

2022 Retiree Medical Premiums and Coverage Summary Low Deductible Medical Plan

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

If You Retired With Full Service: 2022 Monthly Premiums

This chart shows your monthly premium. (Please refer to the definition of Full Service, which can be found in the Summary Plan Description located at www.dowbenefits.com.)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/ DP of Record both are Medicare Eligible	\$135.00	\$270.00	\$274.00	\$409.00

If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at 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.

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.

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	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	\$319.00	\$638.00	\$445.00	\$764.00

If You Do Not Have Full Service

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

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Split Coverage
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If You Retired With Full Service: 2022 Monthly Premiums

This chart shows your monthly premium. (Please refer to the definition of Full Service, which can be found in the Summary Plan Description located at www.dowbenefits.com.)

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You are Medicare Eligible and enrolled in the Low Deductible Medical Plan and your SP of Record / DP of Record is Pre-Medicare Eligible and enrolled in the High Deductible Medical Plan or vice versa	N/A	\$454.00	N/A	\$580.00

If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at 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 the Low Deductible Medical Plan and the other in the High Deductible Medical Plan, 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.

Low and High Deductible Medical Plans (For Pre-Medicare Retirees Only)

1-888-488-4488; www.aetna.com

Coverages	Low Deductible Medical Plan		High Deductible Medical Plan	
	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			\$49 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.

Low and High Deductible Medical Plans (For Medicare Retirees Only)

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

Coverages	Low Deductible Medical Plan	High Deductible Medical Plan
Deductible: Individual	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	4% of last active annual base salary to a maximum of \$5,600 (medical), \$3,100 per member (Rx)	
Out-of-Pocket Max: Family	8% of last active annual base salary to a maximum of \$11,150 (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."