

2021 Retiree Medical Premiums and Coverage Summary Old and New Plan

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

There is no open enrollment for the Old and New Plans. These rates are for informational purposes only for those Retirees enrolled in these plans.

Old Plan	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 your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$1,051.00	N/A	\$1,367.00
You and your SP of Record/ DP of Record both are Medicare Eligible	\$208.00	\$416.00	\$524.00	\$732.00

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

New Plan	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 your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$893.00	N/A	\$1,164.00
You and your SP of Record/ DP of Record both are Medicare Eligible	\$172.00	\$344.00	\$443.00	\$615.00

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.

Old and New Plan

Medical Coverage

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

There is no open enrollment for the Old and New Plans. This comparison chart is for informational purposes only for those retirees currently enrolled in these plans.

Coverages	Old Plan	New Plan
Deductible: Individual	\$250	\$250
Deductible: Family	\$500	\$500
Out-of-Pocket Max: Individual	None (medical), \$3,100 (Rx)	2% of last active annual base salary (medical), \$3,100 (Rx)
Out-of-Pocket Max: Family	None (medical), \$3,100 per member (Rx)	4% of last active annual base salary (medical), \$3,100 per member (Rx)
Physician Visit	Covered at 80% after deductible	Covered at 80% after deductible
Chiropractic Visit	Chiropractic visits for spinal manipulation covered at 50% after deductible, up to \$500 max./calendar year	Chiropractic visits for spinal manipulation covered at 50% after deductible, up to \$500 max./calendar year
Routine Physical Exam	Covered at 100%, up to \$500 maximum. 100% coverage for immunizations	Covered at 100%, up to \$500 maximum. 100% coverage for immunizations
Routine Gynecological Exam	Covered at 100%, up to \$500 maximum	Covered at 100%, up to \$500 maximum
Routine Mammography	Covered at 100%	Covered at 100%
Inpatient Hospital	100% after deductible	Covered at 80% after deductible
Emergency Room	Covered at 80% after deductible for emergency and non-emergency services	Covered at 80% after deductible emergency and non-emergency
Urgent Care	80% after deductible	80% after deductible
Outpatient Surgery: Hospital	100% after deductible	100% after deductible
Outpatient X-Ray	100% after deductible	100% after deductible
Outpatient Lab	100% after deductible	100% after deductible
Mental Health: Inpatient	100% after deductible; no benefit maximum	Covered at 80% after deductible
Mental Health: Outpatient	Covered at 80% after deductible	Covered at 80% after deductible
Substance Abuse: Inpatient	100% after deductible; no benefit maximum	Covered at 80% after deductible
Substance Abuse: Outpatient	Covered at 80% after deductible	Covered at 80% after deductible
Durable Medical Equip and Max	Covered at 80% after deductible	Covered at 80% after deductible
Pharmacy: Generic Drug	Covered at 90%	Covered at 90%
Pharmacy: Brand Name	Covered at 80% preferred, 65% non-preferred	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	\$5 / \$80 / \$150 for mail order facility or 90-day supply at CVS Caremark retail pharmacy; other pharmacies: see retail benefit

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."
- If a generic drug is available, you are responsible for paying the difference in cost between the brand-name and generic drug, plus any coinsurance or deductible. After an initial prescription and two refills, coinsurance will go up to 50% unless you use mail order.