

# General Hourly Benefits Summary

January 1, 2023

## MEDICAL BENEFITS HIGHLIGHTS - BCBSIL

Benefit	PPO 1000	PPO 5000
<b>Annual Deductible</b>		
• Single – In-network/Out-of-network	\$1,000/\$2,000	\$5,000/\$10,000
• Family – In-network/Out-of-network	\$2,000/\$4,000	\$10,000/\$20,000
<b>Coinsurance</b>		
• In-network	20%	30%
• Out-of-network	50%	50%
<b>Annual Out-of-Pocket Maximum<sup>1</sup></b> (includes deductible)		
• Single – In-network/Out-of-network		
• Family – In-network/Out-of-network	\$4,500/\$9,000 \$9,000/\$18,000	\$8,000/\$16,000 \$16,000/\$32,000
<b>Routine Preventive Care Services</b>	\$0	\$0
<b>Telemedicine</b>	\$48	\$48
<b>Primary Care or Specialist</b>	Coinsurance (after the deductible)	Coinsurance (after the deductible)
<b>Emergency Room Copayment (facility only)</b>		
(In addition to your annual deductible and coinsurance)	\$100	\$100

**Other Services**

- Urgent Care
- Diagnostic Tests & Imaging
- Inpatient/Outpatient hospital and physician services
- Maternity services

Coinsurance (after the deductible)

Coinsurance (after the deductible)

**Speech, Physical, & Occupational Therapy**

Coinsurance (after the deductible)

Coinsurance (after the deductible)

**Lifetime Maximum Per Person**

None

None

**Prescription Drug – CVS Caremark**

Generic (ACA Preventive)  
(not subject to deductible)

100% covered retail/mail order

100% covered retail/mail order

Generic drugs

25% coinsurance up to: \$15 retail or \$30 mail order

30% coinsurance for retail/mail order

Preferred Brand drugs

35% coinsurance up to: \$100 retail or \$200 mail order

30% coinsurance for retail/mail order

Non-preferred brand name drugs

50% coinsurance up to: \$150 retail or \$300 mail order

30% coinsurance for retail/mail order

Specialty Drugs

35% coinsurance up to \$200

30% coinsurance for retail/mail order

**Free Well-Being Programs (only available if employee/dependent enrolled ADM medical plan)**

- **Wondr Health** offers simple online programs that helps change how you eat instead of what you eat; access these benefits [wondrhealth.com/ADM](http://wondrhealth.com/ADM)
- **Livongo** personalized support for employees/dependents living with diabetes and high blood pressure, including a health coach; visit [get.livongo.com/ADM](http://get.livongo.com/ADM) or call 800-945-4355 (registration code: ADM)
- **Hinge Health** digital program to help reduce back or joint pain; sign up and receive a tablet computer and wearable motion sensor to guide you through 15-minute exercise therapy sessions; visit [hingehealth.com/admstretch](http://hingehealth.com/admstretch) or 855-902-2777.

**Eligible Participants**

- Full-time employees
- Spouse or certified domestic partner
- Children up to age 26

**Coverage Effective Date**

Date of hire

<sup>1</sup>Medical/Pharmacy annual out-of-pocket maximum includes your deductibles, coinsurance, and copayments; once satisfied, the plan pays 100% of the charges for the remainder of the plan year.

## Monthly Pre-Tax Contribution Rates for Medical Plans

Coverage Tier	PPO 1000		PPO 5000	
	With blood screen**	Without blood screen	With blood screen**	Without blood screen
Employee Only	\$74.00	\$124.00	\$10.00	\$60.00
Employee + Spouse/Domestic Partner*	\$239.00	\$289.00	\$103.00	\$153.00
Employee + Child(ren)	\$199.00	\$249.00	\$75.00	\$125.00
Family	\$375.00	\$425.00	\$207.00	\$257.00

\*Domestic partner coverage is fully taxable.

\*\*Effective January 1, 2022, new hires or newly enrolled employees in an ADM-sponsored medical plan will automatically qualify for the blood screen contribution rate in 2022 and 2023.

### DENTAL PLAN – DELTA DENTAL

Annual Deductible	\$50 Individual/\$100 Family
Preventive Care	Covered at 100% (with no deductible)
Coinsurance Major and Orthodontics	You pay 20% after the deductible
Calendar Year Maximum	\$1,500 per individual
Orthodontics* Lifetime Maximum	\$2,000

\*Orthodontia coverage for dependent children only between ages 3-18

### MONTHLY PRE-TAX CONTRIBUTION RATES FOR DENTAL PLAN

Employee Only	\$5.60
Employee + Spouse/Certified Domestic Partner <sup>1</sup>	\$12.60
Employee + Child(ren)	\$12.60
Family	\$19.60

<sup>1</sup>Domestic Partner coverage is fully taxable to the employee

## VISION PLAN - VSP

	VSP Choice Provider & Participating Retail Chains Benefit*	Out-of-Network Provider Benefit
<b>Eye Exam (Once Per Calendar Year)</b>	You pay nothing	You are reimbursed up to \$62
<b>Eyeglass Lenses (Once Per Calendar Year)</b>		
Single Vision, Lined Bifocal, Lined Trifocal, Lenticular (post-cataract surgery lenses)	You pay nothing	Reimbursement varies from \$35 to \$91 depending on the lens
Progressive, photochromic, polycarbonate, UV protection, anti-reflective coating, scratch-resistant coating and plastic dyes	20% to 25% discount on upgrade	N/A
<b>Frames (Once Every Other Calendar Year)</b>	\$130 allowance, then 20% discount on any excess	Reimbursement up to \$75
<b>Elective Contact Lenses</b>	\$130 allowance; pays maximum of \$60 towards the contact lens exam (fitting and evaluation)	Reimbursement up to \$105
<b>Visually Necessary Contact Lenses</b>	You pay nothing after pre-approval	You are reimbursed up to \$210
<b>Diabetic Eyecare Plus Program</b>	\$20 copayment	N/A
<b>Eligible Participants</b>	<ol style="list-style-type: none"> <li>1. Full-time employees</li> <li>2. Spouse or certified domestic partner</li> <li>3. Children up to age 26</li> </ol>	
<b>Coverage Effective Date</b>	Date of hire	

\* Program benefits with a participating retail chain affiliate may be different. Once your benefit is effective, visit <https://vsp.com/go/adm> for details.

### MONTHLY PRE-TAX CONTRIBUTIONS RATES FOR THE VISION PLAN

<b>Employee Only</b>	\$6.79
<b>Employee + Spouse/Certified Domestic Partner<sup>1</sup></b>	\$13.57
<b>Employee + Child(ren)</b>	\$14.53
<b>Family</b>	\$21.71

<sup>1</sup>Domestic Partner coverage is fully taxable to the employee.

## Flexible Spending Account (FSA) / Transportation Reimbursement Account Options Pre-Tax Dollars

	Health Care FSA	Dependent Care FSA	Transportation Reimbursement	Parking Reimbursement
<b>Benefit</b>	Can be used to pay for eligible medical, pharmacy, dental, and vision care expenses not covered by your medical, pharmacy dental or vision plans for all eligible dependents regardless if they are covered by the ADM health plans.	Can be used to pay for expenses you incur to care for your eligible dependent children (under age 13) and/or a disabled spouse or other disabled tax-qualified dependent who spends at least eight hours a day at your home, while you or your spouse work or go to school full-time. If you are married, your spouse must also work, be a full-time student, or be disabled.	Can be used to pay for qualified transit and van pooling expenses incurred for commuting between work and your residence.	Can be used to pay for qualified parking expenses on or near ADM's business premises and/or parking expenses provided on or near a location from which you commute to work by mass transit, van pooling, commuter highway vehicle, or by carpool.
<b>Minimum Contribution</b>	\$150 per year*	\$150 per year*	N/A	N/A
<b>Maximum Contribution</b>	\$2,850 per year**	\$5,000 per year per household*	\$300 per month*	\$300 per month*
<b>Company Contribution***</b>	50% up to \$500	\$500 provided to employees that contribute \$150 or more	\$1 for \$1 you contribute. The combined monthly contribution cannot exceed the IRS pre-tax limit	\$1 for \$1 you contribute. The combined monthly contribution cannot exceed the IRS pre-tax limit
<b>Eligible Participants</b>	Full-time employees			
<b>Coverage Effective Date</b>	Date of hire			

\*This amount includes your contribution and any ADM contribution.

\*\*This amount includes your contribution only and does not include any ADM contribution.

\*\*\*You must be enrolled in an ADM medical plan in order to receive a health care FSA ADM contribution. ADM will provide a dependent care FSA contribution regardless of whether you are enrolled in an ADM medical plan.

## LIFE INSURANCE

<b>Basic Life Amount</b>	1 x Base Annual Salary up to \$1 million. AUTOMATICALLY ENROLLED
<b>Monthly Cost of Basic Life</b>	None – 100% Company paid
<b>Supplemental Life</b>	1 to 8 x Base Annual Salary up to \$3 million when combined with Basic Life
<b>Spouse Life</b>	\$10,000, \$25,000, \$50,000, or \$100,000
<b>Child Life</b>	\$5,000, \$10,000, \$15,000, or \$25,000

### Your Monthly After-tax Contributions for Supplemental Life

(These monthly amounts will be divided equally amongst your paychecks.)

Employee and Spouse/Certified Domestic Partner

Rate per \$1,000

	<u>Age</u>	<u>Employee</u>	<u>Spouse/ Certified Domestic Partner</u>
<b>Note:</b> If you enroll in supplemental life when you are first eligible, you will not be required to submit evidence of insurability unless you elect coverage above 5 times your base annual wage and/or over \$1 million.	Through 24	\$.038	\$.056
	25-29	.043	.064
	30-34	.054	.080
	35-39	.065	.096
	40-44	.070	.104
	45-49	.108	.160
	50-54	.167	.248
	55-59	.308	.456
	60-64	.464	.688
	65-69	.902	1.336
	70 and over	1.453	2.152

### Your Monthly After-tax Contributions for Child Life

Rate per \$1,000: \$.104. The rate for dependent children is a flat rate per amount selected, regardless of the number of children you wish to cover.

### Eligible Participants

- Full-time employees (Basic and Supplemental)
- Spouse or certified domestic partner (Spouse Life only)
- Unmarried children under age 19 (Child Life only)
- Unmarried children from age 19 to 26 if they are a full-time student and a tax dependent (Child Life only)

**Coverage Effective Date**                      Date of hire

## ACCIDENTAL DEATH AND DISMEMBERMENT INSURANCE (AD&D)

<b>Basic AD&amp;D Amount</b>	1 x Base Annual Salary up to \$1,000,000 – AUTOMATICALLY ENROLLED
<b>Monthly Cost of Basic AD&amp;D</b>	None – 100% Company paid
<b>Supplemental AD&amp;D</b>	1 to 8 x Base Annual Salary up to \$2,000,000

<b>Coverage Options and Levels</b>	<u>Coverage Option</u>	<u>Coverage Level</u>
	Employee	100%
	Employee/Spouse/Certified Domestic Partner	100%
	Employee/Child(ren)	100% Employee and 20% per child
	Employee/Spouse/Certified Domestic Partner/Children	100% Employee, 40% spouse and 10% per child

<b>Your Monthly After-tax Contributions for Supplemental AD&amp;D</b> (These monthly amounts will be divided equally amongst your paychecks.)	100% Employee Paid	
	<u>Coverage Option</u>	<u>Rate per \$1,000</u>
	Employee	\$ .030
	Employee/Spouse/Certified Domestic Partner	\$ .030
	Employee/Child(ren)	\$ .030
	Employee/Spouse/Certified Domestic Partner/Children	\$ .040

<b>Eligible Participants</b>	<ul style="list-style-type: none"> <li>• Full-time employees (Basic and Supplemental)</li> <li>• Spouse or certified domestic partner (Supplemental only)</li> <li>• Unmarried children under age 19 (Supplemental only)</li> <li>• Unmarried children from age 19 to 26 if they are a full-time student and a tax dependent (Supplemental only)</li> </ul>
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<b>Coverage Effective Date</b>	Date of hire
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## BUSINESS TRAVEL ACCIDENT

<b>Benefit</b>	Provides financial protection to your beneficiary in the event of an accidental death while traveling on Company business. Requires registration with AIG at time of travel
<b>Amount</b>	4 x Base Annual Salary up to \$4,000,000; minimum of \$250,000
<b>Your Cost</b>	None – 100% Company paid
<b>Eligible Participants</b>	Full-time employees
<b>Coverage Effective Date</b>	Date of hire

## WEEKLY INDEMNITY

<b>Benefit</b>	50% of weekly base pay for up to 26 weeks maximum. Maternity disability leave pays 100% of weekly base pay for 8 weeks after natural delivery or cesarean section.
<b>Waiting Period</b>	7 calendar days for non-work related accident or illness
<b>Your Cost</b>	None – 100% Company paid
<b>Eligible Participants</b>	Full-time employees
<b>Coverage Effective Date</b>	Date of hire

## LONG-TERM DISABILITY

<b>Benefit</b>	50% of monthly base earnings up to \$1,500 maximum per month with a \$100 minimum
<b>Waiting Period</b>	6 months of total disability or, if later, when your weekly indemnity benefits have ended
<b>Your Cost</b>	None – 100% Company paid
<b>Eligible Participants</b>	Full-time employees
<b>Coverage Effective Date</b>	Date of hire

## PARENTAL LEAVE

<b>Benefit</b>	<p>100% of weekly base pay for 4 weeks after the birth of your child or placement of child in your home for adoption. Parental leave must be taken within 12 weeks of the birth of your child or placement of child in home. For new mothers, this week of parental leave can be used after their maternity disability leave ends.</p> <p>Keep in mind the following:</p> <ul style="list-style-type: none"> <li>• The parental leave is not available if you are adopting the child of your spouse.</li> <li>• The 160 hours of parental leave cannot be paid out in lieu of being taken.</li> <li>• This leave runs concurrently with FMLA.</li> </ul>
<b>Your Cost</b>	None – 100% Company paid
<b>Eligible Participants</b>	Full-time employees
<b>Coverage Effective Date</b>	Date of hire

## HEALTH ADVOCATE™

<b>Benefit</b>	<p>Health Advocate offers a unique level of healthcare and insurance support to take the hassle out of healthcare. Your Personal Health Advocate, supported by a team of medical doctors and administrative experts, provides assistance with:</p> <ul style="list-style-type: none"> <li>• Resolving insurance claims and billing issues</li> <li>• Answering questions about Medicare</li> <li>• Coordinating second opinions – either virtually or with a provider near you – and even transferring records</li> <li>• Finding in-network doctors and hospitals</li> <li>• Schedule appointments with providers, including hard-to-reach specialists</li> <li>• Obtaining services for elderly parents</li> </ul>
<b>Your Cost</b>	None – 100% Company paid
<b>Eligible Participants</b>	<p>If enrolled in an ADM medical plan:</p> <ul style="list-style-type: none"> <li>• Full-time employees</li> <li>• Spouse/Certified domestic partner</li> <li>• Dependent children</li> <li>• Parents and grandparents of employee and spouse/certified domestic partner</li> </ul>
<b>Coverage Effective Date</b>	Date of hire

## 401(k)/EMPLOYEE STOCK OWNERSHIP PLAN (ESOP) - FIDELITY

<b>Employee Contributions</b>	<ul style="list-style-type: none"> <li>• <b>Automatically enrolled as of date of hire at 6% of eligible pay – you have 90 days from date of hire to change your deferral percent or opt out</b></li> <li>• Can elect 0% - 75% of eligible pay, up to tax limits as announced each year</li> <li>• One general purpose loan available</li> </ul>
4. Pre-tax (Regular 401(k)) and/or	
5. After-tax (Roth(k))	
<b>Company Contributions (5% Total)</b>	<ul style="list-style-type: none"> <li>• Eligible on date of hire</li> <li>• 1% non-elective Company contribution regardless of your contribution</li> <li>• \$1 Company match for every \$1 you contribute up to 2% of eligible pay</li> <li>• 50¢ Company match for every \$1 you contribute on next 4% of eligible pay</li> </ul>
<b>Investment Contributions</b>	<ul style="list-style-type: none"> <li>• Your choice of available investment options</li> </ul>



- Investment options default to Target Retirement Trust I if you do not make an investment election.

**Vesting** Employee contributions are immediately 100% vested. Company matching and non-elective contributions are 100% vested after two years of continuous service with ADM.

**Benefit Payments** Benefit payments are available at end of employment with in-service withdrawal rights at age 59½ or for hardship.

**Rollovers** The Plan accepts rollovers from qualified plans or IRAs.

**Eligible Participants**

- Full-time employees
- Part-time employees who complete one year of eligibility service in which they work 1,000 or more hours

**Coverage Effective Date** Date of hire

## RETIREMENT PLAN – CASH BALANCE FORMULA

**Vesting** Three years of continuous service with ADM

**Benefit Formula**

If your age and continuous service (in complete years) add up to:	Your annual pay credit is this percent of your eligible pay
Less than 40	2.00%
40 but less than 50	2.25%
50 but less than 60	2.50%
60 but less than 70	3.00%
70 but less than 80	3.50%
80 or more	4.00%

- Age and continuous service are measured as of December 31, and only complete years are counted.
- Interest credits are applied annually. The interest rate used for any calendar year will be the average annual rate of interest on 30-year Treasury securities (as published by the IRS) for October of the previous year.

**Benefit Payments** You are eligible to receive a lump-sum distribution at end of employment provided you are vested as described above. Annuity options are also available.

**Your Cost** None – 100% Company Paid

**Eligible Participants**

- Full-time employees
- Part-time employees who complete one year of eligibility service

## EMPLOYEE ASSISTANCE PROGRAM (EAP) - LifeWorks

- Available to all ADM employees and their dependents
- Provided by LifeWorks
- Provides:
  - 24/7 Counseling and online well-being resources – up to 5 free counseling sessions per year
  - Support reaching your health and fitness goals
  - Savings on daily essentials and key life events
  - Resources and referral services for a wide variety of personal and work/life concerns

## PRESCRIPTION SAVINGS SOLUTION

<b>Benefit</b>	<i>RxSavings</i> helps you get the medicine you need at the lowest cost by providing different options to treat you or your dependents condition, the cost of the medication at different pharmacies, and other savings opportunities
<b>Access</b>	Download the RxSavings Solutions app myrxss.com or call 1-800-268-4476
<b>Eligible Participants</b>	Full-time employees
<b>Coverage Effective Date</b>	Date of hire

## ACCESS TO GYMS, PERSONAL TRAINERS AND MUCH MORE - GYMPASS

Available to all ADM employees and their dependents  
 Unlimited access to thousands of gyms, studios, personal trainers, and live stream fitness classes  
 Sign-up by entering your ADM ID and enjoy a free week. You can enroll up to 5 dependents  
 Go to [gympass.com/us](http://gympass.com/us) for more information including the monthly contributions based on the program level

## ADULT FITNESS CLUB REIMBURSEMENT PROGRAM

<b>Benefit</b>	<ul style="list-style-type: none"> <li>• ADM will reimburse a percentage of a fitness facility membership fee for employees (and their spouse or certified domestic partner covered under the same membership) on a quarterly basis.</li> <li>• Reimbursements will be based on a two-tier system           <ul style="list-style-type: none"> <li>○ 30+ visits (quarterly) = 50% reimbursement</li> <li>○ 15-29 visits (quarterly) = 25% reimbursement</li> </ul> </li> <li>• Reimbursements are taxable income to employees.</li> <li>• Decatur employees and their spouse/certified domestic partner are not eligible for the fitness club reimbursement. Decatur-based employees may access the ADM Wellness Center.</li> </ul>
<b>Eligible Participants</b>	<ul style="list-style-type: none"> <li>• Full-time employees</li> <li>• Part-time employees</li> <li>• Spouses/certified domestic partners</li> <li>• Interns</li> </ul>
<b>Coverage Effective Date</b>	Date of hire

## CHILD PHYSICAL ACTIVITY PROGRAM

<b>Benefit</b>	<ul style="list-style-type: none"> <li>• For each of your children that you enroll in a physical activity program in a calendar year, you will receive up to a \$50 reimbursement from ADM. Physical activity program is defined as any event where physical activity is the primary goal/objective.</li> <li>• Reimbursements are taxable income to employees.</li> </ul>
<b>Eligible Participants</b>	Unmarried dependent children under age 19 of: <ul style="list-style-type: none"> <li>• Full-time employees</li> <li>• Part-time employees</li> <li>• Interns</li> </ul>
<b>Coverage Effective Date</b>	Date of hire

## EMPLOYEE DISCOUNT PROGRAMS

<b>Benefit</b>	<ul style="list-style-type: none"> <li>• <i>Discount Center</i>: An employee savings program that is powered by Perks at Work. The program offers access to discounted products and services, including exclusive offers for ADM employees.</li> </ul>
<b>Your Cost</b>	None – 100% Company paid
<b>Eligible Participants</b>	<ul style="list-style-type: none"> <li>• Full-time employees</li> <li>• Part-time employees</li> <li>• Spouses/certified domestic partners</li> <li>• Interns</li> </ul>
<b>Coverage Effective Date</b>	Date of hire

## LEGAL PLAN (Pre-Paid Group Legal) - METLIFE

<b>Benefit</b>	<ul style="list-style-type: none"> <li>• Provided by MetLife</li> <li>• Access to a large network of experienced attorneys</li> <li>• A wide range of legal services for most personal matters</li> <li>• Can use a non-Plan attorney based on a set fee schedule</li> <li>• Receive legal advice by telephone or at an office consultation</li> </ul>
<b>Your Cost</b>	\$16.50 per month - 100% Employee paid through after-tax payroll deductions
<b>Eligible Participants</b>	Full-time employees
<b>Enrollment</b>	You may only enroll in the legal plan when first eligible or during annual enrollment.
<b>Coverage Effective Date</b>	The first of the month following the date you enroll for coverage.

## AUTO, HOME, RENTERS AND OTHER PERSONAL INSURANCE - TRAVLERS

<b>Benefit</b>	<ul style="list-style-type: none"> <li>• Provided by Travelers</li> <li>• Special savings for ADM employees</li> </ul>
<b>Your Cost</b>	100% Employee paid
<b>Eligible Participants</b>	<ul style="list-style-type: none"> <li>• Full-time employees</li> <li>• Part-time employees</li> <li>• Interns</li> </ul>
<b>Coverage Effective Date</b>	Subsequent to enrollment

## ADOPTION ASSISTANCE PLAN

<b>Benefit</b>	<ul style="list-style-type: none"> <li>• ADM pays 100% of eligible adoption-related expenses up to \$10,000 per eligible child.</li> <li>• Eligible expenses are defined by federal tax law and generally include: <ul style="list-style-type: none"> <li>○ adoption agency and placement fees</li> <li>○ legal fees and court costs</li> <li>○ transportation and lodging</li> <li>○ The adoption assistance is not available if you are adopting the child of your spouse</li> </ul> </li> <li>• Reimbursements are subject to social security, unemployment and some state taxes</li> </ul>
<b>Your Cost</b>	None – 100% Company paid
<b>Eligible Participants</b>	Full-time employees
<b>Coverage Effective Date</b>	The first of the month following the date you complete 2 months of employment

## EMPLOYEE STOCK PURCHASE PLAN (ESPP)

<b>Benefit</b>	<ul style="list-style-type: none"> <li>You purchase ADM stock <u>at a discount</u>.</li> <li>You pay no brokerage or transaction fees on your purchase</li> </ul>
<b>Your Cost</b>	Employee purchases through automatic after-tax payroll contributions
<b>Eligible Participants</b>	<ul style="list-style-type: none"> <li>Full-time employees</li> <li>Part-time employees</li> </ul>
<b>Coverage Effective Date</b>	Subsequent to enrollment

## VOLUNTARY STOCK PURCHASE PLAN

<b>Benefit</b>	<ul style="list-style-type: none"> <li>You may purchase Company stock through payroll deductions.</li> <li>Discounted brokerage fees</li> </ul>
<b>Your Cost</b>	Employee purchases through after-tax payroll deductions
<b>Eligible Participants</b>	<ul style="list-style-type: none"> <li>Full-time employees</li> <li>Part-time employees</li> </ul>
<b>Coverage Effective Date</b>	Subsequent to enrollment

## COLLEGBOUND 529® PLAN

<b>Benefit</b>	<ul style="list-style-type: none"> <li>A tax-advantaged program that lets you save now for higher education costs</li> <li>Tax-free growth while earnings are in the plan</li> <li>Federal tax-free distributions for qualified educational expenses</li> <li>Investment options include six core allocation portfolios along with customized allocation options (create your own) and a principal protection income portfolio</li> </ul>
<b>Your Cost</b>	100% Employee paid through after-tax payroll deductions
<b>Eligible Participants</b>	<ul style="list-style-type: none"> <li>Full-time employees</li> <li>Part-time employees</li> <li>Interns</li> </ul>
<b>Coverage Effective Date</b>	Subsequent to enrollment

## IDENTITY THEFT PROTECTION SERVICES – NORTON LIFELOCK

<b>Benefit</b>	<p>Service includes:</p> <ul style="list-style-type: none"> <li>Identity theft detection and alerts</li> <li>Advanced internet monitoring</li> <li>Lost wallet protection</li> <li>Address change verification</li> <li>Reduced pre-approved credit offers</li> <li>24/7/365 member service</li> </ul>									
<b>Your Cost (monthly rates)</b>	<p>100% Employee paid through after-tax payroll deductions</p> <table> <thead> <tr> <th></th> <th>Employee</th> <th>Family</th> </tr> </thead> <tbody> <tr> <td>Norton LifeLock Essential</td> <td>\$6.99</td> <td>\$13.98</td> </tr> <tr> <td>Norton LifeLock Premier</td> <td>\$13.49</td> <td>\$26.98</td> </tr> </tbody> </table>		Employee	Family	Norton LifeLock Essential	\$6.99	\$13.98	Norton LifeLock Premier	\$13.49	\$26.98
	Employee	Family								
Norton LifeLock Essential	\$6.99	\$13.98								
Norton LifeLock Premier	\$13.49	\$26.98								
<b>Eligible Participants</b>	Full-time employees									

**Coverage Effective Date**      Subsequent to enrollment

## OTHER WELLNESS BENEFIT PROGRAMS

Smoking Cessation Program  
Access to the ADM Wellness Center located in Decatur, IL  
BCBS Well on Target and Fitness Programs – only available if enrolled in ADM medical plan

## GLOBAL TUITION REIMBURSEMENT

- |                              |   |
|------------------------------|---|
| <b>Benefit</b>               | <ul style="list-style-type: none"><li>• 75 percent reimbursement of all eligible tuition, books and mandatory fees for undergraduate and graduate level course up to \$10,000 per year.</li><li>• Assistance available for both undergraduate and graduate level studies</li></ul>  |
| <b>Eligible Participants</b> | <ul style="list-style-type: none"><li>• All courses below Master level: Full-time colleagues who have been employed with the Company a minimum of 6 months prior to the start of the course and who have their Supervisor's approval</li><li>• Master level courses and above: Full-time, salaried-exempt colleagues who have been employed with the Company a minimum of 6 months prior to the start of the course and who have their Manager's approval as well as HR Business Partner approval</li></ul> |

**Coverage Effective Date**      Subsequent to eligibility

ADM reserves the right to amend its employee benefits plans at any time and for any reason. Your eligibility and benefits under these plans are determined under the legal documents and laws that apply to each plan. If there is a discrepancy between the information in these highlights and as determined under the official plan documents, the plan documents will govern. Please refer to the benefits booklets online at [benefits.adm.com](http://benefits.adm.com) for more detailed descriptions of the benefits.

## TERMINATION / CONTINUATION GUIDE - EMPLOYEE WHEN YOU MAY CONTINUE COVERAGE

Coverage may continue under certain circumstances as shown in the chart below. Note that “active employee contribution” means the amount you would pay for coverage if you were actively working. The “full cost” means the amount both you and ADM would pay for coverage if you were actively working, plus the current administrative fee of 2%.

Occurrence	Life Insurance*	Accidental Death and Dismemberment	Disability	Medical, Prescription Drug & Dental Benefits	Vision	Flexible Spending Accounts (FSA)
Laid Off	Terminates at the end of the month in which you last worked.	Terminates at the end of the month in which you last worked.	Terminates on the last day worked.	Terminates at the end of the month following the month in which you last worked. You may be able to continue coverage under COBRA.	Terminates at the end of the month in which you last worked. You may be eligible to continue coverage under COBRA.	Terminates on the last day worked. You may be eligible to continue FSA under COBRA.
Quit/Termination Non-FMLA Leave of Absence Discharged Retirement Military Family Leave/MFL** (Applies if/when you are on leave due to an immediate family member being called to active duty.)	Terminates at the end of the month in which you last worked.	Terminates at the end of the month in which you last worked.	Terminates on the last day worked.	Terminates at the end of the month in which you last worked. You may be able to continue coverage under COBRA.**	Terminates at the end of the month in which you last worked. You may be able to continue coverage under COBRA.	Terminates on the last day worked. You may be eligible to continue your health care FSA coverage under COBRA.  If you leave ADM, your dependent care FSA coverage generally continues until the end of the calendar year in which your employment with ADM ended.
Suspension	Coverage continues through your suspension. Employee contributions for supplemental coverages will accumulate and will be deducted from your first paycheck issued upon return from suspension.	Coverage continues through your suspension. Employee contributions for supplemental coverages will accumulate and will be deducted from your first paycheck issued upon return from suspension.	Terminates on the last day worked.	Coverage continues through your suspension. Employee contributions will accumulate and will be deducted from your first paycheck issued upon return from suspension.	Coverage continues through your suspension. Employee contributions will accumulate and will be deducted from your first paycheck issued upon return from suspension.	Coverage continues through your suspension. Employee contributions will accumulate and will be deducted from your first paycheck issued upon return from suspension.

Occurrence	Life Insurance*	Accidental Death and Dismemberment	Disability	Medical, Prescription Drug & Dental Benefits	Vision	Flexible Spending Accounts (FSA)
Occupational & non-occupational illness or injury***	<p>Coverage continues until the end of disability or 12 months from your date of disability, whichever occurs first</p> <p><b><i>If you are receiving LTD benefits after 12 months from your date of disability, your:</i></b></p> <p><b><i>Basic Life coverage will be continued at no cost to you during the period you continue to receive LTD benefits. Basic life insurance coverage will terminate at the end of the month in which LTD benefits cease.</i></b></p> <p><b><i>Supplemental Life coverage may be eligible for Premium Waiver by contacting Minnesota Life.</i></b></p>	Terminates at the end of the month in which you last worked	Terminates on the last day worked.	<p>Coverage continues until the end of disability or 12 months from your date of disability, whichever occurs first.</p> <p><b><i>If you are receiving LTD benefits after 12 months from your date of disability, your coverage may be continued by paying the contribution for active employees in advance until you become eligible for Medicare.</i></b></p> <p><b><i>Coverage will terminate at the end of the month prior to the date in which you become eligible for Medicare. You may be able to continue coverage under COBRA.</i></b></p>	Terminates at the end of the month in which you last worked. You may be eligible to continue coverage under COBRA.	Terminates on the last day worked. You may be eligible to continue FSA under COBRA.
Family Medical Leave of Absence (FMLA)	<p>Basic Life coverage will continue at no cost to you during your family leave.</p> <p>Supplemental and Dependent Life may be continued by paying the monthly contribution for active employees in advance.</p>	Terminates at the end of the month in which you last worked.	Terminates on the last day worked.	You may continue coverage by paying the monthly contribution for active employees in advance. If you don't return to work from FMLA leave for at least 31 calendar days, you pay the full monthly cost under COBRA, retroactive to the date of the leave.	You may continue coverage by paying the monthly contribution for active employees in advance. If you don't return to work from FMLA leave for at least 31 calendar days, you pay the full monthly cost under COBRA, retroactive to the date of the leave.	You may continue coverage by paying the monthly contribution for active employees in advance. If you don't return to work from FMLA leave for at least 31 calendar days, you pay the full monthly cost under COBRA, retroactive to the date of the leave.

Occurrence	Life Insurance*	Accidental Death and Dismemberment	Disability	Medical, Prescription Drug & Dental Benefits	Vision	Flexible Spending Accounts (FSA)
Military Leave**** (Applies if/when you are called to active duty, under Uniformed Services Employment & Reemployment Rights Act (USERRA))	Terminates at the end of the month in which you last worked. You may convert the life coverage to a personal policy within 31 days of termination.	Terminates at the end of the month in which you last worked.	Terminates on the last day worked.	Terminates at the end of the month in which you last worked. You may be eligible to continue your coverage for up to 24 months, generally under the same rules that apply to continuation coverage under COBRA. You may want to check with Tricare to see how any continuation coverage under USERRA would coordinate with Tricare.	Terminates at the end of the month in which you last worked. You may be eligible to continue your coverage for up to 24 months, generally under the same rules that apply to continuation coverage under COBRA.	Terminates on the last day worked. You may be eligible to continue your health care FSA coverage for up to 24 months, generally under the same rules that apply to continuation coverage under COBRA. You may be eligible to withdraw amounts from your health care FSA if you have proof of being ordered to active duty for at least 180 days.

All other benefits not mentioned here terminate on the last day worked.

- \* Portability and/or conversion may be available for certain life coverages. See the appropriate sections of your booklet for details.
- \*\* MFL only applies to locations that have Military Family Leave laws. Family member is defined by the guidelines set by the State in which the Military Family leave is being requested.
- \*\*\* You must be eligible to receive disability benefits to receive continuation of coverages.
- \*\*\*\* For information on termination/continuation of other benefits not listed here, please contact ADM Employee Benefits at 1-866-726-7910 or [benefits@adm.com](mailto:benefits@adm.com).



## WHEN YOUR DEPENDENTS MAY CONTINUE COVERAGE

Coverage for your dependents will terminate under the following circumstances:

6. Your coverage terminates.
7. Any covered dependent who no longer qualifies as a dependent under the Plan.
8. Any covered dependent child becomes eligible for benefits as an employee.
9. Six months following the date of your death.

NOTE: See the COBRA section of the Health and Wellness benefits booklet for continuation rights for you and your dependents.

This material may not present a complete and accurate description of the benefits available under the plans. Instead, each plan is governed by a legal plan document that describes the available benefits and your rights and responsibilities under the plan, and you can rely only on those plan documents, and not any summary or other communication. We encourage you to read the plan documents which are available on [benefits.adm.com](https://benefits.adm.com) or by request to ADM Employee Benefits. If there is any information missing in this material, or if there is any discrepancy between this information and any legal plan document, the plan document will control.

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