

2021 Retiree Medical Premiums and Coverage Summary

Medicare Supplement Plan (MSP) Option A

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

If You Retired With Full Service: 2021 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)
Option 2 High Deductible/MSP A: You are Medicare eligible and your SP of Record/DP of Record both is Pre-Medicare Eligible or vice versa and the Pre-Medicare Eligible one is enrolled in Option 2 High Deductible Plan	N/A	\$493.00	N/A	\$606.00
MSP A only: You and your SP of Record/ DP of Record both are Medicare Eligible	\$234.00	\$468.00	\$503.33	\$737.32

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.

2021 Retiree Medical Premiums and Coverage Summary

Medicare Supplement Plan (MSP) Option B

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

If You Retired With Full Service: 2021 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)
Option 2 High Deductible/MSP B: You are Medicare eligible and your SP of Record/DP of Record both is Pre-Medicare Eligible or vice versa and the Pre-Medicare Eligible one is enrolled in Option 2 High Deductible Plan	N/A	\$499.00	N/A	\$612.00
MSP B only: You and your SP of Record/ DP of Record both are Medicare Eligible	\$240.00	\$480.00	\$511.22	\$751.21

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.

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2021 Retiree Medical Premiums and Coverage Summary

Medicare Supplement Plan (MSP) Option C

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

If You Retired With Full Service: 2021 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)
Option 2 High Deductible/MSP C: You are Medicare eligible and your SP of Record/DP of Record both is Pre-Medicare Eligible or vice versa and the Pre-Medicare Eligible one is enrolled in Option 2 High Deductible Plan	N/A	\$521.00	N/A	\$634.00
MSP C only: You and your SP of Record/ DP of Record both are Medicare Eligible	\$262.00	\$524.00	\$538.98	\$800.98

If You Do Not Have Full Service

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

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2021 Retiree Medical Premiums and Coverage Summary

Medicare Supplement Plan (MSP) Option D

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

If You Retired With Full Service: 2021 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)
Option 2 High Deductible/MSP D: You are Medicare eligible and your SP of Record/DP of Record both is Pre-Medicare Eligible or vice versa and the Pre-Medicare Eligible one is enrolled in Option 2 High Deductible Plan	N/A	\$527.00	N/A	\$640.00
MSP D only: You and your SP of Record/ DP of Record both are Medicare Eligible	\$268.00	\$536.00	\$546.60	\$814.60

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.

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Medicare Supplement Plan

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

Coverages	Medicare Supplement Plan Option A	Medicare Supplement Plan Option B
Deductible: Individual	\$150	\$150
Deductible: Family	N/A	N/A
Out-of-Pocket Max: Individual	N/A	N/A
Out-of-Pocket Max: Family	N/A	N/A
Lifetime Max Benefit:	\$50,000	\$100,000
Physician Visit	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Chiropractic Visit	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Routine Physical Exam	Covered at 80% after annual deductible; Immunizations covered 100% no deductible	Covered at 80% after annual deductible; Immunizations covered 100% no deductible
Routine Gynecological Exam	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Routine Mammography	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Inpatient Hospital	Covered at 80% after annual deductible; patient responsible for Part A deductible	Covered at 80% after annual deductible; patient responsible for Part A deductible
Emergency Room	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Urgent Care	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Outpatient Surgery: Hospital	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Outpatient X-Ray	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Outpatient Lab	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Mental Health: Inpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Mental Health: Outpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Substance Abuse: Inpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Substance Abuse: Outpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Durable Medical Equip and Max	Covered at 80% after annual deductible	Covered at 80% after annual 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:

- Under Options A and B, you are responsible for paying the Medicare Part A deductible. It applies to each separate hospital stay.
- Out-of-network prescription drug costs count toward the annual medical deductible.
- Mail order is required after receiving the first 30-day supply plus two refills at a retail pharmacy, or you pay 100% of the cost.
- Medicare Supplement Plan benefits are paid after Medicare pays its portions.

Medicare Supplement Plan (continued)

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

Coverages	Medicare Supplement Plan Option C	Medicare Supplement Plan Option D
Deductible: Individual	\$150	\$150
Deductible: Family	N/A	N/A
Out-of-Pocket Max: Individual	N/A	N/A
Out-of-Pocket Max: Family	N/A	N/A
Lifetime Max Benefit:	\$50,000	\$100,000
Physician Visit	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Chiropractic Visit	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Routine Physical Exam	Covered at 80% after annual deductible; Immunizations covered 100% no deductible	Covered at 80% after annual deductible; Immunizations covered 100% no deductible
Routine Gynecological Exam	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Routine Mammography	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Inpatient Hospital	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Emergency Room	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Urgent Care	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Outpatient Surgery: Hospital	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Outpatient X-Ray	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Outpatient Lab	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Mental Health: Inpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Mental Health: Outpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Substance Abuse: Inpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Substance Abuse: Outpatient	Covered at 80% after annual deductible	Covered at 80% after annual deductible
Durable Medical Equip and Max	Covered at 80% after annual deductible	Covered at 80% after annual 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:

- Out-of-network prescription drug costs count toward the annual medical deductible.
- Mail order is required after receiving the first 30-day supply plus two refills at a retail pharmacy, or you pay 100% of the cost.
- Medicare Supplement Plan benefits are paid after Medicare pays its portions.