

CORTEVA AGRISCIENCE 2023 BENEFITS

Benefits Overview Guide

For U.S. Full-Time and
Part-Time Regular Employees



Your Benefits, Your Way in 2023

With Corteva, you have a comprehensive and flexible selection of benefits designed to help you grow and thrive through all stages of life.

We're offering even more ways to meet your coverage needs next year, with new choices to help protect your family from unexpected expenses, such as legal services coverage, and critical illness, accident, and hospital indemnity insurance options. We're also making changes in other areas, including to our medical plan design and premiums, so you will want to consider all your options, make your decisions and enroll during the enrollment period.

This year we are:

- Introducing a new suite of benefits, called **voluntary benefits**. Adding legal services coverage, along with critical illness, accident, and hospital indemnity insurances to our benefits line-up is designed to protect you financially when weathering life's planned and unexpected moments.
- Enhancing **Parental Leave** to provide employees with the opportunity to spend 16 weeks bonding with a new baby or newly adopted child.
- Providing all U.S. employees with one **My Holiday** (a floating holiday) to be used to celebrate a day that's important to you.
- Introducing 80 hours of **Well-Being Leave** to help you care for your health and wellness, and your family's. Well-Being Leave will replace Paid Family Illness in 2023.
- Streamlining our **Short-Term Disability** process and design.

If you are a new hire or newly eligible employee, we welcome you to Corteva benefits!

You are eligible for Corteva benefits if you are a regular, full-service employee working at least 20 hours a week.

Additional eligibility rules apply, including for your spouse/domestic partner and dependents. Access **Corteva Connection** for details.

In addition to **Corteva Connection**, don't forget to check out **cortevabenefits.com**. It's a year-round website that both you and your family members can access from anywhere to get information about your Corteva benefits. No password required!

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

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

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What's Inside

This **Benefits Overview Guide** contains details on benefits offered to most Corteva employees.

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Important!

If you're an employee working in **California, Hawaii, Puerto Rico**, or an **expatriate on international assignment**, your health care benefits might be different – as noted throughout this guide. Find additional details in the **2023 Benefits Spotlight** posted on cortevabenefits.com.

You'll want to have both this Guide and the **Benefits Spotlight** available when you enroll to get a complete picture of your available Corteva benefits.

About 2023 Changes





What's New for 2023

Our benefits offer you choices in coverage and cost, and the flexibility to select the options that best meet your needs for the upcoming year. Highlighted below are enhancements and changes to your Corteva coverage. These changes take effect on January 1, 2023, unless otherwise noted.

Premium changes

Health care costs continue to rise due to inflation and the ripple effects of the global pandemic. Corteva has taken several actions to minimize the overall cost increases and, as a result, while you will see premium increases this year, they are below the industry average.

Deductible changes

The IRS is increasing the minimum required annual deductible for high-deductible health plans in 2023, resulting in a slight increase to some deductibles under Highmark options.

Updated deductibles for Highmark Core and Premium Saver options

	Core		Premium Saver	
	In-network	Out-of-network	In-network	Out-of-network
Individual	\$1,500	\$3,000	\$3,000	\$4,500
Other coverage levels	\$3,000	\$6,000	\$6,000	\$9,000

Health Savings Account (HSA) contribution limit increases

- You may contribute more to your HSA in 2023:
 - Up to \$3,250 if you cover just yourself, and
 - Up to \$6,550¹ if you cover anyone else (spouse or domestic partner and/or children).
- You may continue to contribute up to an additional \$1,000 if you are or turn age 55, or older, in 2023.
- The Corteva contribution isn't changing:
 - \$600 if you cover just yourself, and
 - \$1,200 if you cover anyone else.

Enhanced Parental Leave

For many, the birth or adoption of a child is one of life's most precious milestones. Corteva will provide employees, birthing and non-birthing, the opportunity to spend 16 weeks bonding with a newborn or newly adopted child.

Review [My Time Off Guide](#) on cortevabenefits.com for more information.

New Paid Holiday

Use a new **My Holiday** (a floating holiday) to celebrate a day that's important to you any time during the calendar year. This holiday is in addition to the standard nine holidays you already receive.

¹. Includes any contributions made by your spouse/domestic partner, assuming your domestic partner qualifies as a tax dependent.

If you're an employee in Hawaii, or Puerto Rico, or an expatriate on international assignment

Not all changes shown here may apply to you. You may also have additional changes that are highlighted in your **2023 Benefits Spotlight**.

Helping to manage health care costs

Corteva negotiates with our carriers to provide resources and tools that help ensure access to quality care at the best possible price. You can also help control plan costs by getting preventive care as recommended, using network providers, scheduling care that you might have delayed during the pandemic, and following proper adherence to medications that you're prescribed. Participating in Corteva's Healthy Incentive Credit and wellness program also provides a way to offset what you pay. Together, we can focus on well-being and mitigating future increases.



What's New for 2023

New Well-Being Leave

Well-Being Leave provides 80 hours (prorated for new hires) each year to help you recover from a personal illness, care for a family member, or handle a medical emergency.

Well-Being Leave can be taken in increments of one-hour or one day.

Review the **My Time Off Guide** on cortevabenefits.com for more information.

New Short-Term Disability (STD) process

The STD program will be streamlined:

- A seven-day waiting period will apply each time you initiate a new STD claim (except for maternity leave).
- You can use your available Well-Being Leave to continue your pay during the seven-day waiting period.
- The benefit will continue to provide 100% of base pay if you are out of work for more than one week, for up to 8 weeks, and 70% of pay during weeks 9 through 26.
- If you know you will be out more than one week in 2023, contact your People Leader and the Disability and Leave Center as soon as possible at **1-855-286-7599**.

More details are available in the **My Time Off Guide** on cortevabenefits.com.

New Voluntary Benefits

Consider enrolling in new benefits offered at discounted group rates. These voluntary benefits include critical illness, accident, and hospital indemnity insurance administered through MetLife®, and offer extra financial protection and peace of mind if you or a covered family member is seriously ill or injured.

You'll also have the option to purchase legal services coverage through MetLife Legal Plans, which provides a simple and affordable way to plan and save on common personal legal issues.

New automatic Roth in-plan conversion feature

Effective immediately, participants in the Retirement Savings Plan (RSP) can elect to have future after-tax contributions converted automatically to Roth contributions within their RSP account. This means that any earnings on those converted contributions will not be taxable upon distribution provided you take a qualified withdrawal from your Roth 401(k) assets.

To learn more, or to get started, go to Benefits Online at www.benefits.ml.com, select the **Retirement Savings Plan** name from the home page and select **I want to > Change My Contribution Rate**.

Note: If you already have an after-tax balance in RSP, talk with a Merrill representative about your conversion options for this balance by calling **1-844-540-0164**.

Introducing RSP eligibility for Temporary employees

At Corteva, we want all of our employees to have an opportunity to build their financial futures. Starting January 1, 2023, Temporary employees with Corteva will be eligible to participate in the RSP. If you're eligible, you will receive information in January 2023 about this benefit and how to participate.



Take a look at your beneficiaries

While you're on **Corteva Connection** during Annual Enrollment, it's a good time to review your insurance beneficiaries to ensure they are current.

To update beneficiaries for other accounts (such as RSP, ESPP, HSA), access the **Contact Us** page on **Corteva Connection** (or the back of this guide) to reach the specific provider.

Evolving the Online Experience

In early 2022, your **Corteva Connection** website experience was upgraded! **Corteva Connection** is your source for personalized benefits information throughout the year — and where you'll enroll during Annual Enrollment (and as a new hire).

If you haven't recently visited the site, the first thing you'll notice when you log in is a new homepage that makes accessing and managing your information easier. It's a more intuitive way to find your details, and it's customized to display your personal to-dos and recommended at-a-glance links.

Benefits Eligibility

Your eligible dependents include the following:

Spouse/Domestic Partner (same or opposite gender)

- Must be a legal spouse or domestic partner who meets the criteria as described in the domestic partner handbook (located on **Corteva Connection**).
- Additional eligibility rules apply for covered spouses and domestic partners who work and have coverage available through their own employer.

Child

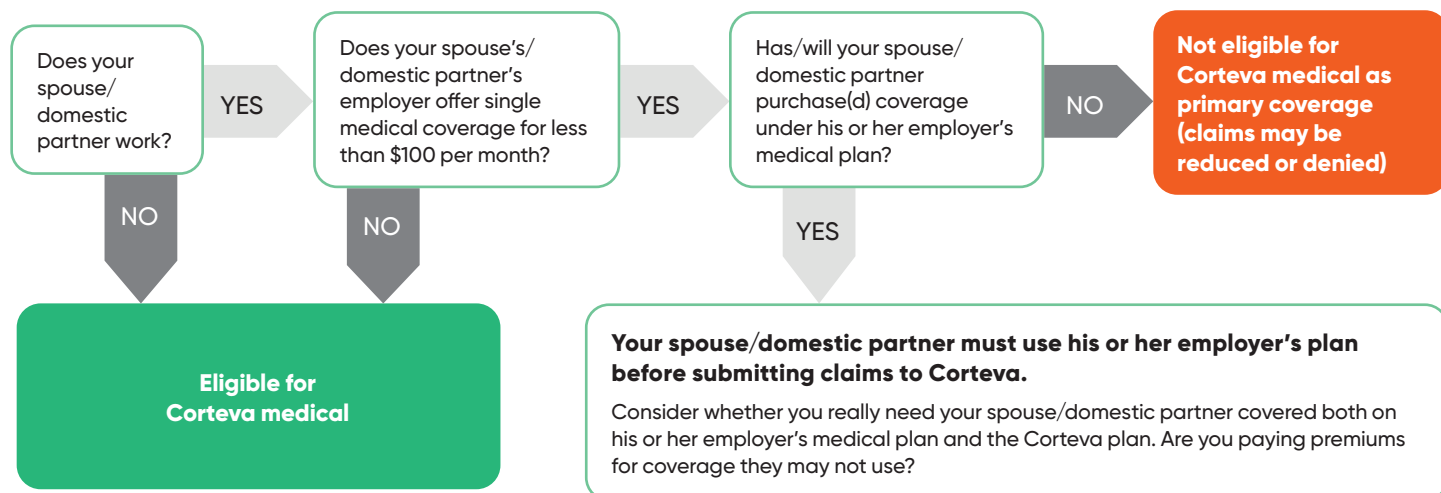
- Your dependent qualifies as your child if he or she is your or your spouse's/domestic partner's biological or adopted child, stepchild, foster child, or a child for whom you have court-appointed permanent legal guardianship or a Qualified Medical Child Support Order (QMCSO), until the end of the month in which your child turns age 26.

Working Spouse/Domestic Partner Rule

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

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

Working Spouse Rule Eligibility: A Snapshot



Special Rules for Corteva Couples

If you and your spouse/domestic partner both work for Corteva, special rules apply to help you avoid purchasing unnecessary duplicate coverage.

Medical, Dental, Vision, and Spending Accounts

- One spouse/domestic partner can cover both of you, or you can each purchase separate coverage. You cannot be covered as a participant in the medical, dental, or vision plans under your coverage at the same time as you are covered as a dependent under your spouse's/domestic partner's coverage.
- Eligible dependents cannot be covered by more than one employee.
- If you are enrolled in a Limited Purpose Health Care Flexible Spending Account or Dependent Care Flexible Spending Account (DCFSA) (if eligible), keep in mind you are subject to IRS maximums based on your tax filing status. Please see page 23 for more information.

Voluntary Benefits

- You and your spouse can not be covered as both an employee and a dependent under these plans.

Accidental Death Insurance

- Each of you can elect spouse/domestic partner coverage.
- Each of you can elect coverage for the same eligible child, but the combined coverage cannot exceed \$200,000 per child (\$100,000 per parent).

Dependent Life Insurance

- You and your spouse/domestic partner can cover each other under this plan.
- You and your spouse/domestic partner can each cover your eligible dependent children under this plan. Your combined maximum coverage for each child is \$40,000.



How to Enroll in Corteva Benefits

During Annual Enrollment

Each year you have an opportunity to review and change the benefits you want for the following year for you and your family.

When you can enroll

Annual Enrollment will take place from **October 26 to November 8, 2022** for 2023 benefits elections.

How you can enroll

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

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

If You Don't Enroll

If you don't enroll between October 26 and November 8, you will not be able to make changes to your benefits until next year's Annual Enrollment (unless you have a qualifying life event during the year). See page 37 for information on qualifying life events.

If you don't enroll or opt out of coverage, these elections will remain the same in 2023 at 2023 rates:

- Medical
- Dental
- Vision
- Health Savings Account (HSA)
- Employee Life Insurance
- Spouse Life Insurance
- Accidental Death Insurance
- Child Life Insurance

Elections for the Limited Purpose Health Care FSA and Dependent Care FSA do not carry over. You must make an election during Annual Enrollment or you will not have these accounts in 2023.



Enroll with the App

Enroll from anywhere! Download the **Corteva Connection** app today.

Search your device's app store for "Alight Mobile," or scan here for quick access. Enter "Corteva" when prompted and log in using the same User ID and password you use for the desktop version of **Corteva Connection**.



Confirmation Statement

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

Newly Hired Employee?

When you can enroll

You will receive an email from **Corteva Connection** within two to three business days from your hire date. You have 31 days from the date you become eligible for benefits to choose your new Corteva benefits you would like to have for the rest of the year.

Enrolling within 31 days will ensure your medical and dental coverage starts on the date you become eligible. Other benefits may have different effective dates (see **Corteva Connection** at <http://digital.alight.com/corteva> for other effective dates of coverage).

How you can enroll

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

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

The following benefits are available to you:

- Medical coverage
- Dental coverage
- Vision coverage
- Health Savings Account (HSA)
- Retirement Savings Plan (RSP) (enroll through Merrill)
- Limited Purpose Health Care Flexible Spending Account
- Dependent Care Flexible Spending Account (DCFSA)
- Employee Assistance Program (EAP)
- Employee Life and Dependent Life Insurance
- Accidental Death Insurance — Company Paid
- Voluntary Accidental Death Insurance
- Occupational Accidental Death Benefit (OADB) — Company Paid
- Voluntary Benefits:
 - Accident Insurance
 - Critical Illness Insurance
 - Hospital Indemnity Insurance
 - Legal Services
- Time away from work benefits:
 - Choice Time
 - Holidays
 - Paid Parental Leave
 - Well-Being Leave
 - Short-Term Disability (STD)
 - Long-Term Disability (LTD)

Default coverage

If you don't enroll within 31 days of the date you become eligible for benefits, you will be automatically enrolled in:

- **Medical:** Core option; employee-only coverage (premiums apply); no Company contribution to the HSA (until you certify HSA eligibility, and then your Company contribution will be prorated based on the date you became eligible)
- **Dental:** Standard option, employee-only coverage (premiums apply)
- **Life and Accidental Death Insurance:** Employee Life Insurance and Accidental Death Insurance at 1x your salary (Company-paid); Occupational Accidental Death Benefit at 3x your salary (Company-paid)



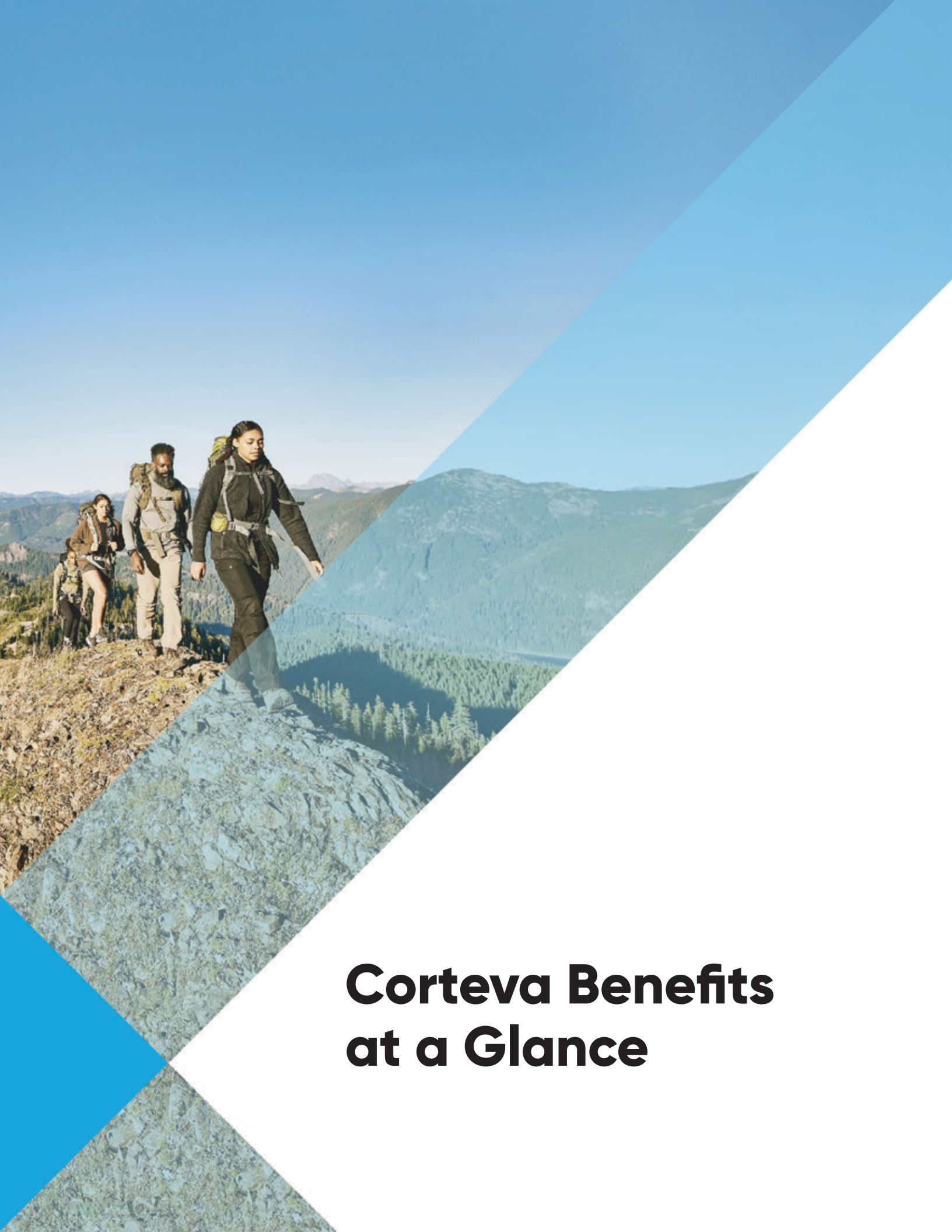
Please keep in mind

If you don't take action within 31 days, your automatic coverage will cover you only. **You will not have coverage for your dependents.**

Need details?

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

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



Corteva Benefits at a Glance

Medical Plan

You can choose to be covered by one of two medical plan options administered by Highmark Blue Cross Blue Shield (BCBS), both of which automatically come with prescription drug coverage. Both options also include a Health Savings Account (HSA), assuming you certify on **Corteva Connection** when you enroll that you meet the HSA eligibility requirements.

	Core Option		Premium Saver Option	
	In-network	Out-of-network	In-network	Out-of-network
Preventive care (coverage follows the standard preventive care guidelines of the Patient Protection and Affordable Care Act; includes prescription drugs classified by the guidelines as preventive)	100% paid; no deductible	100% paid; reasonable and customary (R&C) as applicable; no deductible	100% paid; no deductible	100% paid; reasonable and customary (R&C) as applicable; no deductible
Annual deductible (applies to medical and prescription drug expenses combined)	\$1,500 individual/ \$3,000 other coverage levels	\$3,000 individual/ \$6,000 other coverage levels	\$3,000 individual/ \$6,000 other coverage levels	\$4,500 individual/ \$9,000 other coverage levels
Corteva HSA contribution (subject to eligibility)	\$600 individual/ \$1,200 other coverage levels		\$600 individual/ \$1,200 other coverage levels	
Coinsurance for medical services • Office visits • Chiropractic care (\$1,000 annual limit) • Labs/X-rays • Hospitalization/surgery	You pay 20% after deductible	You pay 40% after deductible	You pay 20% after deductible	You pay 40% after deductible
Prescription drugs (applies to retail [up to two fills] and mail order)¹				
Generic	No charge after meeting the deductible		No charge after meeting the deductible	
Brand formulary (preferred)	You pay 25% coinsurance after deductible; \$125 maximum ²		You pay 25% coinsurance after deductible; \$125 maximum ²	
Brand non-formulary (non-preferred)	You pay 45% coinsurance after deductible; \$250 maximum ²		You pay 45% coinsurance after deductible; \$250 maximum ²	
Maintenance medications filled more than two times at a retail pharmacy other than CVS	You pay 100% of the cost; no maximum ³		You pay 100% of the cost; no maximum ³	
Out-of-pocket maximum (applies to both medical and prescription drug expenses combined)⁴				
Individual	\$5,000	\$10,000	\$6,000	\$12,000
Other coverage levels (combined family out-of-pocket maximum)	\$10,000 (limited to \$5,000 for any one family member)	\$20,000	\$12,000 (limited to \$6,000 for any one family member)	\$24,000

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

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

4. 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.

Medical Plan Bi-weekly Premiums¹

	Core Option	Premium Saver Option
Coverage Levels	Without Healthy Incentive Credit ²	Without Healthy Incentive Credit ²
You only	\$46	\$28
You + Spouse/ Domestic Partner	\$104	\$61
You + Child(ren)	\$79	\$54
You + Family	\$139	\$87

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.

Credits count

When you complete healthy activities, you're eligible to earn Premium Credits, which offset the cost of your medical premiums.

See page 24 for details.

What you pay



Healthy Incentive Credit

The Healthy Incentive Credit reduces your medical plan premiums each month. It is available to active, U.S. benefit-eligible employees (not spouses/domestic partners or dependents) ages 18 and over, who enroll in the Company medical plan and complete the steps required to earn the credit.

Employees who become eligible for benefits during the plan year and elect medical coverage through Corteva will automatically receive the 2023 Healthy Incentive Credit. In future years, you will be required to complete certain steps to earn the credit.

Learn how to earn credits on page 24.



Tobacco User Surcharge

(Does not apply to employees in Hawaii or Puerto Rico, or to expatriates on international assignment.)

Employees who use tobacco are subject to a \$600 annual surcharge, which is added to your bi-weekly premiums. To avoid the surcharge, tobacco users must complete three tobacco cessation coaching sessions by phone and complete one online Journey (both through Virgin Pulse®). Depending on demand, you may have to wait several weeks between coaching sessions. For more information, call Virgin Pulse at **1-888-671-9395**.

Additionally, you have:

- Free prescription tobacco cessation medication as part of the medical plan. Call CVS Caremark at **1-855-296-7682** to learn more.
- Up to 12 free Employee Assistance Program (EAP) sessions per year for each unique situation. Go to mylifematters.com (Sign in Name: CORTEVA1) or call **1-800-634-6433**.

Kaiser Permanente HMO participants:

Call Kaiser Permanente at **1-800-464-4000** to learn more.

Employees who become eligible for benefits during the plan year will not be assessed the tobacco user surcharge for that year. Additionally, if your eligibility date is on or after July 1, 2023, the surcharge for 2024 is waived.

Where to Go for Care: Cost-saving Tips

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

Non-emergency care

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

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

Outpatient diagnostic services

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

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

Highmark Connect Advocate Service

A healthcare concierge can make healthcare work better for you

When you have questions during the year about your healthcare, tap into this team of experts dedicated to answering your questions and connecting you to the right tools. They can help you:

- Find in-network doctors or facilities
- Understand your medical claim, provider bill, or explanation of benefits
- Schedule appointments
- Identify cost-effective care
- Understand your plan's benefits
- Find other healthcare resources for you

Additional support that the service can provide:

Health and Wellness Coaches

- **The benefit:** Expert help to quit smoking, lose weight, eat more healthfully and more.
- **Start by:** Calling **1-844-946-6257**.

Complex Care Management

- **The benefit:** A health coach can help you recover from a hospital stay, deal with multiple medical problems, and more. Their services include scheduling follow-up visits, helping fill prescriptions, and arranging therapy.
- **Start by:** Highmark will reach out if you have an inpatient hospital admission. Or you can initiate care management by calling **1-844-946-6257**.

Diabetes Prevention Program

- **The benefit:** A 12-month program that can help you make lasting changes, such as losing 5% of your weight to reduce your risk for diabetes.
- **Start by:** Calling **1-844-946-6257**.

Baby Blueprints: Maternity and Newborn Care

- **The benefit:** Help with care before and after your baby is born.
- **Start by:** Calling **1-866-918-5267** to enroll.



Connect with a registered Highmark Connect Advocate



highmarkbcbsde.com

OR



1-844-946-5657

Monday through Friday,
8 a.m. to 8 p.m. ET

Teladoc

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

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

Quick tip:

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

✓ Save time:

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

✓ Save money:

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

✓ Feel better:

Get a diagnosis, treatment, and prescription when needed.



Live in Hawaii, Puerto Rico, or an expatriate?

Your telemedicine provider is different. Contact information is available through your health plan, or see your **2023 Benefits Spotlight**.



Connecting with Teladoc is easy



Download App
App Store/Google Play

OR



www.teladoc.com/corteva

OR



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

Prescription Drug Coverage

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

Information on how to view drug pricing, finding an in-network pharmacy, and the 2023 formulary is available on [Corteva Connection](#).

Where to Purchase Medications

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

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

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

Pay Your Deductible First

You pay the full cost of your medications until you reach your combined medical and prescription drug deductible. Once you meet your deductible, the coinsurance and per-prescription maximums in the chart on page 12 will apply.

When you'll pay more – and less

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



Requirements for Maintenance Medications

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

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

Deductible Waived for Preventive Medications

These drugs are not subject to the deductible:

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

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

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



About specialty medicines

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

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

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



Connecting with CVS is easy



OR



OR



CVS Caremark
1-855-296-7682
www.caremark.com
App Store/Google Play

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

CVS Specialty
1-800-237-2767
www.cvsspecialty.com
App Store/Google Play

Health Savings Account (HSA)

The HSA is a bank account opened in your name through Bank of America when you enroll in the Core or Premium Saver medical plan option (and verify your HSA eligibility). Corteva contributes to your HSA, and so can you. The more you contribute from your paycheck on a tax-free basis, the more you can save to use toward medical expenses in the future. Remember to consider any contributions made with a previous employer during the same calendar year to ensure you do not contribute more than the IRS maximums and incur penalties.

For 2023, after Corteva's contribution you can contribute up to:

- \$3,250 if you cover just yourself (for a total of \$3,850 in 2023);
- \$6,550¹ if you cover more than yourself (for a total of \$7,750 in 2023); and
- An additional \$1,000 if you are or are turning age 55 or older in 2023.

Note: Your employer and any employee HSA contributions will begin with your first pay statement in the month following your medical elections. Contributions will post to your account shortly after they show on your pay statement.

Use your personal and Company contributions to pay for any expenses that are applied toward your deductible or out-of-pocket maximum (for example, doctor office visits or prescription drug coinsurance amounts) or — since the money rolls over each year — save it for future eligible medical expenses. Check with your tax advisor for additional tax requirements.

Learn more about the Corteva HSA through Bank of America, the HSA administrator, at myhealth.bankofamerica.com or 1-877-319-8115.

Does not apply to employees in Hawaii or Puerto Rico, or to expatriates on international assignment.



If you will be covered in 2023 by another health plan that does not qualify as a high-deductible health plan or by Medicare, the IRS requires that you decline the HSA.



How to Pay for Your HSA Eligible Expenses

There are three ways to access and use your funds:

1

The Bank of America Visa debit card

Use your card at most pharmacies and physician's offices (where Visa is accepted) and select Credit or Debit at the register for automatic deduction.

2

Health care provider payments

When you receive an invoice, use the Bank of America website or mobile app to request that your provider is paid directly from your account (like online bill payment — and once the claim is approved, the provider will receive a check within 7–10 business days), or you can elect to pay certain providers by electronic funds transfer (EFT).

3

Reimbursement requests

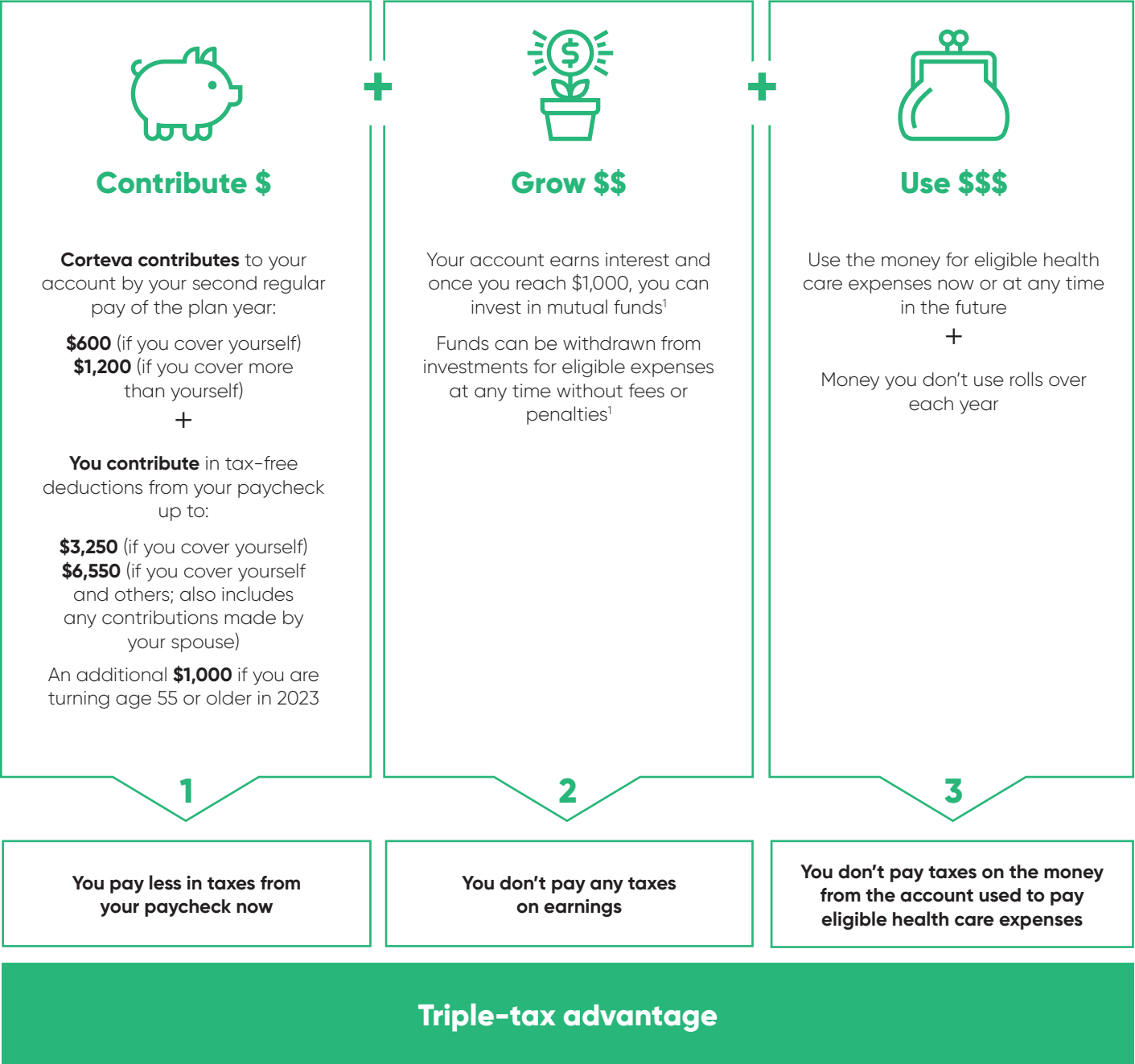
If you pay out-of-pocket for health care services, you can request reimbursement for yourself through the Bank of America website either electronically (direct to your personal checking or savings account) or by receiving a check.

For information on how the HSA payment coordinates with the Limited Purpose Health Care FSA, see “Flexible Spending Accounts (FSAs)” on page 23.

¹. Includes any contributions made by your spouse/domestic partner, assuming your domestic partner qualifies as a tax dependent.

How the HSA Helps You Save – Now and for the Future

When you enroll in the medical plan (and certify you meet the IRS eligibility criteria), a bank account will be opened in your name through Bank of America called a Health Savings Account (HSA). You will own and control this account for your health care expenses.



1. All investing is subject to risk, including possible loss. Talk with your tax advisor about your situation, including tax implications.

The Medical Plan and the HSA Are Separate and Unique



Medical Plan:

Provides **coverage** for health care services

- You receive comprehensive medical coverage and competitive benefits, with a choice of Core or Premium Saver options;
- Preventive care (such as annual physicals) is covered at 100% and is not subject to the annual deductible;
- For non-preventive care, you will pay full costs for your care until you reach your deductible (you can pay for these costs with money you receive from the Company in your HSA, your HSA contributions, or your personal savings); and
- For in-network care, you pay based on the network-negotiated rate.



Health Savings Account (HSA):

Helps you **pay for** health care services

- The HSA is a bank account with Bank of America that you own;
- The Company contributes to your account in one lump sum with your first regular pay cycle that includes a day of the new plan year (new hires will receive a prorated deposit amount with the end of the first pay cycle occurring after the first of the following month);
- If you are an active employee with an HSA balance, your HSA will remain open under the Corteva medical plan even if you do not elect medical coverage in 2023 or you and/or the Company do not contribute to the HSA in 2023;
- You choose a before-tax contribution amount from your paycheck, up to IRS contribution limits, when you open your HSA — and you can start, stop, or change the amount at any time through **Corteva Connection**;
 - IRS limits include all contributions made both before- and after-tax (i.e., contributions made by you, your spouse/domestic partner¹, and/or your employer), and any contributions made while employed by other employers during the same tax year.
- Use the money to pay for your current health care expenses, including the deductible and coinsurance, or save it for future health care expenses;
- With the HSA, you can be reimbursed for expenses incurred by your tax-eligible dependents — those who are not yet age 19 (or, if a student, not yet age 24) at the end of the tax year, or permanently and totally disabled;
- Per IRS rules, you cannot submit claims against your HSA for dates of service before the date the HSA was established — the IRS considers the account established once it is fully opened and the first funding is applied;
- The balance of the account rolls over from year to year, even if you change plans or leave Corteva (Corteva's contributions stop when you leave the Company or retire);
- If you change plans or leave Corteva, any investment allocations will not change and you will begin to pay the monthly account management fee;
- After age 65 you can use the funds for health care expenses, including Medicare premiums, and other expenses (subject to taxes; other requirements may apply); and
- If you enroll in a Corteva medical plan option during the year, or are age 65 or older, you will need to attest to your HSA eligibility on **Corteva Connection** to receive the Company contribution.

1. Assuming your domestic partner qualifies as a tax dependent.

How Your Corteva Medical Plan and the HSA Work Together



Medical Plan

Receiving in-network preventive care? You pay nothing.

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

- Annual physicals
- Immunizations
- Preventive medications

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

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

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

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

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

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

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

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



Health Savings Account (HSA)

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

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

In 2023, your HSA money can include...

Company contributions:

\$600 (you only)/\$1,200 (you + others)

+

Your contributions:

\$3,250 (you only)/\$6,550 (you + others)³

+

\$1,000 extra if age 55 or older

+

any other savings accumulated from previous years

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

2. The out-of-pocket maximum does not apply to infertility services. There is an infertility lifetime maximum benefits per family (males and females) of \$15,000 for medical and \$10,000 for prescription drugs.

3. Includes any contributions made by your spouse/domestic partner (assuming your domestic partner qualifies as a tax dependent).

Flexible Spending Accounts (FSAs)

Limited Purpose Health Care FSA

Your Limited Purpose Health Care Flexible Spending Account can be used to pay for dental and vision expenses only (your Health Savings Account [HSA] can be used for medical expenses until you reach your medical deductible). Each Corteva employee may make a minimum contribution from your paycheck on a before-tax basis from \$120 per year up to a maximum contribution of \$2,750 for 2023 (regardless of marital status).

Because of the FSA “use it or lose it” rule, consider contributing the maximum amount to the HSA prior to contributing to the Limited Purpose Health Care FSA. Unused HSA money rolls over to the next year for future expenses. Leftover money in your Limited Purpose Health Care FSA at the end of the year is forfeited.

If both you and your spouse contribute to the Limited Purpose Health Care FSA, you can only be reimbursed once for any eligible expense.

Note: You have until April 15, 2023 to submit claims for eligible expenses incurred during the 2022 plan year.

Eligible Limited Purpose Health Care FSA expenses include:

- Non-cosmetic dental care, orthodontia, prescription eyeglasses, contact lenses, and laser eye surgery;
- Copays, coinsurance, and deductibles under dental and vision plans; and
- Medical expenses (once you reach your medical plan deductible).

Dependent Care FSA

With a Dependent Care FSA, you can set aside tax-free money to pay for day care for your child who is under the age of 13 or for a spouse/domestic partner or dependent age 13 or over who is not able to take care of him/herself. The day care expenses must be necessary for you to work. If you are married, the expenses must also be necessary for your spouse to either work or attend school full-time.

Based on Your Tax Status...	You Can Set Aside...
If single or married filing jointly	Up to \$5,000
If married filing jointly and your spouse's employer offers a dependent care account	Up to \$5,000 in total between the two accounts
If your spouse earns less than \$5,000 per year	Up to the amount of your spouse's earned income (special income limits may apply if your spouse is a full-time student or unable to care for self)
If married filing separate returns	Up to \$2,500

If you are considered a highly compensated employee, your contributions to this account may be limited.

Two accounts, but which one do I use?

When you have an HSA and a Limited Purpose Health Care FSA and use your Bank of America debit card to pay for eligible expenses, those that can be reimbursed under the Limited Purpose Health Care FSA will automatically be deducted from that account.

If you prefer to pay for qualified dental and vision expenses using your HSA, you can pay out-of-pocket for the services and reimburse yourself using the Bank of America website. Or, have a check sent directly to the provider from your Bank of America HSA.

Domestic partner must be a dependent

You cannot claim health care or dependent care expenses for a domestic partner or a domestic partner's child(ren) unless they are considered by the IRS to be your dependents.

Wellness

Próspera at a Glance

At Corteva Agriscience, we are working together to build the strongest workplace that puts YOU at the heart of everything we do! That's why we've created Próspera, our global wellness program, available to all Corteva employees around the world. The goal of the program is to challenge you, educate you, inspire you, and motivate you to thrive in both your personal and professional life.

Why Join Próspera?

- Engage with employees around the world on the journey to improved health and wellness for you and your family.
- Enjoy a simple, interactive environment to keep track of your healthy habits with your fitness tracker. For additional information on a Max Buzz fitness tracker, visit virginpulse.com/maxbuzz. U.S. employees can earn points for Premium Credit or Pulse Cash.
- Get immersed in an environment where you are encouraged to succeed, regardless of your preferred activity, location, or level of fitness.
- Share your successes throughout the year — your milestones and achievements can inspire other employees, family members, and friends.

Who Is Eligible?

All employees around the world can participate in Próspera to achieve a greater well-being. Note that only regular and fixed-term Corteva employees are eligible for the Próspera tool. Limited-Service Employees (LSEs), contractors, and contingent staff are not eligible for the Próspera program.

How to Get Started

Step 1

Access the site at www.wellness.corteva.com (U.S.) and www.wellnessint.corteva.com (outside U.S.). Follow the prompts on the screen to create an account with Virgin Pulse.

Step 2

Set up your Max Buzz fitness tracker or your favorite fitness device and connect your device to your account. You can also track steps manually on the Virgin Pulse app or website.

Step 3

Set your interests, complete your Health Check Survey to get your heart age, and add co-workers, friends, and family so you can encourage and motivate one another through wellness activities.

Step 4

Sign up for company-wide or personal wellness challenges and healthy habit activities. (U.S. employees can earn points for Premium Credit or Pulse Cash.)



Earning Incentives

It's easy to earn rewards and your Premium Credit by making healthy choices. The more activities you complete, the more points you'll earn. You can earn \$40 in Pulse Cash each quarter and \$100 in Premium Credit in the first three quarters of the year by achieving Level 3 points. You must complete the Health Check Survey by September 30 of each calendar year to qualify for Premium Credits.

How to earn points for Premium Credit and Pulse Cash (U.S. only)

Complete activities each quarter to earn points for rewards. Your point total will reset each quarter.

You can earn points for daily activities and receive rewards in the form of Pulse Cash which can be redeemed toward items or gift cards in the Virgin Pulse Store. If you're enrolled in a Corteva medical plan option, you can also earn points toward your Premium Credit¹.

What you can earn each quarter:

	Level 1	Level 2	Level 3	Level 4	Total Available Incentives
Q1: Jan 1 – Mar 31					
Points	500	4,000	8,000	15,000	
Rewards					
• Pulse Cash (USD)	\$5	\$10	\$10	\$15	\$40.00
• Premium Credits			\$100		\$100.00
Q2: Apr 1 – June 30					
Points	500	4,000	8,000	15,000	
Rewards					
• Pulse Cash (USD)	\$5	\$10	\$10	\$15	\$40.00
• Premium Credits			\$100		\$100.00
Q3: Jul 1 – Sep 30					
Points	500	4,000	8,000	15,000	
Rewards					
• Pulse Cash (USD)	\$5	\$10	\$10	\$15	\$40.00
• Premium Credits			\$100		\$100.00
Q4: Oct 1 – Dec 31					
Points	500	4,000	8,000	15,000	
Rewards					
• Pulse Cash (USD)	\$5	\$10	\$10	\$15	\$40.00
One-Time Fitness Tracker Subsidy					\$24.99
				Device Subsidy	\$24.99
				Pulse Cash	\$160.00
				Premium Credit ¹	\$300.00
				TOTAL:	\$484.99

How to Use Pulse Cash

For more information on ways to earn and use your Pulse Cash, see the Próspera Global Wellness Program page on cortevabenefits.com.



Access Próspera on the Go!



Download the Virgin Pulse mobile app from the [App Store](#) or [Google Play](#).

¹. 2023 New Hires: You can apply this subsidy toward the Virgin Pulse Max Buzz or other device.

Dental Plan

You have the choice between two dental plan options administered by Delta Dental. When you use benefits providers in the Delta Dental PPO Network, you can limit your out-of-pocket costs.

	High Option	Standard Option
Coverage		
Annual deductible Applies to restorative care only	None	\$50 per person, up to a maximum of \$150 per family
Diagnostic and preventive care <ul style="list-style-type: none"> 2 regular cleanings per year or 4 periodontal cleanings with diagnosed condition (2 periodontal cleanings are in lieu of the 2 regular cleanings) 2 routine exams per year Dental X-rays: <ul style="list-style-type: none"> Bitewing X-rays (once per year) Whole mouth X-rays (once per 5 years) 	Plan pays 100% ¹	Plan pays 100% ¹
Restorative care Includes bridges, crowns, fillings, and other covered dental services	You pay 25% ²	After the deductible, you pay 50% ²
Annual benefit limit	\$2,000/person	\$1,500/person
Lifetime orthodontic limit³	\$1,500 per covered person, regardless of age	\$1,500/child (for children under age 19)
Bi-weekly Premiums		
You only	\$13	\$5
You + Spouse/Domestic Partner	\$23	\$9
You + Child(ren)	\$25	\$11
You + Family	\$41	\$17

1. For out-of-network claims, reasonable and customary (R&C) limits apply. 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 Delta Dental PPO network dentist is determined on the network-negotiated amount. For out-of-network providers, R&C limits apply, where R&C amounts are based on the 90th percentile. Additional frequency limits may apply to certain covered services.
3. The lifetime orthodontic limit is a combined maximum for both options.



Connecting with Delta Dental is easy



OR



OR



Download App
App Store/Google Play

www.deltadentalins.com

1-800-932-0783

Vision Plan

A vision plan with comprehensive coverage is offered through EyeMed.

- + More Choice** Choose from a huge network of eye doctors. The who, what, where, and when are all up to you.
- + More Guidance** EyeMed support tools make benefits easy to understand and easy to use. And stay mobile with EyeMed Members App and text alerts.
- + More Extras** Members-only savings and special offers from participating in-network eye doctors – they're all yours when you enroll. You even get discounts on LASIK, hearing exams, and hearing aids.

Benefits at a glance

	In-Network	Out-of-Network
Vision Service		
Eye exam	Plan pays 100%	Plan pays up to \$40
Eyeglass lenses (one time per year)*	Plan pays 100% after \$20 copay Progressive copays (other than standard) range from \$105-\$195.	Plan pays: <ul style="list-style-type: none"> • Single vision: up to \$30 • Bifocal: up to \$50 • Trifocal: up to \$70 • Progressive: up to \$50 • Lenticular: up to \$70 • Frames: up to \$125
Eyeglass frames	\$0 copay; 20% off balance over \$155 allowance	Plan pays up to \$125
Scratch-resistant coatings, solid and gradient tints, UV coatings	\$15 copay	Not covered
Cosmetic contact lenses*	Plan pays up to \$145 allowance toward the total cost	Plan pays up to \$125 allowance toward the total cost
Medically necessary contact lenses	Required pre-approval. Plan pays 100% of R&C	Plan pays up to \$300
LASIK	15% off retail LASIK	Not covered

* Plan allows member to receive either contacts and frame, or frame and lens services.



eyemed

Vision Plan (continued)

Bi-weekly premiums	
You only	\$3.37
You + Spouse/ Domestic Partner	\$5.85
You + Child(ren)	\$5.85
You + Family	\$8.67

Corteva Extras

You will have access to additional discounts to help keep money in your pocket. Supercharge your vision benefits by taking advantage of these additional discounts on eyemed.com:

- 40% off hearing exams and a low-price guarantee on leading brands of hearing aids.
- Lost or broken glasses replacements when traveling.
- 20% off non-prescription sunglasses.
- Up to \$800 off at LASIKPlus Vision Centers.
- And much more!



**If you enroll, you will receive ID cards
and a Welcome Packet from EyeMed**

You are not required to have an ID card to receive services. Since EyeMed benefits are convenient, just provide your name and date of birth, and in-network providers can confirm eligibility.



Connecting with EyeMed is easy



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

OR



eyemed.com

OR



1-866-800-5457

Monday – Friday 7:30 a.m. – 11:00 p.m., ET
Saturday 8:00 a.m. – 11:00 p.m., ET
Sunday 11:00 a.m. – 8:00 p.m., ET

Employee Assistance Program (EAP)

Real Life Can Be Hard – But You're Not Alone

LifeMatters is a confidential counseling service, available to speak with you live 24/7/365.

You and your dependents are eligible for:

- 12 free counseling sessions for each separate issue; and
- Concierge appointment scheduling service when you need to speak to a counselor face-to-face.

LifeMatters can help with:

- **Relationships:** How to get along with your significant other, co-workers, children, and more.
- **Well-being:** How to start an exercise routine, nutrition, quitting smoking.
- **Emotional distress/stress:** Feeling sad or worried, learning relaxation techniques, scheduling.
- **Legal matters:** Assistance with connecting with a lawyer, how to handle custody disputes, power of attorney.
- **Substance use:** Wondering about excessive alcohol use and/or substance abuse for yourself and/or other family members?
- **Finances:** Help with handling debt, saving to buy a house, or college expenses.
- **Child/Elder Care:** Help in finding child care and/or elder care, adoption services.
- **Convenience Services:** Help in finding fitness and wellness classes nearby, contractors for home projects, housing options.
- **And much more!**



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Good for People. Great for Life.



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Download App
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OR



mylifematters.com
Sign in Name: CORTEVA1

OR



1-800-634-6433
Outside North America:
call collect **1-262-574-2509**
available 24/7/365

Life Insurance

Corteva automatically provides you with basic life insurance coverage equal to 1× 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.) When you enroll in your benefits, you may choose to do the following:

Purchase more coverage: You can buy additional life insurance coverage for yourself on an after-tax basis (subject to evidence of insurability), up to 10× your annual pay (including the 1× your annual pay provided by Corteva); or

Reduce your coverage: You can elect coverage equal to \$10,000 or \$50,000 and receive employee life insurance (ELI) cash (also referred to as ELI credit) in your paycheck.

Spouse/Domestic Partner Life Insurance

You can choose from these life insurance coverage amounts for your spouse/domestic partner (evidence of insurability, or health information, may be required):

\$10,000	\$25,000	\$50,000	\$100,000	\$150,000
\$200,000	\$250,000	\$300,000	\$350,000	\$400,000

Child Life Insurance

You can elect dependent life insurance for your eligible children (including your domestic partner's eligible children) in these amounts: \$5,000, \$10,000, or \$20,000 per child. The coverage amount you select covers each of your eligible children for that amount — regardless of the number of children you have.

There is no waiting period for newborn life insurance. Your newborn child will be automatically covered for \$5,000 for the first 31 days following live birth. Additionally, dual Corteva couples may both cover children up to a maximum of \$40,000 (up to \$20,000 of coverage per child is available to each employee).

Accidental Death Insurance

Corteva helps you protect yourself and your family from the financial hardships a serious accident can cause. You automatically have Company-paid Accidental Death Insurance coverage equal to 1× your annual pay. This coverage is in addition to your Employee Life Insurance benefit and pays a benefit to your beneficiaries if you die in an accident. Also, if you are permanently injured in an accident, a percentage is paid for specific losses, such as a limb or eyesight.

If you purchase additional Accidental Death Insurance for yourself, you can also purchase coverage for your spouse/domestic partner and/or eligible children:

Coverage For:	Option A	Option B	Option C	Option D
You only	\$500,000	\$250,000	\$100,000	\$50,000
You/your spouse or domestic partner	\$500,000/\$300,000	\$250,000/\$150,000	\$100,000/\$50,000	\$50,000/\$25,000
You/each eligible child	\$500,000/\$100,000	\$250,000/\$50,000	\$100,000/\$25,000	\$50,000/\$10,000
You/your spouse or domestic partner/ each eligible child	\$500,000/\$300,000/ \$100,000	\$250,000/\$150,000/ \$50,000	\$100,000/\$50,000/ \$25,000	\$50,000/\$25,000/ \$10,000

Not sure how much coverage you need?

Visit Securian Financial's life insurance estimating calculator tool at www.LifeBenefits.com/insuranceneeds. No User ID or password is required.

Name your beneficiary

It is important to choose a beneficiary to receive your life insurance benefits if you die. You can name or change your beneficiary at any time on [Corteva Connection](#).

For your domestic partner or child of a domestic partner to qualify as your beneficiary, he/she must be specifically designated as a life insurance beneficiary by you.

Default payment rules do not apply to domestic partners or children of domestic partners.

If you have any questions about your beneficiary information or making a beneficiary designation, call **Corteva Connection** at 1-800-775-5955.

Voluntary Benefits

More Ways to Protect Your Financial Health

You've got more ways to protect yourself from unexpected health care or legal costs during the year through four "voluntary" benefits you can choose to purchase during Annual Enrollment or when you first become eligible for coverage. Offered through MetLife, what you'll pay for these coverages are shown when you're enrolling on **Corteva Connection**.

Expatriate on assignment?

You can enroll in voluntary benefits within 31 days of your return from assignment.

Critical Illness Insurance

This plan pays a lump-sum benefit if you or a covered family member suffers a covered condition, which include disease such as cancer and health events such as heart attack and stroke. It also rewards you for investing in your health by paying you \$75 per calendar year when you complete an eligible health screening or other preventive health measure, such as a cholesterol test or colonoscopy.¹

- **You decide:** Whether to cover yourself for \$15,000 or \$30,000. You can also cover your spouse/domestic partner and eligible dependent children.
- **How it works:** You'll be paid an initial lump sum with a verified diagnosis of a covered condition. If you have a subsequent verified diagnosis, you may be paid a recurrence benefit.

Accident Insurance

This insurance pays a lump-sum benefit if you or a covered family member is injured as a result of an accident. It supplements medical and disability insurance, giving you an added layer of protection.

- **You decide:** Whether to cover yourself under the Standard Plan or High Plan, and whether to add eligible family members to that coverage.
- **How it works:** Both plans pay you a lump sum for a covered event or health care service. You'll pay more for the High Plan, but it pays a larger lump sum if you have a covered event or service.

Hospital Indemnity Insurance

This insurance pays a lump-sum benefit if you or a covered family member is admitted to the hospital. (This doesn't include an emergency room visit unless you're admitted.)

- **You decide:** Whether to cover yourself under the Standard Plan or High Plan, and whether to add eligible family members to that coverage.
- **How it works:** The Standard Plan pays you — not your hospital or health care provider — \$1,000 if you're admitted to the hospital, and the High Plan pays \$2,000 per admission. Both cover up to four admissions per calendar year. They also pay if you're confined to the ICU, an inpatient rehab unit, or for a newborn in a hospital nursery.

Legal Services

Enrolling in MetLife Legal Plans is a simple and affordable way to plan and save money on common personal legal issues, such as home and real estate needs, estate planning, creating wills and powers of attorney, and family matters (e.g., adoption, custody, prenuptial, and divorce).

- **You decide:** Whether to cover yourself, and whether to add eligible family members to that coverage.
- **How it works:** You have access to a network of experienced attorneys with whom you can choose to work. There are no deductibles, copays, or claim forms when you use a network attorney. Simply find an attorney through the member.legalplans.com website, make an appointment, and that's it!

1. The health screening benefit is not available in certain states. Please review your Disclosure Statement or Outline of Coverage/Disclosure Document available from MetLife for specific state variations and exclusions around this benefit.

Retirement Savings Plan (RSP)

(Does not apply to Puerto Rico employees. See the Benefits Spotlight to learn about the Puerto Rico Savings and Investment Plan (SIP).)

Corteva offers a generous, competitive benefits package designed to help employees achieve fitness in all aspects of their lives — including their financial health. That's why we are pleased to offer the Retirement Savings Plan (RSP), a 401(k) savings plan. The RSP is Corteva's primary retirement income plan and a great way to help you prepare for your future.

Enrolling in the Plan

You can enroll in the RSP anytime after you become eligible (typically, your date of hire). You'll receive an enrollment package from Merrill once you become eligible.

We encourage you to enroll as soon as possible and start planning for a financially secure retirement. To enroll, visit Merrill's Benefits OnLine® at www.benefits.ml.com or call **1-844-540-0164**.

However, as a newly hired employee if you take no action to enroll in or opt out of the RSP, you will automatically be enrolled in the plan after 60 days of employment, as follows:

- 6% of your eligible pay will be deducted from each paycheck on a pre-tax basis and contributed to the RSP.
- You will receive a 100% Company match on your contributions, up to 6% of your eligible pay. Your personal contributions and Company match are vested at 100% as of your eligibility date in the plan.
- Your plan contributions will automatically increase 1% each year, up to a maximum of 15% of your eligible pay, subject to IRS limits.
- You will be automatically enrolled in the PersonalManager® feature of Advice Access, and your contributions will be invested according to Advice Access recommendations.



Access Merrill's Benefits OnLine on the Go!



Download the Benefits OnLine mobile app from the [App Store](#) or [Google Play](#).



All eligible employees receive an additional Corteva contribution, the Retirement Savings Contribution (RSC), of currently 3% of eligible pay. For 2023, the RSC contribution will be made in the first quarter of 2024. You must be employed on December 31, 2023 to receive the RSC. You are fully vested in RSC contributions after three years of service.

Additionally, all Temporary employees are eligible to participate in the RSP starting January 1, 2023, to help support all employees in saving for the future..

Name your beneficiary

It is important to choose a beneficiary to receive your RSP account balance if you die. If you are legally married, your primary beneficiary must be your legal spouse unless you get notarized, consented agreement from your spouse waiving his/her right.

You can name or change your beneficiary at any time on Benefits OnLine at www.benefits.ml.com. Select the **Retirement Savings Plan > Current Elections > Beneficiary Designations/Updates**. You will need your beneficiary's name, Social Security number, date of birth, relationship to you and address when you make the designation.

If you have any questions, call Merrill at **1-844-540-0164**.

Choosing Your Savings and Investment Strategy

After you are enrolled in the RSP — either on your own or automatically — you can make changes or cancel your participation at any time. Simply contact Merrill.

If you were enrolled in the RSP automatically and want to keep your assigned contribution rate and investments, you do not need to take any action.

If you want to customize the plan, you will need to:

Choose your contribution rate

You can contribute up to 90% of your eligible pay, up to IRS limits. Try to contribute as much as you can — or at least 6% of your eligible pay so you get the full Company match.

Choose your contribution type

Contribution Type	How It Works	Potential Considerations
401(k) pre-tax	Reduces your current taxable income. Any earnings are tax-deferred, but distributions are fully taxable as ordinary income at the time of distribution. ¹	If you think your taxes in retirement will be lower, you could benefit by deferring taxes with pre-tax contributions.
Roth 401(k)	Contributions are made after taxes are withheld. Unlike traditional after-tax contributions, however, any potential earnings on Roth 401(k) contributions are generally tax-free if you take a qualified distribution. ²	If you think your taxes at retirement will be higher, you may benefit from paying taxes now at a lower rate with Roth 401(k) contributions.
Traditional after-tax	Contributions are made after taxes are withheld, but taxes are deferred on any investment earnings. Taxes on earnings are due upon withdrawal. ¹	If your pre-tax and/or Roth 401(k) contributions reach the IRS limit, traditional after-tax contributions let you contribute more to the plan (subject to overall limits).

Make your investment choices

The RSP offers a broad selection of investment options. It also features an advice and guidance program with personalized recommendations, called Advice Access.

For more information, visit Merrill's Benefits OnLine at www.benefits.ml.com or call 1-844-540-0164. Representatives are available Monday through Friday, 7:00 a.m. to 8:00 p.m., ET, on days the New York Stock Exchange is open.



NOTE

If you do not want to participate in the RSP at all, please call Merrill at 1-844-540-0164 within your first 60 days of employment.

Remember!

You can elect to have your future RSP after-tax contributions converted automatically into a Roth 401(k) account through the new Roth in-plan conversion feature. This may save you money in taxes.

To learn more, visit Benefits OnLine at www.benefits.ml.com > Retirement Savings Plan > I want to > Change My Contribution.

1. You may also be subject to a 10% additional federal tax if you take a withdrawal prior to age 59½.
2. A qualified withdrawal or distribution is one that is taken at least five tax years after the year of your first Roth 401(k) contribution and after you have attained age 59½ (or upon disability or death). If you take a non-qualified withdrawal from your Roth 401(k) account, any associated earnings are subject to regular income taxes, and you may be subject to a 10% additional federal tax if you withdraw such earnings before age 59½ unless an exception applies. State income tax laws vary; consult a tax professional to determine how your state treats Roth 401(k) distributions.

Investing in the Plan involves risk, including the possible loss of principal value invested. Neither Merrill nor any of its affiliates or financial advisors provides legal, tax, or accounting advice. You should consult your legal and/or tax advisors before making any financial decisions.

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Employee Stock Purchase Plan (ESPP)

The Employee Stock Purchase Plan allows eligible Corteva employees to purchase company stock at a discounted price during certain Offering Periods. The ESPP encourages an owner's mindset as we make decisions and perform work that impacts company performance and supports the interests of our customers, stakeholders, and shareholders.

How the Plan Works

- You can contribute from 1% to 15% of your eligible pay, which will be deducted from your paycheck on a post-tax basis.
- You will receive a 15% discount on the Corteva, Inc. common stock shares purchased.
- You can contribute up to \$12,500 USD per Offering Period, and up to \$25,000 USD annually.
- You must hold your purchased shares for one year prior to selling your stock.
- You will continue to be enrolled in ESPP unless you opt-out. The cutoff to opt-out in the current Offering Period is the last business day of the month prior to the purchase date. If you opt-out of the ESPP during the Offering Period, and then choose to participate again in a subsequent Offering Period, you will need to re-enroll.

Eligibility and Enrolling in the Plan

You can enroll in the ESPP during any Offering Period after you become eligible, generally held January 1 and July 1 of each year. To be considered eligible, you must be a full-time or part-time, regular status employee who has been employed for 90 days prior to the offering period commencing.

To enroll, visit Merrill's Benefits OnLine at www.benefits.ml.com or call **1-844-540-0164**.

Participation in the ESPP is voluntary. Corteva is not making any recommendation to its employees with respect to the purchase of its stock and participation in this ESPP. Both the opportunities and potential risks of the ESPP should be carefully considered, just as you would before investing in any other security.

Name your beneficiary

You can name or change your beneficiary at any time on Benefits OnLine at www.benefits.ml.com. Select the **Employee Stock Purchase Plan > Beneficiary > Beneficiary Designations/Updates**.

You will need to enter your beneficiary's name and relationship to complete the designation.

If you have any questions, call Merrill at **1-844-540-0164**.



Download the Benefits OnLine mobile app from the [App Store](#) or [Google Play](#).

Time Away From Work Benefits

At Corteva, we know time is precious. We care about your overall well-being and recognize the need to recharge away from work.

Holidays

You will receive the following paid holidays for 2023.

2023 Holidays ^{1,2}		
One new floating holiday of your choice		
Monday (observed)	January 2	New Year's Day (observed)
Monday	January 16	Martin Luther King Jr. Day
Monday	May 29	Memorial Day
Tuesday	July 4	Independence Day
Monday	September 4	Labor Day
Thursday	November 23	Thanksgiving Day
Friday	November 24	Day after Thanksgiving
Monday (observed)	December 25	Christmas Eve (observed)
Tuesday (observed)	December 26	Christmas Day (observed)

1. Puerto Rico does not observe Martin Luther King Jr. Day or the Day after Thanksgiving, but instead observes Three Kings Day (January 6) and Good Friday (April 7).
2. Expatriates on an international assignment follow the holiday schedule of their host country. Check with your manager or HR Department for details.



Well-Being Leave

Well-Being Leave provides 80 hours each year to you (prorated for new hires) to manage your and your family’s health – such as for your own personal illness, caring for a family member, or handling a medical emergency. For additional details please review the [My Time Off Guide](#) on [cortevabenefits.com](#).

You can use this time in increments of one-hour or one day. All 80 hours will be available to you at the start of the new year. Your People Leader must approve your time away.

Choice Time

Choice Time provides paid time away from work you can use in any way you choose. It is administered on a calendar-year basis. The number of weeks of Choice Time you earn is based on the years of service.

Choice Time is measured in hours. One week of Choice Time equals 40 hours.

Years of Service	Number of Weeks of Choice Time per Year ¹
0 – 4	4
5 – 9	5
10 and Higher	6

1. Assumes a 40-hour work schedule; regular employees working part-time or a reduced schedule will receive a prorated number of Choice Time hours.

For more information about Choice Time, how it works, and other important details, refer to the [My Time Off Guide](#) on [cortevabenefits.com](#).

Paid Parental Leave

For many, the birth or adoption of a child is one of life's most precious milestones. We are proud to share enhancements that will provide our colleagues with additional time away from work during this special time in their lives.

Beginning January 1, 2023, **all new parents globally, birthing and non-birthing, will be eligible for a minimum of 16 weeks of paid leave** to care for and bond with their newborn or newly adopted child. To report this leave, contact the Disability and Leave Center at **1-855-286-7599**. For additional information please review the **My Time Off Guide** located on cortevabenefits.com.

Short-Term Disability (STD)

We know there may be times when you cannot work due to illness or injury. Our STD program covers sick time and will provide:

- 100% of regular pay during weeks one through eight (includes seven-day waiting period); and
- 70% of regular pay during weeks 9 through 26.

You must call the Disability and Leave Center at 1-855-286-7599 to file your claim for STD as soon in advance as possible of knowing you will be out for more than one week.

A seven-day waiting period will apply each time there is a new STD claim (except for maternity leave). The seven-day waiting period is the time in which your claim will be reviewed, and approval will likely require that you provide medical documentation. Sedgwick will guide you throughout this process. You can use your available Well-Being Leave to continue your pay during the seven-day waiting period.

Once your claim is approved, your STD will begin paying benefits and will be retroactive to the eighth day of your STD claim. If applicable, the amount of your STD benefit will also be offset by any additional state disability benefits you are eligible to receive. **You are required to provide medical information for all STD claims except maternity claims. Medical information must be received and claim must be approved by Sedgwick within the first seven days of your claim for your pay to continue.**

Your health benefits will not change and will continue as they are before you went out on leave. If your leave is unpaid, you will be invoiced each month for your benefits premiums until you return. These invoices must be paid each month so there is no interruption in coverage.

Long-Term Disability (LTD)

When your disability is more than a temporary condition, leaving you unable to work for more than 26 weeks, the Corteva LTD Plan can provide you with a steady income. If eligible, the plan will replace 60% of your base pay, up to a maximum of \$15,000 per month, when combined with Social Security and other available sources of income.

If you apply for LTD and are approved, your employment with Corteva will terminate effective the date of your LTD approval. You can reach The Hartford at **1-888-760-1280**.



Access the mySedgwick
Self-Service Tool

Visit www.mysedgwick.com/corteva for more information.

Additional Benefits

- Military Duty Leave
- Global Volunteer Leave Policy
- Jury Duty
- Bereavement Leave
- Survivor Support Program
- Learning and Development Programs
- Tuition Reimbursement
- Dependent Care for Business Travel

Changing Your Coverage During the Year

Qualifying Life Events

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

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

Examples of qualifying life events include:

- Marriage or establishment of a domestic partnership, as certified by filing an Affidavit of Domestic Partnership
- Divorce or termination of a domestic partnership, as certified by filing an Affidavit of Termination of Domestic Partnership
- Death of a spouse/domestic partner
- Birth or adoption of a child, or a child placed with you for legal guardianship or foster care
- Death of a child or child's loss of eligibility for benefits
- A significant change in your eligible spouse's/domestic partner's medical coverage
- The start of or return from a military leave of absence when an employee is called up to active duty
- Change in the cost of day care (for the Dependent Care FSA only)
- Change in your or your spouse's/ domestic partner's employment status that affects eligibility for benefits, including:
 - A switch from part-time to full-time status, or vice versa
 - Start or end of employment
 - Start of or return from an unpaid leave
 - Retirement
 - An unpaid leave of absence by you or your spouse/domestic partner

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



Enrolling your newborn for coverage

If you wish to enroll your newborn child for Corteva medical coverage, you must enroll them within 31 days of the child's date of birth for the medical coverage to be effective as of the child's date of birth. Call **Corteva Connection** at **1-800-775-5955**.

Note: Your newborn's Social Security number is not required until a year from their date of birth.

Corteva Connection

Your Personalized Benefits Resource

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

Use Corteva Connection to:

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

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



Using Corteva Connection for the First Time

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

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

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

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

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



Accessing Corteva Connection is easy



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

OR



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

OR













1-800-775-5955

Need More Help? Your Benefits Contacts







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

For Information About...	Contact Information	Mobile Apps
Your health and 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	 Access Corteva Connection via the Alight Mobile app App Store/Google Play
Core or Premium Saver medical plan options (medical benefits for employees in mainland U.S.)	Highmark BCBS 1-844-946-6257 www.highmarkbcbsde.com	 Connect to network providers and manage your medical care App Store/Google Play
Prescription drug benefits	CVS Caremark 1-855-296-7682 www.caremark.com	 Manage your prescriptions and pharmacy care needs App Store/Google Play
Coverage for specialty medications	CVS Specialty 1-800-237-2767 www.cvsspecialty.com	 Manage your specialty prescriptions and treatment needs App Store/Google Play
Health Savings Account (HSA), Limited Purpose Health Care FSA, and Dependent Care FSA	Bank of America 1-877-319-8115 myhealth.bankofamerica.com	 Submit claims, upload documentation, and manage accounts from your mobile device App Store/Google Play
Próspera Global Wellness Program (administered by Virgin Pulse)	Virgin Pulse 1-888-671-9395 www.wellness.corteva.com	 Get active, see all your program activities, and log points on the Virgin Pulse portal App Store/Google Play
Dental benefits	Delta Dental 1-800-932-0783 www.deltadentalins.com	 Secure access to your account, find in-network dentists, and more App Store/Google Play
Vision benefits	EyeMed 1-866-800-5457 www.eyemed.com	 Check your benefit details for eye exams, eyeglass frames, contacts, and lenses App Store/Google Play
MetLife Critical Illness, Accident, and Hospital Indemnity Insurance	MetLife 1-855-978-0817 mybenefits.metlife.com	 Review your coverage App Store/Google Play
MetLife Legal Plan	MetLife Legal Plan 1-855-978-0817 member.legalplans.com	 Review your coverage App Store/Google Play

Your Benefits Contacts (continued)



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

For Information About...	Contact Information	Mobile Apps
Employee Assistance Program (EAP)	LifeMatters 1-800-634-6433 www.mylifematters.com Sign in Name: CORTEVA1	 <p>Confidential support and resources for emotional, personal, and work-life issues</p> <p>App Store/Google Play</p>
Virtual diagnosis of non-emergency medical problems via phone or video consults (24/7/365)	Teladoc 1-800-TELADOC (1-800-835-2362) www.teladoc.com/corteva	 <p>Connect with a board-certified doctor 24/7/365 through phone or video consults</p> <p>App Store/Google Play</p>
Retirement Savings Plan (RSP)	Merrill 1-844-540-0164 www.benefits.ml.com	 <p>Access all your retirement savings in one place</p> <p>App Store/Google Play</p>
Employee Stock Purchase Plan (ESPP)	Merrill 1-844-540-0164 www.benefits.ml.com	 <p>Check your ESPP information</p> <p>App Store/Google Play</p>
Personalized health and benefits support	Highmark Connect Advocate Service 1-844-946-5657 www.highmarkbcbsde.com	
Short-Term Disability, FMLA, Parental Leave, Corteva Family Leave, Military Leave	Disability and Leave Center 1-855-286-7599 www.mysedgwick.com/corteva	
Long-Term Disability	The Hartford 1-888-760-1280 www.abilityadvantage.thehartford.com	
Estimating how much life insurance you may need	Securian Financial www.LifeBenefits.com/insuranceneeds	
Travel assistance <ul style="list-style-type: none"> • Pre-trip resources • Emergency assistance and evacuation services when traveling • Other travel resources 	Securian Financial www.LifeBenefits.com/travel	
Legacy Planning Access insights, articles, and tools for legacy planning	Securian Financial www.LegacyPlanningResources.com	
Pension Plan (for eligible plan participants)	Corteva Connection 1-800-775-5955 http://digital.alight.com/corteva	

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