

**ARCELORMITTAL USA LLC WELFARE BENEFIT PLAN  
PRIVACY NOTICE**

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

THIS NOTICE GIVES YOU INFORMATION REQUIRED BY LAW about the duties and privacy practices of the ArcelorMittal USA LLC Welfare Benefit Plan (the "Plan") to protect the privacy of your health information. The Plan provides medical, dental and flexible health care spending benefits to you as described in the applicable summary plan description. The terms of this notice apply only to these benefits. The Plan receives and maintains your health information in the course of providing these health benefits to you. The Plan hires individuals or entities to help it provide these benefits to you ("business associates"). These business associates also receive and maintain your health information in the course of assisting the Plan. The Plan is sponsored by ArcelorMittal USA LLC (the "Plan Sponsor").

THE EFFECTIVE DATE OF THIS NOTICE IS September 23, 2013. The Plan is required to follow the terms of this notice until it is replaced. The Plan reserves the right to change the terms of this notice at any time. When the Plan makes changes to the privacy practices described in this notice, the Plan will send a revised notice to all individuals receiving benefits from the Plan at that time. The Plan reserves the right to make the new changes apply to all your health information maintained by the Plan before and after the effective date of the new notice.

**Uses and Disclosures of Your Health Information**

The Plan will use and/or disclose your health information for the following purposes:

**Health Care Providers' Treatment Purposes.** The Plan itself does not provide medical treatment, but it will disclose your health information to a health care provider, upon request, if the provider is involved in making a decision about your care. For example, the Plan may disclose information about previous treatments you have received to a physician treating you in an emergency.

**Payment.** The Plan will use and/or disclose your health information to pay claims for covered health care services or to provide eligibility information to your physician when you receive treatment. For example, the Plan may share information with your physician to assist in filing claims for treatment you have received.

**Health Care Operations.** The Plan will use and/or disclose your health information for activities that are necessary to operate the Plan. Examples include using or disclosing your health information: (i) to conduct quality assessment and improvement activities, (ii) to submit claims for stop-loss coverage, (iii) to engage in care coordination or case management, (iv) to business associates of the Plan that perform services on behalf of it, or (v) to manage, plan or develop the Plan's business.

**Other Permitted or Required Uses and Disclosures**

The Plan may disclose your health information for the following purposes related to the administration of the Plan without first obtaining your consent or authorization:

**To Business Associates.** The Plan may disclose your health information to business associates the Plan retains to provide a service on behalf of the Plan. Each business associate of the Plan must agree in writing to ensure the continuing confidentiality and security of your health information.

**To Plan Sponsor.** The Plan may disclose your health information to the Plan Sponsor for certain administrative functions that the Plan Sponsor performs. The Plan Sponsor has agreed in writing to ensure the continuing confidentiality and security of your health information. The Plan Sponsor has also agreed not to use or disclose your health information for employment-related activities or for the administration of any of its other benefit plans without first obtaining your authorization.

The Plan may use and/or disclose your health information for the following purposes without providing you an opportunity to agree or object:

- To comply with a legal requirement, such as allowing the U.S. Department of Health and Human Services to audit its records to determine compliance with federal laws protecting your privacy.
- To contact you to give you information about treatment alternatives or other health-related benefits and services that may be of interest to you.
- To comply with legal proceedings, such as a court or administrative order or a subpoena.
- To law enforcement officials for limited law enforcement purposes.
- To a family member, friend or other person for the purpose of helping you with your health care or with payment for your health care, if the Plan is unsuccessful in receiving your permission to do this and determines, in its best judgment, that such communication is appropriate.
- To personal representatives appointed by you or designated by applicable law.
- To avert a serious threat to your health or safety or the health or safety of others.
- To a governmental agency authorized to oversee the health care system or government programs.
- To federal officials for lawful intelligence, counterintelligence and other national security purposes.
- To public health authorities for public health purposes.
- To appropriate military authorities, if you are a member of the armed forces.
- As authorized by law, to the extent necessary to comply with workers' compensation laws.

#### **Uses and Disclosures with Your Authorization**

Certain uses and disclosures of your health information require your authorization, specifically, uses and disclosures involving: (i) psychotherapy notes, (ii) health information for marketing purposes and (iii) health information in instances constituting the sale of protected health information. The Plan will not use or disclose your health information for any purpose not specified in this notice without your written authorization. If you give the Plan written authorization to use or disclose your health information for a purpose that is not described in this notice, then, in most cases, you may revoke such authorization in writing at any time. Your revocation will be effective for all of your health information the Plan maintains, unless the Plan already has taken action in reliance on your authorization. If the authorization permits the Plan to disclose your health information to an insurance company, as a condition of coverage, other laws may allow the insurance company to continue to use your information to contest claims or coverage after you have revoked your authorization.

#### **Your Rights**

You have certain rights under law pertaining to the health information maintained by the Plan. You may make a written request to the Plan to do one or more of the following:

- To send you a paper copy of this notice.
- To review and obtain copies of your health information. This right is limited to information that is used by the Plan to make decisions such as claims, payment and enrollment records. In limited cases, the Plan does not have to agree to your request.
- To correct your health information. This right is limited to information that is used by the Plan to make decisions such as claims, payment and enrollment records. In some cases, the Plan does not have to agree to your request.
- To put additional restrictions on the Plan's use and disclosure of your health information. The Plan does not have to agree to your request.

To agree to communicate with you in confidence about your health information by a different means or at a different location than the Plan is currently doing. The Plan does not have to agree to your request unless such confidential communications are necessary to avoid endangering you and your request continues to allow the Plan to collect premiums and pay claims. Your request must specify the alternative means or location to communicate with you in confidence.

To receive a list of disclosures of your health information that the Plan and its business associates made for certain purposes for a period of up to 6 years before the date you make a request. This right does not include disclosures made to carry out treatment, payment and health care operations; disclosures made to you; disclosures you authorized in writing; communications with family and friends; disclosures made for national security or intelligence purposes; disclosures to correctional institutions or law enforcement officials; or disclosures made before April 14, 2003.

If you want to exercise any of your rights described in this notice, please contact the Contact Office (below). The Plan will give you the necessary information and forms for you to complete and return to the Contact Office. In some cases, the Plan may charge you a nominal, cost-based fee to carry out your request.

