

## 2023 Retiree Medical Premiums and Coverage Summary Medicare Advantage Old and New Plan

855-344-2209; [dow.aetnamedicare.com](http://dow.aetnamedicare.com)

There is no open enrollment for the Medicare Advantage Old and New Plans. These rates are for informational purposes only for those Retirees enrolled in these plans.

Medicare Advantage Old Plan	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 your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$1,298.81	N/A	\$1,759.81
You and your SP of Record/ DP of Record both are Medicare Eligible	\$133.81	\$267.61	\$594.81	\$728.61

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://www.dowbenefits.com).

Medicare Advantage New Plan	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 your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$1,148.81	N/A	\$1,549.81
You and your SP of Record/ DP of Record both are Medicare Eligible	\$133.81	\$267.61	\$534.81	\$668.61

**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.

# Medicare Advantage Old and New Plan

## Medical Coverage

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Coverages	Medicare Advantage Old Plan	Medicare Advantage New Plan
Deductible: Individual	\$250 per member	\$250 per member
Deductible: Family	N/A	N/A
Out-of-Pocket Max: Individual	Medical: \$3,400 per member Rx: \$3,100 per member	Medical: \$850 per member Rx: \$3,100 per member
Out-of-Pocket Max: Family	N/A	N/A
Physician Visit	Covered at 80% after deductible	Covered at 80% after deductible
Chiropractic Visit	Covered at 80%, no maximum, limited to Medicare Covered Chiro	Covered at 80%, no maximum, limited to Medicare Covered Chiro
Routine Physical Exam	Covered 100%	Covered 100%
Routine Gynecological Exam	Covered 100%	Covered 100%
Routine Mammography	Covered at 100%	Covered at 100%
Inpatient Hospital	100% after deductible	Covered at 80% after deductible
Emergency Room	\$90, emergency services only	\$90, emergency services only
Urgent Care	\$50 copay	\$50 copay
Outpatient Surgery: Hospital	100% after deductible	100% after deductible
Outpatient X-Ray	100% after deductible	100% after deductible
Outpatient Lab	100% after deductible	100% after deductible
Mental Health: Inpatient	100% after deductible; no benefit maximum	Covered at 80% after deductible
Mental Health: Outpatient	Covered at 80% after deductible	Covered at 80% after deductible
Substance Abuse: Inpatient	100% after deductible; no benefit maximum	Covered at 80% after deductible
Substance Abuse: Outpatient	Covered at 80% after deductible	Covered at 80% after deductible
Durable Medical Equip and Max	Covered at 80% after deductible	Covered at 80% after deductible
Pharmacy: Generic Drug	Covered at 90%	Covered at 90%
Pharmacy: Brand Name	Covered at 80% preferred, 65% non-preferred	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	\$5 / \$80 / \$150 for mail order facility or 90-day supply at CVS Caremark retail pharmacy; other pharmacies: see retail benefit