Summary of Material Modifications
to the
Dow Chemical Benefit Plans

Notice of End of COVID Public Health Emergency and National Emergency

This summary of material modification ("SMM") contains important information about certain benefits and deadlines under the ERISA plans sponsored by Dow Chemical and its affiliates (each, a "Plan"; collectively, the "Plans"). Please read this SMM carefully, as the information described may impact certain rights you have under the Plans and may require your action. You should also share this SMM with your covered family members, because their rights under the Plans also may be impacted.

Modification to COVID-Related Coverages and Services

As required by law, the Plans added coverage at no cost for various COVID-related treatments and vaccinations during the Public Health Emergency, which is currently scheduled to end no later than May 11, 2023. The changes described below will take effect on May 12, 2023 (or, if earlier, the date following the expiration of the Public Health Emergency).

Cost-Sharing for COVID-19 Testing, Related Visits and Vaccines

The Plans' normal cost-sharing (deductibles, coinsurance and copayments) will resume under all medical plan options for COVID-19 testing, antibody testing to determine whether you were previously infected with COVID-19, related office visits (including virtual and telehealth visits), urgent care and emergency room visits where the test is ordered or administered.

If you are enrolled in a high-deductible health plan, you will be responsible for the full cost of COVID-19 testing or antibody testing until you satisfy the Plans' deductible. After you satisfy the Plan's deductible, the Plans' normal cost-sharing will apply.

Cost-Sharing for Non-Network COVID Vaccinations

While COVID-19 vaccinations administered in-network will continue to be available at no cost to you, the Plans' normal cost-sharing will resume for COVID-19 vaccinations administered in a non-network setting. (For Cigna members, there will be no coverage for vaccinations received out-of-network.)

Health Plan Reimbursement of At-Home COVID Tests

The Plans will no longer provide coverage or reimbursement for at-home COVID tests (without prescription). Expenses incurred on at-home COVID tests will be eligible for reimbursement through your healthcare FSA or your HSA.

Cost-Sharing for Virtual Visits

The Plans' normal cost-sharing (deductibles, coinsurance and copayments) will resume for both COVID-19 and non-COVID-19 virtual visits (including behavioral health virtual visits).

Coverage for COVID Treatments (e.g., antivirals)

Except as noted below, and after the Government's no-cost supply is depleted (the exact timing of which is unknown), the Plans' normal cost-sharing (deductibles, coinsurance and copayments) will resume for COVID-19 antiviral treatments.

Aetna members with CVS prescription coverage will continue to have access to no-cost antiviral treatments, subject to a $10 dispensing fee.

Temporary Extension of Certain Plan Deadlines During the COVID-19 Outbreak Period

As required by law, the Plans extended certain deadlines, beginning on March 1, 2020. Since that date, these deadlines have been subject to a disregarded—*or "tolling"*—period that ends on the earlier of (i) one year from the date the individual first became eligible for the relief or (ii) 60 days after the announced end of the COVID-19 National Emergency (the end of the so-called COVID-19 "Outbreak Period"). No otherwise applicable Plan

deadline is extended by more than one year. When the Outbreak Period ends, the tolling period will end and all usual Plan deadlines will resume.

That extension applies to all of the following Plan deadlines:

For Group Health Plans:

- The 31-day (or 60-day) period to request a mid-year "special enrollment" in the medical coverage of the Plan (for example, the 31-day deadline by which a participant must provide notice of a child born to, adopted by, or placed for adoption with them; or the 60-day deadline by which a participant must notify the Plan of a loss of Medicaid- or CHIP-related coverage or becoming eligible for a Medicaid or CHIP subsidy relating to coverage under the Plan); and
- Certain COBRA continuation coverage-related deadlines, including:
    - the 60-day period during which a qualified beneficiary may elect COBRA coverage;
    - the due dates for making COBRA premium payments; and
    - the date by which an individual must provide notice to the Plan of a COBRA qualifying event or a disability determination by the Social Security Administration.

For All Plans:

- The following deadlines that apply to claims and appeals and external review (when available) under the Plans, as required by the Employee Retirement Income Security Act of 1974, as amended ("ERISA"):
    - the date by which a claimant must file a claim for Plan benefits;
    - the date by which a claimant must file an appeal of an adverse determination of a claim for benefits; and
    - the date by which a claimant must file a request for an external review or file information to perfect an incomplete request for external review (when available).

  Refer to your SPDs for the usual benefit claim-related deadlines that apply to your coverage(s) and the Plans.

For example, assume you received a notice of an adverse benefit determination (a denial of your benefit claim) from the life insurance coverage under the Plan on March 16, 2022. Under the usual Plan terms, you had 60 days to appeal that decision (i.e., until May 15, 2022). However, under the extension guidance described above, the time period you have to file your appeal with the Plan is tolled for one year, until March 16, 2023 (since the Outbreak Period remains ongoing as of that date), and so the 60-day period you have to appeal that adverse benefit determination now ends on May 15, 2023.

As another example, assume you received a notice of an adverse benefit determination (a denial of your benefit claim) from a group health plan or disability coverage under the Plan on December 15, 2021. Under the usual Plan terms, you had 180 days to appeal that decision (i.e., until June 13, 2022). However, under the extension guidance described above, the time period you have to file your appeal with the Plan is tolled for one year, until December 15, 2022 (since the Outbreak Period remains ongoing as of that date), and so the 180-day period you have to appeal that adverse benefit determination now ends on June 13, 2023.

What is Changing—*The Outbreak Period is Anticipated to End July 10, 2023*

The Biden Administration recently announced that the COVID-19 National Emergency will end on May 11, 2023. Unless further guidance is issued to the contrary, **this means that the Outbreak Period, and so any associated tolling periods applicable under the Plans, are anticipated to end on July 10, 2023, and the usual Plan deadlines will resume** (we will notify you if this changes).

For example, assume you incurred eligible medical expenses under the healthcare FSA for the 2022 calendar year. Your deadline for submitting expenses was extended due to the National Emergency, but any expenses incurred will now be required to be submitted no later than July 10, 2023 (the end of the Outbreak Period). Any amounts remaining in your account as of July 11, 2023 will be forfeited (subject to the Plan's carryover provision).

As another example, assume you received a notice of an adverse benefit determination (a denial of your benefit claim) from the life insurance coverage under the Plan on March 16, 2023. Under the usual Plan terms, you have 60 days to appeal that decision (i.e., until May 15, 2023). However, under the extension guidance described above,

the time period you have to file your appeal with the Plan is tolled, but only until the July 10, 2023 end of the Outbreak Period; and, so, the 60-day period you have in which to appeal that adverse benefit determination now ends on September 8, 2023.

As yet another example, assume you received a notice of an adverse benefit determination (a denial of your benefit claim) from a group health plan or disability coverage under the Plan on March 16, 2023. Under the usual Plan terms, you have 180 days to appeal that decision (i.e., until September 12, 2023). However, under the extension guidance described above, the time period you have to file your appeal with the Plan is tolled, but only until the July 10, 2023 end of the Outbreak Period; and, so, the 180-day period you have in which to appeal that adverse benefit determination now ends January 4, 2024.

If you have any questions about an applicable deadline under the Plans, please contact HR Solutions at 833-MYDOWHR (833-693-6947), option 1.

This SMM is a "summary of material modifications" within the meaning of ERISA. This SMM describes changes to the information provided in the most recent SPD(s) for the Plan(s) and is an important part of each applicable SPD. Please read this SMM carefully and keep this SMM with your SPD and other important Plan documents. This SMM is based on legal documents (such as plan documents and insurance contracts) currently in effect. As such, your rights are governed by the terms of these legal documents. Please refer to the relevant legal documents for complete information on your rights and obligations under the Plan(s). You may obtain a copy of any of the official legal documents on written request to the Plan Administrator (please refer to your SPD for the Plan Administrator's contact information).

While every effort has been made to give you correct and complete information about your benefits, in the event of any conflict or inconsistency between the SMM and the applicable legal documents, the terms of the legal documents will control. Dow Chemical intends to continue the Plan benefits as described in this SMM and the SPD, but reserves the right, at its discretion, to change or even terminate all or any part of the Plan benefits offered at any time and in any manner to the extent permitted by law. As a result, this SMM is not a contract, nor is it a guarantee of your benefits.

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