

What's New 2020

Your Guide to Annual Enrollment

For Salaried and Union-Free Hourly Retirees Under Age 65

Corning Retiree Medical Plan

In 2020, you can choose one of Corning's two retiree medical plan options:

- The Corning Retiree Consumer Health Plan
- The Corning Retiree PPO

Both options provide coverage for the same medical services and use the same provider network, although benefit levels and the cost of coverage differ.

Decide which option is best for you and your family based on your health care needs, personal budget, and savings goals.

If you decide to keep the coverage and dependents you have now, no further action is required. Otherwise, call the Corning Benefits Network during this annual enrollment period to enroll or change coverage, or to add, drop, or change your covered dependents. See page 17 for details.

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CORNING



What You Need to Do

1 Understand Your 2020 Medical Plan Options and Costs

You have a choice of two medical plan options for 2020:

- The Retiree Consumer Health Plan has a high deductible combined with a low premium contribution. It is a cost-effective plan that helps you manage expenses and provides the option for you to establish a Health Savings Account (HSA) for current and future health care expenses.
- The Retiree PPO is a more traditional option with a lower deductible and higher premium contribution than the Retiree Consumer Health Plan.

See pages 7-11 for details on both options, how they compare, and how to decide which option might be right for you and your family.

2 Review Your Confirmation Statement

The enclosed confirmation statement shows your current retiree medical coverage, your covered dependents, and your retiree life insurance coverage, if applicable. It also shows your 2020 cost to keep the medical plan and coverage level you have now.

3 Choose a Medical Plan Option

If you want to keep your current coverage and dependents, no action is required. To make changes, call the Corning Benefits Network during the annual enrollment period. See page 17.

Are Your Beneficiary Designations Up to Date?

Naming beneficiaries for your Corning benefits and keeping them up to date is an important step in financial planning. Missing this step could put you and those important to you at financial risk. Take time now to review your beneficiary designations and update them as needed. See page 18 for details.

For More Information

Details on your retiree medical benefits can be found in your *Retiree Medical and Life Insurance Plans Handbook/Summary Plan Description (SPD)*, available in the My Total Rewards Library. For personal assistance, use the Chat Now feature on My Total Rewards, available at the bottom of any page, or call the Corning Benefits Network at 800-858-3875.



Cost of Coverage

2020 Retiree Medical Premium Contributions

Your 2020 monthly premium contribution for your current retiree medical plan option and coverage level is shown on the enclosed confirmation statement. The chart below shows the cost of retiree-only coverage under both medical plan options for 2020. If you have questions about the cost of family coverage, please call the Corning Benefits Network.

If you were hired or rehired before Jan. 1, 2007, these amounts reflect the Company contribution and the contribution cap. See page 5 for details.

Years of Service	2020 Monthly Retiree Medical Premium Contribution Amount Retiree-Only Coverage	
	Retiree Consumer Health Plan	Retiree PPO
30+ years	\$366.32	\$465.16
25-29 years	\$432.98	\$531.82
20-24 years	\$566.32	\$665.16
15-19 years	\$691.32	\$790.16
12-14 years	\$824.65	\$923.49
Access-Only (hired/rehired after 1/1/2007)	\$932.98	\$1,031.82

Company Contributions and the Retiree Medical Contribution Cap

For Employees Hired Before Jan. 1, 2007

The Company shares the cost of retiree health care coverage if you were hired before Jan. 1, 2007. In 2003, Corning placed a limit, or “cap,” on the amount the Company contributes for salaried and union-free hourly retirees and their covered dependents. The cap is designed to help maintain Corning’s financial stability while offering meaningful medical benefits to retirees. The cap was met just prior to the 2011 plan year for retirees not eligible for Medicare.

You pay any amount above what the Company contributes. Please keep in mind that these calculations are based upon all participants, not on your individual health care expenses.

The Company contribution you receive is based on your years of service when you retire, as defined by the Corning Incorporated Pension Plan (typically, from your date of hire if you have not had a break in service), and is equal to the following for each dependent covered under the plan.

Years of Service	Annual Company Contribution per Adult	Annual Company Contribution for Children*
30+ years	\$6,800	\$2,900
25-29 years	\$6,000	\$2,600
20-24 years	\$4,400	\$1,900
15-19 years	\$2,900	\$1,300
10-14 years	\$1,300	\$600
< 10 years	\$500	\$200

**Company contribution amounts are lower for children because children, on average, have lower plan costs than adults.*

Company Contribution Example

John retired at age 58 with 25 years of vesting service. He has elected retiree-only PPO coverage. The Company will contribute \$6,000 per year to his retiree medical coverage. Here is how John’s 2020 premium contribution is calculated:

Total annual cost of coverage (premium)	\$12,381.84
Company contribution (based on 25 years of service)	\$6,000.00
John’s annual cost (\$12,381.84 - \$6,000.00)	\$6,381.84
John’s monthly premium contribution payment (\$6,381.84 ÷ 12)	\$531.82



Access-Only Premium Contributions

For Employees Hired or Rehired Jan. 1, 2007, or Later

If you were hired or rehired on or after Jan. 1, 2007, or if you were employed by certain acquired companies or subsidiaries, you pay 100 percent of the cost of your Corning retiree medical coverage. Access-only premium contributions allow Corning to offer retirees comprehensive benefits at group rates. See page 4 for access-only premium contributions for 2020.

Paying for Coverage

Retiree medical premium contributions are typically deducted from your Corning pension payment each month. However, if your premium contribution is larger than 70 percent of your pension payment amount or if you do not receive a pension payment, you are billed directly each month. Direct billing is administered through Conduent HR Services. If you do not make timely direct-bill payments to Conduent, your coverage will be discontinued and you may not reenroll until the next annual enrollment period unless you experience a qualifying status change.

Corning Gives You Options to Manage Costs

Corning Retiree Consumer Health Plan

The Corning Retiree Consumer Health Plan can help you manage your health care dollars with lower retiree premium contributions, a higher deductible, and the opportunity to open an HSA to pay health care expenses. Consider this cost-effective plan as an alternative to the Corning Retiree PPO.

UnitedHealthcare® Medicare Solutions for Retirees Age 65 and Over

When you or your spouse reaches age 65 and becomes eligible for Medicare, you will have access to a wide choice of medical plan options at a variety of prices through UnitedHealthcare Medicare Solutions. Having access to all the options available in the Retiree Medical Marketplace gives Corning retirees the flexibility to choose a level of insurance protection that meets individual needs and personal budgets, as well as the opportunity to change plans as circumstances change over time.

Note: You have a one-time opportunity to continue coverage through Corning upon reaching age 65. See page 13 for details.



Corning Retiree Medical Plan 2020

In 2020, you can choose between two retiree medical plan options, the Retiree Consumer Health Plan and the Retiree PPO. Both options are built on the features of traditional health plans, and both support Corning's strategy of wellness and prevention. Both use the UnitedHealthcare network of doctors and hospitals, but they have different benefit levels and premium contributions.

Retiree Consumer Health Plan and Retiree PPO Changes

Retiree Consumer Health Plan (CHP):

- Deductibles, out-of-pocket maximums, and prescription drug copayments increase
- Health Savings Account (HSA) contribution limits increase
- Monthly premium contributions increase

Retiree PPO:

- Office visit and prescription drug copayments increase
- Physical, occupational, and speech therapy are subject to a lower copayment
- Monthly premium contributions increase
- You will receive a new ID card

Medical Plan Comparison

Here are some key features of each medical plan option. Changes for 2020 are shown in **red**.

	Retiree Consumer Health Plan	Retiree PPO
In-Network medical, mental health, and substance use benefits		
Coinsurance	You pay 25%; Corning pays 75%	You pay 20%; Corning pays 80%
Office visit copays	Deductible and coinsurance	\$30 primary care* and urgent care; \$50 specialist *includes physical, occupational, and speech therapy
Annual deductible	\$1,800 individual; \$3,600 family	\$500 individual; \$1,000 family
Annual out-of-pocket maximum (includes deductible)	\$4,000 individual; \$8,000 family	\$3,400 individual; \$6,800 family
Out-of-Network medical, mental health, and substance use benefits		
Coinsurance	You pay 45%; Corning pays 55%	You pay 40%; Corning pays 60%
Annual deductible	\$3,900 individual; \$7,600 family	\$900 individual; \$1,800 family
Annual out-of-pocket maximum	\$7,100 individual; \$14,000 family	\$6,400 individual; \$12,800 family
Pharmacy through CVS/Caremark		
Retail	YOU MUST FIRST SATISFY DEDUCTIBLE*	
Tier I (generic)	\$15 copay	\$15 copay
Tier II (preferred brand-name)	25% (min \$35, max \$75)	25% (min \$35, max \$75)
Tier III (non-preferred brand-name)	45% (min \$65, max \$105)	45% (min \$65, max \$105)
Mail order Tier I / Tier II / Tier III	YOU MUST FIRST SATISFY DEDUCTIBLE* \$30 / \$65 / \$135	\$30 / \$65 / \$135
HSA contribution limits		
Annual retiree contribution limit	\$3,550 individual; \$7,100 family	N/A
Additional catch-up contribution	\$1,000 individual	

**Note: Other than for certain IRS-designated preventive medicines, you will be responsible for the full cost of your prescription medicine until you have satisfied your deductible. You will then be subject to this schedule.*

In January 2020, you will receive IRS Form 1095-C as required by the Affordable Care Act (ACA), which describes the value and the coverage of your Corning medical plan.



Retiree Consumer Health Plan

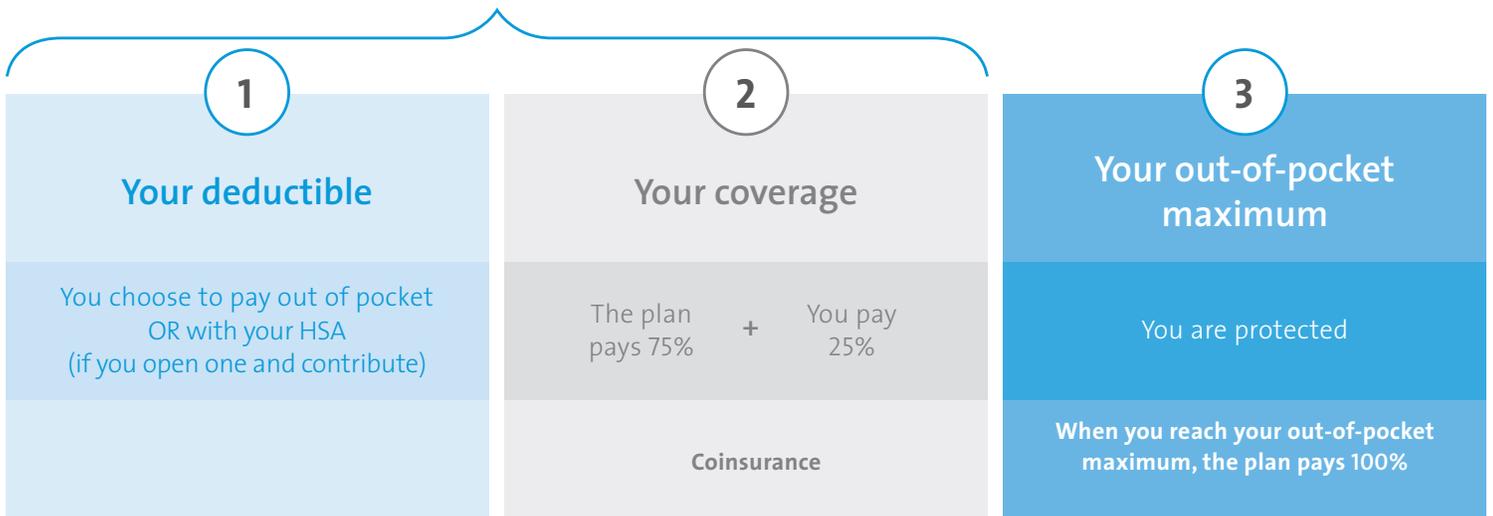
The Retiree Consumer Health Plan features a lower monthly premium contribution and a higher deductible than the Retiree PPO. The lower amount you pay for the Retiree Consumer Health Plan means that you have more dollars to spend for the health care you actually use. You also have the option of opening an HSA, which is funded by your tax-deductible contributions, if you decide to make them. You can use your HSA to pay for future or current medical expenses, including the deductible.

How the Retiree Consumer Health Plan Works

The Retiree Consumer Health Plan supports your health and well-being while helping you make the most of the money you and the Company spend. Here's how the plan works to provide you with comprehensive medical coverage.

- 1. Your deductible** – You will pay out of pocket until you reach the deductible. **Note:** This deductible is higher compared with the Corning Retiree PPO. **If you cover dependents, the family deductible must be met in full before any benefits are paid.**
- 2. Your coverage** – Your plan pays a percentage of your expenses after you meet the deductible.
- 3. Your out-of-pocket maximum** – You are protected from major expenses.

You can open an optional HSA to help pay for medical expenses



Preventive care is covered at 100% in-network



Consider an HSA

If you enroll in the Retiree Consumer Health Plan, you might consider establishing an individual HSA. An HSA is a tax-advantaged individual bank account you can use to pay medical expenses that are not covered by the Retiree Consumer Health Plan. HSA contributions are tax deductible, lowering your taxable income and reducing the amount you pay in taxes. The HSA is optional; you can select the Retiree Consumer Health Plan without opening an HSA.

For more information on HSAs, including who may contribute and how much, visit the BenefitWallet™ website at <https://mybenefitwallet.com/solutions-hsa.html>.

If You Open an HSA

- You can use your HSA to pay eligible health care expenses on a tax-free basis, including the higher deductible, your coinsurance, and other IRS-eligible expenses such as dental and vision. Or you can leave the money in your account and let it grow.
- Your HSA is yours to keep year after year. Unused amounts carry forward and accumulate for future health care expenses.
- Your HSA earns interest and, in most cases, can be invested once the balance reaches a certain level. Earnings on your investments are tax-free as long as you use them to pay for qualified medical expenses.
- Once you reach age 65, you may no longer contribute but can continue to use your HSA funds to pay for qualified medical expenses. For example, you may use them to pay certain insurance premiums, such as Medicare Part B, or certain unreimbursed medical expenses.

If you enroll in the Retiree Consumer Health Plan, you will receive information from BenefitWallet, Corning's HSA administrator, about its HSA options. Remember, establishing an HSA is optional. If you do decide to open one, you may choose BenefitWallet or another bank of your choice.

When HSA Contributions Must Stop

You must stop contributing to an HSA six months before applying for Social Security benefits and Medicare.



Choosing a Medical Plan Option

When deciding which medical plan option is right for you and your family:

- Look at your anticipated expenses and the cost of each option (premium contribution and out-of-pocket costs)
- Consider the savings potential and tax advantages of the optional HSA
- Talk to family members who are also decision makers

Which Option Is Right for You?

Only you can decide how you want to spend your health care dollars. Review the chart below to help you consider which Corning medical plan option may be best for your needs.

Using Your Health Care Dollars	Retiree Consumer Health Plan	Retiree PPO
Pay a higher deductible	✓	
Pay a lower deductible		✓
Pay higher monthly premium contributions		✓
Pay lower monthly premium contributions	✓	
Pay full cost of most prescription drugs until the deductible is met (except for drugs on the IRS preventive care list)	✓	
Eligible to establish individual HSA	✓	

Your Health, Your Money: Did You Know?

- **Total Cost of Coverage.** When looking at each retiree medical plan option, consider your premium contribution and your cost for care; the most you may have to pay out of your own pocket is the out-of-pocket maximum, if you meet it.
- **Retiree Consumer Health Plan and Prescription Drugs.** Under IRS rules covering high deductible health plans such as the Consumer Health Plan, you must meet the annual deductible before the plan will begin to pay benefits for most prescription drugs. Exceptions are made for certain preventive medications, such as medications for high cholesterol or high blood pressure. To find out which drugs are not subject to the deductible, call CVS Caremark at 800-826-7122 or log in to www.caremark.com and search for “preventive drug list.”



Take Advantage of Your ConsumerMedical Benefits (for Retirees in the Retiree Consumer Health Plan or Retiree PPO)

ConsumerMedical is your single source for medical decision support and claims help.

Claims Support

As your Medical Ally®, ConsumerMedical can help you:

- Confirm out-of-pocket expenses
- Better understand the Explanation of Benefits
- Identify claims or billing errors
- Determine whether a denied claim is justified
- Navigate the process of filing an appeal
- Resolve a billing/payment issue with a medical provider or hospital

To learn more, call Consumer Medical at 888-361-3944 or download the MyMedicalAlly app from your app store.

Medical Decision Support

ConsumerMedical also offers confidential, one-on-one support to help you and your family make informed decisions about medical care and treatment.

- Support from a team of nurses, physicians, and other health care professionals by phone, secure email, or text
- Articles, books, videos, and links to websites to help you better understand your medical condition and treatment options
- Help getting a second opinion when you need one
- Recommendations for the best local, in-network doctors and hospitals for your needs
- Guidance on the right questions to ask your doctor



When You Reach Age 65

UnitedHealthcare Medicare Solutions

When you reach age 65, you have the opportunity to choose health insurance through UnitedHealthcare Medicare Solutions for yourself and your spouse. A variety of plans are available to meet the diverse health care needs of retirees. UnitedHealthcare's AARP® Medicare Supplement, Medicare Prescription Drug plans (Part D), and Medicare Advantage plans insure millions of people and offer a large number of plan options.

UnitedHealthcare administers the health plans and, for retirees who were hired before Jan. 1, 2007, a feature called a Retiree Reimbursement Account (RRA), which Corning will fund to help you pay for your coverage and eligible expenses.

Prior to your 65th birthday, you will receive a package from UnitedHealthcare detailing your health care options, costs, and how to enroll. UnitedHealthcare will also offer you personalized guidance in selecting your new health benefits.

Eligibility and Enrollment When You or your Spouse Reaches Age 65

Prior to age 65, you are eligible for the Corning Retiree Consumer Health plan or the Corning Retiree PPO, or you may be covered by a spouse's plan or individual coverage. The following guidelines apply regardless of your coverage prior to age 65.

- When you reach age 65, you will have a **one-time opportunity** to enroll in an individual plan through UnitedHealthcare. If you do not enroll for medical coverage at that time, you will not have another opportunity to enroll for Corning retiree medical coverage. In addition, Corning will not set up a Retiree Reimbursement Account (RRA) in your name.
- Eligibility for your dependents is based on your coverage status.
- If you enroll for individual coverage through UnitedHealthcare when you reach age 65:
 - Your spouse age 65 or older will have a **one-time opportunity** to enroll for new, individual coverage of his/her own through UnitedHealthcare.
 - Your spouse and eligible dependents under age 65 will continue to be eligible for coverage through Corning until they reach age 65. When your spouse reaches age 65, he/she will have a **one-time opportunity** to enroll for individual coverage of his/her own through UnitedHealthcare (provided you are still covered through Corning at that time).
 - Once you enroll in an individual health plan through UnitedHealthcare, you cannot add a new spouse or child after your retirement date as a result of marriage or birth.

If you waive coverage when you reach age 65 or at any time in the future, you, your spouse, and dependents will be ineligible to enroll again for coverage.

If you do not enroll during your one-time opportunity, your spouse and dependent(s) will be ineligible for Corning medical coverage, regardless of their age.



About Medicare

Generally, you are eligible for Medicare if you:

- Are age 65 or older;
- Have been entitled to Social Security disability benefits for two or more years; or
- Have end-stage renal disease.

Medicare has several parts:

- Part A covers hospital expenses
- Part B covers non-hospital medical expenses
- Part D covers prescription drugs; you must enroll separately for Part D coverage

Enrolling in Medicare Parts A and B

To be eligible to enroll in one of the UnitedHealthcare individual plans after you turn age 65, you **MUST** enroll in Medicare Part A and Part B three months before turning age 65. You should also enroll in Part B if you are approved by Social Security for Medicare as a result of a disability.

For more information or to enroll in Medicare, visit your local Social Security office, visit www.ssa.gov, or call the Social Security Administration at 800-772-1213 (TTY/TDD users call 800-325-0778). You may also visit the Medicare website at <https://www.medicare.gov/sign-up-change-plans> for more information.



UnitedHealthcare Resources

Take Charge of Your Health Care with myuhc.com

Both the Retiree Consumer Health Plan and the Retiree PPO give you access to UnitedHealthcare tools and resources at www.myuhc.com and through your smartphone app store.

- Find doctors and facilities
- Check claims, deductible, and out-of-pocket spending
- Create a personal health record
- Get customized wellness support
- Get cost estimates before you need care
- Download Health4Me, a mobile app with all the above tools, plus GPS-enabled search for the nearest doctors and facilities

To get started:

Go to www.myuhc.com — have your UnitedHealthcare ID card handy — and click “Register Now.” You can access myuhc.com from your computer, tablet, or smartphone.



To use your smartphone, download a QR code reader from your phone’s app store, then use the app to scan this code. You will receive a link to myuhc.com.

Why Have a Primary Care Doctor?

Better health. Getting the right health screenings each year can reduce your risk for many serious conditions. Preventive care is covered under both Corning medical plan options, so there’s no excuse to skip it.

A healthier wallet. Having a doctor you can call helps you avoid costly trips to the emergency room and helps you decide if and when you really need to see a specialist.

Peace of mind. Advice from someone you trust means a lot when you’re healthy and even more when you’re sick. Your primary care doctor gets to know you and your health history and can help coordinate any care you need.

If you do not have a primary care doctor, call UnitedHealthcare at 877-644-4334 or visit www.myuhc.com.

Be a Smart Health Care Consumer!

Be sure to use UnitedHealthcare’s in-network and preferred network providers whenever possible to reduce costs for you and for Corning.

- **For lab tests** – ask your doctor to send lab tests to LabCorp or Quest Diagnostics
- **For hearing aids** – contact UnitedHealthcare to locate an independent in-network provider to save you money
- **For all other medical services** – contact UnitedHealthcare to locate in-network providers or go to www.myuhc.com and select “Find a Provider”

Dental Coverage – MetLife TakeAlong Dental (All Retirees)

MetLife TakeAlong Dental is an individual dental insurance policy available directly through MetLife. This policy is available to you, your spouse, and dependent children up to age 26.

Key features:

- Three benefit coverage levels to choose from: Low, Medium, or High
- Flexibility to choose any licensed dentist, in or out of the MetLife network
- In-network providers accept negotiated fees, which are typically 15 percent to 45 percent less than the average charges in the same area
- No referral needed for specialty care
- You are eligible to have the waiting period waived if you have had comparable dental coverage for the past 12 consecutive months and you enroll within 60 days of losing that coverage

Learn More and Enroll

Visit www.metlifetakealongdental.com or call 844-263-8336 to learn the cost of coverage in your area, enroll, and find MetLife dentists.

Dental Plan Comparison

	High Option	Medium Option	Low Option
Preventive & diagnostic services	In-network: 100% Out-of-network: 100%	In-network: 100% Out-of-network: 100%	In-network: 100% Out-of-network: 100%
Annual deductible – basic & major restorative services	\$25 self \$50 self + 1 \$75 self + 2 or more	\$50 self \$100 self + 1 \$150 self + 2 or more	\$75 self \$150 self + 1 \$225 self + 2 or more
Basic restorative services	In-network: 80% Out-of-network: 80%	In-network: 70% Out-of-network: 70%	In-network: 70% Out-of-network: 70%
Major restorative services	In-network: 50% Out-of-network: 50%	In-network: 50% Out-of-network: 50%	In-network: 50% Out-of-network: 50%
Waiting period	6 months for basic restorative and 12 months* for major restorative		
Orthodontia services (under age 19 only)	In-network: 50% Out-of-network: 50% (\$1,000 lifetime max. per person) (12-month waiting period)	Not covered	Not covered
Annual maximum benefit	\$2,000 per person	\$1,500 per person	\$1,000 per person

Note: Benefits for each service are based on the maximum allowed charge: the amount that in-network dentists have agreed to accept as payment in full. If you use out-of-network dentists, you may be billed for additional amounts.

**Vermont residents: Any applicable waiting period is limited to a maximum of six months. Once you are enrolled, this will be reflected in your policy.*



How to Make Changes for 2020

An annual enrollment period is held each fall for retirees to enroll or make changes for the coming year. During this annual enrollment period, you can:

- Switch from the Retiree PPO to the Retiree Consumer Health Plan or vice versa
- Change your coverage level
- Change your dependents

Changes made during annual enrollment become effective on Jan. 1 of the following calendar year. You may drop coverage at any time. However, you may then reenroll for coverage only during an annual enrollment period, unless you experience a qualifying status change.

To make changes, call the Corning Benefits Network at 800-858-3875 to speak with a Benefit Services Representative (TTY/TDD users call 800-833-8334). Representatives are available between 9 a.m. and 7 p.m., Eastern time, Monday through Friday, excluding holidays.

If You Initially Waived Retiree Medical Coverage

If you are not currently enrolled in retiree medical coverage, you may enroll at any time by contacting the Corning Benefits Network to request a *Retiree Medical Election Form*. Your retiree medical coverage will become effective on the first day of the month following the receipt of your completed form and dependent information. If you are not currently enrolled, a copy of this form is included in your *What's New 2020* materials.

To Enroll for Dental Coverage

To enroll for MetLife TakeAlong Dental, visit www.metlifetakealongdental.com or call 844-263-8336 to speak to a MetLife representative. Your referral code is "Corning".

Review Your Dependents

Review your dependent information on your confirmation statement to ensure that it is accurate and up to date. To change your dependent information, speak with a Benefit Services Representative at the Corning Benefits Network.

If you want to keep the coverage shown on your confirmation statement, you do not have to take any further action.

Reminder: Corning Benefits Network Security Upgrade:

The Corning Benefits Network Interactive Voice Response (IVR) system underwent a security upgrade on July 31, 2019. Your existing IVR PIN no longer works, effective July 31.

The next time you call the Corning Benefits Network, you'll be prompted to request a temporary PIN by mail. Once you receive your temporary PIN, you can enter it through the IVR system and follow the instructions to create your new PIN.

It is important that you register now; otherwise you may experience unnecessary delays in making changes to your benefits.



Important Reminders

Your Beneficiary Designations

It is important for you to review your beneficiary designations periodically — especially after life events such as marriage, divorce, or birth or death of a dependent — to ensure that they are up to date, so that in the event of your death, your family is protected and your wishes are carried out with regard to your Corning benefits.

You may review or update your beneficiaries on My Total Rewards. After logging in at www.corning.com/mytotalrewards, click on “My Profile” (your name on the top right side of any page), and then select “Review My Beneficiaries.”

You may also call the Corning Benefits Network at 800-858-3875 to speak with a Benefit Services Representative.

If You Move

It's important to keep your telephone and address information up to date with the Corning Benefits Network so the Company can continue to send you important benefits information or contact you, if necessary, with an important message. To change your mailing address, call the Corning Benefits Network at 800-858-3875 and speak to a Benefit Services Representative (TTY/TDD users call 800-833-8334). From outside the U.S., call +1 201-363-2956. Benefit Services Representatives are available between 9 a.m. and 7 p.m., Eastern time, Monday through Friday, excluding holidays. You may also manage your personal details on My Total Rewards, if eligible, at www.corning.com/mytotalrewards.

A Note About the Affordable Care Act

Corning's retiree medical plans are not subject to many of the rules related to the Affordable Care Act (ACA). Changes to Corning's retiree medical plans for 2020 are not based on the health care law.



For More Information

Where to Turn for Answers

When you have questions about your benefits, do you know where to turn? Here are some guidelines that can help you find the information you need, when you need it.

Specific Benefits Questions Call your plan administrator* (for example, UnitedHealthcare or MetLife)	General Questions Call the Corning Benefits Network or visit My Total Rewards
<p>Contact your plan administrator directly when you need help with specific issues, such as:</p> <ul style="list-style-type: none">■ Specific coverage information – what is and isn't covered■ Status of claims■ Participating providers■ How to access services provided by the plan■ Required notification for certain health care services <p>*See "Other Important Contact Information" on page 21 for plan administrator contact information.</p>	<p>Call the Corning Benefits Network (800-858-3875) or visit My Total Rewards when you need help with general issues, such as:</p> <ul style="list-style-type: none">■ Eligibility for benefits■ Enrolling in and changing benefits■ Termination of coverage■ Beneficiary designations■ All Investment Plan and Pension Plan information and transactions■ Requesting a copy of the HIPAA privacy notice■ Requesting a copy of the <i>Corning Incorporated Notice of Creditable Coverage</i>■ Requesting a printed copy of the <i>Retiree Medical and Life Insurance Plans Handbook/SPD</i>



My Total Rewards: Information at Your Fingertips 24/7

My Total Rewards lets you manage, organize, and stay up to date with all of your retiree benefit needs throughout the year.

Health and Welfare

(You must be receiving a monthly pension benefit to have access to the Total Health page on My Total Rewards)

- View your current retiree medical elections and premium contribution amounts
- Access your *Retiree Medical and Life Insurance Plans Handbook/SPD*
- Access claim forms and connect to other useful websites, such as CVS Caremark and UnitedHealthcare

Investment Plan

- Monitor your Corning Investment Plan account
- Request a withdrawal or final distribution
- Make changes to your investment mix
- Learn more about your Investment Plan

Pension

- View details about your monthly pension benefit
- Enroll in or change your direct deposit information
- Change your tax withholdings
- Change your address
- Request pension benefit verification and more

Logging In to My Total Rewards

1. Go to www.corning.com/mytotalrewards.
2. Log in by entering your User Name (letter-number combination) and Password.



To access My Total Rewards from your smartphone, scan this QR code.

The My Total Rewards website and the Corning Benefits Network Interactive Voice Response (IVR) system underwent a security upgrade on July 31, 2019. The Corning Benefits Network mailed a letter to your home providing detailed instructions. If you have not yet registered, you will be prompted to create new security credentials the next time you log in. See your Confirmation Statement for details.

For Personal Assistance

For personal assistance, use the Chat Now feature on My Total Rewards, available at the bottom of any page, or call the Corning Benefits Network at 800-858-3875.



Other Important Contact Information

To Find Out More...	Contact...	
Retiree Medical Plans (Retiree Consumer Health Plan and Retiree PPO)	UnitedHealthcare	www.myuhc.com 877-644-4334, TTY 711, 8 a.m. to 11 p.m., Eastern time, Monday through Friday
CVS Caremark Prescription Drug Benefits	CVS Caremark	www.caremark.com (first-time user group code: Rx1379) 800-826-7122, 24/7
Mental Health and Substance Use Resources	UnitedHealthcare	www.liveandworkwell.com (access code: Corning) 877-683-8546, TTY 711, 8 a.m. to 11 p.m., Eastern time, Monday through Friday
Dependent Eligibility, Beneficiary Designation, Pension Tax Withholding and Reporting, Pension Direct Deposit	Corning Benefits Network	www.corning.com/mytotalrewards 800-858-3875, TTY/TDD users call 800-833-8334, 9 a.m. to 7 p.m., Eastern time, Monday through Friday, excluding holidays
Dental Insurance	MetLife	www.metlifetakealongdental.com 844-263-8336
Medical Decision Support and Help with Claims (For retirees in the Retiree Consumer Health Plan or Retiree PPO)	ConsumerMedical	www.myconsumermedical.com 888-361-3944

Summary Plan Description (SPD)

To learn more about your Corning benefits, refer to the *Retiree Medical and Life Insurance Plans Handbook/SPD*, available in the My Total Rewards Library. You can request a printed copy – at no cost to you – by calling the Corning Benefits Network at 800-858-3875.

This *What's New 2020* serves as a summary of material modifications to your *Retiree Medical and Life Insurance Plans Handbook/SPD*, as required by the Employee Retirement Income Security Act of 1974, as amended (ERISA). Please consider it to be part of your SPD and keep it with your important benefits information.



Helpful Terms

Coinsurance – After you meet the plan’s annual deductible amount, the plan provides benefits by paying a percentage of the costs for certain covered services and materials. You pay the remaining percentage of the costs. This cost-sharing arrangement is called coinsurance.

Copayment – A fixed amount that you pay when you visit a doctor’s office, go to the emergency room, or pay for certain prescription drugs.

Deductible – The annual amount you pay out of pocket before the plan provides benefits.

Explanation of Benefits (EOB) – A form or document sent to you by your insurance company after your provider submits a health care claim. It contains information to help you track your health care expenditures and serves as a reminder of the medical services you received during the past year.

Formulary – A list of medications covered by a prescription drug benefit plan.

Health Savings Account (HSA) – An individual, tax-advantaged savings account, administered by a bank, that lets you pay for eligible medical expenses now and in the future. You may open and contribute to an HSA on your own up to age 65 if you enroll in the Retiree Consumer Health Plan option, but it is not required.

High Deductible Health Plan (HDHP) – A plan that features higher deductibles than traditional insurance plans. High deductible health plans can be combined with an HSA to allow you to pay for qualified out-of-pocket medical expenses on a before-tax basis. The Corning Retiree Consumer Health Plan is a high deductible health plan.

Lifetime Maximum – The most that the plan will pay for covered expenses over the course of your lifetime.

Medicare – Federal health care coverage for people age 65 and older and certain people under age 65 with disabilities.

Medicare Part A (Hospital Insurance) – Coverage for inpatient hospital stays, care in a skilled nursing facility, hospice care, and some home health care.

Medicare Part B (Medical Insurance) – Coverage for certain doctors’ services, outpatient care, medical supplies, and preventive services.

Medicare Part D (Prescription Insurance) – Coverage for certain prescription drugs under Medicare’s Prescription Drug Benefit Program.

Out-of-Pocket Maximum – The most you will pay out of your own pocket for medical services during a plan year. Once you reach this amount, the plan pays 100 percent of your covered costs for the rest of the plan year. Depending on the coverage you have, there are several different maximums (for example, in-network coverage, out-of-network coverage, individual and family coverage).

Preferred Provider Organization (PPO) – A medical plan that works with a network of health care providers who agree to accept negotiated rates. You can see any provider you choose, but you pay less when you see providers who are in the network.

Premium Contribution – A premium contribution is the dollar amount you pay monthly toward the cost of your Corning coverage. This amount does not count toward your deductible or out-of-pocket maximum.

Retiree Consumer Health Plan – A Corning medical plan option that covers the same medical and prescription drug services and provides access to the same UnitedHealthcare (UHC) provider network as the Corning Retiree PPO option, but has lower premium contributions and different out-of-pocket costs.

This brochure summarizes certain highlights of the Corning Incorporated benefit plans. If any statement in this brochure or any other communication conflicts with applicable plan documents, the plan documents will govern. Corning Incorporated retains the right to amend or terminate benefit plans for active or former employees or their beneficiaries at any time, for any reason.

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