

2022 Dow COBRA Monthly Medical Cost and Coverage Summary - HMOs

Plan Basics			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Applicable Geography	Illinois, Ohio, New Jersey, Texas	Michigan	Louisiana
Contact Information	800-CIGNA24 (244-6224) www.cigna.com	800-662-6667 www.bcbsm.com	800-448-6262 www.humana.com

Plan Costs			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Employee Only			
Subsidized Rates ¹	\$150.00	\$100.00	\$103.00
COBRA Rates	\$795.29	\$607.94	\$694.78
Employee + Spouse/Domestic Partner			
Subsidized Rates ¹	\$344.00	\$230.00	\$236.00
COBRA Rates	\$1,590.58	\$1,215.88	\$1,389.56
Employee + Child(ren)			
Subsidized Rates ¹	\$296.00	\$197.00	\$203.00
COBRA Rates	\$1,367.90	\$1,045.65	\$1,195.03
Employee + Spouse/DP + Child(ren)			
Subsidized Rates ¹	\$507.00	\$338.00	\$348.00
COBRA Rates	\$2,346.09	\$1,793.42	\$2,049.59

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 2022).

Annual Plan Limits			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Network Type	In-Network	In-Network	In-Network
Deductible: Individual	\$250	None	None
Deductible: Family	\$500	None	None
Out-of-Pocket Maximum: Individual (includes deductible)	\$3,000	\$6,450	\$6,350 total (\$2,500 medical only)
Out-of-Pocket Maximum: Family (includes deductible)	\$6,000	\$12,900	\$12,700 total (\$7,500 medical only)

Office Visits			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Network Type	In-Network	In-Network	In-Network
Physician Visit	\$20 copay (PCP), \$35 copay (specialist)	\$15 copay (PCP); \$30 copay (specialist)	\$20 copay (PCP); \$35 copay (Specialist)
Dow Family Health Center Physician Visit (available only in geographies with a Dow Family Health Center)	\$10 copay	\$10 copay	N/A
Chiropractic Visit	\$35 copay; 60 days combined	\$30 copay	\$20 copay
Well Baby Care	Covered at 100%	Covered at 100%	Covered at 100%
Routine Physical Exam	Covered at 100%	Covered at 100%	Covered at 100%
Routine Gynecological Exam	Covered at 100%	Covered at 100%	Covered at 100%
Routine Mammography	Covered at 100%	Covered at 100%	Covered at 100%
Telemedicine	\$20 copay	N/A	\$20 copay

Maternity Care			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Network Type	In-Network	In-Network	In-Network
Pre/Post-Natal Maternity office visit	\$20 copay for initial visit; remaining pre/post-natal visits covered at 90% after deductible	\$0 copay routine pre-natal visit; \$15 copay post-natal visit	\$50 copay (initial visit only)
Maternity: Inpatient Delivery	Covered at 90% after deductible	\$250 copay/admission	\$200 copay/day; \$600 max/admission (combined mom & baby); copay for baby if stays in hospital after mom released

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Hospital Services			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Network Type	In-Network	In-Network	In-Network
Inpatient Hospital	Covered at 90% after deductible	\$250 copay	\$200 copay per day, \$600 per admission maximum
Emergency Room	\$100 copay, waived if admitted	\$100 copay, waived if admitted, however, inpatient copay will apply	\$150 copay, waived if admitted
Outpatient Surgery: Hospital	Covered at 90% after deductible	\$100 copay	\$200 copay
Outpatient X-Ray	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	Covered at 100%	Covered at 100%
Outpatient Lab	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	Covered at 100%	Covered at 100%
Urgent Care	\$50 copay	\$15 copay	\$35 copay

Mental Health / Substance Abuse			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Network Type	In-Network	In-Network	In-Network
Mental Health: Inpatient	Covered at 90% after deductible	Covered at 100% when authorized; unlimited days	\$200 copay per day, \$600 per admission maximum; unlimited days
Mental Health: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	\$15 copay when authorized; unlimited visits	\$20 copay
Substance Abuse: Inpatient	Covered at 90% after deductible	Covered at 100% when authorized; unlimited days	\$200 copay per day; \$600 per admission maximum; unlimited days
Substance Abuse: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	\$15 copay when authorized; unlimited visits	\$20 copay

Ancillary Services			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Network Type	In-Network	In-Network	In-Network
Durable Medical Equipment and Maximum	Covered at 100%	Covered at 80%	Covered at 80%

Prescription Coverage			
Plan Name	CIGNA HMO National	Blue Care Network of Michigan	Humana Health Plan of LA
Network Type	In-Network	In-Network	In-Network
Important Information	Out-of-pocket combined with medical		
Pharmacy Limits			Out-of-pocket combined with medical
Pharmacy: Generic Drug	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply	\$10 copay, 30-day supply	\$10 copay (level one low-cost generics), 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)	\$20 formulary copay, non-formulary not covered, 30-day supply (closed formulary)	\$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)
Dow Family Health Center Pharmacy (available only in geographies with a Dow Family Health Center)	\$2 copay per script, for 30-day supply limit; subject to certain Rx	\$2 for covered and carried pharmacy drugs	N/A
Mail Order Limits	90-day supply limit on all mail order drugs		
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	\$20 generic, \$40 formulary, non-formulary not covered, 90 day supply	\$25 level one; \$75 level two; \$125 level three, 90-day supply

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.