

Healthcare Options in the Event of a Strike at U.S. Steel

In the event of a strike, our Insurance Agreement with U.S. Steel requires the company to continue insurance coverage for 30 days from the beginning of the strike. This important benefit was negotiated by the USW. During this period, the company and union will discuss further continuation of coverage and repayment for the coverage advanced.

If the Program of Insurance Benefits (PIB) coverage is terminated during a strike, there are several options for employees to obtain insurance coverage. Below is a summary of options for health insurance coverage.

Each member and their families will need to consider the various options taking into account their personal health and financial status. Members of a family may opt for coverage through different programs. For instance, a parent may sign up for coverage through the Emergency Medical Program or COBRA while their child may be eligible for coverage through CHIP. Each Local Union will appoint a Healthcare Coordinator who will be able to help members review the options so that each member may make an informed decision about what works best for them and their families.

The USW Emergency Medical Program

During a labor dispute, the USW offers its members and their spouses and dependents the opportunity for limited health insurance coverage under the USW Emergency Medical Program (EMP). If the Local Union elects to participate in the program, everyone without other verifiable coverage will automatically be enrolled in the EMP and provided with Blue Cross Blue Shield identification cards. This ensures every member and their spouses and dependents will have some sort of insurance coverage throughout the dispute. The premium payments will be deducted from the allocations your Local Union receives from the USW Strike and Defense Fund, so no member will need to pay the premiums themselves. The benefits available under the EMP are not the same as your company plan. The EMP does not have prescription drug coverage. Brochures explaining the benefits will be made available.

COBRA Coverage

The federal law COBRA requires the company to give you the option to elect to continue your current company health insurance coverage for a period of up to 18 months at your own expense; it is very expensive. **It is important that members or their families with serious medical conditions or who know they will require ongoing medical services or drugs promptly elect COBRA and make the required payment.**

Within 14 days after the company-paid coverage ends, you should receive a written notice of your right to elect COBRA. Keep your notices and envelopes in a safe place even if you don't plan on using COBRA. You will have at least 60 days to elect coverage and another 45 days before the first premium payment is due.

If you are worried about making your COBRA premium payment, please discuss with your Local Union leadership to see what resources are available to help.

Important Note: Individuals who are eligible for Medicare may not elect COBRA coverage if their active health care is terminated. However, if you are eligible for Medicare coverage but your dependents are not, *they* may elect COBRA continuation coverage. (For more information, see *Employees Over Age 65 or Who Have Medicare-Eligible Dependents* section below).

Affordable Care Act Exchanges

When your company coverage is terminated, you are entitled to a 60-day Special Enrollment Period on the ACA Exchanges. You may be able to find coverage that works better for your family there. If you receive subsidized coverage, you may face tax consequences at the end of the year. For more information go to www.healthcare.gov or see your Local Union leadership for assistance.

Medicaid and CHIP

Medicaid and the Children's Health Insurance Program (CHIP) offer comprehensive healthcare coverage to low income adults and children. The programs are run by each state. Eligibility may depend on your income a month or more before you apply. Therefore, in some cases members and their dependents may need to wait or reapply further into the dispute. To see information about your state's programs and how to apply, go to www.medicaid.gov or see your Local Union leadership for assistance.

Spouse's Insurance

If your spouse has health insurance through their job, you will be eligible to join their plan because loss of coverage due to the labor dispute is considered a "life-changing event." Remember, once your coverage is terminated, you have 60 days to notify your spouse's plan of your loss of coverage and that you wish to elect coverage under that plan.

Employees Under Age 26

If you are under the age of 26 and you have a parent with health insurance that covers dependents, you can be added to their plan. This option is available whether you live with your parent or not. Also, you can be covered by your parent's insurance even if you are married. In order to enroll as a dependent on your parent's plan, you or your parent must notify your parent's plan within 60 days of the termination of your USS coverage to be added as a dependent outside of the open enrollment window.

College Students

If you have dependents in college, they likely have access to health insurance through their school. Generally, students have to pay premiums of about \$200 per month, but they have robust coverage with low deductibles, copays, and out of pocket maximums. Students are eligible to enroll at the beginning of each semester or when there is a qualifying life event (such as the termination of a parent's coverage). Consult the school's website or contact the student health office for more information.

Employees Over Age 65 or Who Have Medicare-Eligible Dependents

If you or your spouse are eligible for Medicare (because you or your spouse are over age 65 or are eligible for Social Security Disability benefits) and your U.S. Steel active health care coverage is terminated due to a labor dispute, you or your spouse may enroll in Medicare Part B (medical coverage) without a late enrollment penalty within 8-months after the USS coverage terminates. Alternately, you or your spouse may enroll in a Medicare Advantage Plan, Part D drug plan and/or Medigap plan. You may already be enrolled in Medicare Part A (hospital coverage), which goes along with Social Security benefits.

Call Social Security at 1-800-772-1213 for more information about your Medicare eligibility and to sign up for Part A and/or Part B. You can also apply for Part A and Part B at www.socialsecurity.gov/retirement. You can also get personalized health insurance counseling at no cost to you from your State Health Insurance Assistance Program (SHIP). For information on Medicare Advantage, Part D and Medigap plans use the *Medicare Plan Finder* tool at www.medicare.gov.

Military

TRICARE is a health insurance program for military members, their dependents, retirees, and some survivors and former spouses. Contact 1-800-444-5445 if you think you may be eligible for TRICARE coverage.

S&A and Workers' Compensation

By law, employees receiving S&A, workers' compensation or on FMLA leave should be unaffected. Employees who are on S&A benefits prior to the strike would continue to receive weekly S&A benefits and their health care benefits would continue until they recover or exhaust their benefits. Health care coverage will continue for employees on FMLA leave for the duration of their leave. Report any problems receiving your S&A or workers' compensation to your Local Union as soon as possible.