2021 Dow Monthly Medical COBRA Cost and Coverage Summary - Pennsylvania

Plan Basics					
Plan Name	MAP Plus - Option 1 Low Deductible	MAP Plus - Option 2 High Deductible			
	888-488-4488	888-488-4488			
Contact Information	610-336-1000 outside U.S.	610-336-1000 outside U.S.			
	www.aetna.com	www.aetna.com			

Plan Costs				
Plan Name	MAP Plus - Option 1 Low Deductible	MAP Plus - Option 2 High Deductible		
Employee Only				
Subsidized Rates ¹	\$138.00	\$30.00		
COBRA Rates	\$752.43	\$337.17		
Employee + Spouse/Domestic Partner				
Subsidized Rates ¹	\$317.00	\$69.00		
COBRA Rates	\$1,504.87	\$674.35		
Employee + Child(ren)				
Subsidized Rates ¹	\$272.00	\$59.00		
COBRA Rates	\$1,294.19	\$579.94		
Employee + Spouse/DP + Child(ren)				
Subsidized Rates ¹	\$466.00	\$101.00		
COBRA Rates	\$2,219.67	\$994.66		

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).

Annual Plan Limits				
Plan Name	MAP Plus - Option 1 Low Deductible		MAP Plus - Option 2 High Deductible	
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: Individual	\$125	\$500	\$2,000	\$4,000
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
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
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

Office Visits					
Plan Name	MAP Plus - Option 1 Low Deductible		MAP Plus - Option	MAP Plus - Option 2 High Deductible	
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	
Physician Visit	\$20 primary/\$50 specialist	Covered at 70% after	Covered at 80% after	Covered at 60% after	
	copay	deductible	deductible	deductible	
Dow Family Health Center Physician Visit	\$10 copay; applicable in geographies with a Dow	N/A	Subject to deductible and coinsurance; applicable in	N/A	
Chiropractic Visit	Covered at 85% after deductible; 30 visit max	Covered at 70% after deductible; 30 visit max	Covered at 80% after deductible; 30 visit max	Covered at 60% after deductible; 30 visit max	
Well Baby Care	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%	
Routine Gynecological Exam	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%	
Telemedicine	\$20 copay	N/A	\$40 consult fee until deductible is met, then subject to coinsurance	N/A	

Maternity Care				
Plan Name	MAP Plus - Option 1 Low Deductible		MAP Plus - Option 2 High Deductible	
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network
Pre/Post-Natal Maternity office visit	Covered at 100%	Covered at 100%	Covered at 100%	Covered at 100%
Maternity: Inpatient Delivery	\$250 copay, covered at 85% after deductible			Covered at 60% after deductible

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Hospital Services				
Plan Name	MAD Blue Ontion	1 Low Deductible	MAD Divis Ontion	2 High Deductible
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network
Inpatient Hospital	\$250 copay, covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Emergency Room	\$100 copay, covered at 85% after deductible	\$100 copay, covered at 85% after deductible	Covered at 80% after deductible	Covered at 80% after deductible
Outpatient Surgery: Hospital	Covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient X-Ray	Covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Outpatient Lab	Covered at 100%	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Urgent Care	\$20 copay after deductible	Covered at 70% after deductible	Covered at 80% after	Covered at 60% after
Mental Health / Substance Abuse		deductible	deductible	deductible
	MAD Blue Ontion	4 Law Dadwatible	MAD Dive. Ontion	O Himb Dadwatible
Plan Name		1 Low Deductible		2 High Deductible
Network Type Mental Health: Inpatient	In-Network \$250 copay; covered at 85% after deductible	Out-of-Network Covered at 70% after deductible	In-Network Covered at 80% after deductible	Out-of-Network Covered at 60% after deductible
Mental Health: Outpatient	\$20 copay	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Substance Abuse: Inpatient	\$250 copay; covered at 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Substance Abuse: Outpatient	\$20 copay	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible
Ancillary Services			<u> </u>	
Plan Name	MAP Plus - Option	1 Low Deductible	MAP Plus - Option	2 High Deductible
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network
Durable Medical Equipment and Maximum	Covered at 85% after	Covered at 70% after	Covered at 80% after	Covered at 60% after
Darable Wedlear Equipment and Waximum	deductible	deductible	deductible	deductible
Prescription Coverage	1112221 0 11			
Plan Name		1 Low Deductible		2 High Deductible
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network
Important Information	If a generic drug is available, you are responsible for the generic coinsurance plus the difference in cost between the brand-name and generic drug, plus any deductible. After an initial retail prescription and two refills, coinsurance will		Certain preventive medications are covered with no deduct (in-network 80% and out-of-network 60%). If a generic drug is available, you are responsible for the generic coinsurance plus the difference in cost between the	
		,		
	After an initial retail prescription	and two refills, coinsurance will		fference in cost between the plus any deductible.
	After an initial retail prescription go up to 50% unless you use m	and two refills, coinsurance will ail order. This does not apply to cation and/or step therapy.	generic coinsurance plus the dit brand-name and generic drug,	fference in cost between the plus any deductible.
Pharmacy Limits	After an initial retail prescription go up to 50% unless you use m your Out-of-Pocket Maximum. Certain drugs require pre-certifi Specialty drug cost sharing differ Rx deductible: \$100/\$200/\$300	and two refills, coinsurance will ail order. This does not apply to cation and/or step therapy.	generic coinsurance plus the dit brand-name and generic drug,	fference in cost between the olus any deductible. cation and/or step therapy.
Pharmacy Limits	After an initial retail prescription go up to 50% unless you use m your Out-of-Pocket Maximum. Certain drugs require pre-certifi Specialty drug cost sharing differ Rx deductible: \$100/\$200/\$300 Rx Out-of-Pocket Max combine	and two refills, coinsurance will ail order. This does not apply to cation and/or step therapy.	generic coinsurance plus the dii brand-name and generic drug, I Certain drugs require pre-certifi Deductible and Out-of-Pocket M medical	fference in cost between the olus any deductible. cation and/or step therapy. Maximum combined with
Pharmacy Limits Pharmacy: Generic Drug	After an initial retail prescription go up to 50% unless you use m your Out-of-Pocket Maximum. Certain drugs require pre-certifi Specialty drug cost sharing differ Rx deductible: \$100/\$200/\$300	and two refills, coinsurance will ail order. This does not apply to cation and/or step therapy.	generic coinsurance plus the dii brand-name and generic drug, I Certain drugs require pre-certifi Deductible and Out-of-Pocket N	fference in cost between the olus any deductible. cation and/or step therapy.
·	After an initial retail prescription go up to 50% unless you use m your Out-of-Pocket Maximum. Certain drugs require pre-certifi Specialty drug cost sharing differ Rx deductible: \$100/\$200/\$300 Rx Out-of-Pocket Max combine Covered at 80% after	and two refills, coinsurance will ail order. This does not apply to cation and/or step therapy. ers. d with medical Covered at 80% up to the Plan Allowable Amount after	generic coinsurance plus the dii brand-name and generic drug, I Certain drugs require pre-certifi Deductible and Out-of-Pocket M medical Covered at 80% after deductible	fference in cost between the plus any deductible. cation and/or step therapy. Maximum combined with Covered at 60% after
Pharmacy: Generic Drug	After an initial retail prescription go up to 50% unless you use m your Out-of-Pocket Maximum. Certain drugs require pre-certifi Specialty drug cost sharing diffet Rx deductible: \$100/\$200/\$300 Rx Out-of-Pocket Max combine Covered at 80% after deductible Covered at 80% preferred brand/70% non-preferred	and two refills, coinsurance will ail order. This does not apply to cation and/or step therapy. d 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	generic coinsurance plus the dii brand-name and generic drug, l Certain drugs require pre-certifi Deductible and Out-of-Pocket N medical Covered at 80% after deductible Covered at 80% after deductible	fference in cost between the plus any deductible. cation and/or step therapy. flaximum combined with Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non-network
Pharmacy: Generic Drug Pharmacy: Brand Name	After an initial retail prescription go up to 50% unless you use m your Out-of-Pocket Maximum. Certain drugs require pre-certiff Specialty drug cost sharing diffe Rx deductible: \$100/\$200/\$300 Rx Out-of-Pocket Max combine Covered at 80% after deductible Covered at 80% preferred brand/70% non-preferred brand after deductible \$2 copay per script, subject to certain Rx; applicable in geographies with a Dow	and two refills, coinsurance will ail order. This does not apply to cation and/or step therapy. ers. d 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 N/A	generic coinsurance plus the dii brand-name and generic drug, l Certain drugs require pre-certifi Deductible and Out-of-Pocket N medical Covered at 80% after deductible Covered at 80% after deductible Before deductible, scheduled cost of drug. After deductible, \$2 copay per script; applicable in geographies with a Dow	fference in cost between the olus any deductible. cation and/or step therapy. faximum combined with Covered at 60% after deductible Covered at 60% after deductible, no coverage for Specialty Rx if non-network pharmacy is used N/A

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't at will "employee of Dow and does not create any third-party beneficiary rights, or any right to 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.

Covered at 80% after deductible

Covered at 80% generic and preferred brand, 70% non-

preferred brand

Mail Order