



UnitedHealthcare no longer an available carrier option

If you currently have medical coverage through UnitedHealthcare (UHC), you must take action during Annual Enrollment. UHC will no longer be a medical carrier option for 2021. Depending on where you live, your carrier options may include: Aetna, Blue Cross and Blue Shield of Illinois, and Cigna. In choosing a new medical carrier, consider whether your existing health care providers are part of the carrier's network.

If you don't select a new carrier, you'll default to the same level of coverage you have today (same coverage option and coverage category—coverage for you only, you and your spouse, etc.) but under the lowest-cost carrier option available within the same network type—broad or select. However, if you're currently in a UHC select network, and no other select network is available in your area, you'll default to the lowest-priced broad network option available. Here's an example of how default coverage will work.



Default Example



Medical contributions reflect overall trends and rising expenses

Average rates will increase for 2021. Look closely at the cost of each coverage option available to you when you enroll through **MyBenefits Online**, and consider which coverage option is right for you. For example, here are factors that can influence the amount you'll pay for medical coverage.

Cost Factors

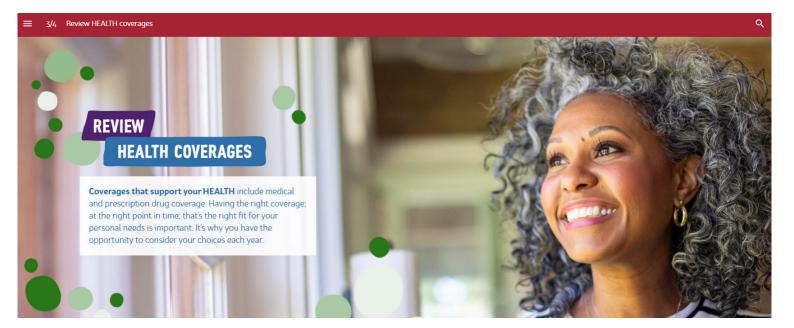
Key reminders

2021 Annual Enrollment: This year's Annual Enrollment runs from October 21 to November 6, 2020. You must take action during Annual Enrollment if for 2021 you:

- Want to add or choose different medical coverage for 2021.
- Need to choose different medical coverage because you currently have coverage through UHC (UHC will no longer be a carrier option for 2021).

Otherwise, your year-end 2020 coverage elections will carry over into 2021

This content is intended to provide only basic information regarding the Mondelèz Global Retiree Medical Plan (the Plan), not all the details For more detailed benefits information, please refer to the appropriate Summany Plan Descriptions (SPDs), and any applicable Summany of Material Modifications (SMMs) to those SPDs. Every attempt was made to make this communication as occurate as possible. However, if a discrepancy exists between this communication and the afficial Plan documents the Plan documents will govern. While it is appropriate to contact the Mondelèz International Benefits Center or applicable claims administrator, respectively, with questions regarding your Plan eligibility or coverage, no Mondelèz International employee—such as a manager or member of the People Team—is authorized to make any representations regarding eligibility for, or coverage under, the Plan. You should therefore not rely on any such representation.



Medical

Provides comprehensive coverage for certain services (including in-network preventive care covered at 100%). You have coverage and carrier options:

- Four coverage options
- **Up to three carrier options**, depending on your area. Carriers include Aetna, Blue Cross and Blue Shield of Illinois, and Cigna. Some carriers aren't available in all areas.

All coverage options include prescription drug coverage provided through retail and mail order programs. Prescription drug coverage is through CVS Caremark.

Learn more about terms and how coverage works by watching these videos.

Watch Videos



Key reminders

About the coverage options: When you enroll online, you'll see that the medical coverage options are shown as paired with a Health Reimbursement Account (HRA) or a Health Savings Account (HSA). However, these accounts only apply to active employees and don't apply to you. Neither the HRA nor the HSA are available to you through the Company.

About an HSA: Even though an HSA isn't available to you through the Company, you may be able to open one on your own through a financial institution of your choice—provided you enroll in one of the HSA-eligible coverage options (\$2,000, \$3,000, or \$4,500 Deductible option) and meet all other IRS eligibility requirements.

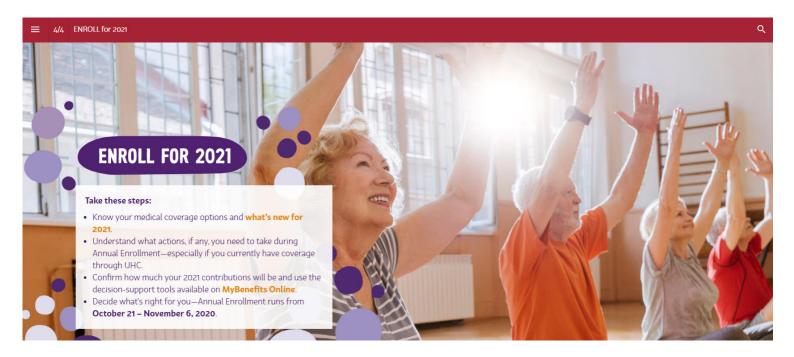
Eligibility and coverage: To confirm your eligibility and the coverage options available to you, go to **MyBenefits Online**.

Dependent verification: You're responsible for ensuring that the dependents you cover under the Mondelēz Global Retiree Medical Plan meet the Plan's eligibility requirements at all times. The "Mondelēz Global Retiree Medical Plan Guide" details dependent eligibility requirements (access the Guide in the *Resource Library* under the *Tools & Resources* tab on **MyBenefits Online**). You'll need to provide proof of eligibility for any newly added dependents during Annual Enrollment.

Looking for more details?

You can access more detailed coverage information (posted under the *Resource Library*), carrier websites, phone numbers, and the provider-finder tools on **MyBenefits Online**.

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Enroll through MyBenefits Online

- Connect directly by going to https://mondelez.ehr.com.
- **Sign in** by entering your Username and Password.
- **Follow the prompts** to complete the Enhanced Security Verification process.

Keep in mind, you can go to MyBenefits Online and change your enrollment elections as many times as you want between October 21 and November 6. So, feel free to explore the site, understand what your coverage options are, and use the tools to model your elections so that you make your 2021 coverage Right for You!

You'll need to register the first time you access MyBenefits Online directly. On the sign-in screen, select First time user? Create an account. You'll need to provide your email address or Social Security Number, and verify your identity by entering a few personal data elements. The system will then walk you through the account setup process. Call the Mondelez International Benefits Center if you need assistance.

Enroll by phone

Contact the Mondelez International Benefits Center at 1-855-470-3528. Representatives are available Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time) to answer your questions and assist with your enrollment.

Enroll before 11:00 p.m. Central Time on November 6, 2020. The

coverage elections you make during Annual Enrollment will generally continue through December 31, 2021—unless you experience a qualified life event that affects your or your dependent's coverage.

What happens if you don't enroll? You must take action during Annual Enrollment if for 2021 you:

- Want to add or choose different medical coverage.
- Need to choose different medical coverage because you currently have coverage through UHC (UHC will no longer be a carrier option for 2021).

Otherwise, your year-end 2020 coverage elections will carry over into 2021.

Look up important contact information

Find phone numbers, websites, and mobile apps for our benefit vendors, all in one place.

Contact Info

Paying for coverage

You have the following options to pay for your coverage:

- Pension payment deductions: If you receive a monthly pension payment, you pay for coverage in advance. Your cost comes out of your monthly pension payment at the beginning of each month for the following month. For example, your cost for coverage in January 2021 will come out of your pension payment in December 2020. If you currently pay this way, it will automatically continue with the amount updated to reflect your 2021 elections
- **Direct bill:** You receive a bill mailed to your home in the middle of each month for the current month's cost of coverage. For example, a bill will be mailed to you in mid-January for the cost of your January coverage. If you currently pay this way, it will automatically continue with the amount updated to reflect your 2021 elections. Instructions for signing up for electronic payment will be included with your invoice.
- Electronic payments from your bank account: Your cost for coverage is deducted from your bank account on the 10th of each month (or the next business day if the 10th is on a weekend or holiday) for the current month's cost of coverage. The amount deducted in January 2021 will be updated to reflect your 2021 elections.

Get more details

For all your personal benefitrelated information, carrier websites and phone numbers, benefit comparisons, and detailed benefit summaries including the Summary Plan Descriptions (SPDs), any Summary of Material Modifications (SMMs) to those SPDs, and Summary of Benefits and Coverages (SBCs)—go to MyBenefits Online. SPDs. SMMs, SBCs, and annual required notices are all posted in the Resource Library under the Tools & Resources tab on MyBenefits Online. Paper versions of these documents also are available, free of charge, by contacting the Mondelēz International Benefits Center at 1-855-470-3528.

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Pop-Ups/Overlays

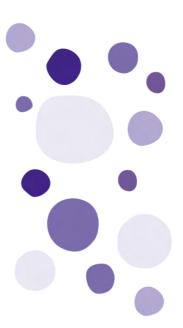
COVERAGE AS A DISABLED FORMER EMPLOYEE

If you're a former employee who's considered disabled for purposes of the Mondelēz Global Long-Term Disability Plan (LTD Plan), you may have Company-sponsored medical coverage under the Mondelēz Global Retiree Medical Plan. As a result, you have the opportunity to review and make changes to your current coverages during the 2021 Annual Enrollment period. To confirm your eligibility, contact the Mondelēz International Benefits Center at **1-855-470-3528**.

As an eligible disabled former employee, the Company provides your coverage under the Mondelez Global Retiree Medical Plan—regardless of your age and service as of the date your employment terminated. As long as you're considered disabled for LTD Plan purposes:

- You remain eligible for coverage under the Mondelez Global Retiree Medical Plan for pre-65 retirees—even if you're older than age 65 and Medicare eligible.
- Your eligible spouse/domestic partner (if applicable), as well as your otherwise eligible dependents, continue to be eligible for coverage under the Mondelez Global Retiree Medical Plan for pre-65 retirees—even if they're older than age 65 and Medicare eligible. And, when your eligibility ends (i.e., if your LTD Plan benefits end at age 65), your dependents' eligibility ends at the same time.
- The Company provides you with a subsidy. The remaining cost that you cover through your contributions is different for each coverage option and carrier option. For this reason, it's important that you carefully evaluate the cost of each option during Annual Enrollment.

This online guide includes more about your coverage options, Annual Enrollment, and how to access MyBenefits Online. And for assistance, you can always contact the Mondelez International Benefits Center. Representatives are available Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time).



COVERAGE BEFORE AND AFTER MEDICARE ELIGIBILITY AT AGE 65

If either you or your spouse/domestic partner is Medicare eligible but the other is not, it's important to understand eligibility and how coverage elections work.

Younger than age 65

- Eligibility continues under the Mondelēz Global Retiree Medical
- Pre-65 retiree medical coverage information, including the process to enroll through MyBenefits Online and/or make coverage changes for 2021, is included in this online guide.
- For assistance, call the Mondelēz International Benefits Center at **1-855-470-3528**. Representatives are available Monday through Friday, 7:00 a.m. to 6:00 p.m. (Central Time).

Medicare eligible at age 65

- Eligibility under the Mondelez Global Retiree Medical Plan ends once eligible for Medicare at age 65.
- Medicare-eligible individuals can choose coverage from a variety
 of medical and prescription drug plans through the Post-65 Via
 Benefits Exchange—our partner in offering access to these
 coverages. The Post-65 Via Benefits Exchange can provide more
 information and confirm eligibility for Company funding toward
 post-65 health care costs.
- For assistance, access the Post-65 Via Benefits Exchange at https://my.viabenefits.com/mondelez, or by phone at 1-866-201-0758. Representatives are available Monday through Friday, 7:00 a.m. to 8:00 p.m. (Central Time).

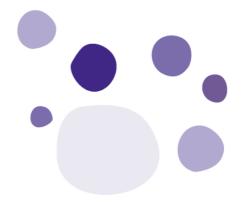




DEFAULT EXAMPLE

Let's assume you currently cover yourself and your spouse within a UHC select network under the \$2,000 Deductible coverage option. If you don't actively select a new carrier option during 2021 Annual Enrollment, beginning January 1, 2021, your medical coverage will default to:

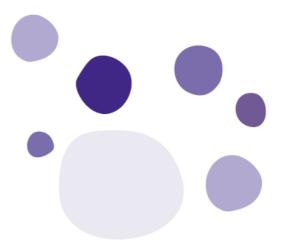
- Coverage under the \$2,000 Deductible coverage option;
- Coverage for you and your spouse; and
- The lowest-priced select network option (and if a select network option isn't available, you'll default to the lowestpriced broad network option).



COST FACTORS

Factors that can influence the amount you'll pay for medical coverage include:

- The coverage option and carrier option you select.
- Who you cover (i.e., coverage category).
- The type of network (e.g., smaller, select network versus a larger, broad network), as well as the network's performance in your local market.

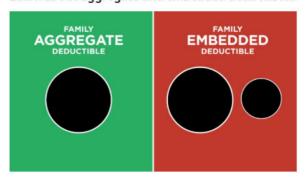


TWO SHORT VIDEOS YOU MAY FIND HELPFUL

Review common benefits terms and definitions



Learn about aggregate and embedded deductibles



Download PDF

CONTACT INFORMATION

Medical			
Aetna	1-800- 296-9045	www.aetna.com*	Apple App Store Google Play
Blue Cross and Blue Shield of Illinois	1-877-238- 5948	www.bcbsil.com*	Apple App Store Google Play
Cigna	1-855-881- 7925	www.myCigna.com*	Apple App Store Google Play
Prescription drug			
CVS Caremark	1-888-771- 7267	www.caremark.com (or MDLZ information site)	Apple App Store Google Play

^{*} Single sign-on to this resource is available through MyBenefits Online. This allows you to connect automatically to the resource by selecting it on MyBenefits Online with no need to enter a separate user name and password.