

2022 Retiree Medical Premiums and Coverage Summary

Louisiana

Humana Health Plan of LA

1-866-396-8810; www.humana.com

2022 Monthly Premiums

This chart shows your monthly premium.

| | 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 | \$1,745.00 | \$3,714.00 | \$2,532.00 | \$4,502.00 |
| You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa | N/A | \$2,101.50 | N/A | \$2,889.50* |
| You and your SP of Record/ DP of Record both are Medicare Eligible | \$132.50 | \$265.00 | 919.50* | 1,053.00* |

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

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.

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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 \$7,050 is paid out-of-pocket, catastrophic coverage is triggered and the copay is the greater of 5% or \$3.95 |
| 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 \$7,050 is paid out-of-pocket, catastrophic coverage is triggered and the copay is the greater of 5% or \$3.95 for generics and \$9.85 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.