2027 Benefits Open Enrollment – An Overview

November 2026

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Safety, values, and/or inclusivity moment

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INNOVATION COMMITMENT ACCOUNTABILITY RESPECT ENABLING SAFETY

Agenda

1) Open Enrollment – What you need to know!
2) 4 Medical Plan Options in 2027
3) High-Deductible Health Plan (HDHP) & Health Savings Account (HSA)
4) *New!* Value PPO Plan
5) Plan Comparisons & Total Cost Examples
6) *New!* Met Life Voluntary Benefits
7) What is NOT Changing
8) What is Changing
9) Open Enrollment Details
10) Communication & Assistance
11) Discussion & Questions



- Benefits Open Enrollment

November 9th – November 20th

- 2026 Benefit elections **WILL ROLLOVER** to 2027
- Employees wishing to **change benefits** in 2027 **must use Dayforce to enroll**
  - Changing Benefit Plans → 4 medical plan options available
  - FLEX Spending – must enroll annually
  - Adding/Dropping dependents
- **NO PAPER FORMS** will be available
- HR available throughout Open Enrollment at the PRO Building (Columbus)



The Benefit Plans

1. Traditional **PPO** Plan

2. **EPO** Benefit Plan
   a. Billings Clinic
   b. Intermountain / St. Vincent Healthcare

3. High-Deductible Health Plan (**HDHP**) with Health Savings Account (**HSA**)

4. ***New!*** **Value PPO** (High Deductible)

Medical Plans Comparison – Traditional PPO / EPO / HDHP / Value PPO

1. **Traditional PPO**
   Best option for members who anticipate high medical utilization, especially at a hospital or via outpatient surgery, and would like a broad selection of network medical providers available. Lower deductibles but the ***highest premium*** (paycheck) cost.

2. **EPO**

   Best option for members who anticipate high medical utilization, especially at a hospital or via outpatient surgery, and who are willing to remain in one healthcare system to receive *all planned* care. Lowest deductibles when a member uses the hospital but carries the ***second highest premium*** (paycheck) cost.

3. **High-Deductible Health Plan (HDHP) with Health Savings Account (HSA)**

   Best option for employees who are interested in the triple tax savings benefits of an HSA. Plan includes Company seed dollars to compensate for the lack of copays on office visits and prescription drugs. Employee pays all medical & prescription costs until deductible is met. Participants may visit providers of their choice. The plan has the ***second lowest premium*** (paycheck) cost.

4. **Value PPO** (High-Deductible)

   Best option for employees whose medical care is limited to office visits, prescription drugs, urgent care and ER visits. High deductible would apply to hospitalizations and surgeries. Participants may visit network provider of their choice. The plan has the ***lowest premium*** (paycheck) cost.

What is a High-Deductible Health Plan (HDHP)?

A health plan with a **larger annual deductible** than our typical health plan but with **lower monthly premiums**

No copays. Participant is responsible for 100% of all medical and Rx costs up to deductible

Medical and Prescriptions costs **both contribute** to the deductible and OOP maximum

An employee must be enrolled in the HDHP to be eligible for the **Health Savings Account (HSA)**

Preventive care services (annual check-up, colonoscopy, etc.) are **covered at 100%**

2027 HSA Seed Dollars by Tier

Individual	**$750**
EE + Spouse	**$1,000**
EE + Children	**$1,000**
EE + Family	**$1,500**

Note: Seed dollar installments to HSA: January, April, July

Health Savings Account (HSA) Triple Tax Advantage

Triple tax-advantaged account created for individuals covered under high-deductible health plans (HDHPs) to save for qualified medical expenses.

- Pre-tax dollars
- Money grows tax free
- Withdraw tax free for qualifying expenses

The contributions to an HSA are invested over time and can be used to pay for qualified medical expenses.

HSA **dollars roll** to the next year.

Funds are there until you need them.

HSA

Contributions are made to the account by the employee and/or their employer and are limited to an IRS maximum amount each year.

You may leave HSA funds in cash or invest your HSA dollars once your account balance reaches $1,000.

A variety of investment options are available through **Empower**.

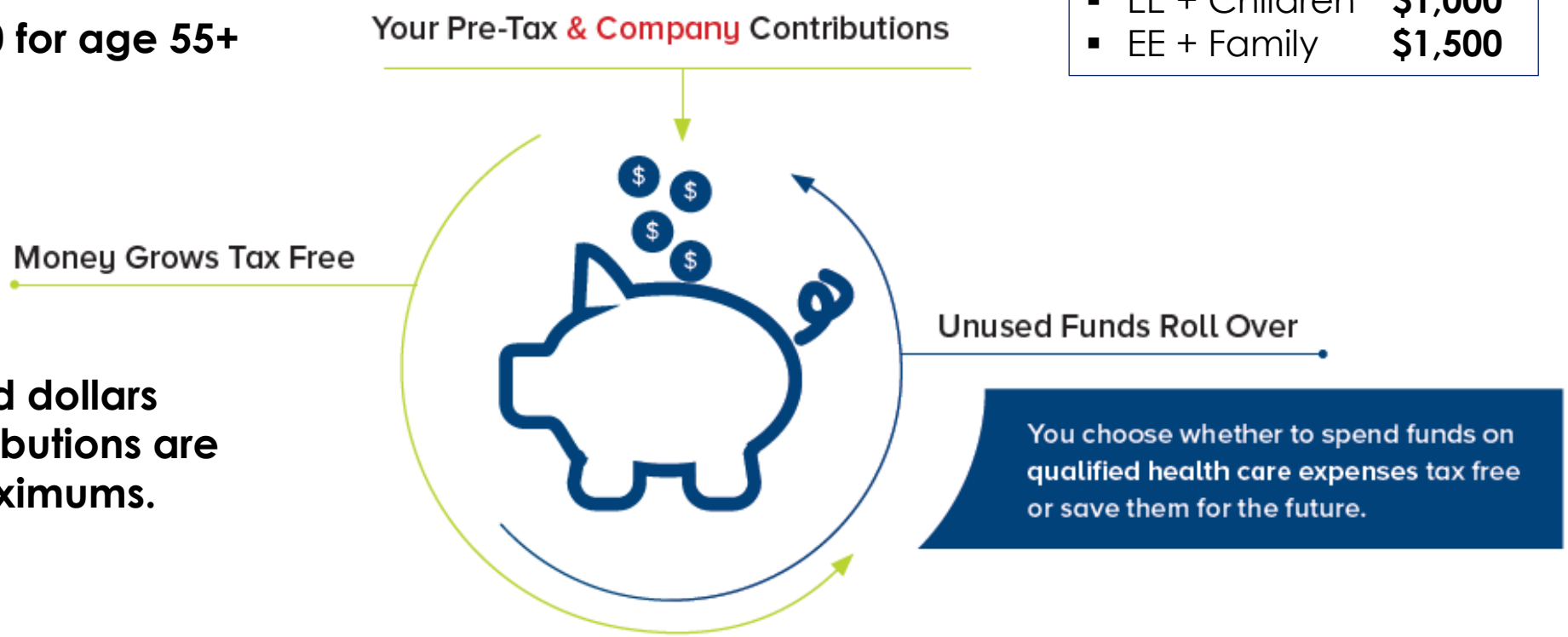
- **Can be used for future medical costs or to pay Medicare premiums in retirement.**
- **If you use your HSA dollars for ineligible expenses before the age of 65, you'll pay a 20% early withdrawal penalty plus any applicable income taxes on what you withdraw.**
- **If you're 65 or older, you can use HSA money for ineligible expenses penalty-free, but you will have to pay income taxes.**

Health Savings Account (HSA) Triple Tax Advantage

- **Every year the IRS sets limits for what can be contributed to an HSA**
- **2027 IRS HSA contribution limits are:**
  - **$4,500 Employee only**
  - **$9,000 Family coverage**
  - **Additional $1,000 for age 55+**

2027 Seed Dollars by Tier

Individual	**$750**
EE + Spouse	**$1,000**
EE + Children	**$1,000**
EE + Family	**$1,500**



- **NOTE: Employer Seed dollars <u>plus</u> Employee Contributions are combined for IRS maximums.**

4. New Choice! Value PPO Plan (High Deductible)

A health plan with a **larger annual deductible** than a traditional PPO Plan and with **lower monthly premiums**

Plan participants can see the provider of their **choice**.

Plan uses **flat co-pays** for key In-Network services (see list to right)

All other visits and services – Plan member **pays 30%** of costs up to the out-of-pocket maximum

Medical OOP Maximum & Prescription OOP Maximum are **separate**

Medical Flex Spending is available with the Value PPO Plan

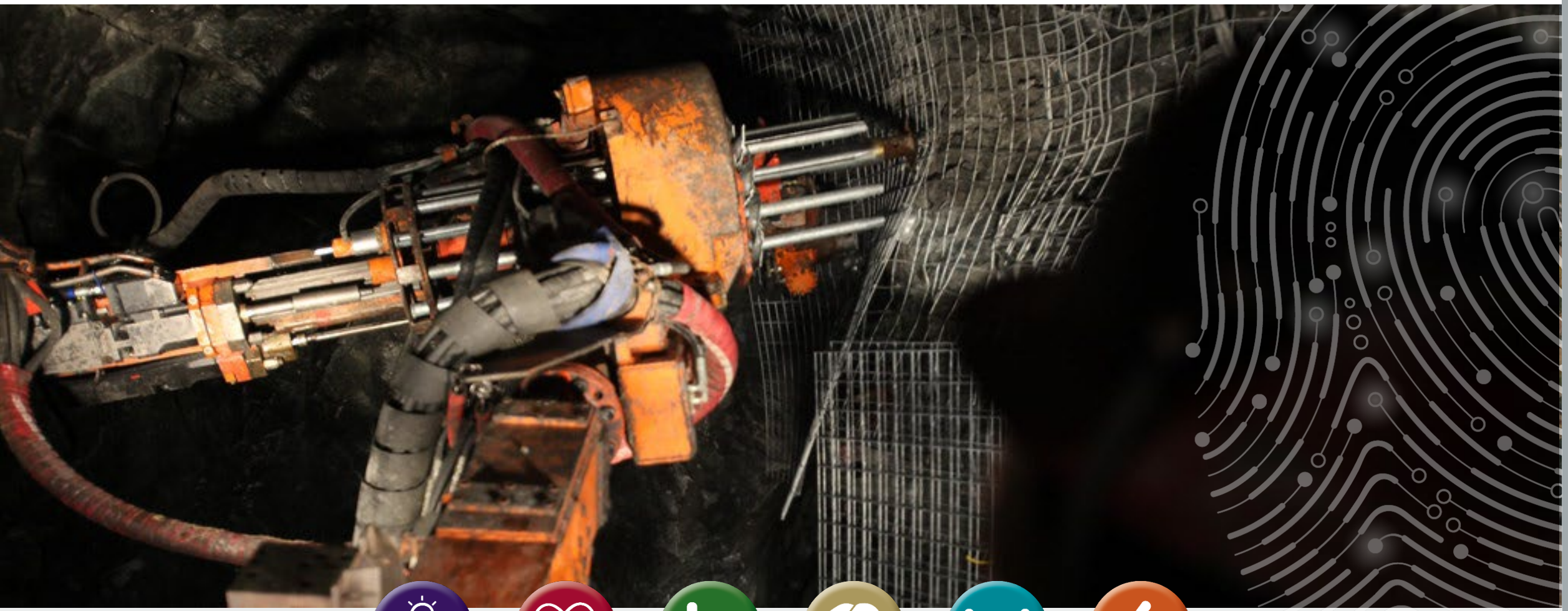
Preventive care services covered at 100% just like the other plans

In-Network Co-pays:

- **Office Visits**
  - **Primary Care Physician $35**
  - **Specialists $60**
- **Emergency ($300)**
- **Urgent Care ($60)**
- **Acupuncture ($60)**
- **Chiropractic ($60)**

Benefits – Economic Reality

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Medical Inflation & U.S. Health Insurance Marketplace Premium Increases

For 2027, Insurers are proposing a **median premium increase of about 15%** for ACA marketplace plans — the second straight year of double-digit hikes — with many states' final rates near that level.

- **2026 comparison:** Median finalized increase was ~20%
- **Cumulative effect:** Premiums will be up more than one-third between 2025 and 2027

- ❑ In all, enrollees face premiums that are 30% to 40% higher over just a two-year period.
- ❑ Individual market rate increases by state → **Montana = 22.6%**
- ❑ **Montana** ranks 45th. There are only 5 states with higher increases in 2027.

CNBC

Bottom line: 2027 will bring another double-digit premium hike nationally — about 15% on average — driven by cost inflation, subsidy changes, and a sicker risk pool. Consumers should plan ahead and shop carefully to manage the impact.

- ❑ In addition to **Medical Inflation**, the US PGM operations continue to experience **very high utilization** of the benefit plans.
- ❑ Medical plan premiums will increase **19% in 2027**.
- ❑ The increase **would have been 24% → 5% higher** without the PPO deductible & OOP max changes.

Sources: www.healthinsurance.org; www.familiesusa.org; www.healthinsurancenetwork.org; https://govtschemes.org; www.cnbc.com

Premium Details by Benefits Plan & Tier

2027 Benefit Cost January 1 - December 31, 2027	Bi-Weekly You Pay	Monthly You Pay	Monthly Sibanye Stillwater Pays	Total Monthly Premium Cost
Medical - EPO (Billings Clinic)				
Employee Only	$107.98	$215.96	$863.90	$1,079.86
Employee & Spouse	$203.01	$406.02	$1,624.12	$2,030.14
Employee & Child(ren)	$165.22	$330.44	$1,321.74	$1,652.18
Employee & Family	$261.33	$522.66	$2,090.62	$2,613.28
Medical - EPO (St. Vincent / Intermountain)				
Employee Only	$107.98	$215.96	$863.90	$1,079.86
Employee & Spouse	$203.01	$406.02	$1,624.12	$2,030.14
Employee & Child(ren)	$165.22	$330.44	$1,321.74	$1,652.18
Employee & Family	$261.33	$522.66	$2,090.62	$2,613.28
Medical - Traditional PPO				
Employee Only	$152.74	$305.48	$1,221.90	$1,527.38
Employee & Spouse	$287.15	$574.30	$2,297.20	$2,871.50
Employee & Child(ren)	$233.69	$467.38	$1,869.52	$2,336.90
Employee & Family	$369.63	$739.26	$2,957.02	$3,696.28
Medical - HDHP H.S.A.				
Employee Only	$80.95	$161.90	$647.62	$809.52
Employee & Spouse	$152.19	$304.38	$1,217.52	$1,521.90
Employee & Child(ren)	$123.85	$247.70	$990.86	$1,238.56
Employee & Family	$195.90	$391.80	$1,567.24	$1,959.04
Medical - Value PPO				
Employee Only	$68.73	$137.46	$549.86	$687.32
Employee & Spouse	$129.22	$258.44	$1,033.74	$1,292.18
Employee & Child(ren)	$105.16	$210.32	$841.28	$1,051.60
Employee & Family	$166.33	$332.66	$1,330.68	$1,663.34
Dental				
Employee Only	$5.38	$10.76	$43.00	$53.76
Employee & Spouse	$10.40	$20.80	$83.20	$104.00
Employee & Child(ren)	$8.36	$16.72	$66.94	$83.66
Employee & Family	$13.38	$26.76	$107.08	$133.84
Vision				
Employee Only	$0.00	$0.00	$12.28	$12.28
Employee & Spouse	$4.39	$8.78	$12.28	$21.06
Employee & Child(ren)	$5.01	$10.02	$12.28	$22.30
Employee & Family	$10.62	$21.24	$12.28	$33.52

Premium Details by Medical Benefits Plan & Tier

2027 Benefit Cost January 1 - December 31, 2027	Bi-Weekly You Pay	Monthly You Pay
Medical - EPO (Billings Clinic)		
Employee Only	$107.98	$215.96
Employee & Spouse	$203.01	$406.02
Employee & Child(ren)	$165.22	$330.44
Employee & Family	$261.33	$522.66
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Medical Benefit Plan
Comparisons & Examples

2027 Benefits – Details Comparison by Benefit Plan

Monthly Premiums by Tier	PPO	EPO Billings Clinic Intermountain/St. V's	HDHP with HSA	*New!* Value PPO (High Deductible)
Employee Only				
Deductible	700	500	1,750	5,000
Medical OOP Max	3,000	2,600	3,500	7,000
Prescription OOP Max	5,400	5,400	n/a	5.400
EE Monthly Premium	$305.48	$215.96	$161.90	$137.46
Family				
Deductible	1,400	1,000	3,500	10,000
Medical OOP Max	6,000	5,200	7,000	14,000
Prescription OOP Max	10,800	10,800	n/a	10,800
EE Monthly Premium	$739.26	$522.66	$391.80	$332.66

Note: Divide EE Monthly Premium by 2 to get cost per paycheck. Benefits deductions are taken on 1st two paychecks of the month.

Medical Plan Designs – PPO / EPO / HDHP / Value PPO

Medical	Traditional PPO	EPO	HDHP with H.S.A.	Value PPO
Network	Broadest choice of providers	One healthcare system	Broadest choice of providers	Broadest choice of providers
In Network Deductible (Individual)	$700	$500	$1,750	$5,000
In Network Deductible (Family)	$1,400	$1,000	$3,500	$10,000
Office Visit	20% Coinsurance	$25 Copay	20% Coinsurance	$35 Copay
Urgent Care	20% Coinsurance	20% Coinsurance	20% Coinsurance	$60 Copay
Hospitalization	20% Coinsurance	20% Coinsurance	20% Coinsurance	30% Coinsurance
Medical Out of Pocket Maximum (individual)	$3,000	$2,600	$3,500 (Combines medical and Rx)	$7,000
Medical Out of Pocket Maximum (family)	$6,000	$5,200	$7,000 (Combines medical and Rx)	$14,000
Prescriptions				
Generic Prescription Copay	$7 copay	$7 copay	No cost after deductible	$7 copay
Brand Prescription Copay	$35 copay	$35 copay	10% after deductible	$35 copay
Prescription Out of Pocket Maximum Individual	$5,400	$5,400	$3,500 (Combines medical and Rx)	$5,400
Prescription Out of Pocket Maximum Family	$10,800	$10,800	$7,000 (Combines medical and Rx)	$10,800
Monthly Paycheck Cost Individual	$305.48	$215.96	$161.90	$137.46
Monthly Paycheck Cost Family	$739.26	$522.66	$391.80	$332.66

Total Cost Examples – AVERAGE USE Case – FAMILY

Average Use Case Family	Traditional PPO	EPO	HDHP with H.S.A.	Value PPO
8 office visits annually (estimate $90 claim cost or copay)	$720.00	$200.00	$720.00	$280.00
3 urgent care visit (assume $200 claim cost or copay)	$600.00	$600.00	$600.00	$180.00
1 monthly blood test (12 annually; assume $50 claim cost)	$600.00	$600.00	$600.00	$600.00
1 x-ray (assume $75 claim cost)	$75.00	$75.00	$75.00	$75.00
Total Claim / Copay Liability	$1,995.00	$1,475.00	$1,995.00	$1,135.00
Deductible liability	$1,400.00	$1,000.00	$3,500.00	$10,000.00
Claims applied to deductible	$1,400.00	$1,000.00	$1,995.00	$675.00
Claim liability after deductible	$595.00	$275.00		
Coinsurance responsibility	$119.00	$55.00		
Medical Out of Pocket Maximum	$6,000.00	$5,200.00	$7,000.00	$14,000.00
Total Medical Spend (Deductible /Copay / Coinsurance)	$1,519.00	$1,255.00	$1,995.00	$1,135.00
2 generic drugs a month (24 fills annually; estimated $25 claim cost)	$168.00	$168.00	$600.00	$168.00
Deductible liability	$0.00	$0.00	$3,500 (combined with medical)	$0.00
Prescription out of pocket maximum	$10,800.00	$10,800.00	$7,000 (combined with medical)	$10,800.00
Total Pharmacy Spend (Deductible /Copay / Coinsurance/OOP Max)	$168.00	$168.00	$600.00	$168.00
Annual Paycheck Cost Family	$8,871.12	$6,271.92	$4,701.60	$3,991.92
Sibanye H.S.A. Contribution			-$1,500.00	
Individual Total Financial Liability-Family Average Use	$10,558.12	$7,694.92	$5,796.60	$5,294.92
Annual savings to Traditional PPO		$2,863.20	$4,761.52	$5,263.20

	Traditional PPO	EPO	HDHP with H.S.A.	Value PPO
Annual Paycheck Cost Family	$8,871.12	$6,271.92	$4,701.60	$3,991.92
Sibanye H.S.A. Contribution			-$1,500.00	
Individual Total Financial Liability-Family Average Use	$10,558.12	$7,694.92	$5,796.60	$5,294.92
Annual savings to Traditional PPO		$2,863.20	$4,761.52	$5,263.20

Total Cost Examples – HEAVY USE Case – FAMILY

Heavy Use Case Family	Traditional PPO	EPO	HDHP with H.S.A.	Value PPO
24 office visits annually (estimate $90 claim cost or copay)	$2,160.00	$600.00	$2,160.00	$840.00
3 ER visit (assume $2000 claim cost or copay)	$6,000.00	$6,000.00	$6,000.00	$900.00
3 monthly blood test (36 annually; assume $50 claim cost)	$1,800.00	$1,800.00	$1,800.00	$1,800.00
1 MRI (assume $400 claim cost)	$400.00	$400.00	$400.00	$400.00
1 outpatient surgery (assume $15,000 claim cost)	$15,000.00	$15,000.00	$15,000.00	$15,000.00
Total Claim / Copay Liability	$25,360.00	$23,800.00	$25,360.00	$18,940.00
Deductible liability	$1,400.00	$1,000.00	$3,500.00	$10,000.00
Claims applied to deductible	$1,400.00	$1,000.00	$3,500.00	$10,000.00
Claim liability after deductible	$23,960.00	$22,200.00	$21,860.00	$7,200.00
Coinsurance responsibility	$4,792.00	$4,440.00	$4,372.00	$2,160.00
Medical Out of pocket maximum	$6,000.00	$5,200.00	$7,000.00	$14,000.00
Total Medical Spend (Deductible /Copay / Coinsurance/OOP Max)	$6,000.00	$5,200.00	$7,000.00	$13,900.00
2 generic drugs a month (24 fills annually; estimated $25 claim cost)	$168.00	$168.00	$600.00	$168.00
1 specialty medication a month (12 fills annually; assume $2500 claim or $250 copay cost)	$3,000.00	$3,000.00	$30,000.00	$3,000.00
Deductible liability	$0.00	$0.00	$3,500 (combined with medical)	$0.00
Prescription out of pocket maximum	$10,800.00	$10,800.00	$7,000 (combined with medical)	$10,800.00
Total Pharmacy Spend (Deductible /Copay / Coinsurance/OOP Max)	$3,168.00	$3,168.00	$0 (already reached OOP Max)	$3,168.00
Annual Paycheck Cost Family	$8,871.12	$6,271.92	$4,701.60	$3,991.92
Sibanye H.S.A. Contribution			-$1,500.00	
Individual Total Financial Liability-Heavy Family Use	$18,039.12	$14,639.92	$10,201.60	$21,059.92
Annual savings to Traditional PPO		$3,399.20	$7,837.52	-$3,020.80

	Traditional PPO	EPO	HDHP with H.S.A.	Value PPO
Annual Paycheck Cost Family	$8,871.12	$6,271.92	$4,701.60	$3,991.92
Sibanye H.S.A. Contribution			-$1,500.00	
Individual Total Financial Liability-Heavy Family Use	$18,039.12	$14,639.92	$10,201.60	$21,059.92
Annual savings to Traditional PPO		$3,399.20	$7,837.52	-$3,020.80

Have you met your Deductible this year?



https://www.askallegiance.com/smc

Check your status on
Deductible and Out-of-Pocket Maximum
2025 and 2026 data available

Amwell Telehealth Program

Medical plan members can see a board-certified practitioner at **NO COST** 24 hours a day, seven days a week, 365 days a year, using a tablet, smartphone or computer.

AMWELL – CARE FROM HOME
Ascendant.amwell.com
Service Key: **SSMC**
(844) 733-3627



Voluntary Benefits

US PGM operations

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Introducing Voluntary Insurance Benefits – MetLife

1

Accident

- With MetLife Accident Insurance, you can receive a lump-sum payment, paid directly to you, to use at your discretion.

2

Critical Illness

- MetLife Critical Illness Insurance can help alleviate the financial burden that an unexpected illness can bring.

3

Hospital Indemnity

- Hospital indemnity insurance can help with out-of-pocket costs while you're in the hospital and recovering to help reduce the financial impact while you heal.

- 1/1/2027 Effective Date
- Post Tax Dollars
- Payroll Deduct
- Can be used to supplement medical plan coverage
- No mid-year changes
- www.Stillwaterfamily.org and Benefit eGuide will have more information
- Handout available with rates

What is Not Changing & What is Changing

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2027 Benefits – What is NOT Changing

- **Sibanye-Stillwater pays 80%; you pay 20%**
- **Traditional PPO Plan**
  - PPO Plan remains an option for all employees
  - Plan participants can visit a network doctor of their choice
- **EPO Plan**
  - Plan participants must seek treatment for *planned care* within selected Health System (Intermountain/St. Vincent Healthcare or Billings Clinic)
  - Emergency care available anywhere; covered at 80%.
- **HDHP** – High-Deductible Health Plan
  - Plan participants can visit doctor of their choice
  - Seed Dollars will be offered again in 2027. They have increased as follows: $750 Individual; $1,000 EE + Spouse; $1,000 EE + Children; $1,500 Family
- **Specialty Medication Co-Pay**
  - 30% coinsurance applied to all specialty medications
  - Minimum $100, Maximum $250; per fill

2027 Benefits – What is NOT Changing, continued

- Medical Flexible Spending Account
  - Does not roll over year-to-year
  - Employee must re-enroll for 2027
  - $3,500 limit for 2027*
- Dependent Daycare Flex Account
  - Does not roll over year-to-year
  - Employee must re-enroll for 2027
  - $7,500 limit for 2027*
- Preventive Screenings are still covered at 100% no matter which plan you choose
- It Starts With Me – Biometric and Wellness Screenings remain covered at 100%
- Lyra – EAP Program; 10 sessions per covered family member, per year
- Amwell – Free telehealth! Ascendant.amwell.com; Service Key: **SSMC**

** The IRS should release 2027 FLEX limits soon, and we will update you when we know them.*

2027 Benefits – What is Changing

- **Benefit Premiums**
  - Benefit costs remained VERY HIGH year-over-year
  - Nationally healthcare and prescription drug costs continue to rise
  - Medical Premiums will increase 19% in 2027
  - Dental Premiums – Premium Increase is 4.5%
  - Vision Premiums – Increase of 5.9%
- **Pharmacy Co-pays** (30-day supply)
  - Generic $ 7
  - Formulary $35
  - Non-Formulary $50
- **Wellness Credits** will end as of December 31, 2026.
- **Leave administration**
  - FMLA, STD, and LTD is moving to **MetLife** and away from Principal
  - Effective Date 1/1/2027
- **Life Insurance and AD&D Insurance** moving to MetLife
- **Adding Voluntary Benefits** through MetLife

• **85%** of prescriptions filled in 2025 were Generic (22,944 total)
• **90-day supply** available for some maintenance type prescriptions for the price of 2 copays

2027 Benefits – Open Enrollment Details

- Benefits Open Enrollment → **November 9th through November 20th**
- 2026 Benefit elections **WILL ROLLOVER** to 2027
- Employees wishing to **change benefits** in 2027 **must use Dayforce to enroll**
  - Changing Benefit Plans (4 options available)
  - FLEX Spending – must enroll annually
  - Adding/Dropping dependents
- Computer kiosks are located in the site HR offices
- HR Staff will be available EVERY weekday at the **PRO Building** in Columbus; 8:00am – 5:00pm

  927 E 4th Ave North, Columbus
  Across from the Family Dollar



2027 Benefits – Communications & Assistance

- **Operating Site Meetings**
  - East Boulder – Tues 11/3 Morning (D/B); Weds 11/4 Evening (C/A)
  - Stillwater – Thurs 11/5 Evening (B/D); Fri 11/6 Evening (C/A); Stillwater Salaried Mon 11/9 9:00am
  - Met Complex / Columbus / Central Services – at the Warehouse
    - Tues 11/3 – 5:00pm
    - Weds 11/4 – 9:30am – MET Only
    - Fri 11/6 – 1:00pm
    - Mon 11/9 – 5:00pm
- **Benefits Communications**
  - Postcard Reminders, Posters, Flyers
  - 2027 Benefits eGuides – www.Stillwaterfamily.org
  - Internal Dayforce Communications
  - Handouts
- **Kiosks/Workstations at all Operating Sites**
- **PRO Building Assistance: November 9 – 20, weekdays, 8:00am – 5:00pm**
- **ICT Support for Dayforce Password resets**



Discussion & Questions

Tickers: **JSE: SSW and NYSE: SBSW**
Website: **www.sibanyestillwater.com**

Information Handouts / Packet

1. Front – Plan Options
   Back – Premiums Sheet

2. Front – Average Use Case – Individual
   Average Use Case – Family

   Back – Heavy Use Case – Individual
   Heavy Use Case – Family

3. MET Life Voluntary Benefits
   a. Accident Insurance
   b. Critical Illness Insurance
   c. Critical Illness Insurance Rates
   d. Hospital Indemnity Insurance

Information Handouts – Document #2

Total Cost Examples – AVERAGE USE Case – INDIVIDUAL

Total Cost Examples				
Average Use Case Individual	**PPO**	**EPO**	**HDHP with H.S.A.**	**Value PPO**
3 office visits annually (estimate $90 claim cost or copay)	$270.00	$75.00	$270.00	$105.00
1 urgent care visit (assume $200 claim cost or copay)	$200.00	$200.00	$200.00	$60.00
1 monthly blood test (12 annually; assume $50 claim cost)	$600.00	$600.00	$600.00	$600.00
Total Claim / Copay Liability	$1,070.00	$875.00	$1,070.00	$765.00
Deductible liability	$700.00	$500.00	$1,750.00	$5,000.00
Claims applied to deductible	$700.00	$500.00	$1,070.00	$600.00
Claim liability after deductible	$370.00	$300.00		
Coinsurance responsibility	$74.00	$60.00		
Total Medical Spend (Deductible /Copay / Coinsurance)	$774.00	$635.00	$1,070.00	$765.00
2 generic drugs a month (24 fills annually; estimated $25 claim cost or copay)	$168.00	$168.00	$600.00	$168.00
Deductible liability	$0.00	$0.00	$600.00	$0.00
Prescription out of pocket maximum	$5,400.00	$5,400.00	$3,500 (combined with medical)	$5,400.00
Total Pharmacy Spend (Deductible /Copay / Coinsurance/OOP Max)	$168.00	$168.00	$600.00	$168.00
Annual Paycheck Cost Individual	$3,665.76	$2,591.52	$1,942.80	$1,649.52
Sibanye H.S.A. Contribution			-$500.00	
Individual Total Finacial Liability-Average Use	$4,607.76	$3,394.52	$3,112.80	$2,582.52
Annual savings to PPO		$1,213.24	$1,494.96	$2,025.24

Total Cost Examples – AVERAGE USE Case – FAMILY

Average Use Case Family	PPO	EPO	HDHP with H.S.A.	Value PPO
8 office visits annually (estimate $90 claim cost or copay)	$720.00	$200.00	$720.00	$280.00
3 urgent care visit (assume $200 claim cost or copay)	$600.00	$600.00	$600.00	$180.00
1 monthly blood test (12 annually; assume $50 claim cost)	$600.00	$600.00	$600.00	$600.00
1 x-ray (assume $75 claim cost)	$75.00	$75.00	$75.00	$75.00
Total Claim / Copay Liability	$1,995.00	$1,475.00	$1,995.00	$1,135.00
Deductible liability	$1,400.00	$1,000.00	$3,500.00	$10,000.00
Claims applied to deductible	$1,400.00	$1,000.00	$1,995.00	$675.00
Claim liability after deductible	$595.00	$275.00		
Coinsurance responsibility	$119.00	$55.00		
Medical Out of Pocket Maximum	$6,000.00	$5,200.00	$7,000.00	$14,000.00
Total Medical Spend (Deductible /Copay / Coinsurance)	$1,519.00	$1,255.00	$1,995.00	$1,135.00
2 generic drugs a month (24 fills annually; estimated $25 claim cost)	$168.00	$168.00	$600.00	$168.00
Deductible liability	$0.00	$0.00	$3,500 (combined with medical)	$0.00
Prescription out of pocket maximum	$10,800.00	$10,800.00	$7,000 (combined with medical)	$10,800.00
Total Pharmacy Spend (Deductible /Copay / Coinsurance/OOP Max)	$168.00	$168.00	$600.00	$168.00
Annual Paycheck Cost Family	$8,871.12	$6,271.92	$4,701.60	$3,991.92
Sibanye H.S.A. Contribution			-$1,250.00	
Individual Total Finacial Liability-Family Average Use	$10,558.12	$7,694.92	$6,046.60	$5,294.92
Annual savings to PPO		$2,863.20	$4,511.52	$5,263.20

Total Cost Examples – HEAVY USE Case – INDIVIDUAL

Heavy Use Case Individual	PPO	EPO	HDHP with H.S.A.	Value PPO
16 office visits annually (estimate $90 claim cost or copay)	$1,440.00	$400.00	$1,440.00	$560.00
2 ER visits (assume $2000 claim cost or copay)	$4,000.00	$4,000.00	$4,000.00	$600.00
1 monthly blood test (12 annually; assume $50 claim cost)	$600.00	$600.00	$600.00	$600.00
1 inpatient hospital stay (assume $50,000 claim cost)	$50,000.00	$50,000.00	$50,000.00	$50,000.00
Total Claim / Copay Liability	$56,040.00	$55,000.00	$56,040.00	$51,760.00
Deductible liability	$700.00	$500.00	$1,750.00	$5,000.00
Claims applied to deductible	$700.00	$500.00	$1,750.00	$5,000.00
Claim liability after deductible	$55,340.00	$54,500.00	$54,290.00	$46,760.00
Coinsurance responsibility	$11,068.00	$10,900.00	$10,858.00	$14,028.00
Medical out of pocket maximum	$3,000.00	$2,600.00	$3,500.00	$7,000.00
Total Medical Spend (Deductible /Copay / Coinsurance)	$3,000.00	$2,600.00	$3,500.00	$7,000.00
2 generic drugs a month (24 fills annually; estimated $25 claim cost or copay)	$168.00	$168.00	$600.00	$168.00
1 specialty medication a month (12 fills annually; assume $2500 claim cost or $250 copay)	$3,000.00	$3,000.00	$30,000.00	$3,000.00
Deductible liability	$0.00	$0.00	$1,750 (combined with medical)	$0.00
Prescription out of pocket maximum	$5,400.00	$5,400.00	$3,500 (combined with medical)	$5,400.00
Total Pharmacy Spend (Deductible /Copay / Coinsurance/OOP Max)	$3,168.00	$3,168.00	$0 (already reached OOP Max)	$3,168.00
Annual Paycheck Cost Individual	$3,665.76	$2,591.52	$1,942.80	$1,649.52
Sibanye H.S.A. Contribution			-$500.00	
Individual Total Finacial Liability-Average Use	$9,833.76	$8,359.52	$4,942.80	$11,817.52
Annual savings to PPO		$1,474.24	$4,890.96	($1,983.76)

Total Cost Examples – HEAVY USE Case – FAMILY

Heavy Use Case Family	PPO	EPO	HDHP with H.S.A.	Value PPO
24 office visits annually (estimate $90 claim cost or copay)	$2,160.00	$600.00	$2,160.00	$840.00
3 ER visit (assume $2000 claim cost or copay)	$6,000.00	$6,000.00	$6,000.00	$900.00
3 monthly blood test (36 annually; assume $50 claim cost)	$1,800.00	$1,800.00	$1,800.00	$1,800.00
1 MRI (assume $400 claim cost)	$400.00	$400.00	$400.00	$400.00
1 outpatient surgery (assume $15,000 claim cost)	$15,000.00	$15,000.00	$15,000.00	$15,000.00
Total Claim / Copay Liability	$25,360.00	$23,800.00	$25,360.00	$18,940.00
Deductible liability	$1,400.00	$1,000.00	$3,500.00	$10,000.00
Claims applied to deductible	$1,400.00	$1,000.00	$3,500.00	$10,000.00
Claim liability after deductible	$23,960.00	$22,200.00	$21,860.00	$7,200.00
Coinsurance responsibility	$4,792.00	$4,440.00	$4,372.00	$2,160.00
Medical Out of pocket maximum	$6,000.00	$5,200.00	$7,000.00	$14,000.00
Total Medical Spend (Deductible /Copay / Coinsurance/OOP MAx)	$6,000.00	$5,200.00	$7,000.00	$13,900.00
2 generic drugs a month (24 fills annually; estimated $25 claim cost)	$168.00	$168.00	$600.00	$168.00
1 specialty medication a month (12 fills annually; assume $2500 claim or $250 copay cost)	$3,000.00	$3,000.00	$30,000.00	$3,000.00
Deductible liability	$0.00	$0.00	$3,500 (combined with medical)	$0.00
Prescription out of pocket maximum	$10,800.00	$10,800.00	$7,000 (combined with medical)	$10,800.00
Total Pharmacy Spend (Deductible /Copay / Coinsurance/OOP Max)	$3,168.00	$3,168.00	$0 (already reached OOP Max)	$3,168.00
Annual Paycheck Cost Family	$8,871.12	$6,271.92	$4,701.60	$3,991.92
Sibanye H.S.A. Contribution			-$1,250.00	
Individual Total Finacial Liability-Heavy Family Use	$18,039.12	$14,639.92	$10,451.60	$21,059.92
Annual savings to PPO		$3,399.20	$7,587.52	-$3,020.80

Information Handouts – Document #3

New Choice! Voluntary Benefits – ACCIDENT INSURANCE

	FINAL SOLD	
	MetLife (Low)	**MetLife (High)**
Reimbursement Method	Indemnity benefits that pay according to a schedule of benefits	Indemnity benefits that pay according to a schedule of benefits
Coverage Type	Off the Job	Off the Job
Hospital Confinement	$200/day confinement (180-day limit) $1,000 admission ICU: +$200/day / +$1,000 admission	$300/day confinement (180-day limit) $1,500 admission ICU: +$300/day / +$1,500 admission
Ambulance	$500 Ground / $1,000 Air	$500 Ground / $1,000 Air
Emergency Medical Expenses	$150 ER / $100 Office / $100 Urgent Care $75 Non-Emergency Initial Care $150 Medical Testing	$300 ER / $200 Office / $200 Urgent Care $100 Non-Emergency Initial Care $200 Medical Testing
Dislocations	Up to $4,000 Closed / $8,000 Open / 25% Partial Finger/Toe: $100 / $200 Shoulder: $750 / $1,500 Elbow: $750 / $1,500	Up to $5,000 Closed / $10,000 Open / 25% Partial Finger/Toe: $200 / $400 Shoulder: $1,000 / $2,000 Elbow: $1,000 / $2,000
Fractures	Up to $4,000 Closed / $8,000 Open / 25% Chip Wrist/Hand: $750 / $1,500 Hip/Thigh: $4,000 / $8,000 Leg: $1,500 / $3,000	Up to $5,000 Closed / $10,000 Open / 25% Chip Wrist/Hand: $1,000 / $2,000 Hip/Thigh: $5,000 / $10,000 Leg: $2,000 / $4,000
Burns	Up to $10,000 depending on degree and size Skin Graft: 50%	Up to $15,000 depending on degree and size Skin Graft: 50%
Lacerations	Up to $400 depending on size	Up to $700 depending on size
Eye Injuries	$300	$400
Follow-Up Visit	$75/visit	$150/visit
Child Organized Sports	Benefits Increase 25%	Benefits Increase 25%
Wellness Benefit	$50/year per covered person	$50/year per covered person
Value-Add Benefits	Will Preparation, VisionAccess, Upwise, PlanSmart	Will Preparation, VisionAccess, Upwise, PlanSmart
Benefit Reduction	Not Applicable	Not Applicable
Monthly Premium		
Employee	$8.59	$11.68
Employee + Spouse	$17.00	$23.02
Employee + Children	$20.33	$27.49
Family	$24.08	$32.55
Rate Guarantee	3 Years	3 Years
Participation Requirement	Waived with Preferred Enrollment	Waived with Preferred Enrollment

- Post tax dollars
- Payroll deduct
- No mid-year changes
- Rates available – see handout or

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New Choice! Voluntary Benefits – CRITICAL ILLNESS INSURANCE

	FINAL SOLD
	MetLife
How Do Benefits Pay:	Benefits available per covered condition
Increments	EE: $10,000, $20,000 or $30,000 SP: 100% of EE Child: 50% of EE (no charge)
Guaranteed Issue	EE $30,000 / SP $30,000 / Child $15,000 - All Amounts GI
Premiums	Uni-tobacco / Attained Age Age-Banded Rates
Covered Conditions - Vascular	Heart Attack 100% Coronary Artery Bypass Graft 50% Stroke 100% Sudden Cardiac Arrest 100% Transient Ischemic Attack 25%
Covered Conditions - Cancer	Invasive Cancer 100% Non-Invasive (In Situ) 25% Skin Cancer 5% (min $250) Benign Brain Tumor 100%
Covered Conditions - Organ Failure	Major Organ Transplant 100% Kidney (Renal) Failure 100%
Covered Conditions - Functional Loss	Coma 100% Loss of Speech, Hearing, Sight 100% Paralysis (2+ limbs) 100%
Covered Conditions - Neurological	Alzheimer's Disease 100% ALS 100% Multiple Sclerosis 100% Muscular Dystrophy 100% Parkinson's (Advanced) 100% Systemic Lupus (SLE) 100%
Covered Conditions - Other	Severe Burn 100% Autism Spectrum 25% 7 Childhood Diseases 100% (Cerebral Palsy, Down Syndrome, Spina Bifida, etc.) Infectious Disease 25% (COVID-19, Meningitis, etc.; 3-day hospital)
2nd Event Benefit	Recurrence: 50% of Initial Benefit (180-day separation) Lifetime Maximum: 500% of benefit amount
Spouse Coverage	Up to 100% of Employee benefit (max $30,000)
Child(ren) Coverage	50% of Employee benefit (max $15,000) - no additional cost
Wellness Benefit	$50/year per covered person
Value-Add Benefits	Will Preparation, VisionAccess, Funeral Discount (Dignity Memorial), Upwise, PlanSmart
Waiting Period	No waiting period for any plan benefits
Pre-Ex Limitation	None (Pre-Ex not included)
Portability	Continuation of Insurance available (MetLife direct-billed)
Benefit Reduction/Termination	No age reduction

- Post tax dollars
- Payroll deduct
- No mid-year changes
- Rates available – see handout or

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Critical Illness Insurance – New Voluntary Offering Option Rates

	Principal		MetLife	
Monthly Premiums	Employee	Spouse	Employee	EE + Spouse
	$10,000	$5,000	$10,000	$10,000
<25	$2.19	$1.10	$5.00	$9.70
25-29	$2.90	$1.45	$5.40	$10.70
30-34	$4.64	$2.32	$6.10	$12.20
35-39	$5.66	$2.83	$7.60	$15.50
40-44	$8.05	$4.03	$9.70	$20.10
45-49	$11.49	$5.75	$13.10	$26.70
50-54	$17.58	$5.89	$18.90	$36.00
55-59	$25.00	$12.50	$26.80	$49.00
60-64	$36.79	$18.40	$36.00	$63.90
65-69	$52.65	$26.33	$45.40	$80.30
70-74	$75.92	$37.96	$58.70	$104.20
75-79	$75.92	$37.96	$77.60	$141.90
80-84	$75.92	$37.96	$77.60	$141.90
85+	$75.92	$37.96	$77.60	$141.90
Child(ren) Coverage	Automatically covered at no additional cost		Automatically covered at no additional cost	
Rate Guarantee	2 Years		5 Years	
Participation Requirement	Greater of 5 Enrolled or 10%		5% (waived with Preferred Enrollment)	

New Choice! Voluntary Benefits – HOSPITAL INDEMNITY INSURANCE

	FINAL SOLD	
	MetLife (Low)	**MetLife (High)**
Reimbursement Method	Indemnity benefits paid based on length of stay	Indemnity benefits paid based on length of stay
Underwriting	Guaranteed Issue - All Amounts	Guaranteed Issue - All Amounts
Hospital Admission (per admission)	$500 admission / +$500 ICU admission (1x per year)	$2,000 admission / +$2,000 ICU admission (1x per year)
Hospital Confinement (per day)	$100/day up to 31 days per year	$100/day up to 31 days per year
Intensive Care (per day)	$200/day up to 31 days per year ($100 confinement + $100 ICU suppl.)	$200/day up to 31 days per year ($100 confinement + $100 ICU suppl.)
Newborn Benefit	$100/day Newborn Nursery Care (up to 3 days)	$200/day Newborn Nursery Care (up to 3 days)
Wellness	$50/year per covered person	$50/year per covered person
Pre-Ex Limitation / Waiting Period	None (Pre-Ex not included); No Waiting Period	None (Pre-Ex not included); No Waiting Period
Mental / Nervous / Substance Abuse	Mental Illness & Substance Abuse covered (paid as Confinement)	Mental Illness & Substance Abuse covered (paid as Confinement)
Value-Add Benefits	Observation Unit $200; Will Prep, VisionAccess, Upwise, PlanSmart	Observation Unit $300; Will Prep, VisionAccess, Upwise, PlanSmart
Benefit Reduction	Not Applicable	Not Applicable
Monthly Premium		
Employee	$11.14	$22.23
Employee + Spouse	$26.20	$55.82
Employee + Children	$20.48	$39.57
Family	$35.55	$73.16
Rate Guarantee	5 Years	5 Years
Participation Requirement	Waived with Preferred Enrollment	Waived with Preferred Enrollment

- Post tax dollars
- Payroll deduct
- No mid-year changes
- Rates available – see handout or

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Discussion & Questions

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