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

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

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

Additionally, have you thought about the different ways you can pay for your medicine — for example, are you using your Health Savings Account (HSA)?

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

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This information applies to mainland U.S. employees covered by Corteva medical plans (does not apply to employees in Hawaii or Puerto Rico, or expatriates on international assignment).
What You Pay

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

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

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

and

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

and

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

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

Use the Check Drug Cost & Coverage tool on the CVS Caremark website at www.caremark.com to confirm your medicine is on the formulary and what alternatives exist. You can even search for your medicine by name.

A panel of experts at CVS Caremark works throughout the year to develop the formulary of medicines preferred for coverage by your benefits plan. There is a Standard Formulary for non-specialty medications and an Advanced Specialty Formulary for specialty medications.

CVS Caremark updates the Standard Formulary annually. During the year, although drugs on the formulary might change tiers, no drugs will be excluded unless new research shows the drug has an unexpected side effect. The Advanced Specialty Formulary is updated quarterly.

Stay In the Network

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

Buying medicine outside the network means you will pay more!

You can find network pharmacies on the CVS Caremark website at www.caremark.com.
Understanding Your Deductible

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

<table>
<thead>
<tr>
<th>Medical and Prescription Drug Plan</th>
<th>Core Option</th>
<th>Premium Saver Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>In-network annual deductible</td>
<td>$1,400 individual / $2,800 other coverage levels</td>
<td>$2,800 individual / $5,600 other coverage levels</td>
</tr>
</tbody>
</table>

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

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

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

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

- Preventive care medications, such as generic contraceptives and smoking cessation medications, are free as part of your Corteva medical plan benefits; and

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

To see if your medications are classified as preventive and eligible to have the deductible waived, go to the CVS Caremark website at www.caremark.com. Just log on, or register if it’s your first visit to the website, and look for the Check Drug Cost & Coverage tool.
Know Which Medicines Apply to the Deductible

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

<table>
<thead>
<tr>
<th>Prescription Category on the CVS Caremark Standard Formulary Note: Applies to retail (up to two fills at a retail pharmacy other than CVS) and mail order</th>
<th>Description</th>
<th>What You Pay</th>
</tr>
</thead>
<tbody>
<tr>
<td>Generic</td>
<td>Drugs with the same active ingredients and strength as brand-name counterparts, according to the U.S. Food and Drug Administration</td>
<td>No charge after meeting the deductible</td>
</tr>
<tr>
<td>Brand formulary (preferred brand)</td>
<td>Brand-name drugs available at a lower cost than competing brand-name drugs</td>
<td>25% coinsurance after deductible; $125 maximum²</td>
</tr>
<tr>
<td>Brand non-formulary (non-preferred brand)</td>
<td>Brand-name drugs with lower-cost alternatives available</td>
<td>45% coinsurance after deductible; $250 maximum²</td>
</tr>
<tr>
<td>Maintenance medications filled more than two times at a retail pharmacy other than CVS</td>
<td>Prescription drugs for long-term health care needs</td>
<td>You pay 100%; no maximum³</td>
</tr>
</tbody>
</table>

1. 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.

2. 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-name costs; coinsurance will not apply.

3. The amount you pay for maintenance medications filled more than two times at a retail pharmacy other than CVS does not apply toward the deductible and out-of-pocket maximum. Even if you’ve reached your deductible and out-of-pocket maximum, you still pay the full cost for maintenance medications filled more than twice at a retail pharmacy other than CVS.
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:** Prescriptions filled for a third time at a retail pharmacy other than CVS are not covered. You will pay 100% of the cost.

- **If you purchase a prescription drug at an out-of-network pharmacy:** Reasonable and customary (R&C) limits apply.

- **When you're covered by Corteva’s prescription drug plan, you’re eligible to receive a 20% discount off the regular price of most CVS-brand health-related products at retail CVS pharmacies:** You’ll need to show your CVS Caremark ExtraCare® Health Card. Your CVS ExtraCare Health Card should arrive in the mail six to eight weeks after your enrollment effective date.

Save Time and Money With Mail Order

Under the plan, you are required to purchase maintenance drugs (up to a 90-day supply of medications you take on an ongoing basis) either at a CVS retail pharmacy or through mail order after your second fill to avoid paying 100% out-of-pocket. Out-of-network pharmacies won’t be covered starting with the third fill.

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

First, ask your doctor to write you a prescription for up to a 90-day supply plus refills for up to one year. (There may be a day supply limitation on some prescriptions, such as controlled substances, subject to state and federal dispensing limitations.)

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

1. **Order through [www.caremark.com](http://www.caremark.com) after registering on the website.** You can also use the CVS Caremark mobile app to securely upload a photo of your prescription to be processed through mail order.

2. **Mail your original prescription(s) with the CVS Caremark order form and required coinsurance.** Mail order forms are available by calling **1-855-296-7682**, or through [www.caremark.com](http://www.caremark.com). Use the **Print Plan Forms** link in the top right corner of the web page.

3. **You or your doctor may call 1-800-378-5697** for instructions on how to fax the FastStart New Prescription Fax Form to CVS Caremark. Your doctor must have your member ID number (which is on your Corteva prescription plan ID card) to fax your prescription.

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

Your physician may require a follow-up office visit prior to renewing additional refills and you need to plan accordingly to avoid interruption in your medication delivery.
What to Consider When It’s Time to Pay

As a participant in the Core or Premium Saver medical plan option, you receive a tax-advantaged Health Savings Account (HSA) (if you’re eligible). To kickstart your savings, Corteva will contribute into your HSA for 2019: $600 if you cover yourself, and $1,200 if you cover others. You can then add even more!

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

When it’s time to pay, consider using your HSA for higher costs, and pay out-of-pocket for lower costs so that you can keep your balance growing for the future. If you decide to use it for your health care expenses today, there are three ways to access and use your HSA funds for prescription drugs:

**The Bank of America Visa spending account debit card**

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

**Reimbursement requests**

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

**Pay provider directly**

If you receive a bill from for health care services, you may pay the provider directly from your HSA through the Bank of America website at [https://myhealth.bankofamerica.com](https://myhealth.bankofamerica.com). From the home page, choose Make HSA Transaction. In the To: field, choose the option of Someone Else, and then enter your provider’s information to process an electronic payment from your HSA.

For more information about using your HSA, visit the Bank of America website at [https://myhealth.bankofamerica.com](https://myhealth.bankofamerica.com), or call 1-877-319-8115.

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**Substantiating Your Expenses**

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

If an expense requires substantiation, you will be notified by Bank of America. That’s why it’s important to keep your receipts. Failure to provide proper substantiation documentation may result in the reversal of payment.
See Marvin Save on His Prescriptions!

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

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

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

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

**Think long term**
Although Marvin participates in the Corteva Healthy Living Program and works hard to manage his diabetes, it is determined he’ll need ongoing maintenance medication.

To save on his prescription costs, Marvin decides he needs to either sign up for the prescription drug mail-order service or switch to a CVS retail pharmacy. Instead of paying 100% out-of-pocket by going out-of-network or ordering a 30-day supply for his third fill, he orders a 90-day supply through the CVS Caremark Mail-Order Pharmacy. It’s delivered straight to his home to eliminate the need to drive to his local CVS pharmacy. He can now spend even less on his medication, and has fewer trips to the pharmacy.
All About CVS Specialty™: Your Specialty Medicine Pharmacy

CVS Caremark manages specialty medicine coverage through CVS Specialty.

If your doctor prescribes a specialty medicine, call CVS Specialty at 1-800-237-2767 to confirm your coverage and buy your medicine directly through CVS Specialty.

You will pay the full retail cost for any specialty medicine you don’t buy through CVS Specialty or at a CVS retail location, including specialty medicine ordered in your doctor’s office. If you buy your specialty medicine at a retail pharmacy other than CVS, you’ll need to show your regular prescription plan ID card. The pharmacist will receive a message indicating the drug is not covered at a retail pharmacy, along with instructions for you to contact CVS Specialty. If you complete the prescription fill at a retail pharmacy, you will be responsible for 100% of the pharmacy cost for that medicine — and it will not apply to your deductible and out-of-pocket maximum.

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

CVS Specialty: What’s In It for You

Partnering with CVS Specialty helps Corteva and CVS Caremark manage the high cost of specialty medicines. Additionally, CVS Specialty offers you:

- **Safe, prompt delivery.** CVS Specialty will schedule and quickly ship all your specialty medicine, including any that require special handling such as refrigeration. Specialty medications can also be delivered to a CVS retail location near you for convenient pick up.

- **Supplies.** CVS Specialty will provide most additional supplies, such as syringes, needles, and sharps containers with your medicine.

- **Personalized care and support — 24/7.** Specialty-trained pharmacists, nurses, and patient care advocates are available around the clock to answer your questions. They can assist with questions you may have about taking your medicine, managing side effects, and important related issues, such as nutrition.

- **Refill reminders.** CVS Specialty will contact you regularly to schedule your next refill and see how your therapy is progressing. You can order some specialty medicine refills online, safely and securely.

- **Drug safety monitoring.** As a CVS Caremark pharmacy partner, CVS Specialty can access your prescription information on file with pharmacies in the CVS Caremark network to monitor for potential drug interactions and side effects of your medications.

Specialty medicines are drugs that are used to treat complex conditions, such as anemia, growth hormone deficiency, hemophilia, hepatitis C, high cholesterol, multiple sclerosis, and rheumatoid arthritis.

Whether they’re administered by a health care professional, self-injected, or taken by mouth, specialty medicines require special handling. These drugs are complex to use and expensive, and your therapy could require frequent adjustments to your doses and intensive clinical monitoring.

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

CVS Caremark manages the pharmacy benefit with clinical programs and dispensing rules.

These programs include Step Therapy, which requires that participants try the most cost-effective drug therapy for certain diagnoses prior to moving to a more expensive therapy, based on a 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.

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

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

CVS Specialty, the specialty medicine pharmacy that’s part of your CVS Caremark prescription plan, can also help you find sources of financial assistance. These kinds of financial assistance programs can help you stay on track with your medicine. That’s good for you and your long-term health.

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

At the medicine’s website, Jane finds a menu item called Savings & Support. On that page, Jane learns she can apply for a $0 copay program. After she applies by filling out a one-page form, Nucala’s manufacturer approves Jane. She then talks with her CVS Specialty benefit specialist about this manufacturer assistance program and provides the bin number and routing number from the program approval so CVS Specialty can apply the assistance program to Jane’s account.

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

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

<table>
<thead>
<tr>
<th>Cost at CVS Specialty</th>
<th>Discount/Coupon/Assistance</th>
<th>What Jane Pays After Discount</th>
<th>Amount Applied Toward Deductible/Out-of-Pocket Maximum</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100</td>
<td>$0</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>$100</td>
<td>$25</td>
<td>$75</td>
<td>$75</td>
</tr>
</tbody>
</table>
Frequently Asked Questions About Paying for Specialty Medicine

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

You have options if you want to learn whether you qualify for this kind of financial assistance. A quick search on the Internet for the words “assistance program” along with the name of your medicine or its manufacturer should provide lots of information. Often, applying for assistance is as easy as filling out a brief form on the manufacturer’s website. You also can talk with an CVS Specialty benefit specialist by calling CVS Specialty at 1-800-237-2767. The CVS Specialty benefit specialist can help you find sources of financial assistance.

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

What happens if I do qualify for financial assistance?

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

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

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

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

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

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

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

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

Find many great tools online at www.caremark.com to help you use and save money when it comes to your prescription drug coverage.

• Locate a nearby pharmacy
• Access drug formulary lists
• Link to purchase mail-order medications
• Utilize the Check Drug Cost & Coverage tool to compare how much your medication will cost before you purchase it. The tool also explains how the medication is classified under Corteva prescription coverage.

Questions about your prescription drug coverage? Visit the CVS Caremark website, or call 1-855-296-7682.
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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