

2024 Retiree Medical Premiums and Coverage Summary

Aetna Medicare Advantage PPO

855-344-2209; dow.aetnamedicare.com

If You Retired With Full Service: 2024 Monthly Premiums

This chart shows your monthly premium. (Please refer to the definition of Full Service, which can be found in the Summary Plan Description located at www.dowbenefits.com.)

	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	\$49.08	\$98.16	N/A	N/A

If You Do Not Have Full Service

Go to the UCC Retiree Medical Premium Calculator, which can be found at www.dowbenefits.com.

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.

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Split Coverage

Aetna Medicare Advantage PPO / High Deductible Medical Plan

1-888-488-4488 (Pre-Medicare); www.aetna.com / 855-344-2209 (Medicare); dow.aetnamedicare.com

If You Retired With Full Service: 2024 Monthly Premiums

This chart shows your monthly premium. (Please refer to the definition of Full Service, which can be found in the Summary Plan Description located at www.dowbenefits.com.)

	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 Aetna Medicare Advantage PPO and your SP of Record / DP of Record is Pre-Medicare Eligible and enrolled in High Deductible Medical Plan or vice versa	N/A	\$487.08	N/A	N/A

If You Do Not Have Full Service

Go to the UCC Retiree Medical Premium Calculator, which can be found at www.dowbenefits.com.

If you are electing split coverage, where either you or your Spouse of Record/Domestic Partner of Record will be enrolled in High Deductible Medical Plan and the other in Aetna Medicare Advantage PPO please use these charts.

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HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual		None
Deductible: Family		None
Out-of-Pocket Max: Individual		\$2,500 (medical), \$3,100 (Rx)
Out-of-Pocket Max: Family		None
Physician Visit		\$15 PCP, \$25 specialist
Chiropractic Visit		Covered at 100% after \$20 copay
Routine Physical Exam		Covered at 100%
Routine Gynecological Exam		Covered at 100%
Routine Mammography		Covered at 100%
Inpatient Hospital		\$200 copay per day for days 1-7; covered at 100% for days 8+
Emergency Room		Covered at 100% after \$65 copay; waived if admitted
Urgent Care		\$50 copay
Outpatient Surgery: Hospital		\$200 copay
Outpatient X-Ray		\$25 copay
Outpatient Lab		\$25 copay
Mental Health: Inpatient		\$200 copay per day for days 1-7; covered at 100% for days 8+
Mental Health: Outpatient		Covered at 100% after \$25 copay per visit
Substance Abuse: Inpatient		\$200 copay per day for days 1-7; covered at 100% for days 8+
Substance Abuse: Outpatient		Covered at 100% after \$25 copay per visit
Durable Medical Equip and Max		Covered at 80% for each Medicare-approved item
Pharmacy: Generic Drug		Before coverage gap: \$5 copay, during coverage gap: \$5 copay (tier 1 generic), 25% coinsurance (tier 2, 3, & 4 generic)
Pharmacy: Brand Name		Before coverage gap: \$30 formulary, \$50 non-formulary copay, during coverage gap: 25% coinsurance
Pharmacy: Mail Order		Before coverage gap: \$10 CVS and other preferred pharmacies, \$15 other (tier 1 generic); \$60 CVS and other preferred pharmacies, \$90 other (tier 2 preferred brand); \$100 CVS and other preferred pharmacies, \$150 other (tier 3 non-preferred brand) 90 day supply. During coverage gap: \$10 copay CVS and other preferred pharmacies, \$15 copay other (tier 1 generic); 25% coinsurance for brands and 25% coinsurance for generics (tiers 2 and 3)

Not Available if Pre-Medicare Eligible