2020 Annual Enrollment: What You Need to Know

Annual Enrollment is your opportunity to evaluate your current retiree benefits, decide if they meet your and your family’s needs for the coming year, and make any necessary changes through Corteva Connection — your personalized benefits website and service center.

This brochure provides details on what’s changing for 2020 and things you may want to consider before you enroll. For details on your retiree benefits, refer to the 2020 Benefits Guide included in your Benefits Enrollment Kit. You’ll find rates for your benefits on your personalized enrollment worksheet, also included in your enrollment kit.

Looking for more information?

Find more detailed information about your retiree benefits in your 2020 Benefits Guide, included in your enrollment kit. You can also visit the Corteva Benefits website at www.cortevabenefits.com and click on Retirees/Former Employees in the upper right-hand corner.
# Changes for 2020

Here’s an overview of changes you can expect for 2020. You can find more details about key changes in the pages that follow.

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<tr>
<th>Benefits Change</th>
<th>What This Means for You</th>
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<td><strong>Retiree Medical Plan</strong></td>
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<tr>
<td>Medical plan premium increases</td>
<td>You might pay more for coverage under the Retiree Core and Premium Saver medical plan options in 2020.</td>
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<tr>
<td>Highmark Blue Cross Blue Shield (Highmark BCBS) will be the only medical carrier for the Retiree Core and Premium Saver options. Aetna will no longer be available.</td>
<td>Your current providers may or may not be part of the Highmark BCBS network. You may need to choose new providers to continue to receive in-network coverage. See page 3 for more information.</td>
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<tr>
<td><strong>Prescription Drug Coverage</strong></td>
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<tr>
<td>New requirement for maintenance medications</td>
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<tr>
<td>⁻ Maintenance medications refer to longer-term prescriptions you take for ongoing conditions, such as treatment for high blood pressure or diabetes.</td>
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<tr>
<td>⁻ 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 by your third 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.</td>
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<tr>
<td><strong>Behavioral Health and Chemical Dependency Treatment</strong></td>
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<tr>
<td>Highmark BCBS will replace ComPsych as the administrator for behavioral health and chemical dependency treatment benefits.</td>
<td>All medical benefits — including behavioral health and chemical dependency treatment — will be provided through Highmark BCBS.</td>
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<tr>
<td><strong>Retiree Life Insurance</strong></td>
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<tr>
<td>Retiree life insurance premium increases</td>
<td>You will pay more for your supplemental life insurance coverage in 2020.</td>
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New: Highmark Blue Cross Blue Shield Is Your Carrier for the Medical Plan Options, Including Behavioral Health/Chemical Dependency Care

For 2020, we’re moving to one carrier for medical coverage: Highmark BCBS. Corteva will no longer offer medical coverage through Aetna or behavioral health/chemical dependency care benefits through ComPsych.

Navigating the Transition

We want to make this transition as easy as possible for you and, because in-network coverage typically will cost you less out-of-pocket, we encourage you to use in-network providers whenever possible. The good news is that, in comparing the Aetna and Highmark BCBS provider networks, we found that more than 96% of Aetna in-network providers also participate in the Highmark BCBS network.

If your medical coverage is provided through Aetna or you are undergoing treatment with a ComPsych provider today, consider planning ahead. Take time to check and see if your current provider(s) also participates in the Highmark BCBS network. If your provider is in the Highmark BCBS network, you’re all set. If not, you can find a new, in-network provider. Or, if you prefer, you can stay with your current provider and pay higher, out-of-network rates for your care. The choice is yours. See the next page for more on finding network providers.

Transition of Care Coverage

Under special circumstances, Transition of Care coverage is issued. Transition of Care coverage allows you to continue to receive services for specified medical conditions for a defined period of time (usually 90 days or until care has been completed) with providers who do not participate in your new carrier’s network, until safe transfer of care can be arranged. You must apply for Transition of Care at enrollment, but no later than 30 days after the effective date of your coverage (in this case, January 1, 2020).

Typically, Transition of Care coverage is available for certain medical and behavioral health conditions that require a limited course of treatment or follow-up care. You can see some of those conditions listed below. If you’re receiving ongoing care and your provider is not in the Highmark BCBS network, discuss with your provider whether the treatment you’re receiving may be eligible for Transition of Care.

<table>
<thead>
<tr>
<th>Transition of Care is typically available for conditions such as...</th>
<th>Transition of Care is typically not available for conditions such as...</th>
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<tbody>
<tr>
<td>Pregnancy</td>
<td>Arthritis</td>
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<tr>
<td>Newly diagnosed cancer</td>
<td>Diabetes</td>
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<tr>
<td>Recent heart attack</td>
<td>Hypertension</td>
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<tr>
<td>Joint replacement</td>
<td>Asthma</td>
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<tr>
<td>Bone fractures</td>
<td>Allergies</td>
</tr>
<tr>
<td>Other acute trauma or surgery</td>
<td>Long-term psychotherapy</td>
</tr>
<tr>
<td>Short-term psychotherapy or chemical dependency treatment</td>
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How Transition of Care Coverage Works

You may choose to request Transition of Care coverage. If Transition of Care coverage is approved, you will receive the in-network level of coverage for treatment of the specific condition from an out-of-network provider for a defined time frame. If you choose to continue care out-of-network beyond the time frame approved by the carrier, coverage will follow your plan’s out-of-network provisions.

If approved, please note:

- Transition of Care coverage applies only to the treatment of the medical condition specified and the provider identified on the request form. All other conditions must be cared for by an in-network provider for you to receive in-network coverage.
- Availability of Transition of Care coverage does not guarantee that a treatment is medically necessary. Depending on the actual request, a medical necessity determination may still be required for a service to be covered.
- Covered services will be subject to any plan deductibles, coinsurance, copays, pre-certification and pre-authorization requirements, and other limitations.
- All referrals for specialty care, diagnostic testing, and related services must be made to in-network providers, and all other non-emergency inpatient care must be provided at in-network hospitals and facilities.

We’re Here to Help

If you have any questions regarding Transition of Care coverage or need help completing the form, please contact the Corteva Agriscience Dedicated Unit at 1-888-431-4650.
We Can Help You Plan for Ongoing Care

If you or a covered family member is undergoing medical and/or behavioral health/chemical dependency treatment that will continue into 2020, follow these steps to help you plan for ongoing care.

**Step 1: See if your provider(s) participates in your new Highmark BCBS network**

To check whether your provider participates in the Highmark BCBS network:

- Call the Corteva Agriscience Dedicated Unit at 1-888-431-4650, or
- Visit the Highmark BCBS website at www.highmarkbcbsde.com:
  - From the tabs at the top of the homepage, click on “Find a Doctor or Pharmacy.”
  - Then, click “Find a Doctor, Hospital or Other Medical Provider.”
  - Under “Pick a Plan,” type “C2B” in the “member ID” field and BCBS PPO will populate the “Plan Name” field.
  - Then, do a search by provider name, specialty or condition.
  - Finally, enter your location.

If your provider participates in the Highmark BCBS network, no action is needed for Transition of Care coverage.

If your provider is not a Highmark BCBS in-network provider, move to Step 2.

**Step 2: If your provider isn’t in the Highmark BCBS network, determine what you need to do**

In most cases, you and your covered family members have three options:

1. Find a new, in-network provider (visit www.highmarkbcbsde.com and follow the steps above);
2. Keep your current provider but pay higher, out-of-network rates for care; or
3. Apply for Transition of Care coverage, which may allow you to continue visiting a non-network provider and receive in-network coverage.

**Step 3: If needed, apply for Transition of Care coverage**

If you feel that Transition of Care coverage may apply to you or a covered family member, please follow these steps:

1. Confirm with your current provider that the treatment you or your covered family member is receiving may be eligible for Transition of Care coverage.
2. Complete the Transition of Care request form and return it to the Corteva Agriscience Dedicated Unit at the address on the form. You can find the form on the Corteva Benefits website at www.cortevabenefits.com. Look for the Transition of Care section on the homepage.
   a. You must already be receiving treatment for the condition identified on the Transition of Care request form.
   b. You must submit a separate form for each condition for which you are requesting Transition of Care coverage.
   c. You must submit a separate form for each non-network provider.
   d. While your request is being reviewed, be sure to retain copies of any bills, receipts, or Explanations of Benefits (EOBs) you may receive that relate to the provider and treatment being considered for Transition of Care coverage.
3. You’ll receive your approval/denial for Transition of Care coverage in writing approximately two weeks after the Corteva Agriscience Dedicated Unit receives your completed form(s).

If you have any questions regarding Transition of Care coverage or need help completing the form, please contact the Corteva Agriscience Dedicated Unit at 1-888-431-4650.
Health Savings Account (HSA) Contribution Limit Increase

You may contribute more to your HSA in 2020:

- **Up to $3,550 if you cover just yourself**, and
- **Up to $7,100 if you cover anyone else** (this includes any contributions made by your spouse).
- You may continue to contribute up to an additional **$1,000** if you’re age 55 or older in 2020.

Supplemental Life Rates Are Increasing

Life insurance rates are set by our insurer, Securian Financial, are based on age and our groups’ experience, and are subject to change.

Refer to the personalized enrollment worksheet in your enrollment kit to see your 2020 life insurance premiums.

What’s Not Changing for 2020

- Your medical plan options, and the coverage they provide, will remain the same for 2020. This means the Retiree Core and Premium Saver medical options will continue to provide comprehensive coverage — and the ability to take advantage of an HSA.
- There are no changes to your dental plan benefits or the plan administrator, MetLife, for 2020.
- You will continue to have access to retiree life insurance coverage, administered by Securian Financial.

Are you and/or a covered dependent Medicare-eligible?

If your covered spouse is Medicare-eligible and you aren’t (or vice versa), you’ll have:

- Different retiree health care benefits available to you, and
- Two different ways that you’ll enroll for 2020 coverage.

The same applies to other covered dependents. See *How Medicare Impacts Your Coverage* in your 2020 Benefits Guide, included in your enrollment kit, for details.
Your Enrollment Checklist

Use this checklist to help make 2020 Annual Enrollment quick and easy.

Before You Enroll

- Review the enclosed 2020 Benefits Guide and personalized enrollment worksheet, along with this brochure, to understand what’s changing for 2020. This information is also available on Corteva Connection at http://digital.alight.com/corteva.

- Check to see if your current health care and/or behavioral health/chemical dependency care providers participate in the Highmark BCBS network. If your provider does not participate in the Highmark BCBS network, make sure to read about Transition of Care coverage starting on page 3 of this brochure.

- If you cover a Medicare-eligible dependent, you will also receive separate information directly from Via Benefits so that you can elect coverage for that dependent during the Medicare Open Enrollment period (October 15 – December 7, 2019).

When You Enroll

Beginning Wednesday, October 30, 2019 at 9:00 a.m., Eastern Time (ET), review and enroll in your Corteva 2020 coverage. You must complete your enrollment by Tuesday, November 12, 2019.

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<thead>
<tr>
<th>Benefits Change</th>
<th>Enroll Online</th>
<th>Enroll by Phone</th>
</tr>
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<tbody>
<tr>
<td>Beginning October 30, go here to enroll</td>
<td>Corteva Connection <a href="http://digital.alight.com/corteva">http://digital.alight.com/corteva</a></td>
<td>Corteva Connection Service Center 1-800-775-5955</td>
</tr>
<tr>
<td>Complete enrollment by November 12 at</td>
<td>11:59 p.m., Central Time (CT)</td>
<td>6:00 p.m., Eastern Time (ET)</td>
</tr>
<tr>
<td>After you enroll, you’ll receive confirmation here</td>
<td>Preferred email address if you have an electronic delivery preference, or mailed to your preferred home address</td>
<td>Secure mailbox on Corteva Connection if you have an electronic delivery preference</td>
</tr>
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</table>
When you enroll, make time to do the following as part of the enrollment process.

<table>
<thead>
<tr>
<th>Task</th>
<th>Instructions</th>
</tr>
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<tbody>
<tr>
<td>Compare your medical options</td>
<td>Corteva’s two medical plan options for non-Medicare-eligible retirees (Retiree Core and Premium Saver) work similarly, but there are some differences. Which one is right for you? Use the Health Plan Comparison Chart and Medical Expense Estimator tools on Corteva Connection to explore the differences and feel confident about your choice.</td>
</tr>
<tr>
<td>Review your designated beneficiaries</td>
<td>Confirm your designated life insurance beneficiaries on Corteva Connection and update them if necessary. (It never hurts to double-check!) You should also confirm any HSA beneficiaries you have. Finally, confirm your Retirement Savings Plan (RSP) beneficiaries on the Merrill Benefits OnLine website at <a href="http://www.benefits.ml.com">www.benefits.ml.com</a> or by calling 1-844-540-0164.</td>
</tr>
<tr>
<td>Confirm your addresses and delivery preferences</td>
<td>Use Corteva Connection to update or add your preferred email address so that you stay connected with your latest Corteva retiree benefits information.</td>
</tr>
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**If You’re 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
- On the log-on page, simply click on the “Are you a new user?” link.

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

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

**If You Don’t Take Action During Annual Enrollment**

If you take no action during Annual Enrollment, your current benefit elections and coverage levels will continue for 2020.

You’ll receive a confirmation notice in your secure mailbox on Corteva Connection if you have an electronic delivery preference. Otherwise, a confirmation notice will be mailed to your preferred home address.

In the event that the content in this guide or any oral or written representations made by any person regarding the plan conflict with or are inconsistent with the provisions of the Plan Document, the provisions of the Plan Document will always govern. In the event of a discrepancy between this guide, the Summary Plan Description, and the Plan Documents, the Plan Documents will govern.

Corteva Agriscience® reserves the right to change, modify, suspend, 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 all plans described. Further, if you are in a collective bargaining unit, the benefits described are subject to the existing provisions of the collective bargaining agreements and subject to meeting any bargaining obligation.

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