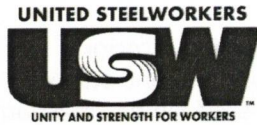


Steel Retirees Benefit Trust  
c/o SHN, Inc.  
4853 Galaxy Parkway, Suite K  
Cleveland, OH 44128





We are pleased to inform you that Cleveland-Cliffs Steel and the United Steelworkers have worked together to find a dental program for eligible retirees. This joint effort has produced a high quality, voluntary dental plan.

If you are receiving this letter, you are considered eligible for the plans offered.

The plan will continue to be available to all retirees beginning **February 1, 2021** and is being offered through Delta Dental which has one of the largest Dental Provider networks in the country. Cleveland-Cliffs Steel and the United Steelworkers custom designed a program that is both rich in benefits and cost effective through negotiations with Delta Dental.

This new plan will be managed and administered by a separate entity through a Trust. This means that:

- There will be separate Plan Administrator that will manage the Trust.
- Questions and inquiries will go to the Plan Administrator. Please use the toll-free numbers provided for information on the plans.

Enclosed you will find the following:

- ✓ Dental Plan Benefit Summary
- ✓ Application to enroll
- ✓ Plan Rules
- ✓ Return Envelope
- ✓ Automatic Clearing House – to pay your premium through automatic bank draft monthly.

**Below are the monthly rates:**

If you would like to enroll, simply complete the enclosed application and return in the enclosed envelope by the 25<sup>th</sup> of the month for an effective date of the 1<sup>st</sup> of the following month. Otherwise, if you mail your application after the 25<sup>th</sup>, it would be effective on the first day of the next following month.

<b>Delta Dental Plan</b>	<b>2021 Monthly Rates</b>
Retiree	\$40.82
Retiree and Spouse	\$84.23
Retiree and Children	\$84.36
Family	\$137.21

**We have great news!** Delta has enhanced the benefit offering to include posterior composite fillings! Why is this great news for you? This means less money spent out of pocket when you need a filling on a back tooth. Prior benefits only covered silver amalgam fillings for posterior teeth.

**Advantages of Posterior Composite Fillings:**

- **Invisible.** The same color as your teeth, these fillings blend in.
- **Easy adhesion.** Resin composite bonds to the surface of your tooth.
- **Preserves maximum amount of tooth.** The flexibility of resin composite means less drilling is required.

You can access your benefits or enroll online at [www.steelretirees.com](http://www.steelretirees.com). Your login information is listed below.

**Password: Steel321**

Please **include three month's premium** with your application. Checks should be made payable to:

**STEEL RETIREES VOLUNTARY BENEFITS TRUST**

We are pleased to bring this opportunity to you. If you have any questions on the plan, please call our Customer Care Center at **1-866-634-9842**.

Sincerely,

**STEEL RETIREES VOLUNTARY BENEFITS TRUST**

Return to: **Steel Retirees Voluntary Benefits**  
c/o Solidarity Health Network  
4853 Galaxy Parkway, Suite K  
Cleveland, OH 44128  
CLEVELAND-CLIFFS STEEL ACTIVE RETIREES

1-866-634-9842

## Steel Retirees Voluntary Benefits Trust

### ENROLLMENT FORM

**Please complete and return 15 days prior to the next Monthly Effective Date**

#### RETIREE INFORMATION

NAME: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

ENROLLED IN MEDICARE?: YES  NO  MEDICARE ID # \_\_\_\_\_

Dental  **EFFECTIVE DATE REQUESTED:** \_\_\_\_\_

#### SPOUSE AND DEPENDENT INFORMATION

SPOUSE NAME: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MONTH DAY YEAR

SPOUSE ENROLLED IN MEDICARE?: YES  NO  MEDICARE ID # \_\_\_\_\_

Dental

DEPENDENT CHILD(REN)  Check if you wish to enroll your dependent child(ren)

See Reverse Side to Add Dependent Children

<b>Enrollment Signature</b>	<b>Date</b>

*I apply for enrollment in the Steel Retirees Voluntary Benefits Trust*

DEPENDENT NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DEPENDENT NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DEPENDENT NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DEPENDENT NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DEPENDENT NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DEPENDENT NAME: \_\_\_\_\_

GENDER: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

<b>Enrollment Signature</b>	<b>Date</b>

*I attest that all the information is true and accurate. I certify that each dependent listed above is a valid dependent and that I will provide proof of dependency if it is requested by the Plan Sponsor or Administrator.*



STEEL RETIREES VOLUNTARY BENEFIT TRUST  
4853 Galaxy Parkway, Suite K  
Cleveland, OH 44128  
1-866-634-9842

AUTHORIZATION AGREEMENT FOR PRE-ARRANGED PAYMENTS (ACH DEBITS)

I, the undersigned participant in a pre-arranged payment plan, hereby authorize **STEEL RETIREES VOLUNTARY BENEFITS TRUST** (hereinafter called **SRBT**) to initiate debit entries to my account indicated below at the bank or other financial institution named below (hereinafter called **BANK**) to debit the same to such account and send this amount to the Company.

This authority is to remain in full effect until **SRBT** has received written notification from me of its termination in such time and in such manner as to afford **SRBT** or **BANK** a reasonable opportunity to act on it.

PARTICIPANT INFORMATION

NAME(S): \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please type or print Participant's Signature

NAME(S): \_\_\_\_\_ BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Please type or print Spouse's Signature

Last Four Digits of Social Security Number: \_\_\_\_\_ START DATE: \_\_\_\_\_

Please check one:

Start

Change

BANK ACCOUNT INFORMATION

(Checking: Attach copy of voided check below; Savings: Attach deposit slip below)

Bank Name: \_\_\_\_\_ Bank Account #: \_\_\_\_\_

Bank 9-digit ABA Transit Routing #: \_\_\_\_\_ [ ] Checking **OR** [ ] Savings

Attach voided check or savings deposit slip here

Jane M. Doe 60-142 101  
John P. Doe 313  
2020 Main Street DATE \_\_\_\_\_  
Anywhere, PA 12345-6789

PAY TO THE ORDER OF \_\_\_\_\_

**SAMPLE CHECK** DOLLARS

MEMO \_\_\_\_\_

ψ: 031301422ψ: 4321 98765 ξξ<sup>v</sup> 101

Bank 9-digit ABA Transit Routing Number

Account Number

Delta Dental of Illinois is pleased to be your dental benefits carrier. Your group plan offers you the dental benefits program: Delta Dental PPO *Plus* Delta Dental Premier.

### Delta Dental PPO Plus Premier

**On the reverse side of this sheet is a summary of your plan coverage.\***

With Delta Dental PPO Plus Premier:

- You can go to any licensed general or specialty dentist.
- **You will maximize your benefits by receiving care from a Delta Dental PPO or Delta Dental Premier network dentist.**
- Delta Dental's network dentists have agreed to reduced fees as payment in full, which means you will likely save money by going to a Delta Dental PPO or Delta Dental Premier network dentist. Non-network dentists have not agreed to accept our reduced fees as payment in full, which means they may bill you for any charges over our allowed fees.
- You are charged only the patient's share\*\* at the time of treatment. Delta Dental pays its portion directly to network dentists.

### Finding a Dentist

Visit our web site at [www.deltadentalil.com](http://www.deltadentalil.com) and click on Provider Search. Please see the enclosed "How to Find a Network Dentist" sheet for more details.

### Example of Your Copayment with Delta Dental Network Dentists and Non-Network Dentists

- Delta Dental PPO: Lowest out-of-pocket costs and network protection.
- Delta Dental Premier: Higher out-of-pocket costs than PPO, but may be lower than non-network and network protection.
- Non-network: You may have the highest out-of-pocket costs.

### Delta Dental PPO Plus Premier Plan Features

Your Delta Dental PPO Plus Premier plan includes the following features:

- **Enhanced Benefit Program** offers additional coverage for individuals who have specific health conditions (including pregnancy, diabetes, high-risk cardiac conditions, and suppressed immune systems) that can be positively affected by additional oral health care.

### Member Connection

You may register on Delta Dental of Illinois' website, [www.deltadentalil.com](http://www.deltadentalil.com). Once registered, you can **get real time benefit information, check claim status, sign up for electronic Explanation of Benefits and print a temporary ID card.**

### Customer Service

Call 1-800-323-1743 to access our automated phone system or speak to a customer service representative from 7 am to 7 pm Monday through Thursday and 7 am to 6 pm Friday, Central Time. Our automated phone system is available 24 hours a day, seven days a week, and offers dentist listings and claim information.

You can also connect with us through our mobile app, Facebook, Twitter, our blog and more.

### Learn More

**You can learn more about your Delta Dental of Illinois dental plan by logging on to [www.deltadentalil.com](http://www.deltadentalil.com).**

\*The information on the reverse side of this sheet is a brief summary of your dental plan and the services it covers. There are some limitations on the expenses for which your dental plan pays. If you have specific questions regarding benefit coverage, limitations, exclusions, or non-covered services, please refer to your certificate of coverage/dental benefit booklet or contact Delta Dental of Illinois.

\*\*Patient's share is the coinsurance/copayment, any remaining deductible any amount over the annual maximum and any services your plan does not cover.

*Note: Delta Dental imposes no restrictions on the method of diagnosis or treatment by a treating dentist. A benefit determination relates only to the level of payment that your group dental plan is required to make.*





## Dental Benefit Highlight Sheet

Steel Retirees Voluntary Benefits Trust – Group # 20357

<b>Eligible Dependents</b>	Spouse/and dependent children to age 26
<b>Annual Deductible (applies to Basic and Major Services Only)</b>	\$50/person; (when using a Delta Dental PPO dentist, Delta Dental Premier or non-network dentist)
<b>Annual Maximum</b>	\$2,000/person (when using a Delta Dental PPO dentist); \$1,500/person (when using a Delta Dental Premier or non-network dentist)
<b>Enhanced Benefits Program</b>	Your plan provides additional cleanings and/or applications of topical fluoride to people with specific health conditions that put them at risk for oral health disease. The costs of the additional cleanings and fluoride treatments will be applied to your annual maximum.

	Delta Dental PPO Network Dentist	Delta Dental Premier® Network Dentist	Non-Network Dentist
<b><u>PREVENTIVE/DIAGNOSTIC SERVICES</u></b> <ul style="list-style-type: none"> <li>Routine exams (two per benefit year)</li> <li>Cleanings (two per benefit year)</li> <li>X-rays (bitewings – twice per benefit year; Fluoride treatments (once per benefit year to age 19)</li> <li>Space maintainers (to age 14)</li> <li>Emergency exams &amp; palliative (pain relief) treatment</li> </ul>	100%*	100%**	100%***
<b><u>BASIC SERVICES</u></b> <ul style="list-style-type: none"> <li>Fillings (silver (amalgam) and tooth colored (composite) on front teeth) Posterior composites</li> <li>Sealants (to age 16)</li> <li>Full mouth - every three years) Deductible does not apply to Full-mouth x-rays</li> <li>Periodontics</li> <li>Oral surgery</li> <li>Endodontics</li> <li>General anesthesia (in conjunction with oral surgery)</li> <li>Denture (repair, relines, rebase and adjustments)</li> <li>Cast restorations-Crowns, onlays, post and core</li> <li>Occlusal mouth guards</li> </ul>	75%*	75%**	75%***
<b><u>MAJOR RESTORATIVE SERVICES</u></b> <ul style="list-style-type: none"> <li>Prosthodontics – bridges, partial dentures and complete dentures</li> <li>Implants</li> </ul>	50%*	50%**	50%***

\*Delta Dental PPO dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's allowed PPO fee. PPO network dentists cannot charge you for costs exceeding the PPO fee.

\*\*Delta Dental Premier dentists accept payment based on the lesser of the submitted fee (their usual fee) or Delta Dental's maximum plan allowance. Your plan is based on Delta Dental PPO and Premier dentists can charge you the difference between the PPO fee and maximum plan allowance, but may not charge you for costs exceeding the maximum plan allowance.

\*\*\*Non-network dentists (non-Delta Dental PPO/non-Delta Dental Premier) do not agree to accept Delta Dental's allowed fees as payment in full; payment is based on the lesser of the submitted fee (their usual fee) or Delta Dental's PPO fee. These dentists can charge you for costs exceeding the PPO fee.

# Steel Retirees Voluntary Benefits FAQ

## 1) What is the name of the Plan?

- The name of the Trust is the **Steel Retirees Voluntary Benefits Trust**. This trust was established specifically for Active Retirees, Legacy Retirees and Salaried Retirees for USW and ArcelorMittal/Cleveland Cliffs.

## 2) Who is the Trustee of the Plan?

- Zions First National Bank

## 3) Who is the Administrator of the Plan?

- Solidarity Health Network, Inc.

## 4) Is Cleveland Cliffs or the United Steelworkers paying for any portion of these benefits?

- No, Cleveland Cliffs nor the United Steelworkers are not paying for any portion of the plan, however, they negotiated a group rate for your benefit. There is a separate Administrator, Trustee, and Trust to manage the plan for the benefit of all retirees.

## 5) When can I enroll?

- You can complete and send your enrollment any time before January 25<sup>th</sup>, for a February 1<sup>st</sup> effective date. Enrollment is rolling, meaning you can submit your application any time before the 25<sup>th</sup> of a month for an effective date of the first of the following month. Retirees and eligible spouses who enroll after February 1<sup>st</sup>, would be enrolled on the first day of the following month after their enrollment application is received.

## 6) What if I don't want to enroll? Can my eligible spouse enroll?

- Yes, you do not have to enroll for your spouse to enroll. However, for family plans, one eligible retiree must enroll for a dependent child to enroll into the plan.

## 7) How will I pay my premiums?

- Premiums can be paid two ways.
  - Semi-Annually (6 months of premium)
  - Monthly via an automatic bank draft

**8) What do I need to do in order to enroll?**

- Complete and sign application and mail prior to January 25<sup>th</sup> if you wish to be effective for February 1<sup>st</sup>, 2019.
- Please remit three months premium with your application.

**9) I don't know if my dentist is in the network. What do I do?**

- Visit our website at [www.steelretirees.com](http://www.steelretirees.com) or call customer care toll-free at 866-634-9842.

**10) Can I apply online?**

- Yes, you can apply at [www.steelretirees.com](http://www.steelretirees.com)

**11) What if I enroll and then I don't like this plan?**

- No one is required to stay enrolled, however, to protect the plan for all members; if you cancel your plan in the middle of a benefit year (February 1<sup>st</sup> – January 31<sup>st</sup>):
  - The first time you cancel your plan, you cannot re-enroll for a minimum of 24 months.
  - If you cancel your plan more than once, you cannot re-enroll into the plan.

**12) Where do I mail my election form?**

- There is a return envelope enclosed with your packet, however, if you cannot locate that envelope, please mail your election form to:

**Steel Retirees Voluntary Benefits Trust  
c/o Solidarity Health Network, Inc.  
4853 Galaxy Parkway, Suite K  
Cleveland, OH 44128**

**Questions? Call 1-866-634-9842**

**Or visit our website**

**[www.steelretirees.com](http://www.steelretirees.com)**