

## **SUMMARY ANNUAL REPORT**

### **For Steelworkers Health and Welfare Fund**

This is a summary of the annual report of the Steelworkers Health and Welfare Fund (the "Plan"), EIN 23-1317409, Plan No. 501, for period January 1, 2024 through December 31, 2024 (the "Plan Year"). The annual report has been filed with the Employee Benefits Security Administration, as required under the Employee Retirement Income Security Act of 1974 (ERISA).

#### **Insurance Information**

The Plan has contracts with American United Insurance Company, Anthem Blue Cross Life and Health Insurance Company, Metropolitan Life Insurance Company, Delta Dental of Pennsylvania, Highmark, Kaiser Foundation Health Plan Inc., and United Concordia Life & Health Insurance Company to pay health, dental, vision, life insurance, temporary disability, long-term disability, prescription drug, HMO, PPO, AD&D and EAP claims incurred under the terms of the plan. The total premiums paid for the year were \$453,834,448.

#### **Basic Financial Statement**

The value of Plan assets, after subtracting liabilities of the plan, was \$90,008,429 as of December 31, 2024, compared to \$86,692,367 as of January 1, 2024. During the Plan Year the Plan experienced an increase in its net assets of \$3,316,062. This increase includes unrealized appreciation and depreciation in the value of Plan assets; that is, the difference between the value of the plan's assets at the end of the year and the value of the assets at the beginning of the year or the cost of assets acquired during the year. During the Plan Year, the Plan had total income of \$910,647,453, including employer contributions of \$901,033,680, employee contributions of \$2,633,785, realized losses of (\$469,617) from the sale of assets, earnings from investments of \$7,289,977, and other income of \$159,628.

Plan expenses were \$907,331,391. These expenses included \$16,836,186 in administrative expenses, and \$890,495,205 in benefits paid to participants and beneficiaries.

#### **Your Rights To Additional Information**

You have the right to receive a copy of the full annual report, or any part thereof, on request. The items listed below are included in that report:

- an accountant's report;
- financial information;
- assets held for investment;
- transactions in excess of 5% of the Plan assets;
- insurance information, including sales commissions paid by insurance carriers.

To obtain a copy of the full annual report, or any part thereof, write or call the office of STEELWORKERS HEALTH AND WELFARE FUND in care of Plan Administrator at 60 BOULEVARD OF THE ALLIES, SUITE 700, PITTSBURGH, PA 15222, or by telephone at (412) 562-2279.

You also have the right to receive from the Plan Administrator, on request and at no charge, a statement of the assets and liabilities of the Plan and accompanying notes, or a statement of income and expenses of the Plan and accompanying notes, or both. If you request a copy of the full annual report from the Plan administrator, these two statements and accompanying notes will be included as part of that report.

You also have the legally protected right to examine the annual report at the main office of the Plan (STEELWORKERS HEALTH AND WELFARE FUND, 60 BOULEVARD OF THE ALLIES SUITE 700, PITTSBURGH, PA 15222) and at the U.S. Department of Labor in Washington, D.C., or to obtain a copy from the U.S. Department of Labor upon payment of copying costs. Requests to the Department should be addressed to: Public Disclosure Room, Room N-1513, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

#### **Paperwork Reduction Act Statement**

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13)(PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average less than one minute per notice (approximately 3 hours and 11 minutes per plan). Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Office of the Chief Information Officer, Attention: Departmental Clearance Officer, 200 Constitution Avenue, N.W., Room N-1301, Washington, DC 20210 or email [DOL\\_PRA\\_PUBLIC@dol.gov](mailto:DOL_PRA_PUBLIC@dol.gov) and reference the OMB Control Number 1210-0040.

OMB Control Number 1210-0040 (expires 03/31/2026)