

## **Questions and Answers DuPont Retiree Benefits 2010**

### **Medical Benefit**

#### **How is the Managed Care POS changing in 2010?**

The Managed Care POS will have a combined in-network and out-of-network deductible. Also, the in-network out-of-pocket (stop-loss) will increase in 2010. The amount you pay towards your deductible will continue to count towards your annual medical stop-loss. See “Prescription Drug Benefit” section for information on how the prescription drug benefit is changing for 2010.

#### **What will the medical annual deductible and stop-loss be for the Managed Care POS option?**

The annual medical deductible per individual will be \$500 and up to a maximum of \$1,000 per family. The in-network stop-loss, which will include the deductible, will be \$2,000 per individual and \$4,000 per family. See “Prescription Drug Benefit” section for separate annual deductible/stop loss amounts that apply to prescription drugs.

#### **What services will the combined deductible apply towards?**

The deductible will apply to lab work, tests, and other inpatient and outpatient care for both in-network and out-of-network services. The deductible will NOT apply to in-network office visits in the Managed Care POS option or to preventive care tests and immunizations.

#### **Does one individual in a family need to meet the \$500 individual deductible in the Managed Care POS?**

No. The maximum deductible that will apply for any one covered family member is \$500. The family deductible of \$1,000 can be satisfied without any one individual meeting the \$500 individual maximum. For example: five covered family members could each have \$200 applied toward the deductible.  $5 \times \$200 = \$1,000$ .

#### **If one person in a family meets the \$500 individual deductible, how are the next claims for that individual paid in the Managed Care POS?**

The individual who has satisfied the \$500 individual deductible will have the next claims paid at the 90% in-network, 70% out-of-network benefit level. Other covered family members will still need to satisfy the remaining \$500 of the \$1,000 family deductible prior to entering the 90% in-network, 70% out-of-network benefit level. (Note that office visits in-network require just a \$20 copay and covered preventive tests/immunizations are paid at 100%.)

#### **Can one individual in a family meet the \$1000 family deductible in the Managed Care POS?**

No. The maximum deductible for any one individual is \$500/year, then that person goes into the coinsurance portion of the plan benefits.

**Does the Managed Care POS \$20 office visit copay apply toward the deductible?**

No. You do not need to satisfy the deductible prior to receiving coverage for office visits, nor does your \$20 office visit copay apply toward the deductible.

**Does the prescription drug deductible paid by retirees apply toward the Managed Care POS medical deductible?**

No. The Managed Care POS medical deductible is separate from the prescription drug deductible.

**Does the Managed Care POS medical deductible apply to the stop loss?**

Yes. The medical stop loss was increased for 2010 in recognition of the inclusion of the medical deductible.

**How is the Indemnity option changing in 2010?**

The medical annual stop-loss which will include the deductible will be \$2,000 per individual and \$4,000 per family.

**Why are certain medical carriers no longer being offered at some locations or in certain states in 2010?**

DuPont engaged an outside consultant to identify which of our already proven national carriers has the most favorable network negotiated rates in various geographic areas within the U.S., along with access to the doctors and hospitals currently used by the majority of DuPont employees. With this information, DuPont made a decision to consolidate and leverage plan administration by reducing the number of medical carriers administering the medical plan. This will also allow us to monitor service levels more easily and obtain competitive pricing for services.

**What should I do if I (or my spouse or other covered dependent) become Medicare eligible?**

Should you or any of your covered dependents become Medicare eligible, that individual will need to enroll in Medicare Part A and Part B at first eligibility. You will also need to call the MyInfo Service Center to report the Medicare eligibility, and to enroll in Part D if you wish to continue receiving prescription drug coverage through the DuPont medical plan. The MyInfo Service Center number is 1-877-MYINFO4 (1-877-694-6364). Your monthly premiums will be adjusted to reflect the accurate number of Medicare-eligible members.

**When do network negotiated rates apply and when do reasonable and customary (R&C) rates apply under the plan?**

Network negotiated rates apply to individuals who are enrolled in the POS option and who use a network provider. To determine if your provider is participating in the network, contact your medical plan carrier (such as Aetna, Cigna, or Independent Health) for a list of network providers. Should you seek services from a non-participating provider, or if you live outside of the network service area, or if you or a family member are Medicare eligible

and participate in the Indemnity Option, benefits are based on reasonable and customary rates. Reasonable and customary rates may be below billed charges. For additional information regarding reasonable and customary rates contact your medical carrier.

## **Mental Health/Chemical Dependency Benefit**

### **How is the mental health and chemical dependency benefit changing in 2010?**

To comply with the federal Mental Health Parity Act, the DuPont Medical Plan will provide the same benefits for mental health care and chemical dependency treatment as for medical health care. Refer to the 2010 Retiree Health Care Highlights home mailing for details. All care for pre-Medicare retirees must be coordinated with ComPsych by calling them at 1-800-435-7266 to receive benefits. Medicare eligible retirees will continue to send their claims to Medicare as primary and Aetna for secondary processing under the DuPont plan.

### **What is new for 2010 in regards to processing mental health and chemical dependency claims for pre-Medicare retirees?**

In 2010 ComPsych and the medical administrators (Aetna, CIGNA, and Independent Health) will work together to process pre-Medicare retirees' mental health and chemical dependency related claims. Pre-Medicare retirees will still use existing ComPsych network providers. ComPsych will also retain responsibility for the necessary pre-authorizations. Providers will continue to submit claims directly to ComPsych. ComPsych will then forward inpatient and outpatient claim determinations to the medical administrators. The medical administrators will be responsible for issuing payment to your provider in accordance with ComPsych's benefit determination.

### **What do I have to do differently when visiting a mental health or chemical dependency care provider?**

You, the pre-Medicare retiree can inform the provider that ComPsych will be processing the claim for this service, and either ComPsych or your medical administrator (Aetna, CIGNA, or Independent Health) will be paying the provider depending on the type of claim. Office visits will be paid by ComPsych directly to the provider and all other mental health and chemical dependency services will be reviewed by ComPsych and paid by your medical administrator. If you are a pre-Medicare retiree and in the Managed Care POS option, you will be responsible for paying your \$20 office visit in-network copay, just as you do for medical visits.

### **Who do pre-Medicare retirees contact to locate mental health and chemical dependency in-network providers?**

Pre-Medicare retirees should contact ComPsych at 1-800-435-7266 to locate network providers, preauthorize care, and answer general questions about mental health and chemical dependency treatment benefits.

**What does my mental health or chemical dependency provider have to do differently?**

Your provider does not have to do anything differently. They should continue to submit claims to ComPsych for pre-Medicare retirees and work with ComPsych to obtain pre-authorizations when necessary. Reimbursement will be determined by ComPsych and either issued by ComPsych for office visits or by your medical administrator for inpatient and outpatient care. Medicare-eligible retirees should contact Aetna with any questions.

**If I am currently being seen by a mental health or chemical dependency provider and I change medical plan carriers due to a move, how will this affect me?**

If you change medical plan carriers (such as switching from the Managed Care POS administered by CIGNA to the Managed Care POS administered by Aetna) , there will not be any impact or change in your treatment plan or ability to continue services with the current mental health or chemical dependency provider that was preauthorized by ComPsych. The ComPsych network will remain the same even if your medical carrier changes. If you become Medicare eligible during the year, your care will be administered by Aetna under the Indemnity option. Any medical deductible and stop-loss you have already satisfied under the plan year-to-date will apply towards your Indemnity medical plan when you become Medicare eligible and are switched to the Indemnity plan mid-year.

**Why can't my mental health or chemical dependency provider send claims directly to my medical administrator?**

ComPsych retains responsibility for all pre-authorizations and provider discount negotiations. In addition ComPsych must first review the claim to confirm authorization status and document provider network negotiated fees prior to the medical administrator processing the claim.

**As a pre-Medicare retiree who do I call for questions on my mental health and chemical dependency benefits?**

If you, as a pre-Medicare retiree have questions about benefits or prior authorizations, you should contact ComPsych. If you have questions about your claim status and out-of-pocket amounts, you should contact your medical administrator (Aetna, CIGNA, and Independent Health) using the phone number on your ID card.

**Preventive Benefit**

**What exams, tests, and immunizations are covered under preventive care?**

Please refer to your Preventive Care Guide for a list of covered exams, tests, immunizations and the appropriate age and frequency limitations. Links to the Preventive Care Guide reside in the MyInfo portal, and the DuPont Retiree website: [www.retiree.dupont.com](http://www.retiree.dupont.com).

**How frequently can I get a Health Evaluation?**

Preventive Health Evaluations will be covered at 100% once every 3 years for retirees and dependents age 19 and older. Refer to the Preventive Care Guide for coverage information for younger dependents.

**How does the medical plan track when I've had my last preventive service? How do they know that it's been 3 years since my last preventive physical?**

Your medical carrier tracks the date of your last preventive service and can inform you of when your next covered preventive service is due.

**How is the preventive care benefit changing in 2010?**

In 2010, DuPont will cover the **Thyroid Test (TSH)** in women age 35 and older every five years. This blood test checks how the thyroid gland is functioning, that is, if it is normal, overactive or underactive.

In addition DuPont will begin to cover the Pneumococcal Conjugate (PCV) Vaccine for children, which is administered in four doses and can start at the age of two months. This vaccine protects against the seven strains of pneumococcal bacteria responsible for the most severe pneumococcal infections among children.

**Will DuPont cover the H1N1 Vaccine in 2010?**

Yes, DuPont will cover the H1N1 vaccine, as a preventive care immunization.

**What is the basis for the preventive care guidelines?**

The Preventive Care Guide describes the preventive coverage and benefits available through the BeneFlex Medical Care Plan and Medical Care Assistance Program. The schedule was developed using the U.S. Preventive Services Task Force recommendations, following review by the DuPont U.S. Region Medical Director.

**Prescription Drug Benefit**

**How is the prescription drug benefit changing for 2010?**

In 2010, the annual deductible will increase to \$310/individual to match the deductible under Medicare Part D. In addition, in order to improve coordination with Medicare Part D under both DuPont retiree medical plan options, the annual stop-loss amount for prescription drug benefits will be increasing from \$2,500 to \$4,550.

In 2010, the medical plan will exclude coverage for prescription medications available over-the-counter with the same active ingredient and the same or lower dosage.

**How do I know that a prescription my doctor has written is available in a lesser strength over the counter?**

Ask your doctor at the time the prescription is being written if it is available over-the-counter in the same or a lower dose. You can then ask your doctor about using the over-the-counter strength medication prior to leaving the office.

If you are currently taking one of these medications, you will receive a letter prior to January 1, 2010 notifying you of the change. If it is a brand new prescription you should ask your doctor or pharmacist for more information or contact Medco Member Services at the numbers noted below and ask to speak to a pharmacist:

- DuPont Medicare eligible retirees: 1-800-572-8695
- DuPont pre-Medicare retirees: 1-800-793-8766

**If I use the mail order pharmacy and the prescription would be available in a lesser strength over the counter, will Medco advise me of this and not fill the prescription?**

Depending on how you are registered to pay Medco for your mail order prescriptions and the cost of the medication you will either be notified before the prescription is filled or when it is filled that it is no longer covered under the plan.

**What are some of the most common OTC medications that will no longer be covered in prescription strength?** Below is a chart highlighting the most common prescription drugs that will no longer be covered in 2010, since they have an OTC equivalent.

Prescription drugs Ingredient and strengths (no longer covered as of January 1, 2010)	Over-the-counter drugs Ingredient and strengths
<u>Cimetidine</u> – 300 mg, 400 mg, 800 mg	Cimetidine – 200 mg (Tagamet)
<u>Clemastine</u> – 2.68 mg	Clemastine – 1.34 mg (Tavist)
<u>Famotidine</u> – 40 mg	Famotidine – 10 mg, 20 mg (Pepcid)
<u>Orlistat</u> – 120 mg	<u>Orlistat</u> – 60 mg (Alli)
<u>Phenazopyridine</u> – 100 mg, 200 mg	<u>Phenazopyridine</u> – 95 mg (Azo)
Ranitidine – 150 mg, 300 mg	Ranitidine – 75 mg, 150 mg (Zantac)

**Why is the prescription drug benefit changing?**

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

**Does the over-the-counter prescription exclusion also apply to diabetic supplies?**

No. Diabetic supplies are necessary to administer a prescription.

**How do I know whether my medication is a preferred or non-preferred brand?**

You can log on to Medco's Website to find out whether the medications you're taking will be considered generic, preferred, or non-preferred. Medicare-eligible individuals enrolled in Medicare Part D will need to visit a separate site than those who are not yet Medicare eligible. The websites are as follows:

- Pre-65 individuals: **[www.medco.com/openenroll](http://www.medco.com/openenroll)**.  
Access code: NONMDRET11450
- Medicare Part D individuals: **[www.medco.com/medd/dupont](http://www.medco.com/medd/dupont)**

**Does Medicare Part D have a separate formulary or preferred drug listing?**

Yes. Medicare-eligible individuals will have a different listing for formulary, or preferred drugs. Updated 2010 guides will be available on the Medco Website at [www.medco.com/medd/dupont](http://www.medco.com/medd/dupont) on November 15, 2009.

**Why is there a difference between the formulary and preferred brand listing for Medicare-eligible individuals?**

The Medco Medicare Part D formulary list is designed to abide by the Centers for Medicare and Medicaid Services (CMS) guidelines. CMS guidelines do not allow for certain medications to be covered, so there is a variance from non-Medicare plans, such as the DuPont Prescription Drug Plan for active employees and pre-Medicare retirees.

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

If you don't have Internet access, call Medco Member Services toll-free at 1-800-572-8695 if you are Medicare-eligible. If you are a pre-Medicare retiree you can call 1-800-793-8766. Representatives are available 24 hours a day, 7 days a week (Except Thanksgiving and Christmas).

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

Visit Medco's **My Rx Choices®** prescription savings program at **[www.medco.com/choices](http://www.medco.com/choices)**. Simply look up the name of a medication to find lower-cost alternatives and your potential savings. Then print out the alternatives available and ask your doctor whether a lower-cost generic or preferred brand is right for you.

**How can I lower the cost of my prescriptions?**

Medco's online tool My Rx Choices® can help you find cost effective medications. Log onto the Medco web site at [www.Medco.com](http://www.Medco.com) and use the My Rx Choices® tool to look up the name of your medication in the alphabetical list or type the name in the search box. Print out the list of available generic and preferred-brand alternatives to discuss with your doctor.

### **How do I request a new prescription for one of my alternatives?**

Review your My Rx Choices® search results with your doctor so that, together, you can determine the most appropriate alternative for you. Then ask your doctor for a new prescription. If it's for a long-term drug, such as those used to treat high blood pressure or high cholesterol, be sure to get a prescription for a 90-day supply, plus refills for up to 1 year (if appropriate). Then mail your prescription to Medco's mail-order pharmacy or have your doctor fax your prescription to Medco. (You can download and print a physician fax form at [www.medco.com](http://www.medco.com).)

## **Dental Benefit**

### **How is the dental benefit changing for 2010?**

The dental benefit is not changing for 2010, but the premium will decrease based on the recent retiree dental claims experience.

### **Who is a participating Preferred Dentist Program (PDP) dentist?**

A participating dentist is a general dentist or specialist who has agreed to accept MetLife's negotiated fees as payment in-full for services provided to plan participants. PDP fees typically range from 10-35%\* below the average fees charged in a dentist's community for the same or substantially similar services.

\* Based on internal analysis by MetLife

### **How do I find a participating PDP dentist?**

There are nearly 125,000 participating PDP dentist locations nationwide, including over 25,000 specialist locations. You can get a list of these participating PDP dentists online at [www.metlife.com/dental](http://www.metlife.com/dental) or call 1-888-883-0052 to have a list faxed or mailed to you.

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

The benefit you receive in-network will pay for 50% (Standard Option) of the negotiated rate. The benefit you receive out-of-network will pay approximately 50% (Standard Option) of the area average charge, based on a scheduled amount. Both calculations are designed to adhere to the same cost-sharing proportion between you and the plan. If you are a participant in the Limited Option, you pay 100% of the network negotiated fee for restorative dental care.

### **Can I save money using a MetLife Preferred Dentist?**

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

**May I choose a non-participating dentist?**

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

**How are claims processed?**

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

**Providing SSNs to MyInfo for Dependents****Why do I need to supply the MyInfo Service Center with the Social Security Numbers for all of my eligible dependents?**

As of October 1, 2009, DuPont will be required by the Mandatory Insurer Reporting Law, Section 111 of Public Law 110-173, to report social security numbers (SSNs) or Medicare Health Insurance Claim Numbers (HICNs), when applicable, to each medical plan administrator for employees and dependents.

**I am unable to add the SSN to my "current" dependent(s) in the MyInfo portal. What should I do?**

Contact the MyInfo Service Center at (1-877-694-6364) with your dependent(s) SSN and provide them with the dependent(s) SSN and they will add the SSN information into the dependent record.

**Can I add a newborn dependent child even if I don't have their SSN yet?**

Yes. You may add a dependent child that is less than a year old through the MyInfo Portal even if you do not yet have their SSN. However, you will need to remember to call the MyInfo Service Center when you receive your child's SSN, so the service center can input that information into the portal.

**I have reviewed the MyInfo portal and do not see where the SSN is requested?**

The ID Number on the Dependent Data screen in the MyInfo Portal is the SSN.