

## 2021 Retiree Medical Premiums and Coverage Summary Old and New Plan

1-800-7DOWDOW (736-9369); [www.aetna.com](http://www.aetna.com)

There is no open enrollment for the Old and New Plans. These rates are for informational purposes only for those Retirees enrolled in these plans.

Old Plan	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$1,051.00	N/A	\$1,367.00
You and your SP of Record/ DP of Record both are Medicare Eligible	\$208.00	\$416.00	\$524.00	\$732.00

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

New Plan	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$893.00	N/A	\$1,164.00
You and your SP of Record/ DP of Record both are Medicare Eligible	\$172.00	\$344.00	\$443.00	\$615.00

**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.

# Old and New Plan

## Medical Coverage

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

There is no open enrollment for the Old and New Plans. This comparison chart is for informational purposes only for those retirees currently enrolled in these plans.

Coverages	Old Plan	New Plan
Deductible: Individual	\$250	\$250
Deductible: Family	\$500	\$500
Out-of-Pocket Max: Individual	None (medical), \$3,100 (Rx)	2% of last active annual base salary (medical), \$3,100 (Rx)
Out-of-Pocket Max: Family	None (medical), \$3,100 per member (Rx)	4% of last active annual base salary (medical), \$3,100 per member (Rx)
Physician Visit	Covered at 80% after deductible	Covered at 80% after deductible
Chiropractic Visit	Chiropractic visits for spinal manipulation covered at 50% after deductible, up to \$500 max./calendar year	Chiropractic visits for spinal manipulation covered at 50% after deductible, up to \$500 max./calendar year
Routine Physical Exam	Covered at 100%, up to \$500 maximum. 100% coverage for immunizations	Covered at 100%, up to \$500 maximum. 100% coverage for immunizations
Routine Gynecological Exam	Covered at 100%, up to \$500 maximum	Covered at 100%, up to \$500 maximum
Routine Mammography	Covered at 100%	Covered at 100%
Inpatient Hospital	100% after deductible	Covered at 80% after deductible
Emergency Room	Covered at 80% after deductible for emergency and non-emergency services	Covered at 80% after deductible emergency and non-emergency
Urgent Care	80% after deductible	80% after deductible
Outpatient Surgery: Hospital	100% after deductible	100% after deductible
Outpatient X-Ray	100% after deductible	100% after deductible
Outpatient Lab	100% after deductible	100% after deductible
Mental Health: Inpatient	100% after deductible; no benefit maximum	Covered at 80% after deductible
Mental Health: Outpatient	Covered at 80% after deductible	Covered at 80% after deductible
Substance Abuse: Inpatient	100% after deductible; no benefit maximum	Covered at 80% after deductible
Substance Abuse: Outpatient	Covered at 80% after deductible	Covered at 80% after deductible
Durable Medical Equip and Max	Covered at 80% after deductible	Covered at 80% after 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:

- Benefits paid based on plan allowable amount after annual deductible.
- For hourly employees, references to last active annual base salary shall be "your annual pay calculated using your last active annual base hourly rate."
- If a generic drug is available, you are responsible for paying the difference in cost between the brand-name and generic drug, plus any coinsurance or deductible. After an initial prescription and two refills, coinsurance will go up to 50% unless you use mail order.

## 2021 Retiree Medical Premiums and Coverage Summary MAP Plus - Option 1 Low Deductible

1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); [www.aetna.com](http://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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/ DP of Record both are Medicare Eligible	\$135.00	\$270.00	\$302.28	\$437.28

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

*\*Split coverage may apply if you are Medicare Eligible and your Spouse of Record/Domestic Partner of Record is Pre-Medicare Eligible (or vice versa). Please refer to the "Split Coverage" charts for further information.*

**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 MAP Plus - Option 2 High Deductible

1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); [www.aetna.com](http://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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$259.00	\$518.00	\$372.00	\$631.00

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

*\*Split coverage may apply if you are Medicare Eligible and your Spouse of Record/Domestic Partner of Record is Pre-Medicare Eligible (or vice versa). Please refer to the "Split Coverage" charts for further information.*

**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**  
**Split Coverage**  
**MAP Plus - Option 1 Low Deductible / Option 2 High Deductible**  
 1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); [www.aetna.com](http://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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You are Medicare Eligible and enrolled in Option 1 Low Deductible and your SP of Record / DP of Record is Pre-Medicare Eligible and enrolled in Option 2 High Deductible or vice versa	N/A	\$394.00	N/A	\$507.00

**If You Do Not Have Full Service**

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

*\*If you are electing split coverage, where either you or your Spouse of Record/Domestic Partner of Record will be enrolled in MAP Plus - Option 1 Low Deductible and the other in MAP Plus - Option 2 High Deductible, please use these charts.*

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.

## MAP Plus Medical Plans (For Pre-Medicare Retirees Only)

1-888-488-4488; [www.aetna.com](http://www.aetna.com)

Coverages	MAP Plus - Option 1 Low Deductible		MAP Plus - Option 2 High Deductible	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible: Individual			\$2,000	\$4,000
Deductible: Family			\$4,000 with max of \$2,800 for one person	\$8,000
Out-of-Pocket Maximum: Individual			\$4,000	\$8,000
Out-of-Pocket Maximum: Family			\$8,000	\$16,000
Physician Visit			Covered at 80% after deductible	Covered at 60% after deductible
Dow Family Health Center Physician Visit (** Available only for retirees in Lake Jackson and Houston, TX; Collegeville, PA; and Midland, MI areas)			Subject to deductible and coinsurance; applicable in geographies with a Dow Family Health Center	N/A
Chiropractic Visit and Maximum			Covered at 80% after deductible; 30 visit max	Covered at 60% after deductible; 30 visit max
Routine Physical Exam			Covered at 100%	Covered at 100%
Routine Gynecological Exam			Covered at 100%	Covered at 100%
Routine Mammography			Covered at 100%	Covered at 100%
Telemedicine			\$40 consult fee until deductible is met, then subject to coinsurance	N/A
Inpatient Hospital			Covered at 80% after deductible	Covered at 60% after deductible
Emergency Room			Covered at 80% after deductible	Covered at 80% after deductible
Urgent Care			Covered at 80% after deductible	Covered at 60% after deductible
Outpatient Surgery: Hospital			Covered at 80% after deductible	Covered at 60% after deductible
Outpatient X-Ray			Covered at 80% after deductible	Covered at 60% after deductible
Outpatient Lab			Covered at 80% after deductible	Covered at 60% after deductible
Mental Health: Inpatient			Covered at 80% after deductible	Covered at 60% after deductible
Mental Health: Outpatient			Covered at 80% after deductible	Covered at 60% after deductible
Substance Abuse: Inpatient			Covered at 80% after deductible	Covered at 60% after deductible
Substance Abuse: Outpatient			Covered at 80% after deductible	Covered at 60% after deductible
Durable Medical Equipment and Maximum			Covered at 80% after deductible	Covered at 60% after deductible
Pharmacy: Generic Drug			Covered at 80% after deductible	Covered at 60% after deductible
Pharmacy: Brand Name			Covered at 80% after deductible	Covered at 60% after deductible, no coverage for Specialty Rx if OON
Dow Family Health Center Pharmacy (** Available only for retirees in Lake Jackson and Houston, TX; Collegeville, PA; and Midland, MI areas)			Before deductible, scheduled cost of drug. After deductible, \$2 copay per script; applicable in geographies with a Dow Family Health Center	N/A
Mail Order			Covered at 80% after deductible	

Not Available to pre-Medicare Retirees

Please note the following:

- Certain drugs require precertification and / or step therapy.
- Certain preventive medications are covered with no deductible (in-network 80% and out-of-network 60%).
- Deductible and Out-of-Pocket Maximum combined with medical.
- If you are pre-Medicare eligible and you live out-of-area, you will be covered at 85% if you use an in-network provider and 100% for in-network outpatient lab services after your annual deductible.

## MAP Plus Medical Plans (For Medicare Retirees Only)

1-800-7DOWDOW (736-9369); [www.aetna.com](http://www.aetna.com)

Coverages	MAP Plus - Option 1 Low Deductible	MAP Plus - Option 2 High Deductible
Deductible: Individual	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	4% of last active annual base salary to a maximum of \$5,450 (medical), \$3,100 per member (Rx)	
Out-of-Pocket Max: Family	8% of last active annual base salary to a maximum of \$10,850 (medical), \$6,250 per family (Rx)	
Physician Visit	Covered at 80% after deductible	
Chiropractic Visit	Covered 50% after deductible, up to a maximum benefit of \$500/calendar year	
Routine Physical Exam	Covered at 100% up to \$500 calendar year maximum	
Routine Gynecological Exam	Covered at 100% up to \$500 calendar year maximum	
Routine Mammography	Covered at 100%	
Inpatient Hospital	Covered at 80% after deductible	
Emergency Room	Covered 80% after \$100 ER deductible per ER visit; no calendar year deductible applies; ER deductible does not apply to other medical services; ER deductible waived if admitted	
Urgent Care	Covered at 80% after deductible	
Outpatient Surgery: Hospital	Covered at 80% after deductible	
Outpatient X-Ray	Covered at 80% after deductible	
Outpatient Lab	Covered at 80% after deductible	
Mental Health: Inpatient	Covered at 80% after deductible	
Mental Health: Outpatient	Covered at 80% after deductible	
Substance Abuse: Inpatient	Covered at 80% after deductible	
Substance Abuse: Outpatient	Covered at 80% after deductible	
Durable Medical Equip and Max	Covered at 80% after deductible	
Pharmacy: Generic Drug	Covered at 90%	
Pharmacy: Brand Name	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	

Not Available if Medicare Eligible

Please note the following:

- Benefits paid based on plan allowable amount after annual deductible.
- For hourly employees, references to last active annual base salary shall be "your annual pay calculated using your last active annual base hourly rate."

## 2021 Retiree Medical Premiums and Coverage Summary Aetna Medicare Advantage PPO

1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); [www.aetna.com](http://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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/ DP of Record both are Medicare Eligible	\$92.00	\$184.00	N/A	N/A

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

*\*Split coverage may apply if you are Medicare Eligible and your Spouse of Record/Domestic Partner of Record is Pre-Medicare Eligible (or vice versa). Please refer to the "Split Coverage" charts for further information.*

**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**  
**Split Coverage**  
**Aetna Medicare Advantage PPO / Option 2 High Deductible**  
 1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); [www.aetna.com](http://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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You are Medicare Eligible and enrolled in Aetna Medicare Advantage PPO and your SP of Record / DP of Record is Pre-Medicare Eligible and enrolled in Option 2 High Deductible or vice versa	N/A	\$351.00	N/A	N/A

**If You Do Not Have Full Service**

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

*\*If you are electing split coverage, where either you or your Spouse of Record/Domestic Partner of Record will be enrolled in MAP Plus - Option 2 High Deductible and the other in Aetna Medicare Advantage PPO please use these charts.*

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# Aetna Medicare Advantage PPO

1-800-7DOWDOW (736-9369); [www.aetna.com](http://www.aetna.com)

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual		None
Deductible: Family		None
Out-of-Pocket Max: Individual		\$2,500 (medical), \$3,100 (Rx)
Out-of-Pocket Max: Family		None
Physician Visit		\$15 PCP, \$25 specialist
Chiropractic Visit		Covered at 100% after \$20 copay
Routine Physical Exam		Covered at 100%
Routine Gynecological Exam		Covered at 100%
Routine Mammography		Covered at 100%
Inpatient Hospital		\$200 copay per day for days 1-7; covered at 100% for days 8+
Emergency Room		Covered at 100% after \$65 copay; waived if admitted
Urgent Care		\$50 copay
Outpatient Surgery: Hospital		\$200 copay
Outpatient X-Ray		\$25 copay
Outpatient Lab		\$25 copay
Mental Health: Inpatient		\$200 copay per day for days 1-7; covered at 100% for days 8+
Mental Health: Outpatient		Covered at 100% after \$25 copay per visit
Substance Abuse: Inpatient		\$200 copay per day for days 1-7; covered at 100% for days 8+
Substance Abuse: Outpatient		Covered at 100% after \$25 copay per visit
Durable Medical Equip and Max		Covered at 80% for each Medicare-approved item
Pharmacy: Generic Drug		Before coverage gap: \$5 copay, during coverage gap: \$5 copay (tier 1 generic), 25% coinsurance (tier 2, 3, & 4 generic)
Pharmacy: Brand Name		Before coverage gap: \$30 formulary, \$50 non-formulary copay, during coverage gap: 25% coinsurance
Pharmacy: Mail Order		Before coverage gap: \$10 CVS, \$15 other (tier 1 generic); \$60 CVS, \$90 other (tier 2 preferred brand); \$100 CVS, \$150 other (tier 3 non-preferred brand) 90 day supply. During coverage gap: \$10 copay CVS, \$15 copay other (tier 1 generic); 25% coinsurance for brands and 25% coinsurance for generics (tiers 2 and 3)

Not Available if Pre-Medicare Eligible

## 2021 Retiree Medical Premiums and Coverage Summary

### California

Kaiser Foundation Health Plan, Inc.

1-800-443-0815; [www.kaiserpermanente.org](http://www.kaiserpermanente.org)

### 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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/ DP of Record both are Medicare Eligible	\$124.50	\$249.00	N/A	N/A

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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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Enrollment in a Medicare HMO or disenrollment from a Medicare HMO is not effective without a valid enrollment / disenrollment from the Medicare HMO. Effective date of the enrollment is determined by the Medicare HMO. Contact the Dow Retiree Service Center at 800-344-0661 to complete this process.

**California**  
**Kaiser Foundation Health Plan, Inc.**  
**1-800-443-0815; [www.kaiserpermanente.org](http://www.kaiserpermanente.org)**

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual		None
Deductible: Family		None
Out-of-Pocket Max: Individual		\$1,500
Out-of-Pocket Max: Family		\$3,000
Physician Visit		\$15 copay
Chiropractic Visit		\$15 when referred
Routine Physical Exam		Covered at 100%
Routine Gynecological Exam		Covered at 100%
Routine Mammography		Covered at 100%
Inpatient Hospital		\$100 copay per admission
Emergency Room		\$50 copay, waived if admitted
Urgent Care		\$15 copay
Outpatient Surgery: Hospital		\$150 copay per procedure
Outpatient X-Ray		Covered 100%
Outpatient Lab		Covered 100%
Mental Health: Inpatient		\$100 copay per admission
Mental Health: Outpatient		\$15 individual copay, \$7 group copay; no visit limit
Substance Abuse: Inpatient		Detox and rehab: \$100 copay per admit
Substance Abuse: Outpatient		\$15 copay for individual visit; \$5 copay for group visit, unlimited visits
Durable Medical Equip and Max		Covered at 80% per item, must be in accordance with DME formulary guidelines
Pharmacy: Generic Drug		\$10 for up to a 30-day supply, \$20 for a 31-60 day supply, or \$30 for a 61-100 day supply
Pharmacy: Brand Name		\$20 for up to a 30-day supply, \$40 for a 31-60 day supply, or \$60 for a 61-100 day supply
Pharmacy: Mail Order		Generic: \$10 for up to a 30-day supply or \$20 for a 31-100 day supply; Brand: \$20 for up to a 30-day supply or \$40 for a 31-100 day supply

Not Available if Pre-Medicare Eligible

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.

## 2021 Retiree Medical Premiums and Coverage Summary

### Illinois

CIGNA HMO National

1-800-CIGNA 24; [www.cigna.com](http://www.cigna.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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$1,044.00	\$2,088.00	\$1,505.00	\$2,549.00

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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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**Illinois**  
**CIGNA HMO National**  
**1-800-CIGNA 24; [www.cigna.com](http://www.cigna.com)**

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	\$3,000	
Out-of-Pocket Max: Family	\$6,000	
Physician Visit	\$20 copay (PCP); \$35 copay (specialist)	
Chiropractic Visit	\$35 copay; 60 days combined	
Routine Physical Exam	Covered at 100%	
Routine Gynecological Exam	Covered at 100%	
Routine Mammography	Covered at 100%	
Telemedicine	\$20 copay	
Inpatient Hospital	Covered at 90% after deductible	
Emergency Room	\$100 copay, waived if admitted	
Urgent Care	\$50 copay	
Outpatient Surgery: Hospital	Covered at 90% after deductible	
Outpatient X-Ray	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Outpatient Lab	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Mental Health: Inpatient	Covered at 90% after deductible	
Mental Health: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Substance Abuse: Inpatient	Covered at 90% after deductible	
Substance Abuse: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Durable Medical Equip and Max	Covered at 100%	
Pharmacy: Generic Drug	Greater of 20% or \$7; \$100 copay maximum per script; 30 day supply	
Pharmacy: Brand Name	Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary)	
Pharmacy: Mail Order	Greater of 20% or \$16 generic, greater of 30% or \$85 formulary brand, greater of 40% or \$145 non-formulary brand; \$200 copay maximum per script	

Not Available if Medicare Eligible

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.

## 2021 Retiree Medical Premiums and Coverage Summary

### Louisiana

Humana Health Plan of LA

1-866-396-8810; [www.humana.com](http://www.humana.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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$1,188.00	\$2,376.00	\$1,712.00	\$2,900.00
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$1,286.00	N/A	\$1,810.00*
You and your SP of Record/ DP of Record both are Medicare Eligible	\$98.00	\$196.00	\$622.00*	\$720.00*

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

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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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## Louisiana

### Humana Health Plan of LA

1-866-396-8810; [www.humana.com](http://www.humana.com)

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual	None	None
Deductible: Family	None	None
Out-of-Pocket Max: Individual	\$6,350 total (\$2,500 medical only)	\$2,500 per individual per plan year
Out-of-Pocket Max: Family	\$12,700 total (\$7,500 medical only)	N/A for family; \$2,500 per individual per plan year
Physician Visit	\$20 copay (PCP), \$35 copay (specialist)	\$5 copay (PCP), \$20 copay (specialist) per visit
Chiropractic Visit	\$20 copay	\$20 copay; Medicare-covered services only; routine care not covered
Routine Physical Exam	Covered at 100%	Covered at 100%
Routine Gynecological Exam	Covered at 100%	Covered at 100%
Routine Mammography	Covered at 100%	Covered at 100%
Telemedicine	\$20 copay	N/A
Inpatient Hospital	\$200 copay per day, \$600/admission maximum	\$150 copay per day for days 1-5
Emergency Room	\$150 copay, waived if admitted	\$65 copay, waive if admitted within 24 hours
Urgent Care	\$35 copay	\$20 copay
Outpatient Surgery: Hospital	\$200 copay	Covered 100% after \$100 copay
Outpatient X-Ray	Covered at 100%	Covered at 100%
Outpatient Lab	Covered at 100%	Covered at 100%; outpatient hospital or freestanding laboratory
Mental Health: Inpatient	\$200 copay per day, \$600/admission maximum	\$150 copay per day for days 1-5; 190-day lifetime maximum limit in a psychiatric facility
Mental Health: Outpatient	\$20 copay	100% after \$40 copay
Substance Abuse: Inpatient	\$200 copay per day, \$600/admission maximum	\$150 copay per day for days 1-5
Substance Abuse: Outpatient	\$20 copay	100% after \$40 copay
Durable Medical Equip and Max	Covered at 80%	Covered at 90%
Pharmacy: Generic Drug	\$10 copay (level one low-cost generics), 30-day supply	\$10 copay; after \$6,550 is paid out-of-pocket, catastrophic coverage is triggered and the copay is the greater of 5% or \$3.70
Pharmacy: Brand Name	\$30 (level two high-cost generic and brand name drugs), \$50 (level three higher-cost brand name drugs); 25% (level four specialty medications), 30-day supply (closed formulary)	\$20 copay level two (high-cost generics and brand name drugs), \$40 copay level three (higher-cost generics and brand name drugs), 25% level four (specialty medications); after \$6,550 is paid out-of-pocket, catastrophic coverage is triggered and the copay is the greater of 5% or \$3.70 for generics and \$9.20 for brand drugs
Pharmacy: Mail Order	\$25 level one; \$75 level two; \$125 level three, 90-day supply	\$0 copay generic, \$40 copay level two (high-cost generics and brand name drugs), \$80 copay level three (higher-cost generics and brand name drugs)

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.



## 2021 Retiree Medical Premiums and Coverage Summary

### Michigan

Blue Care Network of Michigan

1-800-450-3680; [www.bcbsm.com](http://www.bcbsm.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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$1,124.00	\$2,248.00	\$1,620.00	\$2,744.00
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$1,387.50	N/A	\$1,883.50*
You and your SP of Record/ DP of Record both are Medicare Eligible	\$263.50	\$527.00	\$759.50*	\$1,023.00*

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

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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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## Michigan

### Blue Care Network of Michigan

1-800-450-3680; [www.bcbsm.com](http://www.bcbsm.com)

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual	None	None
Deductible: Family	None	None
Out-of-Pocket Max: Individual	\$6,450	\$6,700
Out-of-Pocket Max: Family	\$12,900	\$6,700 per member
Physician Visit	\$15 copay (PCP); \$30 copay (specialist)	\$20 copay
Dow Family Health Center Physician Visit	\$10 copay	N/A
Chiropractic Visit	\$30 copay	\$20 copay when referred
Routine Physical Exam	Covered at 100%	Covered at 100%
Routine Gynecological Exam	Covered at 100%	Covered at 100%
Routine Mammography	Covered at 100%	Covered at 100%
Inpatient Hospital	\$250 copay	Covered at 100%
Emergency Room	\$100 copay, waived if admitted, however inpatient copay will apply	\$50 copay waived if admitted; \$100 OON copay
Urgent Care	\$15 copay	\$20 copay
Outpatient Surgery: Hospital	\$100 copay	Covered at 100%
Outpatient X-Ray	Covered at 100%	Covered at 100%, office visit copay may apply
Outpatient Lab	Covered at 100%	Covered at 100%, office visit copay may apply
Mental Health: Inpatient	Covered at 100% when authorized; unlimited days	Covered at 100% when authorized, unlimited days
Mental Health: Outpatient	\$15 copay when authorized; unlimited visits	Covered at 100%, unlimited visits
Substance Abuse: Inpatient	Covered at 100% when authorized; unlimited days	Covered at 100% when authorized, unlimited days
Substance Abuse: Outpatient	\$15 copay when authorized; unlimited visits	Covered at 100%, unlimited visits
Durable Medical Equip and Max	Covered at 80%	Covered at 100%
Pharmacy: Generic Drug	\$10 copay, 30-day supply	50% coinsurance with a max of \$2 at preferred pharmacy or \$10 at other pharmacies
Pharmacy: Brand Name	\$20 formulary copay, 30-day supply (closed formulary), non-formulary not covered	50% coinsurance with a max of \$10 (preferred pharmacy) or \$20 (other pharmacies) for preferred brand and \$30 (preferred pharmacy) or \$40 (other pharmacies) for non-preferred brand and specialty
Dow Family Health Center Pharmacy	\$2 for covered and carried pharmacy drugs	N/A
Pharmacy: Mail Order	\$20 generic, \$40 formulary, non-formulary not covered, 90 day supply	50% coinsurance with a max of: \$4 (preferred pharmacy) or \$20 (other pharmacies) for generics; \$20 (preferred pharmacy) or \$40 (other pharmacies) for preferred brand; \$60 (preferred pharmacy) or \$80 (other pharmacies) for non-preferred brand and specialty

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.

# 2021 Retiree Medical Premiums and Coverage Summary

## New Jersey

CIGNA HMO National

1-800-CIGNA 24; [www.cigna.com](http://www.cigna.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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$1,044.00	\$2,088.00	\$1,505.00	\$2,549.00

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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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**New Jersey**  
**CIGNA HMO National**  
**1-800-CIGNA 24; [www.cigna.com](http://www.cigna.com)**

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	\$3,000	
Out-of-Pocket Max: Family	\$6,000	
Physician Visit	\$20 copay (PCP); \$35 copay (specialist)	
Chiropractic Visit	\$35 copay; 60 days combined	
Routine Physical Exam	Covered at 100%	
Routine Gynecological Exam	Covered at 100%	
Routine Mammography	Covered at 100%	
Telemedicine	\$20 copay	
Inpatient Hospital	Covered at 90% after deductible	
Emergency Room	\$100 copay, waived if admitted	
Urgent Care	\$50 copay	
Outpatient Surgery: Hospital	Covered at 90% after deductible	
Outpatient X-Ray	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Outpatient Lab	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Mental Health: Inpatient	Covered at 90% after deductible	
Mental Health: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Substance Abuse: Inpatient	Covered at 90% after deductible	
Substance Abuse: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Durable Medical Equip and Max	Covered at 100%	
Pharmacy: Generic Drug	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply	
Pharmacy: Brand Name	Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary)	
Pharmacy: Mail Order	Greater of 20% or \$16 generic, greater of 30% or \$85 formulary brand, greater of 40% or \$145 non-formulary brand; \$200 copay maximum per script	

Not Available if Medicare Eligible

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.

## 2021 Retiree Medical Premiums and Coverage Summary

### Ohio

CIGNA HMO National

1-800-CIGNA 24; [www.cigna.com](http://www.cigna.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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$1,044.00	\$2,088.00	\$1,505.00	\$2,549.00

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

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## Ohio

### CIGNA HMO National

1-800-CIGNA 24; [www.cigna.com](http://www.cigna.com)

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	\$3,000	
Out-of-Pocket Max: Family	\$6,000	
Physician Visit	\$20 copay (PCP); \$35 copay (specialist)	
Chiropractic Visit	\$35 copay; 60 days combined	
Routine Physical Exam	Covered at 100%	
Routine Gynecological Exam	Covered at 100%	
Routine Mammography	Covered at 100%	
Telemedicine	\$20 copay	
Inpatient Hospital	Covered at 90% after deductible	
Emergency Room	\$100 copay, waived if admitted	
Urgent Care	\$50 copay	
Outpatient Surgery: Hospital	Covered at 90% after deductible	
Outpatient X-Ray	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Outpatient Lab	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Mental Health: Inpatient	Covered at 90% after deductible	
Mental Health: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Substance Abuse: Inpatient	Covered at 90% after deductible	
Substance Abuse: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Durable Medical Equip and Max	Covered at 100%	
Pharmacy: Generic Drug	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply	
Pharmacy: Brand Name	Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary)	
Pharmacy: Mail Order	Greater of 20% or \$16 generic, greater of 30% or \$85 formulary brand, greater of 40% or \$145 non-formulary brand; \$200 copay maximum per script	

Not Available if Medicare Eligible

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.

## 2021 Retiree Medical Premiums and Coverage Summary

Puerto Rico

TRIPLE-S, Inc

1-787-774-6060; [www.ssspr.com](http://www.ssspr.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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$124.00	\$248.00	\$162.00	\$286.00
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$425.50	N/A	\$463.50*
You and your SP of Record/ DP of Record both are Medicare Eligible	\$301.50	\$603.00	\$339.50*	\$641.00*

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

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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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## Puerto Rico TRIPLE-S, Inc

1-787-774-6060; [www.ssspr.com](http://www.ssspr.com)

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

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

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.



## 2021 Retiree Medical Premiums and Coverage Summary

### Texas

CIGNA HMO National

1-800-CIGNA 24; [www.cigna.com](http://www.cigna.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](http://www.dowbenefits.com).)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	\$1,044.00	\$2,088.00	\$1,505.00	\$2,549.00

### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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.

Enrollment in a Medicare HMO or disenrollment from a Medicare HMO is not effective without a valid enrollment / disenrollment from the Medicare HMO. Effective date of the enrollment is determined by the Medicare HMO. Contact the Dow Retiree Service Center at 800-344-0661 to complete this process.

## Texas

### CIGNA HMO National

1-800-CIGNA 24; [www.cigna.com](http://www.cigna.com)

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	\$3,000	
Out-of-Pocket Max: Family	\$6,000	
Physician Visit	\$20 copay (PCP); \$35 copay (specialist)	
Dow Family Health Center Physician Visit	\$10 copay	
Chiropractic Visit	\$35 copay; 60 days combined	
Routine Physical Exam	Covered at 100%	
Routine Gynecological Exam	Covered at 100%	
Routine Mammography	Covered at 100%	
Telemedicine	\$20 copay	
Inpatient Hospital	Covered at 90% after deductible	
Emergency Room	\$100 copay, waived if admitted	
Urgent Care	\$50 copay	
Outpatient Surgery: Hospital	Covered at 90% after deductible	
Outpatient X-Ray	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Outpatient Lab	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Mental Health: Inpatient	Covered at 90% after deductible	
Mental Health: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Substance Abuse: Inpatient	Covered at 90% after deductible	
Substance Abuse: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Durable Medical Equip and Max	Covered at 100%	
Pharmacy: Generic Drug	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply	
Pharmacy: Brand Name	Greater of 30% or \$30 formulary, greater of 40% or \$50 non-formulary; \$100 copay maximum per script; 30-day supply (open formulary)	
Dow Family Health Center Pharmacy	\$2 copay per script, for 30-day supply limit; subject to certain Rx	
Pharmacy: Mail Order	Greater of 20% or \$16 generic, greater of 30% or \$85 formulary brand, greater of 40% or \$145 non-formulary brand; \$200 copay maximum per script	

Not Available if Medicare Eligible

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.