2020 Dow COBRA Monthly Medical Cost and Coverage Summary - Illinois

\$20 copay

Telemedicine

N/A

Plan Basics			
Plan Name	MAP Plus - Option 1 Low Deductible	MAP Plus - Option 2 High Deductible	CIGNA HMO National
Contact Information	888-488-4488 610-336-1000 outside U.S. www.aetna.com	888-488-4488 610-336-1000 outside U.S. www.aetna.com	800-CIGNA24 (244-6224) www.cigna.com
Plan Costs			
Plan Name	MAP Plus - Option 1 Low Deductible	MAP Plus - Option 2 High Deductible	CIGNA HMO National
Employee Only			
Subsidized Rates ¹	\$129.00	\$30.00	\$122.00
COBRA Rates	\$697.09	\$308.12	\$689.83
Employee + Spouse/Domestic Par	tner		
Subsidized Rates ¹	\$296.00	\$69.00	\$280.00
COBRA Rates	\$1,394.17	\$616.25	\$1,379.65
Employee + Child(ren)			
Subsidized Rates ¹	\$254.00	\$59.00	\$241.00
COBRA Rates	\$1,198.99	\$529.97	\$1,186.52
Employee + Spouse/DP + Child(re	n)		
Subsidized Rates ¹	\$436.00	\$101.00	\$412.00
COBRA Rates	\$2,056.40	\$908.97	\$2,034.98

1) Note: If you are paid bi-weekly and would like to calculate your per-pay premium, multiply the monthly premium amount by 12 and divide by 26 (the number of pay periods for 2020).

Plan Name	MAP Plus - Option 1 Low Deductible		MAP Plus - Option 2 High Deductible		CIGNA HMO National
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Deductible: Individual	\$125	\$500	\$2,000	\$4,000	\$250
Deductible: Family	EE+1: \$250 EE+2 or more: \$375	EE+1: \$1,000 EE+2 or more: \$1,500 Note: Benefits paid based on Plan Allowable Amount after annual deductible.		\$8,000	\$500
Out-of-Pocket Maximum: Individual (includes deductible)	4% of base salary up to a maximum of \$8,150	8% of base salary	\$4,000	\$8,000	\$3,000
Out-of-Pocket Maximum: Family (includes deductible)	8% of base salary up to a maximum of \$16,300	12% of base salary	\$8,000	\$16,000	\$6,000
Office Visits Plan Name	MAP Plus - Optior	n 1 Low Deductible	MAP Plus - Optio	n 2 High Deductible	CIGNA HMO National
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Physician Visit	\$20 primary/\$50 specialist copay		Covered at 80% after deductible	Covered at 60% after deductible	\$20 copay (PCP), \$35 copay (specialist)
Chiropractic Visit	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	\$35 copay; 60 days combined
Well Baby Care	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Routine Physical Exam	Covered at 100%	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%	Covered at 100%

Maternity Care Plan Name	MAP Plus - Optio	n 1 Low Deductible	MAP Plus - Opti	on 2 High Deductible	CIGNA HMO National
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Pre/Post-Natal Maternity office visit	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	\$20 copay for initial visit; remaining pre/post-natal visits covered at 90% after deductible
Maternity: Inpatient Delivery	\$250 copay, covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 90% after deductible

\$40 consult fee until

deductible is met, then subject to coinsurance

N/A

\$20 copay

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Hospital Services					
Plan Name	•	1 Low Deductible		2 High Deductible	CIGNA HMO National
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Inpatient Hospital	\$250 copay, covered at	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 90% after deductible
	85% after deductible	deductible	deductible	deductible	
Emergency Room	\$100 copay, covered at	\$100 copay, covered at	Covered at 80% after	Covered at 80% after	\$100 copay, waived if admitted
	85% after deductible	85% after deductible	deductible	deductible	
Outpatient Surgery: Hospital	Covered at 85% after	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 90% after deductible
	deductible	deductible	deductible	deductible	
Outpatient X-Ray	Covered at 85% after	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 100% in doctor's office
	deductible	deductible	deductible	deductible	or independent lab; covered at
					90% after deductible at outpatient
					facility
Outpatient Lab	Covered at 100%	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 100% in doctor's office
		deductible	deductible	deductible	or independent lab; covered at
					90% after deductible at outpatient
					facility
Urgent Care	\$20 copay after deductible		Covered at 80% after	Covered at 60% after	\$50 copay
		deductible	deductible	deductible	
Mental Health / Substance Abuse	1		1		
Plan Name	MAP Plus - Option 1 Low Deductible		MAP Plus - Option 2 High Deductible		CIGNA HMO National
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
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	Covered at 90% after deductible
Mental Health: Outpatient	\$20 copay	Covered at 70% after	Covered at 80% after	Covered at 60% after	\$20 copay for office visit, 10%
	+======	deductible	deductible	deductible	coinsurance for other services
Substance Abuse: Inpatient	\$250 copay; covered at	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 90% after deductible
	85% after deductible	deductible	deductible	deductible	
Substance Abuse: Outpatient	\$20 copay	Covered at 70% after	Covered at 80% after	Covered at 60% after	\$20 copay for office visit, 10%
	φ20 τοραγ	deductible	deductible	deductible	coinsurance for other services
Ancillary Services				1	
Anomaly Services					
Plan Name	MAP Plus - Ontion	1 Low Deductible	MAP Plus - Ontion	2 High Deductible	CIGNA HMO National
Plan Name Network Type		1 Low Deductible Out-of-Network		2 High Deductible Out-of-Network	CIGNA HMO National
Network Type	MAP Plus - Option In-Network Covered at 85% after	1 Low Deductible Out-of-Network Covered at 70% after	MAP Plus - Optior In-Network Covered at 80% after	2 High Deductible Out-of-Network Covered at 60% after	CIGNA HMO National In-Network Covered at 100%
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Network Type Durable Medical Equipment and Maximum	In-Network Covered at 85% after	Out-of-Network Covered at 70% after	In-Network Covered at 80% after	Out-of-Network Covered at 60% after	In-Network
Network Type Durable Medical Equipment and	In-Network Covered at 85% after deductible	Out-of-Network Covered at 70% after	In-Network Covered at 80% after deductible	Out-of-Network Covered at 60% after	In-Network
Network TypeDurable Medical Equipment and MaximumPrescription Coverage	In-Network Covered at 85% after deductible	Out-of-Network Covered at 70% after deductible	In-Network Covered at 80% after deductible	Out-of-Network Covered at 60% after deductible	In-Network Covered at 100%
Network TypeDurable Medical Equipment and MaximumPrescription Coverage Plan Name	In-Network Covered at 85% after deductible MAP Plus - Option In-Network If a generic drug is availab	Out-of-Network Covered at 70% after deductible 1 Low Deductible Out-of-Network le, you are responsible for	In-Network Covered at 80% after deductible MAP Plus - Option In-Network Certain preventive medica	Out-of-NetworkCovered at 60% after deductible2 High DeductibleOut-of-Networktions are covered with no	In-Network Covered at 100% CIGNA HMO National In-Network Pharmacy out-of-pocket is
Network Type Durable Medical Equipment and Maximum Prescription Coverage Plan Name Network Type	In-Network Covered at 85% after deductible MAP Plus - Option In-Network If a generic drug is availab the generic coinsurance pl	Out-of-Network Covered at 70% after deductible 1 Low Deductible Out-of-Network le, you are responsible for us the difference in cost	In-Network Covered at 80% after deductible MAP Plus - Optior In-Network	Out-of-NetworkCovered at 60% after deductible2 High DeductibleOut-of-Networktions are covered with no	In-Network Covered at 100% CIGNA HMO National In-Network
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Network Type Durable Medical Equipment and Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits	In-Network Covered at 85% after deductible MAP Plus - Option In-Network If a generic drug is available the generic coinsurance ple between the brand-name at deductible. After an initial retail prescrit coinsurance will go up to 5 order. This does not apply Maximum. Certain drugs require pre-order therapy. Specialty drug cost Rx deductible: \$100/\$200/\$ Rx Out-of-Pocket Max com	Out-of-NetworkCovered at 70% after deductible1 Low DeductibleOut-of-Networkle, you are responsible for us the difference in cost and generic drug, plus anyption and two refills, 0% unless you use mail to your Out-of-Pocketcertification and/or step st sharing differs.\$300nbined with medicalCovered at 80% up to the Plan Allowable Amount	In-Network Covered at 80% after deductible MAP Plus - Option In-Network Certain preventive medica deductible (in-network 80% If a generic drug is availab the generic coinsurance pl between the brand-name a deductible. Certain drugs require pre- therapy.	Out-of-Network Covered at 60% after deductible 2 High Deductible Out-of-Network tions are covered with no 6 and out-of-network 60%). le, you are responsible for us the difference in cost and generic drug, plus any certification and/or step cket Maximum combined	In-Network Covered at 100% CIGNA HMO National In-Network Pharmacy out-of-pocket is combined with medical Greater of 20% or \$7; \$100 copay maximum per script; 30-day
Network Type Durable Medical Equipment and Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits	In-NetworkCovered at 85% after deductibleMAP Plus - Option In-NetworkIf a generic drug is available the generic coinsurance pl between the brand-name at deductible.After an initial retail prescrit coinsurance will go up to 5 order. This does not apply Maximum.Certain drugs require pre-option therapy. Specialty drug costRx deductible:Rx Out-of-Pocket Max com Covered at 80% after	Out-of-NetworkCovered at 70% after deductible1 Low DeductibleOut-of-Networkle, you are responsible for us the difference in cost and generic drug, plus anyption and two refills, 0% unless you use mail to your Out-of-Pocketcertification and/or step st sharing differs.\$300hbined with medicalCovered at 80% up to the	In-Network Covered at 80% after deductible MAP Plus - Option In-Network Certain preventive medica deductible (in-network 80% If a generic drug is availab the generic coinsurance pl between the brand-name a deductible. Certain drugs require pre- therapy. Deductible and Out-of-Poo with medical Covered at 80% after	Out-of-Network Covered at 60% after deductible 2 High Deductible Out-of-Network tions are covered with no 6 and out-of-network 60%). le, you are responsible for us the difference in cost and generic drug, plus any certification and/or step cket Maximum combined Covered at 60% after	In-Network Covered at 100% CIGNA HMO National In-Network Pharmacy out-of-pocket is combined with medical Greater of 20% or \$7; \$100 copay
Network Type Durable Medical Equipment and Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug	In-NetworkCovered at 85% after deductibleMAP Plus - Option In-NetworkIf a generic drug is availab the generic coinsurance pl between the brand-name a deductible.After an initial retail prescri coinsurance will go up to 5 order. This does not apply Maximum.Certain drugs require pre- therapy. Specialty drug cosRx deductible:\$100/\$200/\$Rx Out-of-Pocket Max comCovered at 80% after deductible	Out-of-Network Covered at 70% after deductible 1 Low Deductible Out-of-Network le, you are responsible for us the difference in cost and generic drug, plus any ption and two refills, 0% unless you use mail to your Out-of-Pocket certification and/or step st sharing differs. \$300 nbined with medical Covered at 80% up to the Plan Allowable Amount after deductible	In-Network Covered at 80% after deductible MAP Plus - Option In-Network Certain preventive medica deductible (in-network 80% If a generic drug is availab the generic coinsurance pl between the brand-name a deductible. Certain drugs require pre-o therapy. Deductible and Out-of-Poo with medical Covered at 80% after deductible	Out-of-Network Covered at 60% after deductible 1 2 High Deductible Out-of-Network tions are covered with no 6 and out-of-network 60%). le, you are responsible for us the difference in cost and generic drug, plus any certification and/or step cket Maximum combined Covered at 60% after deductible	In-Network Covered at 100% CIGNA HMO National In-Network Pharmacy out-of-pocket is combined with medical Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply
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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.

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