

2020 Retiree Medical Premiums and Coverage Summary

MAP Plus - Option 1 Low Deductible

1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); www.aetna.com

2020 Monthly Premiums

This chart shows your monthly premium.

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	N/A	N/A	N/A	N/A
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa*	N/A	N/A	N/A	N/A
You and your SP of Record/ DP of Record both are Medicare Eligible	\$244.00	\$488.00	\$957.00	\$1,201.00

Please note: Pre-Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are neither age 65 or older, nor disabled as determined by Social Security. Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are age 65 or older and eligible for Medicare or who are eligible for Medicare due to disability prior to age 65.

The foregoing descriptions provide only general information about Dow's applicable compensation and benefits programs. You should refer to the plan document and summary plan description of the applicable plan for a more complete description of the plan's terms. If there is any conflict between the information provided above and the plan document or summary plan description for the applicable plan, the plan document or summary plan description will govern. This summary in no way alters any employee's status as an "at will" employee of Dow and does not create any third-party beneficiary rights, or any right to employment or continued employment with Dow or any of its affiliates. Dow reserves the right to amend or terminate the terms of the foregoing plans in accordance with their terms.

2020 Retiree Medical Premiums and Coverage Summary

MAP Plus - Option 2 High Deductible

1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); www.aetna.com

2020 Monthly Premiums

This chart shows your monthly premium.

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$46.00	\$92.00	\$92.00	\$138.00
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa*	N/A	N/A	N/A	N/A
You and your SP of Record/ DP of Record both are Medicare Eligible	N/A	N/A	N/A	N/A

Please note: Pre-Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are neither age 65 or older, nor disabled as determined by Social Security. Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are age 65 or older and eligible for Medicare or who are eligible for Medicare due to disability prior to age 65.

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2020 Retiree Medical Premiums and Coverage Summary
Split Coverage
MAP Plus - Option 1 Low Deductible / Option 2 High Deductible
 1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); www.aetna.com

2020 Monthly Premiums

This chart shows your monthly premium.

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You are Medicare Eligible and enrolled in Option 1 Low Deductible and your SP of Record / DP of Record is Pre-Medicare Eligible and enrolled in Option 2 High Deductible or vice versa	N/A	\$290.00	N/A	\$336.00

**If you are electing split coverage, where either you or your Spouse of Record/Domestic Partner of Record will be enrolled in MAP Plus - Option 1 Low Deductible and the other in MAP Plus - Option 2 High Deductible, please use these charts.*

The foregoing descriptions provide only general information about Dow's applicable compensation and benefits programs. You should refer to the plan document and summary plan description of the applicable plan for a more complete description of the plan's terms. If there is any conflict between the information provided above and the plan document or summary plan description for the applicable plan, the plan document or summary plan description will govern. This summary in no way alters any employee's status as an "at will" employee of Dow and does not create any third-party beneficiary rights, or any right to employment or continued employment with Dow or any of its affiliates. Dow reserves the right to amend or terminate the terms of the foregoing plans in accordance with their terms.

MAP Plus Medical Plans (For Pre-Medicare Retirees Only)

1-888-488-4488; www.aetna.com

Coverages	MAP Plus - Option 1 Low Deductible		MAP Plus - Option 2 High Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: Individual	\$125	\$500	\$2,000	\$4,000
Deductible: Family	RET+1: \$250 RET+2 or more: \$375	RET+1: \$1,000 RET+2 or more: \$1,500 Note: Benefits paid based on Plan Allowable Amount after annual deductible.	\$4,000 with max of \$2,800 for one person	\$8,000
Out-of-Pocket Maximum: Individual	4% of base salary up to a maximum of \$8,150	8% of base salary	\$4,000	\$8,000
Out-of-Pocket Maximum: Family	8% of base salary up to a maximum of \$16,300	12% of base salary	\$8,000	\$16,000
Physician Visit	\$20 primary/\$50 specialist copay	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Dow Family Health Center Physician Visit (** Available only for retirees in Lake Jackson and Houston, TX; Collegeville, PA; and Midland, MI areas)	\$10 copay	N/A	Subject to deductible and coinsurance	N/A
Chiropractic Visit and Maximum	Covered at 85% after deductible; 30 visit max	Covered at 70% after deductible; 30 visit max	Covered at 80% after deductible; 30 visit max	Covered at 60% after deductible; 30 visit max
Routine Physical Exam	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Routine Gynecological Exam	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Routine Mammography	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	\$20 copay	N/A	\$40 consult fee until deductible is met, then subject to coinsurance	N/A
Inpatient Hospital	\$250 copay, covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Emergency Room	\$100 copay, covered at 85% after deductible	\$100 copay, covered at 85% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Urgent Care	\$20 copay after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient Surgery: Hospital	Covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient X-Ray	Covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient Lab	Covered at 100%	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Mental Health: Inpatient	\$250 copay; covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Mental Health: Outpatient	\$20 copay	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Substance Abuse: Inpatient	\$250 copay; covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Substance Abuse: Outpatient	\$20 copay	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Durable Medical Equipment and Maximum	Covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Pharmacy: Generic Drug	Covered at 80% after deductible	Covered at 80% up to the Plan Allowable Amount after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Pharmacy: Brand Name	Covered at 80% preferred brand/70% non-preferred brand after deductible	Covered at 80% preferred brand/70% non-preferred brand (after deductible) of Plan Allowable Amount	Covered at 80% after deductible	Covered at 60% after deductible, no coverage for Specialty Rx if OON
Dow Family Health Center Pharmacy (** Available only for retirees in Lake Jackson and Houston, TX; Collegeville, PA; and Midland, MI areas)	\$2 copay per script. For maintenance medication, available for up to 3 fills. After 3 fills, must switch to mail order pharmacy. For non-maintenance Rx, \$2 copay per script, subject to certain Rx	N/A	Before deductible, scheduled cost of drug. After deductible, \$2 copay per script	N/A
Mail Order	Covered at 80% generic and preferred brand, 70% non-preferred brand	Covered at 80% generic and preferred brand, 70% non-preferred brand	Covered at 80% after deductible	

Please note the following:

- Certain drugs require precertification and / or step therapy.
- Certain preventive medications are covered with no deductible (in-network 80% and out-of-network 60%).
- Deductible and Out-of-Pocket Maximum combined with medical.
- If you are pre-Medicare eligible and you live out-of-area, you will be covered at 85% if you use an in-network provider and 100% for in-network outpatient lab services after your annual deductible.

MAP Plus Medical Plans (For Medicare Retirees Only)

1-800-7DOWDOW (736-9369); www.aetna.com

Coverages	MAP Plus - Option 1 Low Deductible	MAP Plus - Option 2 High Deductible
Deductible: Individual	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	4% of last active annual base salary to a maximum of \$5,050 (medical), \$3,100 per member (Rx)	
Out-of-Pocket Max: Family	8% of last active annual base salary to a maximum of \$10,050 (medical), \$6,250 per family (Rx)	
Physician Visit	Covered at 80% after deductible	
Chiropractic Visit	Covered 50% after deductible, up to a maximum benefit of \$500/calendar year	
Routine Physical Exam	Covered at 100% up to \$500 calendar year maximum	
Routine Gynecological Exam	Covered at 100% up to \$500 calendar year maximum	
Routine Mammography	Covered at 100%	
Inpatient Hospital	Covered at 80% after deductible	
Emergency Room	Covered 80% after \$100 ER deductible per ER visit; no calendar year deductible applies; ER deductible does not apply to other medical services; ER deductible waived if admitted	
Urgent Care	Covered at 80% after deductible	
Outpatient Surgery: Hospital	Covered at 80% after deductible	
Outpatient X-Ray	Covered at 80% after deductible	
Outpatient Lab	Covered at 80% after deductible	
Mental Health: Inpatient	Covered at 80% after deductible	
Mental Health: Outpatient	Covered at 80% after deductible	
Substance Abuse: Inpatient	Covered at 80% after deductible	
Substance Abuse: Outpatient	Covered at 80% after deductible	
Durable Medical Equip and Max	Covered at 80% after deductible	
Pharmacy: Generic Drug	Covered at 90%	
Pharmacy: Brand Name	Covered at 80% preferred, 65% non-preferred	
Pharmacy: Mail Order	\$5 / \$80 / \$150 for mail order facility or 90-day supply at CVS Caremark retail pharmacy; other pharmacies: see retail benefit	

Not Available if Medicare Eligible

Please note the following:

- Benefits paid based on plan allowable amount after annual deductible.
- For hourly employees, references to last active annual base salary shall be "your annual pay calculated using your last active annual base hourly rate."

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