



BENEFITS

For a Healthy Life



2019 BENEFITS eGUIDE



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Welcome to Your Benefits!

At Sibanye-Stillwater, we are truly dedicated to the health and safety of our employees and their families — and it shows. Our benefits package is the best in the region and one of the best in the mining industry overall.

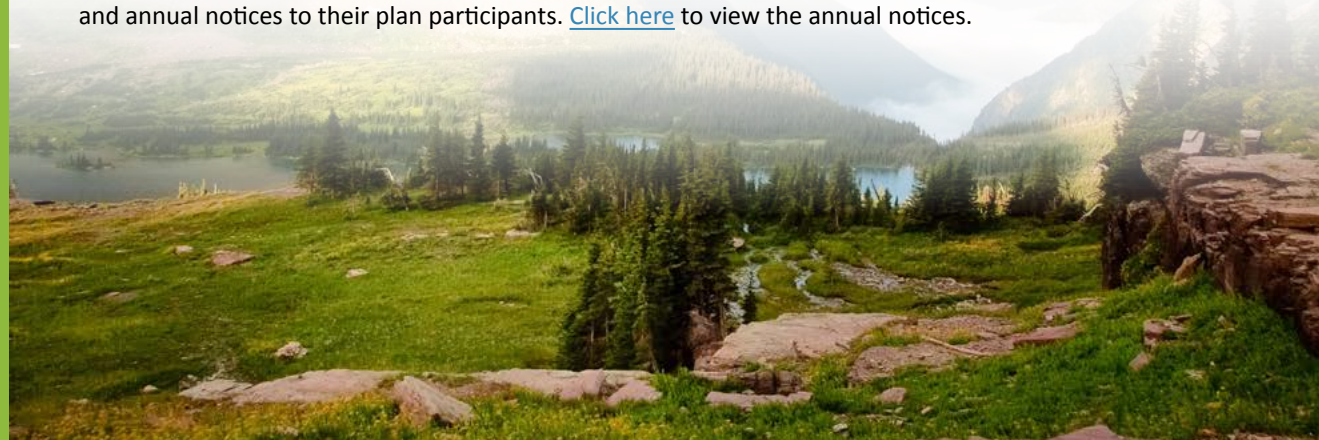
This guide highlights the key features of the Sibanye-Stillwater benefits package. It is designed to help you navigate your benefits so you can make informed decisions for you and your family. Please read this guide carefully along with any supplemental materials you receive.

How to Use This Guide

Use your mouse or touchpad to click on the buttons along the bottom of the page to move around the eGuide and perform other functions.

DISCLAIMER: This guide is intended to be only a summary of the benefits available to you and does not include all plan rules, notices and details and is not to be considered a certificate of coverage or a summary plan description. While every effort was taken to accurately report your benefits, discrepancies and omissions are always possible. If there is a discrepancy, the plan documents or summaries will always govern. Please refer to your summary plan descriptions, plan brochures and supporting literature for complete plan details and more detailed explanations as to coverages, limitations, and exclusions. Sibanye-Stillwater reserves the right to change, amend or terminate any benefit plan, with or without notice.

Annual Notices: ERISA and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. [Click here](#) to view the annual notices.



SIBANYE-STILLWATER FAMILY WEBSITE



Sibanye-Stillwater's Family Website at www.stillwaterfamily.org is your one-stop destination to find must-have information for you and your family to make the most of our benefit plans and programs. We encourage you to take some time exploring the site to learn more about your benefits — ones you know well and perhaps others that you didn't even know existed.

Here's what you'll find:

- Benefits Info
- Change Forms
- Provider Contact Information
- Wellness Rocks
- Safety
- Financial Wellness
- Retirement Plan
- Payroll
- Perks
- General Employee Info
- Scholarships
- Contact Info

We also encourage your family members to use the site as well, so that you can make decisions together about the plans and programs that work best for everyone in your life.

Who is Eligible?

You are considered benefits-eligible if you are an active full-time employee regularly scheduled to work 30 or more hours per week. You may also enroll your eligible family members for coverage under the same plans you choose for yourself. Eligible family members include:

- Your spouse
- Your natural children, stepchildren, adopted children, or other child for whom a court holds you responsible, under age 26 (regardless of student or marital status)
- Children age 26 and older who are physically or mentally incapable of self-support may continue on your health coverage if the disability continues. The child must already be covered under the plan. You may be asked to provide certification of the child's disability annually.

You CANNOT have duplicate coverage under the Sibanye-Stillwater Health plans.

- If you and your spouse are both Sibanye-Stillwater employees, and you enroll in the Health Plan, you cannot also be covered as a dependent of your spouse.
- Children who have both parents working at Sibanye-Stillwater cannot have duplicate coverage under both parents.
- Married children who have both a parent and a spouse working at Sibanye-Stillwater cannot have duplicate coverage under both the parent and spouse.

Medicare Part D

If you (or your family members) have Medicare or will become eligible for Medicare in the next 12 months, Federal law gives you more choices about your prescription drug coverage. [Click here](#) to view the full annual notice.

When Am I Eligible?

Eligibility for benefits differs between coverages, as follows:

- **Medical, Dental, Vision, Flexible Spending Accounts (FSAs), Employee Assistance Program (EAP), and 24/7 Nurseline:** First day of the month following your date of full-time employment or qualifying Change in Status (see [page 5](#) for details).
- **Basic Life Insurance, Basic AD&D Insurance, and Voluntary AD&D Insurance:** Date of full-time employment or qualifying Change in Status.
- **Voluntary Life Insurance:** Date of full-time employment or qualifying Change in Status. Coverage elections in excess of the Guaranteed Issue amount become effective upon approval from the insurance carrier (see [page 25](#) for details).
- **Short Term Disability and Long Term Disability:** The day you complete one year of continuous full-time active employment.
- **Retirement - 401(k):** 45 days after the first of the month following date of hire.

How Do I Enroll?

You must complete the necessary enrollment forms and return them to Human Resources within 31 days following your date of hire or a qualifying Change in Status event. If you fail to enroll on time you will be enrolled in only the Sibanye-Stillwater-paid benefits and will have to wait until the next annual Open Enrollment period to enroll, unless you experience a Qualifying Change in Status event (see [page 5](#) for details).



Open Enrollment

Annual Open Enrollment, usually held in October/November each year, is typically the only time of the year when you may enroll or change current benefit elections for coverage effective January 1. You will be notified annually when the next Open Enrollment period will take place and we will also communicate to you any changes to the benefit plans.

Qualifying Change in Status

Following are examples of a qualifying Change in Status event:

- You get married, divorced or legally separated
- You have a baby or adopt
- Your child reaches the maximum age limit
- Your enrolled family member passes away
- You move from full-time to part-time, or vice versa
- You lose coverage under your spouse's or a parent's plan
- You are served with a judgment, decree, or court order (including a qualified medical child support order) regarding benefits coverage for a child
- You no longer live in the EPO medical plan service area

How to Report a Qualifying Change in Status

If you experience a qualifying Change in Status event and wish to make election changes, you **MUST** submit an Enrollment/Change Form to Human Resources **within 31 days of the qualifying event date** (including newborns). Be prepared to provide documentation to support the Change in Status (e.g., marriage license, birth certificate, divorce decree). If changes are not submitted within the 31 days, you will not be allowed to make changes until the next annual Open Enrollment period, unless you experience another qualifying Change in Status event.

Changes become effective on the first day of the month beginning after the date the completed request for enrollment is received, except when the change is due to the birth or adoption of a child. In these cases, coverage becomes effective on the date of the event.

All enrollment changes requested must be consistent with the Qualifying Change in Status event experienced.



BENEFITS SUMMARY / CONTACT INFO



Benefits	Provider / Administrator	Phone Number	Website / Email
Medical	Allegiance Benefit Plan Management	(855) 999-1521	www.askallegiance.com/smc
Prescription Medications	Express Scripts administered by RxBenefits	(800) 334-8134	www.express-scripts.com
Employee Assistance Program	Mines & Associates	(800) 873-7138 (available 24/7)	www.minesandassociates.com <ul style="list-style-type: none"> ■ User Name: stillwater ■ Password: employee
Dental	Delta Dental Insurance Company	(800) 521-2651	www.deltadentalins.com
Vision	Vision Services Plan (VSP)	(800) 877-7195	www.vsp.com
Flexible Spending Accounts	ConnectYourCare	(866) 808-1444 (443) 681-4602 (fax)	www.connectyourcare.com
Leave of Absence	Principal / FMLASource	(866) 825-1632	www.principal.absencemgmt.com LeaveCenter@principal.absencemgmt.com
Life Insurance & Disability	Principal	(866) 825-1632	www.principal.com
AD&D Claims	Cigna	(800) 362-4462	www.mycigna.com
Retirement - 401(k)	Prudential	(877) 778-2100	http://stillwater.retirepru.com/
Financial Wellness	Financial Finesse	(888) 450-2881 (toll-free) Monday - Friday, 7 a.m. – 6 p.m MDT	N/A
Secure Travel	Cigna	From the U.S. & Canada: (888) 226-4567 Other locations: 1-202-331-7635 (call collect) Policy# OK968037 / Group# 57	N/A

www.stillwaterfamily.org
Human Resources: (406) 322-8930

BENEFITS COSTS FOR 2019



Sibanye-Stillwater pays the majority of your Medical, Dental and Vision costs. You pay your share of the costs each pay period through convenient pre-tax payroll deductions. Pre-tax means that the income you use to pay for these benefits is not taxed, putting dollars back into your pocket.

2019 Benefit Costs	Semi-Monthly You Pay	Monthly You Pay	Monthly Sibanye-Stillwater Pays	Total Premium Cost
MEDICAL - EPO (Billings Clinic)				
Employee Only	\$68.49	\$136.98	\$547.92	\$684.90
Employee & Spouse	\$128.72	\$257.44	\$1,029.76	\$1,287.20
Employee & Child(ren)	\$105.12	\$210.25	\$840.99	\$1,051.24
Employee & Family	\$165.82	\$331.65	\$1,326.59	\$1,658.24
MEDICAL - EPO (St. Vincent Healthcare)				
Employee Only	\$68.49	\$136.98	\$547.92	\$684.90
Employee & Spouse	\$128.72	\$257.44	\$1,029.76	\$1,287.20
Employee & Child(ren)	\$105.12	\$210.25	\$840.99	\$1,051.24
Employee & Family	\$165.82	\$331.65	\$1,326.59	\$1,658.24
MEDICAL - PPO				
Employee Only	\$83.53	\$167.05	\$668.20	\$835.25
Employee & Spouse	\$156.98	\$313.95	\$1,255.82	\$1,569.77
Employee & Child(ren)	\$128.20	\$256.40	\$1,025.61	\$1,282.01
Employee & Family	\$202.23	\$404.45	\$1,617.82	\$2,022.27
DENTAL				
Employee Only	\$4.96	\$9.91	\$39.64	\$49.55
Employee & Spouse	\$9.59	\$19.17	\$76.68	\$95.85
Employee & Child(ren)	\$7.71	\$15.42	\$61.68	\$77.10
Employee & Family	\$12.34	\$24.67	\$98.68	\$123.35
VISION				
Employee Only	\$0.00	\$0.00	\$10.31	\$10.31
Employee & Spouse	\$3.69	\$7.37	\$10.31	\$17.68
Employee & Child(ren)	\$4.21	\$8.41	\$10.31	\$18.72
Employee & Family	\$8.92	\$17.84	\$10.31	\$28.15

HEALTH CARE CONSUMER TIPS



SIBANYE-STILLWATER'S HEALTH CARE PLANS ARE SELF-FUNDED.

Self-funded means that Sibanye-Stillwater pays the actual cost of your health care claims, not an insurance company. Your paycheck contributions help to offset those costs. Our insurance carriers are simply contracted as third party providers to administer the plans.

The expense of health care claims drives the cost of health care. When you take an active role in your health care and stay healthy, this helps manage benefit costs. Only when we are all responsible health consumers and active partners in utilizing our benefits properly can we be successful in maintaining a quality benefits program at an affordable cost.

YOU CAN MAKE A DIFFERENCE!

Stay Healthy

The biggest way to save on health care costs is to be healthy. Work with your doctor to learn ways to stay healthy through exercising, eating a balanced diet, modifying your lifestyle, quitting smoking and other preventive measures. When you are healthier, you end up spending less for doctors, hospitals, and prescription medications, and you will feel better and have more money to spend on other things you enjoy.

Get Your Annual Preventive Care Exams & Screenings

They're covered at 100% when you use in-network providers and can help identify any potential health problems early on.

Use Participating Providers

Your provider network is an important part of your coverage. If you enroll in one of the EPO plans, care is covered in-network only (out-of-network care is NOT covered unless it's an emergency). With the PPO plan, your out-of-pocket costs will be higher when you go to out-of-network providers.

Take Advantage of the Medical Plan Programs

Our medical plans include programs that are available at **NO COST** and assist health plan members who have complicated or chronic health issues, helping you to improve your health outcome, reduce your health care costs, and address your individual medical needs. These services also help members understand their conditions and how to navigate the complex healthcare and treatment services available.

Know Your Health Coverage

Use all of the resources available to you to learn everything you can about your health plans — from costs to prescriptions, and everything in between.

Consider an Urgent Care Center

If you have a non-emergency situation that requires immediate care, consider an urgent care center rather than a hospital emergency room, when possible. The costs for services received in an urgent care facility will be lower than a hospital emergency room, and the waiting time for treatment is typically shorter.

- **Urgent Care:** basic illness/injury, stitches/sutures, fever.
- **Emergency Room:** any life threatening condition, chest pain, shortness of breath, serious bodily injury, severe abdominal pain, loss of consciousness.



MEDICAL PLANS



Sibanye-Stillwater offers three medical plan options administered through Allegiance Benefit Plan Management: ■ EPO (Billings Clinic) ■ EPO (St. Vincent Healthcare) ■ PPO

EPO Plans

The Sibanye-Stillwater Health Partners EPO plans consist of three tiers of participating providers. **Out-of-network care is covered only in the case of an emergency.** EPO stands for Exclusive Provider Organization. In the two EPO plans, Billings Clinic and St. Vincent Healthcare, each select the network physicians and facilities to participate in their plan networks. The results are care management teams of primary care and specialist physicians and facilities, integrated by practice and by technology to provide coordinated care whenever you need it.

Participation in the EPO requires you to select a Primary Care Physician (PCP) for yourself and each enrolled family member. PCPs can include board certified MDs and DOs who are: Internal Medicine physicians, Family Practice physicians, General Practitioners, Pediatricians, OB-GYNs, Nurse Practitioners, Midwives and Physician Assistants. If you have both a Primary Care Physician and an OB-GYN, you can select both, and both are eligible for the \$25 office visit copay benefits.

To select your PCP, call Allegiance at **(855) 999-1521**, or visit www.askallegiance.com/smc and use the directions on "How to Locate EPO Providers" on the right hand side of this page.

To learn more about the EPO plans, visit Sibanye-Stillwater's Family Website at www.stillwaterfamily.org.



Billings Clinic EPO

Provider networks include:

- Billings Montana Area: **Billings Clinic Network**
- Outside of Sibanye-Stillwater Health Partners Service Area: **Allegiance Direct Network**
- Outside of Montana: **Cigna OAP Network**

Note: If you receive treatment from St. Vincent Healthcare or Rocky Mountain Health Network, claims will be denied as out-of network.



St. Vincent Healthcare EPO

Provider networks include:

- Billings Montana Area: **St. Vincent's Rocky Mountain Health Network**
- Outside of Sibanye-Stillwater Health Partners Service Area: **Allegiance Direct Network**
- Outside of Montana: **Cigna OAP Network**

Note: If you receive treatment from a Billings Clinic Affiliated Provider, claims will be denied as out-of network.



How to Locate EPO Providers

1. Visit www.askallegiance.com/smc
2. Click on **Find a Provider** and select from the following networks:

Billings Montana Area

- Select **Health Partners Network** and then select either **Billings Clinic** or **St. Vincent's Rocky Mountain Health Network**

Outside of Sibanye-Stillwater Health Partners Service Area

- Select **Allegiance Direct Network**

Outside of Montana

- Select **Cigna Open Access Plus (OAP) Network** (please choose the option without CareLink)

You can also call **(855) 999-1521**



MEDICAL PLANS



PPO Plan

The PPO plan gives you the freedom to use the provider of your choice, with greater cost savings in-network.

In-Network: Allegiance Direct Network in Montana or the Cigna OAP (Open Access Plus) Network outside of Montana.

Out-of-Network: The plan also provides benefits if you see a non-participating provider. When using an out-of-network provider, your out-of-pocket expenses will be higher, you will have to pay the provider in full at the time you receive care, and you will have to file a claim for reimbursement. Please also keep in mind that Allegiance Benefit Administrators pays out-of-network claims based on a maximum eligible expense. If a non-participating provider charges more than the maximum eligible expense, you will be responsible for the difference.

Here's an example: Suppose you have a chest X-ray (single view) performed by an out-of-network provider. The doctor charged \$60.00 for this procedure and the plan's maximum eligible expense for this service is \$38.22. Here's what your total out-of-pocket costs would look like, **after your deductible has been met:**

Example:	In-Network (plan pays 80%)	Out-of-Network (plan pays 60%)
Provider's Charge	\$38.22	\$60.00
Maximum Eligible Expense	\$38.22	\$38.22
Plan Pays	$\$38.22 \times 80\% = \30.58	$\$38.22 \times 60\% = \22.93
You Pay	$\$38.22 \times 20\% = \7.64	$\$38.22 \times 40\% = \15.29
Additional Balance Billed by Your Provider	\$0.00	$\$60.00 - \$38.22 = \$21.78^*$
Your Total Costs	\$7.64	\$37.07

*Note: Out-of-network charges above the plan's maximum eligible expense do not count toward your deductible or out-of-pocket maximum.



How to Locate PPO Providers

1. Visit www.askallegiance.com/smc
2. Click on **Find a Provider** and select from the following networks:

In Montana

- Select **Allegiance Direct Network**

Outside of Montana

- Select **Cigna Open Access Plus (OAP) Network** (please choose the option without CareLink)

You can also call **(855) 999-1521**



MEDICAL PLANS



Medical Plan Highlights

The chart below provides a high-level overview of your medical plan benefits.

Key Medical Benefits	EPO Plans	PPO Plan	
	In-Network Only	In-Network	Out-of-Network ¹
DEDUCTIBLE – Per Calendar Year			
Individual	\$200	\$200	
Family	\$400	\$400	
The deductible applies to all covered expenses (except routine preventive care, Rx copays and PCP copays under the EPO plan) and must be satisfied each calendar year before any benefits will be paid.			
OUT-OF-POCKET MAXIMUM – Per Calendar Year			
Individual	\$1,200	\$1,200	\$1,450
Family	\$2,400	\$2,400	\$2,900
Maximums include the deductible and count towards each other. Once you reach the out-of-pocket maximum, the Plan will pay 100% of covered expenses up to the allowable amount for the remainder of the calendar year.			
COVERED SERVICES			
Office Visits	PCP: \$25 copay for all services received in the PCPs office (deductible waived) ² Non-PCP: Covered 80%*	Covered 80%*	Covered 60%*
Hospital Room & Board	Covered 80%*	Covered 80%*	Covered 60%*
Preventive Care Services (see page 13 for covered services)	Covered 100% (deductible waived)	Covered 100% (deductible waived)	Covered 80%* (deductible waived)
Accidents	Covered 100% of the first \$500 - within first 90 days of accident (deductible waived); thereafter covered 80%*	Covered 100% of the first \$500 - within first 90 days of accident (deductible waived); thereafter covered 80%*	Covered 80% of the first \$500 - within first 90 days of accident (deductible waived); thereafter covered 60%*
Ambulance Services	Covered 80%*	Covered 80%*	Covered 80%*
Applied Behavioral Analysis (ABA)	Covered 80%*	Covered 80%*	Covered 60%*
Children up to age 18 only - Provides screening, assessment, and treatment of autism spectrum disorders			

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. PPO Plan: If you receive services from an out-of-network provider, the provider may balance bill you for the difference in the maximum eligible expense and their charge.
2. EPO Plans: \$25 office visit copay will also apply to behavioral health visits covered under mental health parity.

MEDICAL PLANS



Medical Plan Highlights (continued)

The chart below provides a high-level overview of your medical plan benefits.

Key Medical Benefits	EPO Plans	PPO Plan	
	In-Network Only	In-Network	Out-of-Network ¹
Chiropractic Care	Covered 80%* 35 visits per calendar year	Covered 80%* 35 visits per calendar year	Covered 60%*
Diagnostic X-ray & Lab	Covered 80%*	Covered 80%*	Covered 60%
Durable Medical Equipment, Orthotics, and Prosthetics	Covered 80%* Foot orthotics limited to 1 per foot, per year	Covered 80%* Foot orthotics limited to 1 per foot, per year	Covered 60%*
Emergency Room	Covered 80%*	Covered 80%*	Covered 80%*
Hearing Aids	Covered 80%*	Covered 80%*	Covered 80%*
Home Health Care	Covered 80%* 180 visits per Calendar Year maximum	Covered 80%** 180 visits per Calendar Year maximum	Covered 60%*
Mental Health	Covered 80%*	Covered 80%	Covered 60%*
Substance Abuse	Covered 80%*	Covered 80%*	Covered 60%*
Organ Transplants (Benefit will be applicable only when utilizing an in-network provider)	Covered 80%* Donor Procurement / Travel / Lodging limited to \$500,000 per Lifetime; all other services are unlimited.	Covered 80%* Donor Procurement / Travel / Lodging limited to \$500,000 per Lifetime; all other services are unlimited.	Not Covered
Outpatient Therapies (Physical, Occupational, and Speech Therapy)	Covered 80%* 25 visits per Calendar Year, per therapy	Covered 80%* 25 visits per Calendar Year, per therapy	Covered 60%*
Rehabilitation Therapy	Covered 80%*	Covered 80%*	Covered 60%*
Skilled Nursing Facility	Covered 80%* 100 days per Calendar Year maximum	Covered 80% 100 days per Calendar Year maximum	Covered 60%*

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

1. PPO Plan: If you receive services from an out-of-network provider, the provider may balance bill you for the difference in the maximum eligible expense and their charge.



PREVENTIVE CARE



For a Healthy Life!

Our medical plans cover routine preventive care services at 100% — with NO DEDUCTIBLE OR COPAY — when you go to an IN-NETWORK doctor.

Preventive care benefits include the following routine services: Office visits, physical examinations, well-child visits, X-rays and laboratory tests, hearing screening, vision screening* and all other screenings and preventive services which are recommended and graded A or B by the United States Preventive Services Task Force.



Preventive Care Benefits	EPO & PPO In-Network	PPO Out-of-Network (EPO not covered out-of-network)
Routine Well Care (ages birth through adult)	COVERED 100%	Covered 80%
Breast Cancer Screening, Testing and Counseling	COVERED 100%	Covered 80%
Cervical Cancer Screenings	COVERED 100%	Covered 80%
Routine Colonoscopy / Flexible Sigmoidoscopy	COVERED 100%	Covered 80%
Diabetes Screening	COVERED 100%	Covered 80%
Dietary Education (including but not limited to diabetic education)	COVERED 100%	Covered 80%
Hypertension (High Blood Pressure) Screening and Counseling	COVERED 100%	Covered 80%
Hyperlipidemia (High Cholesterol) Screening and Counseling	COVERED 100%	Covered 80%
Immunizations and Vaccines (as adopted by the Director of Centers for Disease Control and Prevention)	COVERED 100%	Covered 80%
Prostate Specific Antigen (PSA) Test	COVERED 100%	Covered 80%
Tobacco Cessation Benefit (including screening, counseling and treatment)	COVERED 100%	Covered 80%
Obesity Screening, Counseling and Treatment (excluding surgery)	COVERED 100%	Covered 80%

Preventive Care vs. Diagnostic Care

Preventive care helps protect you from getting sick. For example, if your doctor wants you to get a colonoscopy (a test that checks your colon) because of your age or because your family has a history of colon problems, that's called preventive care, and is covered 100% when you see an in-network provider.

Diagnostic care is used to find the cause of existing illnesses. If your doctor wants you to get a colonoscopy because you're having symptoms of a problem, like pain, that's called diagnostic care and charges will be incurred.

*A vision screening is not a comprehensive vision exam. It is a relatively short examination that can indicate the presence of a vision problem or a potential vision problem. A vision screening cannot diagnose exactly what is wrong with your eyes; instead, it can indicate that you should make an appointment with an ophthalmologist or optometrist for a more comprehensive eye examination.



PRESCRIPTION MEDICATIONS (Rx)



Pharmacy services are provided by Express Scripts administered by RxBenefits. Please contact RxBenefits Member Services at (800) 334-8134 with questions regarding your prescriptions.

Our prescription plan includes three levels of copayments. Your prescription drug copay will depend on the type of prescription being purchased:

- Generic (first-tier) has the lowest copayment.** Generic medications may be an effective substitute for their brand-name counterparts and cost significantly less.
- Preferred Brand-Name (second-tier) have a higher copayment.** Medications that are preferred by the plan.
- Non-Preferred Brand-Name (third-tier) have the highest copayment.** Medications that are not on the list of preferred medications.



Rx Plan Highlights		
RxBenefits does not issue separate ID cards. Rx information is included on your medical member ID card.		
Rx Benefits	30-DAY SUPPLY Pharmacy Option	90-DAY SUPPLY Pharmacy Option* or Mail Order Option for Maintenance Drugs
Generic	\$5	\$10
Preferred Brand-Name**	\$20	\$40
Non-Preferred Brand-Name**	\$30	\$60
Specialty Medications	Specialty medications are limited to a 30-day supply and must be ordered from Accredo Specialty Pharmacy at (800) 803-2523. Specialty medications may require prior authorization, step therapy or quantity limits.	
Out-of-Pocket Maximum	\$5,400/Individual and \$10,800/Family Once the annual out-of-pocket maximum is met, prescription drugs are covered 100% for the remainder of the calendar year.	

Prescription Programs: Claims with a cost of over \$1,000 for a 30-day supply or \$3,000 for a 90-day supply may be subject to an authorization before approval.

*At select participating pharmacies. See Summary Plan Description for further details.

** As defined by the pharmacy benefit manager. **Member Pays the Difference (MPD):** If you request a brand-name medication when a generic version is available, you will pay the gross cost difference between the generic copay and brand-name medication. This program does not apply when your physician has specified “dispense as written” (DAW) or when determined that the brand-name medication is medically necessary. See Summary Plan Description for clarification.

Register Online at:

www.express-scripts.com

- Make arrangements to receive home delivery of your prescriptions
- Order refills
- Track the status of your order
- Receive status notifications and reminders
- Check your benefit coverage
- Locate participating retail pharmacies near you

GET THE APP! The Express Scripts App is available for FREE from the iTunes App or Google Play stores.

Save Money On Your Prescriptions!

If you are taking a medication for an extended period of time, sign up for the Mail Order program, or ask your pharmacist if you can fill your prescriptions for 3 months for only 2 copays!



DENTAL PLAN



Sibanye-Stillwater offers a dental plan administered through Delta Dental Insurance Company.

Delta Dental PPO Plan

The PPO dental plan gives you the freedom to choose any dentist with whom you wish to seek services. The plan offers three levels of coverage: the Delta Dental PPO Network, Delta Dental Premier Network and out-of-network coverage. You will receive the greatest cost savings with the Delta Dental PPO Network, less cost savings with the Delta Dental Premier Network and no cost savings when you go out-of-network.

Key Dental Benefits	Delta Dental PPO Network	Delta Dental Premier Network	Out-of-Network
Deductible Per Calendar Year	\$50 per Individual / \$100 per Family (major services and implants only)		
Preventive & Diagnostic Services Exams, cleanings, x-rays and sealants	Plan pays 100%	Plan pays 100%	Plan pays 100%
Basic Services Fillings, crowns, crown repair, temporary crowns, denture repair/relining and bridge repair/relining	Plan pays 80%	Plan pays 80%	Plan pays 80%
Major Services Inlays, onlays, bridges, dentures, implants, non-surgical treatment of TMJ	Plan pays 50%*	Plan pays 50%*	Plan pays 50%*
Orthodontia (adults & children)	Plan pays 50%	Plan pays 50%	Plan pays 50%
MAXIMUM BENEFIT AMOUNT			
Preventive, Basic, and Major Services combined	\$1,750 per Member per Calendar Year		
Orthodontia	\$1,750 per Member per Lifetime		
Non-Surgical Treatment of TMJ	\$500 per Member per Lifetime		

*Benefits with an asterisk (*) require that the deductible be met before the Plan begins to pay.

SmileWay Wellness Benefits

SmileWay Wellness Benefits offer expanded coverage for those diagnosed with diabetes, heart disease, HIV/AIDS, rheumatoid arthritis or stroke. Each calendar year, this program provides 100% coverage of additional periodontal cleanings and maintenance to help lower the risk of gum disease. **It's easy to opt in!** Simply sign up online at www.deltadentalins.com. After logging in, click on the Optional Benefits tab and then select Opt In.



How to Locate a Delta Dental Provider

1. Go to: www.deltadentalins.com
2. Under **Find a Dentist** and enter your location
3. Select the **Delta Dental PPO Network** or **Delta Dental Premier Network** (reminder: you receive the greatest cost savings with Dental Dental PPO providers)
4. Click **Search**

You can also call **(800) 521-2651**



VISION PLAN



Sibanye-Stillwater offers a vision plan administered through VSP.

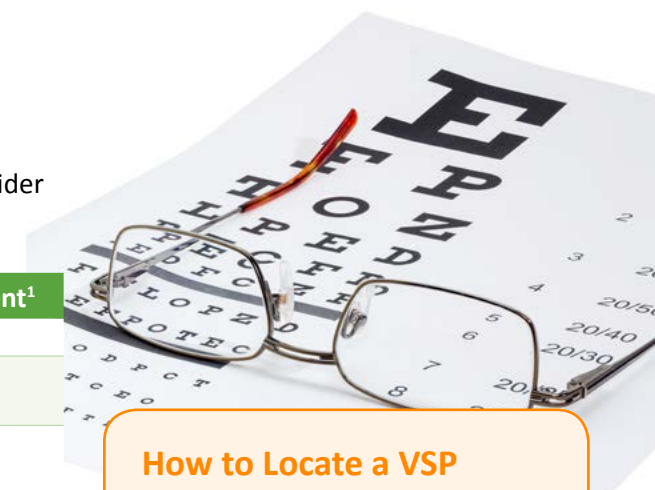
VSP Vision Plan

With the VSP vision plan, you receive the highest level of benefits and save on out-of-pocket expenses when you use providers in the VSP *Signature* network. After you pay the annual copay, most services are covered in full. VSP's provider network offers a wide choice of private practice optometrists, ophthalmologist, and opticians.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement ¹
Copay	\$25 copay for exam and eyeglasses (once per year)	
Eye Exam (one exam every calendar year)	Covered in full*	Up to \$46*
Lenses (one pair every calendar year)	Covered in full* <ul style="list-style-type: none"> Includes: single vision, lined bifocal, lined trifocal, and lenticular. 30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last exam. 	<ul style="list-style-type: none"> Single: up to \$55* Bifocal: up to \$75* Trifocal: up to \$95* Lenticular: up to \$125* <i>All other lenses are not covered</i>
Lens Enhancements (once every calendar year)	<ul style="list-style-type: none"> Tints/Photochromic adaptive lenses: No copay Standard progressive lenses: \$50 copay Premium progressive lenses: \$80 - \$90 copay Custom progressive lenses: \$120 - \$160 copay Average 35-40% off other lens options 	<ul style="list-style-type: none"> Tints/Photochromic lenses-Transitions: up to \$5 Progressive lenses: up to \$95 <i>All other lens options are not covered</i>
Frames (one set every other calendar year)	<ul style="list-style-type: none"> \$120 allowance for a wide selection of frames* \$140 allowance for featured frame brands* 20% off amount over your allowance 	Up to \$45*
Contact Lenses (once every calendar year; instead of eyeglasses ²)	<ul style="list-style-type: none"> \$120 allowance for contacts (no copay) Up to \$60 copay for contact lens exam 	Up to \$105 for contacts and the contact lens exam (no copay)
Laser Vision Correction	Average 15% off regular price or 5% off promo price	N/A
Hearing Aids through TruHearing	TruHearing offers VSP members free membership and deep discounts on some of the most popular digital hearing aids on the market. To learn more and sign up, visit www.vsp.truhearing.com .	

* After \$25 copay (once per year).

- When you use an out-of-network provider, your out-of-pocket cost will be higher, you will have to pay the provider in full at the time you receive care, and you will have to file a claim with VSP for reimbursement.
- If you choose contact lenses instead of eyeglasses, you will be eligible for a frame one calendar year from the date the contact lenses were obtained.



How to Locate a VSP Vision Provider

- Visit www.vsp.com
 - Click **Find a Doctor**
 - Select the **Signature Network**
- You can also call **(800) 877-7195**

NOTE: VSP does not issue ID cards. The VSP provider will check your eligibility and your enrolled family member's eligibility using the **employee's** name, date of birth and the last four digits of the **employee's** Social Security number (SSN).



BENEFITS YOU MAY BE OVERLOOKING



DON'T MISS OUT!

Here are 4 **VALUABLE** benefits you may be overlooking or not taking full advantage of.

24/7 Nurseline

The 24/7 Nurseline is your **FREE** link to health information. Do you have a sick child at home, but don't know if she needs medical attention? Are you feeling under the weather, but want to know if your symptoms can be treated at home? Simply call **(888) 546-8463** to get answers to many of your health care questions. Registered nurses are on hand to handle your questions and concerns 24 hours a day, 7 days a week. All calls are completely confidential!

Financial Wellness

You and your family are provided with financial wellness benefits at **NO COST** to you. Sibanye-Stillwater realizes that it's important to have a reliable and trustworthy source at your disposal to help you make the best decisions for your financial future. That's why we are pleased to offer a Financial Wellness program, provided in partnership with the leading unbiased financial education firm in the country, Financial Finesse. Program includes a confidential Financial Helpline and Financial Planning Workshops.

See [page 24](#) for details.

Employee Assistance Program (EAP)

Through the EAP, you and each member of your household are eligible for up to **4 face-to-face counseling sessions per year, per issue - FREE OF CHARGE!** For the many personal issues and concerns that arise in life, your Employee Assistance Program is available any time, 24 hours a day, seven days a week at **(800) 873-7138**. It is a free and confidential service that will provide counseling, telephonic consultation, and support services for you and your household members. In addition to counseling services for issues like stress, relationships, depression, grief and loss, substance abuse, etc., they also provide legal services, financial services, referral services, wellness coaching and online benefits.

See [pages 19-20](#) for details.

Medical Programs

Medical plan members have access to the following programs through the Sibanye-Stillwater medical plans:

- **Clinical Care Coordinators** — Clinical Care Coordinators reach out to patients empaneled to primary care providers to manage complex chronic conditions as well as ensure preventive and/or disease specific care gaps are closed, such as mammograms, colonoscopies, diabetic eye exams, etc.
- **Nurse Navigators** — Nurse Navigators are disease-specific and assist patients with navigating through a multi-disciplinary treatment plan such as cancer care, including securing a second opinion.
- **Maternity Management** — The Allegiance Benefit Administrators Maternity Management Program is designed to give you and your baby a healthy start and offers the tools and guidance you need to feel prepared for your new arrival. A personal maternity nurse is available by phone or email to answer questions, offer advice and provide resources to support a successful pregnancy and delivery. The Maternity Management Program is available at no cost to you – all you have to do is register within the first trimester of your pregnancy by calling **(877) 792-7827, ext. 1**.

FREE GIFT!

Expectant mothers covered under the Sibanye-Stillwater Health Plan receive a free gift from Sibanye-Stillwater when they enroll in the Maternity Management program during their first trimester and complete the program.



FAMILY & MEDICAL LEAVE ACT (FMLA)



Sibanye-Stillwater has contracted with Principal / FMLASource to administer the leave process. Employees are eligible to take time off work under the FMLA after completing twelve (12) months of employment and working 1,250 hours (actual hours worked) during the 12 months immediately preceding the commencement of the leave. FMLA entitles eligible employees to take unpaid, job-protected leave for specified family and medical reasons with continuation of group health insurance coverage under the same terms and conditions as if the employee had not taken leave.

Reasons for Taking Leave

Eligible employees are entitled to up to 12 weeks of unpaid, job-protected leave:

- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son, daughter, or parent who has a serious health condition;
- To address certain qualifying exigencies arising from an employee's spouse, son, daughter, or parent on active duty or call to active duty in the National Guard or Reserves in support of a contingency operation;
- For incapacity due to pregnancy, prenatal medical care, or post-partum recovery;
- For a serious health condition that makes the employee unable to perform his or her job.

FMLA requires covered employers to provide a special leave entitlement of up to 26 weeks of unpaid, job-protected leave during a single, 12-month period to care for a child, parent, spouse or next of kin who is a covered service member. FMLA leave runs concurrently with Workers'

Compensation leave and Short Term Disability leave. A covered servicemember is a current member of the Armed Forces (including Guard and Reserves), or a veteran who has been honorably discharged within the past five years, who has a serious injury or illness incurred or aggravated in the line of active duty that may render the servicemember medically unfit to perform his/her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Employee Responsibilities

Employee must provide 30-days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedure.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health-care provider, or the circumstances supporting the need for military family leave. Employees must also inform their employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees may also be required to provide a certification and periodic recertification supporting the need for leave.

Additional Leave Options

Outside of FMLA, Employees may be able to take unpaid leave while continuing group health insurance coverage. Other reasons to take a leave may include: (USERRA) - Military Leave, Jury Duty, Bereavement, or Non-FMLA Medical Leave. Please contact Principal / FMLASource to learn more about additional leave options

Managing your leave of absence is easier than ever!

To learn more about federal FMLA regulations, other leave options, or to begin the process of filing a claim, please contact Principal / FMLASource:

- (866) 825-1632
- LeaveCenter@principal.absencemgmt.com
- www.principal.absencemgmt.com

When you file a claim, your information will be verified by a Leave Specialist who will initiate the leave process and answer any questions you may have.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



For a Healthy Life!

The EAP provides confidential assessment, counseling, work/life services, wellness coaching and referral services for issues that are important to you and your family. Our Employee Assistance Program (EAP) is provided through MINES & Associates. This program is available to you and your household family members at NO COST.

The EAP is designed to assist you in obtaining the correct professional help for your concerns. When you contact the EAP, a staff member will schedule an appointment for you with a therapist to assess your situation, advise you of alternatives for help or provide short term counseling, if appropriate. These appointments will be scheduled at mutually convenient times and may be set up as an office visit or over the telephone depending on your preference.

The EAP can help with the following issues, among others:

- Stress
- Depression
- Family Issues
- Marital and Relationship Issue
- Balancing Work and Home
- Parenting Issues
- Alcohol and Drug Dependency
- Child or Elder Care
- Troubled Adolescents
- Death & Grief

You and each member of your household are eligible for up to four (4) face-to-face counseling sessions per year, per issue – FREE OF CHARGE! If you should need longer term care, MINES will assist you in identifying a long term counselor that will best fit your needs. It may be possible that the counselor you've seen during your short term sessions would be available for long term care as well.

How to Access the EAP

Call any time, 24 hours a day, seven days a week, including holidays.

(800) 873-7138

Mines & Associates will check your eligibility and your enrolled family member's eligibility using the **employee's** name, date of birth and Company name (Stillwater Mining Company).

www.minesandassociates.com

- User Name: **stillwater**
- Password: **employee**

The EAP website offers information on an number of valuable resources.

The EAP is voluntary and CONFIDENTIAL; only your EAP counselor will know you have called.



EMPLOYEE ASSISTANCE PROGRAM (EAP)



Wellness Coaching

You and each member of your household have access to a total of four (4) confidential 20-30 minute coaching sessions per year to help reach individual wellness goals – FREE OF CHARGE!

This wellness program is URAC accredited and each professional wellness coach is board-certified. Coaches will help assess current wellness needs around a variety of topics, help set specific wellness goals, and do regular progress checks to help answer questions along the way to help you reach your wellness objectives. Topics can include weight loss, fitness, nutrition, healthy habits, stress, health concerns, caffeine reduction, injury recovery, physical training, relationship development, sleep issues, smoking cessation, and more.

Watch this [short video](#) to learn more about MINES Wellness Coaching.

Legal/Financial Services

In addition to the free face-to-face counseling sessions, each member is entitled to one initial 30-minute office or telephone consult per separate legal matter at no cost with a network attorney. You also have financial counselors to advise you via telephonic consultations that are limited between thirty and sixty minutes per issue. Other tools under the MINES financial/legal benefit include mediation, tax consultation and preparation, and “Do it Yourself” legal forms and document preparation.

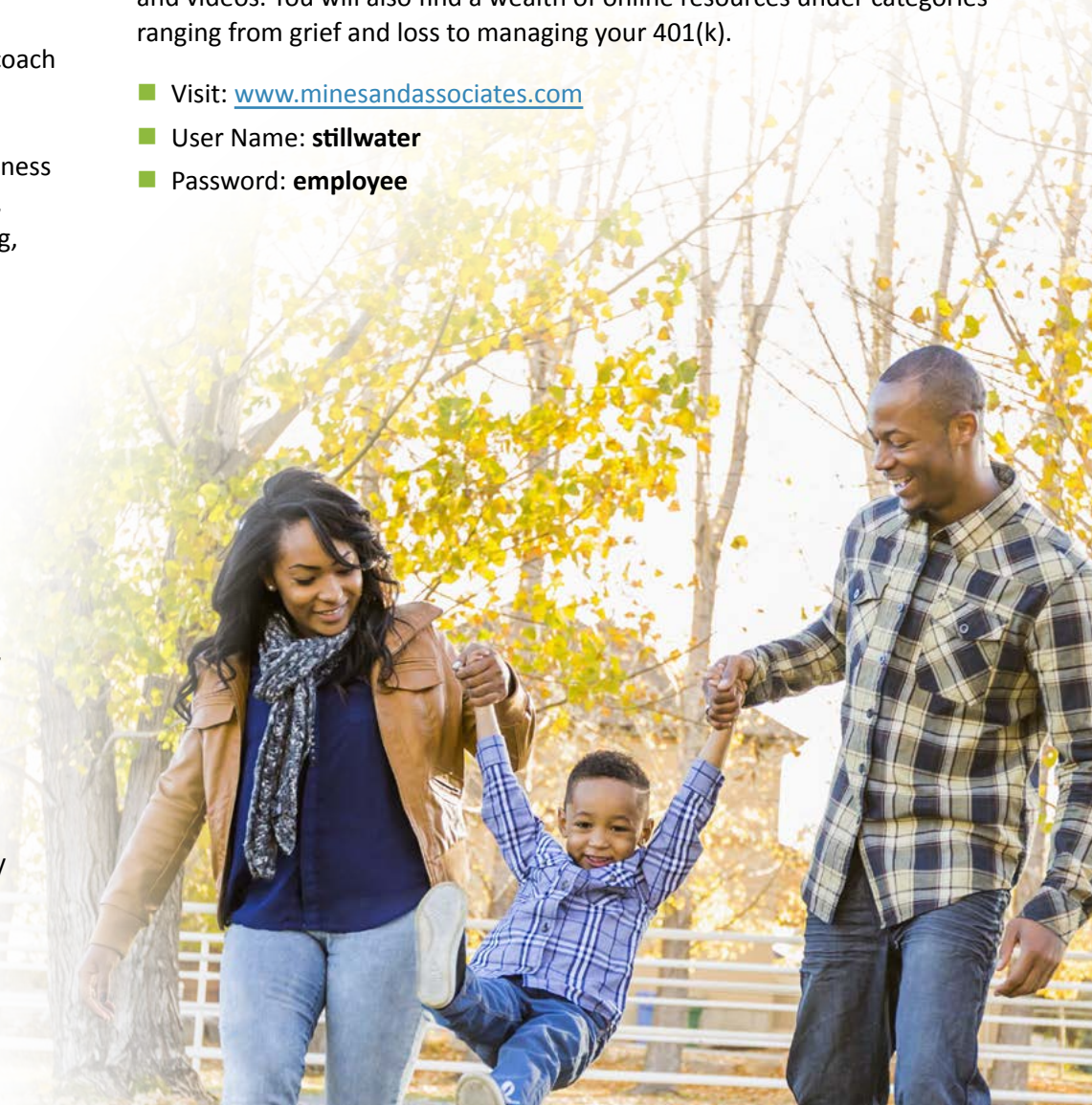
Work/Life Referral Services

We know how difficult balancing work and family can be. For everything from finding the right dependent care providers for your children or elderly loved ones, to knowing where to find a good pet sitter, the work/life concierge services are here to help. Call into MINES for unlimited referral services to help you plan in advance and find the right provider for your needs and circumstances

Online Benefits

Your online *PersonalAdvantage* page contains thousands of resource articles, self-search locators, interactive online training, wellness self-assessments, and videos. You will also find a wealth of online resources under categories ranging from grief and loss to managing your 401(k).

- Visit: www.minesandassociates.com
- User Name: **stillwater**
- Password: **employee**



FLEXIBLE SPENDING ACCOUNTS (FSA)



Flexible Spending Accounts (FSAs) are a great way to lower your taxes and increase your take-home pay!

You may participate in two different FSAs administered through ConnectYourCare — the Health Care FSA and/or the Dependent Care FSA. These accounts are separate — you may choose to participate in one or both. You do not have to participate in the Sibanye-Stillwater Health Plan to be eligible for the Health Care FSA.

What is a FLEX Spending Account?

A Flexible Spending Account (FSA) is a tax-favored program that lets you set aside money from your paycheck on a **pre-tax** basis to pay for eligible health care and/or dependent care expenses. Because that portion of your income is not taxed, you end up with more money in your pocket!

Why Should I Participate?

The FSAs can save you up to 15% - 35% in taxes on each dollar that you spend. Also, the Dependent Care FSA may save you more in taxes than the daycare tax credit (filed with your federal income tax return). If you spend over \$100 annually on eligible health care and/or dependent care expenses, you might benefit from participating in the FSAs.

Here's an example of how participation in an FSA can save you money:

Example	Estimated Expenses
Estimated Qualifying Expenses	
Health Care	\$1,000
Daycare	\$3,600
Total Annual FSA Election	\$4,600
Total Estimated Annual Tax Savings*	\$1,272

**Tax Savings are estimated based on Federal & State Tax at 20%, plus Social Security and Medicare.*

Manage Your FSA Online

Log on to ConnectYourCare to manage your account(s) and view your ConnectYourCare Debit Card activity and balance.



How Do FSAs Work?

- 1 Carefully estimate what you'll need for out-of-pocket health care and/or dependent care expenses for the 2019 calendar year (or portion thereof depending on your effective date of coverage), up to the plan limit.
- 2 Your contributions will be deducted from your paycheck in equal installments throughout the 2019 calendar year. To calculate this amount, divide your total estimated expenses by the number of paychecks you'll receive in 2019.
- 3 As you incur eligible health care and/or dependent care expenses throughout the year, submit a claim form and the required documentation to ConnectYourCare. Your claim will be processed and you will be reimbursed from your account. Your reimbursement checks will be mailed directly to your home address or you may elect Direct Deposit. For health care expenses, you may also use your ConnectYourCare Debit Card to pay at the point of sale. You will not be paying out of pocket so there's no need to fill out a claim form, however, you must retain all of your receipts to substantiate your purchases.

How to Submit a Claim

1. Fill out an FSA claim form and attach proper documentation and fax or email it to ConnectYourCare. [Click here](#) for the claim form and instructions.
2. For health care expenses, use your ConnectYourCare Debit Card.



FLEXIBLE SPENDING ACCOUNTS (FSA)



Health Care FSA	Dependent Care FSA
<p>For 2019, you may contribute up to \$2,650 in pre-tax dollars to cover eligible health care expenses. You may be reimbursed for expenses incurred by you, your spouse, and your children under age 26.</p> <p>The entire annual amount you set aside is available to use on your effective date of coverage.</p>	<p>For 2019, you may contribute up to \$5,000 in pre-tax dollars to cover eligible dependent care expenses. Exception: If you are married and file separate tax returns, your maximum contribution is \$2,500.</p> <p>Unlike the Health Care FSA, your Dependent Care FSA funds are available as they accumulate through payroll deductions.</p>
<p>Eligible health care expenses include:</p> <ul style="list-style-type: none"> ■ Coinsurance, copayments, deductibles ■ Prescription medications ■ Dental treatment ■ Orthodontia ■ Eye exams ■ Prescription eyeglasses ■ Lasik eye surgery ■ Over-the-counter (OTC) health-related supplies that do not require a prescription from your doctor such bandages/wraps, diabetic supplies, contact lens solution/supplies, reading glasses, thermometers and catheters ■ Over-the-counter (OTC) drugs that require a written prescription (Rx) from your doctor such as pain relievers, cold and flu remedies or allergy and sinus products 	<p>Eligible dependent care expenses include:</p> <ul style="list-style-type: none"> ■ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or day care center. ■ Care for any member of your household who is physically or mentally incapable of caring for him/herself and qualifies as your tax dependent. ■ Care for an elderly dependent family member who lives with you and qualifies as your tax dependent. <p>To qualify as an expense under a Dependent Care FSA, the expense must be related to dependent care that enables an individual or married couple to remain gainfully employed or look for work. If married, your spouse must work or be a full-time student.</p>
<p>For a complete list of eligible health care expenses, visit www.irs.gov/pub/irs-pdf/p502.pdf</p>	<p>For a complete list of eligible dependent care expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf</p>

Use-It-Or-Lose-It!

Since you are allowed to reduce your taxes through your participation in the FSA, certain IRS restrictions apply.

- **Unused funds will NOT be returned to you or carried over to the following year.**
- The Health Care FSA includes a Grace Period, which is an extended period of time at the end of the year that provides more time for you to use any remaining funds in your account. The Grace Period is 2 months long (through February of the following year).
- The claims filing deadline for claims incurred in 2019 (including health care claims incurred during the Grace Period) is **April 30, 2020**.



RETIREMENT – 401(K)



For a Healthy Life!

Simply put, the 401(k) Plan is one of the best ways to save for retirement. You are eligible to participate in the Company's 401(k) Retirement Savings Plan 45 days after the first of the month following date of hire. Saving is made easy by automatic payroll deduction into the investment options of your choice. If no investment choice is made, the election goes into the FlexPath Moderate retirement-age based fund.

Automatic Enrollment

To get your retirement savings off to a good start, Sibanye-Stillwater will automatically enroll you in the 401(k) plan at a contribution rate of 6% of your eligible compensation. You have 45 days to opt-out or choose a different contribution rate.

Roth Option

We also offer a Roth 401(k) option, which allows you to contribute after-tax funds to your account up to the 2019 IRS limit. This means you will not have to pay federal income tax when you withdraw funds in retirement, as long as your contributions remain in the plan for at least five years. You will also benefit from the employer match.

After-Tax Option

In addition to the Roth 401(k) and pre-tax dollar contributions, you can defer after-tax money, up to the 2019 IRS total annual contribution limit of \$56,000. Doing so does not reduce your taxable income, but taxes are deferred on any earnings that the after-tax money makes. Also, the after-tax option is an additional savings vehicle if you've met the annual limit on your traditional or Roth 401(k) contributions and want to save more. Please note the IRS limit includes all of your contributions combined. The employer match does not apply to after-tax contributions.

To access your 401(k) account, call (877) 778-2100 or log on to <http://stillwater.retirepru.com/>.



Contributions

Employee Pre-Tax	Up to 60% of eligible compensation each paycheck
Employee After-Tax	Up to 10% of eligible compensation each paycheck
Rollovers	Up to 100% of eligible contributions from a prior qualified retirement plan
Employer Match	100% up to 8%

Vesting

Employee Pre-Tax	100% immediately
Employee After-Tax	100% immediately
Rollovers	100% immediately
Employer Match	100% after three years of service

IRS Limits for 2019: The IRS imposes limits, which must be adhered to and should be considered by all employees, especially those determined to be “highly compensated” employees. The following limits reflect those that are in effect for 2019. Limits are adjusted by the IRS annually.

Compensation Limit	2018: \$275,000 / 2019: TBD*
Employee Dollar Limit	2018: 18,500 / 2019: TBD*
Catch-up Contributions (Age 50+)	\$6,000 annually
Total Contributions Dollar Limit	2018: \$55,000 annually / 2019: TBD* (pre-tax, after-tax & employer match)

Highly Compensated Employees (generally employees who earn more than \$120,000* annually) are subject to non-discrimination testing limits. Accordingly, all employees who anticipate earning \$120,000* or more should consult with the Columbus Human Resources Department annually to avoid unnecessary refunds and adverse tax consequences.

*The IRS has not yet announced the 2019 cost-of-living adjustments affecting dollar limitations for retirement plans.

Sibanye-Stillwater realizes that it's important to have a reliable and trustworthy source at your disposal to help you make the best decisions for your financial future. That's why we are pleased to introduce our Financial Wellness program, provided in partnership with the leading unbiased financial education firm in the country, Financial Finesse.

Financial Helpline

You and your family can get questions answered on any financial topic at NO COST to you. The Financial Helpline provides you with ongoing support so that you can continue to build out your financial plan and ensure that you are making the best decisions about your life goals. This benefit provides you with the opportunity to talk one-on-one with a completely unbiased Certified Financial Planner™ professional who you can trust has only your best interest in mind.

- You will speak with a Certified Financial Planner when you call the Helpline.
- All calls are confidential.
- No sales pitch, they have no product or service to sell.
- No limit to the number of questions you can ask.
- No limit to the number of times you can call.
- Questions are welcome on any financial topics/matters.
- Your family members may also call the financial helpline. They will simply need to identify themselves as being with the Sibanye-Stillwater plan, and provide the name of the Sibanye-Stillwater employee.

One call can help you choose the right path!

(888) 450-2881

Monday - Friday, 7:00 a.m – 6:00 p.m MDT



Financial Planning Workshops & Webcasts

You and your family can access financial planning workshops and webcasts at NO COST to you. In these classes, you'll get the most relevant guidance and information to deal with the specific issues you and your family face so that you can proactively plan for all of your financial goals. Each class is highly interactive, providing participants with a hands-on approach so that you get the most from your experience. You'll also develop a personalized action plan to immediately start working toward your goals.

- Workshops and webcasts are taught by Certified Financial Planners and are available throughout the year
- You can bring a family member to attend a class with you.
- For more information on when the next class will be offered, contact HR or visit www.stillwaterfamily.org.



LIFE INSURANCE



For a Healthy Life!

Life Insurance coverage provides your family or beneficiary(ies) with a financial benefit in the event you pass away.

Basic Life Insurance

As a benefit-eligible employee you are provided with Basic Life insurance at **NO COST** to you.

- Basic Life benefit amount is equal to your annual compensation rounded to the next higher \$1,000, multiplied by 2, up to a maximum of \$300,000 (\$10,000 minimum).
- Benefit amount reduces by 50% on the first day of the calendar year following or coincident with the date you reach age 70.
- If you become terminally ill, you may be eligible to receive up to 75% of your Life insurance benefit, up to a maximum of \$250,000.

Voluntary Life Insurance

You may elect additional life insurance coverage for yourself and your eligible family members. You pay 100% of the premium costs through convenient **after-tax** payroll deductions. **Voluntary Life can be changed at any time during the year!**

VOLUNTARY LIFE COVERAGE OPTIONS	
Employee	<ul style="list-style-type: none"> Coverage is available in increments of \$10,000 up to a maximum of \$500,000* Guaranteed Issue: a health statement is required for amounts greater than \$200,000
Spouse	<ul style="list-style-type: none"> Coverage is available in increments of \$5,000 up to a maximum of \$50,000 (not to exceed 100% of employee coverage)* Guaranteed Issue: a health statement is required for amounts greater than \$25,000
Child(ren)	<ul style="list-style-type: none"> Choose from \$5,000, \$10,000 or \$15,000 (not to exceed 100% of employee coverage)

*Benefits reduce by 50% on the first day of the calendar year following or coincident with the date the employee or spouse reaches age 70.

VOLUNTARY LIFE MONTHLY RATES

Employee & Spouse Rates per \$1,000 of Coverage				Child Rates	
Age	Rate	Age	Rate	Benefit	Rate
Under 30	\$0.105	55 – 59	\$1.168	\$5,000	\$1.00
30 – 39	\$0.124	60 – 64	\$1.718	\$10,000	\$2.00
40 – 44	\$0.228	65 – 69	\$2.403	\$15,000	\$3.00
45 – 49	\$0.342	70+	\$3.771		
50 – 54	\$0.589				

Rate is based on your age as of January 1 of the year your coverage becomes effective. Your age will be updated on January 1 each year.

Rate covers all your eligible children, regardless of family size. Children up to age 26 are eligible for coverage, regardless of student status.

NAMING YOUR BENEFICIARY(IES): Your beneficiaries are the people you name to receive your Life and AD&D benefit in the event of you pass away. It is important that you keep up-to-date beneficiary information on file with Human Resources. You cannot name a new beneficiary without completing a new designation form. If you want to name a minor as your beneficiary, complete the Principal UTMA Beneficiary Designation Form. You may change your beneficiary at any time. **NOTE:** A divorce or legal separation will not automatically affect a beneficiary designation, so we encourage you to periodically review your beneficiary election(s).

PERIODIC BENEFIT INCREASE: During Open Enrollment, you can increase your Voluntary Life insurance by **\$10,000** and your spouse's by **\$5,000** up to the Guaranteed Issue amount – with **no health information needed**. If you need additional coverage beyond the Guaranteed Issue amount, you will need to provide a health statement (proof of good health). Once you provide proof of good health, you can continue to increase your coverage each year by one increment (\$10,000 employee / \$5,000 spouse) – with **no additional health information needed**. If you have a qualifying Change in Status, you are guaranteed coverage up to the Guaranteed Issue amount if that coverage request is made within 31 days of the qualifying Change in Status.

Coverage amounts that require a health statement must be approved by Principal prior to coverage going into effect.



Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment.

Basic AD&D Insurance

As a benefit-eligible employee you are provided with Basic AD&D Insurance at NO COST to you.

- Basic AD&D benefit amount is a flat \$50,000.
- Benefit amount reduces by 50% on the first day of the calendar year following or coincident with the date you reach age 70.

AD&D Schedule of Benefits	
Loss of:	% of AD&D Benefit Amount:
Life	100%
Two or More Hands or Feet	100%
Sight of Both Eyes	100%
Speech and Hearing (in both ears)	100%
Quadriplegia	100%
Paraplegia	75%
Hemiplegia	50%
Uniplegia	25%
One Hand or Foot	50%
Sight in One Eye	50%
Severance and Reattachment of One Hand or Foot	50%
Loss of Speech	50%
Loss of Hearing (in both ears)	50%
Loss of Thumb and Index Finger of the Same Hand	25%
Loss of all Four Fingers of the Same Hand	25%
Loss of all Toes of the Same Foot	20%
Coma	1% (monthly benefit)

Voluntary AD&D Insurance

You may elect additional Voluntary AD&D coverage for yourself and your family. You pay 100% of the premium cost through convenient after-tax payroll deductions.

- **Employee Option:** Coverage amount equals a flat \$50,000. Your cost is \$3.50 per month.
- **Family Option:** If you elect coverage for yourself and select the Family Option, your spouse's benefit amount will be 40% of your amount or 50% if you have no dependent children. Each of your covered children's benefit amount will be 10% of your amount or 15% if you have no eligible spouse. The cost for the Employee + Family Option is \$5.50 per month.
- Coverage is guaranteed, no medical questions asked, regardless of when you enroll.
- Benefit amount reduces by 50% on the first day of the calendar year following or coincident with the date you reach age 70.

Additional AD&D Benefits

- **Seat Belt (Basic and Voluntary AD&D):** An additional benefit equal to 10% of your AD&D benefit up to \$5,000 will be paid to your beneficiary if you pass away in an auto accident and were wearing a seat belt.
- **Airbag (Basic and Voluntary AD&D):** An additional benefit equal to 10% of your AD&D benefit up to \$5,000 will be paid to your beneficiary if you pass away in an auto accident and were protected by an airbag.
- **Spouse Education (Voluntary AD&D only):** An additional benefit up to \$1,500 is available to help pay for eligible education expenses of your spouse if you pass away in a covered accident.
- **Child Education (Voluntary AD&D only):** An additional benefit equal to 5% of your AD&D benefit up to \$2,500 is available to help pay for eligible education expenses of your qualifying child if you pass away in a covered accident.
- **Child Care (Voluntary AD&D only):** An additional benefit equal to 5% of your AD&D benefit up to \$2,500 is available to help pay for eligible day care expenses of your qualifying child if you pass away in a covered accident.



SECURE TRAVEL



For a Healthy Life!

The Secure Travel program provides a wide array of travel assistance services when you are traveling 100 miles or more away from home on vacation or company business. This program Travel is part of the AD&D plan and is provided at NO COST to you.

Pre-trip Planning

- Immunization requirements
- Visa and passport requirements
- Foreign exchange rates
- Embassy/consular referrals
- Travel/tourist advisories
- Temperature and weather conditions
- Cultural information

Emergency Medical Assistance

Cigna Secure Travel will pay to arrange:

- Referrals to physicians, dentists and medical facilities
- Emergency medical evacuation (medically necessary transport to the closest adequate facility) and repatriation (medically necessary transport back home or to a medical facility near your home)
- Repatriation of mortal remains
- Travel of a dependent child (under age 16) who is left unattended as a result of your serious illness or injury
- Round-trip (economy class) transportation for a family member if you're expected to be hospitalized for more than 10 days

Help With the Unexpected

In time of emergency, Cigna Secure Travel can provide:

- Prescription refill assistance*
- New travel plans for a companion who lost existing arrangements due to delays caused by your emergency
- Up to \$10,000 cash advance for payment of emergency medical services*
- Emergency cash – advance of up to \$1,500*
- Emergency changes to travel plans
- Emergency message center
- Assistance with lost or stolen items, including luggage, prescriptions and other personal belongings*
- Legal referrals to local attorneys, embassies and consultants*
- Translation and interpretation assistance
- 24-hour multilingual assistance
- Advancement of bail*

How to Reach Secure Travel

- From the U.S. & Canada: **(888) 226-4567**
- From all other locations: **1-202-331-7635**(call collect)
- Policy# OK968037
- Group# 57

Emergency services must be coordinated through Cigna Secure Travel. Services coordinated outside of this program may not be eligible for payment.



* You are responsible for repaying these funds to Cigna Secure Travel as this program does not cover these expenses.



DISABILITY COVERAGE



Disability Insurance provides benefits that replace part of your lost income when you become unable to work due to a covered injury or illness.

Short Term Disability

After you complete one year of continuous active full-time service, you are automatically provided with Short Term Disability coverage at **NO COST** to you. This program is designed to assist employees who are unable to work due to a **non-occupational** illness or injury that renders them disabled.

- Your weekly benefit amount is based on years of continuous service with Sibanye-Stillwater as follows:

Years of Continuous Service	Benefit Amount
Less than one year	No benefit
One or more, but less than five years	60% of your basic weekly earnings
Five years or more	100% of your basic weekly earnings

- You must be disabled for 40 working hours, or 5 scheduled shifts, whichever is less, before benefits begin. You are required to use your accrued exemption time before benefits begin.
- You must be under the care of a doctor and deemed unable to perform at least one of the substantial duties of your Own Occupation as defined in the Plan Document.
- Benefits will be paid until you are no longer disabled, or up to a maximum of 26 weeks. At that point, your Long Term Disability benefits will begin, should your disability continue.
- If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
- If you become disabled and participate in the vocational rehabilitation program, which offers services that help you return to work and ability, you will be eligible for a weekly benefit increase of 5%.

Long Term Disability

After you complete one year of continuous active full-time service, you are automatically provided with Long Term Disability coverage at **NO COST** to you. This program is designed to assist employees who are unable to work due to an **occupational** or **non-occupational** illness or injury that renders them disabled.

- Your monthly benefit amount is 60% of your basic monthly earnings, up to a maximum of \$7,000, subject to reduction by deductible sources of income as defined in the Policy.
- You must be disabled for 180 days before benefits begin. Benefits become payable on the 181st day of disability.
- For the first 2 years of disability, you must be under the care of a doctor and deemed unable to perform the majority of the substantial duties of your Own Occupation as defined in the Plan Document. After 2 years, you must be under the care of a doctor and deemed unable to perform all of the substantial duties of Any Occupation as defined in the Plan Document.
- Benefits will be paid until you are no longer disabled, or up to your Social Security Normal Retirement Age. If you become disabled at age 62 (and older), the benefit period will be based on a reduced duration schedule.
- If you become disabled and can work part-time (but not full-time), you may be eligible for partial disability benefits, which will help supplement your income until you are able to return to work full-time.
- Pre-existing conditions will not be covered until you are enrolled in the plan for 12 months.
- If you pass away while receiving long-term disability benefits, your benefits will be provided to your beneficiaries for a period of time after your death.
- For disabilities related to drug and alcohol abuse and mental health, benefits are available for up to 24 months.



OTHER VALUABLE BENEFITS



Paid Leaves

Upon completion of your probationary period, you are eligible for the following paid leaves per Sibanye-Stillwater policy and with management approval:

- Vacation
- Sick/Personal leave
- Bereavement leave
- Jury/Witness duty

Additionally, Sibanye-Stillwater complies with Federal and State laws governing leaves of absence. Family Medical Leave and Military Leave are offered without pay to employees whose circumstances match the provisions of the law.

Holidays

The following days shall be considered paid holidays per Sibanye-Stillwater policy.

- New Year's Day
- Good Friday
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Personal Holiday*

*Any day during the calendar year which you elect to take with advance notice to, and approval from the Company, per Sibanye-Stillwater Policy.

