

2022 Retiree Medical Premiums and Coverage Summary Low Deductible Medical Plan

1-888-488-4488 (Pre-Medicare) / 1-800-7DOWDOW (Medicare); www.aetna.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 Medicare Eligible	\$244.00	\$488.00	\$444.00	\$688.00

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.

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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	\$661.00	\$1,547.00	\$1,011.00	\$1,897.00

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Split Coverage
Low Deductible Medical Plan / High Deductible Medical Plan
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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 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	\$1,130.00	N/A	\$1,480.00

**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.*

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

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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 Pre-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."