



CORTEVA AGRISCIENCE 2022 BENEFITS

For Non-Medicare-Eligible
Retirees



Choose Simply. Find Flexibility.

Corteva's position today as a global agriscience leader was made possible by your efforts. We are committed to putting our people at the center of everything we do. This means that making your health care coverage choices during Annual Enrollment should be simple – and we're ensuring that the coverage is flexible enough to meet your personal situation throughout the year.

To help you make the most of your retiree benefits, this guide describes the major features of your benefits and explains how you can use them effectively. You'll also find information on tools and resources to help you make informed choices, and instructions on how to enroll through **Corteva Connection**.

Take action to explore all your health care options and ensure you have the right coverage in 2022.

In addition to **Corteva Connection**, don't forget to check out **cortevabenefits.com** and click on Retirees/Former Employees in the upper right-hand corner. It's a year-round website that both you and your family members can access from anywhere to get information about your Corteva benefits. No password required!

This summary provides a quick, easy-to-understand outline of your plan options. Corteva Agriscience 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 summary and those documents or contracts, the documents or contracts will govern. Corteva Agriscience reserves the right to change, modify, or discontinue at its discretion any of the plans, programs, or services described in this summary.

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

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What's Changing for 2022

As previously communicated, there will be many changes to your benefits for 2022. Here's what to expect.

Benefits ending

Effective January 1, 2022

Corteva is committed to providing a benefits package that supports our employees and retirees, while also ensuring our company can provide sustainable benefits plans over the long term. Achieving these objectives requires continuously assessing our overall benefits against our peers. After a comprehensive review, certain elements of our retiree plans are ending. Please be assured your pension benefits are secure and are not impacted by these changes.

- **Pre-65 retiree dental coverage:** Retiree dental coverage will not be offered in 2022 for pre-65 retirees or dependents. You can choose to purchase individual dental coverage for 2022 through our current dental provider, Delta Dental, at your own expense. If you want individual dental coverage for 2022, you need to enroll by December 3, 2021. See your options at www.deltadentalins.com.
- **Dental HRA allocation:** Corteva currently helps offset the cost of medical and dental coverage for Medicare-eligible retirees through an HRA contribution. Beginning January 1, 2022, Corteva will no longer provide an HRA allocation for dental coverage (typically \$200 per eligible participant, adjusted based on your retiree health care reduction factor). **You will continue to receive an HRA allocation (typically \$1,200 per eligible participant, adjusted based on your retiree health care reduction factor) to assist with the cost of post-65 medical coverage in 2022.**
While you will no longer receive this \$200 HRA allocation, you will still be able to purchase dental coverage at your own expense through Via Benefits. Existing HRA balances will not be impacted by this change. To confirm the amount of your current HRA allocation, please contact **Corteva Connection** at **1-800-775-5955**.
- **Retiree life insurance:** Retiree life insurance coverage will not be offered in 2022. Any life insurance coverage you have today through Corteva will end on December 31, 2021. This includes noncontributory group life insurance (NCGLI), contributory group life insurance (CGLI), and retiree life insurance coverage.

Medical

Frozen premium subsidy

Corteva will continue to offer the same retiree medical plan choices you have today – the Retiree Core Option and Retiree Premium Saver Option – both of which include prescription drug coverage.

Beginning in 2022, all pre-65 retirees will be responsible for the annual medical plan cost increases.

Currently, you and Corteva share the cost of your retiree medical coverage, with Corteva providing a premium subsidy. As of December 31, 2021, the company will freeze its subsidy level. The subsidy will not increase after that time. Beginning January 1, 2022, you will pay the full annual cost increase for retiree medical coverage each year.

Health Savings Account (HSA)

HSA contribution limit increases

- Highmark Retiree Core and Retiree Premium Saver participants may contribute more to your personal HSA in 2022:
 - Up to \$3,050 if you cover just yourself, and
 - Up to \$6,100¹ if you cover anyone else (spouse or domestic partner and/or children).
- You may continue to contribute up to an additional \$1,000 if you are or turn age 55 or older in 2022.
- **If you enroll in the Retiree Core or Retiree Premium Saver Plan, you can still contribute to a personal HSA.** You will not receive an employer contribution towards the HSA.

ID cards

New medical cards for 2022

If you are enrolled in Corteva medical coverage, you will be receiving a new medical ID card for 2022. As a requirement of recent legislation and for easy reference during the year, your new ID cards will include your plan's copay amounts, as well as deductible and out-of-pocket maximum limits.

Look for it in the mail at your address on file in January.

1. Includes any contributions made by your spouse.

Benefits Eligibility

Your eligible dependents include the following:

Spouse

- Must be a legal spouse at the time of your retirement. You may not add a spouse to your plan if he or she became your spouse after retirement.
- If your spouse has previously declined or chooses to drop Corteva Agriscience medical coverage, he or she may only re-enroll if he or she has lost eligibility for other group coverage. You will need to provide proof within 60 days of when your spouse loses eligibility.

Working Spouse Rule

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

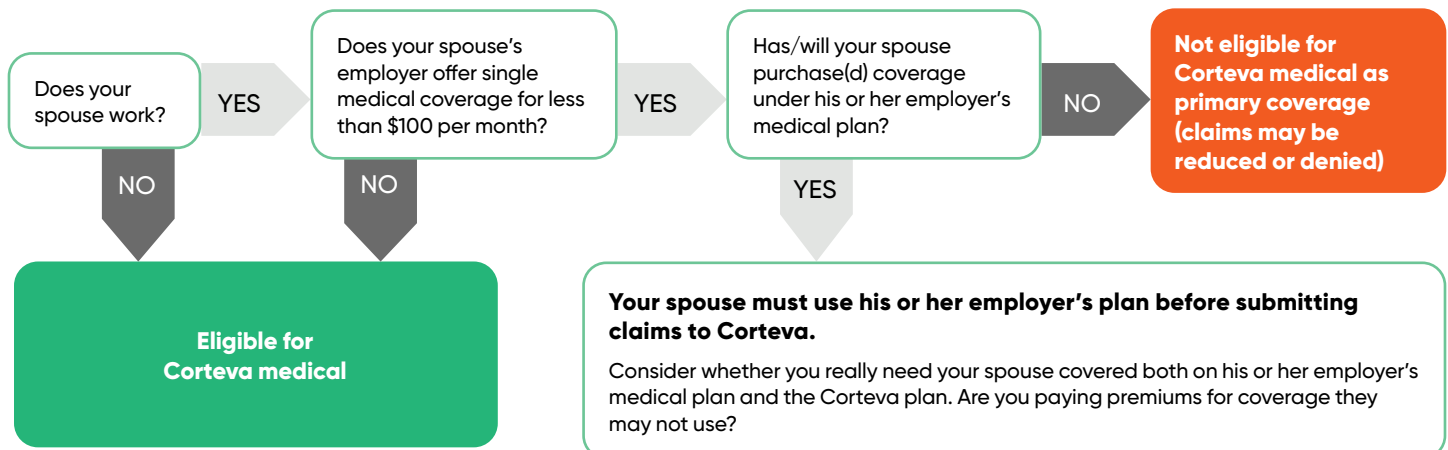
If your spouse’s employer does not provide medical coverage, or if the monthly premium for the lowest cost option available is \$100 or more, the Corteva plan does not require you to purchase primary coverage (if offered) for your spouse. Your Corteva medical plan election can provide him or her with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

What You Need to Do

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

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

Working Spouse Rule Eligibility: A Snapshot



Child

- Your dependent qualifies as your child if he or she is your biological or adopted child, stepchild, foster child, or a child for whom you have court-appointed permanent legal guardianship, until the end of the month in which your child turns age 26.
- You may continue to cover the child on your health care coverage beyond his or her 26th birthday provided the child is your federal tax dependent and has been certified as disabled by your medical carrier prior to reaching age 26.
- **Note:** Special eligibility rules apply for survivor benefits. Please contact **Corteva Connection** at **1-800-775-5955** for details.

How to Enroll in Corteva Benefits

During Annual Enrollment

When you can enroll

Annual Enrollment will take place from **October 27 to November 9, 2021** for 2022 benefits elections.

How you can enroll

Go to **Corteva Connection** at <http://digital.alight.com/corteva> to review or change benefits online.

For additional help or to enroll by phone, call **Corteva Connection** at **1-800-775-5955**. Representatives are available from 9:00 a.m. to 6:00 p.m., ET.

If You Don't Enroll

If you do not take any action during the Annual Enrollment period, your current medical and prescription drug coverage will continue with 2022 rates and carriers on January 1, 2022.

If you end your Corteva retiree medical coverage

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

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

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



Confirmation Statement

You will receive a confirmation statement by mail. If you have email as your preferred method of communication, and made changes during Annual Enrollment, you will also receive an email statement in addition to the mailed version.



Download the newest mobile app for **Corteva Connection!**



Biometric security has been added, giving you faster access to **Corteva Connection** information about your health and insurance, savings, and retirement benefits.

The new app replaces the one you use today. When you open it on your mobile device, you'll see an alert asking you to download and use the new version.

You can also access the new app through the **iTunes App Store** or **Google Play** by searching for "Alight Mobile," then entering "Corteva" when prompted to enter your employer.

Need details?

For detailed plan information, select the **Summary Plan Descriptions (SPDs) and Benefit Documents** tile from the **Corteva Connection** homepage. You can also call **Corteva Connection** to request a printed copy of SPDs.

And don't forget to check out cortevabenefits.com for additional year-round benefits information for you and your family!

Corteva Benefits at a Glance



Medical Plan

You can choose to be covered by one of two medical plan options¹ administered by Highmark Blue Cross Blue Shield (BCBS), both of which automatically come with prescription drug coverage. If you enroll in one of the medical plan options, you may also be eligible to open or contribute to an existing Health Savings Account (HSA), either directly with Bank of America or another banking institution of your choice that offers HSAs.

	Retiree Core Option		Retiree Premium Saver Option	
	In-network	Out-of-network	In-network	Out-of-network
Preventive care (coverage follows the standard preventive care guidelines of the Patient Protection and Affordable Care Act; includes prescription drugs classified by the guidelines as preventive)	100% paid; no deductible	100% paid; reasonable and customary (R&C) as applicable; no deductible	100% paid; no deductible	100% paid; reasonable and customary (R&C) as applicable; no deductible
Annual deductible (applies to medical, behavioral health/chemical dependency, and prescription drug expenses combined)	\$1,400 Retiree/ \$2,800 Retiree + Dependent(s) levels	\$2,500 Retiree/ \$4,000 Retiree + Dependent(s) levels	\$2,800 Retiree/ \$5,600 Retiree + Dependent(s) levels	\$3,500 Retiree/ \$6,000 Retiree + Dependent(s) levels
Coinsurance for medical services <ul style="list-style-type: none"> • Office visits (includes behavioral health visits) • Chiropractic care (\$1,000 annual limit) • Labs/X-rays • Hospitalization/surgery 	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Prescription drugs (applies to retail [up to two fills] and mail order)²				
Generic	No charge after meeting the deductible		No charge after meeting the deductible	
Brand formulary (preferred)	You pay 25% coinsurance after deductible; \$125 maximum ²		You pay 25% coinsurance after deductible; \$125 maximum ³	
Brand non-formulary (non-preferred)	You pay 45% coinsurance after deductible; \$250 maximum ³		You pay 45% coinsurance after deductible; \$250 maximum ³	
Maintenance medications filled more than two times at a retail pharmacy other than CVS	You pay 100% of the cost; no maximum ⁴		You pay 100% of the cost; no maximum ⁴	
Out-of-pocket maximum (applies to both medical and prescription drug expenses combined)⁵				
Retiree	\$5,000	\$10,000	\$6,000	\$12,000
Retiree + Dependent(s) (combined family out-of-pocket maximum)	\$10,000 (limited to \$5,000 for any one family member)	\$20,000	\$12,000 (limited to \$6,000 for any one family member)	\$24,000

Medical Plan monthly premiums

Coverage Levels	Retiree Core Option	Retiree Premium Saver Option
Retiree only	\$285.56	\$232.48
Retiree + Spouse	\$576.14	\$459.97
Retiree + Child(ren)	\$425.62	\$339.12
Retiree + Family	\$718.80	\$578.10

1. Not applicable to retirees in Puerto Rico and Hawaii.

2. If you purchase a brand-name drug for which a generic equivalent is available, you will be responsible for paying the difference in costs between the two drugs. Additionally, prescription drugs purchased out-of-network are subject to reasonable and customary (R&C) limits.

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

4. Maintenance medications filled more than two times at a retail pharmacy other than CVS are NOT covered. You will pay 100% of the cost for your prescription. Your cost does not apply toward your deductible or out-of-pocket maximum.

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

How Your Medical Plan Works

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

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



Retiree Medical Plan

Receiving in-network preventive care? You pay nothing.

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

- Annual physicals
- Immunizations
- Preventive medications

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

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

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

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

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

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

Reached your out-of-pocket maximum? The plan pays 100% of the eligible costs for the rest of the plan year.²

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



Health Savings Account (HSA)

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

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

In 2022, your HSA money can include...

Your personal contributions:

\$3,050 (you only)/\$6,100 (you + others)³

+

\$1,000 extra if age 55 or older

+

any other savings accumulated from previous years

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

2. Infertility services are not subject to the out-of-pocket maximum.

3. Includes any contributions made by your spouse.

Where to Go for Care: Cost-saving Tips

The cost of medical services can vary widely depending on where you go to receive care as well as diagnostic services, such as X-rays or lab work.

Non-emergency care

Using Teladoc or visiting your PCP is a smarter health care decision than using an urgent care center or emergency room for non-emergency care.

Where to go	What to know	Cost
Primary care physician (PCP) →	Start with your doctor when you're sick or injured. Your PCP knows your health history and can help you make informed choices about your care. →	\$
Teladoc →	Use online video 24/7 to visit U.S. board-certified, state-licensed doctors who can diagnose, recommend treatment, and prescribe medication. →	\$
Urgent care center →	Use for immediate care when your PCP is not available. Urgent care centers have extended hours, are available on weekends, and no appointments are needed. →	\$\$

Outpatient diagnostic services

Choosing to have lab work or imaging services at non-hospital settings can reduce your costs:

Where to go	What to know	Cost
In-network lab →	When your doctor gives you a prescription for lab tests such as blood or allergy, you generally pay much less at a non-hospital setting. →	\$
Freestanding imaging center →	When your doctor gives you a prescription for imaging services such as MRI, CT, PET scans or X-rays and ultrasounds, you generally pay much less at a non-hospital setting. →	\$\$

Accolade

Navigating your health benefits is easy. Just ask Accolade.

You and your family can ask Accolade for help with health benefits questions, big or small. Connect with an Accolade Health Assistant who will take the time to get to know you and understand your needs, while partnering with a team of doctors, nurses, and benefits specialists to help support you each step of the way and guide you to the right care.

Accolade is a confidential service provided by Corteva at no additional cost to you.

Accolade: Your single point of contact



Connecting with your Accolade Health Assistant is easy



Download App
App Store/Google Play

OR



member.accolade.com

OR



1-833-599-5657
Monday – Friday,
8:00 a.m. – 11:00 p.m., ET

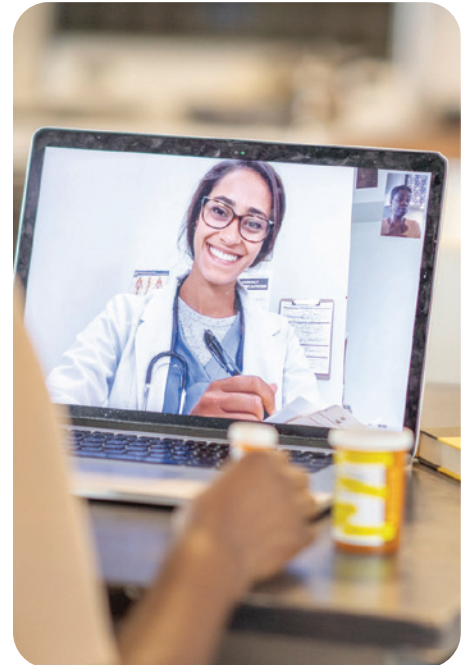
Teladoc

See a doctor anytime day or night with convenient virtual health visits.

At \$47 per visit, a Teladoc doctor is significantly less expensive than urgent care and emergency room visits, and the charges are applied to your medical plan deductible. You can connect via phone or via the Teladoc mobile app, available from the App Store or Google Play.

Quick tip:

Don't wait until you're sick or need care to register with Teladoc. Sign up today (or once your Corteva Medical Plan coverage takes effect) so that when you need care – such as in the middle of the night or when you're under the weather – access to Teladoc doctors is fast and easy. You will be asked to complete your medical history during registration.



✓ Save time:

Talk to a U.S.-licensed doctor in minutes instead of waiting hours or days for an appointment.

✓ Save money:

Virtual visits are less expensive than the cost of your primary care physician.

✓ Feel better:

Get a diagnosis, treatment, and prescription when needed.



Connecting with Teladoc is easy



Download App
App Store/Google Play

OR



OR



1-800-TELADOC
(1-800-835-2362)

Prescription Drug Coverage

You will be automatically enrolled in prescription drug coverage through CVS Caremark when you elect one of the Highmark medical plans. Your prescription drug costs will depend on whether you choose to purchase your medication in a retail pharmacy or by mail order, at an in-network or out-of-network pharmacy, and depends on the category of the drug on the CVS Caremark drug list (also called a formulary).

Information on how to view drug pricing, finding an in-network pharmacy, and the 2022 formulary is available on [Corteva Connection](#) and [cortevabenefits.com](#).

Where to Purchase Medications

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

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

- By mail, or
- Order and fill it at a CVS retail pharmacy for the same price as using mail order.

Pay Your Deductible First

You pay the full cost of your medications until you reach your combined medical and prescription drug deductible. Once you meet your deductible, the coinsurance and per-prescription maximums in the chart on page 8 will apply.

When you'll pay more – and less

If a generic equivalent is available and you choose a brand formulary (preferred) or brand non-formulary (non-preferred) drug:	You pay the difference between the cost of the generic and brand-name drug. Coinsurance does not apply.
For the third and subsequent fills of a maintenance medication filled at a retail pharmacy other than CVS:	You pay 100% of the cost. There is no out-of-pocket maximum that applies.
If you purchase a prescription drug at an out-of-network pharmacy:	Reasonable and customary (R&C) limits apply.



Requirements for Maintenance Medications

Maintenance medications refer to longer-term prescriptions you take for ongoing conditions, such as treatment for high blood pressure or diabetes.

To ensure you're taking advantage of the most efficient means to fill these prescriptions, you will be required to use either a CVS pharmacy or the mail-order pharmacy after your second refill. You can fill a maintenance prescription twice at any retail pharmacy and receive coverage. After the second refill, though, you must use either a CVS pharmacy or order the prescription through mail-order. If you fill it for a third time at a retail pharmacy other than CVS, it will not be covered, and you will pay 100% of the cost.

Deductible Waived for Preventive Medications

These drugs are not subject to the deductible:

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

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

Medications classified as preventive can be confirmed on the CVS Caremark website at www.caremark.com, or access the preventive medication list on Corteva Connection or cortevabenefits.com.

Clinical Programs

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

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



About specialty medicines

Specialty medicines are drugs 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.

Call **CVS Specialty** at **1-800-237-2767** for details.



Connecting with CVS is easy



OR



OR



CVS Caremark
1-855-296-7682

www.caremark.com
App Store/Google Play

Call **CVS Specialty** at
1-800-237-2767 for
additional details

CVS Specialty
1-800-237-2767

www.cvsspecialty.com
App Store/Google Play

What You Pay After the Deductible

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

Drug Type	Description	You Pay
Generic	Drugs with the same active ingredients and strength as brand-name counterparts, according to the U.S. Food and Drug Administration	No charge after meeting the deductible
Brand formulary (preferred)	Brand-name drugs available at a lower cost than competing brand-name drugs	25% coinsurance after deductible; \$125 maximum ²
Brand non-formulary (non-preferred)	Brand-name drugs with lower-cost alternatives available	45% coinsurance after deductible; \$250 maximum ²
Maintenance medications filled more than two times at a retail pharmacy other than CVS	Prescription drugs for long-term health care needs	You pay 100% of the cost; no maximum ³

1. Applies before and after deductible is met when a generic equivalent is not available (e.g., contains same active ingredients in the same strength).

2. Maintenance medications filled more than two times at a retail pharmacy **other than CVS** are NOT covered. You will pay 100% of the cost for your prescription. Your cost does not apply toward your deductible or out-of-pocket maximum.

More About Mail Order

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

If you fill a prescription for a maintenance medication more than twice at a retail pharmacy other than CVS, your prescription will not be covered and you will pay 100% of the cost. Your cost will not apply toward your deductible or out-of-pocket maximum.

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



Changing Your Coverage During the Year

Qualifying Life Events

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

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

Examples of qualifying life events include:

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

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



Corteva Connection

Your Personalized Benefits Resource

The **Corteva Connection** website is your go-to place for benefits. It is easy to use, secure, and gives you control when it comes to learning about and managing your benefits.

Use Corteva Connection to:

- Enroll in your Corteva benefits and update your eligible dependents;
- Access tools to help you compare, choose, and make the most of your health and insurance benefits;
- Review and update your life insurance beneficiary designations;
- Connect to other benefits resources, such as your medical plan carrier; or
- Make changes to your benefit elections when you have a qualifying life event during the year (for example, you get married or have a baby).

If you prefer, you can call the **Corteva Connection** Service Center to speak directly to an expert about your Corteva benefits. Representatives are available from 9:00 a.m. to 6:00 p.m., ET.



Using Corteva Connection for the First Time

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

- Go to **Corteva Connection** at <http://digital.alight.com/corteva>; and
- Click on the **Are you a new user?** link.

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

If you haven't set up your password online, enter your home ZIP code.

You'll also be prompted to create a password which will expire every 90 days. You'll use your password when you log on or call **Corteva Connection**.



Accessing Corteva Connection is easy



Download App
[App Store/Google Play](#)

OR



<http://digital.alight.com/corteva>

OR










1-800-775-5955

Need More Help? Your Benefits Contacts



For general Corteva benefits information, you and your covered family members should visit cortevabenefits.com. It's available year-round, 24/7, with no password required. Additional details are available directly through the resources below.

For Information About...	Contact Information	Mobile Apps
Your non-Medicare-eligible benefits, including viewing your current coverage, enrolling in, confirming, and making changes to your elections	Corteva Connection 1-800-775-5955 http://digital.alight.com/corteva	 Access Corteva Connection via the Alight Worklife mobile app App Store/Google Play
Retiree Core or Premium Saver medical plan options (medical benefits for mainland U.S.)	Highmark BCBS www.highmarkbcbsde.com	 Connect to network providers and manage your medical care App Store/Google Play
Personalized Health and Benefits Support	Accolade 1-833-599-5657 member.accolade.com	 Connect with a Health Assistant App Store/Google Play
Prescription drug benefits	CVS Caremark 1-855-296-7682 www.caremark.com	 Manage your prescriptions and pharmacy care needs App Store/Google Play
Coverage for specialty medications	CVS Specialty 1-800-237-2767 www.cvsspecialty.com	 Manage your specialty prescriptions and treatment needs App Store/Google Play
Health Savings Account (HSA)	Bank of America 1-877-319-8115 myhealth.bankofamerica.com	 Submit claims, upload documentation, and manage accounts from your mobile device App Store/Google Play
Medicare-eligible health care benefits	Via Benefits 1-855-535-7140 http://my.viabenefits.com/corteva	
Virtual diagnosis of non-emergency medical problems via phone or video consults (24/7/365)	Teladoc 1-800-TELADOC (1-800-835-2362) www.teladoc.com/corteva	 Connect with a board-certified doctor 24/7/365 through phone or video consults App Store/Google Play