

## Your 2025 Prescription Drug Benefits Chart Formulary E4, 20/35/50/50 (with Senior Rx Plus) Operating Engineers Local Unions 181, 320 & TVA

*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>	E4
<b>Deductible</b>	\$0
<b>Covered Services</b>	What you pay

### Part D Initial Coverage

Below is your payment responsibility until the amount paid by you for covered prescriptions reaches your Drug Plan Maximum Out of Pocket of \$2,000.

<b>Retail Pharmacy</b>	per 30-day supply (Specialty limited to a 30-day supply)
• Select Generics	\$0 copay
• Generics	\$20 copay
• Preferred Drugs	\$35 copay
• Non-Preferred Drugs	\$50 copay
• Specialty Drugs	\$50 copay
<b>Retail Pharmacy</b>	per 90-day supply
• Select Generics	\$0 copay
• Generics	\$60 copay
• Preferred Drugs	\$105 copay
• Non-Preferred Drugs	\$150 copay

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 need to pay one copay for each full or partial 30-day supply filled. For example, if you order a 90-day supply, you will need to pay three 30-day supply copays. If you get a 45-day or 50-day supply, you will need to pay two 30-day copays.

Covered Services	What you pay
<b>Mail-Order Pharmacy</b>	per 90 day supply (Specialty limited to a 30-day supply; 30-day Retail copay or coinsurance applies)
<ul style="list-style-type: none"> <li>• Select Generics</li> </ul>	\$0 copay
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$45 copay
<ul style="list-style-type: none"> <li>• Preferred Drugs</li> </ul>	\$75 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Drugs</li> </ul>	\$115 copay
<ul style="list-style-type: none"> <li>• Specialty Drugs</li> </ul>	\$50 copay

Covered Services	What you pay
<b>Part D Catastrophic Coverage</b>	
Your responsibility for payment of covered drugs changes once you reach your Drug Plan Maximum Out of Pocket of \$2,000.	
<b>Retail and Mail-Order Pharmacies</b>	Up to a 90-day supply (Specialty limited to a 30-day supply)
<ul style="list-style-type: none"> <li>All Part D Covered Prescription Drugs</li> </ul>	\$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.

- **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. The copay or coinsurance shown in this benefits chart is the amount you pay for covered drugs filled at network pharmacies.

## Your 2025 Extra Covered Drugs Benefits Chart

Covered Services	What you pay
<b>Extra Covered Drugs</b>	
<p>These are prescription drugs that are covered by your retiree drug plan that are often excluded from Part D coverage. These prescription drugs are covered by your Senior Rx Plus benefits. These drugs do not count towards your Drug Plan Maximum Out of Pocket expenses. They do not qualify for lower Catastrophic copays.</p>	
<b>Retail Pharmacy</b>	per 30-day supply
<b>Cough and Cold DESI Vitamins and Minerals</b>	See Drug List for complete list of drugs covered
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Preferred Drugs</li> </ul>	\$35 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Drugs</li> </ul>	\$50 copay
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
<ul style="list-style-type: none"> <li>• Generics</li> </ul>	\$20 copay
<ul style="list-style-type: none"> <li>• Preferred Drugs</li> </ul>	\$35 copay
<ul style="list-style-type: none"> <li>• Non-Preferred Drugs</li> </ul>	\$50 copay

Covered Services	What you pay
<b>Mail-Order Pharmacy</b>	per 90 day supply
<b>Cough and Cold DESI Vitamins and Minerals</b>	See Drug List for complete list of drugs covered
• Generics	\$45 copay
• Preferred Drugs	\$75 copay
• Non-Preferred Drugs	\$115 copay
<b>Erectile Dysfunction (ED)</b>	Immediate dose ED drugs Immediate dose formats are limited to 6 per 30 days.
• Generics	\$45 copay
• Preferred Drugs	\$75 copay
• Non-Preferred Drugs	\$115 copay

- **Over the Counter Drugs:** To get over the counter drugs listed as covered under your drug plan, you must have a prescription from your provider and have the prescribed drug filled by the pharmacist.