

## 2024 Retiree Medical Premiums and Coverage Summary Medicare Advantage Low Deductible Plan

1-888-488-4488 (Pre-Medicare); [www.aetna.com](http://www.aetna.com) / 855-344-2209 (Medicare); [dow.aetnamedicare.com](http://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](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 | \$133.81     | \$267.61                              | \$307.75             | \$441.56                                           |

### If You Do Not Have Full Service

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

*Split coverage may apply if you are Medicare Eligible and your Spouse of Record/Domestic Partner of Record is Pre-Medicare Eligible (or vice versa). Please refer to the "Split Coverage" charts for further information.*

**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.

## 2024 Retiree Medical Premiums and Coverage Summary High Deductible Medical Plan

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### 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 Pre-Medicare Eligible | \$438.00     | \$876.00                              | \$622.00             | \$1,060.00                                         |

### If You Do Not Have Full Service

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

*Split coverage may apply if you are Medicare Eligible and your Spouse of Record/Domestic Partner of Record is Pre-Medicare Eligible (or vice versa). Please refer to the "Split Coverage" charts for further information.*

**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.

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## 2024 Retiree Medical Premiums and Coverage Summary Split Coverage

### Medicare Advantage Low Deductible Plan / High Deductible Medical Plan

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#### 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 are Medicare Eligible and enrolled in the Medicare Advantage Low Deductible Plan and your SP of Record / DP of Record is Pre-Medicare Eligible and enrolled in the High Deductible Medical Plan or vice versa | N/A          | \$571.81                              | N/A                  | \$755.81                                           |

#### If You Do Not Have Full Service

Go to the Dow Retiree Medical Premium Calculator, which can be found at [www.dowbenefits.com](http://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 the Medicare Advantage Low Deductible Plan and the other in the High Deductible Medical Plan, please use these charts.*

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 Low Deductible Plan / High Deductible Medical Plan (For Pre-Medicare Retirees Only)

1-888-488-4488; [www.aetna.com](http://www.aetna.com)

| Coverages                                                                                                                                          | Medicare Advantage Low Deductible Plan |                | High Deductible Medical Plan                                                                                                                 |                                                                      |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------|----------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|
|                                                                                                                                                    | In-Network                             | Out-of-Network | In-Network                                                                                                                                   | Out-of-Network                                                       |
| Deductible: Individual                                                                                                                             |                                        |                | \$2,000                                                                                                                                      | \$4,000                                                              |
| Deductible: Family                                                                                                                                 |                                        |                | \$4,000 with max of \$3,200 for one person                                                                                                   | \$8,000                                                              |
| Out-of-Pocket Maximum: Individual                                                                                                                  |                                        |                | \$4,000                                                                                                                                      | \$8,000                                                              |
| Out-of-Pocket Maximum: Family                                                                                                                      |                                        |                | \$8,000                                                                                                                                      | \$16,000                                                             |
| Physician Visit                                                                                                                                    |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Dow Family Health Center Physician Visit (** Available only for retirees in Lake Jackson and Houston, TX; Collegeville, PA; and Midland, MI areas) |                                        |                | Subject to deductible and coinsurance; applicable in geographies with a Dow Family Health Center                                             | N/A                                                                  |
| Chiropractic Visit and Maximum                                                                                                                     |                                        |                | Covered at 80% after deductible; 30 visit max                                                                                                | Covered at 60% after deductible; 30 visit max                        |
| Routine Physical Exam                                                                                                                              |                                        |                | Covered at 100%                                                                                                                              | Covered at 100%                                                      |
| Routine Gynecological Exam                                                                                                                         |                                        |                | Covered at 100%                                                                                                                              | Covered at 100%                                                      |
| Routine Mammography                                                                                                                                |                                        |                | Covered at 100%                                                                                                                              | Covered at 100%                                                      |
| Telemedicine                                                                                                                                       |                                        |                | \$56 consult fee until deductible is met, then subject to coinsurance                                                                        | N/A                                                                  |
| Inpatient Hospital                                                                                                                                 |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Emergency Room                                                                                                                                     |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 80% after deductible                                      |
| Urgent Care                                                                                                                                        |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Outpatient Surgery: Hospital                                                                                                                       |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Outpatient X-Ray                                                                                                                                   |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Outpatient Lab                                                                                                                                     |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Mental Health: Inpatient                                                                                                                           |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Mental Health: Outpatient                                                                                                                          |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Substance Abuse: Inpatient                                                                                                                         |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Substance Abuse: Outpatient                                                                                                                        |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Durable Medical Equipment and Maximum                                                                                                              |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Pharmacy: Generic Drug                                                                                                                             |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible                                      |
| Pharmacy: Brand Name                                                                                                                               |                                        |                | Covered at 80% after deductible                                                                                                              | Covered at 60% after deductible, no coverage for Specialty Rx if OON |
| Dow Family Health Center Pharmacy (** Available only for retirees in Lake Jackson and Houston, TX; Collegeville, PA; and Midland, MI areas)        |                                        |                | Before deductible, scheduled cost of drug. After deductible, \$2 copay per script; applicable in geographies with a Dow Family Health Center | N/A                                                                  |
| Mail Order                                                                                                                                         |                                        |                | Covered at 80% after deductible                                                                                                              |                                                                      |

Not Available to pre-Medicare Retirees

Please note the following:

- Certain drugs require precertification and / or step therapy.
- Certain preventive medications are covered with no deductible (in-network 80% and out-of-network 60%).
- Deductible and Out-of-Pocket Maximum combined with medical.
- If you are pre-Medicare eligible and you live out-of-area, you will be covered at 85% if you use an in-network provider and 100% for in-network outpatient lab services after your annual deductible.

## Medicare Advantage Low Deductible Plan / High Deductible Medical Plan (For Medicare Retirees Only)

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

| Coverages                     | Medicare Advantage Low Deductible Plan                                                                                                                              | High Deductible Medical Plan |
|-------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|
| Deductible: Individual        | \$250 per member                                                                                                                                                    |                              |
| Deductible: Family            | N/A, amounts tracked on per member basis                                                                                                                            |                              |
| Out-of-Pocket Max: Individual | Medical: \$2,000 per member<br>Rx: \$3,100 per member                                                                                                               |                              |
| Out-of-Pocket Max: Family     | N/A, amounts tracked on per member basis                                                                                                                            |                              |
| Physician Visit               | Covered at 80% after deductible                                                                                                                                     |                              |
| Chiropractic Visit            | Covered at 80%, no maximum, limited to Medicare Covered Chiropractor                                                                                                |                              |
| Routine Physical Exam         | Covered at 100%                                                                                                                                                     |                              |
| Routine Gynecological Exam    | Covered at 100%                                                                                                                                                     |                              |
| Routine Mammography           | Covered at 100%                                                                                                                                                     |                              |
| Inpatient Hospital            | Covered at 80% after deductible                                                                                                                                     |                              |
| Emergency Room                | Covered 100% after \$100 ER copay per ER visit; no calendar year deductible applies; ER copay does not apply to other medical services; ER copay waived if admitted |                              |
| Urgent Care                   | \$50 copay                                                                                                                                                          |                              |
| Outpatient Surgery: Hospital  | Covered at 80% after deductible                                                                                                                                     |                              |
| Outpatient X-Ray              | Covered at 80% after deductible                                                                                                                                     |                              |
| Outpatient Lab                | Covered at 100%                                                                                                                                                     |                              |
| Mental Health: Inpatient      | Covered at 80% after deductible                                                                                                                                     |                              |
| Mental Health: Outpatient     | Covered at 80% after deductible                                                                                                                                     |                              |
| Substance Abuse: Inpatient    | Covered at 80% after deductible                                                                                                                                     |                              |
| Substance Abuse: Outpatient   | Covered at 80% after deductible                                                                                                                                     |                              |
| Durable Medical Equip and Max | Covered at 80% after deductible                                                                                                                                     |                              |
| Pharmacy: Generic Drug        | Covered at 90%                                                                                                                                                      |                              |
| Pharmacy: Brand Name          | 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                                   |                              |

Not Available if Medicare Eligible