



Legal Information

You and Dow have a number of legal obligations and requirements to which both you and the Company must adhere. These include your obligation to provide accurate information to Dow when you enroll in your benefits and Dow's obligation to provide certain coverages according to various laws. This section provides you with information about these legal obligations and requirements.

In this document you'll find information about:

- Health Care Reform and Dow Benefits
- HIPAA Privacy Notice
- Fraud Against the Plan
- Women's Health and Cancer Rights Act
- Special Enrollment Provisions
- Other Legal Information
- Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

Health Care Reform and Dow Benefits

In 2014, Health Care Reform requires all U.S. citizens to have health care insurance. Dow provides comprehensive major medical coverage for you and your family. While new options for coverage are available through the Health Insurance Marketplace, Dow's major medical plan options meet Health Care Reform's requirements for comprehensive and affordable coverage.

Learn More – [Watch the Health Care Reform Video](#)

HIPAA Privacy Notice

You were previously provided with a copy of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice. You may request a copy of this notice at any time by calling the HR Service Center, or you can download a copy from My HR Connection>Benefits>Communications >Legally Required Documents [http://www.dow.com/familyhealth/pdfs/HIPAA Privacy Policy.pdf](http://www.dow.com/familyhealth/pdfs/HIPAA_Privacy_Policy.pdf)

Fraud Against the Plan

You are responsible for the accuracy of the Dependent information you provide to Dow. You should check to make sure you are in compliance with the Spouse, Domestic Partner and Dependent eligibility rules of the applicable Summary Plan Description.

It is a crime to intentionally misrepresent information to a Dow benefit plan, knowingly misinform, deceive, or mislead a benefit plan, or knowingly withhold relevant information, including enrolling an individual whom you know is not eligible to participate in Dow's benefit plans, continuing to maintain coverage for an individual whom you know is not eligible, or filing a claim that contains any false, incomplete, or misleading information. These actions may result in retroactive termination of coverage and you may be required to reimburse the plan for payments made from the plan. The plan also may choose to pursue civil and/or criminal action.

Women's Health and Cancer Rights Act

The Women's Health and Cancer Rights Act of 1998 requires that group health plans that provide medical and surgical coverage for mastectomies, to provide coverage for:

- Reconstruction of the breast on which the mastectomy has been performed
- Surgery and reconstruction of the other breast to produce a symmetrical appearance
- Prostheses and physical complications of all stages of mastectomy, including lymphedemas

These benefits must be provided in a manner determined in consultation with the attending Physician and the patient.

These benefits are subject to the health plan's regular copayments and deductibles. Please refer to the summary plan description for the plan in which you enroll for deductibles and copayment information.

Special Enrollment Provisions

If you decline enrollment in Dow coverage for yourself or your Dependents (including your Spouse/Domestic Partner) because you have other health insurance coverage, you may, in the future, enroll yourself or your eligible Dependents outside of Dow's usual open enrollment period if you or your Dependent lose eligibility for the other coverage or the other employer ceases to make employer contributions for the other coverage. In order to have Dow coverage, you or your eligible Dependent must enroll in the Dow coverage within 90 days after the other coverage ends. However, if you or your Dependent declined Dow coverage because of other coverage provided through COBRA, you or your Dependent must wait until Dow's open enrollment period unless the entire period of coverage available under the COBRA coverage has been exhausted. An individual need not elect COBRA coverage under another health plan in order to use these special enrollment provisions. Proof of eligibility is required within the 90-day period.

If you have a new Dependent as a result of Marriage, birth, adoption, or placement for adoption, you may receive Dow coverage for yourself and your Dependent if you enroll in the Dow coverage within 90 days after the Marriage, birth, adoption, or placement for adoption. For new births, the date of birth will be the effective date of coverage. For adoptions, the date of adoption or date of placement for adoption, whichever is earlier, will be the effective date of coverage. For Marriage, coverage is effective on the date the Plan Administrator receives the enrollment papers. Proof of eligibility is required within the 90-day period.

If you or your Dependent either (i) lose coverage under Medicaid or a State Child Health Insurance Plan ("SCHIP") or (ii) become eligible for premium assistance under the Plan through Medicaid or SCHIP, you may receive coverage under the Plan for yourself and your Dependent if you enroll in the Plan within

90 days. Contact the HR Service Center by phone (877) 623-8079 or log on to the Dow Benefits Website and click on Message Center. Plan coverage will be effective on the date the Plan Administrator receives the enrollment papers. Proof of eligibility is required within the 90-day period.

Other Legal Information

These materials, including this section, are not an official Summary Plan Description and do not provide full details of benefits under Dow's plans. Complete details can be found in the formal plan documents, which are the complete and exclusive statement of the company's obligations under the plan. The official plan documents shall govern in the event of a conflict between information contained in these or other documents and statements. The plan administrator retains exclusive authority and discretion to interpret the terms of the benefit plans and programs described herein.

Dow reserves the right, in its sole discretion, to amend, change, suspend, or terminate any benefit or other plan, program, practice or policy of the company, at any time. Dow does not have any obligation to — and nothing contained in this enrollment guide shall be construed as creating an express or implied obligation or

promise on the part of the company to — maintain, continue to offer, or make available such plans, programs, practices or policies.

Eligibility to participate in a plan or program or the receipt of benefits does not constitute a promise or right of continued employment or render any person an employee of Dow or constitute any commitment by Dow to continue any plan or benefit. Dow and its affiliated companies do not endorse any HMO or other provider, or represent or warrant the quality of the care they provide. The decision to choose any health plan option or use any provider is the participant’s responsibility.

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 www.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 **1-877-KIDS NOW** or www.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 www.askebsa.dol.gov or call **1-866-444-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 August 10, 2017. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidprecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Website: http://dch.georgia.gov/medicaid - Click on Health Insurance Premium Payment (HIPP) Phone: 404-656-4507
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864

<p align="center">COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)</p>	<p align="center">IOWA – Medicaid</p>
<p>Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: Colorado.gov/HCPF/Child-Health-Plan-Plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711</p>	<p>Website: http://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp Phone: 1-888-346-9562</p>
<p align="center">KANSAS – Medicaid</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p>
<p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p>Website: http://www.dhhs.nh.gov/oii/documents/hippapp.pdf Phone: 603-271-5218</p>
<p align="center">KENTUCKY – Medicaid</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p>
<p>Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570</p>	<p>Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p>	<p align="center">NEW YORK – Medicaid</p>
<p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p>	<p align="center">NORTH CAROLINA – Medicaid</p>
<p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p>Website: https://dma.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p>	<p align="center">NORTH DAKOTA – Medicaid</p>
<p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p>
<p>Website: http://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/medical-assistance.jsp Phone: 1-800-657-3739</p>	<p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p>	<p align="center">OREGON – Medicaid</p>
<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MONTANA – Medicaid</p>	<p align="center">PENNSYLVANIA – Medicaid</p>
<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>

NEBRASKA – Medicaid	RHODE ISLAND – Medicaid
Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178	Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347
NEVADA – Medicaid	SOUTH CAROLINA – Medicaid
Medicaid Website: https://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: http://www.hca.wa.gov/free-or-low-cost-health-care/program-administration/premium-payment-program Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095.pdf Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance.cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance.cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since August 10, 2017, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

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.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.