

ISG VEBA

PRESCRIPTION DRUG PROGRAM

BENEFIT IMPROVEMENTS

Effective September 1, 2005

On March 1, 2005, the VEBA established a Prescription Drug Program for VEBA members and dependents. This Program was significantly improved on September 1, 2005, as described below. All VEBA members are strongly encouraged to participate in the Program.

Program Highlights

Covered Drugs:	Most drugs requiring a prescription, plus insulin and supplies
Monthly Premium:	\$10 per adult member. (reduced from \$25) No charge for dependent children
Annual Deductible:	None (original \$100 deductible is eliminated)
Annual Maximum Benefit:	Unlimited coverage for generic drugs \$4,000 maximum benefit for brand name drugs, but may continue to purchase brand name drugs at discounted prices
Retail Pharmacy Benefit:	Up to 30-day supply, plus up to two refills for maintenance drugs when filled at one of 50,000 participating PharmaCare pharmacies. Coverage after two refills available only through Mail Order.
Mail Order Benefit:	Up to 90-day supply for maintenance drugs

Co-Payment Amounts	Retail Pharmacy	Mail Order
Generics	\$5.00 Co-Pay	\$10.00 Co-Pay
Brand Formulary	\$20.00 Co-Pay	\$40.00 Co-Pay
Brand Non-Formulary	\$35.00 Co-Pay	\$70.00 Co-Pay

Who May Enroll?

VEBA members, surviving spouses, dependent spouses and dependent children.

Effective September 1, 2005, you may enroll your dependent spouse, even if you choose not to enroll yourself.

Enrollment Procedure

If you haven't already enrolled, please complete the enclosed green enrollment form and mail it in the enclosed envelope along with a check for one month of premium (\$10 for each adult member). You must enroll before August 1, 2005 in order for your coverage to begin September 1, 2005. If you enroll after August 1st, coverage will be delayed to the next available calendar quarter.

Identification Cards and a Program description will be mailed to you prior to the commencement of your benefits.

If you are already enrolled, you will NOT have to do anything. Your benefits will automatically be enhanced September 1st. However, be sure to continue making your payments as specified on your invoice. Beginning September 1, your monthly invoice will be reduced from \$25 to \$10 per adult member. (Note: no retroactive adjustment to premiums for coverage prior to September 1.)

For further information call 1 (877) ISG-VEBA (474-8322).