

Flexibility to choose what's right for you.



2024 Annual Enrollment Guide
October 25 – November 8

BUNGE

Dear Colleagues,

At Bunge, we are proud that the comprehensive benefits we offer are competitive across our industry. They are an important part of what it means to work at Bunge and embody some of the best traits of our company and our colleagues by being valuable, accessible, and flexible.

We are always looking for new ways to ensure our benefits are evolving to better support you and your family's entire wellbeing. I am thrilled to share highlights of a few things we've done for 2024:

- Supporting mental health with Express Scripts' InMynd member support program, including educational resources, 1:1 coaching and a digital mental health platform;
- Enhanced access to expanded inclusive programs for fertility and family-building through Kindbody and Fertility IQ;
- Providing inclusive and effective healthcare for our LGBTQIA+ population through Anthem's Inclusive Care program, focusing on health from all angles – addressing physical, behavioral, and social needs;
- Exclusive discounts from 900+ merchants through PerkSpot.

These are just a few highlights of your 2024 benefits offerings.

I encourage you to take time to review our extensive offering and leverage the breadth of benefits available to you and your family!

Sincerely,

A handwritten signature in white ink, appearing to read 'KS', followed by a long, sweeping horizontal line.

Kellie Sears

Chief Human Resources Officer

The 2024 annual enrollment period — from **October 25 to November 8, 2023** — is your once a year opportunity to make a thoughtful decision about your benefits for the coming year and make changes, if needed.

If you do not make any changes by November 8, current elections will remain for 2024 except for your Health Savings Account (HSA).

What do I need to do?

- 1. Review your current elections:** Log in to ADP Direct Access to view your current coverage and benefit costs. <https://my.adp.com> or ADP Mobile app
- 2. Read this booklet** to learn about the choices for the 2024 plan year (January 1, 2024 to December 31, 2024). You will also find instructions on how to enroll or change benefits and where to find more information.
- 3. Visit our virtual benefits fair** at www.virtualfairhub.com/bunge to view details on all our plans. From the fair, you can link to ALEX, our virtual benefit counselor. ALEX will help calculate annual costs based on estimated usage and present your plan options side-by-side to help make your decision-making easier.
- 4. Take Action:** Go to <https://my.adp.com> or ADP Mobile app between **October 25** and **November 8** to make changes to your benefits effective January 1, 2024. Corrections may not be made after **11:59 p.m. ET on November 8**.



Benefits resources

ALEX, our online benefits counselor can help you find the perfect plan.

<https://start.myalex.com/bunge>

Our Virtual Benefits Fair is your one-stop-shop for learning about all benefits.

www.virtualfairhub.com/bunge

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What's New In 2024

Here are the highlights of important changes effective January 1, 2024:

Mental Health Support

Bunge's pharmacy plan will now include access to mental health support programs, inMynd and Silvercloud. Through these programs you will have access to discrete, personalized mental health support and care, including educational resources and 1:1 coaching.

Fertility Support Vendors

Bunge will offer benefits to support inclusive family planning. We will partner with FertilityIQ and Kindbody as our fertility and family-building providers.

- FertilityIQ is an on-demand educational platform delivering fertility, family-building, and menopause information to diverse users.
- Kindbody offers a network of integrated providers specializing in family-building, fertility, and post birth through menopause, including men's health.

Anthem's Inclusive Care Program

This program will connect members of the LGBTQIA+ community with doctors and specialists familiar with and sensitive to their needs. This tailored approach focuses on health from all angles — addressing physical, behavioral, and social needs.

Discount Program

Bunge has partnered with PerkSpot to offer exclusive discounts to all employees. Save big on travel, electronics, home goods, wellness, and all the other little — and big — things that will make life a bit easier.

Vision Plan Enhancements

Enhancements have been made to our vision plan for 2024. Frame and contact allowances will increase and our VSP Vision plan will now be a part of the Choice Network. For additional information and updates to out-of-network allowances see page 11.

Critical Illness Wellness Benefit Enhancement

The annual wellness benefit amount will increase to \$100 under the Cigna Critical Illness plan.

Health Savings Account (HSA) limit

The annual IRS contribution limit for the Health Savings Account will increase to \$4,150 for employee only coverage and \$8,300 for family coverage.

Passive Enrollment

The plans you are enrolled in for 2023 will roll over to 2024 with the exception of Health Savings Account elections. **You must re-elect your HSA contributions by November 8, 2023.**

Bunge's Virtual Benefits Fair

For more details on Bunge's benefits please visit www.virtualfairhub.com/bunge.

Your 2024 Bunge Benefits

Below is a list of voluntary benefits available to you for 2024:

- Medical, including Prescription Drug
- Dental
- Vision
- Health Savings Account (HSA)
- Critical Illness Plan
- Accidental Injury Plan
- Hospital Care Plan
- Identity Protection Plan
- Legal Plan

For these voluntary Bunge benefits, you must elect to enroll in these benefits. Be sure to consider your needs for the entire year because you cannot change your elections until the next annual enrollment period. Outside the annual enrollment period, you may only make changes if you have a change in status, i.e. marriage, divorce, new child. For more information, see “Changing Coverage During the Year” on the back cover (under chart).

Bunge also provides coverage, at no cost to you, for

- Basic Life Insurance
- Basic AD&D Insurance
- Short-Term Disability (STD)
- The Bunge Living Program
- The Work/Life Employee Assistance Program (EAP)
- Discount Program

There is no need to enroll for these benefits.

For medical, dental, vision, critical illness, accidental injury, hospital care, identity protection and legal plans, you may cover your eligible dependents as well as yourself. However, you cannot elect to cover your dependents in plans for which you are not enrolled. If you and your spouse both work for Bunge, only one of you can cover your dependents. No one may be covered as both an employee and a dependent.

For a complete list of eligibility requirements under each plan, please refer to your summary plan description.



Medical

Bunge offers three competitive medical plans to choose from so everyone can find a plan that is just right. All plans are administered by Anthem Blue Cross Blue Shield (BCBS).

How the Medical Plans Work

Each time you seek medical treatment you may choose to receive care from any provider, but you'll pay less out-of-pocket if you use providers in your network. This is because network doctors have agreed to charge discounted fees in return for Bunge employees using their services.

To find an In-Network provider follow these instructions:

- Visit www.anthem.com. Select "Find Care." Then select "Basic Search as a Guest" and select the type of plan or network — Medical Plan or Network. Select your state. For how you get health insurance select Medical (Employer-Sponsored). For the plan/network selection, choose "National PPO (BlueCard PPO).

Your Anthem Nurse

Imagine if there was ... **ONE** person who answers all your benefit and health care questions and helps you get more out of your company benefits. **ONE** person who has your best interests at heart and makes sure you and your family always get the best care available. **ONE** person who listens and understands what's important to you. That's the **power of ONE**. That's the **power of Your Anthem Nurse**.

This 100% confidential and FREE service through Anthem is truly personal enough to make a real difference in the quality of care you receive. Contact Anthem to discover how the **power of ONE** will change your life!

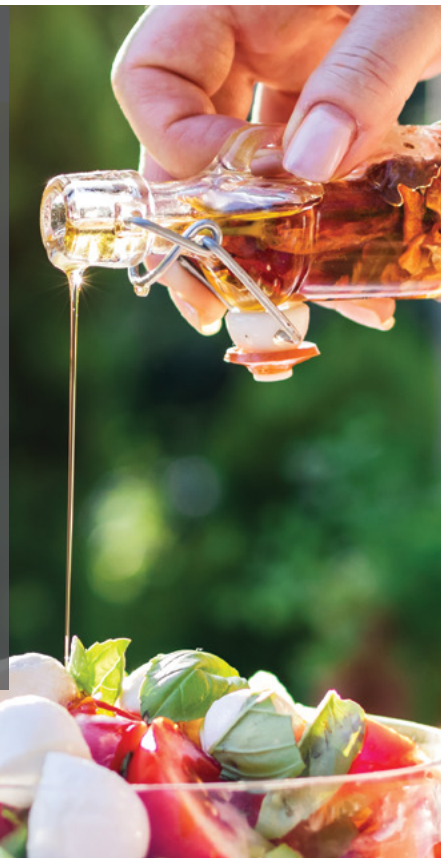
Virtual Primary Care

Find complete care support, on your time by downloading the Sydney Health app today.



Anthem's Inclusive Care Program

Healthcare that supports the LGBTQIA+ community because trusting and feeling comfortable with your doctors is important for everyone. Inclusive Care can connect you to the medical and emotional support you or a family member may be seeking. To learn more about Inclusive Care call the number on the back your Anthem ID card.





Embedded vs Non-embedded deductibles and out-of-pocket (OOP) maximums

Under family coverage, an embedded deductible or OOP maximum plan means that each family member has an individual amount in addition to the total family amount. Each individual's amount is much lower than the total family amount. When individuals meet their respective deductible or OOP amount, the plan begins to pay for that person's covered medical services, regardless of whether the family amount has been fulfilled.

Under a non-embedded deductible or OOP maximum plan, also known as an aggregate plan, the total family amount must be met before the plan starts paying for health care services for any individual member.

Medical Plan Comparison	BASIC HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		CORE HIGH DEDUCTIBLE HEALTH PLAN (HDHP)		PREMIUM PREFERRED PROVIDER ORGANIZATION (PPO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Calendar year deductible	Embedded		Non-Embedded		Embedded	
Individual	\$3,500	\$6,000	\$1,750	\$3,500	\$750	\$1,500
Family	\$7,000	\$12,000	\$3,500	\$7,000	\$1,500	\$3,000
Health Savings Account Funding						
Employee Only Tier	\$500		\$500		NA	
All Other Tiers	\$1,000		\$1,000		NA	
Coinsurance	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Preventive exams	100%	Deductible and Coinsurance	100%	Deductible and Coinsurance	100%	Deductible and Coinsurance
Most covered services	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Doctor office visits	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	\$25 copay	You pay 40% after deductible
Specialist office visit	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	\$40 copay	You pay 40% after deductible
Emergency care * waived if admitted	You pay 20% after deductible		You pay 20% after deductible		You pay \$150 copay* and 20% after deductible	
Inpatient/Outpatient treatment of mental health and substance abuse	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Annual Out-of-Pocket (OOP) Maximum – includes pharmacy cost	Embedded		Non-Embedded		Embedded	
Individual	\$6,000	\$12,000	\$4,000	\$8,000	\$4,400	\$7,000
Family	\$12,000	\$24,000	\$7,350	\$16,000	\$9,800	\$14,000
Lifetime maximum per person	None		None		None	

Note: Medical and pharmacy deductibles, copays and coinsurance count towards the annual out-of-pocket maximum. Charges for in-network services will count toward the out-of-network annual.

Did you know?

Health Savings Accounts (HSA) can be a key savings strategy for your future — especially for your health care expenses in retirement. You can put money in your HSA tax-free with investment options to grow your balance. It's a simple way to set yourself up for a healthy financial future.



💰 What is a Health Savings Account?

An HSA is a pre-tax savings account available to individuals that are covered under a qualified High Deductible Health Plan (HDHP). The account allows you to put aside money on a pre-tax basis that can be used for current and future eligible health care expenses.

HSAs are individually owned and flexible. Throughout the year as your needs change, you can change your pre-tax contributions to your account, up to the annual IRS contribution limits. If you have money left in your HSA at the end of the year, it will roll over into the next year. As the balance of your HSA grows, you have the option to invest your money; the investment earnings are also tax-free.

Please refer to the HSA Custodial Agreement for complete terms and conditions of the HSA. The fees for the HSA are described in the PayFlex HSA Fee Schedule. Both documents can be found on the BungeConnect, the Virtual Benefits Fair or you can obtain a copy by contacting your HR representative.

Eligibility Requirements for an HSA?

- You must be covered under a Bunge HDHP
- You may not be covered by any other health plan that is not a HDHP
- You may not be covered under a Health Care FSA (enrollment in a Limited Purpose FSA is permitted)
- If married, your spouse cannot be enrolled in a Health Care FSA (enrollment in a Limited Purpose FSA is permitted)
- You cannot be claimed as a dependent on someone else's tax return
- You cannot be enrolled in Medicare or Medicaid
- Eligibility is determined by your coverage status as of the first day of each month, so you must be enrolled in a HDHP as of the first day of the month to be eligible to make an HSA contribution for that month

For a full list of eligibility rules, see IRS Publication 969.

What are the Advantages of an HSA?

- You can make pre-tax contributions to your account directly from your paycheck
- Bunge contributions to your HSA are excluded from your gross income
- Your HSA earns interest tax-free and you can invest your money when your balance reaches \$1,000, and any investment earnings are also tax-free
- Distributions for qualified expenses are tax-free
- Employee contribution amounts can be stopped or changed throughout the year
- The account is owned by you and is yours to keep if you leave the company
- Account balances do not expire, which means you can roll over unused funds from year to year

HSA Annual Contribution Limits

- Employee Only: \$4,150
- Family (includes all other tiers): \$8,300
- Catch-up Limit (Age 55+): \$1,000

Contribution limits include any employee contributions as well as Bunge's contribution.

Eligible HSA Expenses

You can use your HSA to pay for eligible out-of-pocket expenses that are incurred after your HSA was established. Eligible expenses can include out-of-pocket costs for medical, pharmacy, dental and vision. If you would like a complete list, visit the IRS website at www.irs.gov and search Publication 502.



HDHP Participants

Bunge will make an upfront annual contribution in January of \$500 (employee only) or \$1,000 (other tiers) to your HSA.* Employees are not required to make their own contributions to the HSA to be eligible for the Bunge contribution.

Employee HSA contributions can be changed throughout the year by "Reporting a Qualifying Change" under the Benefits Dashboard of the ADP portal.

* Employee must elect in the ADP enrollment system that they are eligible for an HSA, and set up account through Bunge's HSA Administrator, PayFlex, to be eligible for any employer contributions.

Prescription Drug Coverage

The medical plans include prescription drug benefits through Express Scripts.

Coverage under the prescription drug benefit provides generic, preferred and non-preferred pricing. Generic drugs generally cost the least and have the same active ingredients, safety, dosage, quality and strength as their brand-name counterparts.

For your prescriptions to be covered under the plan, you must use a participating, in-network retail pharmacy or purchase drugs through the mail-order or specialty pharmacy.

Mandatory Generic Provision

To help save you and the company money, Bunge has a mandatory generic provision. That means that if your doctor prescribes a medication and a generic drug is available, you must either receive the generic drug, or pay the cost difference between the generic and brand-name drug in addition to the generic copayment.

Drugs Requiring Prior Authorization

Certain drugs require prior authorization. You will want to make sure that the authorization from your provider is in place to continue receiving your prescriptions. For more information about prior authorization contact Express Scripts at www.express-scripts.com or 800-987-8369.

Specialty Drugs

Prescriptions for specialty drugs (e.g., oral drugs and injectables prescribed for conditions such as leukemia and multiple sclerosis) must be filled through the Express Scripts Special Care Pharmacy, Accredo Health Group.

Maintenance or Long-Term Prescription Provision

Through the Smart90 program, maintenance drugs must be filled 90-days at a time at a Smart90 Retail Pharmacy (CVS or Walgreens) or Express Scripts Pharmacy. If a member continues to fill a maintenance drug as a 30-day prescription or does not use a participating pharmacy, the member will pay 100% of the discounted drug price after the 3rd consecutive 30-day refill.

To locate a participating pharmacy or price a medication, log in to your Express Scripts account at www.express-scripts.com.

Details on using the mail order program are on page 9.



	BASIC AND CORE HDHP			PPO		
	Retail (30 day supply)	Mail (90 day supply)	4th Retail Refill Penalty (30 day)*	Retail (30 day supply)	Mail (90 day supply)	4th Retail Refill Penalty (30 day)*
Preventive	\$10 Generic / \$20 Preferred / \$30 Non-Preferred	\$20 Generic / \$40 Preferred / \$60 Non-Preferred	100% 100% 100%	NA	NA	NA
Generic	You pay 20% after deductible	You pay 20% after deductible	You pay 100% after deductible	\$10	\$20	100%
Preferred	You pay 20% after deductible	You pay 20% after deductible	You pay 100% after deductible	\$40	\$80	100%
Non-Preferred	You pay 20% after deductible	You pay 20% after deductible	You pay 100% after deductible	\$60	\$120	100%
Specialty	You pay 20% after deductible			\$100	\$100	\$100

* Maintenance drugs must be filled 90 days at a time at a Smart90 retail pharmacy or Express Scripts Pharmacy. Prescriptions dispensed in 30-day supplies at a retail pharmacy that are otherwise available in 90-day supplies through a Smart90 retail pharmacy or Express Scripts Pharmacy will have a penalty assessed upon the 4th consecutive 30-day refill (and any subsequent, consecutive refills). Members will pay 100% of the discounted drug price after courtesy fills.

Mental Health Support

Healthy minds are as important as healthy bodies. That's why our pharmacy coverage will include access to mental health support programs, inMynd and Silvercloud.

- Through inMynd eligible members will have access to discrete, personalized mental health support and care, including educational resources and 1:1 coaching. Express Scripts may reach out to you if pharmacy claims data indicates you should consider taking advantage of specialized care support.
- Silvercloud is an online mental health platform offering support and guidance to those experiencing symptoms of anxiety, depression, stress, sleep issues or resilience. Silvercloud is available through your Express Scripts pharmacy benefit.

Express Scripts Pharmacy Mail Order

The Express Scripts Pharmacy mail order program offers a convenient and cost-effective way to get prescription medications you take on a regular basis.

You should continue to get all your short-term drugs (up to a 30-day supply), such as antibiotics, at a participating retail pharmacy. Before you send your first mail order prescription, please make sure you have a 2-week supply of medication on hand while waiting for your new medication to arrive.

Two easy ways to use the Express Scripts Pharmacy:



By mail

Ask your doctor for a new prescription for up to a 90-day supply, plus refills.

Send the new prescription using a mail order form. The mail order form can be obtained from BungeConnect.

or

Prescription Coverage with the HDHP

Under the HDHP, employees are required to meet their deductible before the plan begins to share the cost of coverage — this includes prescription coverage as well. However, preventive medications are eligible for a copay instead of the deductible and coinsurance. Various factors are used to determine if a drug is considered preventive, such as the drug's primary indication in addition to clinical guidelines. To help you determine if a drug is considered preventive or not, you can visit the ESI Bunge plan website at www.express-scripts.com/bunge. From the site, you can see a benefit overview and price specific medications to compare coverage under the different plans.

How to Use the HDHP at the Pharmacy

1. Present your ID card at the time you pick up your prescription.
2. You will be responsible for the full cost of the contracted rate at the pharmacy.
3. Pay for the prescription using your HSA card or, if you do not have enough funds available in your HSA, pay out-of-pocket and reimburse yourself after the funds are deposited into your HSA.



By doctor fax

Ask your doctor for a new prescription for up to a 90-day supply, plus refills.

Provide your doctor with your member ID number (shown on your prescription ID card) and ask him or her to call 888-327-9791 for instructions on how to use the fax service. You'll be billed later.



Two plans:

The Basic plan offers a lower premium to employees and orthodontia is not covered. The Premium plan offers a richer benefit at a higher premium. This plan has higher Bunge coinsurance for services and orthodontia for children and adults.



Dental

The Bunge dental plans help you look out for your family's dental health by encouraging regular checkups and preventive dentistry.

The plans are administered by Delta Dental and allow you to see the dentist of your choice, but you will generally pay less if you use a dentist who is a member of the Delta network.

Bunge employees have access to two networks of dentists: Delta Dental's PPO Network and Delta Dental's Premier Network. The PPO network offers even better discounts and greater out-of-pocket savings than the Premier network. Dentists who participate in the Premier network may also participate in the PPO network. If your dentist does not participate in the PPO network you may continue to use him/her, but you will not be able to take advantage of the additional savings.



	BASIC PLAN	PREMIUM PLAN
Annual Deductible	\$50 Per Person, Up To Three Deductibles Per Family	\$50 Per Person, Up To Three Deductibles Per Family
Percentage plan pays for covered services:		
• Preventive	100% no deductible	100% no deductible
• Basic	80% after deductible	90% after deductible
• Major	50% after deductible	60% after deductible
• Orthodontic (Adult and Child)	Not Covered	50% no deductible
Oral surgery	70% after deductible	80% after deductible
Maximum benefit per year	\$1,500 per person	\$2,000 per person
Lifetime maximum for orthodontia	Not Covered	Lifetime max for ortho \$1,500 per person

New for 2024!

Frame and contact allowances will increase for in network providers and our VSP Vision plan will now be part of the Choice Network! See the highlighted items in the table below to view the specific changes.



Vision care benefits help you and your eligible dependents pay for most eye care services and cover a wide range of vision services and supplies.

This plan, administered by VSP Vision, allows you to see the vision provider of your choice, but you will generally pay less if you use a provider who is a member of the VSP Vision Choice Network. See the table below for updates to the allowances for Non-VSP Vision providers.

VSP VISION PROVIDER			NON-VSP VISION PROVIDER
BENEFIT	DESCRIPTION	CO-PAY	DESCRIPTION
Wellvision exam (every calendar year)	Focus on your eyes and overall wellness	\$15 for exam	Up to \$45 after \$15 copayment
Frames* (every other calendar year)	\$200 frame allowance 20% savings on the amount over your allowance	\$25*	Plan pays up to \$70
Lenses (every calendar year)	Plan pays 100% after co-payment (includes single vision, lined bifocal, and lined trifocal lenses. Impact resistant lenses for dependent children).	\$25*	Single vision: Plan pays up to \$30 Lined bifocal: Plan pays up to \$50 Lined trifocal: Plan pays up to \$65
Lens enhancements (every calendar year)	Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 30% on other lens enhancements	\$0 \$95 – \$105 \$150 – \$175	Lenticular: Plan pays up to \$100 Progressive Lenses: Plan pays up to \$50
Contacts instead of glasses (every calendar year)	Contact lens exam (fitting and evaluation) \$200 allowance for contacts: copay does not apply	Up to \$60	Visually necessary: Plan pays up to \$210 total Elective: Plan pays up to \$105 total
LIGHTCARE™ (every other calendar year)	\$200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	\$25	NA

* When you purchase eyeglasses, lenses and frames at the same time (once every 24 months), you pay a single \$25 copayment for both.



VSP Vision LightCare

Put your eyes at ease with VSP LightCare

With VSP LightCare, you can use your frame and lens benefit to get non-prescription eyewear from your VSP Vision network or visit www.eyeconic.com. Visit a VSP Vision network doctor and choose either prescription eyewear coverage or use your frame and lens allowance toward ready-to-wear non-prescription sunglasses or non-prescription blue light filtering glasses.

Benefits Resource Page



Need Help Choosing the Right Plans?

If you want to find that perfect plan, or you have questions about how your insurance works, you can get help from our online benefits counselor, ALEX®.



Because we know choosing the right plans can be tricky — especially if you're doing it for the first time — we hope you'll visit ALEX®, the virtual benefits counselor, before you make your enrollment decisions. This easy-to-use online tool speaks in plain English (not insurance-talk), and is available to help you figure out which plans will best serve your needs.

Here are three important things to know about the ALEX® tool:

1. **It's personalized**, so you can see which plan makes the most sense for YOU.
2. **It's fun to use**. There's no boring insurance jargon or complicated legal jibber-jabber.
3. **It's confidential**, so you can get the guidance you need without revealing all of your secrets.

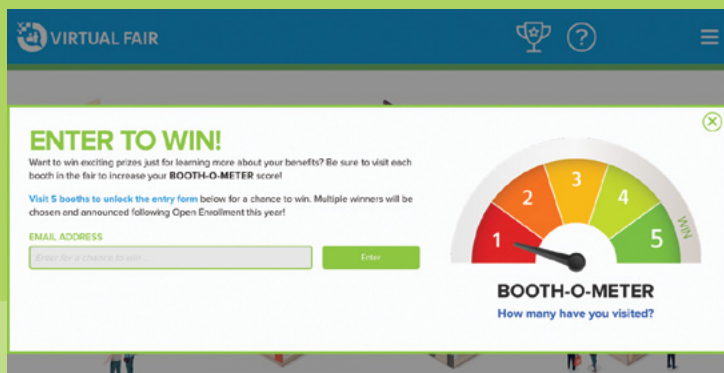
Find the benefits that fit you best at:

<https://start.myalex.com/bunge>.

The ALEX counselor will provide only a recommendation for plans that might fit your needs. The final election choices you select are up to you.

Virtual Benefits Fair

Our Virtual Benefits Fair is your one-stop-shop to learn more about your benefits, make informed decisions and take full advantage of your coverage. From your computer or mobile device, virtually visit vendor booths to learn more about what Bunge has to offer. The fair will be accessible year round and will continue to be updated with new material. Visit the fair at www.virtualfairhub.com/bunge for more information.



Throughout the year when you return to the fair and visit five booths, you will be entered into a quarterly raffle for one of three \$100 cash prizes!

Want to win a prize just for learning more about your benefits? Visit five booths at the fair by November 8 to increase your BOOTH-O-METER score and be entered into a raffle for one of three \$100 cash prizes!



Life Insurance

Life Insurance provides financial protection for your beneficiaries in the event of your death.

Basic Coverage

You will automatically be enrolled in basic employee life insurance at no premium cost to you.



Accidental Death and Dismemberment Insurance (AD&D)

AD&D coverage provides financial protection in addition to your life insurance coverage if you die or are dismembered in an accident.

Basic Coverage

You will automatically be enrolled in basic employee AD&D insurance at no cost to you.



Disability

Disability coverage provides valuable financial protection in case you have a non-work-related sickness or injury and are unable to work.

Coverage includes:

- Short-Term Disability (STD)

STD Coverage

You will automatically be enrolled in the STD plan at no cost to you. Please refer to the policy for specific details.



Fertility Support Vendors

Fertility vendors offer benefits to support inclusive family planning.

- **FertilityIQ** is an all-encompassing on-demand educational platform servicing people of all reproductive stages and family-building pathways. Courses are built with the most sought-after experts and specialize in topics for all people regardless of gender, orientation, diagnosis, or stage of life. Benefits are available to all employees regardless of Bunge medical plan election.
- **Kindbody** offers a network of integrated providers specializing in family-building, fertility, and post birth through menopause, including men's health. A dedicated care journey navigator powered by a physician will support by connecting you with a personalized team of experts. Benefits require enrollment in Bunge's Anthem medical coverage.



Employee Assistance Program (EAP)

Bunge provides you with a confidential work-life balance EAP at no cost to you.

This program provides support in managing everyday challenges at work and home as well as more serious issues involving emotional and physical well-being.

Services include counseling, information and/or referrals for:

- Childcare and/or eldercare
- Personal relationships
- Health management
- Legal issues
- Financial planning
- Stress management

For information or to speak to an EAP counselor, call 888-628-4824. You can speak with a counselor at anytime and can participate in up to five face-to-face consultations per issue each year. Or, if you prefer educational materials and interactive tools, visit the EAP Web site at www.guidanceresources.com. See back cover for Web ID.



Did you know?

You can complete a variety of wellness activities and be rewarded with up to

\$200*

for the year.



Discount Program

Real Perks. Real Discounts.

PerkSpot offers exclusive discounts to all employees. Save big on travel, electronics, home goods, wellness, and all the other little- and big-things that will make life a bit easier. To view all the discounts, visit www.bunge.perkspot.com.



Bunge Retirement

Start investing in yourself today, with help from the plan and Fidelity.

Bunge offers a 401(k) plan to help save for retirement. Please refer to the Retirement Summary Plan Description for more details.





Bunge Living

Bunge wants you to have a balanced, healthy life. Your personal success enables you to be your best every day. That's why we want to support you in becoming your best. After all, when you thrive, we thrive.

To help you set and reach your goals, Bunge offers a variety of programs that you can participate in. You can complete a wellbeing assessment to help evaluate your current lifestyle habits or participate in an on-site biometric screening that is offered at most Bunge locations. Bunge has also partnered with Propel to offer wellness opportunities that are specific to your individual needs. Our partnership with Propel allows your personal privacy to be respected as Propel will never share your individual information with Bunge. To view Propel's tools and programs, log on to www.bungeliving.com.

Incentive Program

Small actions can lead to big rewards when it comes to your personal wellness. Bunge wants to help motivate you to get started. You can complete a variety of wellness activities and be rewarded with up to \$200* for the year. The activities may vary from year to year and can include a wellbeing and/or financial assessment, on-site biometric screening, wellness and financial challenges, self-reporting monthly exercise and completing your yearly preventive exam. A complete list for the current year, along with point values for each activity can be found on the Bunge Living Propel site, (www.bungeliving.com) under the Earn tab. Incentive points can be redeemed for e-gift cards at a variety of retailers.

* To be eligible for any incentive you must complete the wellbeing health assessment. Any incentive earned will be included in taxable income.



✓ More Choices — Supplemental Benefits

To help with the unexpected curve balls that life can throw your way, Bunge offers more supplemental benefit choices.

The benefits below can offer additional financial protection to supplement your health insurance plans. Cigna administers these voluntary plans that allow you to choose the type of coverage that works best for you and your dependents. For complete details regarding each plan and a list of covered conditions, please refer to the summary plan description or visit <https://my.cignasupplementalhealth.com/bungenorthamerica/p/1>.

Critical Illness Plan

The critical illness plan will provide additional financial protection to help with out-of-pocket expenses from an unexpected critical illness. The plan provides a cash benefit of up to \$20,000 when a covered employee is diagnosed with a covered critical illness or event after coverage is in effect. Some examples of covered illnesses or events are: heart attack, cancer, stroke, coronary artery disease or paralysis. Coverage is also available for spouses (up to 50% of the employee amount) and children (up to 25% of the employee amount).

Accidental Injury Plan

The accidental injury plan will provide additional financial protection to help with out-of-pocket expenses from an unexpected accidental injury that occurs off the job. The plan provides a cash benefit based on the injury and treatment you need. Coverage is available for employees and dependents. Covered injuries can include broken bones, burns, concussions or cuts requiring stitches. Benefits can also be payable for initial treatment, ER visits and follow up care for a covered injury.

Hospital Care Plan

The hospital care plan will provide additional financial protection to help with the cost of a hospital stay. If you or an enrolled dependent is admitted to the hospital for a covered accident or illness you will receive a benefit payment to help cover the out-of-pocket expenses your medical plan may not cover. Depending on the level of coverage you choose, you may receive up to \$2,000 when you are admitted to the hospital and \$200 per day up to the plan limit.

Identity Protection Plan

Sharing data is a fact of life, but with convenience comes risk. Many know they need to do something to protect their online security and privacy, but don't know where to start. To help, Bunge offers Identity Protection coverage through AllState.

With Allstate's ID Protection program they will do more than monitor your credit reports. They will help you look after your online activity, from financial transactions to what you share on social media — so you can protect the trail of data you leave behind. Allstate Identity Protection Pro Plus delivers the most advanced identity and privacy protection. They will monitor your identity, credit, financial transactions, social media and more — all in one place. For complete details of the plan, refer to the plan summary or visit www.myaip.com.

Legal Plan

A legal insurance plan can ease the biggest stresses — finding and paying for legal expertise when you need it most. Life events can lead to unexpected legal concerns that are difficult to handle alone.

LegalEASE offers a legal insurance plan that provides support and protection for unexpected personal legal issues.

Benefits included with a LegalEASE insurance plan:

- An attorney with expertise specific to your personal legal matter
- Access to a national network of attorneys with exceptional experience that are matched to meet your needs
- In and out-of-network coverage
- Concierge help navigating common individual or family legal issues

To learn more, visit www.legaleaseplan.com/bunge.



Dependent Eligibility Audit

Bunge will continue an ongoing dependent audit to confirm employees are covering only eligible dependents.

This audit will be conducted on any new dependents being added to the plan, whether it is for a new employee or a qualifying event. You will be required to provide proof of dependent status with a certified birth certificate, certified marriage license, adoption certificate, adoption placement papers, court orders and other required documents to complete the audit requirements. ADP will send letters to those employees that add new dependents to let them know what documentation is required. Documentation can be uploaded through your Benefits Dashboard on ADP. If you fail to comply, your dependents will be dropped from the plan and will not be eligible to re-enroll until the next open enrollment period or eligible change in status.

Eligible dependents include:

- Your lawful spouse
- Your child from birth to age 26 regardless of student or marital status
- Your child of any age who is dependent upon you for support because of a disability which occurred prior to age 26

Spouse Rules

To qualify for spouse coverage, your marriage must have been registered and solemnized by a person authorized by law to solemnize marriages or otherwise specifically sanctioned under current state law. The following persons are not eligible to be covered as your spouse: common-law spouses (unless your state recognizes common-law marriages), ex-spouses, girlfriends, boyfriends, domestic partners (of the same or opposite sex) or anyone else to whom you are not currently married.

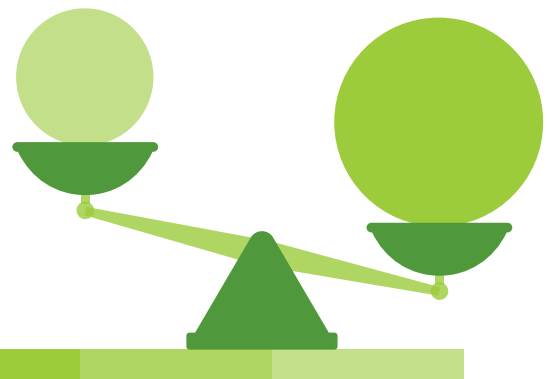
Eligible Child

An eligible child is your biological child, your stepchild, your adopted child, a child placed for your adoption or for whom legal adoption proceedings have been started, a child for whom you are the full (as opposed to temporary or partial) legal guardian or custodian or a child for whom you are required to provide medical coverage under a qualified medical child support order. A foster child is not eligible for coverage. Grandchildren cannot be covered unless the grandchild otherwise qualifies under this section. The eligible child does not have to be a student, live with you, be dependent upon you for financial support, or be unmarried. However, the spouse of your child is not eligible to be enrolled in the plan.

Annual
Enrollment
runs from
October **25**
through
November **8**

Did you know?

You and Bunge share in the cost of your benefit coverage, although the **company pays a majority** of the cost.





i Other Important Information

Your Cost for Coverage

You and Bunge share in the cost of your benefit coverage, although the company pays a majority of the cost as follows:

- Bunge pays the premium for your coverage under the basic life insurance, basic AD&D insurance, short-term disability, Bunge Living Program and Work-Life Balance EAP plans.
- Bunge pays a portion of the cost of coverage for you and your family for the medical and dental plans.
- If you elect vision, critical illness, accidental injury, hospital care, legal or identity protection coverage, you pay the entire premium identified for each of these coverages.

All your contributions toward the plans will be deducted automatically on a before-tax basis from your paycheck except for critical illness, accidental injury, hospital care, legal, and identity protection coverage.

When contributions are taken from your pay on a before-tax basis, you don't pay federal income, state income (in most states) or Social Security taxes, which means more take-home pay for you.

Special Enrollment Rights

If you decline enrollment under the medical, dental or vision programs for yourself, your spouse, or your eligible dependents because of other health insurance or group health plan coverage, you may be able to enroll yourself, your spouse, and your eligible dependents in these programs if you or they lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' coverage). You must change your benefits online through ADP Direct Access within 31 days of the date your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). If you add a new dependent as a result of marriage, birth, adoption, placement for adoption or obtainment of legal guardianship or custody of a child, you may submit a change of benefits online through ADP Direct Access (<https://my.adp.com>) within 31 days of the date of the marriage or within 60 days of the date of the birth, adoption, placement for adoption or obtainment of legal guardianship or custody of a child. As a result of one of these events, you may enroll yourself (if not currently enrolled) and your dependents in coverage. A telephone contact will not be sufficient to add a newly eligible dependent.

If you enroll your new dependent within the applicable window, he or she will begin participating in the medical, dental or vision programs on the date of becoming a dependent. If you do not enroll a new dependent in these programs within the applicable window, you will only be able to enroll the dependent during the next open enrollment period. The effective date of coverage will be the open enrollment effective date.

If you or your dependents are eligible for coverage under the terms of the Bunge group health plan but are not enrolled in the plan, you may request enrollment in the Bunge plan within 60 days of the date that you or your dependents either:

- Lose Medicaid or Children's Health Insurance Program (CHIP) coverage because you or your dependents are no longer eligible for coverage, or
- Become eligible for a state's premium assistance program, with respect to coverage under the Bunge group health plan, under Medicaid or CHIP.

You will be required to provide proof of dependent status with a certified birth certificate, certified marriage license, adoption certificate, adoption placement papers, court orders and other required documents to complete the enrollment.

To request special enrollment or for more information, contact:

*Bunge
1391 Timberlake Manor Parkway
Chesterfield, MO 63017
Attn: Benefits Department
877-286-4347*

The Women's Health and Cancer Rights Act of 1998

As a reminder, the following notice is provided as required by a federal law entitled "The Women's Health and Cancer Rights Act of 1998" ("Women's Health Act").

For plan years beginning on or after October 21, 1998, the Women's Health Act requires that group health plans and health insurance issuers, which provide medical and surgical benefits for mastectomy, provide certain additional benefits related to breast reconstruction. In the case of a participant or beneficiary who is receiving benefits under a group health plan in connection with a mastectomy and

who elects breast reconstruction, coverage must be provided in a manner determined in consultation between the attending physician and the patient, for:

- Reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce symmetrical appearance; and
- Prostheses and treatment of physical complication of all stages of mastectomy, including lymphedemas.

Bunge's group medical plan provided the coverage required by the Women's Health Act prior to enactment of the law. This coverage is subject to annual deductibles, coinsurance amounts and pre-certification procedures that are required for any other medical or surgical procedures.

Notice of your Health Plan's Privacy Practices

Please note that a copy of the "Notice of your Health Plan's Privacy Practices" which was previously distributed to you is available upon request. Please contact your local HR Representative if you would like an additional copy.



Important Notice

Your employee benefits are governed by the terms of legal documents, including insurance contracts and plan documents. This booklet is intended to be an easy-to-follow guide to your options and describes our benefit plans in simplified terms. It serves as a Summary of Material Modifications to the summary plan descriptions for the plans. We have taken care to make sure the descriptions are accurate, but they cannot cover every detail of the plans. In the event of a conflict between this booklet and the legal documents, the legal documents will be followed. Bunge reserves the right to amend or terminate any of its company-sponsored benefit plans at any time. If you need more details about how a plan works, contact your local Human Resources Representative or the Bunge Benefits Department.



Contact Information

If you have any questions about your benefits please contact the appropriate benefits administrator as listed below.

BENEFIT	CONTACT	GROUP #	WEB SITE	PHONE NUMBER
Virtual Fair			www.virtualfairhub.com/bunge	
Plan Decision Tool	ALEX		https://start.myalex.com/bunge	
Medical	Anthem BCBS	230036	www.anthem.com	800-952-7613
Dental	Delta Dental of Missouri	6958	www.deltadentalmo.com	800-335-8266
Vision	Vision Service Plan (VSP)	12226168	www.vsp.com	800-877-7195
Prescription Drug	Express Scripts	BUNGERX Bin# 610014	www.express-scripts.com	800-987-8369
HSA	PayFlex		www.payflex.com	844-729-3539
Life Insurance	MetLife		www.metlife.com or www.metlife.com/lifeclaims	800-638-6420
Accidental Injury, Critical Illness, Hospital Care Plan	Cigna	AI960777 CI960751 HC960270	https://my.cignasupplementalhealth.com/ bungenorthamerica/p/1	800-754-3207
Identity Protection	Allstate	Group – 6268	www.myaip.com	800-789-2720
Legal Plan	LegalEASE		www.legaleaseplan.com/bunge	800-248-9000
EAP	ComPsych	User Name: LFGSupport Password: LFGSupport1	www.guidanceresources.com	888-628-4824
Bunge Living Wellness Program	Propel		www.bungeliving.com	888-339-4131
Inclusive Care Program	Anthem		www.anthem.com	800-952-7613
Fertility Support Vendors	FertilityIQ Kindbody	BungeFIQ KINDBUNGE	https://bunge.fertilityiq.com www.kindbody.com/activate	601-348-7570 855-968-1069
Discount Program	PerkSpot	Pass Phrase: BungePerks	www.bunge.perkspot.com	866-606-6057
401(k) Plan	Fidelity Investments		www.401k.com	800-835-5095
Bunge Pension Center	Mercer		www.bunge.mercerpencentral.com	877-495-0882
HRIS System	ADP		https://my.adp.com	
Bunge Benefits Team			benefits.us@bunge.com	877-286-4347
Bunge Retirement Team			northamericaretirementbenefits@bunge.com	877-286-4347

At any point during Annual Enrollment, you can review or edit your elections as many times as you like. Please note that you must click the "Confirm Elections" button to complete your changes. If you do not click the "Confirm Elections" button, your changes will not be valid.

Annual Enrollment runs from October 25 – November 8. You must enroll online through <https://my.adp.com> by **November 8**. Corrections may not be made after **11:59 p.m. ET on November 8**.

Changing Coverage During the Year. After annual enrollment ends, you can make changes to your coverage only if you experience a change in status such as marriage, divorce, death of spouse, etc. For a complete list of eligible status changes, see your Bunge eligibility and administrative booklet. You must change your benefits on-line through the ADP portal (<https://my.adp.com>) within 31 days from the date of the event, or 60 days for the birth, adoption, or obtaining legal guardianship/custody of a child.

Need Help? Contact your local HR Representative or the Bunge Benefits Department at 877-286-4347.