

# 2023 Retiree Medical Premiums and Coverage Summary

## Puerto Rico

TRIPLE-S, Inc

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

### 2023 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                                | \$453.00     | \$905.00                              | \$634.00             | \$1,086.00   |
| You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa | N/A          | \$862.50                              | N/A                  | \$1,043.50*  |
| You and your SP of Record/ DP of Record both are Medicare Eligible                                   | \$410.50     | \$821.00                              | \$591.50*            | \$1,002.00*  |

\* 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 | \$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.