

### Stelco Non-USW Retiree Life and Health Trust

This brief summary outlines the principal features of the plan effective January 1, 2018. In the event of any discrepancies between the information in this summary and the group contract, the group contract will govern.

## DENTAL BENEFIT PLAN

<b>Deductible:</b>	Nil
<b>Fee Guide:</b>	<p>The current minus two years Provincial Dental Association Fee Guide for General Practitioners in the province where services are rendered</p> <p>For independent Dental Hygienists, the current minus two years Provincial Dental Hygienists' Association Fee Guide in the province where services are rendered</p> <p>For Alberta, with no fee guide, reimbursement will be according to a fee schedule established by GSC for that province</p>

The Plan Covers:	The Plan Pays:	Maximum the Plan Pays:
<b>Basic Services and Comprehensive Basic Services</b>	70%	\$750* per covered person per calendar year (Basic, Comprehensive Basic and Major combined)
<b>Major Services</b>	50%	* Effective January 1, 2019 - \$1,000 per calendar year Effective January 1, 2020 - \$1,250 per calendar year Effective January 1, 2021 - \$1,500 per calendar year

## HEALTH BENEFIT PLAN

<b>Deductible:</b> Nil	<b>Overall Maximum:</b> Unlimited
------------------------	-----------------------------------

The Plan Covers:	The Plan Pays:	Maximum the Plan Pays:
<b>Vision</b>	100%	
<ul style="list-style-type: none"> <li>prescription eye glasses or contact lenses, or medically necessary contact lenses, or laser eye surgery</li> </ul>		\$250 per 24 consecutive months based on date of first paid claim (if change in prescription, new \$250 benefit period begins)
<ul style="list-style-type: none"> <li>optometric eye examinations</li> </ul>		1 every 24 months based on date of first paid claim, subject to a maximum of \$75 per claim
<b>Prescription Drugs – Pay Direct Drug Card</b>	80%, plus any allowed dispensing fee charge up to \$7 per prescription or refill, until \$1,000 out-of-pocket maximum has been reached per calendar year. Thereafter, up to \$7 per prescription or refill	\$70,000 lifetime maximum  Each January 1, up to \$1,000 will be reinstated towards the lifetime maximum
<ul style="list-style-type: none"> <li>Therapeutic substitution for stomach hyper-acidity and blood pressure medication</li> </ul>	100% for preferred drug; 40% if non-preferred drug selected	

<b>The Plan Covers:</b>	<b>The Plan Pays:</b>	<b>Maximum the Plan Pays:</b>
<ul style="list-style-type: none"> <li>Ontario Drug Benefit co-pay and deductible for covered persons over age 65</li> </ul>		\$100 ODB deductible per calendar year and up to \$6.11 per prescription or refill for ODB co-pay
<ul style="list-style-type: none"> <li>Limits on the frequency of prescription refills for maintenance medications (ie. medications for chronic medical conditions)</li> </ul>		Up to 5 prescription refills allowed per calendar year for maintenance medications, unless the covered person is in a Long Term Care home, or meets GSC criteria for compliance packaging
<ul style="list-style-type: none"> <li>Limits on drug price markups by pharmacist</li> </ul>	Any amount charged by the pharmacy above the 10% or 8% plan limit	Maximum 10% markup allowed for brand name drugs, 8% for generic drugs
<ul style="list-style-type: none"> <li>Migraine therapy (excluding Quebec)</li> </ul>		\$1,500 every 12 months based on date of first paid claim
<ul style="list-style-type: none"> <li>All other covered drugs</li> </ul>		Subject to maximum shown above
<b>Hearing Care</b>	70%	\$500 per ear every 5 years based on date of first paid claim
<b>Medical Items and Services</b>	80%	
<ul style="list-style-type: none"> <li>Footwear <ul style="list-style-type: none"> <li>custom made boots or shoes</li> <li>custom made foot orthotics</li> </ul> </li> </ul>		1 pair per calendar year to a maximum of \$300 \$300 every 36 months based on date of first paid claim
<ul style="list-style-type: none"> <li>Bra (mastectomy)</li> </ul>		3 per calendar year
<ul style="list-style-type: none"> <li>TENS unit (rental, purchase and supplies)</li> </ul>		\$500 every 5 years based on date of first paid claim
<ul style="list-style-type: none"> <li>Stump socks</li> </ul>		4 pairs per calendar year
<ul style="list-style-type: none"> <li>Compression stockings</li> </ul>		3 pairs per calendar year
<ul style="list-style-type: none"> <li>Respiratory / Cardiology <ul style="list-style-type: none"> <li>C.P.A.P. Machine</li> <li>All other eligible respiratory / cardiology equipment and supplies</li> </ul> </li> </ul>		\$1,500 per claim Reasonable and customary charges
<ul style="list-style-type: none"> <li>Wigs</li> </ul>		\$200 per lifetime
<ul style="list-style-type: none"> <li>Other eligible medical items and services</li> </ul>		Reasonable and customary charges
<b>Emergency Transportation</b>	80%	Reasonable and customary charges
<b>Private Duty Nursing in the Home</b>	80%	\$10,000 per calendar year, subject to a \$50,000 lifetime maximum
<b>Accidental Dental</b>	80%	\$1,000 per incident

**Special Note:** This plan will cover the full cost of eligible dental and health (including drugs) benefits, up to the maximums specified under the "Maximum Plan Pays" section above, for the eligible surviving spouses and dependents of a covered retired non-USW Trust member who:

- (a) had his/her life insurance coverage cancelled under the US Steel life insurance policy as a result of the CCAA process, and
- (b) pass away on or after September 1, 2017.

All other eligible pension surviving spouses and dependents as of July 1, 2017 are covered for the dental and health (including drugs) benefits as outlined above.