

# 2024 Retiree Medical Premiums and Coverage Summary

## Louisiana

### Humana Health Plan of LA

1-866-396-8810; [www.humana.com](http://www.humana.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](http://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	\$132.50	\$265.00	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](http://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.

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
Deductible: Family		None
Out-of-Pocket Max: Individual		\$2,500 per individual per plan year
Out-of-Pocket Max: Family		N/A for family; \$2,500 per individual per plan year
Physician Visit		\$5 copay (PCP), \$20 copay (specialist) per visit
Chiropractic Visit		\$20 copay; Medicare-covered services only; routine care not covered
Routine Physical Exam		Covered at 100%
Routine Gynecological Exam		Covered at 100%
Routine Mammography		Covered at 100%
Telemedicine		N/A
Inpatient Hospital		\$150 copay per day for days 1-5
Emergency Room		\$65 copay, waive if admitted within 24 hours
Urgent Care		\$20 copay
Outpatient Surgery: Hospital		Covered 100% after \$100 copay
Outpatient X-Ray		Covered at 100%
Outpatient Lab		Covered at 100%; outpatient hospital or freestanding laboratory
Mental Health: Inpatient		\$150 copay per day for days 1-5; 190-day lifetime maximum limit in a psychiatric facility
Mental Health: Outpatient		100% after \$40 copay
Substance Abuse: Inpatient		\$150 copay per day for days 1-5
Substance Abuse: Outpatient		100% after \$40 copay
Durable Medical Equip and Max		Covered at 90%
Pharmacy: Generic Drug		\$10 copay. After \$8,000 is paid out-of-pocket, catastrophic coverage is triggered and members pay \$0.
Pharmacy: Brand Name		\$20 copay level two (high-cost generics and brand name drugs), \$40 copay level three (higher-cost generics and brand name drugs), 25% level four (specialty medications). After \$8,000 is paid out-of-pocket, catastrophic coverage is triggered and members pay \$0.
Pharmacy: Mail Order		\$0 copay generic, \$40 copay level two (high-cost generics and brand name drugs), \$80 copay level three (higher-cost generics and brand name drugs)

Not Available if Pre-Medicare Eligible

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.

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