

# 2022 Annual Enrollment Guide

## For Active U.S. Full-Time and Part-Time Regular Employees

### 2022 Annual Enrollment: Wednesday, October 27 — Tuesday, November 9, 2021

At DuPont, we're proud to offer a diverse and highly competitive array of healthcare, financial, and insurance benefits to help us all get and stay healthy, plan for the future, and care for and protect our loved ones. Our benefits, which are more generous than many Fortune 500 companies, are designed to differentiate us.

For 2022, we're making several enhancements to our benefits to give you more choice and flexibility, while further improving your healthcare experience.

Annual Enrollment is your once-a-year opportunity to review the benefits DuPont offers and make changes to your benefit choices. It's important that you take the time to review your current coverage, as well as the benefit enhancements and new offerings for next year, before making your decisions.

#### Your Health and Insurance Options Aren't Changing for 2022

- Medical Plan options remain unchanged, including deductibles and out-of-pocket maximums. However, we've enhanced our Medical Plan coverage and there will be a modest increase to premiums.
- Dental and Vision Plan features and premiums remain unchanged.
- Employee Supplemental and Accidental Death Insurance rates will decrease.

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# How to Enroll

**Starting October 27, 2021 until 11:59 p.m., Central Time on November 9, 2021**, enroll through **DuPont Connection** to ensure the benefits you have in 2022 are right for you and your family.

Enroll either online or via phone:

- Online: <http://digital.alight.com/dupont>.
- By phone: Call the **DuPont Connection** Service Center at **1-833-253-7719**. Representatives are available from 9:00 a.m. to 6:00 p.m., Eastern Time (ET).

**Questions?** If you have questions about your medical, prescription drug, or behavioral health/substance abuse benefits coverage, call Accolade at **1-877-383-4756**. Your Accolade Health Assistant can explain the plan changes for 2022, confirm if your provider will be in-network in 2022, and help you choose your medical coverage for next year. For information about other benefits, contact **DuPont Connection** at **1-833-253-7719**.

## Note the Annual Enrollment Deadline

The benefit elections in place at the close of Annual Enrollment — November 9, 2021 at 11:59 p.m., Central Time (CT) — will be the benefits you have for 2022, unless you experience a qualifying life event during the year.

## Need More Information?

Go to [dupontbenefits.com](http://dupontbenefits.com) for detailed 2022 plan information online (including vendor videos, flyers and FAQs).

# What Happens If You Don't Enroll

If you take no action between October 27 and November 9:

- Your current health and insurance coverage elections and eligible covered dependent(s) will continue into 2022 at 2022 premium rates, along with any HSA employee contributions
- Your Health Care and/or Dependent Care Flexible Spending Accounts (FSA) contribution amount(s) will **NOT** carry forward into 2022.
- You won't have purchased vacation days in 2022.

# What's New for 2022

We're excited to offer several enhancements to the Medical Plan, as well as a new identity protection benefit. More details on what's changing for 2022, as well as information about your 2022 benefits coverage, are available on the [dupontbenefits.com](http://dupontbenefits.com) website.

## Medical Coverage Enhancements

We've summarized the Medical Plan enhancements below. For more information on the DuPont Medical Plan and to compare your Medical Plan options, visit the [dupontbenefits.com](http://dupontbenefits.com) website.

### New Program for Chronic Musculoskeletal (MSK) Issues

**Hinge Health** is a new, free service included with your medical coverage, that provides virtual MSK care. Targeting back, knee, hip, shoulder and neck pain, the program is designed to reduce pain and, in many cases, avoid surgery. It's convenient and designed to fit your schedule, since it can be done anywhere at any time.

### New Second Opinion Service

**2nd.MD**, a new, free service included with your medical coverage, can connect you and your covered dependents with top national specialists, via phone or video, to review a diagnosis and treatment plan, all within a matter of days.

## Enhanced Infertility Benefits

To further support DuPont's commitment to diversity and inclusion, we are enhancing infertility benefits to include:

- Increasing the medical lifetime maximum benefit from \$15,000 to \$20,000, with no change to the \$10,000 prescription drug lifetime maximum benefit.
- An infertility diagnosis will no longer be required.
- In-vitro fertilization (IVF) benefits will be available regardless of an individual's fertility or vasectomy status.
- Freezing of eggs or sperm for cancer patients who will undergo chemotherapy or radiation therapy will now be covered for up to 24 months.

**Note:** Pre-certification is required for coverage of infertility services.

## New Substance Abuse Treatment

DuPont is committed to helping employees and dependents who suffer from substance use disorders. We've recently added coverage for reSET® and reSET-O® virtual care resources:

- reSET provides treatment for substance use disorder, and
- reSET-O provides treatment specifically for opioid use disorder.

reSET and reSET-O are both 12-week prescription products delivered via mobile device, and have been shown to help people stay in treatment longer. Both provide patients, age 18 years or older, with secure, discreet, anytime, anywhere access to online therapy lessons that complement outpatient therapy.

Talk with your provider to learn more.

## Enhanced Transgender Benefits

We are adding coverage for several transgender services that the World Professional Association on Transgender Health (WPATH) considers medically necessary.

## Specialty Drug Provider Change

While CVS will continue to administer our prescription drug benefits, Archimedes will manage specialty drugs, which are generally prescribed for people with complex or ongoing medical conditions such as multiple sclerosis, hemophilia, and rheumatoid arthritis.

Except in rare cases, your specialty prescription(s) will continue to be filled via the CVS Specialty pharmacy. Continue to utilize your current process for obtaining refills and checking on order status.

If you're taking a specialty drug, Archimedes will contact you with additional information.

## Health Savings Account (HSA) Contribution Limit Increases

If you enroll in the Core or Premium Saver Medical Plan option and certify that you meet the IRS eligibility criteria for a Health Savings Account (HSA), an HSA will be opened in your name through Bank of America. You can use the balance in your HSA to pay eligible healthcare expenses now or in the future — even in retirement. Your balance will carry over each year.

2022 HSA contribution limits:

- \$3,650 (up from \$3,600 in 2021)
- \$7,300 (up from \$7,200 in 2021)

These limits include your contribution as well as DuPont's contribution. For more details on the HSA, see page 8.

### DuPont's HSA Contribution

- \$600 for individual coverage
- \$1,200 for other coverage levels

## **New Allstate Identity Protection Program**

Identity theft can happen to anyone. The new Allstate Identity Protection program protects you from identity theft and gives you peace of mind.

Benefits include:

- Financial account and credit monitoring
- Social media monitoring
- 24/7 alerts and fraud recovery
- Up to \$1 million identity theft expense reimbursement

For more details on the Allstate Identity Protection program, see page 15.

## **Reduced Life Insurance Premiums**

DuPont has negotiated reduced rates for Supplemental Employee Life Insurance and Spouse/Domestic Partner Life Insurance. If you currently have coverage, your rates will adjust automatically. See page 13 for more information and premium rates.

# Medical Plan

You can choose to be covered by one of three medical plan options through Aetna. All three come with prescription drug and behavioral health/substance abuse coverage, supported through Accolade. The Core and Premium Saver options also include a Health Savings Account (HSA), if you certify on **DuPont Connection** when you enroll that you meet the HSA eligibility requirements.

	Core Option	Premium Saver Option	Traditional Copay PPO Option
<b>Medical Care Navigator/Advocate</b>	Accolade		
<b>Annual Deductible<sup>12</sup></b> <i>(individual/other coverage levels)</i>	<ul style="list-style-type: none"> <li>In network: \$1,400/\$2,800</li> <li>Out-of-network<sup>3</sup>: \$2,500/\$4,000</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$2,800/\$5,600</li> <li>Out-of-network<sup>3</sup>: \$3,500/\$6,000</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$700/\$1,400</li> <li>Out-of-network<sup>3</sup>: \$1,800/\$2,600</li> </ul>
<b>Annual Out-of-Pocket Maximum<sup>4,5</sup></b> <i>(individual/other coverage levels)</i>	<ul style="list-style-type: none"> <li>In-network: \$5,000/\$10,000</li> <li>Out-of-network<sup>3</sup>: No limit</li> </ul>	<ul style="list-style-type: none"> <li>In-network: \$6,000/\$12,000</li> <li>Out-of-network<sup>3</sup>: No limit</li> </ul>	
<b>Covered Preventive Care<sup>6</sup></b>	<ul style="list-style-type: none"> <li>In-network: 100% paid, no deductible</li> <li>Out-of-network<sup>3</sup>: 100%; no deductible</li> </ul>		
<b>Office and Facility Visits</b> <i>(primary care provider [PCP] office visits, [including outpatient behavioral health/substance abuse visits, specialist office visits<sup>7</sup>, urgent care visits, retail clinic visits, and emergency room [ER] visits)</i>	<ul style="list-style-type: none"> <li>In-network: You pay 20% after deductible</li> <li>Out-of-network<sup>3</sup>: You pay 40% after deductible</li> </ul>		<ul style="list-style-type: none"> <li>In-network: Amounts not subject to the deductible. You pay:               <ul style="list-style-type: none"> <li>PCP office visit: \$30 copay</li> <li>Specialist office visit: \$45 copay</li> <li>Urgent care visit: \$45 copay</li> <li>Retail clinic visit: \$30 copay</li> <li>ER visit: \$250 copay, not waived if admitted</li> </ul> </li> <li>Out-of-network<sup>3</sup>: You pay 40% after deductible</li> </ul>
<b>Teladoc® (Telemedicine)</b> <i>Non-emergency, general medical services<sup>8</sup></i>	<ul style="list-style-type: none"> <li>Before you meet the deductible: You pay \$49</li> <li>After you meet the deductible: You pay \$9.80</li> </ul>		<ul style="list-style-type: none"> <li>You pay a \$30 primary care provider copay</li> </ul>
<b>Teladoc</b> <i>Dermatology services</i>	<ul style="list-style-type: none"> <li>Before you meet the deductible: You pay a \$75 consult fee</li> <li>After you meet the deductible: You pay 20% of the consult fee (\$15)</li> </ul>		<ul style="list-style-type: none"> <li>You pay a \$45 specialist copay</li> </ul>
<b>Teladoc</b> <i>Behavioral health services</i>	<ul style="list-style-type: none"> <li>Before you meet the deductible, you pay:               <ul style="list-style-type: none"> <li>\$85 consult fee (therapist or psychologist)</li> <li>\$190 (psychiatrist evaluation)</li> <li>\$95 (ongoing sessions with a psychiatrist)</li> </ul> </li> <li>After you meet the deductible, you pay 20% of the fees listed above:               <ul style="list-style-type: none"> <li>\$17 (therapist or psychologist)</li> <li>\$38 (psychiatrist evaluation)</li> <li>\$19 (ongoing sessions with a psychiatrist)</li> </ul> </li> </ul>		<ul style="list-style-type: none"> <li>You pay a \$30 primary care provider copay</li> </ul>
<b>Other Medically Necessary Care</b> <i>(Labs, X-Rays, hospitalization, surgery, etc.)</i>	<ul style="list-style-type: none"> <li>In-network: You pay 20% after deductible</li> <li>Out-of-network<sup>3</sup>: You pay 40% after deductible</li> </ul>		

1. Applies to medical, mental health/chemical dependency, and prescription drug expenses combined.

2. All options have an "aggregate" deductible. This means that for all coverage level except "individual," the full family deductible must be met before coinsurance applies for any one covered individual. The full family deductible can be satisfied by one or a combination of eligible family members.

3. Eligible expenses are limited to the amount of the charge that is the reasonable and customary (R&C) amount as determined by the carrier.

4. All options have an "embedded" or "individual" out-of-pocket maximum. This means that for all coverage levels, eligible expenses are paid at 100% for a covered individual as soon as that individual meets his/her individual out-of-pocket maximum.

5. The out-of-pocket maximum does not apply to fertility services. There is an infertility lifetime maximum benefit per family (including males and females) of \$15,000 for medical and \$10,000 for prescription drugs.

6. Coverage follows the standard preventive care guidelines of the Patient Protection and Affordable Care Act; includes prescription drugs classified by the guidelines as preventive.

7. Includes allergy testing, physical therapy, and chiropractic care in addition to other specialties. Chiropractic care has \$1,000 annual benefit limit.

8. The CARES Act temporarily allowed certain Health Plans to cover Teladoc® (general medicine only) at no cost to you with no deductible. This provision is set to expire on December 31, 2021. If the provision is extended beyond December 31, 2021, Teladoc (general medicine only) will continue to be covered at no cost to you with no deductible.

	Core Option	Premium Saver Option	Traditional Copay PPO Option
<b>Prescription Drugs – Through CVS Caremark (applies to retail [up to two fills] and mail order)<sup>10</sup></b>			
<b>Generic</b>	No charge after deductible		
<b>Brand Formulary<sup>9</sup></b>	You pay 25% after deductible; \$125 maximum <sup>9</sup>		
<b>Brand Non-Formulary<sup>9</sup></b>	You pay 45% after deductible; \$250 maximum <sup>9</sup>		
<b>Maintenance medications filled more than two times at a retail pharmacy other than CVS</b>	You pay 45% after deductible; no maximum <sup>10</sup>		
<b>Associated Tax-Advantaged Accounts – Through Bank of America</b>			
<b>Health Savings Account (HSA)<sup>11</sup></b>	Yes Use it to pay for eligible out-of-pocket medical, prescription drug, dental, and vision expenses. <b>Use it or keep it.</b> Any money left over in your account at year-end rolls over and is yours to keep.		Not applicable
<b>DuPont HSA Contribution<sup>11</sup></b>	\$600 individual/ \$1,200 other coverage levels		Not applicable
<b>Your Optional Tax-Free HSA Contributions<sup>12</sup></b>	Up to \$3,050 individual/ \$6,100 <sup>12</sup> other coverage levels		Not applicable
<b>Health Care Flexible Spending Account (FSA)</b>	Optional Limited Purpose Health Care FSA: You may contribute from \$120 to \$2,750 per year on a before-tax basis to pay for eligible out-of-pocket <b>dental and vision expenses only</b> . <b>Use it or lose it:</b> You'll forfeit any money left over in your account as of December 31, but have until April 15 to file all claims from the prior year.		Optional Traditional Health Care FSA: You may contribute from \$120 to \$2,750 per year on a before-tax basis to pay for eligible out-of-pocket <b>medical, prescription drug, dental, and vision expenses</b> . <b>Use it or lose it:</b> You'll forfeit any money left over in your account as of December 31, but have until April 15 to file all claims from the prior year.

9. Applies before and after deductible is met when a generic equivalent is not available (e.g., contains same active ingredients in the same strength). If a generic equivalent is available, you will pay the difference between the generic and brand cost; coinsurance will not apply.

10. Coinsurance for maintenance medications filled more than two times at a retail pharmacy other than CVS applies pre- and post-deductible; however, you will never pay more than 100% of the cost of the medication. The coinsurance amount applies toward your deductible or out-of-pocket maximum.

11. Subject to eligibility; you must certify on DuPont Connection during Annual Enrollment that you meet the HSA eligibility requirements.

12. Includes any contributions made by your spouse/domestic partner, assuming your domestic partner qualifies as a tax dependent.

## Monthly Medical Plan Premiums

	Core Option		Premium Saver Option		Traditional Copay PPO Option	
<b>Monthly Premiums<sup>1</sup></b>						
<b>Coverage Levels</b>	Without the \$40 Monthly Healthy Incentive Credit	<b>With the Full \$40 Monthly Healthy Incentive Credit</b>	Without the \$40 Monthly Healthy Incentive Credit	<b>With the Full \$40 Monthly Healthy Incentive Credit</b>	Without the \$40 Monthly Healthy Incentive Credit	<b>With the Full \$40 Monthly Healthy Incentive Credit</b>
<i>NOTE: Medical rates do not reflect the \$50 tobacco user surcharge</i>						
<b>You Only</b>	\$90	<b>\$50</b>	\$60	<b>\$20</b>	\$90	<b>\$50</b>
<b>You + Spouse/Domestic Partner</b>	\$220	<b>\$180</b>	\$150	<b>\$110</b>	\$220	<b>\$180</b>
<b>You + Child(ren)</b>	\$160	<b>\$120</b>	\$110	<b>\$70</b>	\$160	<b>\$120</b>
<b>You + Family</b>	\$280	<b>\$240</b>	\$190	<b>\$150</b>	\$280	<b>\$240</b>

## What You Pay

### Healthy Incentive Credit

The Healthy Incentive Credit reduces your medical plan premiums each month. It is available to active, U.S. benefit-eligible employees (not spouses/domestic partners or dependents) ages 18 and over, who enroll in the medical plan and complete the activities required to earn the credit.

Employees hired during the plan year will automatically receive the Healthy Incentive Credit for that year. Employees hired on or after July 1 also automatically receive the full \$40 monthly credit upon electing medical coverage for the following year. In future years, you will be required to complete certain activities to earn the credit.

### Tobacco User?

Supporting DuPont'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.

Employees hired during the plan year will not be assessed the tobacco surcharge for that year. Additionally, if your hire date is on or after July 1, the surcharge is waived for the following year — but you are still encouraged to take advantage of tobacco cessation resources offered through DuPont. These include:

- Tobacco cessation coaching;
- Free prescription tobacco cessation medication as part of the medical plan (call CVS Caremark at **1-844-212-8696** or log on to **www.caremark.com** to learn more); and
- Up to 12 free Employee Assistance Program (EAP) sessions per year to help you manage emotional issues that you may experience while you are trying to quit.

## Prescription Drug Coverage

You will be automatically enrolled in prescription drug coverage if you elect DuPont medical coverage. Non-specialty drugs are administered through CVS Caremark, and specialty drugs are managed by Archimedes.

Your prescription drug costs will depend on if you choose to purchase drugs at retail or mail order, an in-network or out-of-network pharmacy, and the category of the drug on the CVS Caremark and Archimedes drug lists (also called a formulary).

### To Learn More About...

- **Non-specialty drugs:** Visit the CVS Caremark website at **www.caremark.com** or call CVS Caremark at **1-844-212-8696** for more information.
- **Specialty drugs:** If your doctor prescribes a specialty drug, call Archimedes at **1-888-439-0704** to confirm your coverage.

# Health Savings Account (HSA)

When you enroll in either the Core or Premium Saver medical plan option (and certify that you meet the Internal Revenue Service [IRS] eligibility criteria), a bank account will be opened in your name through Bank of America called a Health Savings Account (HSA). You will own and control this account for your healthcare expenses.

DuPont contributes to your HSA, and so can you. The more you contribute from your paycheck on a tax-free basis, the more you can save to use toward medical expenses in the future. Remember to consider any contributions made with a previous employer during the same calendar year to ensure you do not contribute more than the IRS maximums and incur penalties.

For 2022, after DuPont's contribution (\$600 individual/\$1,200 other coverage levels) you can contribute up to:

- \$3,050 if you cover just yourself (for a total of \$3,650 in 2022);
- \$6,100<sup>1</sup> if you cover more than yourself (for a total of \$7,300 in 2022); and
- An additional \$1,000 if you are or are turning age 55 or older in 2022.

**Note:** Your employer and any employee HSA contributions will begin with your first pay statement in the month following your medical elections, provided you attested that you were eligible for the HSA during enrollment. Contributions will post to your account shortly after they show on your pay statement. **Note:** If you do not attest to being HSA-eligible by December 1st of the plan year, you will forfeit the HSA employer contribution.

Use your personal and Company contributions to pay for any expenses that are applied toward your deductible or out-of-pocket maximum (for example, doctor office visits or prescription drug coinsurance amounts) or — since the money rolls over each year — save it for future eligible medical expenses. Check with your tax advisor for additional tax requirements.

1. Includes any contributions made by your spouse/domestic partner, assuming your domestic partner qualifies as a tax dependent.

## Teladoc®

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

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

A Teladoc doctor is significantly less expensive than urgent care and emergency room visits. Services are covered as shown in the medical plan summary on page 5. The cost of your visit will depend on your medical plan option and whether you've met your deductible (as applicable).

You can contact Teladoc at **1-800-TELADOC** (1-800-835-2362) or [www.teladoc.com/Aetna](http://www.teladoc.com/Aetna).

### Learn More

Learn more about the DuPont HSA through Bank of America, the HSA administrator, at <https://myhealth.bankofamerica.com>, or **1-877-319-8115**.





# Employee Assistance Program (EAP)

DuPont offers the EAP, administered by ComPsych, to help with difficulties at work and at home.

The EAP provides assessment, evaluation, and referral for behavioral health and substance abuse treatment for you and your covered dependents. This service, staffed by experienced clinicians, is available 24/7 by calling ComPsych at **1-844-856-8778** or visiting **www.guidanceresources.com**. The access code is DUPONTEAP. The EAP consultant will confidentially assess your situation and refer you to an EAP network provider who will meet your needs.

For all employees and family members who live with you or are away at school, **up to 12 free EAP counseling sessions are available for each unique situation per year**. If additional care is needed beyond the 12 free EAP sessions, contact Accolade.

## Count on ComPsych GuidanceResources®

ComPsych GuidanceResources offers support, resources, and information for personal and work-life issues. It's a Company-sponsored program, confidential, and provided at no cost to you and your dependents.

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

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

Additionally, give GuidanceResources a call at **1-844-856-8778** (access code: "DUPONTEAP") for support with confidential counseling needs, financial information and resources, legal support, and work-life help, including qualified referrals and customized resources for child and elder care, moving and relocation, making major purchases, college planning, pet care, home repair, and more.

# Dental Plan

Regular dental care is critical to your overall health. That's why DuPont offers two dental plan options administered by MetLife®. When you use benefit providers in the MetLife Preferred Dentist Program Plus (PDP Plus) network, you can limit your out-of-pocket costs.

	High Option	Standard Option
<b>Coverage</b>		
Annual deductible <i>Applies to restorative care only</i>	\$50 per person, up to a maximum of \$150 per family	\$50 per person, up to a maximum of \$150 per family
<b>Diagnostic and Preventive Care</b> <ul style="list-style-type: none"> <li>• 2 regular cleanings per year or 4 periodontal cleanings with diagnosed condition (2 periodontal cleanings are in lieu of the 2 regular cleanings)</li> <li>• 2 routine exams per year</li> <li>• Dental X-Rays:               <ul style="list-style-type: none"> <li>– Bitewing X-Rays — One time per year</li> <li>– Whole mouth X-Rays — One time every 5 years</li> </ul> </li> </ul>	Plan pays 100% <sup>1</sup>	Plan pays 100% <sup>1</sup>
<b>Restorative Care</b> Includes bridges, crowns, fillings, and other covered dental services. Coverage for dental prosthetic replacement is once every 7 years.	After the deductible, you pay 25% <sup>2</sup>	After the deductible, you pay 50% <sup>2</sup>
<b>Annual Benefit Limit</b>	\$2,000/person	\$1,250/person
<b>Lifetime Orthodontic Limit<sup>3</sup></b>	\$1,500 per covered person, regardless of age	\$1,200/child (for children under age 19)
<b>Monthly Premium<sup>4</sup></b>		
<b>You Only</b>	\$18	\$10
<b>You + Spouse/Domestic Partner</b>	\$33	\$20
<b>You + Child(ren)</b>	\$35	\$24
<b>You + Family</b>	\$55	\$36

1. For out-of-network claims, reasonable and customary (R&C) limits apply. R&C amounts are based on the 90th percentile, which means that 90% of providers in a geographic area charge no more than the R&C amount and 10% charge more.

2. The benefit for the Preferred Dental Provider Plus network dentist is determined on the network-negotiated amount. For out-of-network providers, R&C limits apply, where R&C amounts are based on the 90th percentile. Additional frequency limits may apply to certain covered services.

3. The lifetime orthodontic limit is a combined maximum for both options; however, the High Option provides an additional \$300 of lifetime coverage.

4. Premiums shown are on a monthly basis. The amount deducted from your pay may vary depending on your pay frequency.

## How to Find a PDP Plus Dentist

Search for a PDP Plus dentist by visiting [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits), or by calling MetLife at **1-855-638-3944**. Using network dentists is recommended, but not required by the plan.

# Vision Plan

DuPont offers valuable, comprehensive vision coverage through VBA. To receive the highest level of coverage, you can choose a provider from the nationwide VBA network of more than 16,000 vision care providers. You can use VBA or non-VBA providers; however, VBA providers offer the best convenience, quality, and value.

	VBA Provider	Non-VBA Provider	Non-VBA Provider If No VBA Provider Within 35-Mile Radius
<b>Vision Care Service</b>			
Eye exam	Plan pays 100%	Plan pays up to \$40	Plan pays 100%
Eye-glass lenses and/or frames (one time per year) — includes polycarbonate lenses, scratch-resistant coatings, solid and gradient tints, blended bifocals, progressive lenses (except digital), UV coatings, and trifocal lenticular	Plan pays 100% after \$20 copay (the \$20 copay applies to lenses or frames but not both; the frames are covered with a wholesale value of up to \$60 [approximately \$150-\$180 retail])	Plan pays: <ul style="list-style-type: none"> <li>• Single vision: up to \$40</li> <li>• Bifocal: up to \$50</li> <li>• Trifocal: up to \$75</li> <li>• Progressive: up to \$75</li> <li>• Lenticular: up to \$100</li> <li>• Frames: up to \$50</li> </ul>	Plan pays 100% after \$20 copay per person for the materials <ul style="list-style-type: none"> <li>• Frames will be reimbursed up to \$130</li> <li>• Additional Lens Options such as: 1 Yr. Scratch, UV Coatings, Polycarbonate Lenses, Progressives (except Digital) and Tints will be reimbursed in full</li> </ul>
Cosmetic contact lenses (in lieu of glasses, including exam)	Plan pays up to \$175 allowance toward the total cost	Plan pays up to \$175 allowance toward the total cost	Plan pays up to \$175 allowance toward the total cost
VBA Vision-approved, medically necessary contact lenses (in lieu of glasses, including exam)	Plan pays 100% of R&C	Plan pays up to \$300	100% R&C
LASIK eye surgery	Up to \$250 allowance toward the total cost on both eyes, once every eight years		
<b>Monthly Premiums<sup>1</sup></b>			
<b>You Only</b>	\$8.46		
<b>You + Spouse/Domestic Partner</b>	\$14.70		
<b>You + Child(ren)</b>	\$14.70		
<b>You + Family</b>	\$21.78		

1. Premiums shown are on a monthly basis. The amount deducted from your pay may vary depending on your pay frequency.

## Hearing Benefits Are Also Available

In addition to hearing benefits under the medical plan, VBA also offers hearing benefits! Schedule a free hearing exam and save over 40% on premium aids with the latest technology through Your Hearing Network. For information, call **1-888-819-5333**.

### How to Find a VBA Provider

Find a VBA provider by visiting [www.vbaplans.com](http://www.vbaplans.com), or by calling **1-800-432-4966**.

# Flexible Spending Accounts (FSAs)

FSAs are a great way to use pre-tax dollars for predictable healthcare and/or dependent care expenses. An FSA allows you to use before-tax dollars to pay for eligible health care and/or dependent day care expenses for you and/or your eligible dependents.

## Health Care FSAs

There are two Health Care FSAs to choose from, depending on which medical plan option you elect.

- **If you enroll in the Core or Premium Saver medical plan option**, you can contribute to the Limited Purpose Health Care FSA.
- **If you enroll in the Traditional Copay PPO option (or you are an expatriate on international assignment)**, you can contribute to the Traditional Health Care FSA.
- **If you opt out of medical coverage**, you may choose either the Limited Purpose Health Care FSA or the Traditional Health Care FSA.

See the chart below for a comparison of the two Health Care FSA options.

	Limited Purpose Health Care FSA	Traditional Health Care FSA
Available With This Medical Plan Option	Core and Premium Saver options only  You may also contribute to this FSA if you opt out of medical coverage.	Traditional Copay PPO option only  You can also contribute to this FSA if you are an expatriate on international assignment or if you opt out of medical coverage.
Your Contributions	You set aside before-tax dollars from each paycheck to pay for eligible out-of-pocket healthcare expenses during the year. You may contribute from \$120 to \$2,750 in 2022.	
Use Your Account to Pay For	Limited to paying <b>for dental and vision expenses only</b> — including copays, coinsurance, and deductibles under the dental and vision plans	Any eligible medical, prescription drug, dental, and/or vision expenses during the year — including copays, coinsurance, and deductibles
Your FSA Account Balance	You forfeit any unused money left in your account at year-end ("use it or lose it").	
Deadline for Submitting Claims	You have until April 15, 2023 to submit claims for eligible FSA expenses incurred during the 2022 plan year. Remaining account balances after this date are forfeited.	

### Attention FSA Participants: Domestic Partners Must Be Dependents

You cannot claim health care or dependent care expenses for a domestic partner or a domestic partner's child(ren) unless they are considered by the IRS to be your dependents.

Learn more about the DuPont FSA options through Bank of America, the FSA administrator, at <https://myhealth.bankofamerica.com>, or by calling **1-877-319-8115**.

## Dependent Care FSA

With a Dependent Care FSA, you can set aside tax-free money to pay for day care for your child who is under the age of 13 or for a spouse/domestic partner or dependent age 13 or over who is not able to take care of him/herself. The day care expenses must be necessary for you to work. If you are married, the expenses must also be necessary for your spouse to either work or attend school full-time. You may contribute from \$120 to \$5,000 per year, depending on your tax status.

Based On Your Tax Status...	You Can Set Aside...
If single or married filing jointly	\$120 to \$5,000
If married filing jointly and your spouse's employer offers a dependent care account	Up to \$5,000 in total between the two accounts
If your spouse earns less than \$5,000 per year	Up to the amount of your spouse's earned income (special income limits may apply if your spouse is a full-time student or is physically or mentally unable to provide self-care)
If married filing separate returns	Up to \$2,500

If you are considered a highly compensated employee, your contributions to this account may be limited.

### Deadlines for Incurring Dependent Care Claims and Submitting Claims for Reimbursement

For 2022 Dependent Care FSAs, you have until April 15, 2023, to submit claims for eligible FSA expenses incurred during 2022. You'll forfeit any account balances that remain after this date.

#### If you have a remaining balance in your 2020 Dependent Care FSA:

- Any remaining balance may be used toward eligible expenses incurred between January 1, 2021 and December 31, 2021 (or through your termination date if your employment ends in 2021)
- You have until April 15, 2022 to submit claims for reimbursement, after which time any remaining 2020 Dependent Care FSA balance will be forfeited.

#### If you have a remaining balance in your 2021 Dependent Care FSA:

- Any remaining balance may be used toward eligible expenses incurred between January 1, 2022 and December 31, 2022 (or through your termination date if your employment ends in 2021 or 2022).
- You have until April 15, 2023 to submit claims for reimbursement, after which time any remaining 2021 Dependent Care FSA balance will be forfeited.

## Life Insurance

DuPont automatically provides you with basic life insurance coverage equal to your annual pay. You don't pay anything for this coverage, and you don't have to enroll to receive it. (Coverage over \$50,000 is subject to imputed income taxes.)

When you enroll in your benefits, you may choose to do the following:

- **Purchase more coverage:** You can buy additional life insurance coverage for yourself on an after-tax basis (subject to evidence of insurability), up to 8x your annual pay (including the 1x your annual pay provided by DuPont); or
- **Reduce your coverage to \$50,000:** You can do this only if your annual pay is over \$50,000. This option is offered at no cost, as a tax-free alternative to the Company-provided 1x pay coverage.

### Not Sure How Much Coverage You Need?

Visit Securian Financial's life insurance estimating calculator tool at [www.LifeBenefits.com/insuranceneeds](http://www.LifeBenefits.com/insuranceneeds). No user ID or password is required.

## 2022 Supplemental Employee Life Insurance Premiums

Supplemental Employee Life Insurance Rates <sup>1</sup> Monthly premiums per \$1,000 of coverage (reduced from 2021)			
Age at 12/31/22	Monthly Premium for Coverage	Age at 12/31/22	Monthly Premium for Coverage
<b>Under 25</b>	\$0.013	50–54	\$0.138
<b>25–29</b>	\$0.014	55–59	\$0.228
<b>30–34</b>	\$0.022	60–64	\$0.356
<b>35–39</b>	\$0.033	65–69	\$0.638
<b>40–44</b>	\$0.045	70–74	\$1.109
<b>45–49</b>	\$0.079	75+	\$1.654

1. The amount deducted from your pay may vary depending on your pay frequency.

## Spouse/Domestic Partner Life Insurance

You can choose from these life insurance coverage amounts for your spouse/domestic partner (evidence of insurability, or health information, may be required):

\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
\$200,000	\$250,000	\$300,000	\$350,000	\$400,000

### Cover Your Domestic Partner?

For your domestic partner or child of a domestic partner to qualify as your beneficiary, he or she must be specifically designated as a life insurance beneficiary by you. Default payment rules do not apply to domestic partners or children of domestic partners.

## 2022 Spouse/Domestic Partner life Insurance Premiums

Spouse/Domestic Partner Life Insurance Rates <sup>1</sup> Monthly premiums per \$1,000 of coverage (reduced from 2021)			
Age at 12/31/22	Monthly Premium for Coverage	Age at 12/31/22	Monthly Premium for Coverage
<b>Under 25</b>	\$0.016	50–54	\$0.182
<b>25–29</b>	\$0.020	55–59	\$0.303
<b>30–34</b>	\$0.029	60–64	\$0.473
<b>35–39</b>	\$0.044	65–69	\$0.850
<b>40–44</b>	\$0.059	70–74	\$1.477
<b>45–49</b>	\$0.104	75+	\$1.854

1. The amount deducted from your pay may vary depending on your pay frequency.

## Child Life Insurance

You can elect child life insurance for your eligible children (including your domestic partner's eligible children) in these amounts: \$5,000, \$10,000, or \$20,000 per child. The coverage amount you select covers each of your eligible children for that amount — regardless of the number of children you have.

There is no waiting period for newborn life insurance. Your newborn child will be automatically covered for \$5,000 for the first 31 days following live birth. Additionally, dual DuPont couples may both cover children up to a maximum of \$40,000 (up to \$20,000 of coverage per child is available to each employee).

### 2022 Child Life Insurance Premiums

#### Child Life Insurance Rates<sup>1</sup> Monthly premiums per \$1,000 of coverage

<b>Child(ren)</b>	\$0.037
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1. The amount deducted from your pay may vary depending on your pay frequency.

## Accidental Death Insurance

No one can predict an accident, so DuPont helps you protect yourself and your family from the financial hardships a serious accident can cause. You automatically have Company-paid Accidental Death Insurance coverage equal to 1x your annual pay. This coverage is in addition to your Employee Life Insurance benefit and pays a benefit to your beneficiaries if you die in an accident. Also, if you are permanently injured in an accident, a percentage is paid for specific losses, such as a limb or eyesight.

If you purchase additional Accidental Death Insurance for yourself, you can also purchase coverage for your spouse/domestic partner and/or eligible children.

Coverage For:	Option A	Option B	Option C	Option D
<b>You only</b>	\$500,000	\$250,000	\$100,000	\$50,000
<b>You / your spouse or domestic partner</b>	\$500,000/ \$300,000	\$250,000/ \$150,000	\$100,000/ \$50,000	\$50,000/ \$25,000
<b>You / each eligible child</b>	\$500,000/ \$100,000	\$250,000/ \$50,000	\$100,000/ \$25,000	\$50,000/ \$10,000
<b>You / your spouse or domestic partner / each eligible child</b>	\$500,000/ \$300,000/ \$100,000	\$250,000/ \$150,000/ \$50,000	\$100,000/ \$50,000/ \$25,000	\$50,000/ \$25,000/ \$10,000

### 2022 Accidental Death Insurance Premiums

#### Accidental Death Life Insurance Rates (monthly premiums)<sup>1</sup>

Coverage Level	Option A	Option B	Option C	Option D
<b>You Only</b>	\$8.50	\$4.25	\$1.70	\$0.85
<b>You + Spouse/Domestic Partner</b>	\$13.60	\$6.80	\$2.55	\$1.28
<b>You + Child(ren)</b>	\$11.70	\$5.85	\$2.50	\$1.17
<b>You + Family</b>	\$16.80	\$8.40	\$3.35	\$1.60

1. The amount deducted from your pay may vary depending on your pay frequency.

# Additional Coverage Options

Life throws so much at us, and DuPont wants to make sure you have access to programs that can help. We've partnered with carriers to provide the following coverages at preferred rates. You will be responsible for paying the full cost for these plans.

## MetLife Legal Plan

This benefit provides representation from a nationwide network of attorneys, for a range of legal concerns, including money matters, home and real estate, estate planning, family and personal matters, civil lawsuits, elder care, and traffic and criminal matters.

You can choose from two coverage levels: coverage for just yourself, or coverage for you and your family. You can enroll in (or change) coverage on **DuPont Connection** during Annual Enrollment, or if you experience a qualifying life event during the year.

MetLife Legal Plan Rates <sup>1</sup> (monthly premiums)	
Coverage For:	
You Only	\$13.75
You + Family	\$19.75

1. Premiums are shown on a monthly basis. The amount deducted from your pay may vary depending on your pay frequency.

More information can be found on [dupontbenefits.com](http://dupontbenefits.com) in the Benefits Library.

## Nationwide Pet Insurance

Pet Insurance, offered through Nationwide®, provides coverage for your pet's injuries and illnesses. You can use any vet, worldwide. Plans are available for dogs, cats, birds, and exotic pets, with discounts when you cover multiple pets. Plus, you receive free 24/7 access to **vet<sup>h</sup>elp<sup>l</sup>ine**® for guidance on any pet health concern.

You can enroll in (or drop) coverage anytime. To learn more, visit <http://benefits.petinsurance.com/dupont> or call Nationwide at **1-877-738-7874** to get a price quote or to enroll. **You'll enroll for coverage through Nationwide, not DuPont Connection.** Nationwide will bill you directly for your pet insurance coverage.



## Allstate Identity Protection

Identity theft can happen to anyone. The Allstate Identity Protection program protects you from identity theft and gives you peace of mind.

Benefits include:

- Financial account and credit monitoring
- Social media monitoring
- 24/7 alerts and fraud recovery
- Up to \$1 million identity theft expense reimbursement

You can enroll in (or change) coverage on **DuPont Connection** during Annual Enrollment, or if you experience a qualifying life event during the year.

### Allstate Identity Protection Program Rates<sup>1</sup> (monthly premiums)

Coverage For:	
You Only	\$6.50
You + Family	\$12.50

1. Premiums are shown on a monthly basis. The amount deducted from your pay may vary depending on your pay frequency.

If you enroll, you will receive an email with login instructions when your coverage begins. You will need to provide your Social Security Number (SSN) and date of birth to login and then you'll need to enter certain information to activate your account. Your identity protection won't begin until your account has been activated.

# Vacation Buying Program

Planning a big trip? Or need more time off for another reason? DuPont offers the Vacation Buying Program so you can purchase additional vacation time and pay for it with before-tax payroll contributions. All mainland U.S. employees and expatriates on international assignment are eligible.

## How the Vacation Buying Program Works

Annual Enrollment is your opportunity to purchase additional vacation time for the following year. You must make a new election for any extra vacation you wish to buy for the next year, as your election won't carry forward. Your election will remain in effect for the entire plan year, and you cannot change your election during the plan year except for the cash-out provision noted below.

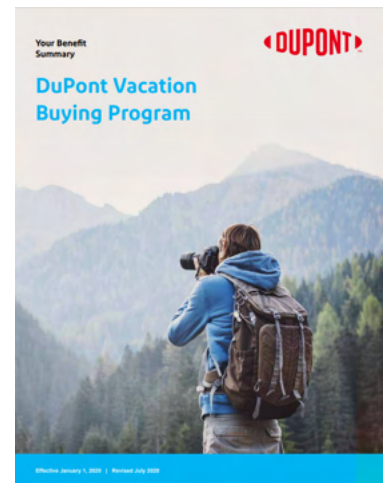
**You buy with before-tax dollars.** You'll pay for any extra vacation time with before-tax dollars taken from your paycheck each pay period.

**You may buy up to an additional 40 hours of vacation time each year.** However, if your average scheduled work week is less than 40 hours, you can only buy up to the number of hours you work in an average week.

**Planning is essential.** Make sure to consider the following when deciding how much extra vacation time to purchase:

- Purchased vacation is used last. You must use all types of vacation (for example, current annual vacation, carried forward vacation from the prior year, Additional Paid Time Off, etc.) before using any purchased vacation each year.
- You must request a taxable cash out of any unused purchased vacation time directly into your timecard through eTime on or before November 15th. If you miss this deadline, you can contact HR Direct to request a cash out, but this request must be made no later than November 30th.
- If you plan to use your purchased vacation by the end of the year, you must enter your planned purchased vacation hours into your timecard by December 19th to avoid an automatic cash out of unused purchased vacation in your last pay of the year.

Refer to the Vacation Buying Guide in the Benefits Library of the [dupontbenefits.com](https://dupontbenefits.com) website for additional information.



# Contact Information

For Information About...	Contact...
Your personalized benefits site for enrolling in, confirming, or making changes to your health and insurance benefits	<b>DuPont Connection</b> <a href="http://digital.alight.com/dupont">http://digital.alight.com/dupont</a> <b>1-833-253-7719</b> ; representatives are available Monday through Friday from 9:00 a.m. to 6:00 p.m., ET.
Assistance with Medical and Behavioral Health/ Substance Abuse Coverage Through Aetna, and Prescription Drug Coverage Through CVS Caremark and Archimedes	<b>Accolade</b> <b>1-877-383-4756</b> <a href="http://member.accolade.com">member.accolade.com</a>

Please note: The HIPAA notice for information on privacy rights regarding your health information and how that may be used and disclosed is posted on the Plan Information page on **DuPont Connection**. To request a copy, contact **DuPont Connection** at **1-833-253-7719**.

Any descriptions of benefit plans contained in this document provide only general information. Employees should refer to the plan document and summary plan description of the applicable plans for a more complete description of the plans' terms. If there is any conflict between (a) the information provided in this document, and/or any other oral or written representations made by anyone regarding a plan, and (b) the legal documents of a plan (including the plan document or summary plan description for the applicable plan), the plan legal documents will govern. DuPont reserves the right to amend, modify, or terminate any compensation or benefit program at any time. This document does not create any third-party beneficiary rights or alter one's status as an "at will" employee of DuPont, as applicable. It does not alter one's terms or conditions of employment with DuPont in any way. This document is subject to applicable laws and applicable collective bargaining agreements and collective bargaining obligations.

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