2021 Dow Monthly Medical COBRA Cost and Coverage Summary - Ohio

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	\$138.00	\$30.00	\$143.00
COBRA Rates	\$752.43	\$337.17	\$757.53
imployee + Spouse/Domestic Part	ner		
Subsidized Rates ¹	\$317.00	\$69.00	\$328.00
COBRA Rates	\$1,504.87	\$674.35	\$1,515.06
imployee + Child(ren)			+
Subsidized Rates ¹	\$272.00	\$59.00	\$282.00
COBRA Rates	\$1,294.19	\$579.94	\$1,302.95
Employee + Spouse/DP + Child(ren)		
Subsidized Rates ¹	\$466.00	\$101.00	\$483.00
COBRA Rates	\$2,219.67	\$994.66	\$2,234.72

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 2021).

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.	\$4,000 with max of \$2,800 for one person	\$8,000	\$500
Out-of-Pocket Maximum: Individual (includes deductible)	4% of base salary up to a maximum of \$8,550	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 \$17,100	12% of base salary	\$8,000	\$16,000	\$6,000

Office Visits					
Plan Name	MAP Plus - Option	MAP Plus - Option 1 Low Deductible		MAP Plus - Option 2 High Deductible	
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Physician Visit	\$20 primary/\$50	Covered at 70% after	Covered at 80% after	Covered at 60% after	\$20 copay (PCP), \$35 copay
	specialist copay	deductible	deductible	deductible	(specialist)
Chiropractic Visit	Covered at 85% after	Covered at 70% after	Covered at 80% after	Covered at 60% after	\$35 copay; 60 days combined
	deductible; 30 visit max	deductible; 30 visit max	deductible; 30 visit max	deductible; 30 visit max	
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%
Routine Mammography	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	\$20 copay	N/A	\$40 consult fee until deductible is met, then subject to coinsurance	N/A	\$20 copay

Maternity Care					
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
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	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 90% after
	85% after deductible	deductible	deductible	deductible	deductible

2021 Dow Monthly Medical COBRA Cost and Coverage Summary - Ohio

Hospital Services					
Plan Name		1 Low Deductible		n 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
	85% after deductible	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
	deductible	deductible	deductible	deductible	office 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
Calpation Las	0070.04 41 10070	deductible	deductible	deductible	office or independent lab;
		4544542.5		4044011210	covered at 90% after deductible
					at outpatient facility
Urgent Care	\$20 copay after	Covered at 70% after	Covered at 80% after	Covered at 60% after	\$50 copay
	deductible	deductible	deductible	deductible	
Mental Health / Substance Abus	е				
Plan Name	MAP Plus - Option	1 1 Low Deductible	MAP Plus - Option	n 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	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 90% after
•	85% after deductible	deductible	deductible	deductible	deductible
Mental Health: Outpatient	\$20 copay	Covered at 70% after	Covered at 80% after	Covered at 60% after	\$20 copay for office visit, 10%
<u>. </u>		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
	85% after deductible	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%
		deductible	deductible	deductible	coinsurance for other services
Ancillary Services					
Plan Name	MAP Plus - Option	1 1 Low Deductible	MAP Plus - Option	n 2 High Deductible	CIGNA HMO National
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Durable Medical Equipment and	Covered at 85% after	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 100%
Durable Medical Equipment and Maximum	Covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 100%
Maximum		-			Covered at 100%
Maximum Prescription Coverage	deductible	deductible	deductible	deductible	
Maximum Prescription Coverage Plan Name	deductible MAP Plus - Option	deductible	deductible MAP Plus - Option	deductible	CIGNA HMO National
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option	deductible 11 Low Deductible Out-of-Network	MAP Plus - Option	n 2 High Deductible Out-of-Network	CIGNA HMO National In-Network
Maximum Prescription Coverage Plan Name	MAP Plus - Option In-Network If a generic drug is availa	n 1 Low Deductible Out-of-Network ble, you are responsible	MAP Plus - Option In-Network Certain preventive medi	n 2 High Deductible Out-of-Network cations are covered with	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsuran	n 1 Low Deductible Out-of-Network tible, you are responsible ce plus the difference in	MAP Plus - Option In-Network Certain preventive medino deductible (in-network	n 2 High Deductible Out-of-Network	CIGNA HMO National In-Network
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-	n 1 Low Deductible Out-of-Network tible, you are responsible ce plus the difference in	MAP Plus - Option In-Network Certain preventive medi	n 2 High Deductible Out-of-Network cations are covered with	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsuran	n 1 Low Deductible Out-of-Network tible, you are responsible ce plus the difference in	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%).	n 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-iplus any deductible.	n 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug,	MAP Plus - Option In-Network Certain preventive mediano deductible (in-networ 60%). If a generic drug is availa	n 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-lplus any deductible. After an initial retail president in the pres	n 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills,	MAP Plus - Option In-Network Certain preventive medion deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-lplus any deductible. After an initial retail prescoinsurance will go up to	n 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brand-	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availated for the generic coinsurant cost between the brand-plus any deductible. After an initial retail presecoinsurance will go up to order. This does not app	n 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail	MAP Plus - Option In-Network Certain preventive medion deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-lplus any deductible. After an initial retail prescoinsurance will go up to	n 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail	MAP Plus - Option In-Network Certain preventive medion deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible.	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in name and generic drug,	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availated for the generic coinsurant cost between the brand-plus any deductible. After an initial retail preston coinsurance will go up to order. This does not app Maximum.	n 1 Low Deductible Out-of-Network able, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket	MAP Plus - Option In-Network Certain preventive mediano deductible (in-networ 60%). If a generic drug is availate for the generic coinsurar cost between the brandplus any deductible. Certain drugs require pr	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible noe plus the difference in	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availated for the generic coinsurant cost between the brand-lplus any deductible. After an initial retail prest coinsurance will go up to order. This does not app Maximum. Certain drugs require preserved.	n 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step	MAP Plus - Option In-Network Certain preventive medion deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible.	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in name and generic drug,	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type Important Information	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-lplus any deductible. After an initial retail presecoinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of the second of the seco	deductible 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs.	MAP Plus - Option In-Network Certain preventive mediano deductible (in-networ 60%). If a generic drug is availate for the generic coinsurar cost between the brandplus any deductible. Certain drugs require preduction in the prevention of the prev	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ace plus the difference in name and generic drug, e-certification and/or step	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type	MAP Plus - Option In-Network If a generic drug is availated for the generic coinsurant cost between the brand-lplus any deductible. After an initial retail prest coinsurance will go up to order. This does not app Maximum. Certain drugs require preserved.	deductible 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs.	MAP Plus - Option In-Network Certain preventive mediano deductible (in-networ 60%). If a generic drug is availate for the generic coinsurar cost between the brandplus any deductible. Certain drugs require preductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ace plus the difference in name and generic drug, e-certification and/or step	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type Important Information	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurancest between the brand-plus any deductible. After an initial retail presicoinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug c	deductible 1 Low Deductible Out-of-Network bible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs.	MAP Plus - Option In-Network Certain preventive mediano deductible (in-networ 60%). If a generic drug is availate for the generic coinsurar cost between the brandplus any deductible. Certain drugs require preduction in the prevention of the prev	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ace plus the difference in name and generic drug, e-certification and/or step	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type Important Information	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-lplus any deductible. After an initial retail presecoinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of the second of the seco	deductible 1 Low Deductible Out-of-Network bible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs.	MAP Plus - Option In-Network Certain preventive mediano deductible (in-networ 60%). If a generic drug is availate for the generic coinsurar cost between the brandplus any deductible. Certain drugs require preductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible and Out-of-Peductible	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ace plus the difference in name and generic drug, e-certification and/or step	CIGNA HMO National In-Network Pharmacy out-of-pocket is
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits	MAP Plus - Option In-Network If a generic drug is availa for the generic coinsuran cost between the brand- plus any deductible. After an initial retail prese coinsurance will go up to order. This does not app Maximum. Certain drugs require pre therapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max co	deductible 1 Low Deductible Out-of-Network bible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs. 0/\$300 Imbined with medical	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availation the generic coinsurar cost between the brandplus any deductible. Certain drugs require preductible and Out-of-Pcombined with medical	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in name and generic drug, e-certification and/or step ocket Maximum	CIGNA HMO National In-Network Pharmacy out-of-pocket is combined with medical
Maximum Prescription Coverage Plan Name Network Type Important Information	MAP Plus - Option In-Network If a generic drug is availe for the generic coinsuran cost between the brand- plus any deductible. After an initial retail prese coinsurance will go up to order. This does not app Maximum. Certain drugs require pre therapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max co	deductible 1 Low Deductible Out-of-Network bible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs. 0/\$300 mbined with medical Covered at 80% up to	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availifor the generic coinsurar cost between the brandplus any deductible. Certain drugs require pritherapy. Deductible and Out-of-P combined with medical Covered at 80% after	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in name and generic drug, e-certification and/or step ocket Maximum	CIGNA HMO National In-Network Pharmacy out-of-pocket is combined with medical Greater of 20% or \$7; \$100
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits	MAP Plus - Option In-Network If a generic drug is availa for the generic coinsuran cost between the brand- plus any deductible. After an initial retail prese coinsurance will go up to order. This does not app Maximum. Certain drugs require pre therapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max co	deductible 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs. 0/\$300 mbined with medical Covered at 80% up to the Plan Allowable	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availation the generic coinsurar cost between the brandplus any deductible. Certain drugs require preductible and Out-of-Pcombined with medical	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible nce plus the difference in name and generic drug, e-certification and/or step ocket Maximum	CIGNA HMO National In-Network Pharmacy out-of-pocket is combined with medical Greater of 20% or \$7; \$100 copay maximum per script; 30-
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsuran cost between the brand-plus any deductible. After an initial retail pressurement of the generic coinsurance will go up to order. This does not app Maximum. Certain drugs require prestherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cooled at 80% after deductible	deductible 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs. 1/\$300 Imbined with medical Covered at 80% up to the Plan Allowable Amount after deductible	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availifor the generic coinsurar cost between the brandplus any deductible. Certain drugs require pritherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ice plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible	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
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurance ost between the brand-plus any deductible. After an initial retail press coinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max coccurred at 80% after deductible Covered at 80%	deductible 1 Low Deductible Out-of-Network ble, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail ly to your Out-of-Pocket e-certification and/or step ost sharing differs. 0/\$300 mbined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80%	MAP Plus - Option In-Network Certain preventive medion deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible noe plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after	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 Greater of 30% or \$30
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brandiplus any deductible. After an initial retail presson coinsurance will go up to order. This does not app Maximum. Certain drugs require protherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cool covered at 80% after deductible Covered at 80% preferred brand/70%	deductible 1 Low Deductible Out-of-Network able, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step oost sharing differs. 0/\$300 In the Plan Allowable Amount after deductible Covered at 80% preferred brand/70%	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availifor the generic coinsurar cost between the brandplus any deductible. Certain drugs require pritherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible	deductible 1 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible noe plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage	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 Greater of 30% or \$30 formulary, greater of 40% or
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-plus any deductible. After an initial retail presecoinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cools are deductible. Covered at 80% after deductible. Covered at 80% preferred brand/70% non-preferred brand	deductible 1 Low Deductible Out-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Pocket Dut-of-Pocket Dut-of-Pocket Dut-of-Pocket Dut-of-Network Dut-	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availifor the generic coinsurar cost between the brandplus any deductible. Certain drugs require pritherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible Covered at 80% after deductible	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible the plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non-	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 Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brandiplus any deductible. After an initial retail presson coinsurance will go up to order. This does not app Maximum. Certain drugs require protherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cool covered at 80% after deductible Covered at 80% preferred brand/70%	deductible 1 Low Deductible Out-of-Network bible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs. 0/\$300 mbined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% preferred brand/70% non-preferred brand (after deductible) of Plan (after deductible)	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is availifor the generic coinsurar cost between the brandplus any deductible. Certain drugs require pritherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible Covered at 80% after deductible	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ince plus the difference in name and generic drug, e-certification and/or step Ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is	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 Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day
Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug Pharmacy: Brand Name	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurance ost between the brand-plus any deductible. After an initial retail pressurement of the generic coinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cooled to the cooled at 80% after deductible Covered at 80% preferred brand/70% non-preferred brand/after deductible	deductible 1 Low Deductible Out-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Network Dut-of-Pocket Dut-of-Pocket Dut-of-Pocket Dut-of-Pocket Dut-of-Network Dut-	MAP Plus - Option In-Network Certain preventive medion deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible. Certain drugs require protherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible Covered at 80% after deductible	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ice plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply
Maximum Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-plus any deductible. After an initial retail presecoinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cools are deductible. Covered at 80% after deductible. Covered at 80% preferred brand/70% non-preferred brand	deductible 1 Low Deductible Out-of-Network bible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs. 0/\$300 mbined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% preferred brand/70% non-preferred brand (after deductible) of Plan (after deductible)	MAP Plus - Option In-Network Certain preventive medion of deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic protection of the gener	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ice plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply (open formulary, \$100 copay maximum per script; 30-day supply (open formulary) \$90-day supply (open formulary)
Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug Pharmacy: Brand Name	MAP Plus - Option In-Network If a generic drug is availated for the generic coinsurant cost between the brandiplus any deductible. After an initial retail prescoinsurance will go up to order. This does not app Maximum. Certain drugs require protherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cools are considered at 80% after deductible. Covered at 80% after deductible Covered brand/70% non-preferred brand after deductible. Rx deductible: None	deductible Out-of-Network ible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail ly to your Out-of-Pocket e-certification and/or step oost sharing differs. O/\$300 ombined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% preferred brand/70% non-preferred brand (after deductible) of Plan Allowable Amount	MAP Plus - Option In-Network Certain preventive medion deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible. Certain drugs require protherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible Covered at 80% after deductible	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ice plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply
Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug Pharmacy: Brand Name	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurance ost between the brand-plus any deductible. After an initial retail pressurement of the generic coinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cooled to the cooled at 80% after deductible Covered at 80% preferred brand/70% non-preferred brand/after deductible	deductible Out-of-Network ible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail ly to your Out-of-Pocket e-certification and/or step oost sharing differs. O/\$300 ombined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% preferred brand/70% non-preferred brand (after deductible) of Plan Allowable Amount	MAP Plus - Option In-Network Certain preventive medion of deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic protection of the gener	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible ice plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply (open formulary, \$100 copay maximum per script; 30-day supply (open formulary) \$90-day supply (open formulary)
Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug Pharmacy: Brand Name	MAP Plus - Option In-Network If a generic drug is availated for the generic coinsurant cost between the brandiplus any deductible. After an initial retail prescoinsurance will go up to order. This does not app Maximum. Certain drugs require protherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max cools are considered at 80% after deductible. Covered at 80% after deductible Covered brand/70% non-preferred brand after deductible. Rx deductible: None	deductible Out-of-Network tible, you are responsible ce plus the difference in name and generic drug, foription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step ost sharing differs. O/\$300 In the Plan Allowable Amount after deductible Covered at 80% preferred brand/70% non-preferred brand (after deductible) of Plan Allowable Amount	MAP Plus - Option In-Network Certain preventive medion of deductible (in-networ 60%). If a generic drug is availated for the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic coinsurar cost between the brandplus any deductible. Certain drugs require protection of the generic protection of the gener	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible noe plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used ocket Maximum	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 Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary) 90-day supply limit on all mail
Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug Pharmacy: Brand Name Mail Order Limits	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-iplus any deductible. After an initial retail prest coinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max colored at 80% after deductible Covered at 80% after deductible Covered at 80% preferred brand/70% non-preferred brand after deductible Rx deductible: None Rx Out-of-Pocket Max colored at 80% preferred brand after deductible	deductible Out-of-Network ible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step oost sharing differs. O/\$300 In the Plan Allowable Amount after deductible Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% non-preferred brand (after deductible) of Plan Allowable Amount In the Plan Allowable Monorpreferred brand (after deductible) of Plan Allowable Amount	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is avails for the generic coinsurar cost between the brandplus any deductible. Certain drugs require pretherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible Covered at 80% after deductible Deductible and Out-of-P combined with medical	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible noe plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used ocket Maximum	Greater of 20% or \$7; \$100 copay maximum per script; 30- day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary) 90-day supply limit on all mail order drugs Greater of 20% or \$16 generic,
Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug Pharmacy: Brand Name Mail Order Limits	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-plus any deductible. After an initial retail pressecoinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max collisions. Covered at 80% after deductible Covered at 80% preferred brand/70% non-preferred brand/after deductible. Rx deductible: None Rx Out-of-Pocket Max collisions.	deductible Out-of-Network ible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step oost sharing differs. O/\$300 In the Plan Allowable Amount after deductible Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% non-preferred brand (after deductible) of Plan Allowable Amount In the Plan Allowable Monorpreferred brand (after deductible) of Plan Allowable Amount	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is avails for the generic coinsurar cost between the brandplus any deductible. Certain drugs require pretherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible Covered at 80% after deductible Deductible and Out-of-P combined with medical	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible noe plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used ocket Maximum	Greater of 20% or \$7; \$100 copay maximum per script; 30- day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary) 90-day supply limit on all mail order drugs Greater of 20% or \$16 generic,
Prescription Coverage Plan Name Network Type Important Information Pharmacy Limits Pharmacy: Generic Drug Pharmacy: Brand Name Mail Order Limits	MAP Plus - Option In-Network If a generic drug is availate for the generic coinsurant cost between the brand-plus any deductible. After an initial retail pressecoinsurance will go up to order. This does not app Maximum. Certain drugs require pretherapy. Specialty drug of Rx deductible: \$100/\$200 Rx Out-of-Pocket Max collisions. Covered at 80% after deductible Covered at 80% preferred brand/70% non-preferred brand/after deductible. Rx deductible: None Rx Out-of-Pocket Max collisions.	deductible Out-of-Network ible, you are responsible ce plus the difference in name and generic drug, cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step oost sharing differs. O/\$300 In the Plan Allowable Amount after deductible Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% non-preferred brand (after deductible) of Plan Allowable Amount In the Plan Allowable Monorpreferred brand (after deductible) of Plan Allowable Amount	MAP Plus - Option In-Network Certain preventive medino deductible (in-networ 60%). If a generic drug is avails for the generic coinsurar cost between the brandplus any deductible. Certain drugs require pretherapy. Deductible and Out-of-P combined with medical Covered at 80% after deductible Covered at 80% after deductible Deductible and Out-of-P combined with medical	deductible 2 High Deductible Out-of-Network cations are covered with k 80% and out-of-network able, you are responsible noe plus the difference in name and generic drug, e-certification and/or step ocket Maximum Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non- network pharmacy is used ocket Maximum	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 Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary) 90-day supply limit on all mail order drugs Greater of 20% or \$16 generic, greater of 30% or \$85 formulary

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.