



Your DuPont
Benefit Resources

Long Term Care Insurance

April 2001

Long Term Care Insurance— Summary

Although most people associate Long Term Care with their later years, it's important to know that the need for long-term care can happen at any time and at any age due to an unexpected illness or accident. The DuPont Long Term Care Insurance Plan is designed to provide asset protection in the event you or a covered family member can no longer perform simple everyday activities you take for granted, such as getting out of bed, eating or bathing.

The Long Term Care Plan offers:

- **Coverage at Group Rates**—*This insured-pay-all plan is available at group rates. Premiums cannot increase just because you get older or use your benefits.*
- **Flexibility**—*You can select the level of daily coverage you receive and the duration of the plan benefit, as well as choosing between comprehensive or facilities-only coverage.*
- **Coverage for Eligible Family Members**—*In addition to protecting yourself, coverage is also available for your spouse, parents, parents-in-law, grandparents, and grandparents-in-law.*

- **Freedom of Choice**—*When you're eligible for benefits, you make the decisions about where to receive care and which providers to use.*

This insurance is provided by MetLife. You can reach MetLife by calling 1-888-526-8495 or by visiting their website: <http://dupont.metlife.com>.

Details of the Plan are in the following pages.

<p>In case of a conflict among the terms contained in this Summary Plan Description, the official Plan language, or the Certificate of Insurance, the Certificate of Insurance will govern.</p>
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Participation

Full Service Employees and retirees can enroll in the Plan. The Plan is also available to spouses, parents, parents-in-law, grandparents, and grandparents-in-law of employees and retirees.

Eligibility

You are eligible to enroll in the DuPont Long Term Care Insurance Plan if you are a Full-Service Employee*, a retiree or an eligible family member.

Eligible family members can enroll in the plan even if the employee or retiree does not enroll. Eligible family members include spouses, surviving spouses of employees or retirees, parents and parents-in-law, grandparents and grandparents-in-law.

Enrollment

Enrollment kits are available from MetLife. To request a kit for yourself or any eligible family member, call MetLife directly at 1-888-526-8495.

During the Initial Long Term Care Enrollment Period**, employees can enroll over the phone by calling MetLife directly at 1-888-526-8495; through the MetLife website <http://dupont.metlife.com>; or by completing and returning a paper enrollment form. Retirees or other eligible family members enroll by completing a paper enrollment form and mailing to MetLife.

Evidence of Insurability

During the initial enrollment period in 2001, employees can enroll without submitting a Statement of Health.

New hires can enroll without submitting a Statement of Health if they enroll within 60 days of their date of hire.

Employees who do not enroll during the Initial Enrollment Period, or new hires who do not enroll within 60 days of their hire date,

must complete a Statement of Health. Retirees or eligible family members must always complete a Statement of Health.

Effective Dates

For employees, retirees and eligible family members enrolling during the Initial Enrollment Period, Long Term Care coverage will be effective April 1, 2001, or the first of the month following acceptance of your application by MetLife, whichever is later.

For New Hires enrolling within 60 days of their date of hire, Long Term Care coverage will be effective the first of the month following the date MetLife accepts your enrollment form.

Employees who are not required to submit a Statement of Health must be actively at work on their effective date of coverage. If you are not at work on your scheduled effective date, coverage becomes effective the date that you return to work.

For retirees or other eligible family members enrolling after the Initial Enrollment Period, Long Term Care coverage will be effective the first of the month following the date MetLife accepts your enrollment form.

*Benefits under this Plan shall not be available to any employee, or eligible family members of such employee, in a bargaining unit represented by a union for collective bargaining unless and until the site manager has authorized the benefit, collective bargaining on the subject has taken place, and any requisite obligations thereunder have been fulfilled.

**The Initial Long Term Care Enrollment Period is 60 days from date of original eligibility.

Contributions (Premiums)

Contributions are based on your coverage selections and your age at the time your coverage becomes effective.

Premiums

Long Term Care premiums are based on your coverage selections and your age. The younger you are when you enroll, the lower your premium. Once you are enrolled, premiums under this plan do not increase because you get older, your health changes, or you are receiving benefits from the plan.

If you enroll during the Initial Enrollment Period, your premium is based on your age as of the later of April 1, 2001 or the date your coverage becomes effective. If you are a new hire who enrolls within 60 days of your date of hire, your premium is based on your age, as of the date your coverage becomes effective.

Costs are also based on the plan option, daily benefit amount, and lifetime benefit selected.

See Appendix A for the premium schedule and for important information on premium rate guarantees.

Payroll Deduction

Payroll deduction is required for employees and their spouses.

Retirees and other eligible family members will be billed directly by MetLife. Available payment options include:

- Monthly Checking Account Deduction
- Quarterly direct bill
- Semi-Annual direct bill
- Annual direct bill

Premium Waiver

Once you have been authorized for benefits and have fulfilled the 90-day waiting period (see “**Qualifying for Benefits**”), MetLife will waive your premium as of the first of the following month. Premium payments will resume on the first day of the month after you are no longer eligible for long-term care benefits.

Reinstatement

If coverage is canceled for non-payment of premium, you may request reinstatement within 12 months of the cancellation date. You must provide MetLife with evidence of insurability and, if accepted by MetLife, pay all past due premiums.

If non-payment of premium was the result of a cognitive impairment or loss of functional capacity, you may request reinstatement within 5 months of the cancellation date without having to provide evidence of insurability. You must provide MetLife with proof of the cognitive impairment or loss of functional capacity and pay all past due premiums.

Coverage Changes

Coverage changes can be made at any time. Increases in coverage will require a Statement of Health.

Participants may request to change their Long Term Care coverage as follows:

Change	Statement of Health	When Effective
Increase Daily Benefit (e.g. \$100 to \$150)	Required	The first day of the month on or after the date MetLife approves the request.
Increase Total Lifetime Benefit (e.g. 3 year to 5 year)	Required	Same as above
Increase Coverage Level (e.g. Facilities Only to Comprehensive)	Required	Same as above
Decrease Daily Benefit (e.g. \$150 to \$100)	Not required	Same as above
Decrease Total Lifetime Benefit (e.g. 5 year to 3 year)	Not required	Same as above
Decrease Coverage Level (e.g. Comprehensive to Facilities Only)	Not required	Same as above

Any change in the cost of coverage will become effective on the first day of the month on or after the date MetLife approves the request. If the daily benefit is increased, the cost for the incremental increase will be based on the participant's age on the date the change is effective. For all other coverage increases, the new coverage will be based on the participant's age on the date the change is effective. If coverage is decreased, the new cost is based on the age used to determine the participant's previous coverage.

When a participant increases the daily benefit, the total amount of coverage also increases.

Coverage Options

Because everyone has different needs and financial priorities, the DuPont Long Term Care Insurance Plan has several options. Your selections should reflect the benefit amount you'd like to receive based on where you live or plan to retire.

Coverage Options

When enrolling, participants must select either **Facilities Only Coverage** or **Comprehensive Coverage**.

The **Facilities Only Coverage** Option provides coverage for care in a nursing home, assisted living facility, and in-patient hospice facility. This Option also includes an Initial Care Advisory Visit and Transition Expense Benefit. This Option is not available to residents of Vermont.

The **Comprehensive Coverage** Option provides coverage for care in a nursing home, assisted living facility, in-patient hospice care, home care, adult day care, respite care, and at-home hospice care. Comprehensive Coverage also includes an Initial Care Advisory Visit, Ongoing Care Advisory Services, Transition Expense Benefit and Alternate Plan of Service.

Daily Benefit Levels

When enrolling, participants must select a Daily Benefit level. The Daily Benefit is the maximum amount of daily coverage available for nursing home, in-patient hospice care, assisted living facility, and respite services.

The Daily Benefit options are:

- \$100
- \$150
- \$200

Under Comprehensive Coverage, Home Care, Ongoing Care Advisory Services, at-home hospice care and adult day care are covered at 50% of the daily benefit level.

Total Lifetime Benefit Options

When enrolling, participants must select a Total Lifetime Benefit. The Total Lifetime Benefit is the maximum amount of benefits the plan will pay. The options are:

- 3 year duration (1,095 times the Daily Benefit selected)
- 5 year duration (1,825 times the Daily Benefit selected)

Benefits can last longer than the duration selected based on the cost of your care, how frequently services are needed, and what types of services are used.

For example, if you select the \$150 Daily Benefit and you enter a nursing home that only costs \$125 per day, the difference of \$25 remains in your total lifetime maximum and extends the duration of the Plan. Or, if you receive care in your home and are reimbursed at 50% of the daily benefit, the other 50% of the daily benefit remains in your total lifetime maximum.

Covered Services

The DuPont Long Term Care Insurance Plan covers a wide range of services to give you more choices. You can choose the care that is best for you.

The following services are *available under both Comprehensive and Facilities Only Coverages*:

Initial Care Advisory Visit

Once you are eligible for benefits, a professional care advisor can visit your home and help you assess your long-term care needs and preferences, as well as explore resources and providers in your community. The Initial Care Advisory Visit does not reduce your Total Lifetime Benefit.

Nursing Home Services

Coverage includes all levels of care, skilled to custodial, received in a licensed nursing home or Alzheimer's facility.

Assisted Living Facility

Coverage includes licensed facilities providing 24-hour care and other services required by individuals who are unable to perform the Activities of Daily Living or who demonstrate Severe Cognitive Impairment.

In-Patient Hospice Care

Coverage includes health care and support services provided in a licensed hospice facility for those who are terminally ill.

Transition Expense Benefit

This is a benefit equal to 5 times the daily benefit. It can be useful for items such as durable medical equipment or an emergency response system. It is payable after completion of the waiting period and it does not reduce the Total Lifetime Benefit. The Transition Expense Benefit is not available if you are in nonforfeiture status.

The following services are *only available under Comprehensive Coverage*:

Home Care

Coverage includes care received at home from a nurse, home health aide, homemaker and/or a physical, occupational, respiratory, or speech therapist from a licensed home care agency. Care can also be received from a nurse (R.N., L.P.N., or L.V.N.) or therapist who is not from a licensed agency.

At-Home Hospice Care

Coverage includes health care and support services provided at home for those who are terminally ill.

Adult Day Care

Coverage includes any licensed facility offering care, health support, and rehabilitative services for adults during the day.

Respite Services

Provides relief for the primary care giver. Coverage includes care from licensed providers for 14 days per calendar year.

Ongoing Care Advisory Services

Coverage includes coordination of care and monitoring of the care you are receiving and assistance with altering your care plan as your needs change.

Alternate Plan of Service

A MetLife care manager can authorize benefits for services that are not specifically defined as covered under the plan. The service must meet the needs of the insured and may be a cost-effective alternative to services otherwise covered under the plan.

Plan Exclusions

The DuPont Long Term Care Insurance Plan does not provide benefits in certain circumstances or for certain items.

This plan does not provide benefits for the following:

- Care specifically provided for detoxification of or rehabilitation for alcohol or drug abuse (chemical dependency), except drug abuse sustained at the hands of or while being treated by a Physician for an injury or sickness.
- Any service or supply received outside the United States or its territories.
- Illness, treatment or medical condition arising out of:
 - war or act of war (whether declared or undeclared);
 - participation in a felony, riot or insurrection;
 - service in the armed forces or auxiliary units;
 - attempted suicide (while sane or insane) or intentionally self-inflicted injury;
- Any care provided while in a hospital, except for confinement in a distinct part of a hospital, which is licensed as a nursing home or hospice.
- Any service provided by your immediate family.
- Any service or supply to the extent that such expenses are reimbursable under Medicare, or would be so reimbursable but for the application of a deductible or coinsurance or co-payment amount. This exclusion will not apply in those instances where Medicare is determined to be secondary payer under applicable law.
- Services for which no charge is normally made in the absence of Insurance.

Additional Plan Features

The DuPont Long Term Care Insurance Plan includes these special features, regardless of the plan options you choose:

Inflation Protection

At least once every three years, participants will be given the option to increase coverage without providing proof of good health. The amount of the increase to the daily benefit will be 5% compounded annually. Any increase in your daily benefit will also increase your total lifetime maximum. The cost for the increased coverage amount will be based on the participant's age on the effective date of the change in coverage.

Return of Premium on Death

If a participant dies prior to age 65, all premiums paid, minus any benefits received, will be returned to the participant's estate. The amount of the refund will reduce by 10% per year from age 65 up to 75. At age 75, the Return of Premium on Death feature expires and no premiums will be returned. This feature is not available to residents of the state of Washington.

Nonforfeiture

This feature allows you to stop paying premiums and still keep a portion of your coverage. Participants who have paid premiums for at least 3 years and elect to stop making payments will be entitled to receive a reduced level of coverage. The feature provides your full Daily Benefit with a total lifetime benefit based on the amount of premium paid. The total lifetime benefit will be at least 30 times the daily benefit.

Bed Reservation Benefit

If a participant requires hospitalization, the plan will continue to pay the daily benefit for up to 21 days per calendar year to hold the bed in the nursing home, hospice facility, or assisted living facility, if required.

Portability

Participating employees can continue coverage at the same premium rate even when they retire or leave employment with DuPont. In that case, your premium must be paid directly to MetLife.

Guaranteed Renewable

As long as participants continue to pay premiums, MetLife cannot cancel their coverage.

Provider Discounts

Discounts with nursing homes, home health care agencies and medical equipment providers are available throughout the country. All Long Term Care plan participants are entitled to these discounts, which can allow your lifetime maximum benefit to last longer.

Qualifying for Benefits

To qualify for Long Term Care benefits, MetLife must authorize benefits and a waiting period must be satisfied.

Benefit Eligibility

Participants will be considered eligible for benefits when a licensed health care practitioner certifies them as being chronically ill.

Chronically ill means:

- being unable to perform, without substantial assistance from another individual, at least 2 out of 6 of the following Activities of Daily Living for at least 90 days due to a loss of functional capacity:
 - bathing –dressing
 - toileting –continence
 - eating –transferring
- OR**
- requiring substantial supervision to protect you from threats to health and safety due to a severe cognitive impairment.

Benefits will be paid for services included in a Plan of Care prescribed by a licensed health care practitioner.

Participants with disabilities resulting from organic brain diseases including Alzheimer’s disease or similar disorders are eligible for benefits. The plan also pays benefits in cases where a participant’s dependency results from mental or nervous disorders.

The participant, the participant’s doctor, or representative must contact MetLife and request a determination of benefit eligibility based on the inability of the participant to perform these activities on their own. MetLife must approve the request for benefit eligibility, and in so doing, may also require access to the participant’s medical records.

Waiting Period

The waiting period is 90 calendar days. Covered services do not need to be received during the waiting period. No benefits can be paid until this waiting period is satisfied.

Denial of Eligibility for Benefits

If a participant is not certified as chronically ill, (s)he will not be eligible for benefits. MetLife will send written notice of its decision no later than 10 working days after the company has received all necessary information.

Written requests should be sent to MetLife if a participant requires further explanation of the denial. Within 60 days of the date the request is received, MetLife will provide a written explanation of the reasons for the denial and make available all information directly relating to such denial. Participants may appeal MetLife’s denial of eligibility for benefits.

Concurrent Review

When a participant is receiving covered services, MetLife will review the case from time to time to see that the standards for benefit eligibility are still being met. MetLife may review records and/or contact the participant, the participant’s doctor or someone else familiar with the participant’s condition. If it is determined that the participant is no longer eligible for benefits, (s)he will be notified by MetLife.

Claims Process

MetLife will notify participant of benefit eligibility and will provide forms to be used to submit claims for benefits.

How to Submit a Claim

MetLife will pay benefits only upon receipt of adequate written proof that expenses for covered services were incurred.

Written proof of claim must be submitted no later than 90 days after the end of the calendar year in which the expenses were incurred. Failure to submit proof of claim within the time limit may result in a claim denial unless it is shown that it was not reasonably possible to provide the proof of claim within the time period or that the proof of claim was submitted as soon as reasonably possible.

Approval of Claims

If MetLife approves a claim for benefits, they will send written notice of the decision no later than 10 working days after all necessary information is received.

How Benefits are Paid

After MetLife has approved the claim, reimbursement for covered services will be paid directly to the participant. Payments for most services can be made directly to the provider at the request of the participant and the provider. Payments for Alternate Plan of Service and/or Transition Benefits cannot be made to anyone other than the participant.

Amount of the Benefit

The Daily Benefit selected by the insured determines the maximum amount that can be received each day. The amount payable will not exceed the total amount of expenses incurred for all services received in a day and will never be more than the Daily Benefit Amount selected.

Denial of Claims

If MetLife denies a claim for benefits, in whole or in part, it will send written notice of its decision no later than 10 working days after all necessary information is received.

Written requests should be sent to MetLife if a participant requires a further explanation of the denial. Within 60 days of the date the request is received, MetLife will provide a written explanation of the reasons for the denial and make available all information directly relating to such denial. Participants may appeal MetLife's denial of a claim.

Appeal of Claims

MetLife will reconsider its decision to deny a participant's eligibility for benefits or his or her claim for benefits.

The participant must make a written request to MetLife for a review of the decision and this request must be sent within 60 days after the participant receives the denial.

Within 60 days of receiving all necessary information, MetLife will review the denial and make a final decision. Its final decision will be in writing, and if a denial, will include the specific reasons.

When Coverage Ends

Terminating Coverage

Participants can cancel their long-term care coverage at any time. This cancellation will be effective at the end of the month in which cancellation is requested.

The following chart shows the circumstances under which long-term care coverage will end and when the termination is effective:

Circumstance Causing Coverage to End	Coverage Ends:
<ul style="list-style-type: none">• Participant requests cancellation of coverage.• This coverage is replaced by another substantially similar plan, and the insured participant becomes eligible for that coverage.• A participant does not pay the costs for coverage or DuPont does not forward payment to MetLife.• Death of a participant.• Participant reaches Maximum Lifetime Benefit.	<ul style="list-style-type: none">• At the end of the month in which you notify MetLife that you wish to terminate your coverage.• On that date• On the last day of the month for which MetLife received payments.• Date of death.• Date that maximum benefit amount is paid out.

Continuation of Coverage

If the Plan ends, participants will be able to continue their coverage directly with MetLife if:

- The Plan is not being replaced with a substantially similar plan;
- The Plan is being replaced with a substantially similar plan, but the participant is not eligible under the new plan, or

- The participant is no longer an eligible employee, eligible retiree or eligible family member under the plan.

To continue coverage, participants must pay the required premiums directly to MetLife.

Administrative and ERISA Information

Plan Name and Identification Numbers

The complete name of the program is the *Long Term Care Insurance Plan*. In any formal correspondence about the *Long Term Care Insurance Plan*, refer to the Employer Identification Number assigned by the Internal Revenue Service. DuPont's number is EIN 51-0014090. The official plan number is 516.

Type of Plan and Plan Year

The *Long Term Care Insurance Plan* is a welfare plan subject to the Employee Retirement Income Security Act of 1974 (ERISA). Records for the plan are maintained on a calendar-year basis.

Plan Administration and Funding

Legal process may be served on E. I. du Pont de Nemours and Company, 1007 Market Street, Wilmington, DE 19898, (302) 774-1000 as plan administrator. The plan is paid for by participant contributions.

Insurance Company and Plan Underwriter

The insurance coverage under this Plan is provided to DuPont by:

Metropolitan Life Insurance Company
57 Greens Farms Road
Westport, CT 06880
1-888-526-8495

Plan Documents

This summary plan description is intended to provide you with a reasonably thorough explanation of the *Long Term Care Insurance Plan*. Wherever possible, nontechnical language has been used to explain plan provisions. The official plan language and the Certificate of Insurance are the governing documents in the event that questions arise.

Your Rights Under ERISA

Under the provisions of ERISA, you have certain rights:

- Without charge, you may examine documents under which the benefits are maintained. These include the official plan language. You may also examine forms filed with the Internal Revenue Service (such as annual financial reports on Form 5500). These documents and forms are maintained for inspection at DuPont headquarters, 1007 Market Street, Wilmington, DE 19898.
- You may receive regular summaries of the annual financial reports for your benefits.
- You may obtain copies of these documents, information and forms within 30 days by writing to your Human Resources Manager. You pay the cost of reproducing them.
- If you think the response to your request for material is inadequate, your claim for benefits is incorrectly denied, or the persons responsible for administering your benefits acted improperly—after pursuing your administrative remedies with the plan administrator—you may bring legal action.

Direct questions about your benefits to MetLife at 1-888-526-8495. Direct questions about your rights under ERISA to the nearest area office of the U.S. Pension and Welfare Benefits Administration, Department of Labor listed in your phone directory or the Division of Technical Assistance and Inquiries Pension and Welfare Benefits Administration, U.S. Department of Labor, 200 Constitution Avenue, N.W., Washington, DC 20210.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefit plan. The people who operate your plan, called “fiduciaries” of the plan, have a duty to do so prudently and in the interest of you and other plan participants and beneficiaries. No one, including your employer, your union, or any other person, may fire you or otherwise

discriminate against you in any way to prevent you from obtaining a benefit or exercising your rights under ERISA. If your claim for a benefit is denied in whole or in part you must receive a written explanation of the reason for the denial. You have the right to have the plan review and reconsider your claim.

Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the plan administrator to provide the materials and pay you up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the administrator. If you have a claim for benefits which is denied or ignored, in whole or in part, you may file suit in a state or federal court. If it should happen that the plan fiduciaries misuse the plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor, or you may file suit in a federal court. The court will decide who should pay court costs and legal fees.

If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs, and fees, for example, if it finds your claim is frivolous. If you have any questions about your plan, you should contact the plan administrator.

Using ERISA's Claims Procedures

ERISA requires that the plans it covers include certain procedures for filing claims and for reviewing claims that are denied. The intent is to make sure that all benefit claims are considered fully, clearly and promptly.

Although DuPont's procedures have been providing full and fair consideration of benefit claims for many years, ERISA requires certain formal approaches.

Keep in mind that nothing required by ERISA changes the way DuPont benefits are normally administered. ERISA's claims procedures are available if you feel you aren't getting the benefits to which you are entitled through normal channels.

You should file your claim in writing with:
MetLife
P. O. Box 937
Westport, CT 06881-0937

If your claim does not include the right information, you will be notified, in writing, what you need to do to get your claim processed.

If Your Claim is Denied

If your claim is denied, you will be told in writing within 90 days after your claim is received. That reply will include:

- the specific reasons for denial,
- references to the provisions of the benefit plan or practice involved,
- a description of what additional information is necessary and why, and,
- a copy of these procedures or comparable information about steps you need to take to resubmit it.

If the reply cannot be made within 90 days, you will be given a written notice explaining the reasons why. An extension will not be for more than another 90 days.

If your claim for a benefit is denied, you may write to MetLife within 60 days of the denial requesting a review.

In your request, list the issues and comments you would like to have considered. If you prefer, you may have an authorized representative send in the request on your behalf. You or your representative may, at a reasonable time and place, inspect relevant documents that may affect your claim.

Within 60 days after your request for review is received, you will get a response, in writing. In the case of a continued denial, you will be given the specific reasons and the Plan provisions on which the denial is based.

If the review cannot be made within 60 days, you will be notified in writing. Again, that notification will outline the reasons behind the delay.

Your final appeal is to MetLife. Address your appeal in writing to:

MetLife
Long Term Care Group
57 Green Farms Road
Westport, CT 06880

MetLife will respond within 60 days.

Future of the Plan

While DuPont intends to continue the benefits and policies described in this booklet, the Company reserves the right to change, modify or discontinue the plan at its discretion.

Rate Guarantee Period

Subject to the Right to Change Premium Rates provision of the Certificate of Insurance, the premium rates listed in the tables on the following pages (Appendix A) will be in effect from April 1, 2001 to December 31, 2011.

MetLife reserves the right to change any or all Premium rates as of the 1st day of any Policy Period which occurs after December 31, 2011, subject to an agreed-upon notice period.

Appendix A. Schedule of Premium Rates

The initial monthly Premium rates for the insurance provided by this policy are as follows:

DuPont Long Term Care Insurance Plan Monthly Premiums

Comprehensive Plan 3 Year Lifetime Benefit

Return of Premium of Death Feature Included • Periodic Inflation • 90 Calendar Day

Waiting Period With Shortened Benefit Period—Benefit Bank Nonforfeiture Feature

Age	Daily Benefit:			Age	Daily Benefit:		
	\$100	\$150	\$200		\$100	\$150	\$200
30	\$ 7.60	\$11.40	\$ 15.20	61	\$ 59.80	\$ 89.70	\$ 119.60
31	\$ 8.00	\$12.00	\$ 16.00	62	\$ 65.60	\$ 98.40	\$ 131.20
32	\$ 8.60	\$12.90	\$ 17.20	63	\$ 71.20	\$ 106.80	\$ 142.40
33	\$ 9.00	\$13.50	\$ 18.00	64	\$ 78.20	\$ 117.30	\$ 156.40
34	\$ 9.40	\$14.10	\$ 18.80	65	\$ 85.20	\$ 127.80	\$ 170.40
35	\$10.00	\$15.00	\$ 20.00	66	\$ 93.60	\$ 140.40	\$ 187.20
36	\$10.60	\$15.90	\$ 21.20	67	\$102.00	\$ 153.00	\$ 204.00
37	\$11.20	\$16.80	\$ 22.40	68	\$110.60	\$ 165.90	\$ 221.20
38	\$11.60	\$17.40	\$ 23.20	69	\$120.20	\$ 180.30	\$ 240.40
39	\$12.20	\$18.30	\$ 24.40	70	\$130.60	\$ 195.90	\$ 261.20
40	\$12.80	\$19.20	\$ 25.60	71	\$141.80	\$ 212.70	\$ 283.60
41	\$13.60	\$20.40	\$ 27.20	72	\$154.00	\$ 231.00	\$ 308.00
42	\$14.40	\$21.60	\$ 28.80	73	\$168.40	\$ 252.60	\$ 336.80
43	\$15.40	\$23.10	\$ 30.80	74	\$184.20	\$ 276.30	\$ 368.40
44	\$16.40	\$24.60	\$ 32.80	75	\$201.40	\$ 302.10	\$ 402.80
45	\$17.40	\$26.10	\$ 34.80	76	\$220.80	\$ 331.20	\$ 441.60
46	\$18.60	\$27.90	\$ 37.20	77	\$242.00	\$ 363.00	\$ 484.00
47	\$19.80	\$29.70	\$ 39.60	78	\$265.40	\$ 398.10	\$ 530.80
48	\$21.20	\$31.80	\$ 42.40	79	\$291.00	\$ 436.50	\$ 582.00
49	\$22.60	\$33.90	\$ 45.20	80	\$319.00	\$ 478.50	\$ 638.00
50	\$24.20	\$36.30	\$ 48.40	81	\$351.00	\$ 526.50	\$ 702.00
51	\$26.40	\$39.60	\$ 52.80	82	\$386.40	\$ 579.60	\$ 772.80
52	\$28.60	\$42.90	\$ 57.20	83	\$425.20	\$ 637.80	\$ 850.40
53	\$30.80	\$46.20	\$ 61.60	84	\$468.00	\$ 702.00	\$ 936.00
54	\$33.60	\$50.40	\$ 67.20	85	\$515.00	\$ 772.50	\$1,030.00
55	\$36.20	\$54.30	\$ 72.40	86	\$566.80	\$ 850.20	\$1,133.60
56	\$39.60	\$59.40	\$ 79.20	87	\$623.80	\$ 935.70	\$1,247.60
57	\$42.60	\$63.90	\$ 85.20	88	\$686.80	\$1,030.20	\$1,373.60
58	\$46.60	\$69.90	\$ 93.20	89	\$756.00	\$1,134.00	\$1,512.00
59	\$50.20	\$75.30	\$100.40	90	\$832.00	\$1,248.00	\$1,664.00
60	\$54.80	\$82.20	\$109.60				

Appendix A. Schedule of Premium Rates *(continued)*

DuPont Long Term Care Insurance Plan Monthly Premiums

Comprehensive Plan 5 Year Lifetime Benefit

Return of Premium of Death Feature Included • Periodic Inflation • 90 Calendar Day
Waiting Period With Shortened Benefit Period—Benefit Bank Nonforfeiture Feature

Age	Daily Benefit:			Age	Daily Benefit:		
	\$100	\$150	\$200		\$100	\$150	\$200
30	\$ 8.60	\$12.90	\$ 17.20	61	\$ 71.40	\$ 107.10	\$ 142.80
31	\$ 9.20	\$13.80	\$ 18.40	62	\$ 78.80	\$ 118.20	\$ 157.60
32	\$ 9.60	\$14.40	\$ 19.20	63	\$ 85.60	\$ 128.40	\$ 171.20
33	\$10.20	\$15.30	\$ 20.40	64	\$ 94.00	\$ 141.00	\$ 188.00
34	\$10.80	\$16.20	\$ 21.60	65	\$102.40	\$ 153.60	\$ 204.80
35	\$11.40	\$17.10	\$ 22.80	66	\$112.80	\$ 169.20	\$ 225.60
36	\$12.00	\$18.00	\$ 24.00	67	\$122.80	\$ 184.20	\$ 245.60
37	\$12.80	\$19.20	\$ 25.60	68	\$133.40	\$ 200.10	\$ 266.80
38	\$13.40	\$20.10	\$ 26.80	69	\$145.00	\$ 217.50	\$ 290.00
39	\$14.20	\$21.30	\$ 28.40	70	\$157.60	\$ 236.40	\$ 315.20
40	\$14.80	\$22.20	\$ 29.60	71	\$171.20	\$ 256.80	\$ 342.40
41	\$16.00	\$24.00	\$ 32.00	72	\$186.00	\$ 279.00	\$ 372.00
42	\$16.80	\$25.20	\$ 33.60	73	\$203.40	\$ 305.10	\$ 406.80
43	\$18.00	\$27.00	\$ 36.00	74	\$222.40	\$ 333.60	\$ 444.80
44	\$19.20	\$28.80	\$ 38.40	75	\$243.20	\$ 364.80	\$ 486.40
45	\$20.40	\$30.60	\$ 40.80	76	\$266.60	\$ 399.90	\$ 533.20
46	\$21.80	\$32.70	\$ 43.60	77	\$292.20	\$ 438.30	\$ 584.40
47	\$23.20	\$34.80	\$ 46.40	78	\$320.20	\$ 480.30	\$ 640.40
48	\$25.00	\$37.50	\$ 50.00	79	\$351.00	\$ 526.50	\$ 702.00
49	\$26.60	\$39.90	\$ 53.20	80	\$384.80	\$ 577.20	\$ 769.60
50	\$28.60	\$42.90	\$ 57.20	81	\$422.80	\$ 634.20	\$ 845.60
51	\$31.20	\$46.80	\$ 62.40	82	\$464.60	\$ 696.90	\$ 929.20
52	\$33.80	\$50.70	\$ 67.60	83	\$510.60	\$ 765.90	\$1,021.20
53	\$36.40	\$54.60	\$ 72.80	84	\$561.20	\$ 841.80	\$1,122.40
54	\$39.80	\$59.70	\$ 79.60	85	\$616.60	\$ 924.90	\$1,233.20
55	\$43.00	\$64.50	\$ 86.00	86	\$677.80	\$1,016.70	\$1,355.60
56	\$47.00	\$70.50	\$ 94.00	87	\$744.80	\$1,117.20	\$1,489.60
57	\$50.80	\$76.20	\$101.60	88	\$818.60	\$1,227.90	\$1,637.20
58	\$55.60	\$83.40	\$111.20	89	\$899.80	\$1,349.70	\$1,799.60
59	\$60.00	\$90.00	\$120.00	90	\$989.00	\$1,483.50	\$1,978.00
60	\$65.60	\$98.40	\$131.20				

Appendix A. Schedule of Premium Rates (*continued*)

DuPont Long Term Care Insurance Plan Monthly Premiums

Facilities Only Plan 3 Year Lifetime Benefit

Return of Premium of Death Feature Included • Periodic Inflation • 90 Calendar Day
Waiting Period With Shortened Benefit Period—Benefit Bank Nonforfeiture Feature

Age	Daily Benefit:			Age	Daily Benefit:		
	\$100	\$150	\$200		\$100	\$150	\$200
30	\$ 4.00	\$6.00	\$ 8.00	61	\$ 40.00	\$ 60.00	\$ 80.00
31	\$ 4.20	\$6.30	\$ 8.40	62	\$ 44.40	\$ 66.60	\$ 88.80
32	\$ 4.60	\$6.90	\$ 9.20	63	\$ 48.60	\$ 72.90	\$ 97.20
33	\$ 4.80	\$7.20	\$ 9.60	64	\$ 54.00	\$ 81.00	\$ 108.00
34	\$ 5.00	\$7.50	\$10.00	65	\$ 59.00	\$ 88.50	\$ 118.00
35	\$ 5.40	\$8.10	\$10.80	66	\$ 65.40	\$ 98.10	\$ 130.80
36	\$ 5.80	\$8.70	\$11.60	67	\$ 71.80	\$107.70	\$ 143.60
37	\$ 6.20	\$9.30	\$12.40	68	\$ 78.60	\$117.90	\$ 157.20
38	\$ 6.60	\$9.90	\$13.20	69	\$ 86.20	\$129.30	\$ 172.40
39	\$ 7.00	\$10.50	\$14.00	70	\$ 94.40	\$141.60	\$ 188.80
40	\$ 7.40	\$11.10	\$14.80	71	\$103.20	\$154.80	\$ 206.40
41	\$ 7.80	\$11.70	\$15.60	72	\$112.80	\$169.20	\$ 225.60
42	\$ 8.40	\$12.60	\$16.80	73	\$124.20	\$186.30	\$ 248.40
43	\$ 9.00	\$13.50	\$18.00	74	\$136.60	\$204.90	\$ 273.20
44	\$ 9.60	\$14.40	\$19.20	75	\$150.40	\$225.60	\$ 300.80
45	\$10.20	\$15.30	\$20.40	76	\$165.00	\$247.50	\$ 330.00
46	\$11.00	\$16.50	\$22.00	77	\$180.80	\$271.20	\$ 361.60
47	\$11.80	\$17.70	\$23.60	78	\$198.40	\$297.60	\$ 396.80
48	\$12.60	\$18.90	\$25.20	79	\$217.60	\$326.40	\$ 435.20
49	\$13.60	\$20.40	\$27.20	80	\$238.60	\$357.90	\$ 477.20
50	\$14.60	\$21.90	\$29.20	81	\$258.80	\$388.20	\$ 517.60
51	\$16.20	\$24.30	\$32.40	82	\$281.00	\$421.50	\$ 562.00
52	\$17.60	\$26.40	\$35.20	83	\$305.00	\$457.50	\$ 610.00
53	\$19.20	\$28.80	\$38.40	84	\$331.00	\$496.50	\$ 662.00
54	\$21.00	\$31.50	\$42.00	85	\$359.00	\$538.50	\$ 718.00
55	\$22.80	\$34.20	\$45.60	86	\$389.60	\$584.40	\$ 779.20
56	\$25.20	\$37.80	\$50.40	87	\$422.80	\$634.20	\$ 845.60
57	\$27.40	\$41.10	\$54.80	88	\$459.00	\$688.50	\$ 918.00
58	\$30.20	\$45.30	\$60.40	89	\$498.20	\$747.30	\$ 996.40
59	\$33.00	\$49.50	\$66.00	90	\$540.60	\$810.90	\$1,081.20
60	\$36.40	\$54.60	\$72.80				

Appendix A. Schedule of Premium Rates (*continued*)

DuPont Long Term Care Insurance Plan Monthly Premiums

Facilities Only Plan 5 Year Lifetime Benefit

Return of Premium of Death Feature Included • Periodic Inflation • 90 Calendar Day
Waiting Period With Shortened Benefit Period—Benefit Bank Nonforfeiture Feature

Age	Daily Benefit:			Age	Daily Benefit:		
	\$100	\$150	\$200		\$100	\$150	\$200
30	\$ 4.80	\$ 7.20	\$ 9.60	61	\$ 50.60	\$ 75.90	\$ 101.20
31	\$ 5.20	\$ 7.80	\$10.40	62	\$ 56.40	\$ 84.60	\$ 112.80
32	\$ 5.40	\$ 8.10	\$10.80	63	\$ 61.60	\$ 92.40	\$ 123.20
33	\$ 5.80	\$ 8.70	\$11.60	64	\$ 68.20	\$102.30	\$ 136.40
34	\$ 6.20	\$ 9.30	\$12.40	65	\$ 74.40	\$111.60	\$ 148.80
35	\$ 6.60	\$ 9.90	\$13.20	66	\$ 82.60	\$123.90	\$ 165.20
36	\$ 7.00	\$10.50	\$14.00	67	\$ 90.40	\$135.60	\$ 180.80
37	\$ 7.60	\$11.40	\$15.20	68	\$ 99.00	\$148.50	\$ 198.00
38	\$ 8.20	\$12.30	\$16.40	69	\$108.40	\$162.60	\$ 216.80
39	\$ 8.80	\$13.20	\$17.60	70	\$118.60	\$177.90	\$ 237.20
40	\$ 9.20	\$13.80	\$18.40	71	\$129.40	\$194.10	\$ 258.80
41	\$10.00	\$15.00	\$20.00	72	\$141.40	\$212.10	\$ 282.80
42	\$10.60	\$15.90	\$21.20	73	\$155.60	\$233.40	\$ 311.20
43	\$11.40	\$17.10	\$22.80	74	\$171.00	\$256.50	\$ 342.00
44	\$12.20	\$18.30	\$24.40	75	\$188.20	\$282.30	\$ 376.40
45	\$12.80	\$19.20	\$25.60	76	\$206.20	\$309.30	\$ 412.40
46	\$13.80	\$20.70	\$27.60	77	\$225.80	\$338.70	\$ 451.60
47	\$14.80	\$22.20	\$29.60	78	\$247.20	\$370.80	\$ 494.40
48	\$16.00	\$24.00	\$32.00	79	\$271.00	\$406.50	\$ 542.00
49	\$17.20	\$25.80	\$34.40	80	\$297.00	\$445.50	\$ 594.00
50	\$18.60	\$27.90	\$37.20	81	\$321.80	\$482.70	\$ 643.60
51	\$20.40	\$30.60	\$40.80	82	\$348.80	\$523.20	\$ 697.60
52	\$22.40	\$33.60	\$44.80	83	\$378.20	\$567.30	\$ 756.40
53	\$24.20	\$36.30	\$48.40	84	\$410.00	\$615.00	\$ 820.00
54	\$26.60	\$39.90	\$53.20	85	\$444.20	\$666.30	\$ 888.40
55	\$29.00	\$43.50	\$58.00	86	\$481.80	\$722.70	\$ 963.60
56	\$32.00	\$48.00	\$64.00	87	\$522.20	\$783.30	\$1,044.40
57	\$34.80	\$52.20	\$69.60	88	\$566.20	\$849.30	\$1,132.40
58	\$38.40	\$57.60	\$76.80	89	\$613.80	\$920.70	\$1,227.60
59	\$41.80	\$62.70	\$83.60	90	\$665.40	\$998.10	\$1,330.80
60	\$46.00	\$69.00	\$92.00				