## 2021 Dow Monthly Medical COBRA Cost and Coverage Summary - South Carolina

Plan Basics				
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 <sup>1</sup>	\$138.00	\$30.00	\$143.00	
COBRA Rates	\$752.43	\$337.17	\$757.53	
Employee + Spouse/Domestic Partne	r			
Subsidized Rates <sup>1</sup>	\$317.00	\$69.00	\$328.00	
COBRA Rates	\$1,504.87	\$674.35	\$1,515.06	
Employee + Child(ren)				
Subsidized Rates <sup>1</sup>	\$272.00	\$59.00	\$282.00	
COBRA Rates	\$1,294.19	\$579.94	\$1,302.95	
Employee + Spouse/DP + Child(ren)				
Subsidized Rates <sup>1</sup>	\$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 85% after deductible	Covered at 70% after deductible	Covered at 80% after deductible	Covered at 60% after deductible	Covered at 90% after deductible

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Hospital Services					
Plan Name		1 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
Emergency Room	85% after deductible \$100 copay, covered at	deductible \$100 copay, covered at	deductible Covered at 80% after	deductible Covered at 80% after	deductible \$100 copay, waived if admitted
Emergency Room	85% after deductible	85% after deductible	deductible	deductible	\$100 copay, waived if admitte
Outpatient Surgery: Hospital	Covered at 85% after	Covered at 70% after	Covered at 80% after	Covered at 60% after	Covered at 90% after
outpution outgoty. Hospital	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 deductib
					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
		deductible	deductible	deductible	office or independent lab;
					covered at 90% after deductil 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	
lental Health / Substance Abu		41 5 1 411			
Plan Name Network Type	In-Network	1 1 Low Deductible Out-of-Network	In-Network	n 2 High Deductible Out-of-Network	CIGNA HMO National 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
World Froditi. Inputorit	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%
		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 deductible	Covered at 80% after	Covered at 60% after deductible	\$20 copay for office visit, 10%
		deductible	deductible	deductible	coinsurance for other service
No. 111 - Constitution					
Ancillary Services Plan Name	MAD Dive. Ontice	1 1 Low Deductible	MAD Dive. Ontic	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%
Maximum	deductible	deductible	deductible	deductible	0010.00 0110070
Prescription Coverage Plan Name	MAD Dive. Ontice	1 1 Low Deductible	MAD Dive. Ontic	n 2 High Deductible	CIGNA HMO National
Network Type	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network
Important Information	If a generic drug is availa			cations are covered with	Pharmacy out-of-pocket is
·	for the generic coinsuran		· · · · · · · · · · · · · · · · · · ·		
	cost between the brand-name and generic drug,		60%).		
	cost between the brand-l	name and generic drug,	00 70 ).		
	plus any deductible.	name and generic drug,	,		
	plus any deductible.		If a generic drug is avail	able, you are responsible	
	plus any deductible.  After an initial retail preso	cription and two refills,	If a generic drug is avail for the generic coinsura	nce plus the difference in	
	plus any deductible.  After an initial retail preso	cription and two refills, 50% unless you use mai	If a generic drug is avail for the generic coinsura cost between the brand		
	plus any deductible.  After an initial retail preso	cription and two refills, 50% unless you use mai	If a generic drug is avail for the generic coinsura	nce plus the difference in	
	plus any deductible.  After an initial retail preso coinsurance will go up to order. This does not app	cription and two refills, 50% unless you use mai	If a generic drug is avail for the generic coinsura cost between the brand- plus any deductible.	nce plus the difference in	
	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require pressure and the second second second second second second second second second sec	cription and two refills, 150% unless you use mail ly to your Out-of-Pocket e-certification and/or step	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible. Certain drugs require p	nce plus the difference in name and generic drug,	
	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require prestherapy. Specialty drug of	cription and two refills, 150% unless you use mailly to your Out-of-Pocket e-certification and/or steposts sharing differs.	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require putherapy.	nce plus the difference in name and generic drug, re-certification and/or step	
Pharmacy Limits	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require pressure and the second second second second second second second second second sec	cription and two refills, 150% unless you use mailly to your Out-of-Pocket e-certification and/or steposts sharing differs.	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require properties of the	nce plus the difference in name and generic drug, re-certification and/or step	
Pharmacy Limits	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require prestherapy. Specialty drug of Rx deductible: \$100/\$200	cription and two refills, 150% unless you use maily to your Out-of-Pocket e-certification and/or step tost sharing differs.	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require putherapy.	nce plus the difference in name and generic drug, re-certification and/or step	
•	plus any deductible.  After an initial retail press 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	cription and two refills, 150% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require putherapy.  Deductible and Out-of-F combined with medical	nce plus the difference in name and generic drug, re-certification and/or step	
Pharmacy Limits Pharmacy: Generic Drug	plus any deductible.  After an initial retail press 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	cription and two refills, 150% unless you use mail by to your Out-of-Pocket e-certification and/or step cost sharing differs.  20/\$300 cmbined with medical Covered at 80% up to	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require putherapy.  Deductible and Out-of-F combined with medical  Covered at 80% after	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum	Greater of 20% or \$7; \$100
•	plus any deductible.  After an initial retail press 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	cription and two refills, 50% unless you use mai ly to your Out-of-Pocket e-certification and/or step tost sharing differs.  20/\$300 cmbined with medical Covered at 80% up to the Plan Allowable	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require putherapy.  Deductible and Out-of-F combined with medical	nce plus the difference in name and generic drug, re-certification and/or step	Greater of 20% or \$7; \$100 copay maximum per script; 3
Pharmacy: Generic Drug	plus any deductible.  After an initial retail press 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	cription and two refills, 50% unless you use maily to your Out-of-Pocket e-certification and/or step tost sharing differs.  20/\$300  20/\$3	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require properties and Out-of-Formbined with medical Covered at 80% after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply
Pharmacy: Generic Drug	plus any deductible.  After an initial retail prescoinsurance will go up to order. This does not app Maximum.  Certain drugs require pretherapy. Specialty drug cRx deductible: \$100/\$2000  Rx Out-of-Pocket Max cc Covered at 80% after deductible  Covered at 80%	cription and two refills, 50% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.  20/\$300 cmbined with medical  Covered at 80% up to the Plan Allowable  Amount after deductible  Covered at 80%	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require properties of the	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30
Pharmacy: Generic Drug	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require prestherapy. Specialty drug of Rx deductible: \$100/\$2000 Rx Out-of-Pocket Max coccovered at 80% after deductible  Covered at 80% preferred brand/70%	cription and two refills, 50% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.  20/\$300 cmbined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% preferred brand/70%	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require properties and Out-of-Formbined with medical Covered at 80% after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply  Greater of 30% or \$30 formulary, greater of 40% or
•	plus any deductible.  After an initial retail press 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 cocovered at 80% after deductible  Covered at 80% preferred brand/70% non-preferred brand	cription and two refills, 150% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.  10/\$300  10/\$	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require proper therapy.  Deductible and Out-of-frombined with medical Covered at 80% after deductible  Covered at 80% after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage for Specialty Rx if non-	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 cop
Pharmacy: Generic Drug	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require prestherapy. Specialty drug of Rx deductible: \$100/\$2000 Rx Out-of-Pocket Max coccovered at 80% after deductible  Covered at 80% preferred brand/70%	cription and two refills, 50% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.  20/\$300 cmbined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% preferred brand/70%	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require proper therapy.  Deductible and Out-of-frombined with medical Covered at 80% after deductible  Covered at 80% after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 cop maximum per script; 30-day
Pharmacy: Generic Drug  Pharmacy: Brand Name	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require pre therapy. Specialty drug of Rx deductible: \$100/\$2000  Rx Out-of-Pocket Max co Covered at 80% after deductible  Covered at 80% preferred brand/70% non-preferred brand after deductible	cription and two refills, 150% unless you use mail by to your Out-of-Pocket e-certification and/or step cost sharing differs.  20/\$300 ombined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% non-preferred brand (after deductible) of Plan (after deductible) (af	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require properties and Out-of-combined with medical Covered at 80% after deductible  Covered at 80% after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage for Specialty Rx if nonnetwork pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 cop maximum per script; 30-day supply (open formulary)
Pharmacy: Generic Drug	plus any deductible.  After an initial retail press 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 cocovered at 80% after deductible  Covered at 80% preferred brand/70% non-preferred brand	cription and two refills, 150% unless you use mail by to your Out-of-Pocket e-certification and/or step cost sharing differs.  20/\$300 ombined with medical Covered at 80% up to the Plan Allowable Amount after deductible Covered at 80% non-preferred brand (after deductible) of Plan (after deductible) (af	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require proper therapy.  Deductible and Out-of-frombined with medical Covered at 80% after deductible  Covered at 80% after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage for Specialty Rx if nonnetwork pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copmaximum per script; 30-day supply (open formulary) 90-day supply limit on all mai
Pharmacy: Generic Drug  Pharmacy: Brand Name	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require pre therapy. Specialty drug of Rx deductible: \$100/\$2000  Rx Out-of-Pocket Max co Covered at 80% after deductible  Covered at 80% preferred brand/70% non-preferred brand after deductible	cription and two refills, 50% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.  20/\$300  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	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require properties of the generic coinsural plus any deductible and Out-of-combined with medical covered at 80% after deductible  Covered at 80% after deductible  Deductible and Out-of-Formation of the general plus and plus after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage for Specialty Rx if nonnetwork pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 cop maximum per script; 30-day supply (open formulary)
Pharmacy: Generic Drug  Pharmacy: Brand Name	plus any deductible.  After an initial retail press coinsurance will go up to order. This does not app Maximum.  Certain drugs require prestherapy. Specialty drug of Rx deductible: \$100/\$2000 Rx Out-of-Pocket Max concovered at 80% after deductible  Covered at 80% preferred brand/70% non-preferred brand after deductible  Rx deductible: None	cription and two refills, 50% unless you use mail by to your Out-of-Pocket e-certification and/or step cost sharing differs.  20%300 combined 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 Plar Allowable Amount	If a generic drug is avail for the generic coinsural cost between the brand plus any deductible.  Certain drugs require properties of the generic coinsural plus any deductible and Out-of-combined with medical covered at 80% after deductible  Covered at 80% after deductible  Deductible and Out-of-Formation of the general plus and plus after deductible	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage for Specialty Rx if nonnetwork pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 cop maximum per script; 30-day supply (open formulary) 90-day supply limit on all ma order drugs
Pharmacy: Generic Drug  Pharmacy: Brand Name  Mail Order Limits	plus any deductible.  After an initial retail press 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 coccovered at 80% after deductible  Covered at 80% preferred brand/70% non-preferred brand after deductible  Rx deductible: None  Rx Out-of-Pocket Max coccovered at 80% preferred brand after deductible	cription and two refills, 150% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.  10/\$300  10/\$	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require pitherapy.  Deductible and Out-of-combined with medical  Covered at 80% after deductible  Covered at 80% after deductible  Deductible and Out-of-combined with medical	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage for Specialty Rx if nonnetwork pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 cop maximum per script; 30-day supply (open formulary) 90-day supply limit on all ma order drugs Greater of 20% or \$16 gener greater of 30% or \$85 formul
Pharmacy: Generic Drug  Pharmacy: Brand Name  Mail Order Limits	plus any deductible.  After an initial retail press 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 coccurred at 80% after deductible  Covered at 80% preferred brand/70% non-preferred brand after deductible  Rx deductible: None  Rx Out-of-Pocket Max coccurred at 80% generic	cription and two refills, 150% unless you use maily to your Out-of-Pocket e-certification and/or step cost sharing differs.  10/\$300  10/\$	If a generic drug is avail for the generic coinsura cost between the brand plus any deductible.  Certain drugs require pitherapy.  Deductible and Out-of-combined with medical  Covered at 80% after deductible  Covered at 80% after deductible  Deductible and Out-of-combined with medical	nce plus the difference in name and generic drug, re-certification and/or step Pocket Maximum  Covered at 60% after deductible  Covered at 60% after deductible, no coverage for Specialty Rx if nonnetwork pharmacy is used	Greater of 20% or \$7; \$100 copay maximum per script; 3 day supply Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copmaximum per script; 30-day supply (open formulary) 90-day supply limit on all mai

copay maximum per script

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.