

2019 U.S. Region Benefits
Information for Dow Employees transitioning to either Corteva
Agriscience™ or the new DuPont (the “Company”)
at the time of the first spin on April 1, 2019

Welcome! As a future employee of Corteva Agriscience or the new DuPont (the “Company”), your benefit package will include our comprehensive BeneFlex health and insurance coverage, the Retirement Savings Plan (our 401(k) plan), paid time off, and both short and long-term disability coverage.

Additional information on the CompanyBeneFlex health and insurance benefits can be found at www.dupontbenefits.com under the “Welcome Dow Employees! Get to know about your new Company benefits” tile. Information on the Retirement Savings Plan can be found at <https://go.ml.com/DuPontCortevaRetirementPlans>.

The following information and FAQs supplement the standard information provided to newly hired Company employees, the Transition Guide and other benefits information for Dow employees transitioning to the Company, and the official benefit plan documents.

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Starting Your Benefits

1. Will my benefits change when I start working at the Company?

Yes. Your Dow benefits coverage will end on March 31, 2019. Once you begin work at the Company as an eligible regular full-service employee (working 20 hours or more per week), you will be eligible for Company benefits.

2. How do I enroll in Company BeneFlex health and insurance benefits?

After you transition to the Company, you will receive information by email and in the mail regarding when and how to enroll in BeneFlex. At that time, the **DuPont Connection** Service Center will be available to assist you and answer questions that you may have regarding your benefits. **DuPont Connection** can be reached at **1-800-775-5955**. Most employees enroll online at <http://digital.alight.com/dupont>.

The BeneFlex options you elect as a new employee will remain in place through 2019 unless you need to make a change mid-year following a Qualifying Life Event such as marriage, birth, or divorce.

3. Will I need to re-enroll in BeneFlex health and insurance benefits when the second spin happens?

No. You will not need to re-enroll when the second spin happens and Corteva Agriscience and the new DuPont become free-standing companies.

4. Will my BeneFlex health and insurance benefits start on my transition date or is there a waiting period?

You will be able to make your benefit elections between April 5, 2019 and May 5, 2019. Your medical, dental, vision, basic life insurance and basic accidental death insurance benefits are effective as of the transition date (April 1, 2019), if you make your BeneFlex elections during the election period. Elections for other benefits made during this period become effective the first of the month following your enrollment.

5. When can I enroll in the 401(k) plan or is there a waiting period?

You are *eligible to participate* in the Company Retirement Savings Plan (RSP) (our 401(k) plan), immediately upon hire. Employees in Puerto Rico are eligible to participate in the Puerto Rico Savings and Investment Plan (SIP), (a defined contribution plan). Enrollment information will be sent to you by email and will also be mailed to your home address. *You can enroll online at www.benefits.ml.com beginning on April 4, 2019.* At that time, you can contact the Merrill Lynch Participant Service Center at **1-877-337-5267** with any questions you may have during the enrollment process.

If you take no action within your first 60 days of employment, you will be automatically enrolled in the plan at a pre-tax contribution rate of 6% of your eligible compensation. Your automatic enrollment also includes automatic increases in pre-tax contributions of 1% annually, on each one-year anniversary of your enrollment in the plan, up to a maximum of 15% of eligible pay.

6. Will my past service with Dow be recognized by the Company?

Yes, the Company will recognize your Dow service for purposes of vacation, service awards, FMLA eligibility, severance benefits, and vesting of the Company Retirement Savings Plan contributions made to the RSP. In addition, Dow service will be recognized for purposes of sick leave for non-exempt employees in Puerto Rico.

Your vacation service at Dow may have included an allowance for years worked at other companies, as well as an allowance for two personal holidays. At the Company, our paid time off consists of vacation days, personal holidays and negotiated paid time off which, together, deliver the equivalent of the vacation provided at Dow. Additional information is in the "Vacation" section of this document.

7. I will have a milestone anniversary on or after April 1, 2019. Can I expect to receive a service award from Dow or the Company?

You will receive a service award from the Company. However, processing for the service award packets for April 1, 2019 and May 1, 2019 award recipients will be delayed because employee data won't be moved from Dow to the Company until after April 1, 2019. Your service award packet will be mailed in the second or third week in April.

8. Will the Company ensure that I don't exceed the annual Internal Revenue Service (IRS) contribution limits to my Flexible Spending Account, Health Savings Account, and RSP?

It is your responsibility to ensure that you do not exceed IRS contributions limits to Flexible Spending Accounts (the Limited Purpose Flexible Spending Account and/or Dependent Care Flexible Spending Account), and your Health Savings Account, if eligible.

Your year-to-date contributions made to the Dow Employee Savings Plan (ESP) will be taken into consideration under the Company RSP for purposes of calculating 2019 IRS annual limits for pre-tax, Roth 401(k), and catch-up contributions, as well as for determining the limit on total contributions (combined employee and employer contributions) to your account. While the Company will be receiving data from Dow in order to help track your 2019 RSP annual contributions, you are ultimately responsible for making sure that you do not exceed the IRS annual limits.

For Puerto Rico employees, your year-to-date contributions made to the Dow ESP will be taken into consideration under the SIP for purposes of calculating 2019 Puerto Rico Internal Revenue Code (PR Code) annual limits for pre-tax and catch-up contributions, as well as for determining the limit on total contributions (combined employee and employer contributions) to your account. While the Company will be receiving data from Dow in order to help track your 2019 annual contributions, you are ultimately responsible for making sure that you do not exceed the PR Code annual limits.

9. I have a benefit at Dow which the Company does not offer (e.g. Supplemental LTD insurance). Will the Company add these benefits?

The benefit plans and programs provided to employees by Dow and the Company are comparable in the aggregate, but there are differences. There is no intention, at this time, for the Company to add these benefits. However, after the spin, the Company may consider whether to add these benefits in the future.

10. How can I minimize the impact of the transition from Dow to the Company benefits?

There are several steps you can proactively take to minimize the impact of the transition from Dow to the Company medical and dental plans. Some suggested steps include:

- **Review the Company benefits information you receive prior to the transition.** If you are married (or have an eligible domestic partner), discuss your benefits options with your spouse/domestic partner so that you can make your elections as soon as the election window opens.
- **Make your benefit elections as soon as possible during the election period.** The earlier you make your elections, the earlier you will be added to the carriers' enrollment and claims systems, and receive your ID card(s).
- **Check the network status of your providers.** You will maximize your benefits by using in-network providers.
- **Consider the timing of any elective or non-emergent medical care you may have scheduled.** You may want to schedule this care prior to April 1, 2019 (under the Dow plan) or later in April (under the Company plan).
- **Manage your prescriptions.** If you anticipate your current supply of prescription medication will run out in early April, you may want to check if you can refill your current medication prior to March 31, 2019 to ensure you have an adequate supply.
- **Transition of care.** If you in an active course of treatment for a medical condition (including pregnancy), discuss the transition with your medical provider. Once you've enrolled in Company medical coverage and have been added to your medical carrier's system, contact your medical carrier to discuss transition of care.

Medical Coverage

11. What medical plan options does the Company offer and who are the medical carriers?

For mainland U.S. employees: The Company offers two plan options: the Core and Premium Saver options. Both options include prescription drug coverage and come with a tax-advantaged Health Savings Account (HSA). Both options are designed to increase awareness of the actual costs of services you purchase and encourage you to select where you go for care based on both quality and cost. By working together to control health care spending, the Company and our employees have been able to keep our medical plan premiums for the mainland U.S. work sites below a 5% increase since 2016.

Medical coverage is offered through two large, nationally recognized carriers: Aetna and Highmark Blue Cross Blue Shield (BCBS).

For Hawaii employees: Hawaii employees are eligible for medical, behavioral health (including chemical dependency), and prescription drug coverage through the HMSA Blue Cross Blue Shield (BCBS) of Hawaii PPO option only. For questions, call HMSA at **1-800-776-4672** or **1-808-948-6111** or visit www.hmsa.com.

For Puerto Rico employees: Puerto Rico employees are eligible for medical and behavioral health (including chemical dependency) coverage through Triple S and prescription drug coverage through Abarca. For questions (including about prescription drugs), call Triple S at **1-787-774-6060** or visit www.ssspr.com.

For employees on International Assignment: Aetna International is the exclusive medical carrier for employees on an international assignment (inpats and expats). For questions, call Aetna International at **1-800-231-7729** or visit www.aetnainternational.com.

12. Who will be my new medical carrier if I live in the mainland U.S.?

The Company medical plan assigns medical carriers based on your home address ZIP code. In most cases, there is one medical carrier per state

Aetna is the exclusive medical carrier if you live in one of the following states:

Alaska

Colorado

Delaware

Nevada

Highmark BCBS is the exclusive medical carrier if you live in one of the following states:

Alabama	Minnesota	South Dakota
Arkansas	Mississippi	Utah
Arizona	Montana	Vermont
California	Nebraska	Virginia
Idaho	New Hampshire	Washington (State)
Indiana	North Carolina	Washington DC
Iowa	North Dakota	West Virginia
Kentucky	Oklahoma	Wisconsin
Louisiana	Oregon	Wyoming
Maine	Rhode Island	
Michigan	South Carolina	

Aetna and Highmark BCBS each have specific coverage areas in the following 15 states. Employees who live in these states will be assigned a coverage area based upon the first three numbers of their home ZIP code. Please consult the following table for your medical carrier if you live in one of these states.

State	Medical Carrier	Zip Code Ranges
Connecticut	Aetna	060 – 063
	Highmark	064 – 069
Florida	Aetna	320 - 322; 327 - 342; 346 – 349
	Highmark	323 - 326; 344
Georgia	Aetna	300 -303; 311; 399
	Highmark	304 -310; 312 - 319; 398
Illinois	Aetna	620 – 622
	Highmark	600 - 619; 623 – 629
Kansas	Aetna	660 - 668; 670 - 672
	Highmark	669 - 669; 673 - 679
Maryland	Aetna	206 - 207; 210 - 219
	Highmark	205; 208 – 209
Massachusetts	Aetna	010 - 011; 013; 017 - 024
	Highmark	012; 014 - 016; 025 - 027; 055
Missouri	Aetna	630 - 633; 640 - 641
	Highmark	634 - 639; 644 - 658
New Jersey	Aetna	070 – 081; 085 - 086
	Highmark	082 – 084; 087; 088 - 089
New Mexico	Aetna	873 – 874; 877-884
	Highmark	870 – 871; 875
New York	Aetna	005; 063; 100 - 119; 128 - 149
	Highmark	120 – 127
Ohio	Aetna	430 - 438; 440 - 443; 458;
	Highmark	439; 444 – 457; 459
Pennsylvania	Aetna	150 – 170; 179 - 196
	Highmark	171 – 178;
Tennessee	Aetna	370 - 372; 375; 380 - 381
	Highmark	373 - 374; 376 - 379; 382 - 385
Texas	Aetna	780; 782; 885
	Highmark	733; 750 - 779; 781; 783 – 799;

13. Does the Company offer any “discounts” on medical premiums?

Employees have the opportunity to earn a \$40 monthly Healthy Incentive Credit toward their medical premium. However, for the 2019 calendar year, the Company is automatically providing the \$40 credit to incoming employees from Dow who work in the mainland U.S. and elect medical coverage.

Employees in Hawaii and Puerto Rico automatically receive the credit, which is reflected in monthly premiums. In contrast, all mainland U.S. employees can earn the incentive only by completing an online Member Health Assessment.

Employees on international assignment automatically receive the credit, and it is reflected in monthly premiums.

If you elect medical coverage and are eligible for HSA contributions, you will receive the Company’s contribution into your HSA that can be used to reimburse your qualifying health care expenses (such as deductible or coinsurance amounts) or saved for use in future years. Your Company HSA contribution for 2019 will be prorated for the remaining months of the year and will be deposited into your HSA as a lump sum. The 2019 Company contribution will be deposited in your HSA with your May 24 pay statement for bi-weekly paid employees or your May 31 pay statement for monthly paid employees.

If you enrolled in Dow’s MAP Plus Option 1 or 2 for 2019, year-to-date expenses that you incurred and were applied to your Dow medical deductible and out-of-pocket maximum will be automatically transferred to the Company’s plan in which you enroll, as soon as administratively possible — likely within one to two months following your transition.

14. Where can I find the contact information for the medical carriers?

Contact your medical carrier if you have questions regarding your claims, need assistance finding a network provider, want to speak with a nurse regarding your condition (a 24-hour free nurse help-line comes with your medical coverage), or have questions regarding your benefits or coverage.

Medical plan ID cards (one for medical and one for prescription drugs) will automatically be mailed to employees who enroll in coverage. Contact your medical carrier if you require care prior to receiving your card.

Aetna	www.aetna.com	1-800-938-7668
Aetna International	www.aetnainternational.com	1-800-231-7729
Highmark BCBS	www.highmarkbcbsde.com	1-888-431-4650
CVS Caremark	www.Caremark.com	1-844-212-8696
ComPsych	www.guidanceresources.com	1-800-435-7266
HMSA	www.hmsa.com	1-800-776-4672 or 1-808-948-6111
Triple S	www.ssspr.com	1-787-774-6060

15. Are Company premiums higher for tobacco users? If I use tobacco, will I be charged a tobacco user surcharge if I enroll in the Company medical coverage?

Supporting the Company's global tobacco-free policy, a \$50 monthly surcharge is added to your medical premiums if you are a tobacco user. You will be required to attest to your tobacco use during each Annual Enrollment period. However, as an employee transitioning from Dow on April 1, 2019, the Company will automatically waive the \$50 monthly surcharge for 2019.

For employees who are tobacco users, tobacco cessation assistance is available through SimplyWell® to waive the 2020 tobacco surcharge and help you quit tobacco. Three tobacco cessation coaching sessions and the online tobacco reasonable alternative content must be completed by October 31, 2019 to waive the 2020 tobacco surcharge.

After transitioning to the Company, to enroll in tobacco cessation coaching, go to the Healthy Living website, administered by SimplyWell®, through the "Contact Us" page on **DuPont Connection**, or log on at www.myhealth.dupont.com and click "Register" at the bottom of the page.

16. Will my dependents covered under my Dow plan transfer to the Company or do I need to supply any information on my covered dependents?

You do not need to re-verify previously verified dependents you were covering at Dow in 2019 when you enroll in your Company BeneFlex coverage.

However, if you enroll a dependent in your Company BeneFlex coverage that you were not covering at Dow in 2019, the Dependent Verification Center will contact you and ask you for documentation to substantiate the eligibility of that dependent. **Note:** Your response to the verification request is required and you must provide the documentation requested by the deadline cited. If you do not provide documents that verify your dependent(s), coverage will be canceled.

If you have questions about the verification process, please contact the Dependent Verification Center by calling **DuPont Connection** at **1-800-775-5955**, and when prompted, say "Health and Wellness," then "Dependent Verification." The Dependent Verification Center is available from 8:00 a.m. to 11:00 p.m. Eastern Time (ET), Monday through Friday.

17. Will I need to change doctors? How can I find out which doctors, labs, hospitals, etc. are in the network?

You can confirm whether your current providers are in-network by visiting your medical carrier's website. Instructions for individual carriers are listed below

Aetna

- Visit www.aetna.com.
- Click the "Find a doctor" link at the top of the Aetna homepage.
- Click the "Plan from an employer" link (right column of the webpage, under the "Not a member yet?" section).
- Enter the zip code where you wish to find a provider. Also, select how far you are willing to travel (in miles) to seek care. Click the "Search" button.
- Select the **Aetna Choice® POS II (Open Access)** network (under the Aetna Open Access Plans). Click the "Continue" button.
- Choose your provider search criteria by following the instructions on the screen.

Note: The Company plans utilize the same Aetna network as the Dow MAP Plus plans (except for Behavioral Health and Chemical Dependency care, which is administered by ComPsych – see Q 18)

Highmark BCBS

- Visit www.highmarkbcbsde.com.
- Click the "Find a Doctor or Rx" link at the top of the Highmark homepage.
- Choose "Find a Doctor, Hospital, or other Medical Provider" from the list of options on the "pop-up" screen.
- Find the question that asks "Enter the first three letters of your member ID". Enter the letters "DUP" in the box below this question.
- Find the field that says "Type name, hospital, clinic, specialty or condition". You can search for a provider in the following ways:
 - *By provider name* – Type in the specific name of the provider (John Smith, Mayo Clinic, etc.). This method will return a list of participating providers in your service area that correspond to the specific name you chose.
 - *By provider type* – Type in the name of the specialty you are looking for (Pediatrics, Cardiology, Laboratory, Hospital, etc.). This method will return a list of participating providers in your service area that correspond to the specialty you chose.
 - *By condition type* – Type in the name of the medical condition you wish to seek treatment for (heart disease, diabetes, infertility, etc.). This method will return a list of participating providers in your service area that may provide treatment for the specific condition you entered.
- Find the field that says "Enter location and distance for best results" and type in your zip code and the distance you are willing to travel.

Note: Behavioral Health and Chemical Dependency care is administered by ComPsych, and therefore does not use the Highmark BCBS network for these services (see Q 18)

HMSA

- Go to **www.hmsa.com**
- Register, log on, or continue to the site as a guest
- If using the site as a guest, enter your ZIP code
- Follow the prompts and select “Find a Doctor”
- Call HMSA at **1-800-776-4672** or **1-808-948-6111**

Triple-S

- Go to **www.ssspr.com**
- Register, log in, or continue to the site as a guest
- Click on “Provider Directory”
- Follow prompts

Aetna International

Call Aetna International at **1-800-914-2177** or register on their website:

1. Go to **aetnainternational.com** and click “**Register now**” under the “Log in” section
2. Select your plan type
3. Fill in your name, date of birth and Member ID number found on your Member ID card

If you're already logged into Health Hub, you can easily access **Aetna Navigator** without a separate sign-in. It lets you:

- Find U.S. doctors, hospitals and walk-in clinics
- Track your claims status
- Access your digital Member ID card
- Estimate your out-of-pocket costs
- Compare costs and quality of area hospitals, medical procedures and prescriptions
- Take advantage of a whole host of health and wellness programs

18. How do I find participating providers for behavioral health care and chemical dependency treatment under the medical plan? (applies to Aetna and Highmark BCBS members only)

For employees who enroll in the Core or Premium Saver Option, ComPsych administers the claims for behavioral health and chemical dependency care provided under the medical plan. Do not file claims (or have your provider file a claim) with Aetna or Highmark BCBS for these services; **claims must be filed with ComPsych.**

If you are currently in an active course of treatment with an in-network mental health or chemical dependency provider (under your Dow medical plan) who does not participate in the ComPsych network, “transition of care” services may be available. These “transition of care” services may allow you to see your current provider at the in-network benefit level while you search for a participating ComPsych provider. ComPsych will help you locate participating network providers, process behavioral health and chemical dependency claims and answer general questions about

these benefits. Providers who do not participate in the ComPsych network will be processed as out-of-network providers (even if they do participate in Aetna or Highmark's network). Contact ComPsych prior to receiving care at **1-800-435-7266**. Once you are receiving treatment, you should inform your provider that ComPsych will be processing the claim for the service.

19. Who is the carrier for behavioral health care and chemical dependency treatment for employees in Hawaii, Puerto Rico and on international assignment?

Employees working in Hawaii: coverage is automatic with the enrollment in the HMSA plan.

Employees working in Puerto Rico: coverage is automatic with the enrollment in the Triple S plan.

Employees on International Assignment: coverage is automatic with enrollment in the Aetna International plan.

20. Does the Company have an Employee Assistance Program (EAP)?

All benefit-eligible employees and their dependents are eligible for the EAP. ComPsych is the administrator of the EAP.

When you call ComPsych, you will speak with an EAP consultant. The 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 employees 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, you may be eligible to continue treatment under your DuPont medical plan coverage.

Contact ComPsych by visiting www.guidanceresources.com, or by calling **1-800-435-7266**. The access code is **DUPONTEAP**.

Employees on International Assignment: ComPsych EAP services are offered in the United States only. If you require EAP services while outside the U.S., a separate EAP service is available if you elected coverage under Aetna International Plan.

21. Under the Core or Premium Saver options, how much will I pay for routine doctor visits, prescriptions, ER visits?

For all medical services and prescriptions, except preventive, you will pay 100% of the negotiated cost until you meet your deductible. Once the deductible is met, the plan will pay 80% of the cost, and you are responsible for the other 20% until you meet your out-of-pocket maximum. Preventive services such as an annual physical, immunizations, preventive medications, etc. are covered at no cost to you.

22. When will I receive my medical, prescription drug and dental ID cards?

Medical and dental ID cards are usually mailed within two to three weeks from the date you enroll in your medical and dental plan(s). You will receive a Welcome Kit from CVS Caremark, which will include your prescription ID cards, within two weeks of your enrollment in Company medical coverage.

23. What happens if I need medical care between April 1st and April 4th (before the enrollment period opens)?

If you (or an eligible dependent) need to seek urgent medical care before the enrollment window begins on April 5th, you should contact DuPont Connection and request an emergency enrollment. DuPont Connection will process a limited medical election (in the Core PPO option) for the member that needs the urgent medical treatment. DuPont Connection will not process enrollment other coverages (dental, vision, life insurance etc.) and you will need to complete your full enrollment (for all plans and covered dependents) during the enrollment period. Emergency medical enrollments should be reserved for emergency medical issues and not for routine or non-emergency services. We ask you to exercise prudent judgement in requesting these enrollments. Examples where emergency enrollments may be appropriate include, but are not limited to:

- Medically necessary ER visits
- Non-elective inpatient hospitalizations or outpatient surgical procedures
- Chemotherapy, infusion or dialysis treatments
- Specialty prescription drugs fills that cannot be delayed
- Emergency mental health or substance abuse treatment (in excess of what can be provided by the EAP plan)

24. What happens if I need medical or dental care after the enrollment period opens but before I have received my ID card?

It is important to enroll as soon as you can. As long as you enroll by May 5, 2019, your coverage will be effective as of April 1, 2019. Aetna, Highmark and CVS systems will be updated daily during the transition period so your medical enrollments should be processed within 1-2 business days.

Your ID cards will be available electronically (on the carrier websites) within a few days of your enrollment and will be mailed to your home once it's been generated. If you need care before you receive your ID card you should ask your provider's office to delay billing until your enrollment is confirmed. Emergency paper ID cards are also available online from most medical carriers, including CVS Caremark. Access the carrier websites or call your carrier if you need to print an emergency ID card.

See question 37 for more information about your prescription drug ID card.

25. Can I receive a temporary medical, Rx or dental ID card earlier than two to three weeks from enrollment?

You may be able to print a temporary ID card using the carrier self-service websites. Temporary ID cards may be available within a few days from the date you enroll in your plan(s). You can access the carrier websites using single sign-on (SSO) technology from **DuPont Connection** (click on the "Contact Us" link in the upper right corner of the home page). You can also call your carrier if you need to print an emergency ID card.

26. I have paid expenses that were applied toward my deductible and out-of-pocket maximums under the Dow medical plan. Will I get credit for these expenses?

Your year-to-date deductible and out-of-pocket claim amounts from Dow's MAP Plus Option 1 or 2 will be credited toward your Company medical plan amounts. These credits will be applied within approximately one to two months following your enrollment in the BeneFlex medical plan.

Employees enrolled in a Dow HMO option will not receive credit toward the Company deductible for copayments made under Dow's HMO option.

27. What should I do if I am currently receiving treatment from a provider for a medical condition or have an upcoming surgery scheduled?

If you are currently receiving treatment for a medical condition (including pregnancy), once you enroll in the BeneFlex medical plan and have received your ID card, contact your carrier to request transition of care assistance. The medical carrier can assist you in continuing your current course of treatment. If you are currently receiving care from an in-network provider who does not participate in your new carrier's network and your transition of care request is approved by the new carrier, you may continue to see your current provider at in-network benefit levels for a temporary period of time (as determined by the carrier).

28. Does the Company have a low deductible plan for 2019?

For mainland U.S. employees, the Company only offers two high-deductible medical plan options – the Core and Premium Saver options which come with a Health Savings Account (HSA).

29. With a high deductible medical plan, will I pay more than I'm paying for a Dow plan today?

The premiums you pay for coverage in the Company Core or Premium Saver option are higher than the premiums that you pay today at Dow for MAP Plus Option 2 (they are lower than the premiums for Map Plus Option 1). However, when you consider the Healthy Incentive Credit and HSA contribution that the Company provides, you will likely be paying about the same or even less than you are today. And, there are tax advantages to you if you make contributions to your HSA.

30. What if I'm in the hospital during the benefits transition. What should I do?

If you (or an eligible dependent) are hospitalized prior to the opening of the enrollment period, you should follow the emergency enrollment procedures outlined in Question 23.

If you (or an eligible dependent) are hospitalized prior to the opening of the enrollment period, you should make your election as soon as possible when the system is available on April 5, 2019.

After enrolling in your new medical coverage (either through the emergency or standard enrollment), you should also contact your new medical carrier to confirm your enrollment and let them know about your (or your covered dependent's) hospital stay. The new carrier will contact the hospital to confirm your coverage, approve additional care and conduct any required discharge planning. Hospital coverage prior to April 1, 2019 will be through the Dow plan. Hospital coverage on or after April 1, 2019 will be through the Company plan.

31. I, or a covered dependent, need to seek routine medical and/or dental care before I enroll in my benefits. What should I do?

Advise your provider of the benefits transition from Dow benefits to the Company benefits, and let them know who your new medical and dental carrier will be. You should also make your election as soon as possible during the enrollment period.

In the interim, your provider may suggest the following options:

- They may request payment in advance, and ask you to submit your claim once your enrollment has been processed. Your coverage (if elected by May 5, 2019) will be effective retroactive to April 1, 2019.
- They may be willing to provide the services and delay the billing (or claim submission) until your coverage is confirmed.

32. I, or a covered dependent, need to seek medical and/or dental care after I enroll in my benefits, but before I receive my ID card. What should I do?

You should advise your provider of the benefits transition from Dow benefits to the Company benefits, and let them know who your new medical and dental carrier will be.

- Your provider may be able to contact the carrier directly to confirm coverage. Carrier enrollment systems may be updated within three to five days of your election.
- You may be able to print a temporary ID card using the carrier self-service websites
- You may be able to contact the carrier directly and request your member ID number. This is the number your provider will need to use to submit a claim.

33. My husband and I have both worked for Dow for our entire careers, and will now be working for two different companies when the spins are complete. In the past, the whole family has been covered under my husband's insurance, and he is the only one of the two of us who has enrolled. Since we will be working for different companies, are both of us required to sign up for medical insurance for the remainder of 2019?

For couples that both work for new DuPont and Corteva, the rule requiring a working spouse/domestic partner to take his or her own employer coverage as primary will be waived for the remainder of 2019. So if one spouse/domestic partner goes to Corteva and one to new DuPont, we will allow one to cover the entire family and the other to waive coverage.

For 2020, we will require that each spouse/domestic partner sign up for his or her own employer's plan as primary.

- 34. My husband and I are both Dow employees and have two children. After spin, I will be with new DuPont and he will be with Corteva. Historically, we have always all been covered under my husband's medical/dental plans as a family. For this initial post-spin benefits election period, do my husband and I both need to enroll in our respective company's coverage? (For example, my husband would cover himself only through Corteva and I would cover myself and our children through DuPont.) Or can we continue with family coverage?**

For couples that both work for new DuPont and Corteva, the rule requiring a working spouse/domestic partner to take his or her own employer coverage as primary will be waived for the remainder of 2019. So if one spouse/domestic partner goes to Corteva and one to new DuPont, we will allow one to cover the entire family and the other to waive coverage.

For 2020, we will require that each spouse/domestic partner sign up for his or her own employer's plan as primary.

- 35. It appears that the Company medical options are not as favorable as the historic Dow medical options (Dow has PPO and HMO options), especially if you go to the doctor more frequently. Is that the case?**

The Core and Premium Saver high deductible plan options are currently the only options offered at the Company. There are several advantages to these types of plans:

- a) Lower premiums so you have more control over your money.
- b) An automatic "savings account" (the Health Savings Account) which provides a triple tax advantage, subject to IRS eligibility.
- c) The Company contributes to your HSA: \$600 for You only coverage and \$1,200 for all other coverage levels (this contribution will be prorated in 2019).

- NEW 36. How are emergency medical services received from an out of network provider covered under the medical plan.**

The Plan covers in-network and out-of-network emergency care provided in a hospital emergency room, urgent-care center or physician's office. Ambulance expenses incurred for taking you to the nearest health care facility in an emergency are also covered. Benefits for true emergency services are covered at in-network levels (subject to R&C) and counts toward your out of pocket maximum.

Prescription Drug Coverage

37. When will I receive my new CVS Caremark ID card (mainland U.S. employees only)?

A Welcome Kit from CVS Caremark will be mailed to you, along with your ID cards, within two weeks after you make your medical plan elections. Please contact CVS Caremark Customer Care after you receive your Welcome Kit at **1-844-212-8696** if you need additional cards. A digital ID card will also be available on the CVS Caremark mobile app at the same time as your Welcome kit is mailed, which will enable you to access your benefit without carrying a physical card. You also have the option to print a temporary ID card from the CVS Caremark website.

Please note: If you need to purchase prescription drugs before you're able to access your ID card physically or digitally, you will need to pay for them out-of-pocket at a retail pharmacy. To maximize your benefit, you should visit a participating network pharmacy. Once you receive your ID card, you should contact the pharmacy and request that the prescription be reprocessed. Participating network pharmacies are required to reprocess claims if the request is made within fifteen days of the original fill date. If the fifteen day window has passed, you can submit a reimbursement request to CVS Caremark. Contact CVS Caremark at **1-844-212-8696** to request a reimbursement form.

38. What happens if I need prescription drugs before I have received my ID card?

You will need to pay out of pocket for prescription drugs until you are able to print a temporary ID card from your carrier's website. If you pay out-of-pocket for a prescription at a retail pharmacy before receiving your ID card, once you receive your ID card you can request that the prescription be reprocessed. Alternatively, you can submit a reimbursement request to CVS. Contact CVS at **1-844-212-8696** to request a reimbursement form. Emergency paper ID cards are also available online from CVS Caremark. Go to **caremark.com** or call CVS Caremark if you need an emergency ID card.

39. Will my existing mail service prescriptions transfer to CVS Caremark?

Remaining refills for your existing mail service prescriptions will be transferred, except where prohibited by law. Once you are enrolled in benefits you can contact CVS Caremark the following business day to restart any automatic refills for your transferred prescriptions.

40. How can I check if my medication is on CVS Caremark's formulary list?

You are able to check if your medication is on CVS Caremark's formulary, also called the "performance drug list" by accessing the prescription drug benefits link on www.DuPontBenefits.com. With your transition to the Company, some preventive and preferred medications may have changed, which can cost you more if you do not switch to an alternative medication. Please review the drug lists to ensure your medications are listed. CVS Caremark will notify you if you're affected by changes due to loss of preferred status or if you currently take specialty drugs. To save money, your healthcare provider should prescribe preferred medications from DuPont's CVS Caremark drug list.

41. How can I check if my medication is a preventive drug and therefore not subject to the deductible?

You are able to link to the Preventive Drug List on www.dupontbenefits.com to check if your medication is classified as preventive and, therefore, not subject to the deductible.

42. Do I need to use a CVS pharmacy to fill my prescriptions?

No, you are not limited to using only CVS pharmacies to fill a prescription. You can continue to use your current pharmacy as long as it is part of the CVS Caremark National Pharmacy Network. To confirm a pharmacy is included in the network, access the network pharmacy locator tool using the prescription drug benefits link at www.dupontbenefits.com. Prescription drugs purchased out-of-network are subject to reasonable and customary (R&C) limits.

43. Will my existing prior authorization for my medication transfer to CVS Caremark?

Certain prescriptions may need prior authorizations from CVS Caremark. If you are taking a medication that did not require a prior authorization, but will require one after you transition to the Company, you will receive a letter from CVS Caremark in March 2019. Prior authorizations processed that have not expired will transfer to CVS Caremark in March. For any expired or new prior authorizations, your physician will need to submit a new authorization to CVS Caremark after you enroll in medical benefits with the Company. To confirm your prior authorization status, you may contact CVS Customer Care at **1-844-212-8696** seven to ten business days after you complete your benefits enrollment.

44. Will exceptions for my medications under the Dow plan transfer to CVS Caremark?

Your prior authorizations for medication exceptions will transfer; however, exceptions will be reviewed to ensure the medication is not excluded. If your medication is impacted, you will receive notification

45. Will my specialty medication prescriptions be transferred to CVS Caremark?

Your current specialty medications will transfer. After you enroll in your benefits, CVS Caremark will match your open refills to your new prescription drug coverage within seven to ten business days. In some cases, you may need to obtain a new prescription. In states where permitted, you will have the ability to drop off your prescription and pick up (most) specialty medications at a CVS retail pharmacy or have them delivered to the location of your choice. If you take specialty medications, CVS Specialty™ will contact you directly with more information in March. (CVS Caremark manages specialty medicine through CVS Specialty.) You and/or your doctor can also contact CVS Specialty at **1-800-237-2767** after your enrollment is complete for additional information.

46. What if I already have a CVS ExtraCare Card?

If you already have an ExtraCare Card from CVS Pharmacy, be sure to make the most of your benefits by transferring your current ExtraCare rewards to the new ExtraCare Health Card you will receive in the mail from CVS Caremark shortly after you enroll in Company medical coverage. Visit CVS.com/extracarehealth or call **1-800-SHOP-CVS** (1-800-746-7287) to transfer your current rewards to your new card.

47. How do I contact CVS Caremark?

Go to **caremark.com** or call the CVS Customer Care number at **1-844-212-8696** from 7:30 a.m. to 9 p.m. ET, Monday through Friday. **Detailed information will not be available until after you enroll in benefits and information regarding your previous prescriptions will be available seven to 10 business days from your enrollment.** Also look in the mail approximately two weeks after you've enrolled in medical benefits for a Welcome Kit from CVS Caremark.

For specialty medication questions please call the CVS Specialty Customer Care at **1-800-237-2767** from 7:30 a.m. to 9 p.m. ET, Monday through Friday.

48. What about my current retail prescriptions with remaining refills?

If you are not changing your medication, you may refill an existing prescription at your local retail pharmacy by simply showing your new pharmacy ID card. If your current retail pharmacy is not in-network ask your doctor to transfer your prescription to an in-network pharmacy. To confirm a pharmacy is included in the network access the network pharmacy locator tool using the prescription drug benefits link at www.dupontbenefits.com.

49. One of my family members use specialty medications that require injections and/or outpatient IV infusions. How can I confirm that the medication will be covered? Are there any special steps we'll need to complete to get the medication approved?

Select specialty medications that are considered as either Self-Administered or IV infused in the home, outpatient hospital, or doctor's offices will only be covered and payable under the prescription drug benefit. CVS Specialty will deliver these medications to any location you choose. Using CVS Specialty you have more options to receive infused medications like home infusion or Coram CVS Specialty Infusion Services (Coram) ambulatory infusion centers. Once you enroll in your medical benefits your eligibility will be sent to CVS Caremark.

Seven to ten business days after you enroll in Company medical coverage, you may call CVS Specialty Customer Care at **1-800-237-2767** to ensure there is no disruptions to your specialty medication. Representatives are available from 7:30 a.m. to 9 p.m. ET, Monday through Friday.

50. How do I find participating providers for the prescription drug benefits?

- **For employees who live and work in the mainland United States:** To find a participating CVS Caremark network pharmacy, please follow these steps.
 - Visit www.dupontbenefits.com and access the network pharmacy locator tool using the prescription drug benefits link.
 - Enter your ZIP code and select a distance radius for your search. Click the “Search” button to complete your search.
 - You may also look up a specific pharmacy by entering their name in the “Pharmacy Name” field (within the ZIP code and distance you select).
- **Hawaii employees:** Visit the HMSA website (www.hmsa.com) or call **1-808-948-6111**
- **Puerto Rico employees:** Visit the Triple-S website www.ssspr.com or call **1-787-774-6060**
- **Employees on an international assignment (inpats and expats):** Visit the Aetna International website (www.aetnainternational.com) or call **1-800-914-2177**.

51. I, or a covered dependent, need to have a prescription drug filled before I enroll in my benefits or receive my ID card. What should I do?

If you anticipate your current supply of prescription medication will run out in early April, you may want to check if you can refill your current medication prior to March 31, 2019 to ensure you have an adequate supply. You are also encouraged to complete your enrollment as soon as possible within the enrollment period to avoid disruption.

If you are unable to refill your medication (or if it is a new prescription) please do the following:

- **If you need the prescription drug prior to the opening of the enrollment window, and it is a specialty medication or other high-cost drug,** please follow the emergency enrollment procedures in Question 23.
- **If you have enrolled in your benefits and have not yet received your ID card,** you may (1) print a card from your online account or (2) request the pharmacist look up your coverage information with CVS Caremark. To print a card, complete your registration at <https://www.caremark.com> and use the print member ID card feature under the Plan & Benefits tab. You may also contact CVS Caremark for assistance.
- **If you have enrolled in benefits, cannot obtain your ID card and the pharmacist cannot locate your coverage information,** you may decide to purchase the drug at the full retail price (using a credit card and a participating network pharmacy will simplify the process). Once your coverage election is processed in the CVS Caremark system, you should request the network pharmacy reprocess your claim and reimburse you the applicable amount. Participating network pharmacies are required to reprocess claims within fifteen days of the original fill date. If you are not able to confirm enrollment within fifteen days you may submit a paper claim to CVS Caremark to be processed.

Health Savings Accounts (HSA), and Limited Purpose Flexible Spending Accounts (FSAs)

The HSA, health care limited purpose FSA, and dependent care FSA at the Company are administered by Bank of America. These tax advantaged accounts comply with IRS rules. Refer to IRS publication 969 for additional information.

Bank of America

<https://myhealth.bankofamerica.com>

1-877-319-8115

52. Am I eligible to receive a Company contribution to my Health Savings Account (HSA) if I elect the Company medical coverage (either the Core or Premium Saver option)?

If you attest during enrollment that you meet the IRS eligibility requirements for contributing to an HSA, the Company will establish an HSA for you and contribute to it. Bank of America may request additional information from you to complete the opening of your account per the Office of Foreign Assets Control (OFAC) administration rules. If you do not provide the requested information to Bank of America in a timely manner your Company contribution will be returned to the Company. The 2019 partial year contribution will be prorated based upon the first day of the month coincident with or following your medical coverage effective date. (Example: If you enroll in "You + Family" coverage with a coverage effective date of April 1, you will receive a \$900 company HSA contribution, calculated as the full year amount of \$1,200 x 9/12 for the remaining months of the year.)

The 2019 Company contribution will be deposited in your HSA with your May 24 pay statement for bi-weekly paid employees or your May 31 pay statement for monthly paid employees.

Important Note: The IRS does not permit HSA contributions to individuals who have access to a regular health care FSA. It is up to you to make appropriate elections based on year to date contributions with Dow, taking into consideration IRS regulations. If you participated in the Dow regular health care FSA, you will not be eligible for the HSA in 2019. Similarly, if your spouse/domestic partner has a regular health care FSA which reimburses your medical plan deductible amounts, the IRS does not permit you or the Company to contribute to an HSA. Refer to IRS publication 969 or consult your tax advisor for details.

53. When will the money in my HSA account be available? Is the entire yearly contribution available on April 1?

You will be eligible for the Company's HSA contribution if you enroll in the Company medical benefits and meet all IRS eligibility to contribute to an HSA. If eligible, the Company will contribute a prorated amount into your HSA as follows:

- a) Employee-only coverage tier — normally \$600 (prorated amount you will receive in 2019 is \$450)
- b) All other coverage tiers — normally \$1200 (prorated amount you will receive in 2019 is \$900)

The 2019 Company contribution will be deposited in your HSA with your May 24 pay statement for biweekly paid employees or on your May 31 pay statement for monthly paid employees.

54. For dual spouse/domestic partner employees, is the spouse/domestic partner carrying the medical coverage the only one who can contribute to the HSA?

Yes, only the employees who elect medical coverage will be able to contribute to an HSA.

55. If an employee is covered under a spouse/domestic partner's high deductible medical plan, is the employee able to elect an HSA and be eligible for the Company contribution, as was communicated in the Dow 2019 Annual Enrollment information?

Generally, we believe each employer should be responsible for providing coverage for its employees. The HSA contribution amount is determined by factoring in the employee premiums, deductibles, coinsurance and other plan features. To receive the HSA contribution, you must meet all eligibility requirements, including electing medical coverage through the Company.

56. What is considered a qualified expense for HSA account use?

Examples of eligible health care expenses that can be reimbursed through an HSA include:

- Standard medical services such as office visits;
- Prescriptions;
- Preventive and restorative dental care, as well as orthodontia for children and adults;
- Eyeglasses, contact lenses and solutions, and laser eye surgery;
- Copays, coinsurance, and deductibles;
- Acupuncture and chiropractic services; and
- Premiums you pay for Medicare after retirement. (If you, as the account owner, are not receiving Medicare, you generally cannot use your HSA to pay for the Medicare premiums of your spouse.)

Learn to make the most of your account by visiting the HSA resources tab at <https://healthaccounts.bankofamerica.com/DuPont>.

57. If I elect to contribute \$2,400 to my HSA for 2019 and am paid monthly, how much will be taken out of each paycheck?

If you elect to contribute \$2,400 to your HSA when you enroll in the Company benefits in April and you are paid on a monthly basis, you would have \$300 deducted from each paycheck for May through December 2019.

58. Can I readjust my HSA contribution amount so that it will not then put us over IRS limits for 2019?

You will need to factor in any contributions you made to your Dow HSA in 2019 when you make your Company HSA contribution election to ensure you don't exceed the IRS annual maximum contribution limit. You can make changes to your HSA for the current plan year through **DuPont Connection** up until November 30. Any changes made throughout the plan year will become effective the first of the following month.

59. Can I combine my Dow Health Savings Account (HSA) with my Company Health Savings Account (HSA)?

Yes, once your Company HSA is established, you may transfer your Dow HSA into your Bank of America HSA. Contact Bank of America to request a trustee to trustee transfer form and additional details on how to complete the transfer. Your Dow HSA administrator may charge a nominal fee to complete the transfer to Bank of America.

60. Using a high deductible plan, how do you plan an HSA? How much should I contribute?

How much to save is a personal decision dependent on your medical utilization and your savings plans for the future. One of the great benefits of having an HSA is that you don't have to plan too much. Any money saved in the HSA and not used will roll over year over year. You don't have to worry about forfeiting the funds in the account. The money in the account is always yours and can be spent at a later date. For further information, see this helpful article from Bank of America: <https://healthaccounts.bankofamerica.com/how-much-do-i-put-in-hsa.shtml>

61. If I have a balance remaining in my HSA when I retire or leave the Company, do I keep it?

Yes. The HSA is always yours to keep, whether or not you're employed by the Company. You can use the money in your account to pay for eligible healthcare expenses now or anytime in the future.

62. I was enrolled in the Dependent Care FSA with Dow, am I able to enroll in one with the Company now?

Yes you can enroll in the Dependent Care FSA, but any contributions you made as a Dow employee will count toward the annual IRS limit.

63. If I was enrolled in a traditional Health Care FSA or Limited Purposed FSA with Dow, am I able to enroll in one with the Company now?

Yes you can enroll in a Limited Purpose FSA only, as the Company does not offer a traditional FSA. Any contributions you made as a Dow employee will count toward the annual IRS limit.

Dental Coverage

The BeneFlex Dental Care Plan allows you to use any dentist. When receiving care from a MetLife preferred dentist, you will additionally benefit from MetLife's negotiated dentist service prices.

MetLife

www.metlife.com/mybenefits

1-888-883-0052

For the 2019 transition year, you'll receive the full amount of annual dental benefits with the Company.

64. Will my 2019 Dow dental claims count towards the Company Dental Plan benefits for 2019?

Your year-to-date deductible from your Dow Delta Dental plan option will be credited toward your Company dental plan amounts. The credits will be applied within approximately one to two months following your enrollment in the dental plan.

All available dental benefits will be available to you, even if you received benefits from the Dow dental plan earlier in the year. For example, if you had a root canal in January 2019 and received dental benefits for it, you'll still have the same full annual maximum benefit available to you through the Company dental plan.

65. My child is already in braces. For dental orthodontia, does the lifetime benefit start over at the Company? Will I be eligible for any orthodontia benefits from the Company?

Any lifetime benefit you received while at Dow will not reduce your Company orthodontia benefits. Orthodontia services in progress will be covered based on the allowed service cost for treatment beginning with the date Company dental coverage starts. Contact MetLife after enrollment to discuss your personal dental claim questions.

66. How do I find participating providers for the dental plan?

The Company dental plan is administered by MetLife and utilizes the PDP Plus network. To find a participating dentist:

- Visit www.metlife.com/mybenefits .
- Locate the "Account Sign In" box at the top right corner of the page. Enter "DuPont" in the field that asks you to "Enter your company name". Once you enter "DuPont" click the "Submit" button.
- You may be presented with a list of company names (some that include "DuPont" in the name, some that do not). Select "DuPont" from this list and click the "Submit" button again.
- In the center of the page, you will see a gold colored box that says "Find a Dentist near you". Enter your zip code where requested and click the "Find" button.
- The resulting list is participating dentists in your area. You can refine this list by selecting the "Filter Your Results" drop down box You can filter the list by many options including:
 - Dental Specialty
 - Languages Spoken
 - Distance from ZIP Code

Life Insurance

67. Will my current life insurance election be carried over to the Company or do I need to make an election?

Your current life insurance elections will not be automatically carried over to the Company. You will need to actively make a life insurance election if you wish to maintain your current level of life insurance (expressed as a multiple of pay). You will make one election that covers your total employee life insurance benefit (including the company paid coverage). For example, if you elect coverage of 3-times eligible earnings under the Company employee life insurance plan, the Company will pay the cost of coverage for 1-times eligible earnings and you will pay the cost for the remaining 2-times eligible earnings.

68. For life insurance, will I need to pass a physical or answer questions about my health?

Proof of good health (“guaranteed issue” amount) will not be required if you elect the same coverage level that you had elected for yourself at Dow (up to plan limits of one to eight times your pay).

For spouse/domestic partner coverage: You will not be required to provide proof of good health if you elect spouse/domestic partner coverage of up to \$10,000 or, if greater, the amount of spouse/domestic partner life insurance coverage you had elected at Dow.

If you wish to elect higher amounts of employee or spouse/domestic partner life insurance, you will be asked to provide proof of good health (i.e. health questionnaire, paramedical exam, etc.) to the insurer. Elections for coverage amounts above the “guaranteed issue” amount must be reviewed and approved by the insurer prior to issuing coverage. Coverage amounts requiring proof of good health will be indicated on your enrollment options.

69. Will I be required to make new life insurance beneficiary designations or will the designations I made at Dow be transferred to the Company?

Your life insurance beneficiary designations **will not** transfer to the Company. When you enroll in benefits, you should make new designations for Employee Life Insurance, Basic Accidental Death Insurance and, if elected, Voluntary Accidental Death Life Insurance.

NEW 70. What is the age limit for covering a child under Dependent Life Insurance and Accidental Life Insurance?

You can purchase dependent life and/or accidental life insurance for your child(ren) up to age 26.

Vacation and Holidays

The Company vacation plan provides time off based on your number of years of actual service with the Company. Your past service with Dow counts for purposes of vacation eligibility. Your service anniversary during the current year determines the amount of vacation days you receive for the year. For example, if your service anniversary is May 1 and you will have 15 years of service at that time, you are eligible for 25 vacation days for the year.

The Company's vacation schedule is shown below.

Years of Service	Days of Vacation per Year¹	Hours of Vacation per Year¹	Monthly Accrual Hours¹
1-5	15	120	10.00
6	16	128	10.67
7	17	136	11.33
8	18	144	12.00
9	19	152	12.67
10	20	160	13.33
11	21	168	14.00
12	22	176	14.67
13	23	184	15.33
14	24	192	16.00
15 and higher	25	200	16.67

¹. Assumes a 40-hour work schedule; regular employees working part-time or a reduced schedule will receive a pro-rated number of days/monthly accrual.

The Company provides 12 paid holidays, of which, two are usually personally designated holidays. The Company holidays may vary by work location. The general 2019 Company holidays are outlined below and are available on HR Direct. Individual worksite holiday calendars may vary to meet shift coverage needs.

2019 Holidays (Varies by Site)						
Tue	1-Jan	New Year's Day		Mon	2-Sep	Labor Day
Mon	18-Feb	President's Day		Thu	28-Nov	Thanksgiving Day
Mon	27-May	Memorial Day		Fri	29-Nov	Day after Thanksgiving
Thu	4-Jul	Independence Day		Tue	24-Dec	Christmas Eve
Fri	5-Jul	Site Holiday (Varies by Site)		Wed	25-Dec	Christmas Day

71. Will I have the same amount of vacation time at the Company as I had at Dow?

You will not lose any vacation! Your 2019 Dow annual vacation amount will be preserved, through a combination of vacation, personal holidays, and “negotiated paid time off”. You will automatically receive “negotiated paid time off”, an accrual amount in the Company timekeeping system, in addition to your vacation and personal holidays, if you had more annual vacation days at Dow than at the Company for 2019. Your “negotiated paid time off” will be reflected in the Company’s timekeeping system as soon as administratively possible --- but is expected to be within two weeks following your transition. You will continue to receive the negotiated paid time beyond 2019, but it will be adjusted each year as you accrue additional vacation with each year of service.

72. Please provide an example of how vacation will work if I have more vacation days at Dow that I will have according to the Company’s vacation schedule.

Suppose you had 10 years of service at Dow and were receiving 27 days of vacation per year (perhaps because Dow provided extra vacation time in recognition of your professional experience before you were hired). The Company’s vacation plan will provide you with 20 days of vacation, plus you will receive two personal holidays and five days of negotiated paid time off, for a total of 27 days off.

73. Dow gave me extra vacation based on my professional experience at another company. Will my vacation service reflect this extra amount?

At the Company, extra time off for professional experience is delivered through negotiated paid time off.

For example, if you have six years of service with Dow and credit for another 10 years of professional experience, that’s the equivalent of 16 years of service for purposes of paid time off. Looking at the chart on page 23, Dow provides 24 days off to an employee with 16 years of vacation service. The Company provides 27 days off for an employee with 16 years of actual company service. The Company will provide you with 27 days off but the time will be divided between vacation days (based on your true company service), personal holidays, and negotiated paid time off. The chart below illustrates this example:

EXAMPLE:	Dow	DuPont
Years of Actual Service	6	6
Extra Professional Service	10	10
Total Service Recognized for Paid Time Off	16	16
Vacation Days	24	16
Personal Holidays	0	2
Negotiate Paid Time Off	0	9
Total Paid Time Off Days (based on total service recognized for paid time off)	24	27

74. What happens to vacation days that I accrued at Dow and haven't used yet?

Accrued, unused vacation days will transfer over to the Company and be available for you to use in 2019. Note that DuPont, like Dow, only allows for up to 40 hours (five days) of unused vacation time to carry forward from one year to the next. Therefore, you are encouraged to schedule and use your vacation time during the year.

If Dow paid you for any accrued, unused time off, that time will not transfer over to the Company.

75. When do I start accruing Company vacation time and how does the accrual work?

At the Company, you will accrue 1/12th of your annual vacation allowance on the first of each month. If you begin work on April 1 and work nine out of 12 months during 2019, you'll receive 9/12th of the annual vacation allowance. In addition, you will receive two personal holidays to use at any time during the year.

Example: Jane begins work at the Company on April 1, 2019, has 8 years of service. If she worked the full year for the Company, she would receive 18 days of vacation. The 18 days accrue at a rate of 12 hours per month. (12 hours x 12 months = 144 hours divided by 8 hours/day = 18 days.) Jane will accrue nine months of vacation time at the Company from April through December 2019. That gives her 13.5 vacation days for 2019. (12 hours x 9 months = 108 hours divided by 8 hours/day = 13.5 days.) She also receives two personal holidays.

76. I have vacation planned for May but won't have accrued enough days. Can I still take my vacation?

Yes. You do not need to accrue vacation days before you take them. You can take up to your full 2019 vacation and personal holiday allowance at any time during the year.

77. Can I carry over unused vacation time or borrow vacation from a future year?

The Company vacation plan allows you to carry over up to 40 hours of vacation to the following year. You cannot carry over personal holidays or negotiated paid time off. Nor can you borrow vacation from a future year.

Disability and Family Leave

78. Does the Company provide paid disability and family leave?

Yes. A brochure outlining the Company disability and leave benefits is available on HR Direct and the Summary Plan Description is available on **DuPont Connection** at <http://digital.alight.com/dupont>. Pay continuation benefits are available for some leaves, as noted in the brochure.

The brochure also provides information on the disability and leave reporting process. The Company uses an external vendor, Sedgwick, to code eTime, track FMLA and administer disability and leave benefits. If you are absent three or more days due to a disability, or if you require family leave, contact the DuPont Disability & Leave Center (administered by Sedgwick) at **1-855-267-4402**.

You must call the Disability & Leave Center any time you are absent for three or more days, including intermittent one to two day absences that add up to three or more days for an ongoing condition.

79. If I'm off work due to a disability, family leave, or other type of leave at the time of the spin, what pay continuation benefits will I receive?

If you are on short-term disability on March 31, 2019, the Company will honor the remaining time of your leave, at the pay continuation level provided at Dow until you return to work. Once you are back at work, you'll receive the Company short-term disability and leave benefits for any subsequent absence.

Example: Kim just gave birth two weeks prior to the spin date and has been receiving Dow short-term disability benefits for two weeks. Dow would have provided her with 12 weeks of maternity leave at 100% pay continuation. The Company will honor her remaining 10 weeks of maternity leave at 100% pay continuation, after which time she can either return to work or request additional unpaid time off through Family Leave.

80. If I'm pregnant and expecting a child in June, what maternity benefits will I receive?

Employees whose disability or leave starts on or after April 1, 2019 will receive the Company disability and leave benefits during their time off.

81. Does the Company provide Long-Term Disability (LTD) insurance?

The Company provides all regular service employees (employees who work at least 20 hours per week) with LTD insurance, at no cost to you. You do not need to enroll. Coverage begins on the day you are hired. The LTD Plan (the "Plan") has a provision that if you have a pre-existing condition in the three months before your coverage starts, the plan will not pay benefits for a disability related to the pre-existing condition until you have been actively at work for 12 months. The Company will waive this provision for all Dow employees who transition on April 1, 2019.

The Plan pays a 60% benefit (offset by other income) for up to 24 months if you leave the Company due to a disability that prevents you from performing your own occupation. Benefits continue beyond the 24-month period if you qualify as "totally disabled" (except for substance abuse and non-biological mental health conditions).

82. Is there an option to purchase more LTD insurance than what the Company provides as the standard benefit?

No. Unlike Dow, the Company does not have an option to purchase higher amounts of LTD insurance.

83. Does the Company provide transportation benefits for parking, train fare, or similar expenses?

No. Most Company work locations provide free parking. Therefore, transportation benefits are not currently provided.

Retirement Savings Plan

The Retirement Savings Plan (RSP) is a 401(k) plan in which both you and the Company make contributions to provide you with retirement income for your future.

84. Will my elections in the DowEmployee Savings Plan (ESP) carry over to the Company RSP?

No, your elections will not carry over. You will need to enroll in the RSP and make new elections for salary contributions, investment options, and beneficiaries.

85. Will the Company monitor my RSP account to make sure that I don't exceed the contribution limits for 2019 or will I need to self-monitor my account?

Your year-to-date contributions made to the Dow ESP will be taken into account under the RSP for purposes of calculating 2019 Internal Revenue Service (IRS) annual limits for pre-tax, Roth 401(k), and catch-up contributions, as well as for determining the limit on total contributions (combined employee and employer contributions) to your account. While the Company will be receiving data from Dow in order to help track your 2019 annual contributions, you are ultimately responsible for making sure that you do not exceed the IRS annual limits. The 2019 IRS annual limits are shown below.

- Pre-tax/Roth contribution limit for 2019: \$19,000
- Catch-up contributions for employees age 50 and older: \$6,000
- Total contributions, including company contributions but excluding catch-up contributions: \$56,000

86. How will I know if I've hit the contribution limits?

Your contributions will stop if/when you reach an IRS annual limit. Your paychecks will reflect your current and year-to-date pre-tax/Roth and catch-up contribution amounts.

87. Can I roll my Dow ESP plan account into the Company RSP?

Yes, the Company RSP will accept rollovers from your Dow plan or any other qualified plan account you may have.

88. I have a loan in the Dow plan. Will the RSP accept my loan?

No. Repayment of your Dow loan is subject to the Dow plan rules regarding loan repayment for terminated employees. Therefore, if you wish to roll all or a portion of your Dow plan balance over to the RSP, you may be required to repay the outstanding balance of your Dow loan before initiating the rollover. Contact the Dow Employee Savings Plan administrator for more information regarding your loan repayment options in that plan.

89. When will Company contributions be made to my account?

Company matching contributions are made per pay period. The Company Retirement Savings Contribution is made on a monthly basis into your account.

NEW 89. If I have a loan with Fidelity, will I still be able to roll over my 401(k) balance to Merrill Lynch?

If you have an outstanding loan in the Dow ESP with Fidelity and want to transfer over your Dow ESP 401(k) to Merrill Lynch, you will need to either 1) pay off the loan balance in full before the roll over or if the Dow ESP allows 2) do a partial roll over and leave an amount in the Fidelity account that allows you to continue to pay off the loan. After the loan repayment has been satisfied you can then rollover the remaining balance to Merrill Lynch. DuPont will NOT take any payroll deductions for any outstanding loans you have with Fidelity. Contact Fidelity for information on loan repayment options in the Dow ESP.

NEW 90. What is eligible compensation for the Retirement Savings Plan?

Eligible compensation includes the following as applicable:

- base pay
- overtime pay
- short term incentive pay (STIP)
- sales incentive pay
- local performance based compensation (LPBC)

Short-term disability or other similar leave of absence pay paid from the Company is also included.

Other Benefits/Spin Questions

91. Does the Company offer a legal plan and will it be offered in 2019? Do you offer legal guidance/services through another avenue?

The Company does not offer a legal plan. However, discounted legal services are available through ComPysch, the Employee Assistance Plan provider.

NEW 92. Are gym membership/fitness discounts offered through our medical carriers?

Highmark:

Gym membership/fitness discounts are offered through the Highmark Blue365 discount program.

Learn more. To search the member discounts available to you or to find a practitioner in the discount program, go to your member website www.highmarkbcsde.com and complete the login process by entering your login ID and password. If you do not have a login ID and password, select **Register** and follow the instructions. Select **Member Discounts** and click on **Blue365 Discounts**.

Get discounts on fitness centers, personal trainers and running shoes and save on nutrition counseling, diet programs and vitamin supplements. When you visit a practitioner, just show your ID card to get your discount. You are responsible for paying the practitioner directly at the time the product is purchased, or the service is received.

The member discount program is separate and distinct from your health benefits plan. Contact member services for further information **1-888-431-4650**.

Aetna:

Get discounts on health products and services through Aetna Navigator.

Learn more. To search the member discounts available to you, go to your member website www.aetna.com and complete the login process by entering your login ID and password. If you do not have a login ID and password, select **The Health Guide** then **Health Plan Perks** and follow the instructions to **Explore Extras**.

- Fitness plans
- Club memberships
- Fitness apparel and shoes
- Workout gear
- Diet plans and groceries

The member discount program is separate and distinct from your health benefits plan. Contact member services for further information **1-800-938-7668**.

This summary provides FAQs regarding your Plan options. DuPont has made every effort to ensure that this accurately reflects the plan documents and contracts. However, if there is any conflict or inconsistency between this communication 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 communication.

If you are in a collective bargaining unit, the benefits described are subject to the provisions in the collective bargaining agreements and subject to meeting any bargaining obligation.

February 2019

