



2022

Benefits Guide

for U.S. Benefits Eligible Employees

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Plan Ahead to Set a Steady Course

Annual Open Enrollment Starts October 18, 2021 and Ends on October 29, 2021.

At Chemours, we have long understood and embraced the belief that your wellbeing must focus on the “whole self” for you to be at your best. That’s why our benefit programs are designed to support the “whole you” by focusing on our three pillars: physical, financial, and emotional wellbeing. Our plans include a full selection of comprehensive and holistic programs, including the triple tax advantaged Health Savings Account, a new diabetes and hypertension management program with Livongo, and enhanced voluntary benefits that make achieving your goals easier than ever.

Prioritizing health is more important now than ever in allowing us to manage through the uncertainties, disruptions, and distractions we’re facing personally and professionally. Choosing the right benefits coverage is important and we encourage you to invest time in understanding the benefits available to you and your family.

We want to be the greatest place to work—period. The world we live in now is different than what any of us have ever known, so we are committed to adapting and improving the way we do things so that we can work together to build a better Chemours.

Two ways to enroll:

Online

Log onto MyChemoursBenefits.com.

By Phone

Speak with a Chemours Benefits Service Center representative by calling **(844) 215-5096**.

Our benefits service center representatives are available to answer your questions, provide you with information about your benefit options, and take your enrollment over the phone.

Need assistance?

Call The Chemours Benefits Service Center at **(844) 215-5096** Monday–Friday, 8:00 a.m. to 8:00 p.m. ET

If you have specific questions about the services your Chemours Benefit Plan covers, please review the Summary of Benefits and Coverage (SBC) or the Benefit Plan Booklet.

Before You Enroll. Take the time to review the enrollment materials made available to you. They will help you understand your benefit options so you can make informed decisions about the benefits that are right for you and your family. All enrollment materials can be found at ChemoursBenefits.com.

Beneficiary Updates. Keep your beneficiary information up to date. There’s no better time than annual open enrollment to review and update your beneficiary information. Remember, you need to update beneficiary information for both your 401(k) and life insurance benefits, so make sure your beneficiary information is current and correct.

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Plan Ahead to Set a Steady Course

Enroll. Make the most of your benefits for 2022. Annual Open Enrollment is your opportunity to enroll in or change your Chemours benefits. If you are newly eligible or experience a life event during Annual Open Enrollment, you'll need to enroll twice: once to elect your coverage for the current plan year and then again to elect your coverage for 2022.

Life Insurance Beneficiary Information. It's important to decide who would receive life insurance benefits in the event of your death. Simply call The Chemours Benefits Center (844) 215-5096 or visit [MyChemoursBenefits.com](https://mychemourssenefits.com) to make updates. Remember, your life insurance beneficiary information does not carry over to your 401(k) benefit.

401(k) Beneficiary Information. It's important to decide who would receive the money in your 401(k) account in the event of your death. If you haven't chosen a beneficiary yet, log into benefits.ml.com. It's very easy, just log in and choose the drop down of "I want to Manage my Beneficiary Designation." Once you've done that, you can "update" any information you like.

Benefits Confirmation. When you have completed your 2022 benefit elections online, make sure you save and submit them. A benefits confirmation statement will be mailed to your home address. You can also view and print a copy by accessing [MyChemoursBenefits.com](https://mychemourssenefits.com).

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2022 Highlights and Changes

Medical Coverage

Your comprehensive health plan includes medical coverage and now behavioral and mental health coverage all provided by Aetna, prescription drug benefits administered by Express Scripts, plus access to telemedicine administered by Teladoc.

Complete Your Biometric Screening and Save \$1,380 in 2022!

Your total wellbeing is our North Star at Chemours, and knowing your numbers is one of the most important steps you can take to help you and your doctor better manage your on-going physical wellbeing.

That's why Chemours is partnering with Quest Diagnostics to provide a Refreshingly Simple solution for employees to complete their biometric screening.

Starting **September 21, 2021**, employees who wish to enroll in a Chemours medical plan for 2022 can save \$115 per month on their medical premium by completing any of the three actions below. Screening results must be submitted by **November 30, 2021** to receive savings in 2022. *We will not accept late confirmations.*

Visit My.QuestForHealth.com to set up your account and select the screening option best for you. The **Registration Key** is *Chemours*, and the **Unique ID** is your *Employee ID Number*.

❑ **1. Schedule a Screening.** Visit a Quest Diagnostics Patient Service Center.

❑ **2. Physician Results Form.** Request your healthcare provider complete a physician form certifying you have successfully completed a biometric screening.

❑ **3. Self-Collection.** Complete the biometric screening at home with a finger stick. Kits will be mailed to any employee electing this option. The last day to order at-home kits will be **November 16, 2021**. Kits may take some time to get to you and for you to return them, so please consider the time needed to complete this action before the November 30 deadline.

Employees hired in 2022 have 31 days from their hire date to complete and submit biometric screening results. Medical coverage savings are pro-rated from date of hire.

We anticipate focusing on tobacco cessation as part of our wellbeing campaign in 2022. More information will be shared on this topic when it becomes available. Health Risk Assessments will not be available this year. However, we recommend reviewing your biometric screening results with your doctor to establish a wellbeing plan.

Quest Diagnostics is Available to Answer Questions or Assist with Registration and Scheduling

Online FAQs: My.QuestForHealth.com/Home/FAQ

Email: Wellness@QuestDiagnostics.com

Phone: (855) 623-9355

Monday-Friday: 8 a.m. – 8 p.m. ET

Saturday: 8:30 a.m. – 3 p.m. ET

Go right to the
benefits site!
Scan the code with
your phone camera.



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2022 Healthcare Premiums (what you pay)

Medical. There will be a cost increase to what you pay for your medical insurance coverage due to the rise in healthcare costs and claims experience.

Dental. There will be no increase for dental premiums for 2022—the amount you pay in 2022 will be the same amount that you paid in 2021.

Vision. There will be no increase in the amount that you pay for 2022 vision insurance coverage—the premiums will be the same as they were for 2021.

Voluntary Life Insurance. If you elect to purchase additional life insurance coverage (voluntary life insurance), there will be no increase in the premiums that you pay for life insurance for 2022.

Although life insurance rates remain the same for 2022, contributions may increase with a change in age-bands.

Live Well Tobacco Free Service: Focused on Quitting and Staying Tobacco Free.

Aetna Resources For Living through Live Well Tobacco Free, offers a Tobacco Quitline approach to help you quit tobacco use for good. Live Well Tobacco Free will work with you to design your personal strategy for success and create a plan to cope with withdrawal symptoms and fight the triggers that keep you tied to tobacco. Live Well Tobacco Free will foster your long-term success by building your foundation of support during the quitting process and into the future.

Take the first step today!

(800) 955-6422

TTY 711

resourcesforliving.com

Username: CHEMOURS

Password: CHEMOURSEAP

Telemedicine. Teladoc benefits include behavioral/mental health coverage. That means, if you need a doctor's expert help for behavioral or mental healthcare, you have access to board certified doctors by phone or by video in minutes, and can receive prescriptions if medically necessary.

For more information, call Teladoc at **(800) 835-2362** or visit [Teladoc.com/Chemours](https://www.Teladoc.com/Chemours).



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* Telemedicine is included in your medical insurance coverage and there is no doctor's visit cost to you or your dependents when you use Teladoc.

Benefit Plan Eligibility

Who Is Eligible?

All full-service regular employees (full- or part-time regular) in the US, scheduled to work 20 or more hours per week.

You may be eligible to cover your family members in your Chemours Medical, Dental, and Vision Plans.

Eligible dependents include:

- An employee's lawful spouse
- Same sex domestic partners and their dependent children
- Children, stepchildren, and adopted children from birth up to age 26
- If your child is disabled, you may continue to cover the child on your healthcare plan beyond his or her 26th birthday provided the child is your federal tax dependent and has been certified as disabled by your medical carrier prior to reaching age 26
- You may elect coverage for a child for whom the court has issued a Qualified Medical Child Support Order (QMCSO)

Dependents who are not eligible are:

- Grandchildren
- Stepchildren from a former marriage, even if they are your federal tax dependent
- Former spouses, even if you are ordered by the court to provide healthcare

Coverage Tiers

Your healthcare premiums (the amount deducted from your paycheck) depends on the coverage tier and for certain benefits, such as life insurance, how much you pay depends on the age of the individual.

For Medical, Dental and Vision, there are four (4) coverage tiers:

- Employee
- Employee plus Spouse/Domestic Partner
- Employee plus Child(ren)
- Family

Enrollment: New Hires

It is important that you complete your benefit enrollment within your first 31 days of employment. If you do not want to take advantage of the Chemours benefit offerings, you will need to take action to waive your coverage. If you don't, you will automatically be defaulted into Employee Only medical, dental and basic life insurance. This is to ensure that all employees have healthcare coverage. For all other benefits, you will need to wait until the next Annual Benefits Open Enrollment to make your benefit elections, unless you experience a Qualified Life Event, (see page 11 for details).

Enrollment: Current Employees

You can only enroll in benefits or make changes to your current benefit elections during Annual Open Enrollment. Your benefit elections are in place from January 1 through December 31 each plan year, unless you experience a Qualified Life Event. See page 11 for information on Qualified Life Events.

Two Ways to Enroll

Call The Chemours Benefits Service Center at **(844) 215-5096** Monday through Friday, 8:00 a.m. to 8:00 p.m. ET. Or visit [MyChemoursBenefits.com](https://mychemoursevenefits.com).

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Benefit Plan Eligibility

Working Spouse or Domestic Partner Rule

(If Other Medical Insurance Coverage Is Available)

If your spouse or domestic partner is offered medical insurance coverage through his/her own employer at a cost of less than \$100/month, he or she must take that group coverage as primary coverage in order to be eligible for secondary coverage under the Chemours medical plan. If your spouse or domestic partner's employer does not provide medical coverage, or if the monthly premium for the lowest available coverage is \$100 or more per month in plan year 2022, they are eligible to be enrolled in the Chemours medical plan.

Medical Insurance

Understand Primary and Secondary Coverage

In most cases, the Chemours plan is primary for employees and secondary for working spouses or domestic partners. If you are enrolled in a medical or dental plan at Chemours and you are also covered under another medical or dental plan (such as through your spouse's plan), one plan is considered primary insurance and the other plan is considered secondary insurance.

Example 1

You work at Chemours and you are enrolled in a Chemours medical plan. Your spouse works and also enrolls you in his/her medical plan. In this example:

- Your primary insurance is your Chemours medical plan
- Your secondary insurance is your spouse's medical plan

Example 2

Your spouse's primary insurance is his/her medical plan, and his/her secondary insurance is the Chemours medical plan.

- If your spouse gets sick and goes to the hospital, Chemours provides additional medical insurance coverage only if the Chemours medical plan benefit is greater than that of your spouse's primary medical insurance plan. This means that the Chemours medical plan will never pay a greater benefit than would have been received if there were no other plan involved.

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Benefit Plan Eligibility

Important information if you and your spouse both work at Chemours

Medical, Dental, and Vision Care

No person can be covered both as an employee and a dependent.

Limited Purpose Healthcare FSA

The IRS limit for the Limited Purpose Healthcare Flexible Spending Account in 2022 is \$2,750. Remember that if you enrolled in a High-Deductible Health Plan, the Limited Purpose Healthcare FSA is used for dental and vision expenses and cannot be used for medical and/or prescription expenses.

Dependent Care FSA

For married couples, you and your spouse are each limited to the maximum contribution allowed by your Dependent Care FSA plan. Also, in accordance with IRS rules:

If you file a joint federal tax return, you and your spouse can contribute up to a combined total of the annual IRS contribution limit for the Dependent Care FSA.

If you and your spouse file separate federal tax returns, you each can contribute up to the annual IRS contribution limit. The 2022 IRS limit for the Dependent Care FSA is \$5,000

Special limits may also apply if your spouse's income is less than the above limits, or if your spouse is a full-time student or incapable of self-care.

If both you and your spouse contribute to the Dependent Care FSA plan, you can only be reimbursed once for any eligible expense. The 2022 IRS limit for the Dependent Care FSA is \$5,000.

Accidental Death Insurance

Each of you can elect spousal coverage, but the combined coverage cannot exceed **\$500,000** per adult.

Each of you can elect coverage for the same eligible child, but the combined coverage cannot exceed **\$100,000** per child.

Dependent Life Insurance

You and your spouse can cover each other under this plan.

You and your spouse can each cover your dependent children under this plan. Your combined maximum coverage for each child is **\$40,000**.

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Enrollment Reminders

Annual Open Enrollment Starts October 18, 2021 and Ends on October 29, 2021.

Online at MyChemoursBenefits.com

- This personalized website gives you the benefits information you need and makes enrollment easy and quick.
- Once you're logged on, follow the instructions to enroll.

Speak with a Representative

You can speak with a representative at The Chemours Benefits Service Center by calling **(844) 215-5096**.

The Chemours Benefits Service Center Representatives can answer your benefit questions, provide you with information about your benefit options, and take your enrollment over the phone.

Monday through Friday, 8:00 a.m. to 8:00 p.m. ET.

Use Live Chat!

The Live Chat feature on MyChemoursBenefits.com connects you directly with a Service Center representative online who can help you with any enrollment questions you might have.

Choose Well With Useful Tools

In addition to viewing and managing your benefits, a variety of easy-to-use tools will be available on ChemoursBenefits.com to help you choose the benefits right for you and your family.



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Enrollment Checklist

- ✓ **Consider your coverage needs.** Don't select more coverage than you need or overlook benefits.
- ✓ **Compare your medical options.** The two 2022 medical options work similarly, but there are some differences. You can either pay less in premiums (what is deducted from your paycheck) with higher deductibles and higher out-of-pocket expenses or pay more in premiums with lower deductibles and lower out-of-pocket expenses.
- ✓ **Have your dependent information ready.** If you are enrolling dependents for the first time, you will need to provide proof that your dependent is eligible for coverage; for example, a birth certificate for a child or a marriage certificate for a spouse.
- ✓ **Keep your beneficiaries up to date.** Change or confirm your beneficiary information for:
 - **Life Insurance**
Call The Chemours Benefits Service Center at (844) 215-5096 or visit MyChemoursBenefits.com
 - **Health Savings Account (HSA)**
Call Bank of America at (866) 791-0250 or visit myhealth.bankofamerica.com
 - **401(k) Retirement Savings**
Call Merrill Lynch at (877) 854-2436 or visit benefits.ml.com

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What to Expect After You Enroll

If you...	You will receive...
Enroll online	A benefits confirmation statement will be sent to your home address after Benefits Annual Open Enrollment ends.
Do not have Internet access and need to enroll through The Chemours Benefits Service Center by phone	A benefits confirmation statement will be sent to your home address after Benefits Annual Open Enrollment ends.
Are enrolled in medical coverage	New ID cards in the mail for medical benefits.
Participate for the first time* in 2022 in either or both of the following accounts through Bank of America: Health Savings Account (HSA) Flexible Spending Account (FSA) – Limited Purpose Healthcare FSA	A welcome letter and new debit card in the mail from Bank of America. You can request an HSA debit card for each eligible family member who is covered under your medical plan. You will receive and need only one card if you have both the HSA and Limited Purpose Healthcare FSA for 2022—you can use the same card to access funds in both the HSA and FSA.
Participate for the first time in the Commuter FSA through WEX	A welcome email and new debit card from WEX. You will receive only one card per household.

Qualified Life Events

Changing Your Coverage During the Year

If you or your dependent experiences a Qualified Life Event, you may make certain changes to your benefits during the year, outside of the Benefits Annual Open Enrollment period. You may make changes to your benefits that are consistent with the nature of your Qualified Life Event. For example, if you get married, you may add your new spouse to the benefit plan, but you may not change from one medical plan to another.

You have 31 days from the date of your Qualified Life Event to make changes to your benefits. If you don't take action within 31 days, you will have to wait until the next Benefits Annual Open Enrollment to make changes. To make changes as a result of a qualifying event, visit [MyChemoursBenefits.com](https://mychemourssbenefits.com) or call the Chemours Benefits Service Center at (844) 215-5096.

Qualified Life Events include:

- Change in marital status—marriage or divorce
- Birth or adoption of a child, or a child placed with you for legal guardianship or foster care
- Annual benefit enrollment of your dependent's employer
- The start of or return from a military leave of absence when an employee is called up to active duty
- Change in your or your spouse'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

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*Certain rules apply to be eligible for an HSA

Medical, Dental, and Vision

Medical Coverage

Chemours offers medical coverage administered by Aetna and automatically includes prescription coverage administered by Express Scripts Inc. (ESI) and Behavioral Health coverage (includes mental health and substance use disorder) administered by Aetna Resources For Living.

You can choose one of two medical High-Deductible Health Plans (HDHP) with Health Savings Account (HSA):

Choice Plan or Choice Plus Plan

The Choice and Choice Plus HDHP with HSA plans have both in-network and out-of-network coverage that allows you to choose how you access your healthcare and gives you preferred benefits when you use providers who participate in the network.

The annual deductible applies to both in-network and out-of-network care, and you must meet your deductible before the medical plan starts paying benefits. Once you meet your deductible, the plan pays part of a covered benefit expense, and you pay the rest (your coinsurance).

With a high-deductible health plan, you need to be cost-conscious about your choices. Your free Aetna One® Advocate (A1A) benefit offers personalized assistance to help you make the most of your benefits. See page 17 for more information about Aetna One® Advocate (A1A).

Dental Coverage

The Chemours Dental Plan, administered by MetLife, offers affordable premiums and an extensive network of dentists that allows you the flexibility to choose any licensed dentist for your oral healthcare needs (see page 24 for more information).

Vision Coverage

The Vision Plan administered by Vision Benefits of America (VBA) provides coverage when you get vision care from a provider of your choice. (See page 25 for more information).

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Aetna Medical Insurance

Our medical plans are administered by Aetna.

Find Network Providers

- For help locating a healthcare provider or facility or to see if your current healthcare provider is in the Aetna network, call your Aetna One® Advocate at (800) 417-2386 or visit [aetna.com](https://www.aetna.com)
- If you are searching for a specific provider, enter the provider's name in the "Who or what are you looking for?" field
- If you are looking for a list of providers for a specific specialty, choose from the list of options, or type the specialty type in the "Who or what are you looking for?" field
- Enter the ZIP code
- Select "Aetna Choice POS II (Open Access)" as the network name from the "drop down" list provided (this is the name of the Aetna network—not your Chemours medical plan name)

Your Health Matters

Chemours remains your partner on your wellness journey, and we are committed to keeping our benefit plan strong and sustainable. You can help share this responsibility with us by being smart about your healthcare and becoming a better healthcare consumer. A few tips:

- Use the Aetna One® Advocate free, confidential advocacy services to help you manage your benefits and make the most of your healthcare.

- Maintain a healthy lifestyle by eating better, exercising, losing weight, and quitting tobacco use
- Know what your health plan covers, remember that the costs for medical procedures and tests can vary widely depending on the doctor and the facility
- Promote good health and detect problems early by taking advantage of preventive care and health screenings
- Visit an in-network urgent care center or use Teladoc for non-emergency care for less than the cost of visiting an ER

The medical plan offers benefits to help you embrace a healthy lifestyle, such as:

- **Annual adult preventive exams** covered at 100% every year—with no out-of-pocket costs whether you see an in- or out-of-network doctor*
- **Well-child preventive check-up** visits are covered at 100%*
- **Six Employee Assistance Program (EAP) sessions** per unique short-term counseling need covered at no cost to you
- **Express Scripts** provides certain preventive medications that are not subject to the deductible

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

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Medical Plan Comparison

For 2022, you can choose to be covered by one of two medical plan options, both of which automatically come with prescription, telemedicine, behavioral health (mental health and substance use disorder) coverage and are paired with a Health Savings Account (HSA). Certain eligibility rules apply to the HSA. For more information on HSA eligibility, call The Chemours Benefits Service Center at **(844) 215-5096**.

Compare the Medical Plans

The medical plan premiums, deductibles, and out-of-pocket maximums vary based on the coverage level you choose. All employees who enroll for the first time in a Chemours medical plan will receive a new medical insurance card before December 31, 2021.

	Choice Plan		Choice Plus Plan	
Medical Plan Monthly Premiums (the amount deducted from your pay depends on your pay frequency)				
Coverage Levels	Without Medical Insurance Premium Discount	With Medical Insurance Premium Discount	Without Medical Insurance Premium Discount	With Medical Insurance Premium Discount
You Only	\$154.26	\$39.26	\$197.92	\$82.92
You + Spouse or Domestic Partner	\$257.83	\$142.83	\$359.43	\$244.43
You + Child(ren)	\$242.20	\$127.20	\$334.93	\$219.93
You + Family	\$322.52	\$207.52	\$481.29	\$366.29

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Medical Plan Comparison

	Choice Plan		Choice Plus Plan	
	In-network	Out-of-network	In-network	Out-of-network
Preventive care	100% paid; no deductible	100% paid; reasonable and customary as applicable; no deductible	100% paid; no deductible	100% paid; reasonable and customary as applicable; no deductible
Annual deductible (applies to both medical and prescription drug expenses combined)	\$2,500 Individual \$5,000 Other coverage levels	\$3,500 Individual \$6,000 Other coverage levels	\$1,400 Individual \$2,800 Other coverage levels	\$2,500 Individual \$4,000 Other coverage levels
Chemours HSA contribution	\$600 Individual \$1,200 Other coverage levels		\$600 Individual \$1,200 Other coverage levels	
Coinsurance for medical services Office visits (includes mental health 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 Medication				
Generic	No charge after deductible		No charge after deductible	
Preferred Brand	You pay 20% after deductible; \$125 max.		You pay 20% after deductible; \$125 max.	
Non-Preferred Brand	You pay 40% after deductible; \$250 max.		You pay 40% after deductible; \$250 max.	
Retail maintenance (after 2 fills at retail)	You pay 40% after deductible; no max.		You pay 40% after deductible; no max.	
Out-of-Pocket Maximum (applies to both medical and prescription drug expenses combined)				
You only	\$6,000	\$15,000	\$5,000	\$15,000
Other coverage levels (combined family out-of-pocket max.)	\$12,000 (limited to \$6,000 for any one family member)	\$30,000	\$10,000 (limited to \$5,000 for any one family member)	\$30,000

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Deductibles and Out-of-Pocket Maximums

(How much you pay)

How the Prescription Drug Deductible Works

Prescription drug expenses are subject to your annual medical plan deductible. This means you will need to pay the full cost of your prescription medication at the negotiated discounted rate until you reach your annual medical plan deductible. Remember, you can use the company contribution deposited into your HSA (for 2022, \$600 for individual or \$1,200 for other coverage levels) to help pay your prescription medication expenses.

Preventive care medications, such as generic contraceptives and smoking cessation medications, and certain additional medications identified by the IRS as preventive medication are not subject to a deductible (you'll pay the coinsurance amount).

For prescription medications that are not preventive, the cost of the prescription will apply to your annual deductible and out-of-pocket maximums. Once you've met your deductible, coinsurance and per prescription maximums will apply. There is no per prescription maximum for maintenance medications purchased at retail, except on the first two 30-day supplies.

Medical Deductible

Your deductible is based on your coverage level. Employees with "You only" coverage have a lower deductible than employees who elect to cover eligible family members on their plan. If you cover a spouse and/or children, the "other coverage" deductible applies, and all family members' claims go toward meeting the deductible.

Out-of-Pocket Maximums

You'll have two types of financial protection if you or your dependents expect high medical and prescription claims next year—an in-network out-of-pocket maximum and an out-of-network out-of-pocket maximum. The most you will pay out-of-pocket for all of your covered medical, prescription, mental health, and chemical dependency expenses for your family will be:

Choice Plan

In-network:

\$12,000, limited to \$6,000 for any one family member

Out-of-network:

\$15,000 individual and \$30,000 other coverage levels

Choice Plus Plan

In-network:

\$10,000, limited to \$5,000 for any one family member

Out-of-network:


\$15,000 individual and \$30,000 other coverage levels

Out-of-pocket maximum example

If you're a family of four in the Choice Medical Plan option, you can reach your in-network out-of-pocket limit with expenses that total \$12,000, or any one family member can reach a \$6,000 limit.

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Your journey to better health starts here

 Managing your health and your benefits can be challenging. Your Aetna One® Advocate team is here to make it easier. We'll help you get the most from your healthcare.

Your care team of member advocates, clinical advocates (nurses), wellbeing advocates, pharmacists, dietitians and more, is built around you. And we're all here to help you achieve your best health.

A different kind of care

The care and attention you receive from your Aetna One® Advocate team is not what you'd expect from a healthcare company. And that's a good thing. You deserve a more personalized, proactive approach to care—and that's what Aetna One® Advocate delivers every day.

We want to ensure you always have the answers you need and get out ahead of potential issues.

Call your Aetna One® Advocate team to:

- Understand your benefits
- Help you save money
- Make sure you're sticking to your care plan
- Simplify your pharmacy regimen
- Find programs to manage stress or help with a condition
- Make healthcare easier, whatever way you need help

We'll even help you:

- Find a nearby in-network location for urgent care or sick needs
- Locate a nearby in-network lab site
- Select a high-quality physician
- Schedule appointments if you're having trouble keeping up with your or your loved one's care plans
- Provide guidance and support to you and your family

Keeping it all connected

Care calls bring together your Aetna One® Advocate team and your doctors to create a holistic care plan to address your specific needs. Care calls are recommended when you have a complex case that may benefit from streamlined coordination of resources. Following a care call, an updated care plan is created for you, and your care team stays with you throughout your course of treatment.

Let's get started

Just log in to the secure member website. Make sure your information is correct—just select your profile link at the top of the home page. Or create your profile to activate your Aetna One® Advocate team.

You can call us 24/7 at (800) 417-2386.
24/7 nurse support

Your dedicated core team is available:
Monday-Friday: 8 a.m. to 8 p.m. ET

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Telemedicine and EAP

Free, Confidential Healthcare Services

Telemedicine administered by Teladoc is included in your medical coverage and allows you free, easy access to board-certified doctors for general care only, there is a fee to access Teladoc for behavioral/mental healthcare. There are two ways to consult—by phone or by video.* There is no time limit to the consult and there is no coinsurance (you do not pay for a Teladoc consultation). Teladoc doctors can prescribe short-term medication for a wide range of acute illnesses such as flu, allergies, ear infections, and more.

Important note: Teladoc doctors do not prescribe substances controlled by the DEA, non-therapeutic, and/or certain other medication which may be harmful because of their abuse potential.

Sign up today! Call Teladoc at **(800) 835-2362** or visit Teladoc.com/Chemours.

Aetna Resources For Living. Your health is the most important priority and that includes your mental health. Aetna Resources For Living is the provider for your EAP, behavioral and mental health benefits. Aetna Resources for Living offer support for life's challenges. You can get help anytime. Find emotional support, a helping hand or a shoulder to cry on. Aetna Resources For living is there for you and your household members.

Work, Life and Everything in-Between

You can reach Aetna Resources for Living 24/7/365 with just a call. It's free and private. Find help with issues such as:

- Daily Stress
- Mental Health and Wellbeing
- Personal and professional relationships
- Substance misuse
- Family conflict and more

Aetna Resource For Living Network Includes:

- Counselors
- Marriage and family therapists
- Substance abuse counselors

You can meet face-to-face or by televideo.

Confidential services available 24 hours a day, 7 days a week.

(800) 955-6422

TTY 711

resourcesforliving.com

Username: CHEMOURS

Password: CHEMOURSEAP

*In Arkansas and Delaware, your first visit must be by video and future visits can be by phone or video.



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Employee Assistance Program (EAP)

Employee Assistance Program

Aetna Resources For Living is a Chemours sponsored program, available at no cost to you and all members of your household, including dependent children up to age 26, whether or not they live at home.

Emotional Wellbeing Support

You can access up to 6 counseling sessions per issue each year. You can also call 24 hours a day for in-the-moment emotional wellbeing support.

Counseling sessions are available face to face, online with televideo or by phone. All services are free and confidential and Aetna Resources For Living is always here to provide help with a wide range of care including:

- Relationship support
- Stress management
- Work/life balance
- Family issues
- Grief and loss
- Depression
- Anxiety
- Substance misuse
- Self-esteem and personal development

Daily Life Assistance

Competing day-to-day needs can make it tough to know where to start. Call Aetna Resources For Living and they will help you find resources for:

- Childcare, parenting and adoption
- Summer programs for kids
- School and financial aid research
- Care for older adults
- Caregiver support
- Special needs
- Pet care
- Home repair and improvement
- Household services and more



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Prescription Coverage

If you elect medical plan coverage, you will be automatically enrolled in prescription drug coverage administered by Express Scripts®. In an effort to provide you with affordable medication, Express Scripts provides prescription medication options based on a Preferred Drug List (formulary). For more information call (855) 853-4656 to speak with a Pharmacy Benefit Representative or access information online at [express-scripts.com](https://www.express-scripts.com).



Preventive Care Medications

Medications that are on the preventive list bypass the deductible phase of our medical insurance plan and move directly to the coinsurance phase for both the Choice Medical Plan and Choice Plus Medical Plan.

Prescription Coverage for HIV. Pre-exposure prophylaxis (PrEP) anti-retroviral therapy is considered preventive medication that must be covered under the Affordable Care Act (ACA) at no cost to high-risk members. For more information, call ESI at (855) 853-4656.

Prescription Coverage for Diabetes. We are aware of how important it is to access affordable medication to manage your chronic health conditions, such as diabetes. That's why Chemours has partnered with Express Scripts to provide insulin at a reduced co-pay amount of \$25 per script.

Prescription Coverage for Asthma & Diabetes. Certain medications for asthma and diabetes are on the preventive care medication list.

Maintenance and Specialty Medications

Maintenance Medications. Defined as medication that an individual must use on an ongoing basis for the treatment of chronic health conditions such as diabetes or asthma. You can use the ESI prescription mail order program for long-term maintenance medications. Call ESI at (855) 853-4656.

Specialty Medications. Used to treat complex or rare chronic health conditions, such as Cancer, Hepatitis C, Multiple Sclerosis, and Rheumatoid Arthritis. Whether they're administered by a healthcare professional, self-injected, or taken by mouth, specialty medications require an enhanced level of service and are expensive. Your deductible, prescription drug coinsurance, and out-of-pocket maximums apply. For more information, call Accredo at (800) 803-2523.



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Prescription Coverage

What You Pay For Prescription Drugs

For Retail (up to 30 days) and Mail Order (up to 90 days) after medical deductible is met (deductible does not apply to preventive medications).

Special Exceptions

If you purchase a brand-name medication when a generic equivalent is available, you will be responsible for paying the difference in cost between the brand and generic medication, along with the coinsurance amount.

The Chemours Prescription Plan administered by ESI has a limit of two refills per prescription for maintenance medication that can be filled at a retail pharmacy. See Mail Order for information.

Save Time and Money With Mail Order

Using mail-order for maintenance medications is required. If you fill a prescription for a maintenance medication more than two times at a retail pharmacy, you'll pay a 40% coinsurance (with no per-prescription maximum) for the third and every retail fill after that. Maintenance (or long-term) medications are those drugs that you may take on a regular basis to treat conditions such as high blood pressure, diabetes, or high cholesterol.

Ask your doctor to write your prescription for up to a 90-supply plus refills for up to one year. Once you sign up, the Express Scripts Pharmacy will send up to a 90-day supply of your maintenance medications to your home with free delivery. Keep in mind that there may be a day supply limitation on some prescriptions, such as controlled substances, subject to state and federal dispensing limitations.

For more information about the prescription mail order program, call (855) 853-4656 to speak with a Pharmacy Benefit Representative or access information online at [express-scripts.com](https://www.express-scripts.com).

		You Pay
Generic	Drugs with the same active ingredients and strength as brand-name counterparts, according to the U.S. Food and Drug Administration	No charge after deductible
Preferred Brand	Brand-name drugs available at a lower cost than competing brand-name drugs	20% coinsurance; \$125 maximum
Non-Preferred Brand	Brand-name drugs with lower-cost alternatives available	40% coinsurance; \$250 maximum
Maintenance medications filled more than two times at retail pharmacies	Prescription drugs for long-term healthcare needs	40% coinsurance; no maximum

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Three Ways to Fill Your Mail-Order Prescription

1. Online

Order through express-scripts.com
(requires registration for first-time users).

2. By Mail

Mail your prescription(s) with the Express Scripts Pharmacy order form and required coinsurance. You can order mail-order forms by calling [\(855\) 853-4656](tel:855-853-4656), or through express-scripts.com.

3. By Fax

Ask your doctor to call [\(855\) 853-4656](tel:855-853-4656) for instructions on how to fax the prescription. Your doctor must have your member ID number (which is on your Chemours prescription ID card) to fax your prescription.



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CVS® HealthHUB®

CVS® HealthHUB®

To help you further reduce your exposure to COVID-19, Aetna is now offering convenient access to medical care, pharmacist support, and healthcare products all in one place through the CVS® HealthHUB.®

Simply visit the MinuteClinic® at CVS to receive:

- Nonemergency care
- Immunizations
- Blood pressure/cholesterol screenings
- Assessments and treatment for chronic conditions, such as diabetes, asthma, and COPD.

You'll have a care concierge to help you every step of the way—you can even request prescription delivery. The CVS® HealthHUB® is conveniently open every day, including nights and weekends.



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Dental Plan

Our Dental Plan is administered by MetLife. If you receive dental services from a dentist who is not participating in the MetLife network, you will be responsible for the difference between the cost of in-network care and the charges for out-of-network dental services. Call Met Life Dental at (800) 942-0854 or visit [metlife.com/mybenefits](https://www.metlife.com/mybenefits) for more information.



Coverage	MetLife 100/80/50 Plan
Annual deductible	\$50 per individual to a maximum of two deductibles per family in a calendar year
Preventive services - covered 100% 2 regular cleanings per calendar year Dental X-rays: Bitewing X-rays—One time per year; Whole mouth X-rays—One time every 60 months	Not subject to annual deductible ^{2,3}
Basic services - covered 80%¹ Includes simple extractions, bridges repairs, crowns, fillings, general anesthesia, and other covered dental services	You pay approximately 20% ^{2,3}
Major services - covered 50%¹ Includes dentures, crowns, inlays, onlays, implants, bridges	You pay approximately 50% ^{2,3}
Orthodontia services - covered 50% Coverage for children and adults	You pay 50%
Annual benefit limit	\$1,500 per covered individual
Lifetime orthodontic limit	\$1,500 per covered individual, regardless of age

2022 Dental Monthly Premiums			
You Only	You + Spouse or Domestic Partner	You + Child(ren)	You + Family
\$11.93	\$23.86	\$26.85	\$38.78

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¹ Benefit frequency and limits apply.

² For out-of-network claims, reasonable and customary (R&C) limits apply.

³ The benefit for the preferred dental provider network dentist is determined on the network-negotiated amount, and the benefit for an out-of-network dentist is based on a scheduled amount.

Vision Plan

Vision Benefits of America (VBA) continues as our vision provider for 2022. Plan premiums and benefits vary based on the plan and coverage level you choose. For more information call VBA at **(800) 432-4966** or visit vbaplans.com.



	Choice Vision Plan		Choice Plus Vision Plan	
	VBA Provider	Non-VBA Provider	VBA Provider	Non-VBA Provider
Eye exam (once per year)	Plan pays 100%	Plan pays up to \$40	Plan pays 100%	Plan pays up to \$40
Clear Standard Lenses (once per year)	Includes polycarbonate lenses, scratch-resistant coatings, solid and gradient tints, blended bifocals, progressive lenses (except digital), UV coatings, trifocal, and lenticular		Includes everything in Core Plan PLUS progressive lenses, high index plastic, anti-reflective coatings, photo-sensitive (transitions)	
	Plan pays 100% after \$20 copay (\$20 copay applies to lenses or frames but not both)	Plan pays Single vision: up to \$40 Bifocal: up to \$50 Trifocal: up to \$75 Progressive: up to \$75 Lenticular: up to \$100	Plan pays 100% after \$20 copay (the \$20 copay applies to lenses or frames but not both)	Plan pays Single vision: up to \$40 Bifocal: up to \$50 Trifocal: up to \$75 Progressive: up to \$75 Lenticular: up to \$100
Frame	Plan pays 100% with a wholesale value of up to \$60 (\$150 - \$180 retail)	Plan pays up to \$50	Plan pays 100% with a wholesale value of up to \$70 (\$175 - \$210 retail)	Plan pays up to \$60
Contact lenses	Plan pays \$135 in material allowance (in lieu of glasses/frames)	Plan pays \$135 in material allowance (in lieu of glasses/frames)	Plan pays \$135 in material allowance	Plan pays \$135 in material allowance
VBA-approved, medically necessary contact lenses	Plan pays 100% of R&C	Plan pays up to \$300	Plan pays 100% of R&C	Plan pays up to \$300
Lasik Surgery (Once every 8 years)	N/A	Plan pays \$200	N/A	Plan pays \$200

2022 Choice Vision Plan Monthly Premiums

You Only	\$8.28	You + Spouse or Domestic Partner	\$15.28	You + Child(ren)	\$14.42	You + Family	\$23.26
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2022 Choice Plus Vision Plan Monthly Premiums

You Only	\$13.94	You + Spouse or Domestic Partner	\$27.24	You + Child(ren)	\$24.04	You + Family	\$38.36
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Wellbeing at Chemours

Physical and Emotional Wellbeing

We're always here to give you the information and support you need to take control of your physical and mental health.

- **Medical.** We offer comprehensive and affordable medical insurance plans to help support your physical and mental wellbeing.
- **Behavioral and Mental Health.** Aetna Resources For Living Program provides EAP support for your emotional wellbeing. Your behavioral and mental health benefits include coverage for depression, bipolar disorder, generalized anxiety disorder, substance use disorder, gambling, and eating disorders.
- **Comprehensive Prescription Plan.** As COVID-19 disrupts our lives, we're here to make sure you get the medication you need. Express Scripts® pharmacy sends medication right to your door so you can skip the trip to the pharmacy. Our prescription medication benefits include free generic and other medication at affordable prices.

If you have any questions, you can speak directly to an ESI Pharmacist, 24/7, from the privacy of your home.
- **Vision.** Choice and Choice Plus Plans with access to over 14,000 in-network eye doctors
- **Dental.** Includes preventive services and orthodontia coverage for children and adults.
- **Free Advocacy Services.** Provided by Aetna One® Advocate team to make it easier to navigate through the healthcare world and get the most out of your benefits.

- **Telemedicine.** Offered by Teladoc provides you convenient and easy access to board certified physicians and behavioral and mental healthcare providers (note: there is a fee for behavioral and mental health services).
- **Bright Horizons Backup Care.** For children and elderly adults, Bright Horizons offers access to accredited and reliable centers and caregiver options for all your family members.
- **Legal Services.** Administrated by Hyatt Legal assist with estate planning, will drafting, and a variety of legal services.
- **Medicare Guidance.** Provided by Malloy Advisors is a free service to help you to make the right decisions for Medicare.

Other Wellbeing Benefits:

- **Paid time off** for vacations and holidays
- **Flex Your Day** to support unique needs to balance work/life integration
- **Global Day of Service** paid time off to volunteer your services
- **Parental Leave** provides 8 weeks of paid time off to bond with your newborn, newly adopted or foster child.
- **Employee Resource Group** access to diverse employee professional networks
- **Healthy Workplace** tobacco free workplace, safety policies, and values, ergonomic equipment and furniture, treadmill workstations, etc.

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Wellbeing at Chemours



We are excited to announce the Livongo for Diabetes and Hypertension Management Program, a new benefit being offered at no cost to you. The Livongo Program makes living with diabetes and hypertension easier by providing a cloud-based glucose meter, unlimited test strips, and 24/7 remote monitoring with emergency outreach and 1:1 live coaching from Livongo expert coaches.

For eligible members, Livongo will provide a cellular-connected weight scale, a rich mobile experience that includes health education curricula and content, and personalized coaching by registered dietitians and exercise physiologists. The program is offered at no cost to active employees and eligible dependents who are covered through the Chemours benefits program.

- Online registration: get.livongo.com/CHEMOURS
- Member support call center: (800) 945-4355
- Client-specific registration code: CHEMOURS

Live Well Tobacco Free Service: Focused on Quitting and Staying Tobacco Free.

Aetna Resources For Living through Live Well Tobacco Free, offers a Tobacco Quitline approach to help you quit tobacco use for good. Live Well Tobacco Free will work with you to design your personal strategy for success and create a plan to cope with withdrawal symptoms and fight the triggers that keep you tied to tobacco. Live Well Tobacco Free will foster your long-term success by building your foundation of support during the quitting process and into the future.

Take the first step today!

(800) 955-6422

TTY 711

resourcesforliving.com

Username: CHEMOURS

Password: CHEMOURSEAP

Additional Resources

To learn more about nicotine replacement therapies, contact Aetna by calling the number on the back of your ID card. Express Scripts (ESI) covers smoking cessation medication at no cost. For more information about available medications, contact ESI at (855) 853-4656.



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Financial Wellbeing

Financial Wellbeing

Chemours is focused on your Financial Wellbeing. We offer several ways to help you save, plan, and prepare for life's challenges.

Today's Wellbeing through Income Protection

The programs offered to protect your income today at no cost to you are:

- Short-Term Disability Insurance
- Long-Term Disability Insurance¹
- Basic Life Insurance¹
- Basic Accidental Death and Dismemberment Insurance (AD&D)¹
- Occupational AD&D²

You may also purchase:

- Voluntary Supplemental Life Insurance for yourself and members of your family¹

Wellbeing Now and For Your Future

Chemours offers savings accounts for certain medical, childcare, and commuter expenses:

- Health Savings Accounts (HSA)³
 - Chemours contributes \$600 for individuals or up to \$1,200 for other coverage levels for employees participating in our medical plans
 - You can contribute additional amounts up to the IRS maximum limits each year

- Limited Purpose Flexible Spending Account (FSA)³
- Dependent Care FSA³
- Commuter FSA⁴

Educational Wellbeing

Chemours helps you prepare yourself and your loved ones by assisting you with higher educational expenses through:

- Tuition Reimbursement
- Student Loan Repayment Assistance
- College Planning for Parents

Future Self Wellbeing

Chemours allows you to participate in two programs that can help you prepare for long-term financial needs through the:

- Employee Stock Purchase Plan (ESPP)⁷
- Chemours Retirement Savings Plan (RSP)⁷
 - Chemours matches your contributions dollar for dollar on the first 6% of your eligible earnings
 - Chemours is enhancing our retirement savings plan by committing to a 1% to 3% yearly contribution. Your contribution percentage will be determined based on the combination of your Age and Years of Service. This contribution is in addition to matching 100% of employee's contributions up to 6%.

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¹ Benefits Offered through The Hartford, www.thehartford.com

² Benefits Offered through MetLife, www.mybenefits.metlife.com

³ Benefits Offered through Bank of America, www.myhealth.bankofamerica.com

⁴ Benefits Offered through Discovery Benefits, www.discoverybenefits.com

⁵ Benefits Offered through SoFi, www.sofi.com/chemours

⁶ Benefits Offered through SimpliCollege, www.simplicollege.com/thechemourscompany

⁷ Benefits Offered through Merrill, www.benefits.ml.com

Voluntary Benefits

Annual Open Enrollment is your opportunity to elect certain voluntary benefits that support your financial wellbeing, and provide you and your family members with additional insurance coverage that you can buy, generally, at a lower group rate, and pay for through convenient payroll deductions. For example, you can elect additional life insurance for yourself, your spouse, or your child(ren).

Supplemental Life and Accidental Death and Dismemberment Insurance



Supplemental Life and AD&D Insurance coverage is administered by The Hartford. During Annual Benefits Open Enrollment, you can elect to buy more life

insurance coverage than what you have now on an after-tax basis, and this includes Spouse Life and Child Life insurance (subject to evidence of insurability). Contact The Chemours Benefits Service Center for more information at **(844) 215-5096**.

MetLife benefits are available to support your financial wellbeing. Benefits eligible employees can choose to supplement their current benefits coverage by purchasing Accident Insurance, Critical Illness Insurance, and Legal Service coverage all on a post-tax basis. MetLife also offers Auto Insurance and Home Insurance benefits that you can choose to purchase on a post-tax basis. The Auto Insurance and Home Insurance benefits are direct through MetLife (information is mailed to your home address).

Accident Insurance

You can elect to purchase accident insurance coverage. This benefit is to help pay for emergency treatments or costs associated with treatment related to transportation and lodging.

Critical Illness Insurance



MetLife's Critical Illness insurance coverage will help with the treatment costs of covered critical illnesses such as cancer, heart attack, or stroke. You can elect this benefit during Annual Benefits Open Enrollment.

Hospital Indemnity

You can elect to purchase additional hospital indemnity insurance which will pay a cash benefit to help with unexpected health-related expenses which result in hospitalization. This includes but not limited to: initial admission into the hospital, daily inpatient hospital stays and intensive care days, as well as daily inpatient rehabilitation, substance abuse and mental disorder and childbirth.

Legal Services Plan

Enrolling in the Legal Services plan gives you flexible options for meeting with attorneys who can provide you with advice on a variety of legal matters.

For more information call MetLife at **(800) 438-6388** or visit [MyBenefits.MetLife.com](https://www.MetLife.com).

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Voluntary Benefits

Farmers Auto and Home Insurance

As part of your workplace benefits program, you could receive hundreds of dollars in savings, combined with special group discounts on auto and home insurance.

With Farmers Auto & Home you may apply for coverage at any time. Coverage is 100% portable, so even if you change jobs, you can take your policy with you.

- Save up to an additional 10% right away with our Welcome Discount for NEW customers
- Qualify for a group discount of up to 15% off your policy
- Save more with our superior driver discount
- Receive extra savings if you've been with your company for a long time
- Make the most of our multi-policy savings when you insure both your auto and home with Farmers Auto & Home

We offer a variety of flexible and convenient payment options to make paying for your insurance easier:

- Choose an automated payment option and receive an added savings
- Select direct billing as your preferred payment option

In addition to auto and homeowners, we offer a variety of other insurance policies including:

- Personal Excess Liability
- Boat
- Condo
- Renter's
- Motor Home
- Motorcycle
- Recreational Vehicle



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Voluntary Benefits

MetLife Accident Insurance

Accidents can happen at any time and when you least expect them. You can't plan for accidents, but you can be better prepared financially to handle them when they happen.

Even the best medical plans may leave you with extra expenses to pay out of your own pocket. An accident can require a variety of treatments, tests, therapies, and other care and services to assist in recovery. Each of these services usually means extra out-of-pocket costs for you to pay, including:

- Medical plan deductibles
- Doctor visits and specialist care, as well as prescriptions
- Extra costs for care and treatment

Accident insurance can help you be better prepared by providing you with a payment to use as you see fit if you experience a covered event.

This plan provides a lump-sum payment for over 150 different covered events, such as these:

- Ambulance
- Emergency care
- Inpatient or Outpatient surgery
- Medical Testing Benefits (including x-rays, MRIs)
- Physician follow-up visits
- Therapy services
- Fractures
- Dislocations
- Second and third degree burns
- Torn knee cartilage
- Ruptured disc
- Cuts/lacerations
- Eye injuries
- Broken teeth

This plan provides protection 24 hours a day — while on or off the job.

For more information, call MetLife at (800) 438-6388 or visit MyBenefits.MetLife.com.

To enroll in the MetLife Accident Insurance, contact The Chemours Benefits Service Center at (844) 215-5096 or online at MyChemoursBenefits.com.

Accident Insurance

Coverage Options	Monthly Cost
Employee	\$7.11
Employee & Spouse or Domestic Partner	\$12.95
Employee & Child(ren)	\$15.28
Employee & Spouse/ Domestic Partner/Child(ren)	\$19.15

Hospital Indemnity

You will now have the opportunity to purchase additional hospital indemnity insurance which will pay a cash benefit to help with unexpected health-related expenses which result in hospitalization. This includes but is not limited to: initial admission into the hospital, daily inpatient hospital stays and intensive care days, as well as daily inpatient rehabilitation, substance abuse and mental health disorder and childbirth.

Hospital Indemnity (MetLife)	
Monthly Rate (100% employee-paid)	
Employee Only	\$9.63
Employee and Spouse or Domestic Partner	\$23.13
Family	\$29.06
Employee and Child(ren)	\$15.56

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Voluntary Benefits

Chemours is making some enhancements to the current plan to include an option to increase the maximum benefit coverage amount to \$30K and also adding new coverage categories.

MetLife Critical Illness Insurance

Critical illness insurance can help safeguard your finances by providing you with a lump-sum payment when your family needs it the most. The payment you receive is yours to spend as you see fit and in addition to any other insurance you may have.

MetLife Critical Illness Insurance provides a tax free lump-sum payment if you or a covered family member is diagnosed with certain medical conditions and meet the policy and certification requirements. Covered conditions include but are not limited to the following:

- Alzheimer's Disease
- Cancer
- Coronary Artery Bypass Graft
- Down Syndrome
- Heart Attack
- Kidney Failure
- Skin Cancer
- Stroke
- Type 1 Diabetes

Payments will be made directly to you, not the doctors, hospitals, or other healthcare providers. You will receive a check mailed directly to your home. The payment you receive is yours to spend as you see fit.

For more information, call MetLife at (800) 438-6388 or visit MyBenefits.MetLife.com.

To enroll in the MetLife Critical Illness Insurance, call The Chemours Benefits Service Center at (844) 215-5096 or visit MyChemoursBenefits.com.

Critical Illness Monthly Premium Rates per \$1,000 of Coverage

■ Non-Tobacco User ■ Tobacco User

Attained Age	Employee Only		Employee + Spouse		Employee + Children		Employee + Spouse + Children	
<25	\$0.27	\$0.34	\$0.49	\$0.58	\$0.53	\$0.59	\$0.74	\$0.84
25-29	\$0.29	\$0.36	\$0.51	\$0.62	\$0.54	\$0.62	\$0.76	\$0.87
30-34	\$0.38	\$0.51	\$0.63	\$0.82	\$0.63	\$0.76	\$0.88	\$1.08
35-39	\$0.52	\$0.75	\$0.83	\$1.16	\$0.78	\$1.01	\$1.08	\$1.42
40-44	\$0.76	\$1.16	\$1.16	\$1.74	\$1.02	\$1.42	\$1.42	\$1.99
45-49	\$1.14	\$1.82	\$1.68	\$2.65	\$1.39	\$2.08	\$1.93	\$2.90
50-54	\$1.69	\$2.79	\$2.41	\$3.95	\$1.94	\$3.05	\$2.67	\$4.20
55-59	\$2.41	\$4.08	\$3.37	\$5.65	\$2.67	\$4.34	\$3.62	\$5.90
60-64	\$3.48	\$5.98	\$4.79	\$8.18	\$3.73	\$6.24	\$5.04	\$8.43
65-69	\$5.27	\$9.22	\$7.16	\$12.44	\$5.53	\$9.48	\$7.41	\$12.69
70+	\$7.73	\$13.64	\$10.58	\$18.57	\$7.99	\$13.90	\$10.83	\$18.83

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Voluntary Benefits

MetLife Health Screening Incentive

When you are enrolled in the Critical Illness Insurance Plan, you and your dependents are eligible to receive fifty dollars (\$50) per calendar year for taking one of the eligible screening/prevention measures. Remember, if you participate in a Chemours Health Screening, you can get \$50 from MetLife. Call **(800) 438-6388** to get your health screening incentive. MetLife will pay one health screening benefit per covered person per calendar year.

MetLife Legal Service Plans

There are many times in life when you may need the services of a qualified attorney, including when you're purchasing a home, drafting a will, or dealing with elder care or debt issues. Yet, many people who need legal help do not seek it—in part because they fear the cost and don't know how to find the right attorney.

The MetLife Legal Plans make things simple for you. You get the right attorney you need, with access by telephone or in-person for advice on an unlimited number of personal legal matters, and representation for a wide variety of legal services.

The MetLife Legal Plans could save you hundreds of dollars in attorney fees for common legal services such as:

- Estate planning documents, including Wills and Trusts
- Real estate matters
- Identity theft defense
- Financial matters, such as debt-collection defense
- Family law, including adoption and name change
- Document review

No matter how many times you use a Network Attorney over the course of the year for covered legal matters, all you pay is your monthly premium, no copayments, and no deductibles.

The monthly premium for Legal Service Plans is \$16.50 per month.

For more information, call MetLife at **(800) 821-6400** or visit [LegalPlans.com](https://www.legalplans.com).

To enroll in the MetLife Legal Plans, call The Chemours Benefits Service Center at **(844) 215-5096** or visit [MyChemoursBenefits.com](https://www.MyChemoursBenefits.com).

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Voluntary Benefits

These voluntary benefits are available at any time during the year: SoFi Student Loan Refinancing, and SimpliCollege.

SoFi Student Loan Repayment Benefit

The Student Loan Repayment benefit includes a Chemours yearly contribution of \$1,200 (\$100 monthly) directly to eligible employees' student loans. The maximum lifetime benefit is \$3,600.

Eligible employees are those who have completed an undergraduate degree or vo-tech/technical degree within the last 3 years.

Enrolling is easy! Employees must first update their education in Workday to confirm eligibility. Those who qualify will be sent an email notification directly from SoFi with enrollment instructions. Eligible employees can also enroll here: [SoFi.com/at-work/lookup/chemours](https://sofi.com/at-work/lookup/chemours).

Tuition Reimbursement

The Tuition Reimbursement benefit allows Chemours to invest in employees' careers through continuing education. This can be applied to a degree relatable to your role, or a future role at Chemours.

Undergraduate, Graduate Program Limits

- 80% of tuition and book costs up to \$7,500 (USD) per year

Specialty, Executive MBA, Doctoral Program Limits

- 80% of tuition and book costs up to \$15,000 (USD) per year

SimpliCollege, College Planning for Parents

With SimpliCollege, you can access the information you need to ensure you are educated on all the ways to pay for college, save wisely, and do everything to lower the cost of college for your student.

SimpliCollege also allows parents to successfully navigate the college planning process based on the year your child is in.

For more information, visit [SimpliCollege.com/thechemourscompany](https://simplicollege.com/thechemourscompany).

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Medical Plan and HSA Information

When you enroll in the medical plan (and certify that you meet the eligibility criteria), a personal savings bank account will be opened in your name through Bank of America called a Health Savings Account (HSA). Here's how it works:

Contribute \$	Save \$\$	Use \$\$\$
<p>The IRS 2022 annual contribution limit for the HSA is \$3,650 for individual coverage and \$7,300 for other coverage levels. Chemours contributes to your account in mid- to late-January:</p> <p>\$600 (if you cover yourself) \$1,200 (if you cover more than yourself)</p> <p>+</p> <p>You contribute tax-free deductions from your paycheck up to:</p> <p>\$3,050 (if you cover yourself) \$6,100 (if you cover yourself and others) An additional \$1,000 if you are turning age 55 or older in 2022</p>	<p>Your account earns interest and once you reach \$1,000, you can invest it in mutual funds</p> <p>Funds can be withdrawn from investments for eligible expenses at any time without fees or penalties</p>	<p>Use the money for eligible healthcare expenses now, or at any time in the future</p> <p>+</p> <p>Money you don't use stays in your HSA each year</p>
You pay less in taxes from your paycheck now	You don't pay any taxes on earnings	You don't pay taxes on the money from the account used to pay eligible healthcare expenses
= Triple-tax advantage		

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Health Savings Account (HSA)

Make a smart investment in a Health Savings Account (HSA)



Save it. Use it. Never lose it.*

The money you've set aside in your HSA can help you manage costs associated with caring for the health of you and your family. Recently enacted legislation for the Coronavirus Aid, Relief and Economic Security (CARES) Act amends the applicable tax code provisions to allow over-the-counter (OTC) medication as qualified healthcare expenses, without the need for a prescription. This change is effective for expenses incurred on or after January 1, 2021. While stores may take several months to update their systems accordingly, you can pay at the point of purchase and then get reimbursement from your HSA—just make sure to keep the receipts.

When you enroll in a Chemours medical plan, you become eligible for a Health Savings Account administered by Bank of America. A Health Savings Account offers a triple tax advantage: pre-tax contributions, tax-free gains on any money your HSA savings earn, and tax-free withdrawals when you use the money for qualified medical expenses.

When you open an HSA, it is your personal savings account and the money stays with you for the rest of your life. You can use the HSA Visa debit card that comes with your account to pay for qualified healthcare expenses, including doctors' office visits, annual physicals, deductibles, and coinsurance.

Chemours will help eligible employees save for medical expenses by contributing up to \$600 (individual) or up to \$1,200 (other coverage levels) to your HSA. For newly hired employees, the HSA contributions that Chemours makes is prorated based on your date of hire.

You can also contribute to your HSA up to the 2022 IRS limit by way of payroll deductions—up to \$3,650 for individual coverage and up to \$7,300 for family coverage. HSA catch-up contributions for those who are age 55 or older is \$1,000. The IRS HSA Contribution Limits include your contributions and company contributions. Any unused HSA funds stay in your HSA year after year. It is your personal savings account.

Important Notes

- You own your HSA and can take it with you, even if you leave the company, retire, or change health plans
- You can enroll in an HSA at any time during the year
- You can change how much is deducted from your paycheck at any time during the year
- HSA company contributions are deposited in your first paycheck in January each year

You may open an HSA if you:

- Are not enrolled in Medicare
- Are not enrolled in other health coverage, either as an individual or as a participant, unless that coverage is a qualifying high-deductible plan as defined by the IRS (your covered dependents may have other medical coverage)
- Cannot be claimed as a dependent on someone else's tax return

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* "Never lose it" refers solely to the portability of the account. Investing involves risk, including possible loss of the principal value invested.

Your HSA and the U.S. Patriot Act

The U.S. Patriot Act is a federal law requiring financial institutions to verify the identity of individuals who open an account. When you open an HSA with Bank of America for the first time, Bank of America may ask you for the information required. Not providing the information may result in the inability to open your HSA.

How to Pay for Your HSA-Eligible Expenses

There are three ways to access and use your funds:

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.

Healthcare provider payments. When you receive an invoice, use the Bank of America website to request that your provider is paid directly from your account (similar to online payment—and once the claim is approved, the provider will receive a check within 7-10 business days).

Reimbursement requests. If you pay out-of-pocket for healthcare 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.

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HSA and FSA Information

Health Savings Account

Make a smart investment in a Health Savings Account (HSA)

Save it. Use it. Never lose it.*

When you enroll in a Chemours medical plan, you may be eligible for a Health Savings Account. When you open an HSA, it is your personal savings account, the money stays with you for the rest of your life. Bank of America administers the Health Savings Account.

An HSA offers the “triple tax advantage”: pretax contributions, tax-free gains on any money your HSA savings earn, and tax-free withdrawals when you use the money for qualified medical expenses.

Eligible employees can enroll in the HSA or make changes to their HSA payroll deductions at any time during the year. You can contribute to your HSA up to the 2022 IRS limit by way of payroll deductions—up to \$3,650 for individual coverage and up to \$7,300 for family coverage. The IRS HSA Contribution Limits include your contributions and company contributions. HSA catch-up contributions for those who are age 55 or older is \$1,000. Any unused HSA funds stay in your account year after year.

We encourage you to evaluate and actively make an election for your Health Savings Account (HSA) during Annual Open Enrollment. If you do not actively make an election, your 2021 HSA election (payroll deduction) will continue into 2022. Remember, you can change your HSA election during the year, not just during Annual Open Enrollment.

Special Eligibility Rules Apply to the HSA

If you will be covered by another health plan that does not qualify as a high-deductible health plan or by Medicare in 2022, the IRS requires that you decline the HSA. Medicare-eligible employees (generally all employees age 65 and older) should also contact Medicare for information on temporarily unenrolling while you are participating in the Benefits medical plan to maintain eligibility for an HSA.

Flexible Spending Accounts

Flexible Spending Accounts allow you to pay for certain out-of-pocket expenses with pre-tax dollars. You choose the amount that you want deducted from each paycheck. For a complete list of eligible expenses, access the IRS website at [irs.gov](https://www.irs.gov), **Publication 502** (Medical and Dental Expenses) or **Publication 503** (Child and Dependent Care Expenses).

If you enroll in a Chemours medical plan and are considering enrolling in the Limited Purpose FSA, keep in mind that the Limited Purpose Healthcare FSA cannot be used for medical expenses; it can only be used for eligible dental and vision expenses.

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*"Never lose it" refers solely to the portability of the account. Investing involves risk, including possible loss of the principal value invested.

HSA and FSA Information

Each year, you can elect to contribute part of your pre-tax pay into a Flexible Spending Account. You contribute before tax dollars into the account and then use these funds to reimburse yourself throughout the year for qualified dental and vision expenses.

Limited Purpose Healthcare Flexible Spending Account (FSA)

The 2022 IRS limit for the Limited Purpose Healthcare Flexible Spending Account is \$2,750. Keep in mind that a Limited Purpose Healthcare FSA can only be used for eligible dental and vision expenses. If you are enrolled in a Chemours high-deductible medical plan, you cannot use your Limited Purpose Healthcare FSA for medical expenses. Remember to plan carefully—the Limited Purpose Healthcare FSA is a “use it or lose it” benefit.

With a Limited Purpose Healthcare FSA, you make a minimum contribution from your paycheck on a before-tax of **\$120** per year up to the IRS annual contribution limit.

By law, you are required to enroll each year in the Flexible Spending Account (FSA)—both the Healthcare FSA and the Dependent Care FSA—therefore these FSA elections for 2021 will not carry over into 2022.

Eligible Limited Purpose Healthcare FSA expenses include:

- Prescribed dental and vision products
- Non-cosmetic dental care, orthodontia, eyeglasses, contact lenses, and laser eye surgery
- Co-payments, coinsurance, and deductibles under dental and vision plans

Commuter FSA

A Commuter FSA allows you to set aside pre-tax money to pay for eligible commuter expenses. Chemours offers a Commuter FSA administered by WEX—you can save money on your commuting costs by having funds deducted from your paycheck pre-tax. You will receive a Visa debit card from WEX that you can use pre-tax dollars (subject to monthly limits) to pay for your commuting expenses via your Commuter FSA debit card. You can enroll in the Commuter FSA or make changes to your Commuter FSA payroll deductions at any time during the year. The 2022 IRS limit for the Commuter FSA has not yet been released.



Call The Chemours Benefits Service Center to make changes during the year. For all other questions or for more information, contact WEX (866) 451-3399 or visit wexinc.com/solutions/benefits.



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Flexible Spending Accounts

Flexible Spending Accounts allow you to pay for certain out-of-pocket expenses with pre-tax dollars. You choose the amount that you want deducted from each paycheck. For a complete list of eligible expenses, access the IRS website at [irs.gov](https://www.irs.gov) **Publication 502** (Medical and Dental Expenses) or **Publication 503** (Child and Dependent Care Expenses).

By law, you are required to enroll each year in the Flexible Spending Account (FSA)—both the Limited Purpose Healthcare FSA and the Dependent Care FSA—because these FSA elections for 2021 will not carry over into 2022. We also encourage you to evaluate and actively make an election into your Health Savings Account (HSA) during Annual Open Enrollment. If you do not actively make an election, then your 2021 HSA election (payroll deduction) will continue into 2022.

There are three types of Flexible Spending Accounts offered by Chemours:

1. Limited Purpose Healthcare FSA

The Limited Purpose FSA is administered by Bank of America and is for use with a Chemours High-Deductible Health Plan. Keep in mind that a Limited Purpose Healthcare FSA can only be used for eligible dental and vision expenses. If you are enrolled in a Chemours high deductible medical plan, you cannot use your Limited Purpose Healthcare FSA for medical expenses. Remember to plan carefully—the Limited Purpose Healthcare FSA is a “use it or lose it” benefit. The IRS limit for the Limited Purpose Healthcare Flexible Spending Account in 2022 is \$2,750.

For more information about the Limited Purpose FSA, contact Bank of America at (866) 791-0250 or visit MyHealth.BankofAmerica.com.

2. Dependent Care FSA

The Dependent Care FSA administered by Bank of America allows you to set aside pre-tax money to pay for eligible day care expenses for your dependent child under the age of age 13 or for a spouse/dependent age 13 or older who is not able to take care of him/herself. These day care expenses must be incurred because you have to work and are not available to care for your dependent yourself. The IRS Dependent Care limit in 2022 is \$5,000.

For more information about the Dependent Care FSA, contact Bank of America at (866) 791-0250 or visit MyHealth.BankofAmerica.com.

3. Commuter FSA

The Commuter FSA administered by Discovery Benefits, allows you to pay for eligible transit and parking expenses with pre-tax dollars. You can enroll at any time during the year and you can change how much you want deducted from each paycheck at any time during the year. The monthly IRS limit for Commuter FSA accounts was \$270 for 2021. The IRS has not yet released the annual contribution limit for 2022.

For more information about the Commuter FSA, visit wexinc.com/solutions/benefits or call (866) 451-3399. Fax (866) 451-3245 for claims.

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Flexible Spending Accounts

Other Things You Need to Know

If you have both an HSA and a Limited Purpose Healthcare FSA, you will receive only one Bank of America debit card and access your funds using the same card. You may need to submit receipts to Bank of America to validate any FSA claims. Claims may not be automatically processed.

Be sure to plan your contributions carefully. You cannot change your Limited Purpose Healthcare FSA or Dependent Care FSA contribution amount during the year unless you experience a qualifying life event that allows the change.

Contributions and expenses cannot be transferred between your Limited Purpose Healthcare FSA and your Dependent Care FSA, and vice versa.

Your FSA balances are available to reimburse eligible expenses you incur only between January 1 and December 31. FSA balances are based on a calendar year. Any money left in your 2022 FSA account at the end of the year and not claimed by April 15, 2023 will be forfeited according to IRS regulations (the "use it or lose it" rule).

For a complete list of eligible expenses, access IRS website at [irs.gov](https://www.irs.gov) and review **Publication 502** (for Medical and Dental Expenses) and **Publication 503** (for Child and Dependent Care Expenses).

How You Pay If You Have an HSA and Limited Purpose Healthcare FSA

When you have both the HSA and the Limited Purpose Healthcare FSA and use your Bank of America debit card to pay for eligible expenses, those expenses that qualify for reimbursement under the Limited Purpose Healthcare FSA will automatically be deducted from your Limited Purpose FSA.

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.

Substantiating Your Expenses

Substantiation is proof that an expense is eligible to be reimbursed using your FSA or HSA. In many cases, no additional documentation may be required. However, in other cases, you may need to submit additional documentation—either electronically or through the mail.

If an expense requires substantiation, you will be notified by Bank of America. That's why it's important to keep your receipts.

Based On Your Tax Status...	For 2022, 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 themselves)
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.

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Income Protection

To help you provide financial protection for your family, Chemours offers a number of benefit options that offer income protection.

Basic Life Insurance. Pays a benefit to your beneficiaries if you die. This benefit is provided by Chemours at no cost to you.

Group Life Insurance (Voluntary). You may purchase additional life insurance coverage for yourself, your spouse, and child/children at affordable rates.

Basic Accidental Death & Dismemberment Insurance. Pays a benefit to your beneficiaries if you die. This benefit is provided by Chemours at no cost to you.

Occupational Accidental Death & Dismemberment Insurance. Pays a benefit to your beneficiaries. This benefit is provided by Chemours at no cost to you to help protect you and your family from the financial hardships a serious occupational accident or death can cause.

Group Accidental Death & Dismemberment Insurance (Voluntary). You may purchase additional accidental death and dismemberment insurance coverage for yourself at affordable rates.

Short-Term Disability Insurance. Provides full or partial pay during periods of approved short-term absence from work due to a disability.

Long-Term Disability Insurance. Provides 60% of your pay if you were to become disabled and unable to work. Coverage is provided by Chemours at no cost to you.

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Life Insurance

Employee Life Insurance

You are eligible for life insurance through The Hartford. Chemours provides you with basic life insurance coverage equal to your annual pay. You don't pay anything for this coverage, and you don't have to enroll to receive the coverage. (Company-paid coverage over \$50,000 is subject to imputed income taxes).

During this Annual Benefits Enrollment, you can make changes to your current life insurance coverage. Purchase more life insurance coverage than what you have now: You can buy additional life insurance coverage for yourself on an after-tax basis (subject to evidence of insurability).

Employee Life Insurance Amounts

You may purchase \$50,000 and amounts equal to one times your annual pay of coverage up to eight times your annual pay.

Evidence of Insurability (EOI)

If you increase your coverage level higher than your 2021 coverage amount, you will be asked to provide evidence of insurability (health information) during the enrollment process. Your increased coverage will go into effect once your health information is approved by The Hartford, Chemours' life insurance administrator.

Rates for Employee Voluntary Life Insurance Coverage (based on age)

Employee Life Insurance Rates Monthly premiums per \$1,000 of coverage	
Age at 12/31/21	Premium
Under 25	\$0.020
25-29	\$0.024
30-34	\$0.037
35-39	\$0.056
40-44	\$0.075
45-49	\$0.133
50-54	\$0.230
55-59	\$0.381
60-64	\$ 0.595
65-69	\$ 1.068
70-74	\$ 1.855
75+	\$ 2.060

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Life Insurance

Spouse Life Insurance Amounts

You can elect dependent life insurance for your eligible spouse in these amounts:

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

2022 Rates for Spouse Voluntary Life Insurance Coverage (based on age) Monthly premiums per \$1,000 of coverage

Age at 12/31/21	Premium	Age at 12/31/21	Premium
Under 25	\$0.017	55-59	\$ 0.312
25-29	\$0.020	60-64	\$ 0.487
30-34	\$0.029	65-69	\$ 0.874
35-39	\$0.045	70-74	\$ 1.519
40-44	\$0.061	75+	\$ 2.060
45-49	\$0.107		
50-54	\$0.187		

Child Life Insurance

You can elect dependent life insurance for your 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 child is covered from live birth after you complete your life event enrollment. Additionally, dual Chemours 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).

2022 Child Life Insurance Rates Monthly premiums per \$1,000 of coverage

Child(ren)	\$0.031
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Accidental Death Insurance

Accidental Death Insurance

Chemours helps you protect yourself and your family from the financial hardships a serious accident can cause. You will automatically receive Accidental Death and Dismemberment Insurance (AD&D) at no cost to you. This benefit provides you with accidental death insurance coverage equal to 1x your annual pay, and pays a benefit to your beneficiaries if you die in an accident or if you are permanently injured in an accident. A percentage of the benefit is payable for specific losses, such as a limb or eyesight. You can also purchase coverage for your spouse and eligible children.

Review Your Life Insurance Beneficiary

Keep your life insurance beneficiary information up to date. You can review and change your beneficiary designation as often as you like at MyChemoursBenefits.com or by calling The Chemours Benefits Service Center at **(844) 215-5096**.

If there is no surviving beneficiary at the time of your death, payment of benefits are paid in the following order:

- Your spouse
- Your child or children (in equal shares)
- Your parents (in equal shares)

- Your siblings (in equal shares)
- Your estate

For dependent life insurance, you are automatically the beneficiary.

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/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

2022 Accidental Death Insurance Rates

Coverage For:	Option A	Option B	Option C	Option D
You only	\$8.50	\$4.25	\$1.70	\$0.85
You + Spouse or Domestic Partner	\$13.60	\$6.80	\$2.55	\$1.28
You + Child(ren)	\$11.70	\$5.85	\$2.50	\$1.17
You + Family	\$16.80	\$8.40	\$3.35	\$1.60

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Paid Time Off

Vacation Time

Chemours recognizes the importance of time-off. Vacation Time-Off is administered on a calendar-year basis. You will accrue a consistent number of vacation hours each month based on the years of service you will have in the current year. Employees earn 15 days of vacation during the first 5 years of employment. Beginning in the sixth year of service, employees will earn one additional day of vacation each year until they reach 25 days of vacation in year 15.

Holiday Time

Chemours offers 13 holidays per year that are designated and personal. Designated and personal holidays may vary from location to location. Please refer to your local site for information on 2022 holidays. The Corporate 2022 Holiday schedule provides 10 paid holidays and 3 personal days; below are the holidays:

Holiday	Date
New Year's Day	Monday, January 3, 2022
President's Day	Monday, February 21, 2022
Memorial Day	Monday, May 30, 2022
Juneteenth	Monday, June 20, 2022
Independence Day	Monday, July 4, 2022
Labor Day	Monday, September 5, 2022
Thanksgiving Day	Thursday, November 24, 2022
Day After Thanksgiving	Friday, November 25, 2022
Christmas Eve	Friday, December 23, 2022
New Year's Eve	Friday, December 30, 2022

Other Benefits

- Military Duty Leave
- Family Leave
- Maternity Leave (Under the Short-Term Disability Plan)
- Jury Duty
- Bereavement Leave
- Survivor Support Program
- Adoption Assistance and Paid Adoption Leave

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*Operating Team Member AND Global TM Director approvals required.

Additional Benefits

Retirement Savings Plan (RSP)

The Chemours Retirement Savings Plan is a great benefit offered by the company to help you save for the future. The RSP is a 401(k) Plan that allows eligible employees to contribute a percentage of their eligible pay toward retirement. You can make changes to your 401(k) contribution rates at any time. The IRS annual contribution limit for the 401(k) Plan is \$19,500 for 2022 and an additional \$6,500 in catch-up contributions for participants age 50 or older.

When you're enrolled in the plan, you can receive a 100% Company match on your 401(k) contributions of up to 6% of your eligible pay. Plan participants may contribute any percent up to 90% of eligible pay, subject to annual IRS maximum contribution limits. The Company 401(k) match is 100% vested immediately as of your eligibility date into the plan.

Chemours is committing to a 1% to 3% yearly contribution to your 401(k) based on the combination of your Age and Years of Service. This contribution is in addition to matching 100% of your contributions up to 6%.

To help you save for a financially secure retirement, if you do not enroll in the Chemours 401(k) plan within 60 days after your date of hire, you are automatically enrolled in the plan at a contribution rate of 6% of your eligible pay. Once you enroll into the plan, you will receive a welcome packet of information from Bank of America Merrill Lynch that includes how to enroll and your choice of investment options.

It's important to decide who would receive the money in your 401(k) account in the event of your death. If you haven't chosen a beneficiary yet, take a few minutes to do so. Your beneficiary for your life insurance does not automatically carry over to your 401(k).

Employees have access to financial calculators and investment planning resources through Merrill Lynch. To learn more, call (877) 854-CHEM or visit Benefits OnLine at benefits.ml.com.

Long-Term Disability (LTD). Chemours provides Long-Term Disability insurance coverage, administered by Aetna, at no cost to you and covers you in the event that your disability lasts longer than twenty-six (26) weeks (182 days). This benefit provides 60% of your monthly pre-disability earnings, subject to maximum monthly benefit under this plan. Any monthly benefit payable to you by Aetna will be reduced by other income benefits.



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Additional Benefits

Adoption Assistance

Chemours Adoption Assistance reimbursement program provides up to \$5,000 per adoption to help pay for qualified expenses related to the adoption of a child, including attorney fees, court costs, and adoption fees.

Parental Leave

The Parental Leave benefit provides eight weeks (320 hours) of paid time off to allow all mothers and fathers time to bond with their newborn or newly placed child within the first year of the birth or placement of the child. This time can be taken all at once or in increments, with manager approval. This parental leave is separate from disability leave. Birth mothers can take parental leave after disability leave ends.

Bright Horizons Back-up Care and Family Support Services

You will have access to a national network of vetted caregivers through Bright Horizons or one of Bright Horizons' contracted trusted partners. Each caregiver has passed a comprehensive background check, is trained in CPR and First Aid, and is ready to provide skilled back-up care for children and adults when short-term care needs arise. Bright Horizons Backup Care offers center-based and in-home care options with 24/7 access and instant booking via web, mobile app, and phone.

For more information, contact Bright Horizons by calling (877) BH-CARES (242-2737) or visit clients.brighthouse.com/chemours.

If prompted enter:
Username: Chemours
Password: Benefits4You



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Important Plan Information

Summaries of Benefits and Coverage

The federal government now requires all employers and insurers to provide a Summary of Benefits and Coverage (SBC) for each medical plan option. All employee medical plans across the country must produce an SBC using identical format, wording, and coverage examples. This allows you to compare the Chemours medical plan options with other employer and individual medical plans that may be available to you. For more information on the benefit plan options offered by Chemours, please refer to the Enrollment Guide and Summary Plan Descriptions on the MyChemoursBenefits.com website.

Any inconsistency between the SBC and the Plan Documents will be governed by the Plan Documents. Visit MyChemoursBenefits.com or the applicable Chemours SBCs. You may also receive paper copies, free of charge, by calling The Chemours Benefits Service Center at **(844) 215-5096**.

Newborns' and Mothers' Health Protection Act of 1996 (Newborns' Act)

Group health plans and health insurance issuers generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

Women's Health and Cancer Rights Act of 1998 (WHCRA)

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses
- Treatment of physical complications of the mastectomy, including lymphedema

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan.



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Important Plan Information

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the wellness program may use aggregate information it collects to design a program based on identified health risks in the workplace, the wellness program will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach, and in the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately.

You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to retaliation if you choose not to participate.

If you have questions or concerns regarding this notice, or about protections against discrimination and retaliation, please contact the Chemours Benefits Service Center at **(844) 215-5096**.

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Important Plan Information

HIPAA Special Enrollment Rights Notice

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. To request special enrollment or obtain more information, contact the Chemours Benefits Service Center at **(844) 215-5096**.

Premium Assistance under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **(877) KIDS NOW** or insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at askebsa.dol.gov or call **(866) 444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2021. Contact your State for more information on eligibility.

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Chemours Provider Contact List

Accident Insurance	MetLife	(800) 438-6388	mybenefits.metlife.com	Insurance to offset some expenses for unexpected accidents.
Aetna A1A Advocacy Services	Aetna A1A	(800) 417-2386	aetna.com	A single trusted advocate to help you with your healthcare needs—information about which benefits are covered under your medical plan, scheduling appointments, finding providers, claims questions, pharmacy questions, and more.
Back-up Care	Bright Horizons	(877) BH-CARES (877) 242-2737	clients.brighthorizons.com/chemours	Services for back-up child and elder care
Chemours Benefits Service Center	MyChemoursBenefits	(844) 215-5096	MyChemoursBenefits.com	Your place for benefits, enrollment, support, and advocacy, including help with benefits questions, Rx issues, life event questions, life insurance questions and claims, etc.
Chemours Retirement Savings Benefit 401(k)	Merrill Lynch	(877) 854-CHEM (877) 24-2436	benefits.ml.com	Chemours RSP Benefits Online. Support for retirement planning and resources to invest and fund management.
Chemours Tobacco Cessation Program	Aetna	800-955-6422	info@Aetna.com	Tobacco Cessation Support
Commuter Benefits	WEX	(866) 451-3399 Option 1 (866) 451-3245 Claim processing fax number	wexinc.com/solutions/benefits	Reimbursement of eligible transit and parking expenses.
Critical Illness Insurance	MetLife	(800) 438-6388	mybenefits.metlife.com	Additional insurance to help with out-of-pocket medical and the living expenses for a covered critical illness.
Dental Benefits	MetLife Dental	(800) 942-0854	metlife.com/mybenefits	Dental claims support, dental benefit questions, and network listings.
Employee Assistance Program (EAP)	Aetna	(800) 955-6422	resourcesforliving.com Chemours access: CHEMOURSEAP	Confidential guidance resources via phone or web to legal, financial, and work-life balance services.
Group Life & AD&D	The Hartford	(877) 200-5870	thehartford.com	Income protection with Group Life & AD&D benefits provided to protect you and your family.

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Health Savings Accounts (HSA) and Flexible Spending Accounts (FSA)	Bank of America	(866) 791-0250	myhealth.bankofamerica.com	Reimbursement of eligible medical expenses and dependent care. Tools and resources.
Hospital Indemnity Insurance	MetLife	(800) 438-6388	mybenefits.metlife.com	Additional insurance to help with unexpected health-related expenses resulting in hospitalization.
Legal Plan	MetLife Legal	(800) 821-6400	legalplans.com	Professional legal advice and assistance including, estate planning, real estate, family law.
Livongo	Livongo	(800) 945-4355	get.livongo.com/Chemours	Diabetes and Hypertension management program
Medical Benefits	Aetna Medical	(800) 417-2386	aetna.com	Provider network listings, medical benefit questions, claims issues, healthcare consumer and wellness resources, mental health support, and network listings.
Prescription Drug Coverage Benefits	Express Scripts	(855) 853-4656	express-scripts.com	Mail order support, Rx claim issues, and prescription benefit questions. Specialty prescriptions handled through Accredo Specialty Pharmacy.
	Accredo Specialty Pharmacy	(800) 803-2523	accredo.com	
SimpliCollege	SimpliCollege	Online access only	simplicollege.com/thechemourscompany	Single resource to help families plan for, prepare for, and reduce the cost of a college education.
Student Loan Repayment Assistance	SoFi	(833) 277-7634	at-work-support@sofi.com	SoFi allows Chemours to provide a yearly contribution of \$1,200 (\$100 monthly) directly to eligible employees' student loans.
Telemedicine	Teladoc	(800) 835-2362	teladoc.com/chemours	Access to quick non-emergency medical care. Consultation with a board certified, state licensed doctor via phone or online.
Vision Benefits	Vision Benefits of America (VBA)	(800) 432-4966	vbaplans.com	Vision claims support, vision benefit questions, and network listings.

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ALABAMA—Medicaid

myalhipp.com
(855) 692-5447

ARKANSAS—Medicaid

myarhipp.com
(855) MyARHIPP (855-692-7447)

COLORADO—Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)

Health First Colorado Website: healthfirstcolorado.com
Health First Colorado Member Contact Center: (800) 221-3943—State Relay 711
CHP+: colorado.gov/pacific/hcpf/child-health-plan-plus
CHP+ Customer Service: (800) 359-1991—State Relay 711
Health Insurance Buy-In Program (HIBI): colorado.gov/pacific/hcpf/health-insurance-buy-program
HIBI Customer Service: (855) 692-6442

GEORGIA—Medicaid

medicaid.georgia.gov/health-insurance-premium-payment-program-hipp
(678) 564-1162 ext 2131

IOWA—Medicaid and CHIP (Hawki)

Medicaid: dhs.iowa.gov/ime/members | (800) 338-8366
CHIP (Hawki): dhs.iowa.gov/Hawki | (800) 257-8563

KENTUCKY—Medicaid

Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx | (855) 459-6328
email: KIHIPPPROGRAM@ky.gov
KCHIP Website: kidshealth.ky.gov/Pages/index.aspx | (877) 524-4718
Kentucky Medicaid Website: chfs.ky.gov

MAINE—Medicaid

maine.gov/dhhs/ofi/applications-forms
Enrollment: (800) 442-6003
TTY Maine relay 711
Private Health Insurance Premium: (800) 977-6740
TTY Maine relay 711

MINNESOTA—Medicaid

mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/medical-assistance.jsp
(800) 657-3739

MONTANA—Medicaid

dphhs.mt.gov/MontanaHealthcarePrograms/HIPP
(800) 694-3084

NEVADA—Medicaid

dhcfp.nv.gov
(800) 992-0900

LOUISIANA—Medicaid

medicaid.la.gov or dh.la.gov/lahipp
(888) 342-6207 (Medicaid hotline) or (855) 618-5488 (LaHIPP)

ALASKA—Medicaid

The AK Health Insurance Premium Payment Program: myakhipp.com
(866) 251-4861

Medicaid Eligibility: dhss.alaska.gov/dpa/Pages/medicaid/default.aspx

CALIFORNIA—Medicaid

dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx
(916) 440-5676

INDIANA—Medicaid

Healthy Indiana Plan for low-income adults 19-64
in.gov/fssa/hip
(877) 438-4479

All other Medicaid

in.gov/medicaid
(800) 457-4584

FLORIDA—Medicaid

flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html
(877) 357-3268

KANSAS—Medicaid

kdheks.gov/hcf/default.htm
(800) 792-4884

NEW JERSEY—Medicaid and CHIP

Medicaid: state.nj.us/humanservices/dmahs/clients/medicaid
(609) 631-2392

CHIP: njfamilycare.org/index.html
(800) 701-0710

MASSACHUSETTS—Medicaid and CHIP

mass.gov/eohhs/gov/departments/masshealth
(800) 862-4840

MISSOURI—Medicaid

dss.mo.gov/mhd/participants/pages/hipp.htm
(573) 751-2005

NEBRASKA—Medicaid

accessnebraska.ne.gov
Phone: (855) 632-7633 | Lincoln: (402) 473-7000 | Omaha: (402) 595-1178

NEW HAMPSHIRE—Medicaid

dhhs.nh.gov/oii/hipp.htm
(603) 271-5218; Toll free number for the HIPP program: (800) 852-3345, ext. 5218

NEW YORK—Medicaid

health.ny.gov/health_care/medicaid
(800) 541-2831

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NORTH CAROLINA—Medicaid

medicaid.ncdhhs.gov
(919) 855-4100

OKLAHOMA—Medicaid and CHIP

insureoklahoma.org
(888) 365-3742

PENNSYLVANIA—Medicaid

dhs.pa.gov/providers/Providers/Pages/Medical/HIPP-Program.aspx
(800) 692-7462

SOUTH CAROLINA—Medicaid

scdhhs.gov
(888) 549-0820

TEXAS—Medicaid

gethipptexas.com
(800) 440-0493

UTAH—Medicaid and CHIP

Medicaid: medicaid.utah.gov
CHIP: health.utah.gov/chip
(877) 543-7669

WASHINGTON—Medicaid

hca.wa.gov
(800) 562-3022

WISCONSIN—Medicaid and CHIP

dhs.wisconsin.gov/badgercareplus/p-10095.htm
(800) 362-3002

NORTH DAKOTA—Medicaid

nd.gov/dhs/services/medicalserv/medicaid
(844) 854-4825

OREGON—Medicaid

healthcare.oregon.gov/Pages/index.aspx
oregonhealthcare.gov/index-es.html
(800) 699-9075

RHODE ISLAND—Medicaid

eohhs.ri.gov
(855) 697-4347, or (401) 462-0311 (Direct RlTe Share Line)

SOUTH DAKOTA—Medicaid

dss.sd.gov
(888) 828-0059

VERMONT—Medicaid

greenmountaincare.org
(800) 250-8427

VIRGINIA—Medicaid

Medicaid coverva.org/hipp
(800) 432-5924
CHIP coverva.org/hipp
(855) 242-8282

WEST VIRGINIA—Medicaid

mywvhipp.com
(855) MyWVHIPP (1-855-699-8447)

WYOMING—Medicaid

health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility
(800) 251-1269

To see if any other states have added a premium assistance program since July 31, 2021, or for more information on special enrollment rights, contact either:

U.S. Department of Labor

Employee Benefits Security Administration

dol.gov/agencies/ebsa

(866) 444-EBSA (3272)

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

U.S. Department of Health and Human Services

Centers for Medicare & Medicaid Services

cms.hhs.gov

(877) 267-2323 / Menu Option 4, Ext. 61565

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PLAN AHEAD**2022 HIGHLIGHTS
AND CHANGES****ELIGIBILITY****ENROLLMENT****MEDICAL PLAN****PRESCRIPTIONS****DENTAL****VISION****WELLBEING
AT CHEMOURS****FINANCIAL
WELLBEING****PAID TIME OFF****ADDITIONAL
BENEFITS****IMPORTANT PLAN
INFORMATION****PROVIDER
CONTACT INFO****INFORMATION
BY STATE**



Metropolitan Life Insurance Company, New York, NY 10166

- 1 Any discussion of taxes herein or related to this document is for general information purposes only and should not be construed providing tax or legal advice. Employees should confer with their independent legal and tax advisors as appropriate.

METLIFE'S ACCIDENT INSURANCE IS A LIMITED BENEFIT GROUP INSURANCE POLICY. The policy is not intended to be a substitute for medical coverage and certain states may require the insured to have medical coverage to enroll for the coverage. The policy or its provisions may vary or be unavailable in some states. There is a preexisting condition limitation for hospital sickness benefits, if applicable. MetLife's Accident Insurance may be subject to benefit reductions that begin at age 65. And, like most group accident and health insurance policies, policies offered by MetLife may contain certain exclusions, limitations and terms for keeping them in force. For complete details of coverage and availability, please refer to the group policy form GPNP12-AX or contact MetLife. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

METLIFE CRITICAL ILLNESS INSURANCE (CII) IS A LIMITED BENEFIT GROUP INSURANCE POLICY. Like most group accident and health insurance policies, MetLife's CII policies contain certain exclusions, limitations and terms for keeping them in force. Product features and availability may vary by state. In most plans, there is a pre-existing condition exclusion. In most states, after a covered condition occurs there is a benefit suspension period during which most plans do not pay recurrence benefits. Attained Age rates are based on 5-year age bands and will increase when a Covered Person reaches a new age band. A more detailed description of the benefits, limitations, and exclusions applicable can be found in the applicable Disclosure Statement or Outline of Coverage/Disclosure Document available at time of enrollment. For complete details of coverage and availability, please refer to the group policy form GPNP07-CI or GPNP09-CI, or contact MetLife for more information. Benefits are underwritten by Metropolitan Life Insurance Company, New York, New York.

MetLife's Critical Illness Insurance is not intended to be a substitute for Medical Coverage providing benefits for medical treatment, including hospital, surgical and medical expenses. MetLife's Critical Illness Insurance does not provide reimbursement for such expenses.

Group legal plans are provided by Hyatt Legal Plans, Inc., a MetLife company, Cleveland, OH. In certain states, group legal plans and Family Matters are provided through insurance coverage underwritten by Metropolitan Property and Casualty Insurance Company and Affiliates, Warwick, RI. Payroll deduction required for group legal plans. Benefit programs offered by MetLife and its Affiliates contain certain exclusions and terms for keeping them in force. For costs and complete details of the coverage, call or write the company.

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

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 obligations.

PLAN AHEAD

**2022 HIGHLIGHTS
AND CHANGES**

ELIGIBILITY

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