	\$0	\$0	Preferred Generic Up to a 3 month supply
	Generic	\$15	\$30	\$45	Generic Up to a 3 month supply
	Preferred Brand	\$45	\$90	\$135	Preferred Brand Up to a 3 month supply
	Non-Preferred Brand	\$75	\$150	\$225	Non-Preferred Brand Up to a 3 month supply
	<p>Only Generic Drugs are covered within the coverage gap and are subject to the applicable co-pay above</p> <p><u>All</u> retail pharmacies in the Express Scripts network can provide you with up to a one-month or 31-day supply of your prescription.</p> <p>To find out if your pharmacy is a Maintenance Drug Pharmacy (MDP) that has agreed to provide a three month or up to 90-day supply (with no co-pay savings) contact Express Scripts at the number listed on the back of the ID card.</p>				<p>\$0</p> <p>\$30</p> <p>\$90</p> <p>\$150</p> <p>You may receive up to a three-month or 90-day supply of maintenance drugs (drugs you take for a chronic condition, such as asthma) through our Express Scripts Home Delivery service.</p> <p>Note: The only way to obtain a three-month supply at the above co-pay savings is to use Express Scripts Home Delivery.</p>
Specialty Medications	Covered at CuraScript, Retail Pharmacies and MDP (when available)				Not Covered at Express Scripts Home Delivery
	Specialty	Up to a 1 month supply	Up to a 2 month supply	Up to a 3 month supply	
		33%	33%	33%	
Catastrophic Coverage	Once the true out of pocket cost has reached \$4,550, the retiree will pay the following co-pay values: for generic drugs the greater of 5% or \$2.50 and for all other brand drugs the greater of 5% or \$6.30.				

PRESCRIPTION DRUG BENEFIT SUMMARY

This coverage is considered to be Medicare Part D coverage and is provided through Express Scripts Insurance Company, who contracts with the federal government. This benefit summary document includes information concerning the service area, pharmacy network, low income subsidy and cost sharing programs, the rights and responsibilities as a member of our Plan, and our Medication Therapy Management program.

Express Scripts Insurance Company Service Area includes:

All 50 states, the District of Columbia, and Puerto Rico.

Participating in the group's prescription drug coverage:

This coverage is available to DP3 VEBA Trust's Medicare-eligible retirees, or those retirees who qualify for Medicare Part A and/or are enrolled in Medicare Part B. If the retiree is eligible for Medicare, the retiree will be automatically group enrolled into DP3 VEBA Trust's prescription drug benefit, January 1, 2011 – December 1, 2011, unless the retiree has opted out of the Plan.

Drugs covered under the group's Medicare Part D Plan

This Plan uses a formulary, or a list of drugs covered by the Plan to meet patient needs. We may periodically add, remove, make changes to coverage limitations on certain drugs or change how much the retiree pays for a drug. If we make any formulary change that limits our members' ability to fill their prescriptions, we will notify the affected enrollees before the change is made.

Coverage Gap

Coverage Gap (if applicable) begins at the Initial Coverage Limit which is \$2,840 for 2011 or as defined by CMS.

Qualifying for Low Income Subsidy and Cost Sharing:

If the retiree qualifies for extra help this year, they will receive a document entitled "Important Information for those who Receive Extra Help Paying for their Prescription Drugs" that has more specific information on your premiums and cost-sharing for 2011. Read this important information carefully. If the retiree doesn't know what level of extra help they qualify for, they can call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Your Rights and Responsibilities as a Member of the Plan

Since the retiree has Medicare, they have certain rights to help protect them. In this section, we explain the Medicare rights and protections as a member of our Plan and we explain what can be done if the retiree thinks they are being treated unfairly or their rights are not being respected. The retiree has the right to get information from us about the Plan. This includes information about our financial condition, and how our Plan compares to other health plans. To get any of this information, call Customer Service. The retiree has the right to make a complaint if they have concerns or problems related to the coverage. The retiree has the right to get a summary of information about the appeals and grievances that members have filed against our Plan in the past.

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Medication Therapy Management (MTM):

CMS requires that all Part D plan sponsors have a MTM program that is designed to improve the therapeutic outcomes associated with the use of medications. Express Scripts operates a CMS-approved MTM program that is managed by licensed pharmacists to optimize therapeutic outcomes for targeted individuals. To achieve this goal, Express Scripts focuses on improving medication use and reducing the risk of adverse drug events and drug interactions for selected Medicare beneficiaries. If you qualify for the Medication Therapy Management Program described above a letter will be sent to you that explains the program and asks if you would like to participate. If you would like to participate you will be asked to fill out a short questionnaire/survey on your medication use habits and send it back in the envelope provided. Once a survey is returned you will be considered enrolled in the program.

Evidence of Coverage:

The retiree will receive the Evidence of Coverage (EOC) in a separate document. The Evidence of Coverage explains the rights, benefits, and responsibilities as a member of our Plan and is in effect from January 1, 2011 - December 31, 2011.

The EOC will explain:

- What is and what isn't covered by the Plan
- How to get prescriptions filled, including some rules that must be followed
- What can be done if the retiree is unhappy about something related to getting prescriptions filled
- How to leave the Plan, and other Medicare options that are available, including options for continuing Medicare prescription drug coverage

The EOC has important information about:

- Eligibility requirements
- The geographic service area of the Plan
- Keeping the retiree membership record up-to-date
- Materials that the retiree will receive from the Plan
- Extra help available from Medicare to help pay plan costs

Formulary:

A copy of the formulary will be received in a separate document once the plan has been put into effect.