

2021 Retiree Medical Premiums and Coverage Summary

Puerto Rico

TRIPLE-S, Inc

1-787-774-6060; www.ssspr.com

2021 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	\$138.00	\$276.00	\$276.00	\$414.00
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$439.50	N/A	\$577.50*
You and your SP of Record/ DP of Record both are Medicare Eligible	\$301.50	\$603.00	\$439.50*	\$741.00*

* For assistance in enrolling in this coverage level, please contact the Retiree Service Center at 1-800-344-0661.

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	None	None
Deductible: Family	None	None
Out-of-Pocket Max: Individual	\$2,000 for major medical; \$6,350 total	\$2,000 for major medical; \$6,350 total
Out-of-Pocket Max: Family	\$6,000 for major medical; \$12,700 total	\$6,000 for major medical; \$12,700 total
Physician Visit	\$10 PCP, \$15 specialist	\$10 PCP, \$15 specialist
Chiropractic Visit	\$15 copay through Triple-S Natural Program	\$15 copay through Triple-S Natural Program
Routine Physical Exam	Covered at 100%	Covered at 100%
Routine Gynecological Exam	Covered at 100%	Covered at 100%
Routine Mammography	25% coinsurance; or covered at 100% if preventive	25% coinsurance; or covered at 100% if preventive
Inpatient Hospital	\$200 copay per admission	\$200 copay per admission
Emergency Room	\$50/illness; \$25/accident (waived if admitted); \$25 if recommended by Teleconsulta	\$50/illness; \$25/accident (waived if admitted); \$25 if recommended by Teleconsulta
Urgent Care	N/A	N/A
Outpatient Surgery: Hospital	Covered at 100%	Covered at 100%
Outpatient X-Ray	25% coinsurance	25% coinsurance
Outpatient Lab	25% coinsurance	25% coinsurance
Mental Health: Inpatient	\$200 copay per admission, \$50 copay per partial admission	\$200 copay per admission, \$50 copay per partial admission
Mental Health: Outpatient	\$5 group, \$15 individual	\$5 group, \$15 individual
Substance Abuse: Inpatient	\$200 copay per admission, \$50 copay per partial admission	\$200 copay per admission, \$50 copay per partial admission
Substance Abuse: Outpatient	\$5 group, \$15 individual	\$5 group, \$15 individual
Durable Medical Equip and Max	25% coinsurance	25% coinsurance
Pharmacy: Generic Drug	\$5 copay: Level 1 Preferred Generics & Level 2 Non-Preferred Generics; 30 day supply	\$5 copay: Level 1 Preferred Generics & Level 2 Non-Preferred Generics; 30 day supply
Pharmacy: Brand Name	\$10 copay: Level 3 Preferred Brand, \$15 copay: Level 4 Non-Preferred Brand, 20% coinsurance, \$15 min copay: Level 5 Preferred Specialty & Level 6 Non-Preferred Specialty; 30 day supply	\$10 copay: Level 3 Preferred Brand, \$15 copay: Level 4 Non-Preferred Brand, 20% coinsurance, \$15 min copay: Level 5 Preferred Specialty & Level 6 Non-Preferred Specialty; 30 day supply
Pharmacy: Mail Order	\$10 copay: Level 1 Preferred Generic & Level 2 Non-Preferred Generic, \$20 copay: Level 3 Preferred Brand, \$45 copay: Level 4 Non-Preferred Brand; 90 day supply	\$10 copay: Level 1 Preferred Generic & Level 2 Non-Preferred Generic, \$20 copay: Level 3 Preferred Brand, \$45 copay: Level 4 Non-Preferred Brand; 90 day supply

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.