



CORTEVA AGRISCIENCE 2024 BENEFITS SPOTLIGHT

For Employees in California

2024 Annual Enrollment:
October 25 to November 7, 2023



**Benefits Overview Guide + Benefits Spotlight =
Your complete Corteva benefits picture**

As an employee in California, you have access to the same Highmark PPO Copay, Core, and Premium Saver medical plan options, and other benefits, as all U.S. employees. However, based on your home ZIP code, you also have an additional medical plan option through Kaiser Permanente.

You'll see the options available to you when you log on to **Corteva Connection** at digital.alight.com/corteva to enroll. All four options automatically come with prescription drug coverage, and they all offer comprehensive medical coverage. However, there are some important differences.

This **Benefits Spotlight** contains 2024 benefits information specific to the Kaiser Permanente Health Maintenance Organization (HMO) option. It's designed to be a companion to the **Benefits Overview Guide**, which is also available on cortevabenefits.com and contains the full details about the other available benefits.



What's New for 2024 with Kaiser Permanente HMO

There are no changes this year to the Kaiser Permanente HMO plan design, deductible, or out-of-pocket maximum. However, you will see an increase in your premiums (what you pay out of your paycheck). They are:

2024 Medical Plan Bi-weekly Premiums¹

Coverage Levels	PPO Copay Option	Core Option	Premium Saver Option	Kaiser Permanente HMO
Without Healthy Incentive Credit²				
You only	\$83	\$47	\$29	\$119
You + Spouse/Domestic Partner	\$195	\$109	\$64	\$248
You + Child(ren)	\$161	\$83	\$57	\$213
You + Family	\$280	\$146	\$91	\$366

1. Premiums shown are bi-weekly and do not reflect the \$600 annual tobacco user surcharge.
 2. Your Healthy Incentive Credit amount may vary based on how much you've earned. The maximum possible credit amount is \$300 per year.

How the Medical Plan Options Compare

This table summarizes the PPO Copay, Core and Premium Saver options alongside the Kaiser Permanente HMO. You'll be able to compare the plan features of all the options available to you when you enroll.

Medical	PPO Copay Option	Core Option	Premium Saver Option	Kaiser Permanente
Medical carrier	Highmark Blue Cross Blue Shield (BCBS)			Kaiser Permanente
Preventive care¹	<ul style="list-style-type: none"> In-network: 100% paid; no deductible Out-of-network: 100% paid; reasonable and customary (R&C) as applicable; no deductible 			100% paid
Annual deductible² (individual/other coverage levels)	<ul style="list-style-type: none"> In-network: \$650/\$1,300 Out-of-network: \$1,500/\$3,000 	<ul style="list-style-type: none"> In-network: \$1,750/\$3,500 Out-of-network: \$3,500/\$7,000 	<ul style="list-style-type: none"> In-network: \$3,000/\$6,000 Out-of-network: \$4,500/\$9,000 	None
Out-of-pocket maximum³ (individual/other coverage levels)	<ul style="list-style-type: none"> In-network: \$3,500/\$7,000 Out-of-network: \$7,000/\$14,000 	<ul style="list-style-type: none"> In-network: \$5,000/\$10,000 (limited to \$5,000 for any one person)³ Out-of-network: \$10,000/\$20,000 		<ul style="list-style-type: none"> In-network: \$1,500/\$3,000 (limited to \$1,500 for any one person) Out-of-network: No limit
Corteva HSA contribution (subject to eligibility)	N/A	\$600 individual/\$1,200 other coverage levels		Not applicable
Non-preventive medical services	Office visit: <ul style="list-style-type: none"> In-network: \$25/\$40 copay Out-of-network: 40% coinsurance Chiropractic care: \$40 copay Labs/X-rays: You pay 15% after deductible Hospitalization/surgery: You pay 15% after deductible	<ul style="list-style-type: none"> In-network: You pay 20% after deductible Out-of-network: You pay 40% after deductible 		<ul style="list-style-type: none"> Office visit: \$20 copay Chiropractic care: Not covered Labs/X-rays: No charge Hospitalization/Surgery: \$20 per procedure (outpatient); \$500 per admission (inpatient)

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

2. Applies to medical and prescription drug expenses combined.

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

Prescription Drugs ¹	PPO Copay Option	Core Option	Premium Saver Option	Kaiser Permanente
Prescription drug carrier	CVS Caremark			Kaiser Permanente (KP)
Generic	No charge; no deductible	No charge after meeting the deductible		<ul style="list-style-type: none"> • \$10 (up to 30-day supply at a KP pharmacy) • \$20 (up to 100-day supply through KP mail-order)
Brand formulary (preferred)	You pay 25% coinsurance; \$125 maximum	You pay 25% coinsurance after deductible; \$125 maximum ²		<ul style="list-style-type: none"> • \$30 (up to 30-day supply at a KP pharmacy) • \$60 (up to 100-day supply through KP mail-order)
Brand formulary (non-preferred)	You pay 45% coinsurance; \$250 maximum	You pay 45% coinsurance after deductible; \$250 maximum ²		<ul style="list-style-type: none"> • \$30 (up to 30-day supply at a KP pharmacy) • \$60 (up to 100-day supply through KP mail-order)
Specialty	PrudentRx-eligible: You pay 30% coinsurance OR \$0 if enrolled in PrudentRx Non-Prudent-Rx-eligible: Applicable coinsurance applies	PrudentRx-eligible: You pay 30% coinsurance after deductible OR \$0 after deductible if enrolled in PrudentRx Non-PrudentRx-eligible: Applicable coinsurance applies		<ul style="list-style-type: none"> • \$30 (up to 30-day supply at a KP pharmacy) • \$60 (up to 100-day supply through KP mail-order)

If you fill a maintenance medication more than two times at a retail pharmacy other than CVS, you will pay 100% of the cost³.

1. Applies to retail (up to two fills) and mail order for the PPO Copay, Core and Premium Saver options only. If you purchase a brand-name drug for which a generic equivalent is available, you will be responsible for paying the difference in costs between the two drugs. Additionally, prescription drugs purchased out-of-network are subject to reasonable and customary (R&C) limits.
 2. Applies before and after deductible is met when a generic equivalent is not available (e.g. contains the same active ingredients in the same strength). If a generic equivalent is available, you will pay the difference between the generic and brand cost; coinsurance will not apply.
 3. The amount you pay for maintenance medications filled more than two times at a retail pharmacy other than CVS does not apply toward the deductible and out-of-pocket maximum. Even if you've reached your deductible and out-of-pocket maximum, you still pay the full cost for maintenance medications filled more than twice at a retail pharmacy other than CVS.

PPO Copay, Core and Premium Saver Prescription Drug Coverage

PrudentRx Program for Specialty Medications

PrudentRx can help you and your family manage costs for certain specialty medications.

If you are enrolled in the Core or Premium Saver plan option, you must meet your deductible before you are eligible for \$0 out-of-pocket cost, unless the medication qualifies as "preventive care" under the Internal Revenue Code. **Please note:** Amounts paid toward eligible medications on your behalf, including amounts paid by a manufacturer copayment assistance program, do not count toward your deductible or out-of-pocket maximum, unless required by law.

If you currently take a PrudentRx-eligible specialty medication, you will receive a welcome letter in November or December and a PrudentRx Advocate will reach out to you. Your enrollment will begin automatically, but PrudentRx may contact you for additional information or to enroll in copay assistance. If you do not return their call, choose to opt-out of the program, or if you do not affirmatively enroll in any copay assistance as required by a manufacturer, you will be responsible for the full amount of the 30% coinsurance on PrudentRx-eligible specialty medications.

Beginning January 1, 2024, please contact PrudentRx at **1-800-578-4403** or visit [prudentrx.com](https://www.prudentrx.com) for more information.



About specialty medicines

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

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

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

Kaiser Permanente HMO Prescription Drug Coverage

If you choose to enroll in the Kaiser Permanente HMO for 2024, you will automatically be enrolled in prescription drug coverage through the HMO.

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

Where to Purchase Medications

For your prescription medications to be covered, you must purchase them as follows:

- At a Kaiser Permanente pharmacy (for up to a 30-day supply); or
- Through the Kaiser Permanente mail-order service (for up to a 100-day supply of long-term maintenance medications).

Important: If you purchase your prescription medications through a pharmacy or mail-order service outside of the Kaiser Permanente network, your medications won't be covered, and you will pay 100% of the cost.

No Cost for Preventive Medications

Certain medications identified by the IRS as preventive are available to you at no cost under the HMO option. You can confirm these medications on the Kaiser Permanente website at [kp.org](https://www.kp.org). You may also access the preventive medication list on the **Corteva Connection** website at digital.alight.com/corteva.

To Find a Network Doctor

+ Highmark BCBS

- Go to www.highmarkbcbsde.com
- Click "Find a Doctor or Pharmacy"
- Click "Find a Doctor, Hospital or other Medical Provider"

+ Kaiser Permanente

- Go to [kp.org/searchdoctors](https://www.kp.org/searchdoctors)
- Click "California – Northern" or "California – Southern" depending on your location
- Then, search by name, location, provider type, or specialty

Need More Help?

In addition to **Corteva Connection**, cortevabenefits.com, and the other resources shown in the **Benefits Overview Guide**, you can connect with Kaiser Permanente directly for general plan information:

Medical and prescription drug benefits based on home ZIP codes for employees in California

Kaiser Permanente
1-800-464-4000
www.kp.org



[App Store/Google Play](#)

Your health insurance benefits, including viewing your current coverage, enrolling in, confirming, and making changes to your elections

Corteva Connection
1-800-775-5955
[http://digital.alight.com/corteva](https://digital.alight.com/corteva)



Access Corteva Connection via the Alight Mobile app
[App Store/Google Play](#)

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

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

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