



For a Healthy Life!

2022 **BENEFITS** Enrollment eGuide



Bargaining Unit Employees



[EXPLORE NOW >](#)

January 1, 2022 – December 31, 2022

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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: Click on the buttons along the bottom of each 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.

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.



SIBANYE-STILLWATER FAMILY WEBSITE



stillwaterfamily.org

Sibanye-Stillwater's Family Website at 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.

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.

Here's what you'll find:

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



ELIGIBILITY & ENROLLMENT



Who is Eligible?

Active full-time employees regularly scheduled to work 30 or more hours per week are eligible for benefits. 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 and must meet certain criteria

NOTE: 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.

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 29](#) 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. To contribute from your bonus wages, you'll need to make a separate "Bonus" election

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).





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MAKING ELECTION CHANGES

Open Enrollment

Annual Open Enrollment, usually held in 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

Benefit election changes outside of an annual Open Enrollment period may only be made if you experience a qualifying change in status event. Following are examples:

- 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 move into, or out of, the EPO medical plan service area

Election changes must be submitted to HR within 31 days of the qualifying change in status event date.

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.

CONTACT INFO / BENEFITS SUMMARY



Benefits	Provider / Administrator	Phone Number	Website / Email
Medical	Allegiance Benefit Plan Management	(855) 999-1521	askallegiance.com/smc
Prescription Medications	Express Scripts administered by RxBenefits	(800) 334-8134	express-scripts.com
Chronic Condition Management	Tria Health	(888) 799-8742	triahealth.com/enroll
Telehealth Program	Amwell	(844) 733-3627 Service Key: SSMC	Ascendant.Amwell.com Service Key: SSMC
Employee Assistance Program	MINES & Associates	(800) 873-7138 (available 24/7)	minesandassociates.com User Name: stillwater Password: employee
Dental	Delta Dental Insurance Company	(800) 521-2651	deltadentalins.com
Vision	Vision Service Plan (VSP)	(800) 877-7195	vsp.com
Flexible Spending Accounts	ConnectYourCare	(866) 413-4546 (443) 681-4602 (fax) - download a coversheet from the member portal before faxing	connectyourcare.com
Leave of Absence	Principal / FMLASource	(866) 825-1632	principal.absencemgmt.com LeaveCenter@principal.absencemgmt.com
Life Insurance & Disability	Principal	(800) 245-1522	principal.com
Accidental Death & Dismemberment Claims	New York Life	(800) 362-4462	N/A
Retirement - 401(k)	Prudential	(877) 778-2100	stillwater.retirepru.com
Financial Wellness	Financial Finesse	(888) 450-2881 (toll-free) Monday - Friday, 7 a.m. – 6 p.m. MT	N/A
Secure Travel	New York Life	From the U.S. & Canada: (888) 226-4567 Other locations: 1-202-331-7635 (call collect) Policy# OK968037 / Group# 57	N/A

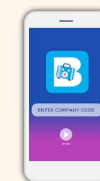
stillwaterfamily.org ■ Human Resources: (406) 322-8930 CoHRFrontDesk@sibanyestillwater.com

Benefit Spot Mobile App

Access your benefits anytime, anywhere, in the palm of your hand. With the Benefit Spot mobile app, you'll be able to view plan information, watch educational videos, find contact information and more!

To get started:

1. Download "Benefit Spot" on the Apple App Store or Google Play, or scan the QR code on the right with your smartphone camera
2. When you launch the app, enter company code: **SMCBargaining**
NOTE: The company code is case-sensitive.



BENEFIT COSTS



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.

2022 Benefit Costs January 1 – December 31, 2022	Semi-Monthly You Pay	Monthly You Pay	Monthly Sibanye-Stillwater Pays	Total Monthly Premium Cost
MEDICAL - EPO (Billings Clinic)				
Employee Only	\$73.14	\$146.28	\$585.10	\$731.38
Employee & Spouse	\$137.46	\$274.91	\$1,099.65	\$1,374.56
Employee & Child(ren)	\$112.26	\$224.52	\$898.06	\$1,122.58
Employee & Family	\$177.08	\$354.16	\$1,416.62	\$1,770.78
MEDICAL - EPO (St. Vincent Healthcare)				
Employee Only	\$73.14	\$146.28	\$585.10	\$731.38
Employee & Spouse	\$137.46	\$274.91	\$1,099.65	\$1,374.56
Employee & Child(ren)	\$112.26	\$224.52	\$898.06	\$1,122.58
Employee & Family	\$177.08	\$354.16	\$1,416.62	\$1,770.78
MEDICAL - PPO				
Employee Only	\$93.72	\$187.44	\$749.75	\$937.19
Employee & Spouse	\$176.14	\$352.27	\$1,409.09	\$1,761.36
Employee & Child(ren)	\$143.85	\$287.70	\$1,150.78	\$1,438.48
Employee & Family	\$226.91	\$453.82	\$1,815.26	\$2,269.08
DENTAL				
Employee Only	\$4.76	\$9.52	\$38.08	\$47.60
Employee & Spouse	\$9.21	\$18.42	\$73.67	\$92.08
Employee & Child(ren)	\$7.41	\$14.81	\$59.26	\$74.07
Employee & Family	\$11.85	\$23.70	\$94.80	\$118.50
VISION				
Employee Only	\$0.00	\$0.00	\$12.62	\$12.62
Employee & Spouse	\$4.51	\$9.02	\$12.62	\$21.64
Employee & Child(ren)	\$5.15	\$10.30	\$12.62	\$22.92
Employee & Family	\$10.92	\$21.84	\$12.62	\$34.46

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 **NO COST** 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.

- **EPO Plans:** Care is covered in-network only (out-of-network care is NOT covered unless it's an emergency).
- **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 health care and treatment services available. See [pages 14-15](#) for more information.

Use the Telehealth Program

For **NO COST**, medical plan members can see a board-certified practitioner 24/7/365, using a tablet, smartphone or computer. Behavioral health visits are also available. See [page 13](#) for more information.

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.

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.

MEDICAL PLANS



For a Healthy Life!



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

EPO Plans

If you reside within the [13-County Sibanye-Stillwater Health Partners Service Area](#), you are eligible to enroll in either the Billings Clinic EPO Plan or St. Vincent Healthcare EPO Plan. These plans offer care management teams of primary care and specialist physicians and facilities, integrated by practice and technology, to provide you with coordinated care. Out-of-network care is covered only in the case of an emergency.

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 askallegiance.com/smc and use the directions under "How to Locate EPO Providers" on the right-hand side of this page. If you want to change PCPs for yourself or any member of your family, you must complete a new [PCP Enrollment/Change Form](#).

Sibanye-Stillwater
HEALTH PARTNERS

How to Locate EPO Providers

1. Visit 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 **Search Providers** under 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**



Billings Clinic EPO Provider Networks:

- 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

- 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.

MEDICAL PLANS (CONTINUED)



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 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 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 toward 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); \$25 office visit copay will also apply to behavioral health visits covered under mental health parity. Non-PCP: Covered 80%*	Covered 80%*	Covered 60%*
Telehealth Visits (see page 13 for details)	Covered 100% (deductible waived)	Covered 100% (deductible waived)	Covered 100% (deductible waived)
Hospital Room & Board	Covered 80%*	Covered 80%*	Covered 60%*
Preventive Care Services (see page 16 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%*

*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 between the maximum eligible expense and their charge.



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
Applied Behavioral Analysis (ABA)	Covered 80%* Children up to age 18 only – Provides screening, assessment and treatment of autism spectrum disorders	Covered 80%* Children up to age 18 only – Provides screening, assessment and treatment of autism spectrum disorders	Covered 60%*
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 one per foot, per year	Covered 80%* Foot orthotics limited to one 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%*	Covered 80%*	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 between the maximum eligible expense and their charge.



TELEHEALTH



Amwell Telehealth Program

Medical plan members can see a board-certified practitioner 24 hours a day, seven days a week, 365 days a year, using a tablet, smartphone or computer. No more unnecessary trips to the ER in the middle of the night for a cough or earache! You can pick the provider from Amwell's vast panel of clinicians and start your consult within minutes. If a prescription is needed, your Amwell provider can call it in to the pharmacy of your choice.

Behavioral health visits are also available. You pick the provider and schedule a time to speak with either a therapist or psychiatrist from the comfort and privacy of your own home, or wherever you choose.

All you need to do is register with Amwell at Ascendant.Amwell.com or call (844) 733-3627 (Service Key: **SSMC**), and you'll be ready to access a large panel of clinicians, any time of day, from anywhere, at **NO COST**.



You can visit providers in the following fields:

GENERAL MEDICINE/ URGENT CARE	THERAPY	PSYCHIATRY
Sinus Infection	Anxiety	Bipolar Disorder
Pink Eye	Depression	Anxiety Disorders
Strep Throat	Stress Management	Cognitive Disorders
Allergies	Bereavement	Panic Attacks
Rash	Couples Therapy	Depression
Bronchitis	Panic Attacks	Anorexia
UTI	OCD	Bulimia



MEDICAL PLAN PROGRAMS



Medical plan members have access to the following programs at **NO COST** through the Sibanye-Stillwater medical plans:

HealthReach Care Advocate

Provided for all members.

- Each month, you and your enrolled family members may receive targeted mailings reminding you of recommended screenings or general health awareness issues.
- Preventive tests and screenings are a very important part of health care that may result in early disease detection. If you are missing any nationally recommended preventive screenings or tests, you and your doctor may be sent a letter to make sure you stay on track with your preventive care.

Care Management Program

Included for all EPO members and available to all PPO members.

If you have a medical condition, preventive gaps in care or diagnosis that qualifies you for the care management program, a Registered Nurse Case Manager will contact you by phone and mail to provide:

- Assistance managing current health conditions
- Extra support to meet personal health goals
- Help with treatment options and health decisions
- Educational material
- Compliance with health care standards for your age and gender
- Getting appropriate care for your condition/diagnosis
- Use of prescribed medications



MEDICAL PLAN PROGRAMS (CONTINUED)



Medical plan members have access to the following programs at **NO COST** through the Sibanye-Stillwater medical plans:

Tria Health Pharmacy Advocate Program

Health care and insurance can be quite complex to understand; especially if you have chronic conditions and/or take a lot of medications. Tria Health is a free and confidential benefit that will support you in managing your health, medications and health care budget.

With this benefit, you can talk to a pharmacist over the phone and receive a one-on-one consultation and the customized support you deserve. All recommendations made by Tria pharmacists are coordinated with your physician(s) and your care manager(s).

Active participants will receive free generics and 50% off select brand medications used to treat targeted chronic conditions. Participants with diabetes will also have free access to a blood glucose meter and testing supplies.

Nurse Care Managers

Registered Nurse Care Managers provide support and guidance for members with chronic conditions and/or preventive gaps in care such as mammograms, colonoscopies, diabetic eye exams, annual well visits, 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.

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, seven days a week. **All calls are completely confidential!**

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 when they enroll in the Allegiance Maternity Management program and follow the program guidelines:



- ✓ Register during your first trimester
- ✓ Check in with your nurse regularly throughout your pregnancy
- ✓ Complete the Post Pregnancy Assessment

PREVENTIVE CARE



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 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.



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%

**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)



For a Healthy Life!

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

ID CARDS: RxBenefits does not issue separate ID cards. Rx information is included on your medical member ID card.

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

- 1. Generic (first-tier) has the lowest copayment.** Generic medications may be an effective substitute for their brand-name counterparts and cost significantly less.
- 2. Preferred Brand-Name (second-tier).** Medications that are [preferred by the plan](#).
- 3. Non-Preferred Brand-Name (third-tier).** Medications that are not on the list of preferred medications.
- 4. Specialty Medications (fourth-tier) have the highest copayment.** Medications to treat complex chronic conditions.

Register Online at: [express-scripts.com](https://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 three months for only two copays!

Rx Plan Highlights		
Rx Benefits	30-DAY SUPPLY Pharmacy Option	90-DAY SUPPLY Pharmacy Option* or Mail Order Option for Maintenance Drugs
Generic	\$5 copay	\$10 copay
Preferred Brand-Name**	\$20 copay	\$40 copay
Non-Preferred Brand-Name**	\$30 copay	\$60 copay
Specialty Medications	\$100 copay: 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.	

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

** Generic Policy – Dispense As Written (DAW): If your doctor writes a prescription stating that a generic may be dispensed, the plan will only pay for the generic drug. If you choose to buy the brand-name drug in this situation, you will be required to pay the generic copay plus the difference in cost between the generic and brand-name drug. The Generic Policy does not apply if your doctor requires a brand-name medication.



PRESCRIPTION PROGRAMS



Prescription coverage under the medical plans may use one or more of the programs below to help ensure your safety and to help you and the plan manage drug costs.



Prescription Programs	
Step Therapy	Certain prescription medications may be subject to step therapy, which means you could be required to try one of the first or second-tier options before certain drugs are covered by the plan.
High Dollar Claim Review	Medications exceeding \$1,000 in cost per 30-day supply (or \$3,000 per 90-day supply) require prior authorization before they will be covered.
Dose Management	Certain prescription medications are covered up to preset limits, based upon standard FDA approved dosing. In some cases, it may be medically necessary for you to exceed the preset limits. In those instances, prior authorization is required.
Quantity Limits	Limits coverage of a particular drug to a specific amount (such as 30 pills a month). Alleviates safety and cost concerns for certain medications by limiting inappropriate drug quantities.
Low Clinical Value	Removes drugs from the formulary that are costly and that often lack proven clinical success compared to other available drugs.
Manufacturer Copay Assistance	Some specialty medications may qualify for third-party copay assistance programs, which could lower your out-of-pocket costs for those products. For any such specialty medication, where third-party copay assistance is used, you will not receive credit toward your deductible or out-of-pocket maximum for any copay or coinsurance amounts that are applied to a manufacturer coupon or rebate.
Prior Authorization and Appeals	<p>Certain prescription medications need to be preapproved before they will be covered. This preapproval process is known as prior authorization. If you do not receive approval for drugs requiring prior authorization, you may pay the full cost of the medication.</p> <p>If a prescription drug claim is wholly or partially denied, you or your authorized representative has the right to appeal the decision. You or your authorized representative may appeal the denial no later than 180 days after receiving notice of an adverse claim decision. Appeals of prescription drug claims are handled by RxBenefits and are decided in accordance with the terms of the plan document. Following a clinical review, one of four actions will occur: the medication is approved, the medication claim is denied, the doctor may decide to withdraw and prescribe a different medication, or the reviewer can dismiss the claim due to lack of communication from the prescriber.</p>
The Appeal Process	<p>If denied, the member may appeal the decision. Upon appeal, a second pharmacist reviewer will evaluate the prior authorization and make a decision (approved/denied). If denied a second time, a final appeal may be made, which is forwarded to an outside medical reviewer. If denied, there are no further appeals.</p> <p>Your doctor may initiate an appeal regarding prior authorization, quantity limit, high dollar claim review or any other rejection process by calling RxBenefits at (800) 334-8134.</p>

DENTAL PLAN



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:** This benefit offers 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 deltadentalins.com. After logging in, click on the Optional Benefits tab and then select Opt In.

■ **Hearing Aid and LASIK Discounts:** Dental plan members have access to preferred pricing on hearing aids through Amplifon¹ and LASIK services through QualSight.² [Click here](#) to learn more.

1. Members must choose between the Amplifon hearing aid benefit through Delta Dental or the TruHearing benefit through VSP.
2. Members must choose between the QualSight LASIK benefit through Delta Dental or the LASIK discount through VSP. Members cannot utilize both benefits from both carriers at the same time.

How to Locate a Delta Dental Provider

1. Go to 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**

Delta Dental's provider directory features the [DentaQual Provider Quality Assessment System](#). DentaQual scores help members find dentists who consistently deliver high-quality care to their patients.



VISION PLAN



For a Healthy Life!



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. 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.

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; two exams every calendar year for children under age 18)	Covered in full*	Up to \$46*
Lenses (one pair every calendar year; additional lenses for children under age 18 are covered when needed due to minimum prescription change)	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 calendar year)	<ul style="list-style-type: none"> \$150 allowance for a wide selection of frames* \$170 allowance for featured frame brands* 20% off amount over your allowance 	Up to \$45*
Contact Lenses (once every calendar year; instead of eyeglasses)	<ul style="list-style-type: none"> \$150 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 Correction¹	Average 15% off regular price or 5% off promo price	N/A
LightCare	Use your \$150 frame allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue-light filtering glasses, instead of prescription glasses or contacts.*	N/A
Hearing Aids through TruHearing²	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 truehearing.com/vsp/ .	

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

1. Members must choose between LASIK discounts through VSP or the QualSight benefit through Delta Dental.

2. Members must choose between the TruHearing benefit through VSP or the Amplifon benefit through Delta Dental. Members cannot utilize both benefits from both carriers at the same time.

How to Locate a VSP Vision Provider

1. Visit vsp.com
2. Click **Find a Doctor**
3. 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 additional dental and vision benefits you may be overlooking or not taking full advantage of:

Virtual Dental Screenings

Toothpic, brought to you by Delta Dental, is a photo-based teledentistry app for dental plan members that offers virtual dental screenings. Answer a few questions about your oral health and take photos of your mouth from your smartphone to receive a personalized dental report in under 24 hours, including:

- A diagnostic screening from a Delta Dental dentist
- A review of your photos with issues marked for concern
- Care and treatment recommendations

[Click here](#) to learn more. Visit deltadental.toothpic.com to create an account and download the app.

Virtual Dental Consultations

Virtual Consult, brought to you by Delta Dental, connects plan members and dentists for real-time video appointments. Virtual Consult is great if you:

- Are experiencing an urgent dental issue
- Can't take time off work or have difficulty visiting the dentist's office
- Aren't feeling well or visiting the dentist's office isn't recommended

[Click here](#) to learn more. Visit deltadentalvirtualconsult.com to sign up for Virtual Consult.

BrushSmart Oral Wellness Program

BrushSmart is an oral wellness program, exclusively for Delta Dental plan members, that offers personalized solutions, oral care tips and a 20% discount on Philips Sonicare products at the BrushSmart store. Keeping a solid oral hygiene routine helps prevent all sorts of costly dental problems down the road, and it decreases your risk of tooth decay and gum disease. Make sure you have the tools you need for the best home dental care. [Click here](#) to learn more. Go to brushsmart.org to get started.

Exclusive Extras for VSP Vision Members

As a VSP vision plan member, you have access to more than \$3,000 in savings with Exclusive Member Extras from VSP and industry-leading brands. Special offers are available at all VSP network doctor locations. [Click here](#) for an interactive flier that allows you to click on offers and find out more details. Take advantage of these offers to maximize your benefits and save even more.

Eyeconic Online Eyewear Store

Eyeconic is the only site where you can buy eyeglasses, sunglasses and contact lenses with your VSP vision benefits. Eyeconic seamlessly connects your insurance coverage and the VSP doctor network. You'll get the convenience of online shopping along with the personal touch from a VSP doctor. [Click here](#) to learn more.

VSP Eye Wellness

Did you know eye exams can help detect serious health conditions such as diabetes? Visit vsp.com/eyewear-wellness/diabetes-care to learn more about your eyes and diabetes, and take a test to learn your risk for type-2 diabetes in 60 seconds. Visit vsp.com/eyewear-wellness to get eye health tips, learn about choosing lenses, find the latest in eyewear trends and more.



FAMILY & MEDICAL LEAVE ACT



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 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 service member 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 service member medically unfit to perform his/her duties for which the service member 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 in one of the following ways:

- Phone: (866) 825-1632
- Email: LeaveCenter@principal.absencemgmt.com
- Online: 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



For a Healthy Life!

The Employee Assistance Program (EAP) provides confidential assessment, counseling, work/life services, wellness coaching and referral services for issues that are important to you and your family. Our 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 a face-to-face office visit, over the phone or through text/online messaging, 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 and 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.

To access the EAP, call
(800) 873-7138

The EAP is available 24 hours a day, seven days a week, including holidays. When you call in for a referral, you can choose to be scheduled for a face-to-face office visit near you, or you may choose to access your sessions over the phone or through text/online messaging.

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).

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

EAP Online Access

minesandassociates.com

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

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



EMPLOYEE ASSISTANCE PROGRAM (CONTINUED)



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 30 and 60 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.

eM Life Mindfulness App

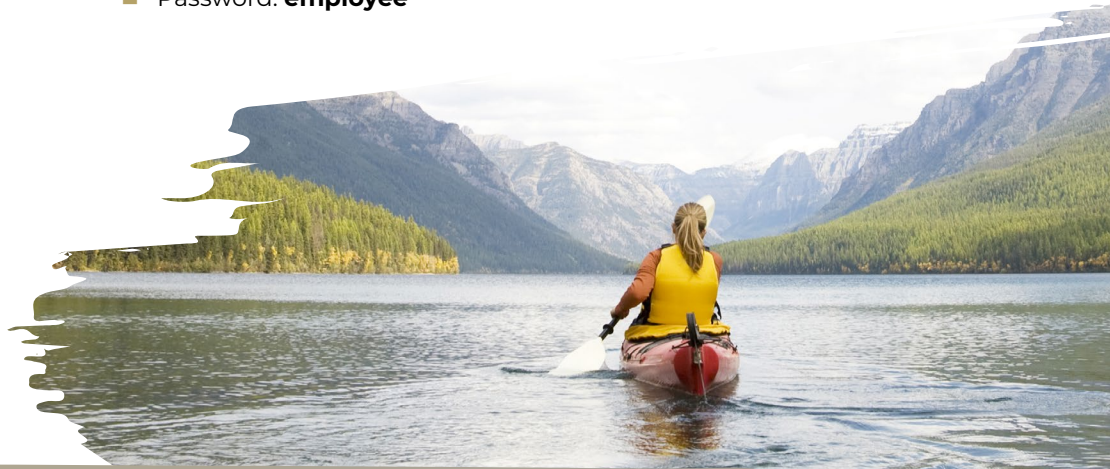
The EAP includes **free access** to the eM Life Mindfulness app that will help you create connections with yourself and others while building skills to manage stress and anxiety, improve focus and enhance your overall well-being. Features include interactive online classes with a community of experts, on-demand content, progress and activity tracking to ensure you are living your healthiest life.

To access the app, go to minesandassociates.com and click on the **PersonalAdvantage** bar to log in to your online portal. Once you log in, just click on the **eM Life** tile to get started!

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



FLEXIBLE SPENDING ACCOUNTS



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 (now part of Optum Financial) — 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 more than \$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.

How Do FSAs Work?

- 1 Carefully estimate what you'll need for out-of-pocket health care and/or dependent care expenses for the 2022 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 2022 calendar year. To calculate this amount, divide your total estimated expenses by the number of paychecks you'll receive in 2022.
- 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.

Manage Your FSA Online

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



FLEXIBLE SPENDING ACCOUNTS (CONTINUED)



Health Care FSA	Dependent Care FSA
<p>For 2022, you may contribute up to \$2,850 annually 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 2022, you may contribute up to \$5,000 annually 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 and medicines, such as bandages/wraps, menstrual care products, diabetic supplies, contact lens solution/supplies, reading glasses, thermometers, catheters, pain relievers, cold and flu remedies, 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 irs.gov/pub/irs-pdf/p502.pdf</p>	<p>For a complete list of eligible dependent care expenses, visit 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 two months long (through February of the following year).
- The claims filing deadline for claims incurred in 2022 (including health care claims incurred during the Grace Period) is **April 30, 2023.**



RETIREMENT – 401(K)



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. To contribute from your bonus wages, you'll need to make a separate "Bonus" election.
- Roth Option:** We also offer a Roth 401(k) option, which allows you to contribute after-tax funds to your account up to the 2022 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. **You can use the Roth or traditional pre-tax option for your deferrals – OR a combination of both.**
- After-Tax Option:** In addition to the Roth 401(k) and pre-tax dollar contributions, you can defer after-tax money, up to the 2022 IRS total annual contribution limit of \$61,000. 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: 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

2022 IRS Limits	
The IRS imposes limits, which must be adhered to and should be considered by all employees, especially those determined to be "highly compensated" employees.	
Compensation Limit	\$305,000
Employee Dollar Limit	\$20,500
Catch-up Contributions (Age 50+)	\$6,500
Total Contributions Dollar Limit (pre-tax, after-tax & employer match)	\$61,000
Highly Compensated Employees¹	\$135,000

¹ Employees who earn more than the highly compensated employee limit annually are subject to non-discrimination testing limits. Accordingly, all employees who anticipate earning more than the limit should consult with the Columbus Human Resources Department annually to avoid unnecessary refunds and adverse tax consequences.



FINANCIAL WELLNESS



For a Healthy Life!

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 Coach™ professional who you can trust has only your best interest in mind.

- You will speak with a Certified Financial Coach 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.

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 Coaches 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 stillwaterfamily.org.

One call can help you choose the right path!

(888) 450-2881

Monday – Friday
7:00 a.m. – 6:00 p.m. MT



LIFE INSURANCE



Life insurance coverage provides your family or beneficiary(ies) with a financial benefit in the event 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. 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).

Basic Life Insurance

You are provided with basic life insurance at **NO COST** to you.

Basic Life Benefit Amount	Benefit amount is equal to your annual compensation rounded to the next higher \$1,000, multiplied by two, up to a maximum of \$300,000 (\$10,000 minimum).* You may elect to reduce your Scheduled Benefit amount to \$50,000 to avoid imputed income mandated by the IRS for benefit amounts in excess of \$50,000.* However, if you elect this reduction and later request to increase your Scheduled Benefit amount, Proof of Good Health will be required.
Accelerated Benefit	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 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!**

Employee Option	<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 Option	<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) Option	<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.

Voluntary Life Periodic Benefit Increase

- Increase your voluntary life insurance:** Open Enrollment is a great time to increase your coverage. You can add an additional \$10,000 or \$20,000 in coverage for yourself—with no health questions asked. And every year during Open Enrollment, you can continue to increase your coverage up to two \$10,000 increments—up to the maximum benefit of \$500,000. If you have coverage for yourself, you can also add or increase coverage for your spouse and children—with no health questions asked.
- Purchase coverage for the first time:** Don't already have voluntary life insurance? Easily get coverage for the first time during Open Enrollment. You can purchase \$10,000 or \$20,000 in coverage for yourself—with no health questions asked. And when you have coverage, your spouse and children can also get coverage.
- Higher levels of coverage:** During Open Enrollment, you or your spouse can request to add or increase even more coverage by providing proof of good health.

Coverage amounts that require proof of good health must be approved by Principal prior to coverage going into effect.



AD&D INSURANCE



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

Basic AD&D Insurance

You are provided with basic AD&D insurance at **NO COST** to you.

Basic AD&D Benefit Amount	Your benefit amount is a flat \$50,000.*
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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. Coverage is guaranteed—no medical questions asked—regardless of when you enroll.

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.

Additional AD&D Benefits

The AD&D plans offer the following additional 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.

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



SECURE TRAVEL



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 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

New York Life 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, New York Life 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 New York Life 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 New York Life Secure Travel. Services coordinated outside of this program may not be eligible for payment.



* You are responsible for repaying these funds to New York Life 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.

Weekly Benefit Amount	Your weekly benefit amount is based on years of continuous service with Sibanye-Stillwater as follows: <ul style="list-style-type: none"> 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
When Benefits Begin	You must be disabled for 40 working hours, or five (5) scheduled shifts, whichever is less, before benefits begin. You are required to use your accrued exemption time before benefits begin.
Definition of Disability	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.
Benefit Duration	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.
Partial Disability	If you become disabled and can work only part-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.
Vocational Rehabilitation Program	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.

Monthly Benefit Amount	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.
When Benefits Begin	You must be disabled for 180 days before benefits begin. Benefits become payable on the 181 st day of disability.
Definition of Disability	For the first two 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 two 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.
Benefit Duration	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 65 (and older), the benefit period will be based on a reduced duration schedule. For disabilities related to drug and alcohol abuse and mental health, benefits are available for up to 24 months.
Partial Disability	If you become disabled and can work only part-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	Pre-existing conditions will not be covered until you are enrolled in the plan for 12 months.
Survivor Benefit	If you pass away while receiving long-term disability benefits a lump sum payment of six times your monthly benefit payable will be payable to your beneficiary (spouse/domestic partner, child, parent or estate).



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
- Floating Holidays
- Thanksgiving Day
- Day after Thanksgiving
- Christmas Eve
- Christmas Day
- Personal Holiday*

To make the company as productive and welcoming as possible, Sibanye-Stillwater provides for floating holidays for employees of diverse religious beliefs through a collaborative discussion. Please engage with Human Resources to learn more about floating holidays.

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

