



2023 DuPont Prescription Drug Coverage: Tips and Tools

With medical plan coverage, you are enrolled automatically in prescription drug coverage managed by CVS Caremark®.

Archimedes will continue to manage benefits for specialty medications and CVS Caremark will manage non-specialty medications.

When your doctor writes you a prescription, you go to your local pharmacy and show the pharmacist your prescription drug ID card. Thanks to your DuPont medical coverage, you probably feel confident that you got the best possible deal on your medicine and paid less than it actually costs.

But do you **really** understand how your prescription benefit works? Are you saving as much as you possibly can... or are you missing easy opportunities to save even more?

Additionally, have you thought about the different ways you can pay for your medicine — for example, are you using your Health Savings Account (HSA) if you are enrolled in the Core or Premium Saver option or are you saving and investing your HSA funds for future medical expenses and paying using other means? Also, you may have the option to use a Traditional Healthcare FSA if you are enrolled in the Traditional Copay option.

Learn about your prescription plan and how you can save on your medicine.

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This information applies to mainland U.S. employees covered by the DuPont Medical Plan (does not apply to employees on international assignment)

What You Pay

You pay for prescription drug coverage out of your paycheck as part of your medical plan premiums.

Additionally, what you pay out of your pocket during the year depends on:

If you choose to buy your medicine from an out-of-network pharmacy or from one of the many in-network pharmacies, or by using the mail-order program.

and

The category of the medicine prescribed by your doctor on the CVS Caremark Covered Drug List (formulary): generic, brand formulary (preferred), or brand non-formulary (non-preferred).

and

Whether or not you have met your annual combined medical and prescription drug deductible.

Estimate your costs and possibly less expensive alternatives to share with your doctor

Take advantage of the Check Drug Cost & Coverage tool on the CVS Caremark website at www.caremark.com to make sure your medicine is on the formulary and to see what less expensive alternatives may exist. You can even search for your medicine by name, by entering the first three letters of the drug and then choosing the correct drug from the drop down list.

For specialty medications, contact Archimedes at **1-888-439-0704**. You can register online to view your specific account details at www.archimedesrx.com.

A panel of experts at CVS Caremark and Archimedes work throughout the year to develop the non-specialty and specialty drug formularies. CVS Caremark maintains the non-specialty medicines preferred for coverage by the Medical Plan, called the Covered Drug List. Likewise, Archimedes maintains the Specialty Formulary for specialty medications.

The Performance Drug List and Specialty Formularies are typically updated quarterly. Additional updates can be applied throughout the year which target high-cost and low-efficacy drugs for which a substitute is available that provides greater value to you.

Stay In the Network

Just like when you receive medical care, you should buy your non-specialty prescriptions only from pharmacies that participate in the CVS Caremark network.

Buying medicine outside the network means you will pay more!

Find in-network retail pharmacies on the CVS Caremark website at www.caremark.com.

Understanding Your Deductible

A deductible is the amount you must pay before your plan starts providing coverage. After you reach your deductible, your prescription plan begins to pay for part or all of your medicine. Here are the deductibles under each of the DuPont Medical Plan options:

2022 DuPont Medical and Prescription Drug Plan			
	Core Option	Premium Saver Option	Traditional Copay PPO Option
In-network annual deductible	\$1,500 individual	\$2,800 individual	\$700 individual
	\$3,000 other coverage levels	\$5,600 other coverage levels	\$1,400 other coverage levels

Good News: Some Medications Are Covered Prior to Meeting Your Deductible

Medications your doctor prescribes can sometimes help reduce the likelihood you'll need expensive health care in the future. These drugs are not subject to the deductible. For example:

- Preventive care medications, such as generic contraceptives and smoking cessation medications, are free as part of your DuPont Medical Plan benefits; and
- Some medications that doctors prescribe for a person who is at risk of having a particular disease or condition but who doesn't yet have any symptoms, or to prevent a disease from returning in someone recovered from it, are identified by the Internal Revenue Service (IRS) as preventive. For these medications, instead of paying toward the deductible, you'll pay a coinsurance amount, as applicable (the percentage of the cost of the drug you're responsible for), which counts toward your out-of-pocket maximum.

To see if your medications are classified as preventive and eligible to have the deductible waived, go to the CVS Caremark website at www.caremark.com. Just log on, or register if it's your first visit to the website, and look for the Covered Drug List (Formulary) under Plan & Benefits. There you will find the most up-to-date Preventive Drug List. Some specialty medications may also be considered preventive and can be confirmed by contacting Archimedes.

Know Which Medicines Apply to the Deductible

For non-preventive prescription medications, once you've reached your deductible, the following coinsurance and per-prescription maximums apply. These amounts apply to medications purchased at an in-network retail pharmacy (up to 30-day supply) and "maintenance" medicine that you fill either at a CVS retail pharmacy or through the mail (up to 90-day supply).

What You Pay for Most Medications ¹		
Prescription Category on the CVS Caremark Covered Drug List	Description	What You Pay
Note: Applies to Retail (Up to Two Fills at a Retail Pharmacy Other Than CVS) and Mail Order		
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)	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)	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 medicine, as described above.

2. Applies after deductible is met when a generic equivalent is not available (e.g. contains same active ingredients in the same strength). See page 4 for more information. Coinsurance for maintenance medications filled more than two times at a retail pharmacy (excluding a 90-day supply from a CVS pharmacy) applies post-deductible and after out-of-pocket maximum; however, you will never pay more than 100% of the cost of the medication.

Coinsurance amounts paid under this scenario will be applied to your out-of-pocket maximum.

When You'll Pay More—and Less

You'll pay the full cost of your prescription medicine until you reach your medical option's deductible.

Those costs can be a big out-of-pocket expense early in the year if you have a lot of health care needs. Be sure to budget appropriately.

- **If a generic equivalent is available and you choose a brand formulary (preferred) or brand non-formulary (non-preferred) drug after meeting your deductible:** You pay the difference between the cost of the generic and brand-name drug. Coinsurance does not apply. The amount paid in price difference does not apply to the deductible or out-of-pocket maximum.
- **For the third and subsequent fills of a maintenance medication filled at a retail pharmacy (excluding a 90-day supply from a CVS pharmacy):** After your deductible, you will pay 45% coinsurance. Coinsurance continues to apply after out-of-pocket maximum; however, you will never pay more than 100% of the cost of the medication. Coinsurance amounts paid under this scenario will be applied to your out-of-pocket maximum.
- **Brand Name Drug choice when generic equivalent is available:** If you choose a brand name maintenance medication when a generic equivalent is available, you will pay the difference between the brand name and generic drug cost. Your total out-of-pocket cost will not exceed 100% of the drug cost. Coinsurance amounts apply to your deductible and out-of-pocket maximums; however, cost differences for brand medications when generic equivalents are available do not apply to the maximums.
- **If you purchase a prescription drug at an out-of-network pharmacy:** Reasonable and customary (R&C) limits apply.
- **When you're covered by DuPont's prescription drug plan, you're eligible to receive a 20% discount off the regular price of most CVS-brand health-related products at retail CVS pharmacies:** You'll need to show your CVS Caremark ExtraCare® Health Card.

Save Time and Money With Mail Order

Under the plan, you are required to purchase maintenance drugs (up to a 90-day supply of medications you take on an ongoing basis) after your second fill either at a CVS retail pharmacy or through mail order to avoid coinsurance penalties.

How to Fill Your Mail-Order Prescription—It's Easy!

First, ask your doctor to write you a prescription for up to a 90-day supply plus refills for up to one year.

Then, fill the prescription at a CVS retail pharmacy, or:

1. Order through www.caremark.com after registering on the website. You can also use the CVS Caremark mobile app to securely upload a photo of your prescription to be processed through mail order.
2. Mail your original prescription(s) with the CVS Caremark order form and required coinsurance. Mail order forms are available by calling **1-844-212-8696**, or through www.caremark.com. Use the "Print Plan Forms" link in the top right corner of the web page.
3. You or your doctor may call **1-800-378-5697** for instructions on how to fax the FastStart New Prescription Fax Form to CVS Caremark. Your doctor must have your member ID number (which is on your DuPont prescription plan ID card) to fax your prescription.

There may be a day supply limitation on some prescriptions, such as controlled medications, subject to state and federal dispensing limitations.

Pay attention to the number of remaining refills on your prescriptions.

Your physician may require a follow-up office visit prior to renewing additional refills and you need to plan accordingly to avoid interruption in your medication delivery.

What to Consider When It's Time to Pay

For Core or Premium Saver Medical Option Participants

As a participant in the Core or Premium Saver medical option, you receive a tax-advantaged Health Savings Account (HSA) (if you're eligible). To kickstart your savings, DuPont will contribute into your HSA for 2023: \$600 if you cover yourself, and \$1,200 if you cover others. You can then add even more!

The money is yours to keep, so you may choose to use it to pay toward your deductible and other health expenses during the year, or you may choose to save it and invest it to help pay for future healthcare expenses.

When it's time to pay, consider using your HSA for higher costs, and pay out-of-pocket for lower costs so that you can keep your balance growing for the future.

For Traditional Copay PPO Medical Option Participants

If you enroll in the Traditional Copay PPO medical option, you will not have access to an HSA. You can, however, reimburse yourself for eligible medication expenses through the Traditional Healthcare FSA. With this FSA, you can set aside before-tax dollars from your paycheck that you can then use to reimburse yourself for eligible health care expenses – including prescription drug purchases.

Three Ways to Pay for Prescription Drugs

If you decide to use either your HSA or Traditional Healthcare FSA to purchase prescription drugs, there are three ways to pay:



The Bank of America Visa spending account debit card

Use your card at most pharmacies (wherever Visa is accepted) and select Credit or Debit at the register for automatic deduction.



Reimbursement requests

If you pay out-of-pocket for health care services, you can request reimbursement for yourself through the Bank of America website either electronically (direct to your personal checking or savings account) or by receiving a check.



Pay provider directly

If you receive a bill from for health care services, you may pay the provider directly from your HSA or Traditional Healthcare FSA through the Bank of America website at <https://myhealth.bankofamerica.com>.

Substantiating Your Expenses

Substantiation is proof that an expense is eligible. In many cases, such as certain debit card transactions, no additional documentation may be required. However, in other cases, you may need to submit additional documentation — either electronically or through the mail.

If an expense requires substantiation, you will be notified by Bank of America. That's why it's important to keep your receipts. Failure to provide proper substantiation documentation may result in the reversal of payment.

For more information about using your HSA or Traditional Healthcare FSA, visit the Bank of America website at <https://myhealth.bankofamerica.com>, or call 1-877-319-8115.

See Marvin Save on His Prescriptions!

Marvin has diabetes and takes medicine regularly. See how he follows a few simple steps to take advantage of his DuPont medical and prescription drug coverage — and save money:



Ask!

Marvin talks to his doctor and pharmacist to see if there is a generic alternative to his diabetes medicine. He also contacts CVS Caremark to understand how the drug is classified on the CVS Caremark formulary.

After speaking with his doctor, he is able to get a generic alternative that's less than half the cost!



Shop around

When he finds out what the medicine is, Marvin logs in to the CVS Caremark website at www.caremark.com and uses the **Check Drug Cost & Coverage** tool to review a personalized drug cost comparison chart.



Think long term

Although Marvin participates in the DuPont Healthy Living Program and works hard to manage his diabetes, it is determined he'll need ongoing maintenance medication.

To save on his ongoing diabetes maintenance medication, he requests his doctor to prescribe a 90-day supply. Now, instead of paying additional coinsurance for filling a maintenance medication at a retail pharmacy, Marvin orders a 90-day supply through the CVS Caremark Mail-Order Pharmacy. Even though he could not pick up the 90-day supply at a local CVS and avoid the coinsurance, it's delivered straight to his home to eliminate the need to drive to his local CVS pharmacy. He can now spend even less on his medication, and has fewer trips to the pharmacy.

All About Archimedes: Your Specialty Pharmacy Benefit Administrator

Archimedes manages specialty prescription drug coverage.

If your doctor prescribes a specialty medicine, call Archimedes at **1-888-439-0704** to confirm your coverage. If your medication requires a prior authorization, Archimedes can assist you with this process. Once your medication is approved for coverage, your specialty medicines will be filled through CVS Specialty Pharmacy.

You will pay the full retail cost for any specialty medicine not filled through CVS Specialty, CVS retail location, or approved limited distribution pharmacy including specialty medicine ordered in your doctor's office. If you attempt to fill a specialty medication prescription at a retail pharmacy other than CVS, the pharmacist will receive a message indicating the drug is not covered at a retail pharmacy, along with instructions for you to contact Archimedes. If you complete the prescription fill at a non-CVS retail pharmacy, you will be responsible for 100% of the pharmacy cost for that medicine, and it will not apply to your deductible and out-of-pocket maximum.

CVS Specialty can deliver to outpatient facilities for medication administration or assist you in locating an administration facility that accepts deliveries from CVS Specialty. Specialty medicines administered while you are an inpatient are covered under your medical plan.

Archimedes: A Program Designed for Specialty Medicines

Partnering with Archimedes helps DuPont manage the high cost of specialty medicines. Archimedes delivers high-quality clinical, safety and savings programs designed for the unique needs of patients taking these complex and costly medications. The highly trained members of Archimedes clinical and member services teams are here to assist you with questions about your medication, identifying lower cost alternatives and understanding your coverage.

CVS Specialty Pharmacy: What's In It for You

In addition to the clinical, safety and savings programs offered by Archimedes, filling your medications through CVS Specialty offers you:

- **Safe, prompt delivery.** CVS Specialty will schedule and quickly ship all your specialty medicine, including any that require special handling such as refrigeration. Specialty medications can also be delivered to a CVS retail location near you for convenient pick up.
- **Supplies.** CVS Specialty will provide most additional supplies, such as syringes, needles, and sharps containers with your medicine.
- **Personalized care and support — 24/7.** Specialty-trained pharmacists, nurses, and patient care advocates are available around the clock to answer your questions. They can assist with questions you may have about taking your medicine, managing side effects, and important related issues, such as nutrition.
- **Refill reminders.** CVS Specialty will contact you regularly to schedule your next refill and see how your therapy is progressing. You can order some specialty medicine refills online, safely and securely.
- **Drug safety monitoring.** Both Archimedes and CVS Specialty can access your prescription information on file to monitor for potential drug interactions and side effects of your medications.

Specialty medicines 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 medicines 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.

Note: There are a few specialty medications that are considered for stat (urgent need) indications. These can be confirmed by your doctor and/or pharmacist, and are allowed two courtesy fills at retail prior to moving to CVS Specialty.

Archimedes manages the clinical programs and dispensing rules for specialty medications.

These programs include 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 specialty drug list created by Archimedes 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.

If you are affected by any of these programs based on the medicine you take, Archimedes will notify you directly. These clinical programs help control plan costs (including your premium costs) and provide you with clinically appropriate coverage.

Specialty Medicine: Important Considerations

When you or a covered dependent need specialty medicine:

- Talk to your doctor about the potential risks of your condition, the availability of traditional drug treatments, and any simple lifestyle changes that could improve your condition.
- Work with your doctor on a treatment plan that ensures you considered a traditional drug regimen before treatment with specialty medicine. In many cases, generic equivalents are safe, helpful, and cost-effective. You and your doctor should explore such alternatives as a first line of drug treatment.
- Be aware of the cost implications of your specialty medicine so you can avoid surprises at the time you need to pay.
- Examine with your doctor or pharmacist the product ingredients, potential drug interactions, allergies, and side effects of your specialty medicine.
- Enroll in any available disease management or coaching programs offered through your medical plan carrier Aetna, or the drug manufacturer, to receive support in starting and following the prescription instructions.

Get Your Specialty Medicines Discount

You or your dependents can use manufacturer coupons, discount cards, and copay assistance to help with your out-of-pocket expenses for specialty medicine.

Archimedes can also help you find sources of financial assistance. Archimedes informs all specialty patients of non-need-based Specialty Copay Card Programs and will work with patients who indicate a need for possible other financial assistance programs. These kinds of financial assistance programs can help you stay on track with your medicine. That's good for you and your long-term health.

For Example...

Jane's doctor prescribed Nucala[®], a specialty medicine, to treat her severe asthma. Her doctor advises her that even with insurance, the medicine will be expensive. She suggests Jane call Archimedes or visit the Nucala website to see if the manufacturer offers any financial assistance.

At the medicine's website, Jane finds a menu item called **Savings & Support**. On that page, Jane learns she can apply for a \$0 copay program. After she applies by filling out a one-page form, Nucala's manufacturer approves Jane. She then provides the bin number and routing number from the program approval to her Archimedes benefit specialist so they can apply the assistance program to Jane's account. Archimedes representatives are available to assist Jane with this process.

Because of the financial support provided by Nucala's manufacturer, Jane pays nothing for her medicine. That's good for Jane's budget, but it also means that — because she has no out-of-pocket expenses for this asthma therapy — it will take longer for Jane to reach her deductible or out-of-pocket maximum.

This chart shows how financial assistance can affect progress toward Jane's deductible and out-of-pocket maximum:

	Cost at CVS Specialty	Discount/Coupon/Assistance	What Jane Pays After Discount	Amount Applied Toward Deductible/Out-of-Pocket Maximum
Without Copay Assistance	\$100	\$0	\$100	\$100
With Copay Assistance	\$100	\$100	\$0	\$0

Beware!

Some manufacturer coupons for specialty medications last only for a limited time. Avoid switching to a higher priced specialty medication just because a coupon or financial assistance is available.

Frequently Asked Questions About Paying for Specialty Medicine

How do I find out if I qualify for financial assistance to pay for my specialty medication?

You have options if you want to learn whether you qualify for this kind of financial assistance. A quick search on the Internet for the words “assistance program” along with the name of your medicine or its manufacturer should provide lots of information. Often, applying for assistance is as easy as filling out a brief form on the manufacturer’s website. You also can talk with Archimedes Member Services by calling **1-888-439-0704**. Archimedes Member Services representatives can help you find sources of financial assistance.

As you’re exploring these kinds of assistance programs, please remember that the manufacturers and foundations set their own rules about who qualifies for each kind of support. Archimedes or CVS Specialty do not decide who qualifies for financial support or how much support they get, but can help you learn if you do qualify.

What happens if I do qualify for financial assistance?

If you qualify for assistance from a manufacturer or foundation, Archimedes Member Services will help you manage the process of enrolling in that assistance program. Any financial assistance you apply to your costs for your medicine is not considered an out-of-pocket expense for you. Therefore, such assistance doesn’t count towards your deductible or annual out-of-pocket maximum.

The amount that will count towards your deductible or out-of-pocket maximum is what you pay after you apply the coupon, discount, or other assistance to your medicine, copay, or coinsurance.

What happens if I find out about a coupon or discount after I’ve already paid for my medication?

The answer to this question depends on the rules set by the provider of that assistance. Some programs might allow you to apply a coupon after you’ve paid and other programs might not. You’ll need to ask your assistance program how to best manage your particular situation.

What if I need help paying for my medicine that isn’t considered specialty medication?

Some manufacturers of non-specialty medications may offer coupons to offset the cost of their medications. They typically provide this type of assistance (for brand-name drugs) because their specific drugs are often considerably more expensive than their generic equivalents or other similar brand-name medications.

However, coupons for brand-name, non-specialty medications should only be used when purchasing a medication on your own, without using your prescription drug ID card. And if you do decide to use these coupons, be cautious!

- The cost of the medication (even after the coupon is applied) may still be more expensive than the generic equivalent or brand-name alternatives.
- The coupon may only be available for a specific period or up to a certain dollar limit. Therefore, your savings may only be temporary, and your costs may increase once the coupon expires.

Coupons cannot be used to pay or reimburse your medical plan deductible or coinsurance responsibility. CVS Caremark continuously evaluates opportunities to help you save money on all your medicine and works hard to keep costs manageable for everyone. To help manage your budget for non-specialty medication:

- Talk with your doctor to find out if other, more cost-effective medications are appropriate. Use the **Check Drug Cost & Coverage** tool on the CVS Caremark website to estimate your costs and research possible alternatives.
- Purchase your medications through mail order to share in discounts, take advantage of maximum copay limits, and avoid retail refill allowance charges.
- For mail-order medications, ask about CVS Caremark extended payment program that spreads the cost of your medication over three months.

Check Out Your Prescription Drug Information Online

Find many great tools online to help you save money when it comes to your prescription drug coverage.

- **For non-specialty medications**, log on to the CVS Caremark website at www.caremark.com to see your personal medication information. You can also view formulary lists, find in-network pharmacies, purchase mail-order medications, and more. You can also call **1-844-212-8696**.

Use the **Check Drug Cost & Coverage** tool to compare how much your medication will cost before you purchase it. The tool also explains how the medication is classified under DuPont prescription coverage.

- **For specialty medications**, visit www.archimedesrx.com. You may log on to the member portal by selecting “Member Login” or “Register” on the upper right hand corner. There you can find information on your specialty medication, prescription history and your Specialty Formulary.

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DISCOVER
a better way to
manage
specialty drugs.

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.

As permitted by any applicable laws or collective bargaining agreements, DuPont reserves the right to change, modify, or discontinue at its discretion any of its plans, policies, or programs, in whole or in part, at any time, including any level or form of coverage by appropriate company action. All employees may not participate in the plans described. Further, if you are in a collective bargaining unit, the benefits described are subject to existing provisions of the collective bargaining agreements and subject to meeting any applicable bargaining obligation.

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