

ARCELORMITTAL SALARIED (NON-REPRESENTED) EMPLOYEE BENEFITS SUMMARY

Effective January 1, 2020

Salaries Competitive starting salaries and compensation. Your pay day schedule is based upon the payroll system you are hired into as a salaried employee.

Promotional Opportunities Advancement opportunities are based on merit, qualifications and abilities without regard to race, sex, sex stereotyping, religion, creed, color, national origin, citizenship, disability, handicap or medical condition, pregnancy, age, military status, marital status, sexual orientation, gender identity, ancestry, protected veteran status or any other basis prohibited by law.

Paid Vacation Employees are entitled to vacation pay based on length of service.

<u>Employee Service</u>	<u>Number of Vacation Weeks</u>	<u>Eligible Beginning</u>
Less than 1 year <i>If hired before July 1st</i>	1 week in calendar year hired, Then: 3 weeks in calendar year following hire	After 6 th month anniversary After January 1 st
<i>If hired on/after July 1st</i> 1 year but less than 5 years	3 weeks in calendar year following hire 3 weeks	After 6 th month anniversary Beginning on January 1 st of the 1 st anniversary year
5 years but less than 10 years	3 weeks	Beginning on January 1 st of the 5 th anniversary year
10 years but less than 15 years*	3 weeks	Beginning on January 1 st of the 10 th anniversary year
15 years but less than 23 years	4 weeks	Beginning on January 1 st of the 15 th anniversary year
23 years or more	5 weeks	Beginning on January 1 st of the 23 rd anniversary year

*Employees that have already attained 4 weeks as of January 1, 2017 will retain the 4 weeks of vacation. Employees hired in 2008 and 2009 will receive 4 vacation weeks beginning on January 1st of their 10th anniversary year.

Paid Holidays

New Year's Day	Labor Day
Martin Luther King, Jr. Day	Thanksgiving Day
Good Friday	Day after Thanksgiving
Memorial Day	Christmas Eve
Independence Day	Christmas Day

Life Insurance Benefits

Basic Term Life (Company paid): 1x Annual base salary
Optional Term Life (Employee paid): Coverage includes dependents
Accidental Death & Dismemberment (AD&D) (Company paid): 1x Annual base salary
Optional AD&D (Employee paid): Coverage includes dependents

Disability Benefits Short and long-term disability benefits available to provide income in the event of absence from work due to illness or injury after 6 months of continuous service.

Tuition Reimbursement Company tuition reimbursement for approved graduate and undergraduate job-related programs includes cost of tuition, books and selected fees. Up to \$5,250 for approved undergraduate courses and up to \$24,000 per year for approved graduate courses.

Employee Discount Programs

Employee discounts available for several leading automotive manufacturers, telecommunications, fitness centers, Apple, TicketsAtWork, Costco, 1-800-Flowers, Dell, G.E., Sherwin-Williams, Whirlpool and more.

Savings & Investment Plan

The first 5% of Salaried 401(k) Plan employee contributions are Company matched. For employees who are not currently accruing a benefit under a U.S. Defined Benefit Plan sponsored by the Company or an Affiliate, the Company will match two dollars for each dollar of the first 1% of contributions and one dollar for each dollar of the remaining 4% of contributions, for a total Employer Match of 6%.

For employees that are currently accruing a benefit under a U.S. Defined Benefit Plan, the Company will match one dollar for each dollar of the first 5% of contributions, for a total Employer Match of 5%.

Employees may contribute up to 50% of their eligible pay on a pre-tax, after-tax, or Roth basis in a range of Fidelity managed investment options, in addition to a brokerage account. Note: New salaried employees are automatically enrolled in this plan at the 5% tax deferral level. If an employee does not wish to be enrolled, he/she can elect to opt out.

Health Care Benefits

Consumer Driven Health Plan (CDHP) with combined medical and prescription drug deductible and maximum out-of-pocket paired with a Health Savings Account (HSA).

Employee-paid premium based on coverage level.

- UMR Medical, Dental and Mental Health and Substance Abuse Provider Network
- CVS Caremark Mail Order Prescription Drug/Pharmacy Card Program
- Vision Coverage administered by EyeMed
- Dependent/Elder Day Care Flexible Spending Account (FSA) administered by UMR
- Continuation of Health Care Options (COBRA)
- OPTUM administered Health Savings Account (HSA) to pay for qualified medical, dental, mental health and substance abuse, prescription drug and vision expenses

Option to waive CDHP for employee and eligible dependents (with proof of other coverage) and receive a taxable amount, prorated as necessary, of up to \$1800.00 per year (waive *all health care*) paid in pay period installments.

Employee Assistance Program

Referral service and counseling provided for cases of alcohol and drug abuse, family or emotional stress, or legal or financial problems.

Wellness Program

ArcelorMittal USA Transforming YOU Wellness program provides biometric screenings with incentives, Flu Vaccination program, and Health Week each fall featuring an ArcelorMittal USA Health Walk and wellness activities at each plant that can include health screenings, blood drives, local and national health resources, demonstrations, classes, exercise events, giveaways and more.

HEALTH CARE PLAN SUMMARY

For Salaried (Non-Represented) Employees as of January 1, 2020

Cost of Coverage	<p>Pre-tax premiums will be charged per month as follows:</p> <table border="0"> <tr> <td>Employee only: \$74.00</td> <td>Employee+spouse: \$176.00</td> </tr> <tr> <td>Employee+children: \$133.00</td> <td>Employee+family: \$225.00</td> </tr> </table> <p><i>*Definition: "Other" coverage levels include Employee+spouse, Employee+children and Employee+family.</i></p>	Employee only: \$74.00	Employee+spouse: \$176.00	Employee+children: \$133.00	Employee+family: \$225.00								
Employee only: \$74.00	Employee+spouse: \$176.00												
Employee+children: \$133.00	Employee+family: \$225.00												
Annual Deductible	<p>\$1,500 Employee only and \$3,000 Other* coverage levels for in-network services; \$3,000 Employee only and \$6,000 per Other* coverage levels for non-network services.</p> <p><i>Definition: The deductible must be met before the plan starts paying a percentage of medical claims or up to the prescription drug co-pay. Other* deductible may be met by one person in the family or by multiple family members.</i></p>												
Medical Co-insurance	<p>Preventive care services received <i>in-network</i> covered at 100%; <i>non-network</i> preventive care services covered at 40% after deductible.</p> <p>20% co-insurance after deductible for all <i>in-network</i> doctors' office services including office visits, medical/surgical and diagnostic tests, also 20% co-insurance after deductible applies to manipulation, physical, speech and occupational therapy services (40% co-insurance after deductible for <i>non-network</i>). No deductible or co-insurance charged for preventive care services received in-network.</p> <p>20% co-insurance after deductible for <i>in-network</i> hospital inpatient and outpatient services, in facility medical/surgical services, home health care, and skilled nursing facility (40% co-insurance after deductible for <i>non-network</i>). No deductible or co-insurance charged for preventive care services received in-network.</p> <p>20% co-insurance after deductible for <i>in-network</i> durable medical equipment, (40% co-insurance after deductible for <i>non-network</i>).</p> <p>20% after in-network deductible per visit for emergency room services (<i>in-network</i> and <i>non-network</i>).</p>												
Annual Maximum Out-Of-Pocket (MOOP)	<p>Maximum out-of-pocket amounts are based on coverage level and whether services received are in or out of network. Deductible, medical co-insurance (percentage amounts) and prescription drug co-payments (flat dollar amounts) count towards the annual maximum out-of-pocket (MOOP).</p> <p><i>Definition: Once the MOOP is satisfied, claims are paid at 100% for the remainder of the calendar year.</i></p> <table border="0" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th style="text-align: left;"><u>Coverage Level</u></th> <th colspan="2" style="text-align: center;"><u>Maximum Out-Of-Pocket</u></th> </tr> <tr> <th></th> <th style="text-align: center;"><u>In-Network</u></th> <th style="text-align: center;"><u>Non-Network</u></th> </tr> </thead> <tbody> <tr> <td>Employee</td> <td style="text-align: center;">\$4,000</td> <td style="text-align: center;">\$8,000</td> </tr> <tr> <td>Other*</td> <td style="text-align: center;">\$8,000</td> <td style="text-align: center;">\$16,000</td> </tr> </tbody> </table>	<u>Coverage Level</u>	<u>Maximum Out-Of-Pocket</u>			<u>In-Network</u>	<u>Non-Network</u>	Employee	\$4,000	\$8,000	Other*	\$8,000	\$16,000
<u>Coverage Level</u>	<u>Maximum Out-Of-Pocket</u>												
	<u>In-Network</u>	<u>Non-Network</u>											
Employee	\$4,000	\$8,000											
Other*	\$8,000	\$16,000											
Lifetime Maximum	No lifetime maximum. Coverage is unlimited for all covered services including human organ and tissue transplants.												
Balance Billing	Providers who are listed in the UMR network of providers have agreed contractually to accept the Plan's allowed charges as payment in full and may only bill the employee for the applicable deductible and co-insurance. Non-network providers may also bill participants for the difference between the billed and allowed amounts.												

Covered Medical Services

Medically necessary inpatient and outpatient hospital facility charges; physicians' charges in and out of the hospital; routine physicals; well baby care; preventive care services; routine hearing and vision exams; durable medical equipment; home health care (120 visits except unlimited visits for home IV therapy); skilled nursing facility; hospice; outpatient physical and occupational therapy (60 visits each PT and OT); speech therapy (20 visits); manipulation therapy (12 manipulations or adjustments); emergency room services (covered for emergencies only); urgent care services; organ transplants.

Prescription Drugs

Retail card program for acute drugs for up to a 30-day supply. Nationwide network includes major chains such as Osco, CVS, Wal-Mart, K-Mart and Target. (Walgreens is not in the network.) After the deductible, you pay \$15 for generic drugs, \$40* for formulary brand name drugs, and \$60* for non-formulary brand name drugs. At out-of-network pharmacies, you pay the full cost of the drug and submit a claim to CVS Caremark for a 50% reimbursement after the non-network deductible.

Mail service program for purchase of maintenance medication. You can purchase up to a 90-day supply. After the deductible, you pay \$30 for generic drugs, \$80* for formulary brand name drugs, and \$120* for non-formulary brand name drugs. For Specialty drugs, you pay \$200 after the deductible.

**Applies to brand name drugs with no generic equivalent. Under the mandatory generic program, your co-insurance is 100% for brand name drugs with a generic equivalent unless a brand penalty exception is approved based on medical necessity.*

For preventive care drugs, same copays as above but not subject to deductible. At non-network retail pharmacies, you pay 50% after the out-of-network deductible.

Certain drugs are subject to quantity limitations, and certain drugs must receive prior authorization to be covered.

To help reduce your (100%) out-of-pocket costs at the pharmacy and mail order before the deductible is met, rebates for certain brand drugs are applied at the point of sale.

**Mental Health/
Substance Abuse Services**

Inpatient services, outpatient services, and physician office services for the treatment of mental health conditions or substance abuse are covered for the diagnosis, crisis intervention and short-term treatment of mental health disorders or for detoxification and/or rehabilitation of substance abuse.

Authorized, *in-network* services: after the deductible, inpatient and outpatient mental health and substance abuse treatment covered at 80%.

Non-network services: after the deductible, inpatient and outpatient mental health and substance abuse treatment covered at 60%

Not Covered

Hearing aids; custodial care; charges that are not medically necessary; care received in an emergency room which is not Emergency Care; cosmetic surgeries; elective abortions; reversal of sterilization; private duty nursing, treatments and surgeries considered to be experimental in nature.

Dental Benefits

Separate from the CDHP: individual \$25 deductible/family \$50 deductible, excludes Diagnostic and Preventive Services. Maximum \$1,500 benefit per person per calendar year. Maximum \$1,000 orthodontia benefit per eligible dependent, 40% co-insurance for orthodontia services.

Routine, diagnostic and preventive services covered at 100%. Primary services covered at 80% (20% co-insurance). Restorative services and prosthetic services covered at 50%. Dental PPO network available; however, no penalty for use of a non-network dental provider.

Vision Benefits

Separate from the CDHP: Covered vision products and services include exam, contact lens fit, frames, contact lenses, standard plastic lenses and lens anti-reflective options. Discounts on retinal imaging, photochromic, tint, UV treatment, scratch coating and polycarbonate.

Go to a vision network provider to save on cost share and pay only a copay upfront. Or visit any non-network licensed provider and pay cost upfront and receive reimbursement allowance.

Health Savings Account (HSA)

Personal savings account for eligible employees to save and pay for qualified medical, dental, mental health and substance abuse, prescription drug and vision care expenses. Employee contributions, earnings and withdrawals are tax-free, providing a triple tax advantage. The funds roll over year to year.

Annual Company contributions to the Health Savings Account (HSA) of \$500 for Employee only or \$1,000 for Other* and for new hires 1/1 through 6/30 cover 33% of the deductible. Employees with a start date of 7/1 through 12/31 receive a partial-year Company contribution amount of \$250 for Employee only or \$500 for Other* enrollment.

The IRS sets limits on the amount individuals and employers can contribute to an HSA each year. For 2020, employee additional contribution limits are \$3,050 for Employee only and \$6,100 for Other* coverage (\$3,300/\$6,600 for start date 7/1 through 12/31). An additional annual contribution of \$1,000 is allowed for employees age 55 or older. Employees not eligible for an HSA and who have not waived healthcare may receive a cash payment outside the plan.

Miscellaneous

Working spouses of ArcelorMittal employees who are offered coverage through their employer are not eligible for primary or secondary coverage through ArcelorMittal. However, if dependents are covered under both parents' plans, the plan of the parent whose birthday is first in the year (month/day) will be considered primary. If a dependent has two parents who are covered by ArcelorMittal plans, the dependent may only be covered by one parent's plan. Employees who are eligible for coverage under an ArcelorMittal health care plan as a retiree may not be covered as a dependent under their spouse's or parent's plan; however, an employee may be covered as a dependent under the ArcelorMittal parent's plan through age 26. One of the married ArcelorMittal salaried couple can be a dependent on the other's plan.

The employee has 31 days from date of hire to enroll the employee and eligible dependents in the health care plan - or to waive health care coverage. All required documentation must be provided. Otherwise, enrollment will not be allowed until open enrollment for an effective date of the following January 1. Likewise, if the employee wishes to add a dependent, he/she must notify the plan within 31 days from the date of event (i.e. marriage, birth, adoption).

These materials only summarize various ArcelorMittal benefit plans. If there are any discrepancies between the actual plan texts and the information in these materials, the plan text will govern. For more information about the plan, refer to the employee handbook.

Updated December 2019

Applies to Non-Represented Salaried Employees located at Burns Harbor, Chicago, Cleveland, Coatesville, Columbus, Columbus Coatings, Conshohocken, Indiana Harbor, Minorca, Monessen, Piedmont, Richfield, Riverdale, Southfield DSO, Steelton, Warren and Weirton.