

2020 Retiree Medical Premiums and Coverage Summary

Ohio

CIGNA HMO National

1-800-CIGNA 24; www.cigna.com

If You Retired With Full Service: 2020 Monthly Premiums

This chart shows your monthly premium. (Please refer to the definition of Full Service, which can be found in the Summary Plan Description located at www.dowbenefits.com.)

| | 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 | \$898.00 | \$1,796.00 | \$1,111.00 | \$2,009.00 |
| 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 |

If You Do Not Have Full Service

Go to the UCC Retiree Medical Premium Calculator, which can be found at www.dowbenefits.com.

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.

Enrollment in a Medicare HMO or disenrollment from a Medicare HMO is not effective without a valid enrollment / disenrollment from the Medicare HMO. Effective date of the enrollment is determined by the Medicare HMO. Contact the Dow Retiree Service Center at 800-344-0661 to complete this process.

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If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

| HMO Coverages | Pre-Medicare Eligible | Medicare Eligible |
|-------------------------------|---|-------------------|
| Deductible: Individual | \$250 | |
| Deductible: Family | \$500 | |
| Out-of-Pocket Max: Individual | \$3,000 | |
| Out-of-Pocket Max: Family | \$6,000 | |
| Physician Visit | \$20 copay (PCP); \$35 copay (specialist) | |
| Chiropractic Visit | \$35 copay; 60 days combined | |
| Routine Physical Exam | Covered at 100% | |
| Routine Gynecological Exam | Covered at 100% | |
| Routine Mammography | Covered at 100% | |
| Telemedicine | \$20 copay | |
| Inpatient Hospital | Covered at 90% after deductible | |
| Emergency Room | \$100 copay, waived if admitted | |
| Urgent Care | \$50 copay | |
| Outpatient Surgery: Hospital | Covered at 90% after deductible | |
| Outpatient X-Ray | Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility | |
| Outpatient Lab | Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility | |
| Mental Health: Inpatient | Covered at 90% after deductible | |
| Mental Health: Outpatient | \$20 copay for office visit, 10% coinsurance for other services | |
| Substance Abuse: Inpatient | Covered at 90% after deductible | |
| Substance Abuse: Outpatient | \$20 copay for office visit, 10% coinsurance for other services | |
| Durable Medical Equip and Max | Covered at 100% | |
| Pharmacy: Generic Drug | Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply | |
| Pharmacy: Brand Name | Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary) | |
| Pharmacy: Mail Order | Greater of 20% or \$16 generic, greater of 30% or \$85 formulary brand, greater of 40% or \$145 non-formulary brand; \$200 copay maximum per script | |

Not Available if Medicare Eligible

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.