we are one

Sibanye Stillwater

Salaried Employees





2027

BENEFIT GUIDE

January 1 - December 31, 2027



Click to explore your benefit options

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For a Healthy Life!

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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.

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 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: Employee Retirement Income Security Act (ERISA) and various other state and federal laws require that employers provide disclosure and annual notices to their plan participants. View the annual notices here.

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. View the full annual notice here.

Want to provide feedback?

Scan the QR code on the right to provide your thoughts on additional benefits you would like to see and how satisfied you are with your current benefits.

SIBANYE-STILLWATER FAMILY WEBSITE

For a Healthy Life!

stillwaterfamily.org

Sibanye-Stillwater's Family Website at stillwaterfamily.org contains 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 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
- Wellness Program
- Enhanced Mental Health Benefit
- Financial Wellness
- Retirement Plan
- Payroll and Bus Information
- Discounts and Perks
- General Employee Info
- Scholarships
- Safety Program
- Provider Contact Information

Many of the resources on our Family Website can also be found at dayforcehcm.

we are one Sibanye Stillwater

ELIGIBILITY & ENROLLMENT

For a Healthy Life!

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), Enhanced Mental Health Benefit 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 30 for details)
- **Short-Term Disability and Long-Term Disability:** The day you complete one year of continuous full-time active employment
- **Retirement—401(k):** 30 days after your 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 your enrollment online at dayforcehcm.com. This must be done within 31 days of your date of hire or a change in your status due to a qualifying life 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).



MAKING ELECTION CHANGES

For a Healthy Life!

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 or costs.



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. Some examples include:

- 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 through Dayforce within 31 days of the date of the qualifying change in status event.

How to Report a Qualifying Change in Status Event

If you experience a qualifying change in status event and wish to make election changes, you MUST submit a change in dayforcehcm.com within 31 days of the qualifying event date (including having a baby).

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.

Changes become effective on the first day of the month following the notification and completion of forms in Dayforce, except when a change is due to a 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.

BENEFIT CONTACTS/BENEFIT APP

For a Healthy Life!

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 customercare@rxbenefits.com
Telehealth Program	Amwell	(844) 733-3627 Service Key: SSMC	ascendant.amwell.com Service Key: SSMC
Enhanced Mental Health Benefit	Lyra	(877) 932-2101	sibanyestillwater.lyrahealth.com
Dental	Delta Dental Insurance Company	(800) 521-2651	deltadentalins.com
Vision	Vision Service Plan (VSP)	(800) 877-7195	vsp.com
Health Savings Account	Empower	(855) 375-3050	participant.empower-retirement.com
Flexible Spending Accounts	Empower	(855) 375-3050	participant.empower-retirement.com
Leave of Absence	MetLife	(888) 777-8432	mybenefits.metlife.com
Life Insurance & Disability	MetLife	(800) 438-6388	mybenefits.metlife.com
Accidental Death & Dismemberment Claims	MetLife	(800) 438-6388	mybenefits.metlife.com
Retirement - 401(k)	Empower	(833) 961-5273 Mon.–Fri., 6:30 a.m.–6 p.m. MT	participant.empower-retirement.com
Financial Wellness	Empower	(800) 338-4015 Mon.–Fri., 6 a.m.–8 p.m. MT Sat., 7 a.m.–3:30 p.m. MT	empowermyretirement.com
Travel Assistance	AXA	U.S. & Canada: (800) 454-3679 All other locations: (312) 935-3783	metlife.com/travelassist
Voluntary Benefits (Accident, Critical Illness, Hospital Indemnity)	MetLife	(800) 438-6388	mybenefits.metlife.com
Product and Entertainment Discounts	BenefitHub	(866) 664-4621	sibanyestillwater.benefithub.com

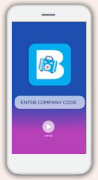
Sibanye-Stillwater Family Website: stillwaterfamily.org ■ **Human Resources:** ColHRFrontDesk@sibanyestillwater.com

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: **SMCSalaried**
   NOTE: The company code is case-sensitive.



BENEFIT COSTS

For a Healthy Life!

Sibanye-Stillwater pays the majority of your medical, dental and vision costs. You pay your share of the costs each pay period through convenient pretax payroll deductions. Pretax means that the income you use to pay for these benefits is not taxed, putting dollars back into your pocket.

2027 Benefit Costs January 1 – December 31, 2027	Semi-Monthly You Pay	Monthly You Pay	Monthly Sibanye-Stillwater Pays	Total Monthly Premium Cost
MEDICAL - EPO (Billings Clinic EPO)				
Employee Only	$107.98	$215.96	$863.89	$1,079.86
Employee & Spouse	$203.01	$406.02	$1,624.12	$2,030.15
Employee & Child(ren)	$165.22	$330.44	$1,321.75	$1,652.18
Employee & Family	$261.33	$522.66	$2,090.63	$2,613.28
MEDICAL - EPO (St. Vincent Intermountain EPO)				
Employee Only	$107.98	$215.96	$863.89	$1,079.86
Employee & Spouse	$203.01	$406.02	$1,624.12	$2,030.15
Employee & Child(ren)	$165.22	$330.44	$1,321.75	$1,652.19
Employee & Family	$261.33	$522.66	$2,090.63	$2,613.29
MEDICAL - TRADITIONAL PPO				
Employee Only	$152.74	$305.48	$1,221.91	$1,527.28
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 - NEW! 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	$841.29	$1,051.60
Employee & Family	$166.33	$332.66	$1,330.67	$1,663.34
MEDICAL - HDHP HSA				
Employee Only	$80.95	$161.90	$647.62	$809.52
Employee & Spouse	$152.19	$304.38	$1,217.53	$1,521.90
Employee & Child(ren)	$123.85	$247.70	$990.86	$1,238.56
Employee & Family	$195.90	$391.80	$1,567.23	$1,959.04
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	$66.93	$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

HEALTHCARE CONSUMER TIPS

For a Healthy Life!



Sibanye-Stillwater's healthcare plans are self-funded.

Self-funded means Sibanye-Stillwater pays the actual cost of your healthcare claims—not an insurance company. Your paycheck contributions help offset these costs. Our insurance carriers simply administer the plans as third-party providers.

Healthcare claims drive the cost of coverage. When you take an active role in your health and use your benefits wisely, it helps manage costs. By being responsible healthcare consumers together, we can maintain a quality benefits program at an affordable cost.

Here you'll find ways to make a difference and keep our benefits strong.

✔ Stay Healthy

The best way to save on healthcare costs is to stay healthy. Work with your doctor on preventive steps like exercising, eating a balanced diet, making lifestyle changes and quitting smoking. When you're healthier, you'll spend less on doctor visits, hospital care and prescriptions—plus you'll feel better and have more money for the things you enjoy.

✔ Get Your Annual Screenings

They're covered at **NO COST** when you use in-network providers and can help identify any potential health problems early on.

✔ 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 14 for more information.

✔ Use In-Network Providers

Know how your plan covers care:

- **EPO Plans:** Out-of-network care is NOT covered unless it's an emergency.
- **PPO and HDHP Plans:** Your out-of-pocket costs will be higher when you go out-of-network.

✔ Use 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 healthcare costs and address your individual medical needs.

These services also help members understand their conditions and how to navigate the complex healthcare and treatment services available. See page 15-16 for more information.

✔ Use the Mental Health Benefit

The Enhanced Mental Health Benefit through Lyra provides support for all your mental health needs, big or small. Telehealth visits are also available. This benefit is available to you and your eligible dependents at **NO COST** up to 10 sessions. See page 21 for more information.

✔ Consider Urgent Care

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 five medical plans administered through Allegiance Benefit Plan Management:

■ EPO (Billings Clinic) ■ EPO (St. Vincent Intermountain Health) ■ Traditional PPO ■ **NEW!** Value PPO ■ HDHP HSA

EPO Medical 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 Intermountain 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 benefit.

▶ **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.

EPO Provider Networks	Billings Clinic EPO	St. Vincent Intermountain EPO
	Billings Clinic	Intermountain Health / Rocky Mountain Health Network
Billings, Montana Area	Billings Clinic Network	Intermountain Health/Rocky Mountain Health Network
Outside of Sibanye-Stillwater Health Partners Service Area	Allegiance Direct Network	
Outside of Montana	Cigna OAP Network	
Important Notes	If you receive treatment from Intermountain Health or Rocky Mountain Health Network, claims will be denied as out-of-network.	If you receive treatment from a Billings Clinic Affiliated Provider, claims will be denied as out-of-network.

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 **Billings Clinic** or **Intermountain Health/Rocky Mountain Health Network**
   - **Outside of Sibanye-Stillwater Health Partners Service Area:**
     - » Select **Allegiance Direct Network**
   - **Outside of Montana:**
     - » Select **Cigna Open Access Plus (OAP) Network** (please choose the option without CareLink)

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

MEDICAL PLANS (continued)

For a Healthy Life!

Traditional and New! Value PPO Plans

The PPO plans give you the freedom to use the provider of your choice, with greater cost savings in-network. We offer a Traditional PPO plan and, **new for 2027, a Value PPO plan** with different levels of coverage, so you can pick the plan that suits your needs and budget.

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 pay 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 x 80% = $30.58	$38.22 x 60% = $22.93
You Pay	$38.22 x 20% = $7.64	$38.22 x 40% = $15.29
Additional Balance Billed by Your Provider	$0.00	$60.00 - $38.22 = $21.78*
Your Total Costs	$7.64	$37.07

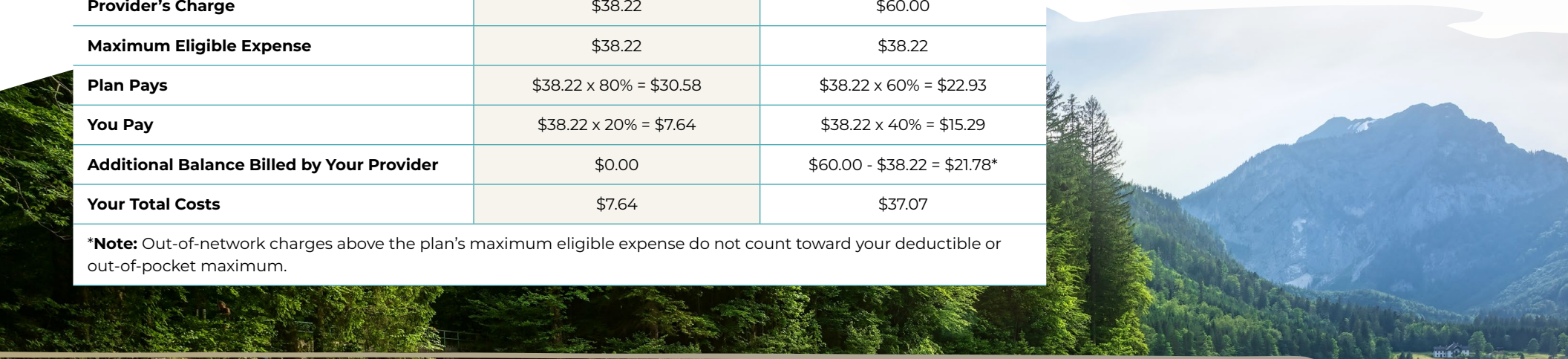
***Note:** Out-of-network charges above the plan's maximum eligible expense do not count toward your deductible or out-of-pocket maximum.

Allegiance a Cigna Company

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 PLANS (continued)

For a Healthy Life!

HDHP HSA Medical Plan

This plan works like a PPO, allowing you to use any provider, with greater cost savings in-network. It offers lower premiums than the EPO and PPO plans in exchange for a higher deductible, and you must meet the full annual deductible before coverage begins for non-preventive medical and prescription drug expenses.

Health Savings Account (HSA)

When you enroll in the HDHP HSA, you're set up with an HSA through **Empower**. This tax-advantaged savings account is in your name and lets you set aside pretax dollars through payroll deductions to help pay for qualified healthcare expenses such as medical care, prescriptions, dental and vision care (including deductibles, copays and coinsurance), and over-the-counter medications and supplies.

To learn more and find out if the HDHP HSA plan is right for you, watch this HSA video.

Advantages of an HSA

- **Triple-tax advantage:**[1] Contributions are tax free, earnings grow tax free, and withdrawals are tax free when used for qualified healthcare expenses.
- **No "use it or lose it" rule:** Unused dollars roll over and grow tax free year to year.
- **You own it:** You choose when to use your funds for qualified healthcare expenses.
- **Yours for life:** The money is yours to spend or save, even if you retire or leave the company.

[1]*Applies to federal taxes only; state tax rules vary.*

How the HSA is Funded

Sibanye-Stillwater contributes to your HSA. This money can be used toward your deductible if needed, and it's always yours to keep! See the chart below for details. You may also add pretax funds through automatic payroll deductions.

2027 HSA Contributions		
Coverage Tier	**Sibanye-Stillwater's Contribution***	**IRS Annual Maximum**
Employee Only	**$750**	$4,500
Employee + Spouse	**$1,000**	$9,000
Employee + Children	**$1,000**	$9,000
Employee + Family	**$1,500**	$9,000
Catch-up contribution (age 55+)	N/A	$1,000

*Contribution is paid 50% in January, 25% in April and July, and is prorated for new hires.

Allegiance a Cigna Company

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.**

EMPOWER

How to Manage Your HSA

Register and log on to participant.empower-retirement.com to check your balance, track and pay eligible expenses, manage your investments and more.



MEDICAL PLAN HIGHLIGHTS

For a Healthy Life!

The chart below provides a high-level overview of your medical plan benefits. For complete coverage details, please refer to the summary of benefits and coverage (SBC) available online at dayforcehcm.com.

Key Medical Benefits	EPO Plans	Traditional PPO Plan		New! Value PPO Plan		HDHP HSA Plan	
	In-Network Only	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
DEDUCTIBLE – Per Calendar Year							
Individual	$500	$700	$1,400	$5,000	$10,000	$1,750	$3,500
Family	$1,000	$1,400	$2,800	$10,000	$20,000	$3,500	$7,000
OUT-OF-POCKET MAXIMUM – Per Calendar Year[2]							
Individual	$2,600	$3,000	$6,000	$7,000	$14,000	$3,500	$7,000
Family	$5,200	$6,000	$12,000	$14,000	$28,000	$7,000	$14,000
COVERED SERVICES							
Office Visits	PCP: $25 copay for all services received in the PCP's office (deductible waived); including behavioral health under mental health parity Non-PCP: Covered 80%*	Covered 80%*	Covered 60%*	PCP: $35 Non-PCP: $60	Covered 50%*	Covered 80%*	Covered 60%*
Telehealth Visits (see page 14 for Amwell details)	Amwell: Covered 100% (deductible waived) Non-Amwell: Covered 80%*	Amwell: Covered 100% (deductible waived) Non-Amwell: Covered 80%*	Covered 60%*	Amwell: Covered 100% (deductible waived) Non-Amwell: Covered 70%*	Covered 50%*	Amwell: Covered 100% (deductible waived) Non-Amwell: Covered 80%*	Covered 60%*
Hospital Room & Board	Covered 80%*	Covered 80%*	Covered 60%*	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Preventive Care Services (see page 18 for covered services)	Covered 100% (deductible waived)	Covered 100% (deductible waived)	Covered 60%*	Covered 100% (deductible waived)	Covered 50%*	Covered 100% (deductible waived)	Covered 60%*
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%*	Covered 100%* of the first $500 within first 90 days of accident; thereafter covered 70%*	Covered 50%* of the first $500 within first 90 days of accident; thereafter covered 50%*	Covered 100%* of the first $500 within first 90 days of accident thereafter covered 80%*	Covered 80%* of the first $500 - within first 90 days of accident; thereafter covered 60%*
Ambulance Services	Covered 80%*	Covered 80%*	Covered 80%*	Covered 70%*	Covered 70%*	Covered 80%*	Covered 80%*

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

1. *PPO and HDHP Plans: 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.*
2. *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.*

MEDICAL PLAN HIGHLIGHTS (continued)

For a Healthy Life!

The chart below provides a high-level overview of your medical plan benefits. For complete coverage details, please refer to the summary of benefits and coverage (SBC) available online at dayforcehcm.com.

Key Medical Benefits	EPO Plans	Traditional PPO Plan		New! Value PPO Plan		HDHP HSA Plan	
	In-Network Only	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Applied Behavioral Analysis (ABA) (Screening, assessment and treatment of autism spectrum disorders)	Covered 80%*	Covered 80%*	Covered 60%*	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Chiropractic Care	Covered 80%* 35 visits per calendar year	Covered 80%* 35 visits per calendar year	Covered 60%*	$60 35 visits per calendar year	Covered 50%*	Covered 80%* 35 visits per calendar year	Covered 60%*
Diagnostic X-ray & Lab	Covered 80%*	Covered 80%*	Covered 60%	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Durable Medical Equipment, Orthotics and Prosthetics	Covered 80%* [2]	Covered 80%* [2]	Covered 60%* [2]	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Emergency Room	Covered 80%*	Covered 80%*	Covered 80%*	$300 copay	$300 copay	Covered 80%*	Covered 80%*
Hearing Aids	Covered 80%*	Covered 80%*	Covered 60%*	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Home Healthcare	Covered 80%* 180 visits per calendar year	Covered 80%** 180 visits per calendar year	Covered 60%*	Covered 70%* 180 visits per calendar year	Covered 50%*	Covered 80%* 180 visits per calendar year	Covered 60%*
Infertility Treatment	$25,000[3]	$25,000[3]	Not covered	$25,000[3]	Not covered	$25,000* [3]	Not covered
Mental Health	Covered 80%*	Covered 80%	Covered 60%*	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Substance Use Disorder	Covered 80%*	Covered 80%*	Covered 60%*	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Organ Transplants (In-network only)	Covered 80%* [4]	Covered 80%* [4]	Not covered	Covered 70%[4]	Not covered	Covered 80%*	Not covered
Outpatient Therapies (Physical, Occupational and Speech Therapy)	Covered 80%*	Covered 80%*	Covered 60%*	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Rehabilitation Therapy	Covered 80%*	Covered 80%*	Covered 60%*	Covered 70%*	Covered 50%*	Covered 80%*	Covered 60%*
Skilled Nursing Facility	Covered 80%* 100 days per calendar year	Covered 80%* 100 days per calendar year	Covered 60%*	Covered 70%* 100 days per calendar year	Covered 50%*	Covered 80%* 100 days per calendar year	Covered 60%*

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

1. *PPO and HDHP Plans: 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.*
2. *Foot orthotics limited to one per foot, per year.*
3. *Infertility Treatment is limited to a $25,000 combined medical and pharmacy maximum lifetime benefit. Infertility treatment is only offered at Intermountain Health/Rocky Mountain Health Network and Billings Clinic within the state of Montana or an in-network Cigna provider outside of Montana. Any treatment, service or supply for infertility shall be subject to pre-treatment review by the plan.*
4. *Donor procurement, travel and lodging limited to $500,000 per lifetime; all other services are unlimited.*

TELEHEALTH

For a Healthy Life!

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. 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. (Note: You also have access to mental health support via Lyra. See page 21 for more information.)



Get Started with Amwell

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.

$0 copay per visit

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

For a Healthy Life!

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

Care Management Programs

Included for all EPO members and available to most PPO and HDHP 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 healthcare standards for your age and gender
- Getting appropriate care for your condition/diagnosis
- Use of prescribed medications

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 healthcare 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.

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. For more information, contact Allegiance at (855) 999-1521 or visit askallegiance.com/smc.



MEDICAL PLAN PROGRAMS (continued)

For a Healthy Life!

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

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. For more information, contact Allegiance at (855) 999-1521 or visit askallegiance.com/smc.

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 healthcare 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

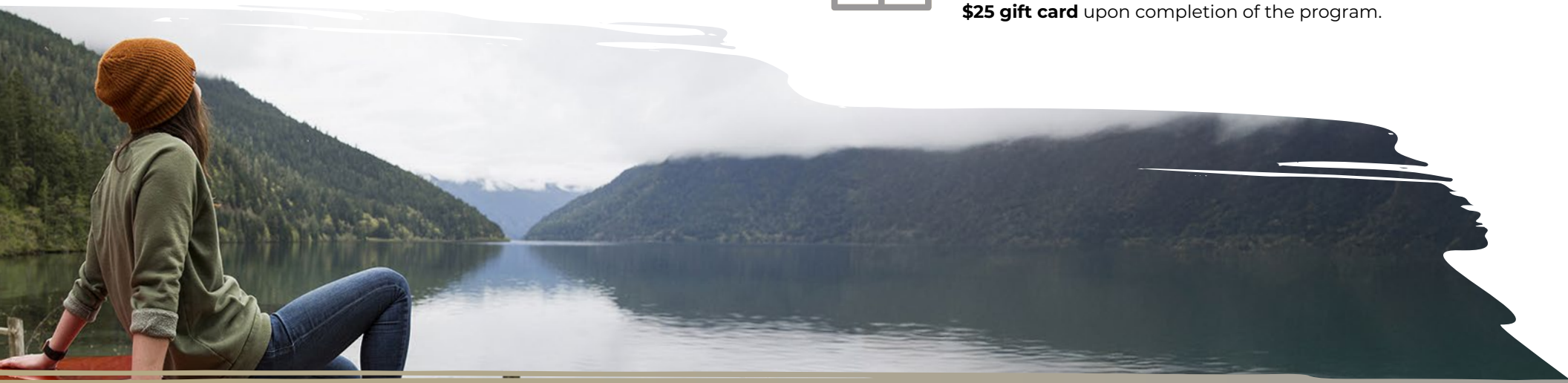
The Allegiance Benefit Administrators Maternity Management Program is designed to give you and your baby a healthy start. You'll have access to tools, resources and a personal maternity nurse who can answer questions, offer advice and support you throughout pregnancy and delivery.

To participate, you must:

- ✓ Register during your first or second trimester by calling **(877) 792-7827, ext. 1**
- ✓ Check in with your nurse regularly throughout your pregnancy
- ✓ Complete the Post Pregnancy Assessment

FREE GIFT!

If you register within the first or second trimester of your pregnancy, you will receive a **gift valued at $250 and a $25 gift card** upon completion of the program.



COST TRANSPARENCY TOOLS

For a Healthy Life!

Allegiance offers cost transparency tools to help you get a clear picture of your medical costs.

Allegiance has tools to help you understand your medical costs.

Allegiance Member Portal

The Allegiance online portal allows you to access multiple Allegiance services through a single login. Once logged on, you can view your claims status, benefits information, ID cards and more.

Create Your Account

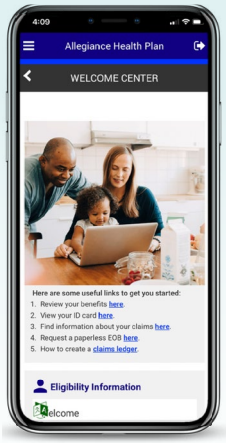
1. To create login credentials, click on **Create your account** on the homepage below the "Login as a..." drop-down menu. You will be required to enter basic demographic information to verify your identity.
2. Once you enter this information, the system will ask you to create a username and password. Please note the specific character and length requirements.
3. After clicking **Verify Me,** the system will return you to the main login page. Enter your newly created username and password to continue on to the online member portal.

Virtual Assistant and Member Chat Portal

Allegiance members can find additional support through the virtual assistant and member chat portal.

Just log on to the Allegiance online portal and click on the **Chat With Us** button in the lower left corner. Allegiance's Virtual Assistant will greet you with helpful topics to get started.

If you need further assistance, click on the options to talk with a representative.



Allegiance Mobile App

The Allegiance mobile app lets you carry your benefits info on the go, wherever and whenever you may need it. When you log on, you can:

- View claims and EOBs
- Verify benefits and eligibility
- Access an electronic version of your ID Card
- Search for a provider

Download the Allegiance mobile app to start managing your account today!

Note: New users should first create a login at askallegiance.com.

Download on the App Store

GET IT ON Google Play

PREVENTIVE CARE

For a Healthy Life!

Our medical plans cover routine preventive care services at 100%, with no deductible or copay, when you use an in-network doctor.

$0 Copay In-Network

Preventive care benefits include the following routine services: wellness visits, physical examinations, well-child visits, certain 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	IN-NETWORK	Out-of-Network (EPO not covered out-of-network)		
	EPO, Traditional and Value PPO, HDHP HSA	Traditional PPO	Value PPO	HDHP HSA
Routine Well Care (ages birth through adult)	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Breast Cancer Screening, Testing and Counseling	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Cervical Cancer Screenings	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Routine Colonoscopy / Flexible Sigmoidoscopy	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Diabetes Screening	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Dietary Education (including but not limited to diabetic education)	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Hypertension (High Blood Pressure) Screening and Counseling	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Hyperlipidemia (High Cholesterol) Screening and Counseling	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Immunizations and Vaccines (as adopted by the Director of Centers for Disease Control and Prevention)	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Prostate Specific Antigen (PSA) Test	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Tobacco Cessation Benefit (including screening, counseling and treatment)	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**
Obesity Screening, Counseling and Treatment (excluding surgery)	COVERED 100%	Covered 60%**	Covered 50%**	Covered 60%**

**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.*

***After the medical plan deductible is met.*

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** or email customercare@rxbenefits.com 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).** Brand medications that are preferred by ESI. You can find the formulary list at express-scripts.com.
3. **Non-Preferred Brand-Name (third-tier).** Brand medications not designated as preferred.
4. **Specialty Medications (fourth-tier) have the highest copayment.** Medications to treat complex chronic conditions.

Key Rx Benefits	EPO and PPO Plans		HDHP HSA Plan	
Supply	**30-DAY SUPPLY Pharmacy Option**	**90-DAY SUPPLY Pharmacy Option* or Mail Order Option for Maintenance Drugs**	**30-DAY SUPPLY Pharmacy Option**	**90-DAY SUPPLY Pharmacy Option* or Mail Order Option for Maintenance Drugs**
Preventive Medications**	Covered 100%		Covered 100%	
Generic	$7 copay	$14 copay	Covered 100% after medical plan deductible	
Preferred Brand-Name***	$35 copay	$70 copay	You pay 10% after medical plan deductible	
Non-Preferred Brand-Name***	$50 copay	$100 copay	You pay 20% after medical plan deductible	
Specialty Medications	You pay 30% with a $100 minimum and $250 maximum after medical plan deductible		You pay 30% with a $100 minimum and $250 maximum after medical plan deductible	
Out-of-Pocket Maximum	$5,400 individual / $10,800 family Once the annual out-of-pocket maximum is met, prescription drugs are covered 100% for the remainder of the calendar year.		Combined with medical plan	

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

***As determined by Express Scripts.*

*******Generic Policy** – If you choose to buy the brand-name drug when a generic equivalent is available, you will be required to pay the brand copay and the difference in cost between the generic and brand-name drug. This policy applies even if your physician requests the brand-name drug. If you cannot take or tolerate the generic medication, your doctor may complete an exception request for coverage of the brand-name drug. The request must be supported by a valid clinical reason and align with standard prescribing practices. If you meet this requirement, you may obtain the brand-name drug and only pay the generic copay.*

Prescription plans will cover certain weight loss medications, except for GLP-1 drugs. The plans will only cover GLP-1 drugs for diabetes.

Register Online at: 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
- View the latest formulary and preventive medication list
- Locate participating retail pharmacies near you

Get the App! The Express Scripts app is free from the iTunes or Google Play stores. The Protect app from RxBenefits gives you real-time prescription updates, access to past medications and claims, and a digital ID card you can use at the pharmacy if you don't have your combined Medical/Rx card.

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!

RxBenefits

EXPRESS SCRIPTS®

PRESCRIPTION PROGRAMS

For a Healthy Life!



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	Specialty medications may qualify for third-party copayment assistance programs, which could lower your out-of-pocket costs. When one of these programs is utilized, you will not receive credit toward your out-of-pocket maximum for any copayment amounts that are applied to a manufacturer coupon.
SaveOnSP—Copay Assistance	Select specialty medications will qualify for a third-party copayment assistance program, which will lower your out-of-pocket costs to $0. A member will not receive credit toward their out-of-pocket maximum for amounts that are applied to a manufacturer coupon or rebate. If you choose not to participate in SaveOnSP, you will be responsible for a 30% coinsurance that will not count toward your out-of-pocket maximum. Please note the $100 specialty copay will not be applicable.
Prior Authorization and Appeals	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. 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.
The Appeal Process	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. 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.

ENHANCED MENTAL HEALTH BENEFIT

For a Healthy Life!

Meet Lyra, Your Mental Health Benefit

Lyra provides mental health and work-life support. This benefit is available at **NO COST for up to 10 sessions** for all Sibanye-Stillwater employees and eligible dependents—you don't need to be enrolled in a Sibanye-Stillwater medical plan. Benefits include:

- **Compassionate and confidential mental healthcare to help you with:**
  - Alcohol and substance use
  - Anxiety and depression
  - Chronic self-criticism
  - Death of a loved one
  - Decreased motivation
  - Difficulty concentrating
  - Feeling hopeless
  - Frequent worry
  - Persistent irritability
  - Relationship conflict
  - Stress management
  - Sleep problems
- **Access to 10 free sessions virtually or in person** for mental health coaching and/or therapy per individual, per calendar year. If you have used your 10 free sessions, you can still continue to receive care through a Sibanye-Stillwater medical plan (applicable copays and deductible will apply).
- **24/7 access to Lyra Library**, a dedicated hub for self-care and mindfulness content, where you can find resources like meditations, breathing exercises, articles and more.
- **Specialized care for adults and children aged 0-17.** Get help navigating the relationships in your life through benefits like couples counseling, family therapy, child specialists, programs for adolescents and more.

Get Started with Lyra

You can access Lyra for all the support you need.

1. Visit sibanyestillwater.lyrahealth.com to create an account.
2. Take the care assessment to be matched with quality providers from diverse backgrounds. You can search by preferences like location, specialty, ethnicity or gender and watch provider intro videos.
3. Meet with your provider virtually or in person to get started on your journey.

You can also call Lyra's Care Team 24/7 at **(877) 932-2101**.

lyra

Work-life Services	Preventive Care	Clinical Care	Complex Care
Assistance with many day-to-day concerns and needs: ▪ Financial advice ▪ Legal advice ▪ ID theft support ▪ Child, elder, pet care ▪ Critical incident	Support to prevent mental health symptoms from developing or progressing: ▪ Meditation and mindfulness ▪ Guided self-care ▪ Coaching ▪ Breathing exercises ▪ Articles on mental health topics	Support for a variety of common mental health diagnoses and symptoms: ▪ Therapy ▪ Medication management	Specialized, higher levels of care and coordination: ▪ Alcohol use disorder ▪ DBT program for suicidality ▪ Clinical leave evaluations ▪ Advanced care coordination

DENTAL PLAN

ID CARDS: Dental members can now email their ID card directly from the Delta Dental member portal. Select *Email ID Card* to send a PDF to your email on file and receive confirmation right away.

For a Healthy Life!



Delta Dental PPO Plan

The PPO dental plan lets you choose any dentist. It includes three coverage levels: Delta Dental PPO Network, Delta Dental Premier Network and out-of-network. You'll save the most with the PPO Network, less with the Premier Network and no cost savings when using out-of-network providers.

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	$2,000 per Member per Calendar Year		
Orthodontia	$2,000 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.*

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 Delta 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.

DELTA DENTAL®

- **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 on, 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 Amplifon[1] and LASIK services through QualSight.[2] Learn more here.

- **LifePerks:** Dental plan members have access to a wide variety of local and national offers and discounts to help you care for your whole body and maintain a healthy life. Learn more and register here.

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.

VISION PLAN

For a Healthy Life!



VSP Vision Plan

With the VSP vision plan, you get the highest benefits and save the most when you use providers in the VSP Signature network. After the annual copay, most services are fully covered. The network includes a wide range of private practice optometrists, ophthalmologists and opticians.

Key Vision Benefits	In-Network	Out-of-Network Reimbursement[1]
Copay	$25 copay for exam and eyeglasses (once per year)	
Eye Exam (one exam every calendar year; two exams every calendar year for children under age 18, if needed)	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* ▪ 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.	▪ Single: up to $55* ▪ Bifocal: up to $75* ▪ Trifocal: up to $95* ▪ Lenticular: up to $125* *All other lenses are not covered*
Lens Enhancements (once every calendar year)	Covered in full* Tints/Photochromic adaptive lenses: No copay ▪ Includes: progressive lenses, anti-reflective coating, tints/photochromic adaptive lenses, polycarbonate lenses, scratch-resistant coating, polarized lenses ▪ Average savings of 35-40% on other enhancements	▪ Tints/Photochromic lenses-Transitions: up to $5 ▪ Progressive lenses: up to $95 *All other lens options are not covered*
Frames (one set every calendar year)	▪ $195 Enhanced Featured Frame Brands allowance ▪ $175 frame allowance ▪ 20% savings on the amount over your allowance ▪ $175 Walmart/Sam's Club frame allowance ▪ $95 Costco frame allowance	Up to $45*
Contact Lenses (once every calendar year; instead of eyeglasses)	▪ $175 allowance for contacts (no copay) ▪ Up to $60 copay for contact lens exam	Up to $105 for contacts and the contact lens exam (no copay)
Laser Vision Correction[2]	Average 15% off regular price or 5% off promo price	N/A
LightCare	Use your $175 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 TruHearing[3]	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 truhearing.com/vsp.	

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. Providers will verify eligibility for you and your covered family members using the employee's name, date of birth and the last four digits of the employee's SSN.

vsp vision care

** After applicable copay.*

1. *If you go out of network, your costs will be higher, you must pay the provider in full at the time of service and then file a claim with VSP for reimbursement.*
2. *Members must choose between LASIK discounts through VSP or the QualSight benefit through Delta Dental.*
3. *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.*

BENEFITS YOU MAY BE OVERLOOKING

For a Healthy Life!

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
- Review of your photos with concerns highlighted
- Care and treatment recommendations

Learn more here and visit www1.deltadentalins.com/members/virtual-dentistry 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

Learn more here and sign up for Virtual Consult at deltadentalvirtualconsult.com.

Delta Dental LifePerks

As a Delta Dental member, you can access a wide variety of local and national offers and discounts through LifePerks. Enjoy savings on oral health, lifestyle, travel, entertainment and health products and services. If you need assistance, email support is available 24/7. Learn more here and visit lifeperksml.lifemart.com 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. Review the interactive flyer to click on offers and learn more. 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. Learn more here.

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.

** Virtual dental screening and consultation visits are unlimited and do not count toward frequency limitations. Members can see providers virtually without impacting their limitations on in-person visits. Virtual visits count toward the member's annual maximum benefit amount, and deductibles and coinsurance will apply. Members who have met or exceeded their annual maximum may pay $35 out of pocket for a consultation.*

FAMILY & MEDICAL LEAVE ACT

For a Healthy Life!

Sibanye-Stillwater has contracted with MetLife 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. With MetLife, you have access to ADA coaches that can help you through the process.

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, child or parent who has a serious health condition;
- To address certain qualifying exigencies arising from an employee's spouse, child 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;
- To care for a family member, in loco parentis

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-day 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 healthcare 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 MetLife 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 MetLife:

- Phone: (888) 777-8432
- Online: mybenefits.metlife.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.

FLEXIBLE SPENDING ACCOUNTS

For a Healthy Life!

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 Empower: the healthcare FSA and the dependent care FSA. These accounts are separate, and you may choose to participate in one or both. You do not have to be enrolled in the Sibanye-Stillwater Health Plan to be eligible for the healthcare FSA.

NOTE: If you enroll in the HDHP HSA medical plan, you are not eligible to participate in the healthcare FSA.

What is a Flexible Spending Account?

A flexible spending account (FSA) is a tax-favored program that lets you set aside money from your paycheck on a ***pretax*** basis to pay for eligible healthcare 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 healthcare 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	
Healthcare	$3,000
Daycare	$5,000
Total Annual FSA Election	$8,000
Total Estimated Annual Tax Savings*	**$2,200**

**Tax savings are estimated based on federal & state tax at 20%, plus Social Security and Medicare.*

How FSAs Work

1 Estimate Expenses

Carefully estimate what you'll need for out-of-pocket healthcare and/or dependent care expenses for the 2027 calendar year (or portion thereof depending on your effective date of coverage), up to the plan limit.

2 Paycheck Contributions

Your contributions will be deducted from your paycheck in equal installments throughout the year. To calculate this amount, divide your total estimated expenses by the number of paychecks you'll receive in 2027.

3 Get Reimbursed

As you incur eligible expenses, use your Empower FSA debit card at the point of sale or log in to participant.empower-retirement.com to submit claims and upload your documentation online.

When you submit claims online, reimbursements are issued by check to your home or by direct deposit. If you use your Empower FSA debit card, expenses are paid directly at the point of sale.

Be sure to keep all receipts to substantiate your purchases.

Empower places a $2,000 transaction limit on the FSA cards for fraud and security protection purposes.

Manage Your FSA Online

Log on to participant.empower-retirement.com to manage your account(s) and view your account Debit Card activity and balance.

EMPOWER

FLEXIBLE SPENDING ACCOUNTS (continued)

For a Healthy Life!

Healthcare FSA

For 2027, you may contribute **up to $3,500** in pretax dollars to cover eligible healthcare expenses. You may be reimbursed for expenses incurred by you, your spouse and your children under age 26.

The entire annual amount you set aside is available to use on your effective date of coverage.

Remember: If you enroll in the HDHP HSA medical plan, you are not eligible to participate in the healthcare FSA.

Eligible healthcare expenses include:

- 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

For a complete list of eligible healthcare expenses, visit irs.gov/pub/irs-pdf/p502.pdf

Dependent Care FSA

For 2027, you may contribute **up to $7,500** in pretax dollars to cover eligible dependent care expenses. **Exception:** If you are married and file separate tax returns, your maximum contribution is $3,750.

Unlike the healthcare FSA, your dependent care FSA funds are available as they accumulate through payroll deductions.

Eligible dependent care expenses include:

- 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.

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.

For a complete list of eligible dependent care expenses, visit irs.gov/pub/irs-pdf/p503.pdf

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 healthcare 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 and a half months long (through March 15 of the following year).
- The claims filing deadline for healthcare FSA claims incurred in 2027 (including claims incurred during the Grace Period) is **March 31, 2028**.
- The claims filing deadline for dependent care FSA claims incurred in 2027 (including claims incurred during the Grace Period) is **March 31, 2028**.

For questions, contact Empower at (855) 375-3050 or participant.empower-retirement.com.

RETIREMENT – 401(k)

For a Healthy Life!

Simply put, the 401(k) plan is one of the best ways to save for retirement.

You are eligible to participate in the Company's 401(k) Retirement Savings Plan 30 days after your 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 may choose a different percentage or decline to participate after this Automatic Enrollment). 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 2027 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 pretax option for your deferrals—OR a combination of both.**
- **After-Tax Option:** In addition to the Roth 401(k) and pretax dollar contributions, you can defer after-tax money, up to the 2027 IRS total annual contribution limit of $72,000. 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.

EMPOWER®

Contributions	
Employee Pretax	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	**150% on first 4% and 100% on next 2%**

Vesting	
Employee Pretax	100% immediately
Employee After-Tax	100% immediately
Rollovers	100% immediately
Employer Match	100% after one year of service

2027 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	$360,000
Employee Dollar Limit	$24,500*
Catch-up Contributions	
Age 50+	$8,000*
Ages 60–63	$11,250*
Total Contributions Dollar Limit (pretax, after-tax & employer match)	$72,000
Highly Compensated Employees[1]	$160,000

**This is the 2026 IRS limit. The 2027 IRS limit has not yet been released.*

[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.*

To access your 401(k) account, call (833) 961-5273 or log on to:
participant.empower-retirement.com

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 offer financial wellness tools through Empower.

Visibility and Control

Empower gives you greater control over your finances through its dashboard. You can view your balance, savings recommendations and any other accounts you've linked. Linking takes just a few moments but gives you a valuable bird's eye view of your finances.

Financial Planning Tools

Take advantage of the many financial planning tools Empower offers. Whether you're making an important life decision and wondering about the financial implications or simply looking to save more, Empower has resources to make it easier.

Budgeting and Cash Flow

The budgeting tool makes it easy to make and keep a budget: Track your spending when you link a checking account or credit card. The cash flow tool allows you to review the inflow and outflow of your linked accounts and shows your spending trends by category and as they change month to month.

Retirement and Savings Planners

Save intelligently with Empower's planner tools. These show how much you're saving and compare that number to your savings goal. The planners can even help you pay down debt and build an emergency fund.

Advising

An Empower Strategic Retirement Plan Adviser can provide one-on-one guidance to help you make informed financial decisions, particularly around retirement planning. Advisers may also provide investment counseling. Advising is free for plan participants, and meetings take place virtually.

Advisers can help you with matters, such as:

- Retirement planning
- Financial education
- Portfolio reviews
- Holistic financial planning
- Investment education
- Enrollment and contribution strategies
- Life event and legacy planning

Your Financial Wellness Starts Here

Log on to empowermyretirement.com or call (800) 338-4015, Mon.–Fri., 6 a.m.–8 p.m. MT, and Sat., 7 a.m.–3:30 p.m. MT.

EMPOWER®

LIFE INSURANCE

For a Healthy Life!

Life insurance coverage provides your family or beneficiary(ies) with a financial benefit in the event you pass away. **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 MetLife 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 $500,000 ($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 80% of your life insurance benefit, up to a maximum of $500,000.

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	▪ 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	▪ 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 $50,000
Child(ren) Option	▪ Coverage is available in increments of $5,000 up to a maximum of $15,000

**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

Age	Rate	Age	Rate
Under 30	$0.105	55 – 59	$1.168
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.

Child Rate per $1,000 of Coverage

Flat Rate
$0.20

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

This Open Enrollment, No Proof of Good Health Required to Enroll in Voluntary Life Insurance

- During the 2027 Open Enrollment, you can purchase voluntary life coverage up to the Guaranteed Issue (GI) amount without answering questions about your health. This is the only time you can buy coverage without providing evidence of good health.
  - Coverage for Yourself: Up to $200,000 GI
  - Coverage for Your Spouse: Up to $50,000 GI
  - Coverage for Your Child(ren): Up to $15,000 GI
- If you wish to increase the amount of coverage you or your spouse already has, you must provide proof of good health. Additionally, all coverage amounts above the GI amounts require proof of good health and must be approved by MetLife before coverage goes into effect.

AD&D INSURANCE

For a Healthy Life!

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 equal to your annual compensation rounded to the next higher $1,000, multiplied by 2, up to a maximum of $500,000 ($10,000 minimum).*

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 #1	Choose a coverage amount equal to your annual compensation rounded to the next higher $1,000 and multiplied 1, 2, 3, 4, or 5 times, up to a maximum of $500,000 ($10,000 minimum). Your cost is $0.06 per $1,000 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. • Employee + Family Option #1: Your cost is $0.11 per $1,000 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 $50,000 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 $20,000 will be paid to your beneficiary if you pass away in an auto accident and were protected by an airbag.
Spouse Education (Basic AD&D only)	An additional benefit up to $5,000[1] is available to help pay for eligible education expenses of your spouse if you pass away in a covered accident.
Child Education (Basic AD&D only)	An additional benefit equal to 5% of your AD&D benefit up to $10,000[2] is available to help pay for eligible education expenses of your qualifying child if you pass away in a covered accident.
Child Care (Basic AD&D only)	An additional benefit equal to 12% of your AD&D benefit up to $5,000[2] is available to help pay for eligible day care expenses of your qualifying child if you pass away in a covered accident.

[1] *Per year for one year up to 5% of the full amount*

[2] *Per year for four years up to 12% of the full amount*

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

AXA TRAVEL ASSISTANCE

For a Healthy Life!

The AXA Travel Assistance program provides a wide array of travel assistance services when you and/or your covered family members* are traveling 100 miles or more away from home on vacation or company business. This program is part of the MetLife plan and is provided at NO COST to you.

Emergency Benefits

- Emergency medical evacuation and transportation services
- Return of remains
- Political and natural disaster evacuation
- Transportation to join a patient
- Transportation of minor children
- Dispatch of physician
- Pet repatriation

Medical Assistance Services

- Medical referrals, appointments and hospital admissions
- Replacement of prescription medications
- Replacement of medical devices

Personal Assistance Services

- Advice before you travel, with access to global monitoring of events and risk analysis
- Your own personal concierge to help take care of travel arrangements and assist with locating pet-friendly accommodations or boarding
- Identity theft assistance
- Help with lost documents or luggage
- Emergency cash/bail assistance



How to Reach MetLife AXA Travel Assistance

- From the U.S. & Canada: **(800) 454-3679**
- From all other locations: (**312) 935-3783** (call collect)
- Web: **metlife.com/travelassist**

MetLife

An enrolled employee and their eligible dependents as defined under the group insurance contract issued by MetLife

DISABILITY COVERAGE

For a Healthy Life!

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: ▪ Less than one year: No benefit ▪ One or more years: 90% of your basic weekly earnings for the first 13 weeks and 75% for the second 13 weeks
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 $10,000, 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 181st 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 use 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 will be payable to your beneficiary (spouse/domestic partner, child, parent or estate).

VOLUNTARY BENEFITS

For a Healthy Life!

These employee-paid benefits through MetLife provide financial protection on top of your medical plan. In the event of a claim, each plan pays you a lump-sum benefit, which you can use however you like, including to help pay for medical procedures, prescriptions, travel expenses, groceries and in-home care. You pay for these benefits through convenient payroll deductions.

Accident Insurance

Accident insurance can supplement your medical coverage—and it pays regardless of what your medical plan covers. You will receive a lump-sum benefit payment for a covered event, which you can spend however you like.

The benefit pays if you have tests or receive medical services, treatment or care for one of more than 150 covered events as defined in your group certificate. This includes hospitalization resulting from an accident, and accidental death or dismemberment. Click **here** to learn more.

Critical Illness Insurance

Critical illness insurance is coverage that may help to provide financial support when you or a loved one becomes seriously ill. It supplements your medical coverage—and pays regardless of what your medical plan may or may not cover.

Upon verified diagnosis of a covered condition, critical illness insurance provides you with a lump-sum payment of $10,000, $20,000 or $30,000 in initial benefits. The payment you receive is yours to spend however you like. Click **here** to learn more.

Hospital Indemnity Insurance

Hospital stays can be expensive. MetLife hospital indemnity insurance helps by supplementing your medical plan coverage. You'll receive a lump-sum payment to use however you wish, including to pay for things that your medical plan may not cover, such as deductibles, copays, out-of-network care and everyday living expenses.

Hospital indemnity insurance also provides a benefit in the event of a covered specialized care requirement, such as a stay in the intensive care unit (ICU). Click **here** to learn more.



Protect What Matters Most With MetLife

- Phone: (800) 438-6388
- Online: **mybenefits.metlife.com**

OTHER VALUABLE BENEFITS

For a Healthy Life!

BenefitHub Product and Entertainment Discounts

BenefitHub is a digital discount marketplace where you can enjoy discounts on personal purchases in a variety of categories, including sports, restaurants, electronics and entertainment tickets. This exclusive benefit allows you to enjoy discounts, rewards and perks on thousands of the brands you love. It's our way of saying "thank you" for being a part of our team.

To access the program and start saving, sign up on our employee discount portal at sibanyestillwater.benefithub.com.



BenefitHub

Education Assistance

Sibanye-Stillwater will provide financial assistance to all eligible full-time employees for approved educational activities. Approved activities are those which are intended to enhance employees' skills and knowledge required in the course of employment at Sibanye-Stillwater.

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.*

OTHER VALUABLE BENEFITS (continued)

For a Healthy Life!



Emergency and Urgent Travel Care

If you need medical care while traveling, Allegiance will reimburse you for eligible services you receive.

In order to be reimbursed, you must pay for any services and then submit the following to Allegiance in English:

- Itemized claims that clearly indicate the diagnosis
- What services were rendered
- Name of provider
- Charges in U.S. currency for each service
- A copy of your medical records in English

The plan will reimburse you in dollars for eligible services that are medically necessary, at the usual, customary and reasonable rates for such services.

Please note:

- We strongly recommend that you confirm the eligibility of an inpatient stay or notify the plan of an emergency admission.
- All services must be medically necessary for the treatment of illness (including COVID-19) or injury and must meet all plan provisions for eligibility.

Allegiance℠ by Cigna Healthcare

Questions?

For questions, more information, or to notify us of emergency admission, contact Allegiance Customer Service at the number on the back of your health plan ID Card.

