DuPont Frequently Asked Questions
October 1, 2016

2017 Benefits

These FAQs are applicable to all active U.S. DuPont employees, including DuPont, Danisco, Genencor, DuPont Pioneer, PROaccess Affiliates, Solae, Belco Technologies Corporation, Coastal Training Technologies Corp. and MECS, Inc.

Note: This FAQs document is not applicable to employees in Hawaii, Puerto Rico, or on International Assignment locations.

Learn more about:

- What’s Changing for 2017
- 2017 Annual Enrollment and DuPont Connection
- Medical Coverage
- Medical Premiums
- The Medical Plan and Health Savings Account (HSA)
- Prescription Drugs
- Tobacco-Free Policy and Tobacco User Surcharge
- Well-Being and Healthy Incentive Credit Reward
- Dental
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- Dependent Eligibility
- DuPont Dual Couples
- Life Insurance
- Limited Purpose Flexible Spending Account (FSA) and Dependent Care FSA
- Mental Health/Chemical Dependency
- Health Care Reform
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- Information and Resources
What’s Changing for 2017

1. What’s changing with DuPont benefits in 2017?

Here’s a summary of what’s different with your BeneFlex benefits in 2017. For more details about these changes, review What’s Changing for 2017 in your online DuPont Benefits Enrollment Kit through DuPont Connection. You can visit DuPont Connection directly at http://resources.hewitt.com/dupont.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infertility treatment for Males and Females</td>
<td>DuPont is expanding infertility benefits to include treatment for male and female infertility factors. There is a lifetime maximum of up to $15,000 (plus $10,000 in pharmaceuticals) for medically necessary infertility treatment.</td>
</tr>
<tr>
<td>Applied Behavioral Analysis (ABA) Therapy for Autism</td>
<td>When used in the treatment of autism, ABA focuses on improving a patient’s communications, social skills, and quality of life. This treatment may be beneficial for some patients, especially young children. Treatment can be obtained by contacting ComPsych, DuPont’s behavioral health administrator.</td>
</tr>
<tr>
<td>Health Savings account (HSA) contribution limits increase</td>
<td>You may contribute and additional $50 to your HSA in 2017 if you have “You Only” coverage.</td>
</tr>
<tr>
<td>Increased Spouse and Child Life Insurance premiums</td>
<td>Securian, our life insurance vendor has new rates for Spouse and Child Life Insurance. The rates for Employee Life Insurance will not be changing.</td>
</tr>
<tr>
<td>Purchased Vacation cashout-process (excluding Pioneer employees)</td>
<td>Effective immediately, employees will no longer cash out unused purchased vacation through DuPont Connection, but instead use eTime. Pioneer employees will continue to use DuPont Connection.</td>
</tr>
</tbody>
</table>
2017 Annual Enrollment and DuPont Connection

2. **When is 2017 Annual Enrollment?**

   Annual Enrollment is November 2 through November 15, 2016.

3. **Is there anything I need to do to prepare for Annual Enrollment?**

   Yes. As you prepare for enrollment, you must take action now to ensure that you can log on to the DuPont Connection website or service center. Without a valid password, you will not be able to verify your coverage and/or make your benefit elections for 2017. Plus, you can log on to the DuPont Connection website now to access your online DuPont Benefits Enrollment Kit.

4. **How do I access DuPont Connection?**

   DuPont Connection is a personalized website that gives you the benefits information you need and makes enrollment easy and quick. To get there, go to http://resources.hewitt.com/dupont.

   If you’re using DuPont Connection for the first time:
   - Go to the DuPont Connection website at http://resources.hewitt.com/dupont, and click on “Are you a new user?”
   - You will be asked to identify yourself and then you will be prompted to create a user ID and password.
   - If you are prompted to enter your password after you identify yourself, it means you already have a password for DuPont Connection. If you remember your password, enter it. If not, click on “Forgot Password” and ask to have a temporary password sent to you by email (within 15 minutes if there is a preferred email address on file) or by postal mail (allow 7-10 business days for delivery).
   - Once you receive your temporary password, go to the DuPont Connection website at http://resources.hewitt.com/dupont, click on “Forgot User ID or Password,” and the system will guide you through the log on process.

   **No Internet Access?**
   Contact DuPont Connection at 1-800-775-5955 and say “Representative” at the main menu, followed by “Other Questions” to be transferred. You’ll answer questions to confirm your identity.

5. **How do I enroll in my benefits for 2017?**

   Here are the two ways you can enroll via DuPont Connection. Note both ways require that you have a password to enroll:

   - **Online** via CPass log on directly to the DuPont Connection website at http://resources.hewitt.com/dupont.
     - This personalized website gives you the benefits information you need and makes enrollment easy and quick.
     - Once you’re logged on, follow the instructions that pop up on your screen to enroll.
     - If you experience any problems enrolling through the website, call DuPont Connection.
By phone at 1-800-775-5955

- Call the DuPont Connection Service Center and a representative will take your elections by phone. Representatives will be available Monday through Friday from 8:00 a.m. to 6:00 p.m., ET during Annual Enrollment. Language assistance is available.
- When you call, say “Annual Enrollment” for enrollment assistance. You’ll be asked to enter the last four digits of your Social Security number and your date of birth to confirm your identity. You’ll then be connected to a representative.

6. Who do I contact if I have trouble with registering for or logging in to the DuPont Connection website?

Call DuPont Connection at 1-800-775-5955, and follow the prompts to request assistance.

7. What happens if I do not enroll in benefits?

All employees are encouraged to log on to DuPont Connection to update their tobacco user, working spouse medical coverage, HSA eligibility statuses and to verify their Healthy Incentive Credit (if completed before October 14, 2016).

If you are enrolled in coverage today and don’t make an election:

You will default to the same coverage you have for 2016 and all your covered dependents will continue to be covered, if they are still eligible. If you are not currently enrolled in coverage and do not make an active election for 2016, you will default to no coverage in all options, except for Employee Life Insurance and basic Accidental Death Insurance (of which you will receive coverage of one times your annual pay).

8. Can I access DuPont Connection from my smartphone?

Yes. DuPont Connection is available from anywhere that you have Internet access—from work, home, a tablet, and even your mobile phone. Accessing DuPont Connection on an Android device is not recommended, however.

9. I’m experiencing slow access time for the DuPont Connection website. What can I do?

Here are a few options for quicker access to DuPont Connection. Try accessing from:

- A browser other than Internet Explorer. If you have another browser installed (such as Google Chrome), you may find the site is faster;
- A personal computer;
- Outside of the DuPont network; or
- Outside of the peak times of 11:00 a.m. to 4:00 p.m. ET.

Don’t wait until the last minute to enroll using the DuPont Connection website. Also, if you need to call the DuPont Connection Service Center, you are likely to find shorter wait times early in the morning or later in the evening. During Annual Enrollment, representatives are available Monday through Friday, from 8:00 a.m. to 6:00 p.m., ET.
Medical Coverage

10. What are the employee medical plan options and premiums for 2017?

For 2017, you can choose to be covered by one of two options, both of which automatically come with prescription drug and mental health and chemical dependency coverage, and a tax-advantaged Health Savings Account (HSA) (if you’re eligible). The plan options differ by deductibles, out-of-pocket maximums, and premiums only.

<table>
<thead>
<tr>
<th>Preventive Care</th>
<th>Core Option</th>
<th>Premium Saver Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Coverage follows the standard preventive care guidelines of the Patient Protection and Affordable Care Act; includes prescription drugs classified by the guidelines as preventive)</td>
<td>In-network</td>
<td>Out-of-network</td>
</tr>
<tr>
<td>Preventive Care</td>
<td>100% paid; no deductible</td>
<td>100% paid; reasonable and customary (R&amp;C) as applicable; no deductible</td>
</tr>
<tr>
<td>Annual deductible (applies to both medical and prescription drug expenses combined)</td>
<td>$1,300 Individual</td>
<td>$2,500 Individual</td>
</tr>
<tr>
<td></td>
<td>$2,600 Other coverage levels</td>
<td>$4,000 Other coverage levels</td>
</tr>
<tr>
<td>DuPont HSA contribution (subject to eligibility)</td>
<td>$600 Individual</td>
<td>$600 Individual</td>
</tr>
<tr>
<td></td>
<td>$1,200 Other coverage levels</td>
<td>$1,200 Other coverage levels</td>
</tr>
<tr>
<td>Coinsurance for medical services</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Office visits (includes mental health visits approved by ComPsych)</td>
<td>You pay 20% after deductible</td>
<td>You pay 40% after deductible</td>
</tr>
<tr>
<td>• Chiropractic care ($1,000 annual limit)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Labs/X-Rays</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Hospitalization/Surgery</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prescription drugs* (deductible does not apply to preventive prescription drugs) (Retail – up to 30 days; Mail Order – up to 90 days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Generic 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</td>
<td>No charge</td>
</tr>
<tr>
<td>Preferred Brand</td>
<td>You pay 25% after deductible; $125 maximum</td>
<td>You pay 25% after deductible; $125 maximum</td>
</tr>
<tr>
<td>Brand-name drugs available at a lower cost than competing brand-name drugs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Preferred Brand</td>
<td>You pay 45% after deductible; $250 maximum</td>
<td>You pay 45% after deductible; $250 maximum</td>
</tr>
<tr>
<td>Brand-name drugs with lower-cost alternatives available</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retail maintenance (after 2 fills at retail)</td>
<td>You pay 45% after deductible; no maximum</td>
<td>You pay 45% after deductible; no maximum</td>
</tr>
<tr>
<td>Out-of-pocket maximum (applies to both medical and prescription drug expenses combined)**</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• You only</td>
<td>$5,000</td>
<td>No limit</td>
</tr>
<tr>
<td>• Other coverage levels (combined family out-of-pocket maximum)</td>
<td>$10,000 (limited to $5,000 for any one family member)</td>
<td>No limit</td>
</tr>
</tbody>
</table>

*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 along with the normal coinsurance.

**Infertility services are applied to the deductible but are not applied to the out-of-pocket maximum. The infertility lifetime maximum per family is $15,000 for medical and $10,000 for prescription drugs.
11. Have medical premium rates gone up for 2017?

No, medical premiums will remain the same in 2017 for the Core and Premium Saver medical plans.

12. Do you pay the entire cost of provider service when you are sick?

For 2017, you will pay the full cost for non-preventive health care services out of your pocket — including doctor visits and prescription drugs — until you reach your deductible. Then, coinsurance (the cost share between you and the medical plan) applies until you reach the out-of-pocket maximum amount. Of course, you can choose to pay eligible out-of-pocket expenses from your Health Savings Account (HSA), up to the available balance.

13. How will we know the cost of a service?

DuPont provides the Castlight website at https://mycastlight.com/dupont so you can compare the cost and quality of in-network health care providers and services in your area. You can also check your medical carrier website to find in-network doctors and estimate the cost of your care.

14. How does the deductible work for a family?

The expenses of all covered family members go toward meeting the family deductible. There is no “per-person” deductible limit under the 2017 medical plans.

15. Is my medical plan carrier changing?

Aetna and Highmark Blue Cross Blue Shield (BCBS) will be the two carriers offered for 2017. Carriers are determined by home ZIP code.

16. If my carrier is changing, can I still use the same doctors as today?

Many doctors participate in both networks. If your doctors are not in your new network, you can contact your new carrier for help finding new doctors. If your in-network doctor does not participate in your new carrier’s network, and you are in an active course of treatment, contact your new carrier to discuss your transition of care options.

17. Can I get an on-site health screening and an annual physical at my physician in the same year?

Yes, you can still have annual screening with your physician; the on-site screening is very basic testing and is not part of your covered annual screenings with your doctor.

18. What is covered in the annual physical?

The annual physical is a basic exam that covers items such as blood pressure, listening to your heart, along with age and gender appropriate basic preventive care. Details will be available on each carrier’s website.

19. What does an onsite health screening include?

The health screening takes approximately 30 minutes to complete and includes measuring your height, weight, blood pressure, and taking a finger-stick blood draw to measure your total cholesterol, HDL, LDL, triglycerides, and glucose levels.
20. I had a health screening recently. Do I need to wait one full year before I can have another physical or can I have one every calendar year?

The on-site health screenings are not counted towards your covered preventive care with your provider. Covered preventive care received by your provider is available once per calendar year with some exceptions. Consult your medical carrier for additional information.

21. Are emergency room visits subject to the deductible, and, once the deductible is reached the plan starts paying a benefit?

Yes. Once you have satisfied the plan deductible, you and the plan will share the cost of services. This is referred to as “coinsurance.”

22. If I have a dependent who resides out-of-state, what are the options to get in-network coverage?

Contact your carrier to determine if in-network providers are available in your dependent’s area. Both carriers have extensive, national networks. If it is a life-threatening emergency, the plan may provide coverage at in-network benefit levels. Also consider using Teladoc in 2017, a feature of your medical plan, for non-emergency situations.

23. If I am an active employee who covers a Medicare-eligible dependent on my medical and dental plans, will my Medicare-eligible dependent’s coverage change?

All active employees and their covered dependents remain in the DuPont BeneFlex plans with DuPont as primary. Upon retiring from DuPont, you will be provided with a Health Reimbursement Arrangement (HRA) contribution for your Medicare-eligible covered dependents. Your Medicare-eligible dependent must purchase coverage through Towers Watson’s OneExchange and you, as the retiree must continue to participate in the DuPont medical and dental plans in order for them to receive the HRA contribution.

24. What is a Health Reimbursement Arrangement (HRA)?

At the beginning of each year, DuPont will set aside money into a tax-free account called a Health Reimbursement Arrangement (HRA) for use to reimburse you for the cost of health insurance plans purchased through Towers Watson’s OneExchange and qualifying out-of-pocket health care costs. Any amounts you have left in your HRA at the end of the year, roll over from year to year and may be used at any time in the future for your out-of-pocket qualifying health care costs.

25. Who is Towers Watson’s OneExchange?

Towers Watson’s OneExchange is the market leader in Medicare coordination. Through their expertise, you will have the opportunity to select from a wide variety of publicly available health plans (medical, prescription drug, dental and vision) to supplement your Medicare coverage. DuPont chose Towers Watson’s OneExchange for their personalized one-on-one counseling and their proven ability to help you fully understand your plan options. Towers Watson’s OneExchange partners with more than 75 health plan carriers to provide you coverage to fit your individual needs and budget.
26. How do medical benefits for active employees and their spouses coordinate with Medicare, if at least one of them is eligible for Medicare?

Employees (and their spouses) who are covered under a DuPont medical plan can defer their enrollment in Medicare (A/B/C/D) for as long as they remain actively employed and covered.

**Note:** Special coordination rules apply to individuals with End Stage Renal Disease. Call DuPont Connection for details. Spousal coverage is subject to the plan’s “Working Spouse” rules. See the working spouses section for more information.

<table>
<thead>
<tr>
<th>Is the employee eligible for Medicare?</th>
<th>Is the employee enrolled in Medicare (Any part: A/B/C/D)?</th>
<th>Yes</th>
<th>The employee can elect DuPont medical coverage, but will not be able to participate in the Health Savings Account (HSA). If electing medical coverage, Medicare is secondary to the DuPont coverage while the employee is actively employed. If electing no coverage, Medicare is primary coverage.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td>The employee is eligible to enroll in DuPont medical coverage. The employee may also participate in the HSA, as long as the employee does not have other secondary medical coverage in a low-deductible plan (such as through a spouse’s employer or TRICARE) and meets other HSA requirements. The employee should contact Medicare a few months prior to retirement so that the Medicare coverage begins at retirement.</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td></td>
<td></td>
<td>The employee’s spouse is eligible to enroll in DuPont medical coverage. The employee may also participate in the HSA as long as the employee does not have other secondary medical coverage in a low-deductible plan (such as through a spouse or TRICARE) and meets other HSA requirements. If elected, the DuPont plan is primary to Medicare for the spouse while the employee is actively employed.</td>
</tr>
<tr>
<td>No</td>
<td></td>
<td></td>
<td>The employee’s spouse is eligible to enroll in DuPont medical coverage. The employee may also participate in the HSA as long as the employee does not have other secondary medical coverage in a low-deductible plan (such as through a spouse or TRICARE) and meets other HSA requirements.</td>
</tr>
</tbody>
</table>
Medical Premiums

27. What are the employee medical premiums for 2017?

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

<table>
<thead>
<tr>
<th>Coverage levels</th>
<th>Core option</th>
<th>Premium Saver option</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Without $40</td>
<td>With $40</td>
</tr>
<tr>
<td></td>
<td>Monthly Healthy Incentive Credit Reward</td>
<td>Monthly Healthy Incentive Credit Reward</td>
</tr>
<tr>
<td>You only</td>
<td>$80</td>
<td>$40</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>$160</td>
<td>$120</td>
</tr>
<tr>
<td>You + Child(ren)</td>
<td>$125</td>
<td>$85</td>
</tr>
<tr>
<td>You + Family</td>
<td>$195</td>
<td>$155</td>
</tr>
</tbody>
</table>

NOTE: Medical rates do not reflect the $50 tobacco user surcharge

28. How can I save money on medical premium costs?

Reduce your premiums by earning your $480 (that’s $40 per month) Healthy Incentive Credit reward (if eligible), which is deducted from your 2017 medical premium costs. To earn your 2017 Healthy Incentive Credit reward, complete the following actions by October 31, 2016:

- Complete the annual online Health Assessment; and
- Complete your annual health screening and health advising.

Employees should also:
- Participate in wellness activities throughout the year. DuPont offers a wide array of resources to support your physical, emotional, and financial wellness. In 2017, the Healthy Living Rewards program will include activities and rewards that enable you to stay engaged in healthy living habits throughout the year.

Get ready for next year by ramping up your wellness activity level during this year’s Healthy Incentive Credit reward eligibility period.

29. How do I know which medical plan option will have the lowest total out-of-pocket cost for me?

Out-of-pocket health care expenses vary from year-to-year based on the actual medical care you use. Use the online tools available through DuPont Connection during Annual Enrollment to help estimate the financial out-of-pocket cost of both medical plan options, given personal expected claims for 2017.

30. What portion of the medical plan costs do employees pay?

DuPont has a cost-sharing approach that is designed to deliver a competitive health care plan for employees. Since 2003, the Company has targeted sharing overall medical plan costs at about 70% for the Company and 30% for employees. The employee share consists of monthly premiums, deductibles, and coinsurance amounts. We will continue to monitor this approach over time.

31. Are the premiums for both medical options paid on a before-tax basis?

Yes.
The Medical Plan and Health Savings Account (HSA)

32. **What is a Health Savings Account (HSA)?**

A Health Savings Account (HSA) is a tax-advantaged savings account under Internal Revenue Code Section 223. It’s designed to work together with a qualifying high deductible health plan (HDHP), and can be used to pay for qualified medical expenses such as doctor visits, prescriptions, and even some dental and vision expenses. An individual or an employee may establish and put money into an HSA on a before-tax basis to save for current and future qualifying medical expenses and to help take charge of spending their health care dollars. The HSA is often referred to as a "medical 401(k)" because the account is owned by the individual or employee (it is not a group plan), earns tax free interest, rolls over from year to year, and moves with the employees wherever they go — to a new job, when changing health plans, or even retirement.

33. **Who is eligible for the HSA?**

Active employees may be eligible for the HSA if they participate in the Core or Premium Saver medical plan options and they:

- Are not enrolled in Medicare;
- Are not enrolled in other health coverage, either as an individual or as a participant, unless that coverage is a qualifying high deductible plan as defined by the IRS (your covered dependents may have other medical coverage); and
- Cannot be claimed as a dependent on someone else’s tax return.

These conditions are subject to change. For more information, please visit [http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx](http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx).

34. **Is my HSA opened automatically?**

If you are enrolled in the Core or Premium Saver today and have an HSA, your current HSA will continue. It is recommended you review your eligibility for the HSA each year to avoid IRS penalties assessed for non-eligible contributions. If you are not currently enrolled in a medical plan, you will need to answer questions to validate your eligibility for an HSA.
35. What are some things I should consider with the medical plan options?

- It’s important that you go for medical care when you’re sick and take your prescribed medications. You may use the DuPont contributions to your Health Savings Account (HSA) to help you pay expenses that go toward your deductible.

- The deductible applies to most medical, prescription drug, and mental health and chemical dependency claims. When you’re sick, you need to pay the full office visit price until your deductible is met.

Only covered preventive care expenses (refer to your carrier for information regarding covered preventive services) and certain preventive medications available to you at no cost under the Affordable Care Act (ACA) are paid prior to meeting the deductible. (Refer to Express Scripts to determine if your medication is considered preventive at www.express-scripts.com/dupontactive.) If you fill a prescription that is not on the preventive drugs list, the cost of the prescription will be applied to your deductible. Similarly, if you need medical care that is not a covered preventive care expense, your covered medical expense will be applied to your deductible. For in-network services, you are responsible for paying the plan-negotiated rates for amounts which go toward your deductible. For out-of-network services, you may be responsible for paying the full cost of service, and only the amounts considered to be “reasonable and customary” will be credited your deductible. You may use the funds in your HSA to pay for these amounts.

- DuPont contributions to your HSA will occur on an annual basis in late January and are yours to keep: $600 for You only coverage, and $1,200 for all other medical plan coverage levels. Employees who join the plan mid-year (such as new hires) will receive a prorated DuPont contribution for the portion of the year in which they participate.

- Employees’ own elected contributions are made on a pay period basis. Contributions are generally deposited into your HSA within 2-3 business days following the end of the pay cycle.

- You can only withdraw HSA funds after they have been deposited into your account. If you have a large medical expense early in the year that is applied to your medical deductible, you may not have the available funds to pay for the entire medical expense. You will need to cover the cost using other funds. Once additional funds are deposited into your HSA, you can make a withdrawal for the qualifying health care expense. Always make sure you have sufficient funds in your HSA prior to withdrawing money. If you do not have enough money in your cash account to cover a withdrawal, your transaction cannot be processed. Occasionally, such as in the case of checks and automatic bill payments, your withdrawal may result in an overdraft. Bank of America charges a fee for overdrafts which you are responsible for paying. Bank of America offers optional overdraft protection plans, such as a link to a savings, credit card, or line of credit account.

- You may also elect a Limited Purpose Flexible Spending Account (FSA) to reimburse dental and vision expenses. You cannot use a Limited Purpose FSA to be reimbursed for any medical plan expenses. If you wish to be reimbursed for medical plan deductible expenses, you must use your HSA. Also, if your spouse has a Health Care FSA, your spouse may not claim any of your medical expenses.

- You must keep adequate records and/or receipts to support your HSA withdrawals. You are responsible for keeping adequate tax records and receipts that show the detailed information for your withdrawals so that you can substantiate the expenses. Neither DuPont nor Bank of America is responsible for determining or reporting the tax consequences of any withdrawal or distribution from your HSA.
You will be responsible for reporting HSA information on your personal tax filings, and will receive a tax form 1099-SA (account distributions) and 5498-SA (account contributions) from Bank of America. To learn more about taxes and your HSA, visit the U.S. Treasury Department’s website at [http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx](http://www.treasury.gov/resource-center/faqs/Taxes/Pages/Health-Savings-Accounts.aspx) or consult your personal tax advisor.

Bank of America charges fees for some transactions for which you will be responsible. DuPont pays the monthly account maintenance fee to Bank of America while you are a participant in the Core or Premium Saver medical plan options. You are responsible for paying other transaction fees, such as fees for overdrafts, legal process (e.g., attachment, levy, or garnishment), stop payments, and copies of forms such as tax statements.

36. Do all eligible employees participating in the Core PPO or Premium Saver PPO receive a Company contribution in an HSA?

Yes. All active, non-Medicare-enrolled employees who certify their eligibility during Annual Enrollment using DuPont Connection, and who are participating in either the Core or Premium Saver medical plan options, receive an annual Company contribution in their HSA (even if the employee is on a leave of absence).

37. How much is the HSA Company contribution?

The Company will contribute $600 per year for single coverage and $1,200 per year for other coverage levels.

38. If I elect to contribute to the HSA through payroll deduction, can I change my HSA election during the year without a Qualifying Life Event?

Yes. You have the option to contribute to your HSA through payroll deduction. To enroll or change your HSA contribution election, process your change on DuPont Connection just as you would for all other BeneFlex elections. If you request a change to your HSA during the year, your HSA change will be effective the first of the month following the date the change was reported.

39. How much can I contribute to my HSA?

The 2017 maximum annual contribution from all sources (including Company contributions and your contributions) is:

- $3,400 for “You only” coverage: Receive a $600 Company contribution, plus you can contribute up to $2,800
- $6,750 for “You + Family” coverage: Receive a $1,200 Company contribution, plus you can contribute up to $5,550
- A $1,000 catch-up contribution is available for employees age 55 and older in addition to the above amounts.

40. Can I contribute to my HSA by sending a deposit directly to Bank of America?

Yes. You may contribute directly to your Bank of America HSA on an after-tax basis. Contact the Bank of America Customer Care Center at 1-877-319-8115 for assistance. When determining your adjusted gross income for tax purposes, any after-tax HSA contributions are treated as an “above the line” deduction, reducing your gross income. Consult your tax preparer for further information. Note that you are limited to a maximum annual contribution from all sources, including amounts contributed by the Company, through payroll deduction, and through after-tax deposits. If you contribute over the combined maximum, you may be subject to tax penalties.
41. If I contribute more than the maximum to my HSA, what happens?

When making contributions to your HSA directly to Bank of America in addition to ongoing payroll contributions, caution must be taken to ensure the annual maximum allowable contribution set by the IRS is not exceeded. The IRS imposes a penalty on excess contributions until corrected. In addition, Bank of America will impose a $25 fee for the return of excess funding. You are responsible for ensuring you do not exceed the annual contribution limits set by the IRS.

42. What medical expenses can be paid for with HSA funds?

“Qualified medical expenses” are expenses paid by you, your spouse or dependents which would generally be an eligible deduction on your tax return. These expenses cannot be covered by any other benefit plan or insurance. Examples include:

- Standard medical services such as office visits and annual medical physicals;
- Prescriptions;
- Preventive and restorative dental care, as well as orthodontia for children and adults;
- Eyeglasses, contact lenses and solutions and laser eye surgery;
- Copays, coinsurance and deductibles;
- Acupuncture and chiropractic services; and
- Premiums you pay for Medicare after retirement.

In addition to the above examples, a comprehensive list of qualified expenses can be found by referring to IRS Publication 502.

You may withdraw money from your HSA to pay or reimburse qualified medical expenses incurred any time after you began participating in the HSA. There is no time limit on when the distribution must occur. However, to be excludable from your gross income, you must keep records sufficient to later show that the distributions were used exclusively to pay or reimburse qualified medical expenses, that the qualified medical expenses have not been previously paid or reimbursed from another source, and that the medical expenses have not been taken as an itemized deduction in any prior taxable year.

43. My family doctor has decided to go “boutique,” charging an annual fee per family member just to have him as your doctor. Can my HSA be used to cover this fee?

No, you cannot use your HSA to reimburse for membership fees or fees the doctor charges for future services.

44. What if I withdraw my HSA funds to pay for something that is not a qualified medical expense?

Any HSA distribution not used exclusively to pay for qualified medical expenses incurred by you, your spouse or your federal tax dependents is includable in your gross income and is subject to an additional 20% tax on the amount includable. The 20% tax penalty does not apply in the case of distributions made after your death, disability, or attaining age 65.

45. Who pays the HSA maintenance fees?

DuPont pays the monthly HSA maintenance fees for active employees who participate in the medical plan options. All other account fees (e.g. overdraft fees, copy fees, stop payment fees, etc.) are the responsibility of the employee.
46. When will the 2017 Company contribution be made to my HSA?

Employer contributions will be credited to accounts in late-January 201.

47. Are my personal HSA contributions deposited at the same time as the Retirement Savings Plan (RSP) contributions?

While the timing is similar to the timing for the deposit of Retirement Savings Plan contributions, please keep in mind that these are separate processes and your HSA account is completely separate and unrelated to your account in the Retirement Savings Plan.

48. Why is my Bank of America HSA balance visible on the Merrill Lynch Benefits OnLine screen?

For your convenience, your HSA balance is viewable on your Merrill Lynch Benefits OnLine screen along with other DuPont wealth accumulation plan balances. Bank of America owns Merrill Lynch.

49. Why do I need a separate log-on and password for the Bank of America site when I access it through my secure Merrill Lynch Benefits OnLine screen?

Single sign-on access to both the Merrill Lynch and Bank of America websites is available from the DuPont Connection website. However, if you log on directly to either site, without using DuPont Connection, you will need separate log on IDs and passwords.

50. Why are the investment funds different between the HSA and the Retirement Savings Plan (RSP)?

The investments available for the HSA account are retail mutual funds made available through Bank of America for HSA participants. The general asset classes are similar to many offered through the RSP and should allow participants the opportunity to build a diversified portfolio consistent with their expected investment time horizon and risk tolerance. The RSP investment choices include investment vehicles such as collective investment trust, as well as separately managed accounts that are not available to individual investors in HSAs.

51. How do I contact Bank of America if I have questions about the HSA?

The Customer Care Center is staffed Monday through Friday from 8:00 a.m. to 11:00 p.m. Eastern time (excluding holidays) and can be reached by dialing 1-877-319-8115. The Interactive Voice Response system is available after hours and on weekends and holidays. In addition, the lost/stolen card hotline is available to participants 24/7.
52. What are the main differences between the Limited Purpose Flexible Spending Account (FSA) and the HSA?

Both accounts allow participating employees to contribute money on a before-tax basis to pay for qualifying out-of-pocket health care expenses. However, the two accounts differ in several important ways. Some of the main differences between the two types of accounts include:

<table>
<thead>
<tr>
<th>Feature</th>
<th>Limited Purpose FSA</th>
<th>has</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purpose:</td>
<td>The Limited Purpose FSA is a short-term spending account. The account is used to</td>
<td>The HSA is both a spending account and a savings account with a longer term focus on medical, dental, and vision expenses.</td>
</tr>
<tr>
<td></td>
<td>pay for qualifying out-of-pocket dental and vision expenses during the current plan year. This account cannot be used for medical expenses.</td>
<td></td>
</tr>
<tr>
<td>Eligibility:</td>
<td>All BeneFlex eligible employees are eligible to sign up for the Limited Purpose FSA</td>
<td>The HSA is only available to employees who participate in the DuPont medical plan options. You cannot also be covered by another medical plan unless it’s a high-deductible health plan (HDHP) without an HSA. HSA participants may also participate in the Limited Purpose FSA for their dental and vision expenses.</td>
</tr>
<tr>
<td>Enrollment:</td>
<td>You may elect to contribute to the Limited Purpose FSA during Annual Enrollment. Limited Purpose Health Care FSA contributions can only be changed during a qualifying life event.</td>
<td>You may elect to contribute to the HSA during Annual Enrollment. HSA contributions can be changed at any time during the year. (All employees who participate in a medical plan option and who are eligible for an HSA automatically receive a Company contribution in an HSA.)</td>
</tr>
<tr>
<td>Contributions:</td>
<td>The Limited Purpose Health Care FSA is funded using employee contributions (up to $2,550 for 2017).</td>
<td>The HSA is funded using both Company contributions and optional employee contributions (up to a combined 2017 total of $3,400 for “You only” coverage or $6,750 for all other coverage levels, plus $1,000 in catch-up contributions for employees age 55 and older).</td>
</tr>
</tbody>
</table>

**Note:** Employees who participate in both the HSA and the Limited Purpose FSA have restrictions on which account can be used to pay for certain services.

Only the HSA (not the Limited Purpose FSA) may be used to pay for medical expenses. Other out-of-pocket qualifying dental and vision expenses may be reimbursed through either the HSA or the Limited Purpose FSA, but not from both accounts.

| Year End Account Balances: | Limited Purpose FSA balances are forfeited at the end of the plan year (or if coverage ends mid-year). | HSA balances roll over from year-to-year, and can earn interest or investment returns. The HSA is yours to keep, even after you retire or leave DuPont. |
53. Where will my HSA deduction and the employer contribution appear?

The HSA will be available to view on DuPont Connection. Both the employee and employer amounts will be available. In addition, you will be able to print a confirmation with the amounts noted. The employee deduction and employer contribution will show as an annual value.

54. What are the advantages of a HSA?

- **Tax savings**: Save for qualified current and future medical expenses on a before-tax basis; funds withdrawn to pay for qualified medical expenses are also not taxable.
- **Balance rolls over**: The unused balance in the HSA carries over from one year to the next, and unlike an FSA is not subject to forfeiture.
- **Portability**: Unused funds contributed to an HSA can stay with you through all of your life changes, including a new job, new health plans, and retirement.
- **Tax-free growth**: Funds in the HSA can grow tax-free.

55. Does the money in a HSA roll over year after year?

Yes, your HSA savings carries over year after year to pay for eligible health care expenses. There are no "use it or lose it" restrictions.

56. Who controls the use of funds in a HSA?

You do. You control how to use your HSA funds, how much to contribute, when to contribute, when to spend them, and on what qualified medical expenses to spend them. You are solely responsible for identifying on your tax return any distributions not used for qualifying medical expenses.

57. Can I roll over funds from another HSA?

Yes. You may withdraw any or all of the funds from an existing HSA and roll the funds into an HSA with another custodian or trustee. However, you are required to roll the funds into a new HSA within 60 calendar days after receiving the funds. One tax-free rollover contribution may be made each 12-month period, ending on the date you receive the distribution from the other HSA. You may also be able to transfer your HSA funds directly from one custodian or trustee to another without ever having direct control or custody of the funds. Trustee/custodian to trustee/custodian transfers are not subject to the 12-month limitation. Rollover and transfer contributions do not count against the maximum annual contribution amount.

58. What happens to my HSA when I die?

You should designate a beneficiary to receive the funds in your HSA. If no beneficiary is designated, Bank of America will look to receive a notice about Probate, Estate, or Last Will and Testament directions, then will initiate the refund process per written correspondence from the Estate. If there is no communication received, eventually the funds will fall into escheatment.

59. Can you contribute to the HSA after retirement?

Individuals who are in the Core and Premium Saver medical plan options may contribute to an HSA after retirement until they become Medicare-eligible (provided they meet the other eligibility criteria). Your HSA contribution will be made directly to Bank of America. Contact Bank of America for details. DuPont does not contribute to HSAs after retirement.
60. **Can I keep contributing to the account after age 65?**

You can keep your HSA at any age, but you can no longer make new contributions to the account after you have enrolled in Medicare Parts A, B, C, and/or D.

61. **If I retire during the year 2017 will the Company contribution to my HSA be prorated?**

No. Company contributions are posted to your account in late-January 2017 and are under your control to be used for eligible expenses.

62. **Does the HSA apply to just medical expenses?**

HSA eligible reimbursements include your eligible medical, dental, and vision expenses.

63. **What investment funds are available through Bank of America for my HSA?**

Bank of America requires that you keep $1,000 of your HSA available for easy access to reimburse claims which you submit. The money in your account which is not invested earns interest. Visit [www.bankofamerica.com/benefitslogin](http://www.bankofamerica.com/benefitslogin), go to Health Savings Accounts, and click on Contribution and Interest Rate. You will see the prevailing cash account interest rate. Any balance over $1,000 may be invested in the following funds:

- MFS Conservative Allocation R4
- MFS Growth Allocation R4
- MFS Moderate Allocation R4
- PIMCO Money Market
- Vanguard 500 Index
- Vanguard Midcap Index Fund
- Vanguard Small Cap Index Fund
- Vanguard Total International Stock Index
- Vanguard Total Bond Index

For further information on the HSA investment funds, contact Bank of America.

64. **If an employee hits the cap for HSA in one year and it rolls to the next year, will the employee be able to contribute the following year?**

Yes. The contribution limits are annual limits. Rollovers amounts do not count towards the annual contribution limits.
65. If an active employee has a Medicare-eligible spouse, are they able to participate in the Core or Premium Saver medical plan options?

Yes. If you are not Medicare-eligible, but your eligible dependent is Medicare-eligible, you can participate in the DuPont medical plan options, contribute to the HSA, and use the HSA to cover qualified medical expenses of your Medicare-eligible dependent. This is because you are considered the owner of the HSA.

Upon retiring from DuPont, you will be provided with a Health Reimbursement Arrangement (HRA) contribution for your Medicare-eligible covered dependent. Your Medicare-eligible dependent will transition to the HRA plan and must purchase coverage through Towers Watson’s OneExchange and you, as the retiree must continue to participate in the DuPont medical and dental plans in order to receive the HRA contribution.

66. Does my child need to be my federal tax dependent in order to be covered under my medical plan?

Not for medical plan coverage. If your child is under age 26, to meet the Plan requirements he or she just has to be your child, step-child, foster child, or child for whom you have court-appointed permanent legal guardianship. However, your child does need to be your federal tax dependent in order for your child’s eligible expenses to be reimbursed by your HSA.
Prescription Drugs

67. How do I know if my prescription is an Express Scripts preferred drug?

Express Scripts periodically reviews and updates their preferred drug formularies based on changing patents and other pharmaceutical requirements. As a result, adjustments will be made to the Express Scripts preferred drug formulary for the start of 2017 (and throughout the year). Visit [www.express-scripts.com/dupontactive](http://www.express-scripts.com/dupontactive) to look up drug coverage details and learn more or call Express Scripts customer service at 1-800-RxDUPONT (1-800-793-8766) to find out whether the medications you're taking are considered preferred or non-preferred.

68. Do all of my out-of-pocket expenses for prescription medications apply to my deductible and out-of-pocket maximum?

Any amounts not covered by the plan do not apply to the deductible and out-of-pocket maximum. Examples include (but are not limited to) the difference between the price of a brand-name drug and a generic (referred to as “Member Pay the Difference”) or the penalty associated with excess retail use for purchasing maintenance medications (referred to as “Retail Refill Allowance”). Prescription medications for infertility procedures apply to the deductible, but not the out-of-pocket maximum.

69. Will I have to pay for all prescriptions out-of-pocket prior to meeting my deductible?

It depends upon the drug prescribed. The combined medical deductible applies to all prescription drugs except for preventive medications as identified by Express Scripts and required by the Patient Protection and Affordable Care Act.

70. How can I get information on a preferred or non-preferred brand if I don't have Internet access?

Call Express Scripts Member Services toll-free at 1-800-RxDUPONT (1-800-793-8766). Representatives are available 24 hours a day, 7 days a week (except Thanksgiving and Christmas).

71. What should I do if my medication will be considered non-preferred?

Visit Express Scripts’ My Rx Choices prescription savings program at [www.express-scripts.com/dupontactive](http://www.express-scripts.com/dupontactive). Log on and look up the name of a medication to find lower-cost alternatives and your potential savings. Print out the alternatives available and ask your doctor whether a lower-cost generic or preferred brand is right for you.

72. How do I request a new prescription for one of my alternatives?

Express Script's online tool, My RX Choices can help you find cost effective medications. Log on to the Express Scripts website at [www.express-scripts.com/dupontactive](http://www.express-scripts.com/dupontactive) and use the My Rx Choices tool to look up the name of your medications in the alphabetical list, or type the name in the search box. Review your My Rx Choices search results with your doctor so that, together, you can determine the most appropriate alternative for you. Then ask your doctor for a new prescription. If it's for a long-term drug, such as those used to treat high blood pressure or high cholesterol, be sure to get a prescription for a 90-day supply, plus refills for up to 1 year (if appropriate). Then mail your prescription to Express Scripts’ mail-order pharmacy or have your doctor fax your prescription.
to Express Scripts. You can download and print a physician fax form at www.expresscripts.com/dupontactive.

73. How often do drugs get added or taken off the Express Scripts preventive medication list?

Changes to the preventive medication drug lists occur for several reasons:

- New drugs entering the market;
- Revised indications of existing drugs; and
- Updated guidance from U.S. Treasury on what constitutes preventive care.

These types of changes occur on an as-needed basis to keep the lists current. On a scheduled basis, Express Scripts evaluates market and business conditions to identify appropriate changes to Express Scripts’ standard preventive drug lists.

74. What happens if my medication is subject to the medical plan deductible?

For all eligible care, there are three phases:

1. **Deductible phase:** In this phase, you pay 100% of your eligible expenses until you meet your annual combined medical and prescription drug deductible (preventive care medications are not subject to the deductible).

2. **Coinsurance phase:** Once you’ve met your annual deductible, generic medications are free. For brand-name medications, you pay the applicable coinsurance until you reach your annual combined medical and prescription drug out-of-pocket maximum (in-network expenses only). This protects you financially by limiting the amount you would pay in the event of a catastrophic illness.

3. **100% coverage phase:** Once you’ve reached your out-of-pocket maximum, your plan pays a 100% benefit for additional covered in-network medical and prescription drug expenses for the remainder of the benefit year. The following prescription drug payments will not apply to your out-of-pocket maximum: Purchases at non-participating retail pharmacies, maintenance medications filled more than two times at a participating retail pharmacy, additional costs associated with brand-name drugs with generic equivalents, and prescription infertility drugs. Members will also be responsible for these costs even after the out-of-pocket maximum has been met.

You may use HSA dollars to reimburse your deductible and coinsurance OR save your HSA dollars for future use. Coverage is provided for preventive medications prior to the deductible being met.

75. How do employees use their pharmacy coverage?

The user experience is as simple as using your Express Scripts prescription benefit card at a participating retail pharmacy or the mail order Express Scripts Pharmacy. Express Scripts and your medical carrier will share data on a real time basis to track deductible and out-of-pocket expenses. It is not necessary to submit receipts for prescription drug claims for reimbursement as long as you use the mail order Express Scripts Pharmacy or a participating retail pharmacy; your applicable cost will be calculated automatically.
76. **How many times can I fill a prescription for a maintenance drug at a retail drug store?**

You may fill a maintenance prescription two times at a retail drug store. If you continue to fill the prescription at a retail drug store after the second fill, a higher coinsurance will apply. To save money on your prescriptions and maximize your benefit, use the Express Scripts mail order service for all your maintenance medications.

77. **Why is the Company providing free generic medications after the deductible?**

Generic medications save the plan money when compared to the cost of brand name medications. To encourage these cost-savings, the plan will cover generic medications at no cost to you for 2016 after you meet the deductible.

78. **Are prescriptions free once you meet the out-of-pocket maximum?**

Covered prescriptions through Express Scripts are covered at 100% once you meet your out-of-pocket maximum. For maintenance drugs you will continue to use mail-order, or be subject to the retail refill allowance coinsurance at your third fill. If you choose a brand name drug instead of a generic, you would still be responsible for the difference in the cost. You are also still responsible for your share of the costs of prescription infertility drugs. **Remember:** Your out-of-pocket maximum is not the same thing as your deductible.

79. **Explain the benefit for generic drugs. Are all generics free?**

All generic medications indicated by Express Scripts as preventive medications are free, regardless of whether or not you've met your deductible. For other generic medications, you pay the full discounted price of the drug until your deductible is met and then the plan pays 100% after the deductible is met.

**Note:** As with all maintenance medications — brand and generic — you must use the Express Scripts mail order service, otherwise the medication will be subject to a 45% coinsurance at retail after your second fill.

80. **Explain the prescription drug coverage for preventive medications?**

Some preventive medications are not subject to the deductible. Specifically:

- Free preventive care medications, such as generic contraceptives and smoking cessation medications; and

- Certain additional medications identified by the IRS as preventive (you’ll pay a coinsurance amount, which counts toward your out-of-pocket maximum). These 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 in someone recovered from it.

Medications classified as preventive can be confirmed on the Express Scripts website at [www.express-scripts.com/dupontactive](http://www.express-scripts.com/dupontactive), utilizing the Savings Advisor tool within the Open Enrollment Information link, or by utilizing the Price a Medication tool when logging on as a registered user.

81. **Under the prescription drug plan, if you have an allergy against a generic brand drug and you need to take a brand drug — is there a penalty associated with costs?**

If you are unable to take the generic due to an allergy (or another clinically appropriate reason), you may appeal to Express Scripts to waive the penalty. If the appeal is successful, your standard prescription coinsurance would apply.
Tobacco-Free Policy and Tobacco User Surcharge

82. Why is DuPont charging tobacco users more for medical coverage than tobacco-free employees?

According to the U.S. Centers for Disease Control and Prevention, men and women who use tobacco have higher lifetime medical expenses. Therefore, tobacco users will be charged more for their medical plan coverage than tobacco-free employees.

83. Are other employers charging tobacco users higher medical premiums?


84. What is meant by being “tobacco-free”?

Tobacco includes all products containing tobacco including: Cigarettes, cigars, pipes, smokeless tobacco, chewing tobacco and/or other tobacco products. Employees who have not used tobacco products in the three months prior to their BeneFlex enrollment will qualify to receive tobacco-free medical premiums.

85. Are nicotine replacement products considered tobacco-use?

No. FDA-approved smoking cessation prescription medications and over-the-counter products such as skin patches, lozenges, and gum are smoking cessation aids.

86. How do I certify my tobacco status?

During the BeneFlex Annual Enrollment process, you will be asked to certify your tobacco status. You must certify your tobacco status prior to making any changes to your BeneFlex elections.

87. What if I don’t want to make any changes to my BeneFlex elections? Do I have to re-enroll to certify that I am tobacco-free?

For 2017, employees who passively enroll in BeneFlex will be defaulted to their prior year’s tobacco status. However, if you were a tobacco user last year and completed the requirements for the 2016 tobacco surcharge waiver, you must recertify your status and complete additional coaching to earn the 2017 tobacco surcharge waiver. If you are a tobacco user, you must complete the BeneFlex 2017 enrollment through DuPont Connection to certify your tobacco use status.

88. Will I need to certify whether I am a tobacco user every year?

Yes.

89. Are dependents subject to the tobacco medical premium?

For 2017, the tobacco-use medical premium does not apply to dependents.

90. Does the tobacco medical premium apply to retirees?

For 2017, the tobacco-use medical premium does not apply to retirees.
91. Is there a way for a tobacco user to avoid the tobacco surcharge?

Yes. The tobacco surcharge will be waived if you enroll in the HealthFitness tobacco coaching program and complete 3 smoking cessation programs by October 31, 2016.

92. What if I’m already in a tobacco coaching program with someone other than HealthFitness? Does that qualify me for the tobacco-free medical premium rates?

No. You must complete the required 3 coaching sessions with HealthFitness to qualify for the tobacco-free premiums.

93. What if my doctor believes that I shouldn’t try to quit right now, because of my health status?

If your personal physician finds that it would be medically inappropriate at this time for you to attempt to quit using tobacco, a physician waiver is available. Contact HealthFitness for the form and return it, signed by your doctor, by October 31, 2016.

94. If I decide to quit during 2017, will I get the tobacco-free medical premium rates for the rest of the year?

No. If you are a certified tobacco user and did not qualify for the 2017 surcharge waiver by October 31, 2016, you will continue to be charged the tobacco-user rates for the remainder of 2017. You will have a similar opportunity to qualify for tobacco-free premiums for 2018.

95. What happens if I complete the required 3 HealthFitness tobacco cessation programs, get the tobacco surcharge waived, and am not successful in quitting?

Not everyone is successful quitting the first time they try. You will need to re-certify your tobacco use during the 2018 BeneFlex Annual Enrollment, and, if you’re still using tobacco products at that time, you will have to re-qualify to have the tobacco surcharge waived.

96. What resources are available through the BeneFlex medical plan to help me quit using tobacco?

DuPont is committed to helping tobacco users quit by offering free HealthFitness tobacco cessation coaching, pharmaceutical therapy and nicotine replacement therapy, and Employee Assistance Program (EAP) services for help in dealing with the stress that often accompanies trying to quit. Learn more about programs available at our Healthy Living Rewards website at www.myhealth.dupont.com.

97. Does the BeneFlex medical plan cover prescription drugs to help me stop smoking?

Yes. The BeneFlex medical plan provides free generic nicotine replacement therapy and some brand-name tobacco cessation medications. Contact Express Scripts at 1-800-793-8766 for details. Reasonable quantity limits apply.
98. In the future will DuPont begin applying premium differences to other health-related issues such as obesity?

DuPont asks all employees and covered family members to proactively engage in wellness activities to stay as healthy and fit as possible. The medical plan and DuPont's Integrated Health Services will continue to focus on providing preventive benefits, wellness resources, and assisting employees in healthy living. At this time there are no plans to apply premium differences to other health-related issues; however, the Company will continue to evaluate market-competitive medical plan practices.

99. What happens if I verify that I am not a tobacco user when, in fact, I am?

Knowingly misrepresenting your tobacco status will be considered an ethics violation and, upon discovery, will result in corrective action.

100. Will my manager know if I identified myself as a tobacco user?

No. Your tobacco use information is protected by both federal privacy rules (HIPAA) and DuPont privacy policies. DuPont has always been conscientious in protecting your health data and will continue to do so.
Well-Being and Healthy Incentive Credit Reward

101. What is the Healthy Incentive Credit reward?

The Healthy Incentive Credit reward is an opportunity for employees to earn a credit toward your medical premiums for 2017.

102. Who can earn the Healthy Incentive Credit reward?

This Healthy Incentive Credit reward is available to active, U.S. benefit-eligible employees (not spouses/dependents) ages 18 and over, who are enrolled in a Company-sponsored medical plan. Employees living in certain areas, such as Hawaii and Puerto Rico locations, cannot receive the credit.

103. How can I earn the Healthy Incentive Credit reward?

To earn the credit, complete the first two bullets below by **October 31, 2016**. Other eligibility rules apply.

- **Complete the online Health Assessment:** Go to the Healthy Living Rewards website, administered by HealthFitness, at [www.myhealth.dupont.com](http://www.myhealth.dupont.com) to complete your assessment. By taking approximately 15 minutes to answer a few questions, you’ll receive a personalized and comprehensive report of your health, and recommendations for what you can do to define your goals and continue your journey toward a healthier life.

- **Complete your health screening:** Schedule your on-site screening, as available, through the Healthy Living Rewards website at [www.myhealth.dupont.com](http://www.myhealth.dupont.com). Upon completion of your on-site screening, take a few minutes to review your screening results, and discuss your lifestyle habits, with a HealthFitness Health Advisor. He or she will help you learn more about the Healthy Living Rewards programs and resources available to you.

  If you’re unable to attend an on-site event or one is not offered at your location, you must complete your screening and advising with your own health care provider by using the Alternative Means Screening (AMS) form available on the Healthy Living Rewards website. You may also speak to a HealthFitness Health Advisor by calling 1-888-211-2411.

  As a recipient of the Healthy Incentive Credit reward, DuPont expects you to actively participate in wellness programs/activities throughout the year. This optional activity does not require you to track your progress, but we strongly encourage you to take advantage of these resources.

- **Choose to participate in wellness activities throughout the year.** DuPont offers a wide array of resources to support your physical, emotional, and financial wellness. In 2017, the Healthy Living Rewards program will include activities and rewards that enable you to stay engaged in healthy living habits throughout the year.
Additionally:

- **Register with or re-visit Castlight:** Register with or re-visit the Castlight website at [https://mycastlight.com/dupont](https://mycastlight.com/dupont) to access a customized online tool to help you compare the cost and quality of medical providers and services in your area. Use Castlight at any time during the year before a medical visit to compare local, in-network doctors, see the negotiated charges the doctors have agreed on, and see how other users have rated the doctor. This helps you calculate the estimates you should expect to see — based on whether or not you’ve met your deductible. To make the tool as useful as possible for you, Castlight connects with your medical and prescription drug carriers to incorporate your medical plan option, deductible and out-of-pocket maximum so that you can estimate your expenses. No details about your personal health (such as test results) will be shared between Castlight and the carriers.

104. What if I was hired on or after July 1, 2016? Can I earn the credit?

You will not be required to complete the well-being actions to earn your credit in 2017. You are still encouraged to take advantage of the resources provided by DuPont using the Healthy Living Rewards website and Castlight.

105. What is an online Health Assessment?

A Health Assessment provides a snapshot of your current personal health status. It consists of questions regarding your lifestyle choices such as nutrition, physical activity and tobacco use. It also includes a place to record your health numbers (if available) including blood pressure, cholesterol, glucose, and body mass index. When you complete the health assessment online, your personal results will be immediately available on the screen. You can print a summary of feedback at that time.

106. Why should I complete a Health Assessment?

Completing the Health Assessment is one of the two steps necessary to get the Healthy Incentive credit. It's also your way of giving yourself an annual health checkup. By taking a small amount of time — about 15 minutes — to assess and direct your efforts, there can be a big payoff. In addition to earning the Healthy Incentive credit, you will be provided with recommendations and programs to help you focus on the things that can have a significant impact on your health. You’ll also get suggestions on how to take action with online tools or other resources available to you. You’ll receive messages and reminders through the website that are specific to your health risks and goals to help you get and stay healthy, from lifestyle and behavior change tips to strategies for managing chronic conditions.

107. Why is it important to know my cholesterol, blood pressure, and other health numbers?

These numbers help to predict your likelihood of developing a preventable, chronic disease which could lead to a poor quality of life. In addition, when you complete the HealthFitness® Health Assessment, it is helpful to have these numbers available as they help determine your health risks and strengths.

108. How do I interpret my cholesterol, blood pressure and other health numbers?

To determine if your values fall within a healthy range, talk to your physician. You can learn more about the values of these numbers by visiting the Healthy Living rewards website at [www.myhealth.dupont.com](http://www.myhealth.dupont.com). In addition, if you include your numbers when completing the Health Assessment, you can learn if you have certain health risks related to these numbers.
109. What type of data will my organization see if I take the HealthFitness Health Assessment? Is it really private and confidential?

Your personal health information will be kept confidential by HealthFitness. DuPont will receive aggregated data on the health risks prevalent among all employees. This data will be used as DuPont develops programs to support the health of employees.

110. Can I make changes to my answers once I’ve completed the Health Assessment?

You’ll have the opportunity to verify and change your answers prior to submission. Once submitted, you will not be able to. Please note: If you have health screening measures submitted by your physician or collected via an onsite event, you will not be able to edit these numbers.

111. How can I access the Healthy Living Rewards website?

You can access the site at www.myhealth.dupont.com. Access it using Internet Explorer 8 or higher, Chrome, Firefox, or Safari. Otherwise, navigate to the site using single sign-on from DuPont Connection.

112. Why do I need to provide an email address when registering on the Healthy Living Rewards website?

You need an email address to sign up for the website and to receive supportive e-mails from HealthFitness.

113. What if I have trouble logging onto the Healthy Living Rewards website or have questions about the Health Assessment?

For assistance, please contact HealthFitness at 1-888-211-2411.

114. When will I see the Healthy Incentive Credit reward?

If you completed the requirement early in the eligibility period, your earned credit will be built into the medical plan premiums you see on DuPont Connection during Annual Enrollment. For those who earn the credit later in the eligibility period, it will be reflected after November 15, 2015. Additionally, the Healthy Living Rewards website will indicate whether you have earned the Healthy Incentive Credit reward. If you earned the credit, you will see the premium reduction on your pay statement. If you are paid more frequently than monthly, the credit will be spread across your pay periods for the month, similar to your medical premium.

115. How will the Healthy Incentive Credit reward appear on my pay statements?

The Healthy Incentive Credit will appear on your pay statements in the before-tax section and will reduce (or credit) your before-tax deductions for that pay period. The credit will be spread across your pay periods for the month. The amount may be prorated, depending on when during the year you join DuPont.

116. Can my dependents use the Healthy Living Rewards website?

No. Registration is limited to employees.
117. What type of issues will the Healthy Living Rewards website (HealthFitness) Customer Service Team be able to assist me with when I contact them?

- Registration or log on issues;
- Password issues;
- Navigating the portal;
- Questions regarding, or help with, the Health Assessment;
- The Healthy Incentive Credit reward; and
- Screening scheduling.

118. If I have had a physical in the last few months do I need to get another one to get the credit?

If you’ve had a physical exam (including required tests) since July 1, 2015, your doctor can complete the process using your previous exam and test results, and no additional screening is required. You and your doctor must then complete the Alternative Means Screening (AMS) form available on the Healthy Living Rewards website at www.myhealth.dupont.com. You must return the form to HealthFitness by October 31, 2016. You may also speak to a HealthFitness Health Advisor by calling 1-888-211-2411.

119. What if I can’t get my screening at an on-site screening location?

If you’re unable to attend an on-site event or one is not offered at your location, you may complete your screening and advising with your own health care provider. Print the Alternative Means Screening (AMS) form available on the Healthy Living Rewards website at www.myhealth.dupont.com and take with you to your appointment. You may also speak to a HealthFitness Health Advisor by calling 1-888-211-2411.

Ask your doctor to complete the form using information from your previous preventive exam (if the exam was completed on or after July 1, 2015). If you haven’t had a preventive exam since July 1, 2015, schedule one with your doctor and ensure HealthFitness receives the completed form prior to the October 31 screening deadline. The form contains the preventive care billing codes for your doctor to use, and other important information for reference. Remember that basic preventive care screenings are covered at 100% under the DuPont BeneFlex medical plans once every calendar year.

You are responsible for submitting the form to HealthFitness so that it is received by October 31, 2016.

Please note that costs charged by the provider for filling out the AMS form are not covered by the DuPont benefits plan. The BeneFlex Medical Plan provides 100% coverage for an annual preventive exam (with no deductible or copay). Note, however, that your doctor or lab may bill the insurance carrier and you for other diagnostic or treatment services performed in conjunction with your preventive exam. Contact your carrier for a list of 2017 covered preventive care services.
120. If I do not enroll in DuPont medical coverage because I am covered under my spouse's plan, but lose that benefit during the year and then elect to sign up for DuPont medical coverage mid-year, am I eligible for a prorated Healthy Incentive Credit reward?

The Healthy Incentive Credit reward is only available to current employees who completed the Healthy Incentive Credit rewards requirements during the prior incentive earning period. If you later elect medical coverage and completed the requirements during the prior incentive earning period, you are eligible to receive the Healthy Incentive Credit reward on a prorated basis.

121. Why does Castlight need my personal information and how is it used?

- To register for Castlight, you must provide the last six digits of your Social Security number, along with your name and email address. This personal information serves as the unifying identifier across Castlight, the carrier, and DuPont.

- Castlight is a personalized health care tool that allows you to not only compare the cost and quality of doctors and medical services, but to view your past medical spending so you can better plan for future health care expenses. To tailor the tool to you, Castlight systematically connects with your medical and prescription carriers. Prices displayed are personalized based on the contracted rates with your health plan.

Castlight adheres to the highest privacy standards so you can navigate the site securely.

- DuPont has partnered with Castlight to allow you to securely and privately compare doctors and medical services, learn more about your health benefits and plan for out-of-pocket costs. As an independent third party, Castlight ensures that your activities on the site remain private and are not shared with DuPont. For example, Castlight never stores your search history.

- Castlight is also a member of TRUSTe, the leading authority for ensuring proper privacy standards on the web. For more information on Castlight’s strict privacy standards, please see the Castlight privacy policy.

Consistent with HIPAA Guidelines, Castlight protects all of your personal information.

- Castlight maintains the highest security standards and is obligated under federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) guidelines to keep your data safe. In compliance with DuPont standards, Castlight has partnered with McAfee and VeriSign to ensure adherence to strict security.

- Upon registering for Castlight, you create a personal log on ID and password, which is subject to strict login ID and password rules to minimize an unauthorized user gaining access to your account. An auto-logoff feature helps protect your information in the event that you forget to log out. In addition, Castlight maintains an audit trail and log of who accessed your personal health info and when they did so.

- Your personal information is stored in a secure data center. This data center is both physically and electronically secured. A firewall blocks access by unauthorized parties, and communication between you and Castlight’s application server is secured by using SSL version 3.0, which uses 128-bit encryption, a common and highly secure encryption standard.
Castlight will never send you emails with medical claims data or personal health information. This all remains stored on the secure and independent site.

If you have questions or concerns about how your information is used by Castlight, contact Castlight at privacy@castlighthealth.com.

Castlight Health Security Statement: Castlight employs a high degree of security consciousness. Ensuring security and being fully compliant with all HIPAA regulations (as amended by the Health Information Technology for Economic and Clinical Health Act (HITECH)) are important priorities of Castlight as an organization. Access, integrity, availability, ownership, authorization, dependability, authentication and confidentiality are all major considerations within Castlight's security goals. Learn more about Castlight’s privacy policy at www.castlighthealth.com.

122. Where does the estimated cost information for doctors and medical services come from?

Castlight lists estimated cost information for doctors and medical services that DuPont employees have visited in the past two years. This information is updated continuously as ongoing medical claims are submitted to the health plans.

Although all medical services may not show prices in Castlight, the most common doctors and services used by DuPont employees will show up in the tool and if estimated pricing isn’t available Castlight will show price ranges or ratings that will allow you to compare doctors and services.
Dental

**123. What employee dental plan options and costs will be offered for 2017?**

Most DuPont employees can choose between two dental options that are administered through MetLife. The biggest differences between the options are the amount you pay for care and the monthly premium cost.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Standard Option</th>
<th>High Option</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Care</strong></td>
<td>Plan pays 100% of R&amp;C(^1)</td>
<td>Plan pays 100% of R&amp;C(^1)</td>
</tr>
<tr>
<td>• 2 regular cleanings per year or 4 periodontal cleanings with diagnosed condition (2 periodontal cleanings in lieu of regular cleanings)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2 exams per year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dental X-rays:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Bitewing X-rays—One time per year;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Whole mouth X-rays—One time every 5 years</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Restorative Care</strong></td>
<td>You pay approximately 50%(^2)</td>
<td>You pay approximately 25%(^2)</td>
</tr>
<tr>
<td>Includes bridges, crowns, fillings, and other covered dental services</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Annual benefit limit</strong></td>
<td>$1,100/individual</td>
<td>$2,000/individual</td>
</tr>
<tr>
<td><strong>Lifetime orthodontic limit(^3)</strong></td>
<td>$1,200/child (for children under age 19)</td>
<td>$1,500 per covered individual, regardless of age</td>
</tr>
<tr>
<td><strong>Monthly Premium(^4)</strong></td>
<td>No premium cost</td>
<td>No premium cost</td>
</tr>
<tr>
<td>You Only</td>
<td>$18</td>
<td>$33</td>
</tr>
<tr>
<td>You + Spouse</td>
<td>No premium cost</td>
<td>No premium cost</td>
</tr>
<tr>
<td>You + Child(ren)</td>
<td>$28</td>
<td></td>
</tr>
<tr>
<td>You + Family</td>
<td>No premium cost</td>
<td>$47</td>
</tr>
</tbody>
</table>

1 Reasonable and customary (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 network dentist is determined on the network-negotiated amount, and the benefit for an out-of-network dentist is based on a scheduled amount.

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 you pay may vary depending on your pay frequency.

**124. What coverage is offered for orthodontia?**

Under the High Option, orthodontia coverage is available for all employees and covered dependents. This coverage includes a lifetime orthodontic maximum of $1,500 per person in the High Option.

**Note:** The Standard Option will cover orthodontia only for children under age 19, with a lifetime limit of $1,200.

**125. How often is periodontal maintenance covered for patients with periodontal disease?**

Periodontal scaling and root planing will be available once in a 24-month period per quadrant (ages 14 and above) and periodontal surgery will be available once in a 36-month period per quadrant. Up to 4 periodontal cleanings are available where there is a diagnosed and previously treated periodontal condition (2 of these cleanings are in lieu of the routine oral cleanings available under the plan).
126. How often are bitewing X-rays covered?

Bitewing X-rays will be covered once per year. While the American Dental Association (ADA) guidelines are subject to clinical judgment, the patients’ risk/disease state, and other factors, they suggest that dentists should minimize patients’ exposure to radiation by limiting X-rays and taking X-rays only on a frequency that is necessary to diagnose oral disease based upon risk.

127. What age are child dental sealants covered to?

The plan coverage is under age 19.

128. What if my dentist insists that I need to receive bitewing x-rays every six months?

Coverage for preventive dental x-rays will be limited to the frequency noted in the benefit plan. If your dentist takes preventive X-rays more frequently than the plan covers, the plan will not pay a benefit for the extra X-rays.

129. What if my dentist notices a cavity and needs to take an x-ray before treating me? Will that X-ray be covered?

Yes. If a diagnostic X-ray is required prior to treatment, it will be covered at 100% of the reasonable and customary charge (or the Preferred Dentist Program [PDP] negotiated fee) if prior X-rays are insufficient. The X-ray must be necessary for the treatment.

130. Who is a participating Preferred Dentist Program (PDP) dentist?

A participating dentist is a general dentist or specialist who has agreed to accept MetLife’s negotiated fees. Benefits are paid based on the negotiated fees, helping to keep costs down for both you and DuPont. Plus, PDP dentists agree not to balance bill you any amount over the negotiated fee.

131. How do I find a participating PDP dentist?

There are over 150,000 participating PDP dentist locations nationwide, including over 25,000 specialist locations. You can get a list of these participating PDP dentists online at [www.metlife.com/mybenefits](http://www.metlife.com/mybenefits), and search for DuPont, or call 1-888-883-0052 to have a list faxed or mailed to you.

132. How will the in-network dental benefit for restorative care (such as fillings, root canals, bridges, etc.) compare to the out-of-network dental benefit?

The benefit you receive in-network will pay for 50% (Standard Option) or 75% (High Option) of the negotiated rate. The benefit you receive out-of-network will pay approximately 50% (Standard Option) or 75% (High Option) of the area average charge, based on a scheduled amount. Both calculations are designed to adhere to the same cost-sharing proportion between you and the plan. Note that out-of-network providers may bill you the difference in cost between their fee and the scheduled amount. This is often referred to as “balance billing”.

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133. Can I save money using a MetLife Preferred Dentist?

Yes. Because in-network MetLife Preferred Dentists agree to accept negotiated fees, their charges are usually lower than those of non-network dentists. Plus, MetLife Preferred Dentists are contractually not permitted to bill you or the Plan for any amounts over the negotiated rates.

134. May I choose a non-participating dentist?

Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist’s fee and your plan’s payment for the approved service. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the service provided and your plan’s payment for the approved service.

135. How are claims processed?

MetLife PDP dentists (and some out-of-network dentists) may submit your claims for you, which means you have little or no paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at www.metlife.com/mybenefits, or request one by calling 1-888-883-0052.

136. Why are full-mouth X-rays only covered once every 5 years?

To minimize patients’ exposure to radiation, the plan limits full mouth X-rays to once every 5 years. In most cases, there is no need to retake these x-rays at a more frequent interval.

137. If I have a tooth that was missing before my coverage started, will the Plan cover replacement?

Yes. The Plan will cover the replacement of teeth which were removed or lost before your coverage start date. Restorative care benefits apply, subject to coinsurance and the annual benefit limit. Your dentist should submit a request for a predetermination of benefits prior to care.

138. Why is periodontal scaling and root planing only covered once every 24 months for a treated area?

The standard in dental care is not to re-treat an area with additional scaling and root planing within 2 years.

139. Why is periodontal surgery only covered once every 36 months for a treated mouth area?

The standard in dental care is not to re-treat an area surgically within 3 years.
Vision

140. What employee vision plan options and costs will be available for 2017?

There will be one plan and two ways to receive care. You will pay less when you receive care from a VBA provider, but you will also have the choice to pay more and see an out-of-network provider.

<table>
<thead>
<tr>
<th>Vision Care Service</th>
<th>VBA Provider</th>
<th>Non-VBA Provider if No VBA Provider Within 35-Mile Radius</th>
<th>Non-VBA Provider if No VBA Provider Within 35-Mile Radius</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eye exam</td>
<td>Plan pays 100%</td>
<td>Plan pays up to $40</td>
<td>Plan pays 100%</td>
</tr>
<tr>
<td>Eyeglass lenses and/or frames (one time per year) — includes polycarbonate lenses, scratch-resistant coatings, optional lens tints, blended bifocals, progressive lenses, and trifocal lenticular</td>
<td>Plan pays 100% after $20 copay (covers frames with a wholesale value of up to $60)</td>
<td>Plan pays:</td>
<td>Plan pays 100% after $20 copayment per person for the materials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Single vision: up to $40</td>
<td>▪ Frames will be reimbursed up to $130.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Bifocal: up to $50</td>
<td>▪ Additional Lens Options such as: 1 Yr. Scratch, UV Coatings, Polycarbonate Lenses, Progressives (except Digital) and Tints will be reimbursed in full.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Trifocal: up to $75</td>
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<tr>
<td></td>
<td></td>
<td>▪ Progressive: up to $75</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>▪ Lenticular: up to $100</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>▪ Frames: up to $50</td>
<td></td>
</tr>
<tr>
<td>Cosmetic contact lenses (in lieu of glasses, including exam)</td>
<td>Plan pays up to $175 allowance toward the total cost</td>
<td>Plan pays up to $175 allowance toward the total cost</td>
<td>Up to $175 allowance toward the total cost</td>
</tr>
<tr>
<td>VBA-approved, medically necessary contact lenses (in lieu of glasses, including exam)</td>
<td>Plan pays 100% of R&amp;C</td>
<td>Plan pays up to $300</td>
<td>100% R&amp;C</td>
</tr>
<tr>
<td>Monthly Premium¹</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>You only</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>You + Spouse</td>
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<td></td>
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<tr>
<td>You + Child(ren)</td>
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<tr>
<td>You + Family</td>
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</tbody>
</table>

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

141. How do I know if my dependents are eligible?

During Annual Enrollment, you should take action to ensure that any covered dependents meet the eligibility requirements; any dependents who do not meet the eligibility requirements should be removed from your plan. Your eligible dependents include:

- Your lawful spouse*
- Your biological and adopted children, stepchildren, foster children, or a child for whom you have court-appointed permanent legal guardianship up to age 26**.

*Spouses who work must enroll for primary medical care coverage with their employer if it is available for less than $100 per month.

**Dependent children with disabilities who are incapable of self-support and claimed as your federal tax dependent, may be covered past age 26 in some plans, provided the disability is certified by the medical carrier prior to age 26. The age extension for disabled dependents does not apply to dependent life insurance or accidental death coverage.

Under your Medical, Dental and Vision care options, you may also elect coverage for a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO) that has been approved by the Company’s Legal Department.

142. Why does DuPont need to verify the eligibility of dependents?

Dependents represent a large share of our overall coverage costs, and dependents that are not actually eligible to be covered can ultimately drive up costs for all of us.

143. Do I have to provide proof that my dependents meet the definition of an eligible dependent during Annual Enrollment?

For newly enrolled dependents for 2017, you will be asked later this year to provide their proof of eligibility. Dependents found to be ineligible during the verification process will be dropped from your coverage.

144. Will the dependent eligibility certification apply to all employees during Annual Enrollment?

If you are enrolling dependents for the first time, you will need to have your dependents Social Security numbers available. DuPont will verify the eligibility of dependents that are enrolled under the plans by also asking you to submit proof of your covered dependent’s eligibility, such as with a birth or marriage certificate.


145. If I remove an ineligible dependent during Annual Enrollment, is coverage continuation available through COBRA?

Yes, but a COBRA package is not automatically mailed out when dependents are removed at Annual Enrollment. You must call DuPont Connection at 1-800-775-5955 to request COBRA enrollment information.
146. If I have a civil union, will my partner be recognized by the DuPont employee benefit plans as my spouse?

No. The guidance from the Federal government is that Civil Unions cannot be considered marriages. You must drop your Civil Union partner from coverage. COBRA may be available for your partner.

147. My same sex spouse and I were married this month. Can I add my spouse to my health insurance plan?

Yes. The DuPont health plans recognize getting married as a life event which permits you to add your new spouse to your coverage within 31 days of the marriage. Call DuPont Connection for more information.

148. How will my privacy be protected if I enroll my same-sex spouse in benefits?

The DuPont privacy policy assures that such information will be maintained on a “need to know” basis. However, such information is also subject to disclosure during legal processes as required by law.

149. If my spouse is eligible for coverage through their employer, can I cover my spouse under the Du Pont medical plan?

If your spouse has access to employer sponsored coverage that costs less than $100 per month, your spouse is required to obtain primary coverage through their employer. You may still add them to the DuPont medical plan, but the DuPont plan pay as secondary to their employer’s plan.

150. Who verifies if your spouse has medical benefits with their Company and how?

When a spouse is added to coverage, you must indicate whether or not your spouse has coverage through his/her employer (if the monthly cost is less than $100). Beginning in 2017, the medical and prescription drug carriers will also implement procedures to verify if your covered dependents have other medical coverage. In keeping with DuPont’s ethics policy, you must answer this and other benefits questions honestly. Failure to obtain primary coverage for your spouse (if the monthly cost is less than $100) or to answer a carrier’s inquiry about other coverage may cause your claims do be reduced, delayed or denied.

151. Does my child need to be my federal tax dependent in order to be covered under my medical plan?

Not for medical plan coverage. If your child is under age 26, to meet the Plan requirements they just have to be your child, step-child, foster child, or child for whom you have court-appointed permanent legal guardianship. However, your child does need to be your federal tax dependent in order for your child’s eligible expenses to be reimbursed by your HSA.

152. If my spouse has a significant change in his or her benefits (i.e., spouse no longer employed and loses medical coverage), can I change my benefits?

If a Qualifying Life Event occurs, you have 31 days to add/drop someone from your coverage. You cannot change your plan choice.
DuPont Dual Couples

153. Can a dual DuPont couple each take a different medical plan option?

   Yes. One spouse can take “You only” coverage in the Core option and the other can take “You only” or “You + Child(ren)” coverage in the Premium Saver option, or vice versa.

154. Can the couple cross-cover each other?

   You may only cross-cover each other on dependent life insurance and accidental death insurance.

155. Can the couple both cover the same children?

   You will be able to cover the same children on dependent life insurance (up to a combined coverage of $40,000 per child) and accidental death insurance (up to a combined coverage of $100,000 per child).

   For medical, dental, and vision, eligible dependents cannot be covered by more than one employee. You would not receive better benefits or coverage if you both cover the same children and therefore it is not an option.

156. For a dual DuPont couple, are both employees eligible for the Healthy Incentive Credit reward?

   For both employees to be eligible for the Healthy Incentive Credit reward, they would each need to enroll in their own medical coverage.
Life Insurance

157. How much Life Insurance does DuPont provide at no cost to me?

DuPont automatically provides you with basic life insurance coverage equal to 1x your annual pay. You don’t pay anything for this coverage, and you don’t have to enroll to receive it. (Company-paid coverage over $50,000 is subject to imputed income taxes.)

158. How much Life Insurance do I need?

The answer depends on your personal and family situation. You can estimate how much Life Insurance you need by visiting the Securian Life Insurance Company’s life insurance estimating calculator tool at www.lifebenefits.com/insuranceneeds. No user ID or password is required.

159. How does ELI Cash (or Employee Life Credit) work?

ELI Cash (also known as EE Life Credit) applies to the Employee Life Insurance plan (not the grandfathered Option Z plan).

Beginning in 2016, the Company-provided coverage of 1x your annual pay will not appear on your paystub, and you will not see ELI Cash (or EE Life Credit) or offsetting deductions in your pay. ELI Cash or EE Life Credit will appear only if the employee life insurance election is for an amount that is less than 1x your annual salary. You will also have an ELI after-tax deduction for any supplemental coverage (above 1x your annual pay) that you purchase.
Limited Purpose Flexible Spending Account (FSA) and Dependent Care FSA

160. Can I still participate in a Limited Purpose FSA?

Yes, but the Limited Purpose FSA is designed to pay for dental and vision expenses only.

Because of the FSA “use it or lose it” rule, consider contributing the maximum amount to the HSA instead of contributing to the Limited Purpose FSA — unused HSA money rolls over to the next year. Leftover money in your Limited Purpose FSA at the end of the year is forfeited.

Eligible Limited Purpose FSA expenses include:

- Non-cosmetic dental care, orthodontia, eyeglasses, contact lenses and laser eye surgery; and
- Copays, coinsurance, and deductibles under dental and vision plans.

161. Who administers the FSAs?

The Limited Purpose FSA and Dependent Care FSA are administered by Bank of America.

162. What is the maximum contribution I can make to my Limited Purpose FSA?

The annual maximum contribution is $2,550 to comply with the IRS limits.

163. Why would an employee want to have both a Limited Purpose FSA (for qualifying dental and vision expenses) and a Health Savings Account (HSA)?

There are three general reasons why an employee may elect to contribute to both a Limited Purpose FSA and an HSA:

1. **To maximize the tax savings opportunity.** You can contribute the maximum IRS allowed amount into the HSA plus an additional amount in a Limited Purpose FSA to claim for qualifying dental and vision expenses.

   For example: Pam wants to save as much as she can in her HSA and she’ll have out-of-pocket expenses for her child’s orthodontia next year. She can elect the maximum HSA contribution and she can elect to contribute to a Limited Purpose FSA for her child’s orthodontia expenses.

2. **To use the Limited Purpose FSA for qualifying dental and vision expenses incurred early in the year.** The Limited Purpose FSA is pre-funded for the year, while the HSA is not. Therefore, if you expect to have qualifying dental and vision expenses early in the year, you can submit a Limited Purpose FSA claim and be reimbursed up to your annual election. For the HSA, your claim withdrawals are limited to the current account balance.
(3) **To use the Limited Purpose FSA for the expenses of a qualifying child who you cannot claim as your tax dependent.** The Limited Purpose FSA allows you to be reimbursed for your child’s qualifying dental and vision care expenses. Your child does not have to be claimed as your tax dependent. Under the HSA, eligible expenses must be for you, your spouse, or your tax dependents.

Note that the same expense cannot be claimed from both the Limited Purpose FSA and the HSA.

164. **Can a covered adult child’s expenses be submitted to an employee’s Limited Purpose FSA?**

Yes, qualified dental and vision expenses incurred for adult children (your biological child, stepchild, adopted child, foster child or child for whom you have court-appointed permanent legal guardianship up to age 26) may be reimbursed from a Limited Purpose FSA.

165. **Do the children need to be tax dependents of the employee for Limited Purpose FSA expense reimbursement?**

No. The law does not condition coverage of your adult children (up to age 26) upon financial dependency or other conditions such as student status, residency with the parent, or other similar conditions. The child may even be married and still covered by his or her parent. The identification of the child as a “dependent” for this purpose will be based solely on the child’s relationship with the parent (your biological child, stepchild, adopted child, foster child, or child for whom you have court-appointed permanent legal guardianship).

166. **If I don’t have DuPont medical coverage, can I still participate in a “traditional” or “full purpose” Health Care FSA?**

No. Only a Limited Purpose FSA will be available in 2017. You may elect a Limited Purpose FSA even if you decline DuPont medical coverage.

167. **Does DuPont have the $500 rollover provision for the Limited Purpose Health Care FSA?**

Not at this time.
Mental Health/Chemical Dependency

168. What do I need to do before I visit a mental health or chemical dependency care provider?

You should call ComPsych to coordinate your treatment. Benefits-eligible employees (and their dependents) have access to six free counseling visits (with a participating EAP network provider) through the Employee Assistance Program (EAP) administered by ComPsych. Contact ComPsych at www.guidanceresources.com, or call 1-800-435-7266. The access code when you call or go online is DUPONTEAP.

169. How many free visits are available through the Employee Assistance Program (EAP)?

You and/or your eligible household members may receive up to six free sessions per unique short-term counseling need with a participating EAP network provider. All care must be coordinated with ComPsych by calling them before you receive treatment. These visits are separate from the medical plan.

170. Who do I contact to locate mental health and chemical dependency in-network providers?

Contact ComPsych at 1-800-435-7266 (access code: DUPONTEAP) to locate network providers and get answers to general questions about mental health and chemical dependency treatment benefits.

171. Who do I call for questions on my mental health and chemical dependency benefits?

All participants should contact ComPsych at 1-800-435-7266 (access code: DUPONTEAP) or www.Guidanceresources.com. For all questions about your claim status and out-of-pocket accumulations, contact your medical carrier using the phone number on your ID card.

172. Will my medical deductible apply to mental health and chemical dependency claims?

Yes.

Health Care Reform

173. How does health care reform impact my enrollment decisions?

DuPont offers comprehensive medical coverage that complies with the Affordable Care Act. You and your family members will need to have medical coverage to avoid a tax penalty. This is referred to as the "individual mandate." If you are eligible to participate in the BeneFlex plan, you and your eligible dependents can enroll in one of the DuPont medical plan options to satisfy this requirement. Alternatively, you can enroll in other employer-sponsored coverage (such as through your spouse’s employer) as well as Medicare, Medicaid, Children’s Health Insurance Programs (offered by each state) and TRICARE (for veterans and families of veterans).

174. What happens if I am eligible for the DuPont medical plan but decide to enroll in coverage through a Health Insurance Marketplace?

Since DuPont subsidizes a medical plan (reducing your cost) and you are eligible to enroll in that plan, you will likely not be eligible for federal subsidies that can reduce the cost of coverage in the Marketplace. Before making any decisions, please review your medical plan options offered by DuPont.
Time Off Benefits

175. How much do I pay for 2017 purchased vacation?

Your price per purchased hour is based on your pay. You can see your personalized cost on DuPont Connection starting November 2, 2016.

176. How many hours of vacation can I purchase?

Your purchase is limited to the number of hours in your normal work week or 40 hours, whichever is less.

177. Is the amount I pay for hours of vacation that I buy before-tax?

Yes.

178. How will I cash out any unused purchased vacation in 2016?

You will cash out your unused purchased vacation in eTime using the sell back vacation code. For Pioneer employees, you will continue to cash out through DuPont Connection at 1-800-775-5955 or http://resources.hewitt.com/dupont.

179. What is the last date I can decide to cash out unused purchased vacation in 2016?

You must cash out on or before November 30, 2016. Your decision to cash out is irrevocable.

180. When do I get the payment for any amount I cash out? Are taxes withheld?

You will receive a taxable refund for your remaining contributions in your final December paycheck.

Information and Resources

181. Where can I get more information?

Here's who to contact with questions about your 2016 and 2017 benefits.

<table>
<thead>
<tr>
<th>If You Need Information About:</th>
<th>Contact:</th>
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<tr>
<td>Your 2017 benefits</td>
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<td>through DuPont Connection at</td>
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<td><a href="http://resources.hewitt.com/dupont">http://resources.hewitt.com/dupont</a></td>
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<td>Your personalized BeneFlex benefits, including enrolling in,</td>
<td>DuPont Connection</td>
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<tr>
<td>confirming, or making changes to your 2017 health and</td>
<td>1-800-775-5955</td>
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<td>insurance elections</td>
<td><a href="http://resources.hewitt.com/dupont">http://resources.hewitt.com/dupont</a></td>
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<td>Medical plan</td>
<td>• Aetna</td>
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<td></td>
<td>1-800-938-7668</td>
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<td><a href="http://www.aetna.com">www.aetna.com</a></td>
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<td>• Highmark BCBS</td>
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<td></td>
<td>1-888-431-4650</td>
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<td><a href="http://www.highmarkbcbsde.com">www.highmarkbcbsde.com</a></td>
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<td>Prescription drug benefits</td>
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<td></td>
<td>1-800-RxDUPONT (1-800-793-8766)</td>
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<td><a href="http://www.express-scripts.com/dupontactive">www.express-scripts.com/dupontactive</a></td>
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<td>Coverage for specialty medications</td>
<td>Accredo</td>
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<td></td>
<td>1-800-803-2523</td>
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<td>If You Need Information About:</td>
<td>Contact:</td>
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<td>▪ Health Savings Account (HSA)</td>
<td>Bank of America</td>
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<tr>
<td>▪ Limited Purpose and Dependent Care</td>
<td>1-866-791-0250</td>
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<tr>
<td>Flexible Spending Accounts (FSAs)</td>
<td><a href="http://bankofamerica.com/benefitslogin">bankofamerica.com/benefitslogin</a></td>
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<tr>
<td>Healthy Living Rewards program</td>
<td>Healthy Living Rewards website:</td>
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<td><a href="http://www.myhealth.dupont.com">www.myhealth.dupont.com</a></td>
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<td>HealthFitness®: 1-888-211-2411</td>
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<td>Castlight: [<a href="https://mycastlight.com/du">https://mycastlight.com/du</a> pont](<a href="https://mycastlight.com/du">https://mycastlight.com/du</a> pont)</td>
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<tr>
<td>Dental benefits</td>
<td>MetLife</td>
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<td></td>
<td>1-888-883-0052</td>
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<td><a href="http://www.metlife.com/mybenefits">www.metlife.com/mybenefits</a></td>
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<tr>
<td>Vision benefits</td>
<td>VBA1-800-432-4966, Option 5</td>
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<td><a href="http://www.vbaplans.com">www.vbaplans.com</a></td>
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<tr>
<td>Life insurance and accidental death insurance</td>
<td>The Securian Life Insurance Company</td>
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<tr>
<td>Employee Assistance Program (EAP) and mental</td>
<td>ComPsych</td>
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<tr>
<td>health and chemical dependency treatment</td>
<td><a href="http://www.guidanceresources.com">www.guidanceresources.com</a></td>
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<tr>
<td>benefits</td>
<td>Access Code: DUPONTEAP</td>
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<td></td>
<td>1-800-435-7266</td>
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<tr>
<td>DuPont Retirement Savings Plan (RSP)</td>
<td>Merrill Lynch</td>
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<td>1-877-337-5267</td>
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<td><a href="http://www.benefits.ml.com">www.benefits.ml.com</a></td>
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</table>

This guide provides a quick, easy-to-understand outline of your Plan options. DuPont has made every effort to ensure that this guide accurately reflects the plan documents and contracts. However, if there is any conflict or inconsistency between this guide and those documents or contracts, the documents or contracts will govern. DuPont reserves the right to change, modify, or discontinue at its discretion any of the plans, programs, or services described in this guide.

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 obligations.

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