October 2015

RE: 2016 Annual Enrollment – Passive Enrollment

Dear Employee,

For 2016, please review your Collective Bargaining Agreement (CBA) for plan design and contributions which are effective January 1, 2016. Open Enrollment begins **Monday, November 2 and ends Friday, November 13**. This is a PASSIVE ENROLLMENT; you will automatically default to your current benefits with the *exception* of Flexible Spending Accounts (FSA) which requires an active enrollment each year. Complete the Century Aluminum Enrollment Online at: www.benefitsolver.com or call Century Aluminum Benefits Helpline at **877-717-2248** Monday - Friday 7am to 7pm CST. If you choose to waive benefit coverage, you must elect "waive coverage" and provide a reason on the electronic enrollment form or contact the Century Aluminum Benefits Helpline to provide a reason. You will not be permitted to make changes to your benefit elections again until Open Enrollment for 2017, unless you experience a qualifying life event (ex. birth, marriage, divorce).

2016 Rates:

	PPO
Employee Only	$90
Employee + 1	$150
Family	$210

THINGS TO KNOW BEFORE YOU ENROLL

Annual Enrollment Changes/Enrolling in FSA:
To notify us of enrollment, please visit the self-serve web portal at www.benefitsolver.com. Note that the Company Key: **century** (case sensitive) is needed when registering. You may also contact the Century Aluminum Benefits Helpline at **877-717-2248** during the annual enrollment period Monday, November 2 and ends Friday, November 13 to enroll or make changes. You can go online at any time to review your benefit elections.

New Hires:
If you are hired during the Open Enrollment period, you will be required to complete your new hire elections for 2015 first. Once completed, you will receive a notification to complete your 2016 Open Enrollment elections. Please be advised that it can take up to two (2) weeks to receive your ID cards after you enroll. However, your coverage will be effective on your eligibility date. You will be required to provide a beneficiary's name and their date of birth when completing your enrollment for Life and AD&D.

Qualifying Events:
The IRS requires that your benefit elections remain in place for the plan year which is January 1 through December 31. A qualifying life event, such as child birth, marriage/ divorce, adoption, etc., allows you to make a corresponding change to your elections within 31 days of the event. Documentation of the qualifying life event will be required (i.e. birth certificate(s) for newborns/dependent children, marriage certificate).

If you have any questions, please contact your Century Aluminum Benefits Help Line at 877-717-2248.

Your Century Aluminum Benefits team

Annual Notices and Important Information

This letter provides selected highlights of the employee benefits program available. It is not a legal document and shall not be construed as a guarantee of benefits nor of continued employment. All benefit plans are governed by the master policies, contracts and plan documents. Any discrepancies between any information provided through this summary and the actual terms of such policies, contracts and plan documents shall be governed by the terms of such policies, contracts and plan documents. Our company reserves the right to amend, suspend or terminate any benefit plan, in whole or in part, at any time. The authority to make such changes rests with the Plan Administrator.

SPECIAL ENROLLMENT RIGHTS (HIPAA) If you have previously declined enrollment for yourself or your dependents (including your spouse) because of other health insurance coverage, you may in the future be able to enroll yourself or your dependents in this plan, provided that you request enrollment within 30 days after your other coverage ends. In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement of adoption, you may be able to enroll yourself and your dependents, provided that you request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

CHILDREN'S HEALTH INSURANCE PROGRAM REAUTHORIZATION ACT (CHIPRA) Effective April 1, 2009 employees and dependents who are eligible for coverage, but who have not enrolled, have the right to elect coverage during the plan year under two circumstances:

- The employee's or dependent's state Medicaid or CHIP (Children's Health Insurance Program) coverage terminates because the individual ceased to be eligible.
- The employee or dependent becomes eligible for a CHIP premium assistance subsidy under state Medicaid or CHIP (Children's Health Insurance Program). Employees must request this special enrollment within 60 days of the loss of coverage and/or within 60 days of when eligibility is determined for the premium subsidy. You may find contact information regarding CHIP at www.dol.gov/ebsa/chipmodelnotice.doc.

NEWBORNS' AND MOTHERS' HEALTH PROTECTION ACT Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

QUALIFIED MEDICAL CHILD SUPPORT ORDER (QMCSO) is a medical child support order issued under State law that creates or recognizes the existence of an "alternate recipient's" right to receive benefits for which a participant or beneficiary is eligible under a group health plan. An "alternate recipient" is any child of a participant (including a child adopted by or placed for adoption with a participant in a group health plan) who is recognized under a medical child support order as having a right to enrollment under a group health plan with respect to such participant. Upon receipt, the administrator of a group health plan is required to determine, within a reasonable period of time, whether a medical child support order is qualified. In the event you are served with a notice to provide medical coverage for a dependent child as the result of a legal determination, you may obtain information from your employer on the rules for seeking to enact such coverage. These rules are provided at no cost to you and may be requested from your employer at any time.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 As required by this law, annual notice of the mandated post-mastectomy benefits must be provided to all covered persons. The Women's Health and Cancer Rights Act of 1998 requires that all group health plans that provide medical and surgical benefits for a mastectomy also must provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses and coverage for any complications in all stages of mastectomy, including lymphedamas.
- The Act prohibits any group health plan from:
    - Denying a participant or a beneficiary eligibility to enroll or renew coverage under the plan in order to avoid the requirements of the Act;
    - Penalizing, reducing, or limiting reimbursement to the attending provider (e.g. physician, clinic or hospital) to induce the provider to provide care inconsistent with the Act; and providing monetary or other incentives to an attending provider to induce the provider to provide care inconsistent with the Act.

MENTAL HEALTH PARITY AND ADDICTION EQUITY ACT 2008 This act expands the mental health parity requirements in the Employee Retirement Income Security Act, the Internal Revenue Code and the Public Health Services Act by imposing new mandates on group health plans that provide both medical and surgical benefits and mental health or substance abuse disorder benefits. Among the new requirements, such plans (or the health insurance coverage offered in connection with such plans) must ensure that the financial requirements applicable to mental health or substance abuse disorder benefits are no more restrictive than the predominant financial requirements applied to substantially all medical and surgical benefits covered by the plan (or coverage), and there are no separate cost sharing requirements that are applicable only with respect to mental health or substance abuse disorder benefits.

MEDICARE PART D NOTICE

IMPORTANT NOTICE ABOUT YOUR PRESCRIPTION DRUG COVERAGE AND MEDICARE

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Century Aluminum Company and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are three important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. If you are enrolled in the PPO or CCP Plan, Century Aluminum Company has determined that the prescription drug coverage offered by this plan is, on average, expected to pay out as much as standard Medicare prescription drug coverage pays, and is therefore considered Creditable Coverage. If your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan? If you decide to join a Medicare drug plan, your current Century Aluminum Company coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current Century Aluminum Company coverage, be aware that your dependents will not be able to get this coverage back until the next enrollment period unless you experience a qualified life event. Note that your current coverage pays for other health expenses, in addition to prescription drugs, and you will still be eligible to receive all of your current health and prescription drug benefits if you choose to enroll in a Medicare prescription drug plan and keep your coverage under the Century Aluminum Company.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan? You should also know that if you drop or lose your current coverage with Century Aluminum Company and do not join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

Summary of Options for Medicare Eligible Employees (and/or Dependents) Medical and prescription drug coverage are offered as a package under the Century Aluminum Company plan (you cannot elect medical coverage without prescription drug coverage).

1. Continue medical and prescription drug coverage under the Century Aluminum Company plan and do not elect Medicare D coverage. Impact – your claims continue to be paid by the Century Aluminum Company plan.
2. Continue medical and prescription drug coverage under the Century Aluminum Company plan and elect Medicare D coverage. Impact As an active employee (or dependent of an active employee) the Century Aluminum Company plan continues to pay primary on your claims (pays before Medicare D).
3. Drop the Century Aluminum Company plan coverage and elect Medicare Part D coverage. Impact – Medicare is your primary coverage. You will not be able to rejoin the Century Aluminum Company plan until the next open enrollment period unless you experience a qualified life event.

For More Information about This Notice or Your Current Prescription Drug Coverage, contact the person listed below for further information. NOTE: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Century Aluminum Company changes. You also may request a copy of this notice at any time.

For More Information about Your Options under Medicare Prescription Drug Coverage, more detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans. For more information about Medicare prescription drug coverage: Visit www.medicare.gov Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help. Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048. If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage Notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: January 1, 2016
Name of Entity/Sender: Century Aluminum Company
Contact Position/Office: Human Resources Department