Critical Illness Insurance

Benefits you can use as you see fit, such as to help cover expenses that are not covered by your medical plan.

Sibanye Stillwater Mining Company

Critical Illness Insurance Benefits

Eligible Individual	Benefit Amount	Requirements
Coverage Options		
Employee	**$10,000, $20,000 or $30,000**	Coverage is guaranteed provided you are actively at work. [1]
Spouse/Domestic Partner[2]	**100% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the spouse/domestic partner is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]
Dependent Child(ren)[3]	**50% of the Employee's Initial Benefit**	Coverage is guaranteed provided the employee is actively at work and the dependent is not subject to a medical restriction as set forth on the enrollment form and in the Certificate. [1]

Benefit Payment

Your plan pays a lump-sum **Initial Benefit** upon the first verified diagnosis of a Covered Condition. Your plan also pays a lump-sum **Recurrence Benefit**[4] for a subsequent verified diagnosis of certain Covered Conditions as shown in the table below. A Recurrence Benefit is only available if an Initial Benefit has been paid for the same Covered Condition. There is a Benefit Suspension Period that applies to Recurrence Benefits. In addition, there is a Benefit Suspension Period that applies to Initial Benefits for different conditions.

The maximum amount that you can receive through your Critical Illness Insurance plan is called the **Total Benefit Amount** and is 5 times the amount of your Benefit Amount. This means that you can receive multiple benefit payments until you reach the maximum of $150,000.

Please refer to the table below for the percentage benefit payable for each Covered Condition.

Covered Conditions	Initial Benefit	Recurrence Benefit
Autism Spectrum Disorder Category		
Autism Spectrum Disorder *payable for a covered person (adult or child) for a diagnosis of any severity*	25% of Benefit Amount	NONE
Benign Tumor Category		
Benign Brain Tumor	100% of Benefit Amount	50% of Initial Benefit
Cancer Category		
Invasive Cancer	100% of Benefit Amount	50% of Initial Benefit
Non-Invasive Cancer	25% of Benefit Amount	50% of Initial Benefit
Skin Cancer	5% of Benefit Amount, but not less than $250	50% of Initial Benefit, but not less than $250
Coronary Artery Disease Category		
Coronary Artery Bypass Graft (CABG) - *where surgery involving either a median sternotomy or minimally invasive procedure is performed*	50% of Benefit Amount	50% of Initial Benefit

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Childhood Disease Category		
Cerebral Palsy	100% of Benefit Amount	NONE
Cleft Lip or Cleft Palate	100% of Benefit Amount	NONE
Cystic Fibrosis	100% of Benefit Amount	NONE
Diabetes (Type 1)	100% of Benefit Amount	NONE
Down Syndrome	100% of Benefit Amount	NONE
Sickle Cell Anemia	100% of Benefit Amount	NONE
Spina Bifida	100% of Benefit Amount	NONE
Functional Loss Category		
Coma	100% of Benefit Amount	50% of Initial Benefit
Loss of: Ability to Speak; Hearing; or Sight	100% of Benefit Amount	NONE
Paralysis of 2 or more limbs	100% of Benefit Amount	50% of Initial Benefit
Heart Attack Category		
Heart Attack	100% of Benefit Amount	50% of Initial Benefit
Sudden Cardiac Arrest	100% of Benefit Amount	NONE
Infectious Disease Category		
For a benefit to be payable, the covered person must have been treated for the disease in a hospital for 3 consecutive days.		
Bacterial Cerebrospinal Meningitis	25% of Benefit Amount	50% of Initial Benefit
COVID-19	25% of Benefit Amount	50% of Initial Benefit
Diphtheria	25% of Benefit Amount	50% of Initial Benefit
Encephalitis	25% of Benefit Amount	50% of Initial Benefit
Legionnaire's Disease	25% of Benefit Amount	50% of Initial Benefit
Malaria	25% of Benefit Amount	50% of Initial Benefit
Necrotizing Fasciitis	25% of Benefit Amount	50% of Initial Benefit
Osteomyelitis	25% of Benefit Amount	50% of Initial Benefit
Rabies	25% of Benefit Amount	NONE
Tetanus	25% of Benefit Amount	50% of Initial Benefit
Tuberculosis	25% of Benefit Amount	50% of Initial Benefit
Kidney Failure Category		
Kidney Failure	100% of Benefit Amount	50% of Initial Benefit
Major Organ Transplant Category		
Major Organ Transplant *For bone marrow, heart, lung, pancreas, and liver*	100% of Benefit Amount	50% of Initial Benefit
Progressive Disease Category		
ALS	100% of Benefit Amount	NONE
Alzheimer's Disease	100% of Benefit Amount	NONE
Multiple Sclerosis	100% of Benefit Amount	NONE
Muscular Dystrophy	100% of Benefit Amount	NONE
Parkinson's Disease (Advanced)	100% of Benefit Amount	NONE
Systemic Lupus Erythematosus (SLE)	100% of Benefit Amount	NONE
Severe Burn Category		
Severe Burn	100% of Benefit Amount	50% of Initial Benefit
Stroke Category		

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Critical Illness Insurance

Stroke	100% of Benefit Amount	50% of Initial Benefit
Transient Ischemic Attack	25% of Benefit Amount	50% of Initial Benefit

* Notes Regarding Covered Conditions

MetLife will not pay a benefit for a Covered Condition that is diagnosed prior to the coverage effective date.

- Alzheimer's Disease – Please review the Outline of Coverage for specific information about Alzheimer's disease.
- Cancer – Please review the certificate for specific information about cancer benefits. In most states, not all types of cancer are covered.
- Coronary Artery Bypass Graft – In certain states, the Covered Condition is Coronary Artery Disease.
- Heart Attack – The Heart Attack Covered Condition pays a benefit for the occurrence of a myocardial infarction, subject to the terms of the certificate. A myocardial infarction does not include sudden cardiac arrest.
- Infectious Disease Covered Condition Category – For an Infectious Disease Category benefit to be payable, the covered person must have been treated for the disease in a hospital for a consecutive number of days as specified in the certificate.
- Major Organ Transplant – In most states, we will not pay a Major Organ Transplant benefit if a covered person is placed on the organ transplant list prior to coverage taking effect and subsequently undergoes a transplant procedure for the same organ while coverage is in effect. Covered organs may vary by state; refer to the Certificate for details. In some states, the condition is Major Organ Failure.
- Stroke – In certain states, the Covered Condition is Severe Stroke.
- The following benefits are not available in all states. Please review the Disclosure Statement or Outline of Coverage/Disclosure Document for details.
    - Aortic Valve or Mitral Valve Repair or Replacement
    - Autism Spectrum Disorder
    - Coma
    - Loss of: Ability to Speak; Hearing; or Sight
    - Severe Burn

Health Screening Benefit

MetLife will provide an annual benefit of $50 per calendar year for taking one of the eligible screening/prevention measures. The Health Screening Benefit may not be available in all states.

Example of How Benefits are Paid

The example below illustrates an employee who elected a Benefit Amount of $30,000.

Illness – Covered Condition	Payment
Heart Attack — first verified diagnosis	Initial Benefit payment of $30,000 or 100%
Kidney Failure – first verified diagnosis, two years later	Initial Benefit payment of $30,000 or 100%
Heart Attack — second verified diagnosis, four years later	Recurrence Benefit payment of $30,000 or 100%

This example is for illustrative purposes only. The MetLife Critical Illness Insurance Policy and Certificate are the governing documents with respect to all matters of insurance, including coverage for specific illnesses. The specific facts of each claim must be evaluated in conjunction with the provisions of the applicable Policy and Certificate to determine coverage in each individual case.

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Critical Illness Insurance

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage through your employer.

Q. Who is eligible to enroll for this critical illness coverage?

A. You are eligible to enroll yourself and your eligible family members![5] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my critical illness coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[6] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

MetLife offers group rates and payment of premium through payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Monthly Premium per $1,000 of Coverage

Attained Age	Employee Only	Employee + Spouse
<25	$0.50	$0.97
25 - 29	$0.54	$1.07
30 - 34	$0.61	$1.22
35 - 39	$0.76	$1.55
40 - 44	$0.97	$2.01
45 - 49	$1.31	$2.67
50 - 54	$1.89	$3.60
55 - 59	$2.68	$4.90
60 - 64	$3.60	$6.39
65 - 69	$4.54	$8.03
70 - 74	$5.87	$10.42
75+	$7.76	$14.19

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Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Hospital Indemnity Insurance Benefits

With MetLife's Hospital Indemnity Insurance, you'll have a choice of two plans (called the "Low Plan" and the "High Plan") which provide benefit payments for covered events regardless of any other insurance payments you may receive . Here are just some of the covered benefits/services[B], when an accident or illness puts you in the hospital.[A]

Covered Benefits

Please contact MetLife for detailed definitions and state variations of covered benefits. [C]

Subcategory	Benefit Limits (Applies to Subcategory)	Benefit	Low Plan	High Plan
Hospital Benefits				
Admission Benefit	1 time(s) per calendar year Payable for a healthy newborn child	Admission[2]	$500	$2,000
		ICU Supplemental Admission (Benefit paid concurrently with the Admission benefit when a Covered Person is admitted to ICU)	$500	$2,000
Confinement Benefit	31 days per calendar year ICU Supplemental Confinement will pay an additional benefit for 31 of those days	Confinement[4]	$100	$100
		ICU Supplemental Confinement (Benefit paid concurrently with the Confinement benefit when a Covered Person is admitted to ICU)	$100	$100
Confinement Benefit for Newborn Nursery Care	3 day(s) per confinement	Confinement Benefit for Newborn Nursery Care[5]	$100	$200
Inpatient Rehabilitation Benefit	15 days per calendar year	Inpatient Rehabilitation (For Injury or Sickness)	$100	$200
Observation Unit Benefit	1 time(s) per calendar year	Observation Unit Benefit	$200	$300
Additional Care Benefits				
Ambulance Benefit	1 time(s) per calendar year	Air Ambulance Transport	$600	$600
		Ground Ambulance Transport	$500	$500
Hospice Care	30 days per lifetime	Hospice Care	$25	$25
Nursing Care*	10 days per calendar year 20 days per lifetime	Nursing Care Facility	$25	$25
		Home Care	$25	$25
Other Benefits				
Health Screening Benefit[7]	1 time(s) per calendar year per covered person	Health Screening	$50	$50

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Hospital Indemnity Insurance

Coverage to help with unexpected expenses, such as hospitalization expenses that may not be covered under your medical plan.

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage through your employer.

Q. Who is eligible to enroll for this Hospital Indemnity coverage?

A. You are eligible to enroll yourself and your eligible family members. [D] You need to enroll during your Enrollment Period and be actively at work for your coverage to be effective. Dependents to be enrolled may not be subject to a medical restriction as set forth in the Certificate. Some states require the insured to have medical coverage.

Q. How do I pay for my Hospital Indemnity coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you. You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer cancels the group policy and offers you similar coverage with a different insurance carrier. [E]

Q. What is the coverage effective date?

A. The coverage effective date is January 01, 2027.

Q. Who do I call for assistance?

A. Please call MetLife directly at 1-800-GET-MET8 (1-800-438-6388) and talk with a benefits consultant.

Insurance Rates

MetLife offers group rates and payroll deductions, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Hospital Indemnity Insurance

Coverage Options	Low Plan	High Plan
Monthly Cost to You		
Employee	$11.14	$22.23
Employee & Spouse	$26.20	$55.82
Employee & Child(ren)	$20.48	$39.57
Employee & Spouse/Child(ren)	$35.55	$73.16

[A] "Hospital" does not include certain facilities such as nursing homes, convalescent care or extended care facilities. Please consult your certificate for

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Accident Insurance

Benefits that may help cover costs regardless of what may or may not be covered by your medical plan.

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Accident Insurance Benefits

With MetLife Accident Insurance , you'll have a choice of two plans (called the "Low Plan" and the "High Plan") that provide payments regardless of any other insurance payments you may receive[1]. Here are just some of the covered events/services[2].

This plan provides protection 24 hours a day—while on or off the job.

Benefit Type	Low Plan Benefits	High Plan Benefits
Accidental Injury Benefits		
Fracture Benefit*	$100 – $8,000 depending on the fracture and type of repair	$200 – $10,000 depending on the fracture and type of repair
Dislocation Benefit*	$100 – $8,000 depending on the dislocation and type of repair	$200 – $10,000 depending on the dislocation and type of repair
Second or Third Degree Burn Benefit	$75 – $10,000 depending on the degree of the burn and the percentage of burnt skin	$100 – $15,000 depending on the degree of the burn and the percentage of burnt skin
Concussion Benefit	$250	$500
Coma Benefit	$7,500	$10,000
Laceration Benefit	$50 – $400 depending on the length of the cut and type of repair	$75 – $700 depending on the length of the cut and type of repair
Broken Tooth Benefit	Crown: $200 Filling: $25 Extraction: $100	Crown: $300 Filling: $50 Extraction: $150
Eye Injury Benefit	$300	$400
PTSD	$250	$500
Accident - Medical Services & Treatment Benefits		
Ambulance Benefit	Ground: $500 Air: $1,000	Ground: $500 Air: $1,000
Emergency Care Benefit	$100 – $150 depending on location of care	$200 – $300 depending on location of care
Non-Emergency Initial Care Benefit	$75	$100
Physician Follow-Up Visit Benefit	$75	$150
Therapy Services Benefit (including physical therapy)	$35	$35
Medical Testing Benefit	$150	$200
Medical Appliance Benefit	$75 – $750 depending on the appliance	$150 – $1,000 depending on the appliance
Transportation Benefit	$300	$400
Pain Management Benefit (for epidural anesthesia)	$75	$100

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Accident Insurance

Prosthetic Device Benefit	One device: $750 More than one device: $1,500	One device: $1,000 More than one device: $2,000
Modification Benefit	$1,000	$1,500
Blood/Plasma/Platelets Benefit	$400	$500
Surgical Repair Benefit	$150 – $1,500 depending on the type of surgery	$200 – $2,000 depending on the type of surgery
Exploratory Surgery Benefit	$150	$200
Other Outpatient Surgery Benefit	$300	$400
Hospital Benefits		
Admission Benefit	$1,000 for the day of admission	$1,500 for the day of admission
ICU Supplemental Admission Benefit	$1,000 for the day of admission	$1,500 for the day of admission
Confinement Benefit (paid for up to 180 days per accident)	$200 per day	$300 per day
ICU Supplemental Confinement Benefit (paid for up to 180 days per accident)	$200 per day	$300 per day
Inpatient Rehabilitation Benefit (paid for up to 15 days per accident)	$150 per day	$200 per day
Accidental Death Benefit		
Accidental Death Benefit*	$25,000 $75,000 for accidental death on common carrier	$50,000 $150,000 for accidental death on common carrier
Accidental Dismemberment, Functional Loss & Paralysis Benefits		
Dismemberment/Functional Loss	$750 – $20,000 depending on the injury	$1,000 – $40,000 depending on the injury
Paralysis	$10,000 – $20,000 depending on the number of limbs	$20,000 – $40,000 depending on the number of limbs
Other Benefits		
Health Screening Benefit* - benefit provided for certain screening/prevention tests	$50 Paid 1 time per calendar year	$50 Paid 1 time per calendar year
Lodging Benefit* - for a companion of a covered person who is hospitalized	$100 per day	$200 per day

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Accident Insurance

Questions & Answers

Q. How do I enroll?

A. Enroll for coverage through your employer.

Q. Who is eligible to enroll for this accident coverage?

A. You are eligible to enroll yourself and your eligible family members![4] You need to enroll during your Enrollment Period and to be actively at work for your coverage to be effective.

Q. How do I pay for my accident coverage?

A. Premiums will be paid through payroll deduction, so you don't have to worry about writing a check or missing a payment.

Q. What happens if my employment status changes? Can I take my coverage with me?

A. Yes, you can take your coverage with you.[5] You will need to continue to pay your premiums to keep your coverage in force. Your coverage will only end if you stop paying your premium or if your employer offers you similar coverage with a different insurance carrier.

Q. Who do I call for assistance?

A. Contact a MetLife Customer Service Representative at 1 800- GET-MET8 (1-800-438-6388), Monday through Friday from 8:00 a.m. to 8:00 p.m., EST.

Insurance Rates

MetLife offers group rates and payroll deduction, so you don't have to worry about writing a check or missing a payment! Your employee rates are outlined below.

Accident Insurance	Monthly Cost to You	
Coverage Options	**Low Plan**	**High Plan**
Employee	$8.59	$11.68
Employee & Spouse	$17.00	$23.02
Employee & Child(ren)	$20.33	$27.49
Employee & Spouse/Child(ren)	$24.08	$32.55

[1] Availability of benefits varies by state. See your Disclosure Statement or Outline of Coverage/Disclosure Document for state variations.
[2] Covered services/treatments must be the result of an accident or sickness as defined in the certificate.
[3] Benefits and amounts are based on sample MetLife plan design. Plan design and plan benefits may vary.
[4] Eligible Family Members means all persons eligible for coverage as defined in the Certificate.
[5] Eligibility for portability through the Continuation of Insurance with Premium Payment provision may be subject to certain eligibility requirements and limitations. For more information, contact your MetLife representative.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. Like most group accident and health insurance policies, policies offered by MetLife may include waiting periods and contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife.

Benefits are underwritten by Metropolitan Life Insurance Company, New York, NY. Hospital does not include certain facilities such as nursing homes, convalescent care or extended care facilities. See MetLife's Disclosure Statement or Outline of Coverage/Disclosure Document for full details.

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