

2010 Retiree Health Care Highlights

This newsletter explains the changes to your DuPont retiree health care benefits which will take effect on January 1, 2010. Please note: You do not need to take any action during this time, unless you wish to drop or reduce your coverage. If you choose to make changes, you may do so between **November 15 and December 31, 2009**.

For more information about your retiree health care benefits, visit the DuPont Retiree Website at www.retiree.dupont.com or contact the *MyInfo* Call Service Center online at www.myinfo.dupont.com or by phone at **1-877-694-6364**.

What's New for 2010

Each year, we evaluate our medical plan options. Changes this year to the deductibles and stop-loss amounts will align plan coverage for both pre-Medicare and Medicare-eligible retirees, while continuing to appropriately share costs between retirees and the Company. The specifics of the changes are outlined in this newsletter.

Background

Healthcare costs have increased steadily across the U.S. over the last several years—in some cases rising at double digit rates. For DuPont, retiree medical plan costs are projected to increase approximately 6% for 2010. In keeping with the DuPont retiree medical plan cost-sharing policy, these projected cost increases will be shared equally, on a 50/50 basis between DuPont and its retirees. For 2010, these costs will be shared through increases to the plan deductibles and stop-loss amounts offset by a reduction in the monthly premiums.

Pre-Medicare Retirees

Changes to the Managed Care POS Option

- **Adding an individual and family deductible** which will be identical to the deductible of the Indemnity Option available to Medicare-eligible retirees.
- **Increasing your medical plan stop-loss** to reflect the new deductible. Your stop-loss is the maximum amount you pay out-of-pocket each year for in-network covered medical expenses.
- **Increasing your prescription drug plan stop-loss** which is the maximum amount you pay out-of-pocket for covered prescription drug expenses each year.

Medicare-Eligible Retirees and Some Pre-Medicare Retirees

Changes to the Indemnity Option

(The Indemnity Option applies to pre-Medicare retirees who cover a Medicare-eligible dependent or live outside the Managed Care POS service area.)

- **Increasing your stop-loss for prescription drug benefits** which is the maximum amount you pay out-of-pocket for covered prescription drug expenses each year.



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Why these changes to the medical plan?

- Adding a deductible and increasing the stop-loss in the Managed Care POS Option will more closely align the benefits available between our two retiree medical options.
- Increasing the stop-loss amount for our prescription drug benefits will match the stop-loss amount in standard Medicare plans. This allows the Company to better coordinate and maximize the prescription drug benefits available from Medicare.
- In keeping with our cost-sharing commitments, adding the medical plan deductible and increasing the stop-loss for prescription drugs will reduce the monthly premiums for both medical plan options.

More details about these and other medical plan changes are explained on the following pages.

2010 Medical Plan Premiums

This year DuPont is making some changes to the plan design that will help keep our medical plan premiums affordable. As a result, for 2010, we are able to lower the monthly premium you pay for your medical coverage. Refer to the "Confirmation of Coverage" sheet enclosed with this newsletter for the rates that apply to you.

Pre-Medicare Retiree Medical Benefits

Deductible Added to Managed Care Point of Service (POS) Plan

If you're currently under age 65 and enrolled in the Managed Care Point of Service (POS) medical plan, please note that a \$500 per individual (up to a maximum of \$1,000 per family) annual deductible will be added to the plan beginning next year. Deductibles are a common plan design feature used by most health plans today as way to lower premiums.

The \$500 individual deductible amount matches the deductible currently in place for DuPont Medicare-eligible retirees and spouses of Medicare-eligible retirees participating in the Indemnity Option. The full value of this plan change will be used to reduce the monthly premiums for pre-Medicare retirees.

The following eligible charges will continue to be available to you without a deductible:

- In-network office visits (you pay a \$20 copay)
- In-network preventive care (covered at 100%)

The deductible will apply to lab work, tests, and other inpatient and outpatient care for both in-network and out-of-network services.

Also, the amount you pay toward meeting your annual deductible will count toward meeting your annual medical stop-loss (the maximum amount you pay out-of-pocket for in-network medical charges). The stop-loss will be increased to reflect the fact that it includes the new deductible.

Note that if you reach age 65 during the year and become Medicare-eligible, any charges applied to your Managed Care POS medical deductible for that year will apply to your \$500 Indemnity Option deductible.

EXAMPLE—Let’s see how the new deductible works:

Meet Marcus, age 62. He’s a pre-Medicare retiree who has diabetes that requires regular monitoring and includes periodic blood work. During an office visit, his doctor gives him an order for lab work, which is considered diagnostic and not preventive. Marcus has not had any charges applied to his \$500 deductible for the year.

- Marcus pays a \$20 office visit copay and the remaining office visit charge is covered 100% by the plan.
- His diagnostic lab work, done at a local in-network lab, costs \$135. As Marcus has not yet satisfied his deductible, the full \$135 charge would be applied to the deductible and his stop-loss for the year.

Medical Expense	Covered Charge	Applied to Deductible	Marcus Pays	Plan Pays
Office visit	\$100	None	\$20 copay	\$80
Lab work	\$135	\$135	\$135	0

Marcus has now met \$135 of the \$500 deductible for the year.

Change in Medical Plan Carriers in Certain Locations

The Managed Care POS medical plan carrier is changing in some locations effective January 1, 2010, as shown in the chart below. If you participate in the Managed Care POS plan in one of these locations, you will receive a letter notifying you of this change, as well as information about your new network of providers. You will also receive a new medical plan ID card. To see whether your current doctor and other providers participate in your new carrier’s network, visit their website or call them toll-free.

2009 Medical Plan Option and Carrier	Location	2010 Default
Managed Care POS—Anthem	Indiana and Kentucky	Managed Care POS—CIGNA
Managed Care POS—Blue Choice	South Carolina	Managed Care POS—CIGNA
Managed Care POS—Aetna	Rhode Island	Managed Care POS—CIGNA
Managed Care POS—CIGNA	New Jersey Texas*	Managed Care POS—Aetna

*Includes most Texas sites.

Preventive Care Updates

Your medical coverage will be updated to include:

- A pneumonia vaccination for children
- A thyroid test once every five years for women beginning at age 35

Refer to the Preventive Care Guide available on the *retiree web site* at www.retiree.dupont.com and on the *MyInfo* portal for a complete list of recommended covered preventive tests and immunizations.

Mental Health Care Benefits

Mental Health and Chemical Dependency covered services will now be paid at the same benefit level as other medical office visits and inpatient or outpatient care.

If you're a pre-Medicare retiree or covered dependent, all mental health and chemical dependency care must be coordinated with ComPsych in order to receive benefits. You may contact ComPsych at 1-800-435-7266.

Mental Health Care Benefits

Feature	Managed Care POS Plan	Indemnity Plan
Counseling sessions	In-network: \$20 copay Out-of-network: 70% R&C after deductible	80% R&C after deductible
Inpatient and outpatient care (coordinated through ComPsych)	In-network: 90% after deductible Out-of-network: 70% of R&C after deductible	80% R&C after deductible

R&C stands for Reasonable and Customary charge

All Retirees—Changes to Your Prescription Drug Coverage

If you are a pre-Medicare retiree, your medical coverage with DuPont includes prescription drug coverage. If you're a Medicare-eligible retiree, you have the option to purchase prescription drug coverage from either DuPont or through another prescription drug plan. For years, this coverage has been paid primarily by DuPont for both pre-Medicare and Medicare-eligible retirees—as Medicare did not offer prescription drug benefits.

In 2006, Medicare Part D was created and the government began paying a portion of prescription benefits for our Medicare-eligible retirees.

Regardless of whether you're a pre-Medicare or Medicare-eligible retiree, DuPont's prescription drug benefits generally work the same. Beginning January 1, 2010, we are making several changes to the prescription benefits of both plan options, which are designed to more closely mirror standard Medicare Part D benefits and to maximize the benefits available through Medicare.

Prescription Drug Changes Beginning January 1:

- **Increase to your deductible for 2010.** Under our current prescription drug coverage, the plan has a deductible which is designed to match the deductible under Medicare Part D. This annual deductible will increase this year by \$15—from \$295 to \$310—to reflect the same increase being made to the standard Medicare Part D deductible.
- **Increase to your stop-loss.** While our deductible has matched the Medicare Part D deductible, our stop-loss has been significantly lower than the Medicare Part D stop-loss. Therefore, in order to improve coordination with Medicare Part D under both DuPont retiree medical plan options, the stop-loss amount for prescription drug benefits will be increasing from \$2,500 to \$4,550. This change will reflect the stop-loss amount under standard Medicare Part D coverage.

What does this mean to you?

Beginning January 1, you will be responsible for a portion of the prescriptions costs (your deductible, coinsurance or copays) until you have incurred \$4,550 in out-of-pocket charges. After you reach the \$4,550 stop-loss, your prescriptions are covered at 100% for the remainder of the year. Note that the stop-loss does not apply to maintenance medications filled more than three times at a retail pharmacy.

What if you incur more than \$2,500 in prescription drug charges during the year?

If you are one of the few retirees who incur more than \$2,500 in out-of-pocket prescription drug charges in the year, you will see an increase in the amount you pay for your prescription drugs. Here are a few things to consider if you are impacted by the increased stop-loss:

- **Your \$100 maximum per prescription is not changing.** Although the plan has extended the charges on which you must pay your coinsurance and copays to \$4,550, the most you will pay to fill a prescription is \$100.
- **You may be eligible for a tax deduction.** If you itemize your deductions on your federal tax return, you may be able to receive a tax deduction for your prescription drug expenses—if the total amount you pay for eligible health care expenses for the year exceeds 7.5% of your adjusted gross income. See IRS Publication 502 for more details, or contact your tax or financial advisor.
- **You may be eligible for government assistance.** Medicare includes substantial cost-sharing assistance for Medicare-eligible retirees and dependents with low incomes and modest assets. This means you would be eligible to participate in a prescription drug plan with lower premiums and higher benefits. For 2010, you qualify for this assistance if you earn less than \$12,510 (for individuals) or \$25,010 (for couples). You should contact Social Security Administration or visit their official web site at www.socialsecurity.gov/prescriptionhelp for more details.

Why the changes to prescription drug benefits?

The changes to our retiree prescription drug coverage will help further align our health care benefits for all retirees. Whether you are pre-Medicare or Medicare-eligible, our Plan will offer the same deductible and stop-loss amounts, as well as coinsurance and copays. In addition, these changes also align our Plan with the standard Medicare Part D plan, which lets us take advantage of the full Medicare benefits available to our Medicare-eligible retirees. This will reduce our future prescription drug costs, and save both you and DuPont money.

Reducing prescription drug costs also helps prolong when we reach the Company's "cap" on health care costs.

In 2002, the Company announced limits on the amount it will pay toward retiree health care costs. These limits have not yet been reached. But once they are, the amount DuPont contributes toward your health care coverage will be frozen, and you will be responsible for the total amount of any future cost increases in the form of higher premiums or out-of-pocket health care expenses. Note that DuPont continues to provide you with up to \$1.5 million per year in catastrophic medical protection once your stop-loss is reached. Your individual stop-loss protection will remain in place even after the plan cap is reached.

How DuPont Prescription Benefits Compare to Standard Medicare Part D

With these changes to your prescription drug benefits, you may be considering a change to another prescription drug plan. Here's a look at how your 2010 DuPont coverage compares to standard Medicare Part D coverage.

Feature	DuPont Prescription Drug Benefits	Standard Medicare Part D Benefits
Annual deductible	Yes—\$310 for 2010	Yes—\$310 for 2010
Coverage gap (charges for which you receive no benefits—also known as the "doughnut hole")	There is no coverage gap—prescription drug coverage continues	Yes—from \$2,830 up to \$4,550 in charges are not covered
Stop-loss amount	\$4,550 in 2010	\$4,550 in 2010
Medications covered	Covers more drugs than standard Medicare Part D	Formulary not as extensive as DuPont plan
Catastrophic coverage	100% coverage after \$4,550 in stop-loss	95% coverage after \$4,550 in stop-loss

Determine if the DuPont prescription drug plan offers the best value. If you wish to keep your current coverage, you don't need to do anything. Your current coverage will carry over into 2010.

If you elect to purchase Medicare Part D drug coverage through another carrier, you must call the *MyInfo* Service Center toll-free at 1-877-MYINFO4 (1-877-694-6364). You will lose your prescription drug coverage with DuPont and you will not be permitted to reenroll at a later date.

Other Prescription Drug Changes

Over-the-Counter Prescription Drugs

Prescriptions for medications available over-the-counter (OTC) are no longer covered, even if the OTC version is in a lower dosage than the prescription. This change has already taken effect.

The medical plan has always excluded OTC medications from coverage. Remember, prescription strength versions of OTC medications are not covered.

Note that OTC medications are frequently less expensive than what you would pay for a prescription.

All medications, including OTC medications, should be taken under the supervision and advice of your doctor.

Using Long-Term Facility Pharmacies

Using a pharmacy at a Long-Term Care (LTC) facility is getting easier. If you or your covered dependent is in an LTC facility that has an on-site pharmacy, you can now have your prescription medications dispensed directly from that pharmacy, just like you would at any participating pharmacy. You'll simply be charged your regular retail coinsurance with no penalties. And most importantly, you will not be required to submit an appeal to Medco to have them dispensed at your facility's pharmacy.

If you have any questions about this, call Medco Member Services at 1-800-793-8766.

Name of Drug	Prescription, in mg	Over-the-Counter, in mg	Common Name
Cimetidine	300, 400, 800	200	Tagamet
Clemastine	2.68	1.34	Tavist
Famotidine	40	10, 20	Pepcid
Orlistat	120	60	Alli
Phenazopyridine	100, 200	95	Azo
Ranitidine	150, 300	75, 150	Zantac

At a Glance: 2010 Medical Plan Details

The following chart shows your medical benefits available under the Managed Care POS and Indemnity Options, including the plan changes that take effect January 1, 2010.

2010 Medical Plan Benefits at a Glance	Managed Care POS <i>For Pre-Medicare Retirees</i>		Indemnity <i>For Medicare-Eligible Retirees and Pre-Medicare Retirees Living Outside the Managed Care POS Service Area</i>
	In-Network	Out-of-Network	Secondary Coverage to Medicare
Deductible	\$500/individual up to \$1,000/family		\$500/individual up to \$1,000/family
Covered Preventive Care	100% R&C* after \$20 office visit copay	100% R&C* for tests/immunizations; 70% R&C* after deductible for associated office visit	100% R&C* for tests/immunizations; 80% R&C* after deductible for associated office visit
Office Visits/Mental Health Counseling Services	\$20 copay	70% R&C* after deductible	80% R&C* after deductible
Outpatient Lab, X-Ray, and Other Services	90%	70% R&C* after deductible	80% R&C* after deductible
Inpatient Care	90%	70% R&C* after deductible	80% R&C* after deductible
Medicare Part B Prescription Drugs	N/A	N/A	80% after deductible
Stop-Loss	\$2,000/Individual; \$4,000/family	N/A	\$2,000/individual; \$4,000/family
2010 Prescription Drug Program	Managed Care POS		Indemnity <i>Medical Plus Prescription</i>
Deductible	\$310/individual		\$310/individual
Mail: (90 Days) Generic Preferred Brand Non-Preferred Brand ¹	25% coinsurance, \$16 min., \$100 max. 25% coinsurance, \$45 min., \$100 max. 45% coinsurance, \$45 min., \$100 max.		25% coinsurance, \$16 min., \$100 max. 25% coinsurance, \$45 min., \$100 max. 45% coinsurance, \$45 min., \$100 max.
Retail: Rx (30 Days) Generic Preferred Brand Non-Preferred Brand ¹ Maintenance Rx after the 3rd fill ²	25% coinsurance, \$7 min., \$100 max. 25% coinsurance, \$20 min., \$100 max. 45% coinsurance, \$20 min., \$100 max. 45% coinsurance, \$45 min.		25% coinsurance, \$7 min., \$100 max. 25% coinsurance, \$20 min., \$100 max. 45% coinsurance, \$20 min., \$100 max. 45% coinsurance, \$45 min.
Prescription Stop-Loss	\$4,550/individual for medications purchased in network ³		\$4,550/individual for medications purchased in network ³

* Reasonable & Customary (R&C)

¹ If you choose a brand-name drug for which a generic equivalent is available, you will be responsible for paying the difference in the costs between the two drugs, along with the normal coinsurance. The \$100 maximum copay will not apply.

² Applies after you have reached the equivalent of a 90-day supply, or three refills of a maintenance medication. Does not apply to residents of Long Term Care facilities filling their medications on site. \$100 maximum copay will not apply.

³ Excludes Retail Maintenance Prescriptions.

Where necessary, the DuPont Medical Care Assistance Plan prescription drug coverage and benefits will be paid in compliance to the Medicare rules governing Medicare Part D plans.

2010 Retiree Medical Plan Rates

2010 Medical Plan Monthly Premiums						
Coverage Levels	Pre-Medicare Retirees (Managed Care POS or Indemnity Option)		Medicare-Eligible Retirees (Indemnity Option)			
	Medical + Rx Option		Medical Only		Medical + Rx Option	
	2009	2010	2009	2010	2009	2010
You Only	\$165.50	\$149.75	\$5.00	\$5.00	\$71.20	\$67.78
You + Spouse	\$331.00	\$303.50	\$10.00	\$10.00	\$142.40	\$135.56
You + Spouse (1 Medicare)	\$236.70	\$217.53	*	*	\$236.70	\$217.53
You + Child(ren)	\$221.25	\$214.75	\$18.75	\$17.39	\$84.95	\$80.17
You + Family	\$391.00	\$375.00	\$25.06	\$23.44	\$157.46	\$149.00
You + Family (1 Medicare)	\$251.76	\$230.97	*	*	\$251.76	\$230.97

*DuPont does not offer a Medical Only option that covers spouses who are not Medicare-eligible.

2010 Dental Plan Premiums and Options

Dental premiums will decrease. Based on recent retiree dental claims experience, dental premiums for the *Standard Dental Option* will be lower next year. Refer to the chart.

Remember that you have a choice of dental options. As a retiree, you can choose between the *Standard Dental Option* and the *Limited Dental Option*.

- The *Standard Dental Option* provides comprehensive dental coverage for a wide range of dental services, including preventive and diagnostic care, restorative care, and orthodontia.
- The *Limited Dental Option* provides benefits for preventive and diagnostic care only.

Monthly Dental Premiums for Retirees*			
Coverage Levels	Standard Comprehensive Coverage		Limited Coverage
	2009	2010	2010
You Only	\$14.75	\$12.75	None
You + Spouse	\$29.00	\$25.00	None
You + Child(ren)	\$25.00	\$21.75	None
You + Family	\$40.00	\$35.50	None

* The prices shown apply only to retirees receiving an unreduced DuPont pension. Individuals receiving a reduced pension will pay higher amounts.



2010 Retiree Dental Options and Prices		
Retiree Dental Plan Options	Standard Comprehensive Coverage	Limited Preventive and Diagnostic Coverage
Preventive and Diagnostic Services <ul style="list-style-type: none"> • 2 cleanings and exams per year • Dental x-rays • 2-periodontal cleanings/year, with diagnosed condition 	100% R&C ^{1,2,3}	100% R&C ^{1,2,3}
Restorative Care <ul style="list-style-type: none"> • Such as bridges, crowns, fillings and other covered dental services 	Approximately 50% ^{2,3}	None
Orthodontia (child)	\$1,200/lifetime	None
Annual Benefit Maximum per Individual	\$1,100	\$500

¹ R&C amounts are based on the 90th percentile, which means that 90% of the providers in a geographic area charge no more than the R&C amount, and 10% charge more than that amount.
² The benefit for the PDP Network Dentist is determined by the network negotiated amount.
³ The benefit for the out-of-network dentist is based on the scheduled amount.

Making Changes to your Dental Options

Please note: You may elect to switch from the *Standard Dental Option* to the *Limited Dental Option* after participating in the *Standard Dental Option* for at least twelve months. If you elect to switch to the *Limited Dental Option*, you cannot reinstate your *Standard Dental Option* coverage later. If you wish to switch to the *Limited Dental Option*, call the *MyInfo* Service Center toll-free at 1-877-MYINFO4 (1-877-694-6364) Monday through Friday between 7 a.m. and 7 p.m. Eastern Time (excluding holidays).



Making Changes to Your Retiree Health Care Coverage

Each year during this time, you have an opportunity to make a change to your retiree health care coverage with DuPont. **Between November 15 and December 31, 2009, you may elect to permanently:**

- Drop medical coverage
- Drop prescription drug coverage if you are a Medicare-eligible retiree by switching from the Medical Plus Prescription Drug option to the Medical Only option. (**Please note:** the plan does not include a Medical Only option for pre-Medicare individuals. Therefore, any of your covered dependents who are not Medicare-eligible will lose both medical and prescription coverage if you elect the Medical Only option. See "Important Information for Medicare-Eligible Retirees.")
- Switch from the Standard Dental Option to the Limited Dental Option
- Drop dental coverage
- Drop coverage for one or more of your dependents

To elect one of the above changes, call the *MyInfo* Service Center toll-free at 1-877-MYINFO4 (1-877-694-6364) Monday through Friday between 7am and 7pm Eastern Time (excluding holidays).

Remember, a decision to decrease or decline medical or dental coverage is considered permanent and irrevocable. You can only reinstate your DuPont coverage if you temporarily decline coverage while you are continuously participating in another employer's group health plan and subsequently lose eligibility for this other group coverage. You must notify DuPont within 60 days of losing other group health coverage in order to reinstate your DuPont retiree health coverage.

If You Become Eligible for Medicare During the Year

If at any time you or your covered dependent becomes eligible for Medicare, you must promptly contact the *MyInfo* Service Center to report the Medicare ID number. If you don't, you will be dropped from your retiree coverage. Note that your prescription drug deductible restarts at the time you become covered by Medicare (as required by Medicare). However, your medical deductible and stop-loss amounts are continued and are not restarted.

You will be switched to the Indemnity Option at the time you or your covered dependent become Medicare-eligible.

Important Information for Medicare-Eligible Retirees

As a Medicare-eligible retiree, you have a choice of two DuPont medical plan coverage options for yourself and your dependents: Medical Only or Medical Plus Prescription Drug. Whatever option you choose will apply to yourself and any covered dependents. You cannot choose one option for yourself and another for your dependents.

If you choose medical plus prescription drug coverage with DuPont, you cannot sign up for another Medicare Part D prescription plan without first ending your DuPont coverage.

If you choose the Medical Only option for yourself and your dependents, any of your covered dependents who are not Medicare-eligible will be removed from coverage. The Plan does not provide a Medical Only option for retirees or dependents who are not Medicare-eligible.



Contact Information

MyInfo Call Service Center

1-877-MYINFO4 (1-877-694-6364)

<https://myinfo.dupont.com>

- Access and print copies of newsletters, Summary Plan Descriptions, Q&As, and other benefit information
- Request changes to your medical or dental plan options
- Get answers to questions about your DuPont benefit premiums
- Remove any dependents you no longer wish to cover
- Change your life insurance beneficiary

DuPont Retiree Website

www.retiree.dupont.com

- Get the latest news regarding your DuPont retiree benefit plans
- Use links to access other relevant benefit websites

Medicare

1-800-MEDICARE (1-800-633-4227)

(TTY/TDD users should call 1-877-486-2048)

www.medicare.gov

- Compare plans available in your area
- Get answers to general questions about Medicare

- Learn about resources in your area that help explain Medicare Part D prescription drug benefits
- Find more information on federal financial assistance available to those who qualify

Medco

1-800-572-8695

www.medco.com

- Get answers to questions about DuPont prescription drug coverage
- Find a network pharmacy
- Get help filling your prescriptions
- Find out current prices for your medications

MyInfo Authorization

Note that when you use the *MyInfo* Call Center to initiate a transaction, you are authorizing the Plan Administrator to execute each transaction as if you had given written, signed authorization to do so. You should refer to your Summary Plan Description for a more detailed explanation of Plan provisions and procedures.

Although DuPont expects to continue offering medical, prescription drug, and dental benefit plans, the Company reserves the right to amend, modify, or discontinue the plans at its discretion at any time. Any inconsistency between the terms of this document and plan documents will be governed by the plan documents.



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