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➤ 2019 Annual Enrollment Guide for Non-Medicare-Eligible Retirees



This benefits guide is intended for all non-Medicare-eligible retirees and dependents. If this applies to you as a retiree, or if you have non-Medicare-eligible dependents, you should review this guide for further information.

2019 Annual Enrollment: Wednesday, October 31 – Tuesday, November 13, 2018

Non-Medicare-Eligible Retirees: What You Need to Know

Annual Enrollment is your annual opportunity to evaluate your retiree health care options, decide if they meet your needs for the coming year, and make any necessary changes through **DuPont Connection** — your personalized benefits website and service center. This guide provides helpful reminders and the information you need to understand your 2019 benefits and enroll.

Depending on your eligibility, you may not be eligible for all the benefits described in this guide. Review the enclosed personalized enrollment worksheet for the specific plan options for which you are eligible and what they will cost you.

For more information about your 2019 benefits, log on to **DuPont Connection** at <http://digital.alight.com/dupont> or call **1-800-775-5955**, starting October 31, 2018.

How Medicare Impacts Your Coverage

If your covered spouse is Medicare-eligible and you are not (or vice-versa), you will have different retiree health care benefits available to you, and two different ways that you will need to enroll for 2019 coverage. The same applies to other covered dependents.

	Before You're Medicare-Eligible	After You're Medicare-Eligible
Coverage Options	Receive non-Medicare-eligible coverage options under the DuPont retiree medical and dental plans (using the information in this guide and what is available through DuPont Connection , starting October 31, 2018).	Receive notification of premium changes directly from your individual Medicare plan carriers. (Note: Do not make plan changes through your carrier — see “Enrollment Process” below.)
Enrollment Process	Enroll through DuPont Connection during DuPont’s Annual Enrollment October 31 – November 13, 2018: http://digital.alight.com/dupont 1-800-775-5955	You will receive information from Via Benefits® (previously named OneExchange®) in October— including details about how to enroll. Enroll and make plan changes through Via Benefits during the Medicare Open Enrollment period (October 15 – December 7, 2018): http://my.viabenefits.com/dupont 1-855-535-7140

After you become Medicare-eligible: You **must** utilize Via Benefits’ services to purchase a Medicare Supplement plan and receive the Health Reimbursement Account (HRA) funding provided by DuPont.

If you're Medicare-eligible with non-Medicare-eligible dependents: Your dependents’ medical and dental coverage depends on your Via Benefits enrollment. If you do not enroll through Via Benefits for yourself, it will be assumed you declined coverage. As a result, you will lose coverage for yourself and your non-Medicare-eligible dependents. Those who are Medicare-eligible will lose their HRA contribution. **Declining coverage is a permanent and irrevocable decision.**

Becoming Medicare-Eligible Soon?

You and your dependents will automatically receive information directly from Via Benefits and **DuPont Connection** 90 days prior to becoming Medicare-eligible. This way you can easily make the transition to Medicare-eligible coverage. Be aware that in order to avoid a gap in coverage, you will need to enroll with Via Benefits before you become Medicare-eligible.

For retirees and dependents becoming Medicare-eligible in January or February 2019, you will get a packet with materials in October from Via Benefits to help you enroll in Medicare-eligible retiree coverage directly. Take action as soon as you receive the materials.



About the Health Reimbursement Account (HRA)

DuPont provides medical and dental coverage in the form of an HRA. An HRA is a DuPont-funded account that is intended for the purchase of a Medicare Supplement plan through Via Benefits. To get the HRA, you must first be enrolled in Medicare Part A and Part B. Contact the Social Security Administration three months before you turn age 65 about your Medicare eligibility.

The HRA account is funded by DuPont at the beginning of every year for each HRA participant, including Medicare-covered dependents. The amount of your annual HRA allocation is based on your DuPont group health care coverage and considers your retiree health care reduction factor, which is based on your age and service at retirement.

DuPont Connection can give you the amount of your HRA allocation.

Do I Need to Enroll?

Review the **2019 Enrollment Changes and Checklist** enclosed with this guide and your personalized enrollment worksheet. Then, take action during Annual Enrollment using **DuPont Connection**.

If you don't complete the enrollment process using **DuPont Connection** during Annual Enrollment, your current coverage, elections, and non-Medicare-eligible covered dependent(s) will continue into 2019 at new premium rates (if applicable).

Retiree Life Insurance coverage can be cancelled or reduced at any time during the year – not just during Annual Enrollment. However, all other elections in place at the close of Annual Enrollment will be the benefits you have for all of 2019, unless you have a qualifying life event (see page 7) during the year.



DuPont Connection: Same site, new address

There's a new address for **DuPont Connection**: <http://digital.alight.com/duPont>. The site isn't changing and you can continue to access your personalized benefits information at any time. or enhanced security, you'll be required to set up a new password for the site (your user ID will remain the same), and your password will expire every 90 days.

You may also be required to set up a separate, new PIN when you call **DuPont Connection** at **1-800-775-5955**. Just follow the prompts during your call.



Important! Know What's Changing

Refer to **2019 Enrollment Changes and Checklist** enclosed with this guide for details on what's different from 2018 with your benefits.

Of note, CVS Caremark will replace Express Scripts as the prescription drug administrator for DuPont's Retiree Core and Premium Saver medical options. See pages 13 to 16 for details.



New ID Cards Will Be Mailed

You will automatically receive **two new ID cards** for 2019 in December if you enroll in the Retiree Core or Retiree Premium Saver medical options for 2019: one for your medical plan (from Aetna or Highmark BCBS) in the mail and one for your CVS Caremark prescription drug coverage, which will be included in the Welcome Kit that you receive from CVS Caremark in December.

During the year you can also access your ID cards on your carriers' websites on your smartphone.

Who Is Eligible

Dependents	Eligibility
Spouse	<p>Your dependent is eligible for coverage as a spouse if she or he is your legal spouse at the time of your retirement. You may not add a spouse to your plan if he or she became your spouse after retirement.</p> <p>If your spouse has previously declined or chooses to drop DuPont medical coverage, he or she may only re-enroll if he or she has lost eligibility for other group coverage. You will need to provide proof within 60 days of when your spouse loses eligibility.</p>
Child	<p>Your dependent qualifies as your child if he or she is your biological or adopted child, stepchild, foster child, or a child for whom you have court-appointed permanent legal guardianship, up through the end of the month in which your child turns age 26.</p> <p>You may continue to cover the child on your health care coverage beyond his or her 26th birthday provided the child is your federal tax dependent and has been certified as disabled by your medical carrier prior to reaching age 26.</p>

Note: Special eligibility rules apply for survivor benefits. Please contact **DuPont Connection** at **1-800-775-5955** for further details.



Dependent Verification

You should ensure that any covered dependents meet the eligibility requirements and any dependents who do not meet the eligibility requirements should not be covered.

If you have not previously participated in a verification process, you may be asked to submit documentation of your covered dependent's eligibility, such as a birth certificate. Additionally, you will be required to provide a Social Security number for your covered dependents.

Working Spouse Rule

The medical plan’s “working spouse” eligibility provision requires working spouses to purchase primary coverage through their own employer if (1) it is available, and (2) the premium cost for the lowest priced option (for individual coverage) is less than \$100 per month. If the prior two conditions are met, you may still cover your “working spouse” under the DuPont medical plan; however, your spouse’s DuPont coverage will be secondary to the other employer’s coverage.

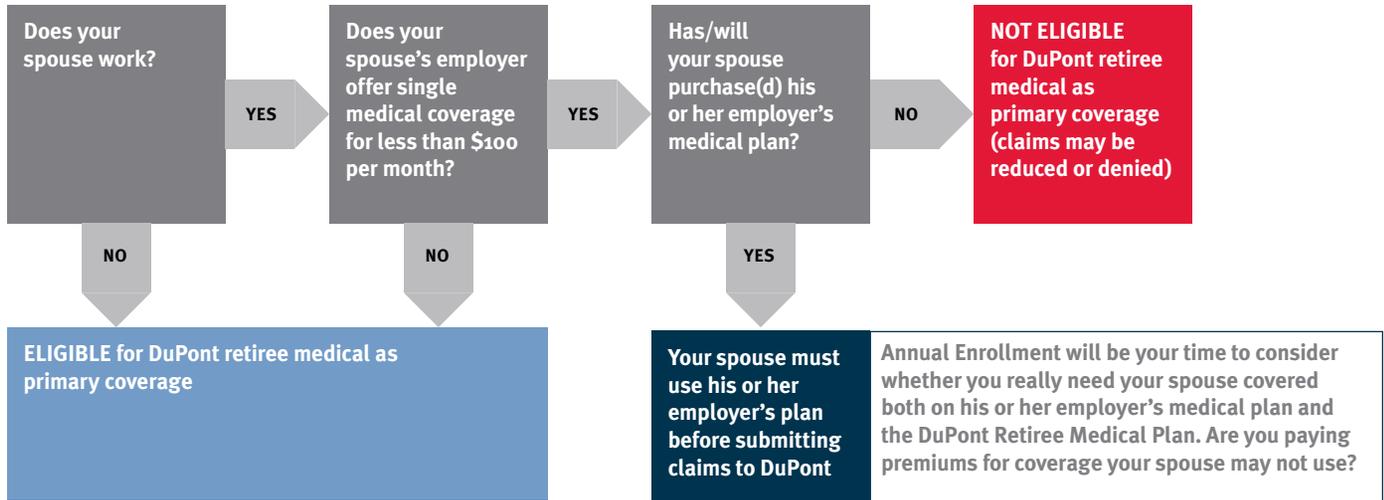
What You Need to Do

During Annual Enrollment, if you’re electing coverage for your spouse, you will be asked to confirm your spouse meets the medical plan’s eligibility requirements (as explained above). Throughout the year, working spouses who have access to other medical coverage must use DuPont as their secondary coverage for medical, prescription drug, and mental health care.

If your spouse’s employer (1) does not provide medical coverage, or (2) if the monthly premium for the lowest cost option available is \$100 or more, the DuPont plan does not require you to purchase primary coverage (if offered) for your spouse. Your DuPont medical plan election can provide him or her with primary coverage. Please see below for more information.

As a reminder, the DuPont medical carriers have implemented additional processes to confirm if covered dependents (spouses and children) are covered by other insurance. Failure of your working spouse to obtain primary coverage (as described above) or your failure to respond to a medical carrier’s request for other coverage information could result in claims processing delays, benefit reductions, and, in some cases, claims denials.

Working Spouse Rule Eligibility: A Snapshot



Enroll

How to Enroll

Beginning Wednesday, October 31, 2018, at 9:00 a.m., Eastern Time (ET), you can review and enroll in your DuPont 2019 non-Medicare-eligible benefits coverage through DuPont Connection.



Online: <http://digital.alight.com/dupont> (a new web address!)

Take action with your retiree health and insurance benefits using this personalized website through Tuesday, November 13, 2018 at 11:59 p.m., Central Time (CT). It gives you the benefits information you need and makes enrollment quick and easy. For enhanced security, you will be required to set up a new password for the site (your user ID will remain the same). Your password for the website will expire every 90 days.

Once you're logged on, follow the instructions that pop up on your screen to enroll. If you experience any problems enrolling through the website, call **DuPont Connection** at **1-800-775-5955**.



By Phone: 1-800-775-5955

Call **DuPont Connection** and a representative will guide you through the enrollment process and take your elections by phone. Representatives will be available Monday through Friday from 9:00 a.m. to 6:00 p.m., ET. Language assistance is available.

When you call, you'll be asked to confirm your identity by entering your date of birth and, in some cases, your Social Security number. Then say "Annual Enrollment" for enrollment assistance. (You may also need to set up a separate, new PIN when you call. Follow the instructions when prompted on **DuPont Connection**.) You'll then be connected to a representative.

Using DuPont Connection for the First Time

If you are using **DuPont Connection** for the first time, you will need to create a user ID and password. Here's how:

- Go to **DuPont Connection** at <http://digital.alight.com/dupont>; and
- At the log on page, simply click on the "Are you a new user?" link.

You will be asked to provide the last four digits of your Social Security number and your date of birth to establish your user ID and password.

Once you're logged on, click "Make Your Annual Enrollment Choices" in the message box that pops up on your screen.

If you haven't set up your password online, enter your home ZIP code. You'll also be prompted to create a password, which will expire every 90 days. You'll use your password when you log on to or call **DuPont Connection**. (If you have trouble creating a password, you can still speak to a representative who will help you create it.)



Hint: Use Web Chat!

The Web Chat feature on **DuPont Connection** connects you directly with a Service Center representative online who can help you with any enrollment questions you might have while you're on the website. Web Chat is available from 9:00 a.m. to 6:00 p.m., Eastern Time (ET), during Annual Enrollment.

Changing Your Coverage During the Year: Qualifying Life Events

In general, you cannot change the coverage you elect until the next Annual Enrollment period.

The only exception is if you have a “qualifying life event.” If you have a qualifying life event, you can enroll in or change your benefits during the year. The change must be consistent with the type of life event you are experiencing.

Examples of qualifying life events include:

- Divorce;
- Death of a spouse;
- Birth or adoption of a child, or a child placed with you for legal guardianship or foster care;
- Death of a child or child’s loss of eligibility for benefits; or
- A significant change in your eligible spouse’s medical coverage.

To make a benefit change due to a qualifying life event, you need to update your information on **DuPont Connection** within 31 days of the event.



If You End Your DuPont Retiree Coverage: A Reminder

If you choose to drop your DuPont retiree medical coverage — a permanent, irrevocable decision — coverage eligibility ends for you and dependents too.

You may only re-enroll if you show proof that you have been continuously covered under another employer’s group plan during the period that you were not covered by DuPont, and lose eligibility for that other group coverage. You will need to provide this proof within 60 days of when you lose eligibility.

Dropping your dependents’ coverage will not cause your DuPont coverage to end, but it will be a permanent, irrevocable decision — unless they fall into the criteria above. You will not be able to enroll them again.

GET INFORMED

Medical Plan Coverage Options

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Prescription Drug Coverage

Dental Plan

Life Insurance

Medical Plan Coverage Options

For 2019, you can choose to be covered by one of two medical plan options¹, both of which automatically come with prescription drug and mental health/chemical dependency coverage. If you enroll in one of the medical plan coverage options, you may also be eligible to open or contribute to an existing Health Savings Account (HSA), either directly with Bank of America or another banking institution of your choice that offers HSAs.

Compare the Plans

The medical plan premiums, deductibles, and out-of-pocket maximums vary based upon the coverage level you choose. More information about your medical plan options will be provided on **DuPont Connection** during Annual Enrollment.

	Retiree Core Option		Retiree Premium Saver Option	
	In-network	Out-of-network	In-network	Out-of-network
Preventive care <i>(coverage follows the standard preventive care guidelines of the Patient Protection and Affordable Care Act; includes prescription drugs classified by the guidelines as preventive)</i>	100% paid; no deductible	100% paid; reasonable and customary (R&C) as applicable; no deductible	100% paid; no deductible	100% paid; reasonable and customary (R&C) as applicable; no deductible
Annual deductible <i>(applies to medical, mental health/chemical dependency, and prescription drug expenses combined)</i>	\$1,400 Retiree/ \$2,800 Retiree + Dependent(s) levels	\$2,500 Retiree/ \$4,000 Retiree + Dependent(s) levels	\$2,800 Retiree/ \$5,600 Retiree + Dependent(s) levels	\$3,500 Retiree/ \$6,000 Retiree + Dependent(s) levels
Coinsurance for medical services <ul style="list-style-type: none"> Office visits (includes mental health visits administered by ComPsych) Chiropractic care (\$1,000 annual limit) Labs/X-Rays Hospitalization/surgery 	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Prescription drugs (applies to retail [up to two fills] and mail order) ²				
Generic	No charge after deductible		No charge after deductible	
Brand formulary (preferred)	You pay 25% coinsurance after deductible; \$125 maximum ³		You pay 25% coinsurance after deductible; \$125 maximum ³	
Brand non-formulary (non-preferred)	You pay 45% coinsurance after deductible; \$250 maximum ³		You pay 45% coinsurance after deductible; \$250 maximum ³	
Maintenance medications filled more than two times at a retail pharmacy other than CVS	You pay 45% coinsurance; no maximum ⁴		You pay 45% coinsurance; no maximum ⁴	
Out-of-pocket maximum (applies to both medical and prescription drug expenses combined) ⁵				
<ul style="list-style-type: none"> Retiree Retiree + Dependent(s) <i>(combined family out-of-pocket maximum)</i> 	\$5,000 \$10,000 (limited to \$5,000 for any one family member)	No limit	\$6,000 \$12,000 (limited to \$6,000 for any one family member)	No limit

1. Not applicable to retirees in Puerto Rico.
 2. If you purchase a brand-name drug for which a generic equivalent is available, you will be responsible for paying the difference in costs between the two drugs. Additionally, prescription drugs purchased out-of-network are subject to reasonable and customary (R&C) limits.
 3. Applies before and after deductible is met when a generic equivalent is not available (e.g. contains same active ingredients in the same strength). If a generic equivalent is available, you will pay the difference between the generic and brand cost; coinsurance will not apply.
 4. The coinsurance you pay for maintenance medications filled more than two times at a retail pharmacy other than CVS does not apply toward the deductible and out-of-pocket maximum. Even if you've reached your deductible and out-of-pocket maximum, coinsurance for maintenance medications filled more than twice at a retail pharmacy other than CVS will still apply.
 5. The out-of-pocket maximum does not apply to infertility services. There is an infertility lifetime maximum benefit per family (including males and females) of \$15,000 for medical and \$10,000 for prescription drugs.

Monthly Medical Plan Premiums

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	Retiree Core Option	Retiree Premium Saver Option
Monthly Premiums¹ (the amount you will owe each month)		
Retiree only	\$215	\$170
Retiree + Spouse	\$430	\$340
Retiree + Child(ren)	\$330	\$250
Retiree + Family	\$545	\$420
Spouse only	\$215	\$170
Children only	\$115	\$80
Spouse + Child(ren)	\$330	\$250

¹ These amounts differ for individuals who retired early (prior to earning the full Company subsidy).



Enrolled in the DuPont medical plan? Use Teladoc!

Teladoc provides access to a national network of U.S. board-certified doctors by phone (and online in certain locations), 24 hours per day, 7 days a week. The service is offered as part of your medical coverage, and you should register for Teladoc as soon as your coverage takes effect so that you are all set when you are not feeling well. Simply set up an account with Teladoc at www.teladoc.com/dupont.

Then, when you need help, request a consultation. A doctor can help virtually diagnose and recommend a course of treatment for non-emergency medical problems, such as ear infections, sinus problems, or flu symptoms. In many locations, your Teladoc physician can even call in a prescription to your pharmacy if necessary.

At \$40 per visit, a Teladoc doctor is significantly less expensive than urgent care and emergency room visits, and the charges are applied to your medical plan deductible. Once you meet your medical deductible, each appointment costs even less.

Note: Teladoc is available to covered participants in the Retiree Core and Retiree Premium Saver medical plan options. **If you are a Medicare-eligible retiree (or a Medicare-eligible dependent of a non-Medicare-eligible retiree), you have access to Teladoc only if the medical plan you purchased through Via Benefits offers this service.** Please check with your medical carrier for more details.

Find Network Providers

Always use in-network providers for the greatest cost savings.

Your Carrier:	Go To:
Aetna	<ul style="list-style-type: none"> Go to www.aetna.com/docfind Register, log in, or continue to the site as a guest If using the site as a guest, enter your ZIP code Follow the prompts and select “Aetna Choice POS II (Open Access)” as the network name (this is the name of the Aetna network — not your DuPont medical plan option)
Highmark BCBS	<ul style="list-style-type: none"> Go to www.highmarkbcbsde.com Click “Find a Doctor or Rx” Click “Find a Doctor, Hospital or other Medical Provider” Under “Pick a plan,” type “DUP” in the “Enter the first three letters of your member ID” field Then, search by name, specialty, or condition

Each network services certain geographic areas. Both Aetna and Highmark BCBS offer large, nationwide networks with access to many high-quality health care providers. Your 2019 carrier network is based on your residence state. It is shown on your personalized enrollment worksheet and will be reflected on **DuPont Connection** during the Annual Enrollment period.

Mental health and chemical dependency treatment is administered by ComPsych. Because they are different networks, Aetna and Highmark BCBS will not pay mental health and chemical dependency claims. See **Mental Health/Chemical Dependency Coverage and the EAP** for network details.



Find In-Network Retail Pharmacy Providers

During the year, once your coverage is effective, register on the CVS Caremark website at www.caremark.com.

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Mental Health/Chemical Dependency Coverage and the Employee Assistance Program (EAP)

ComPsych is the administrator of the Employee Assistance Program (EAP). For participants in the Retiree Core and Retiree Premium Saver medical options, ComPsych also administers the mental health and chemical dependency coverage — not your medical carrier (Highmark BCBS or Aetna)¹. Mental health and chemical dependency coverage is included in your medical plan benefits.

The EAP provides assessment, evaluation, and referral for mental health and chemical dependency treatment for you and your covered dependents. This service, staffed by experienced clinicians, is available 24/7 by calling the ComPsych toll-free number. The EAP consultant will confidentially assess your situation and, if necessary, refer you to an EAP network provider who will meet your needs.

For all benefit-eligible retirees and their dependents, six free EAP counseling sessions apply to each unique situation per year that is assessed by the EAP as a short-term counseling need. If additional care is needed beyond the six free EAP sessions, contact ComPsych as you may be eligible to continue treatment under your DuPont medical plan coverage.

¹. Not applicable to retirees in Puerto Rico.



Count on ComPsych GuidanceResources

In addition to providing mental health and chemical dependency coverage, ComPsych GuidanceResources offers support, resources, and information for personal and work-life issues. It's a Company-sponsored program, confidential, and provided at no cost to you and your dependents.

Log on to www.guidanceresources.com (use the access code "DUPONTEAP") for expert information on your relationships, work, school, children, wellness, legal, financial, free time, and more. You'll find timely articles, HelpSheetsSM, tutorials, streaming videos, self-assessments, and even an "Ask the Expert" link for personal responses to questions you might have on a variety of topics.

Additionally, give GuidanceResources a call at **1-800-435-7266** for support with confidential counseling needs, financial information and resources, legal support, and work-life help, including qualified referrals and customized resources for child and elder care, moving and relocation, making major purchases, college planning, pet care, home repair, and more.



How to Search for Providers, Exclusive Discounts, and Special Offers

All participants can contact ComPsych at **1-800-435-7266** or by visiting www.guidanceresources.com. The access code when you go online or call is: **DUPONTEAP**.

Did you know that GuidanceResources offers free access to the Working Advantage members-only program? This unique program gives you access to exclusive discounts and special offers to theme parks, shopping, movie tickets, hotels, Broadway shows, and much more, with savings up to 60% off!

Go to the **I'm Looking for** section on the upper-left side of the screen and select the following to search for:

- Participating ComPsych network mental health and chemical dependency providers: "Counselor"
- Discounts and special offers: "Discounts"

A user name and password will be required. If you're not already registered, follow the steps to create them.

Online search is not applicable to retirees in Puerto Rico.

How the Medical Plan Works

You receive comprehensive medical coverage benefits with either the Retiree Core or Retiree Premium Saver options:

- Annual adult preventive exams are covered at 100% every year — whether you see an in- or out-of-network doctor¹;
- For non-preventive care, you will pay full costs for your care until you reach your deductible (you can pay for these costs with any HSA contributions you might have, or your personal savings); and
- For in-network care, you pay based on the network-negotiated rate.

Your DuPont Retiree Medical Plan

Receiving in-network preventive care? You pay nothing.

Any time you receive in-network preventive care, the plan pays 100%.¹

- Annual physicals
- Immunizations
- Preventive medications

Haven't met your deductible? You pay 100%.

When you receive non-preventive care or prescriptions, you pay 100% until you reach the deductible. (There are separate deductibles for in- and out-of-network services.)

Met your deductible? You and the plan share the cost.

When you receive non-preventive care or prescriptions after you've met your deductible:¹

The plan pays the majority of the cost: 80% in-network, 60% out-of-network, varying amounts for prescription drugs.

You pay coinsurance: 20% in-network, 40% out-of-network, varying amounts for prescription drugs.

Reached your out-of-pocket maximum? The plan pays 100% of in-network covered services for the rest of the year.²

The out-of-pocket maximum is there to protect you from the catastrophic costs of a serious health issue.

¹ Out-of-network services/expenses are subject to reasonable and customary (R&C) limits.

² Out-of-pocket limits apply to in-network services only and do not apply to out-of-network services. There is no out-of-pocket maximum for out-of-network claims. Additionally, infertility services are not subject to the out-of-pocket maximum.

³ Includes any contributions made by your spouse.

Your Health Savings Account (HSA)

You can pay these expenses with your HSA money (if eligible).

You also may pay with your personal funds and choose to continue building savings in your HSA.

In 2019, your HSA money can include...

Your personal contributions:

\$3,500 (you only)/
 \$7,000 (you + others)³
 +
 \$1,000 extra if age 55 or older
 +
 any other savings accumulated from previous years



Consider an HSA

If you enroll in one of the medical plan options, you may be eligible to open a HSA. Due to the tax-savings features of an HSA, there are Internal Revenue Service (IRS) eligibility requirements that you must meet. You may participate in the HSA if you:

- Are not enrolled in Medicare;
- Are not enrolled in other health coverage, either as an individual or as a participant, unless that coverage is a qualifying high deductible plan as defined by the IRS (your covered dependents may have other medical coverage); and
- Are not covered by a full-purpose Health Care Flexible Spending Account (FSA) or Health Reimbursement Account (HRA) (such as through a previous employer or spouse's FSA or HRA through their employer) at any time during the same plan year that pays or reimburses medical expenses; and
- Cannot be claimed as a dependent on someone else's tax return.

You can open an optional, tax-free personal HSA through Bank of America (the DuPont HSA administrator for active employees), or another financial institution of your choice. To learn more, visit Bank of America at 1-877-319-8115 or visit <https://myhealth.bankofamerica.com>.

Your HSA can be used for eligible out-of-pocket medical expenses, tax-free. If you're thinking ahead, you will be pleased to know that you can also use your HSA to pay for Medicare premiums and supplemental coverage when you become Medicare-eligible.

Prescription Drug Coverage¹

You will be automatically enrolled in prescription drug coverage, administered through CVS Caremark, when you elect retiree medical coverage. Your prescription drug costs will depend on if you choose to purchase drugs at retail or mail order, an in-network or out-of-network pharmacy, and the category of the drug on the CVS Caremark drug list (also called a formulary).

Information on how to view drug pricing, find an in-network pharmacy, and the 2019 formulary is available on **DuPont Connection**. Select the **CVS Caremark: Your New Prescription Drug Administrator** tile after you log on.

Where to Purchase Medications

You can purchase up to a 30-day supply of a drug at any retail pharmacy, although you may save money when you use an in-network pharmacy. In-network pharmacies include CVS, Walgreens, Giant, Kroger, Rite Aid, Walmart, Target (which are CVS pharmacies), and many others.

For long-term maintenance medications, fill up to a 90-day supply:

- 1) By mail; or
- 2) Order and fill it at a CVS retail pharmacy (including those in Target stores) for the same price as using mail order.

Pay Your Deductible First

You pay the full cost of your medications until you reach your combined medical and prescription drug deductible. Once you meet your deductible, the coinsurance and per prescription maximums in the chart on the next page will apply.

There Are Special Exceptions for Preventive Care Medications

These drugs are not subject to the deductible:

- Preventive care medications, such as generic contraceptives and smoking cessation medications, that are free as part of your DuPont medical plan benefits; and
- Certain additional medications identified by the IRS as preventive. Instead of paying toward the deductible, you'll pay a coinsurance amount, as applicable, which counts toward your out-of-pocket maximum.

These additional medications are prescribed 1) for a person who is at risk of having a particular disease or condition but who doesn't yet have any symptoms; and 2) to prevent a disease from returning in someone recovered from it.

Medications classified as preventive can be confirmed on the CVS Caremark website at www.caremark.com starting December 12, 2018, or access the preventive medication list on **DuPont Connection** by selecting the **CVS Caremark: Your New Prescription Drug Administrator** tile.

¹. Not applicable to retirees in Puerto Rico.



When You'll Pay More—and Less

- **If a generic equivalent is available and you choose a brand formulary (preferred) or brand non-formulary (non-preferred) drug:** You pay the difference between the cost of the generic and brand-name drug. Coinsurance does not apply.
- **For the third and subsequent fills of a brand maintenance medication filled at a retail pharmacy other than CVS:** You pay a 45% coinsurance amount, plus the difference between the generic equivalent and brand-name drug cost. If no generic equivalent is available, you pay 45% coinsurance only. There is no out-of-pocket maximum that applies.
- **If you purchase a prescription drug at an out-of-network pharmacy:** Reasonable and customary (R&C) limits apply.

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Life Insurance

What You Pay After the Deductible

After you meet your combined medical and prescription drug deductible, here's what you'll pay out of your pocket (excluding preventive medications¹):

Drug Type	Description	You Pay
Generic	Drugs with the same active ingredients and strength as brand-name counterparts, according to the U.S. Food and Drug Administration	No charge after meeting the deductible
Brand formulary (preferred)	Brand-name drugs available at a lower cost than competing brand-name drugs	25% coinsurance after deductible; \$125 maximum ²
Brand non-formulary (non-preferred)	Brand-name drugs with lower-cost alternatives available	45% coinsurance after deductible; \$250 maximum ²
Maintenance medications filled more than two times at a retail pharmacy other than CVS	Prescription drugs for long-term health care needs	45% coinsurance; no maximum ³

1. The deductible does not apply to preventive medications, as described on the previous page.
2. Applies before and after deductible is met when a generic equivalent is not available (e.g., contains same active ingredients in the same strength). See "When You'll Pay More—and Less" on the previous page for additional details.
3. Coinsurance for maintenance medications filled more than two times at a retail pharmacy other than CVS applies pre- and post-deductible; however, you will never pay more than 100% of the cost of the medication. The coinsurance amount does not apply toward your deductible or out-of-pocket maximum.

More About Mail Order

Purchasing your maintenance medications (up to a 90-day supply) through mail order or at a CVS retail pharmacy can help you avoid paying more coinsurance than necessary—saving you money.

If you fill a prescription for a maintenance medication more than twice at a retail pharmacy other than CVS, you'll pay a 45% coinsurance (with no per-prescription maximum) for the third and any subsequent retail fills, plus the difference between a generic equivalent and brand-name drug if you purchase a brand-name over a generic.

If you take maintenance medication, ask your doctor to write the prescription for up to a 90-day supply, plus refills for up to one year. Fill the prescription at a CVS retail pharmacy, or register on the www.caremark.com website and place your order. When you order online, CVS Caremark will send up to a 90-day supply of your maintenance medications to your home with free delivery. There may be a day supply limitation on some prescriptions, such as controlled substances, subject to state and federal dispensing limitations.



Access the 2019 Formulary, Exclusions and Preferred Alternatives, and Preventive Medications List

Find personalized details about your new 2019 CVS Caremark prescription drug coverage starting December 12, 2018, after you are enrolled and registered on the CVS Caremark site at www.caremark.com.

For general information on any impact to your current prescriptions now, review the **CVS Caremark: Your New Prescription Drug Administrator** tile on **DuPont Connection**.

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Wondering How Your Prescription Might Be Covered?

Here are the top 10 most frequently prescribed generic medications for DuPont participants and how they're covered under the prescription drug plan. Remember, you will pay more when choosing a brand-name medication if a generic equivalent is available.

Generic Drug Name	Type of Generic	What You Pay	Associated Brand Name
Amoxicillin	Regular	Free after you reach your deductible	Amoxil
Amoxicillin-Clavulanate Potassium	Regular	Free after you reach your deductible	Augmentin
Atorvastatin Calcium	Preventive	Deductible waived, \$0 copay	Lipitor
Azithromycin	Regular	Free after you reach your deductible	Zithromax
Fluticasone Propionate	Regular	Free after you reach your deductible	Flonase
Hydrocodone-Acetaminophen	Regular	Free after you reach your deductible	Vicodin, Lortab, Lorcet Plus, and many others
Lisinopril	Preventive	Deductible waived, \$0 copay	Prinivil, Zestril
Omeprazole	Regular	Free after you reach your deductible	Prilosec
Prednisone	Regular	Free after you reach your deductible	Deltasone
Simvastatin	Preventive	Deductible waived, \$0 copay	Zocor



Bonus! Get 20% off CVS Health-brand health-related items

As a CVS Caremark prescription drug program member, you can get a 20% discount off the regular price of most CVS-brand health-related products at retail CVS pharmacies when you use your CVS ExtraCare® Health Card.

A prescription drug coverage Welcome Kit will be mailed to 2019 covered participants from CVS Caremark in December, which will include your member ID card. Separately, your CVS ExtraCare Health Card should arrive in the mail six to eight weeks after your enrollment effective date.

Specialty Medications

CVS Caremark manages specialty medications through CVS Specialty™. Specialty medications are drugs that are used to treat complex conditions, such as anemia, growth hormone deficiency, hemophilia, hepatitis C, high cholesterol, multiple sclerosis, and rheumatoid arthritis. Whether they're administered by a health care professional, self-injected, or taken by mouth, specialty medications require special handling. These drugs are complex to use and expensive, and your therapy could require frequent adjustments to your doses and intensive clinical monitoring.

If you are enrolled for 2018 with Express Scripts and take specialty medication that is managed by Accredo, you will need to transfer your prescription to CVS Caremark for 2019. Look for information in the mail from CVS Caremark in November 2018 with instructions. Or, beginning December 12, 2018, you and/or your doctor may contact CVS Specialty at **1-800-237-2767** for assistance with transferring your specialty medication prescription.

Clinical Programs

CVS Caremark manages the pharmacy benefit with clinical programs and dispensing rules. If you are affected by any of these programs based on the medicine you take, CVS Caremark will contact you. These clinical programs help control plan costs (including your premium costs) and provide you with clinically appropriate coverage.

An example of a clinical program is Step Therapy, which requires that participants try the most cost-effective drug therapy for certain diagnoses prior to moving to a more expensive therapy, based on a drug list created by CVS Caremark for your prescription drug plan. This list is updated as necessary. If you are a Step Therapy participant who does not respond satisfactorily to the first-line medicine, your plan will consider coverage for an alternative therapy.

An important reminder: You might be able to get help paying for your medicine



Many manufacturers and foundations offer financial assistance to patients who need help covering the cost of their specialty medicine, copays, or coinsurance. You might see references to this support called "a manufacturer/patient assistance program," "discount cards," "copay assistance," or coupons.

This assistance is paid for by the manufacturer or foundation and can help you stay on track with your medicine. Assistance paid from other sources does not apply to your deductible or out-of-pocket expenses since it was not paid by you.

Following your doctor's instructions on how much of your medicine to take and when to take it is also an essential part of your health and wellness. Following these instructions — what you'll often hear called "adherence" — also helps prevent bigger and more expensive health problems in the future.



Better Understand How to Use Your Prescription Drug Coverage

For general money-saving tips and details about using your plan in 2019, review the **CVS Caremark: Your New Prescription Drug Administrator** tile on **DuPont Connection**.

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For non-Medicare-eligible retirees who are eligible for dental coverage, there are no changes for 2019. Review your personalized enrollment worksheet, or contact **DuPont Connection** starting October 31, 2018, to determine your plan eligibility and costs.

You have the choice between two dental plan options administered by MetLife®. When you use providers in the MetLife Preferred Dentist Program Plus (PDP Plus) network, you can limit your out-of-pocket costs. You can find PDP Plus dentists by visiting www.metlife.com/mybenefits, or by calling MetLife at **1-888-883-0052**. Using network dentists is recommended, but not required by the plan.

	Standard Option	Limited Option
Coverage		
Annual deductible <i>Applies to restorative care only</i>	\$50 per person, up to a maximum of \$150 per family	Not applicable
Diagnostic and preventive care <ul style="list-style-type: none"> • 2 regular cleanings per year or 4 periodontal cleanings with diagnosed condition (2 periodontal cleanings are in lieu of the 2 regular cleanings) • 2 routine exams per year • Dental X-Rays: <ul style="list-style-type: none"> – Bitewing X-Rays — One time per year – Whole mouth X-Rays — One time every 5 years 	Plan pays 100% ¹	Plan pays 100% ¹
Restorative care Includes bridges, crowns, fillings, and other covered dental services	After the deductible, you pay 50% ²	Not covered
Annual benefit limit	\$1,100/person	\$500/person
Lifetime orthodontic limit³ For children under age 19	\$1,200 per child	Not covered

1. For out-of-network claims, reasonable and customary (R&C) limits apply. R&C amounts are based on the 90th percentile, which means that 90% of providers in a geographic area charge no more than the R&C amount and 10% charge more.
 2. The benefit for the Preferred Dental Provider Plus network dentist is determined on the network-negotiated amount. For out-of-network providers, R&C limits apply, where R&C amounts are based on the 90th percentile. Additional frequency limits may apply to certain covered dental services.
 3. The lifetime orthodontic limit is a combined limit for all DuPont dental plan options (for both active employees and retirees).

Dental Works Differently

If you choose to enroll in the Limited Dental option, you cannot enroll in the Standard Dental option in the future. Enrolling in the Limited option is a permanent, irrevocable decision.

Dropping dental coverage is also a permanent, irrevocable decision. If you choose to drop dental coverage, you cannot re-enroll in dental coverage in the future unless you lose eligibility under another employer's group dental plan and can provide proof of continuous coverage (during the period you were not covered by DuPont) under that plan.

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Retiree Life Insurance

If you participate in Retiree Life Insurance, there is no action required on your part to continue your current coverage at new 2019 rates.

If you need to reduce or cancel your DuPont Retiree Life Insurance, administered by Securian Financial (formerly known as Securian Life Insurance Company), you can do so at any time during the year using **DuPont Connection**. You do not need to wait for a qualifying life event or until the next Annual Enrollment period.

What You Will Pay

Confirm your eligibility for Retiree Life Insurance coverage and your costs on your personalized enrollment worksheet.

Retiree Life Insurance	
Monthly Premiums per \$1,000 of Coverage	
Age at 12/31/19	Premium
45 – 49	\$0.186
50 – 54	\$0.285
55 – 59	\$0.456
60 – 64	\$0.714
65 – 69	\$1.280
70 – 74	\$2.225
75 – 79	\$3.340
80 – 84	\$5.475
85 – 89	\$9.034
90 and older	\$17.750

About Your Coverage: Life Insurance Age-Related Reductions

When you turn age 65, if you are enrolled in:	What happens:
Retiree Life Insurance	<p>At age 65, the total amount of coverage may not exceed the lesser of (1) the amount of coverage you had at retirement; (2) two times your pay; or (3) \$250,000.</p> <p>When you reach age 65, the Company-provided coverage is reduced (\$10,000 minimum) and any supplemental life insurance that you're purchasing is set to zero. You will receive a personalized enrollment worksheet that shows your buy-back options at group rates.</p> <p><i>If you take no action at that time, only the reduced Company-provided Retiree Life Insurance continues in force. You will receive notice of your rights to port/convert lost coverage to an individual policy.</i></p>
Retiree Non Contributory (NCGLI) and/or Contributory Group Life Insurance (CGLI)	<p>Your life insurance begins reducing at age 65—a minimum of 1/4 of your normal annual earnings at retirement for NCGLI and 1/2 of your normal annual earnings at retirement for CGLI. It reduces annually until you reach age 75. Each year, you will receive notice of your rights to port/convert the amount of the reduction.</p>



Eligible for NCGLI or CGLI?

Refer to the enclosed personalized enrollment worksheet to confirm in which retiree life insurance plan you are enrolled and for your 2019 premium costs.

Premiums are not changing for retirees who have continuously participated in the historic Contributory Group Life Insurance (CGLI) plan (“Option Z”) since December 31, 1992.



Confirm Your Beneficiaries

Annual Enrollment is a good time each year to review your beneficiaries and ensure they are up to date. You can change your life insurance beneficiary designations at any time by entering the update on **DuPont Connection** at <http://digital.alight.com/dupont>. If you need help, call **DuPont Connection** at **1-800-775-5955**.

Resources

Your 2019 Benefits Resource Contact List

If You Need Information About:	For 2019, Contact:
Your non-Medicare-eligible benefits, including enrolling in, confirming, or making changes to your health and insurance elections	DuPont Connection 1-800-775-5955 http://digital.alight.com/dupont
Medicare-eligible health care benefits	Via Benefits 1-855-535-7140 http://my.viabenefits.com/dupont
Retiree Core and Retiree Premium Saver option medical plan carriers	Aetna 1-800-938-7668 www.aetna.com Highmark BCBS 1-888-431-4650 www.highmarkbcbsde.com
Prescription drug benefits	CVS Caremark 1-844-212-8696 www.caremark.com
Coverage for specialty medications	CVS Specialty 1-800-237-2767
Health Savings Account (HSA)	Bank of America 1-877-319-8115 https://myhealth.bankofamerica.com
Dental benefits	MetLife 1-888-883-0052 www.metlife.com/mybenefits
Employee Assistance Program (EAP) and Mental Health and Chemical Dependency treatment	ComPsych 1-800-435-7266 www.guidanceresources.com Access Code: DUPONTEAP
Teladoc	Teladoc 1-800-TELADOC (1-800-835-2362) www.teladoc.com/dupont
Castlight	Castlight 1-888-722-0483 https://mycastlight.com/dupont
Medicare	Medicare 1-800-MEDICARE (1-800-633-4227) www.medicare.gov



DuPont Connection: Your Go-To Place for Benefits

The **DuPont Connection** website at <http://digital.alight.com/dupont> is easy to use, is secure, and gives you control when it comes to learning about and acting on your benefits. You can access the website 24 hours a day, 7 days a week from any computer with Internet access. Use it to:

- Enroll in your non-Medicare-eligible retiree benefits during Annual Enrollment;
- Access tools to help you compare, choose, and make the most of your retiree health and insurance benefits;
- Manage your personal and dependent/beneficiary information on file with DuPont;
- Review and update your life insurance beneficiaries, if applicable (during Annual Enrollment and at any time during the year);
- Link and connect to other benefit resources, such as your medical plan carrier; and
- Make changes to your retiree medical benefit elections when you have a qualifying life event during the year and reduce or cancel Retiree Life Insurance at any time during the year.

Other Important Plan Information

Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act)

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

Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. Therefore, deductibles and coinsurance apply. If you would like more information on WHCRA benefits, call your medical carrier.



Elect Electronic Delivery of Your 1095 Tax Form

On **DuPont Connection**, click the "Medical Tax Form 1095" box (and follow the instructions) to consent to electronic delivery of this tax form.



Summary Plan Descriptions (SPDs)

For more detailed summaries of all of your benefit plans, summary plan descriptions (SPDs) are now available on **DuPont Connection** at <http://digital.alight.com/dupont>. Any inconsistency between the SPD and the Plan Documents will be governed by the Plan Documents.

This guide provides a quick, easy-to-understand outline of your Plan options. DuPont has made every effort to ensure that this guide accurately reflects the plan documents and contracts. However, if there is any conflict or inconsistency between this guide and those documents or contracts, the documents or contracts will govern. DuPont reserves the right to change, modify, or discontinue at its discretion any of the plans, programs, or services described in this guide. If you are in a collective bargaining unit, the benefits described are subject to existing provisions in the collective bargaining agreements and subject to meeting any bargaining obligations.

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