Insured and/or administered by:

**Cigna Health and Life Insurance Company**

# Dow Chemical Company

Benefits at a Glance
Global Plan for Retirees and Spouse of Retirees
Policy # 02002A
Plan Start Date January 1, 2025

**This plan provides minimum essential coverage.**

NOTE: This information is a general description of benefits and is not a contract. Refer to your certificate booklet for complete details of coverage and exclusions. If there is any difference between this summary and the certificate, the information in the certificate will apply. Please note that your plan does not cover expenses for services which are not medically necessary.

## Cigna Global Customer Service

| | | |
|---|---|---|
| **Toll Free Telephone Number:**<br>**Direct Telephone:**<br>**Toll Free Fax Number:**<br>**Direct Fax Number:** | 1.800.441.2668<br>1.302.797.3100 (collect calls accepted)<br>1.800.243.6998<br>001.302.797.3150 | |
| **Secure Website:** | www.CignaEnvoy.com. Registration is Required (See member kit for registration information.) Secure email available at this site. | |
| **Mail Delivery:** | Cigna Global Health Benefits<br>P.O. Box 15050<br>Wilmington DE 19850-5050 U.S.A. | Cigna Global Health Benefits<br>300 Bellevue Parkway<br>Wilmington DE 19809 U.S.A. |

## General Plan Provisions - All Amounts in U.S. Dollars

## Global Medical Plan

| | International (Outside of the U.S.) | U.S. In-Network | U.S. Out-of-Network |
|---|---|---|---|
| **Area of Cover** | Worldwide | | |
| **U.S. Medical Network** | PPO | | |
| **Eligibility** | Refer to eligibility definition in the certificate | | |
| **Lifetime Maximum** | Unlimited | | |
| **Annual Maximum** | Unlimited | | |
| **Calendar Year Deductible**<br>· Per Individual<br>· Per Family | $0<br>$0 | $200<br>$400 | $200<br>$400 |
| **Coinsurance**<br>(The percentage of covered expenses the plan pays) | 90% | 90% | 70% |
| **Out-of-Pocket Maximum (Includes Deductible)**<br>· Per Individual<br>· Per Family | $1,500<br>$3,000 | $1,500<br>$3,000 | $3,000<br>$6,000 |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

| Global Medical Plan | |
|---|---|
| **Deductible Calculation** | Claims for a family member are covered at plan coinsurance:<br>• When that family member satisfies the Individual Deductible<br>-OR-<br>• When the Family Deductible is satisfied regardless of whether or not the Individual Deductible is satisfied. |
| **Out-of-Pocket Calculation** | Claims for a family member are covered at 100% coinsurance:<br>• When that family member satisfies the Individual Out-of-Pocket Maximum<br>-OR-<br>• When the Family Out-of-Pocket Maximum is satisfied regardless of whether or not the Individual Out-of-Pocket Maximum is satisfied.<br>Out-of-Pocket will: Include deductible payments; Include copay payments; Include pharmacy copays; Include pharmacy coinsurance payments; Benefit Not Covered Pre-Admission Certification/Continued Stay Review penalties. |
| **Network Accumulation** | Plan Deductible, Out-of-Pocket, maximums and service specific maximums (dollar and occurrence) will cross-accumulate across international and domestic networks. |

## Certification Requirements - For services rendered inside the United States

Precertification for inpatient and outpatient services received in the U.S. may be required.

- Providers must call our toll-free number, 1.800.441.2668 to pre-certify services.
- You or your dependents are responsible for ensuring that Out-of-Network providers pre-certify services.
- Failure to obtain precertification may affect Out-of-Pocket costs.
- This is a summary only and further details can be found in the certificate booklet.

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

| | International (Outside of the U.S.) | U.S. In-Network | U.S. Out-of-Network |
|---|---|---|---|
| **Physician's Services** | | | |
| · Physician's Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Surgery Performed In the Physician's Office | 90% | 90% after deductible | 70% after deductible |
| **Preventive Care** | | | |
| · Routine Preventive Care - Adult | 100% | 100% not subject to deductible | 100% not subject to deductible |
| · Immunizations - Adult | 100% | 100% not subject to deductible | 100% not subject to deductible |
| · Routine Preventive Care - Child | 100% | 100% not subject to deductible | 100% not subject to deductible |
| · Immunizations - Child | 100% | 100% not subject to deductible | 100% not subject to deductible |
| **Travel Immunizations** (Immunizations as required for travel) | 100% | 100% not subject to deductible | 100% not subject to deductible |
| **Mammograms, PSA, PAP Smear and Colorectal Cancer Screenings** | 100% | 100% not subject to deductible | 100% not subject to deductible |
| **Inpatient Hospital** | | | |
| · Inpatient Hospital - Facility Services (Limited to the Semi-Private Room Rate) | 90% | 90% after deductible | 70% after deductible |
| · Inpatient Hospital Physician Visits/Consultations | 90% | 90% after deductible | 70% after deductible |
| · Inpatient Professional Services (Surgeon, Radiologist, Pathologist, Anesthesiologist) | 90% | 90% after deductible | 70% after deductible |
| **Outpatient Services** | | | |
| · Outpatient Facility Services | 90% | 90% after deductible | 70% after deductible |
| · Outpatient Professional Services | 90% | 90% after deductible | 70% after deductible |
| **Emergency Room** | 90% | 90% after deductible | 90% after deductible |
| **Urgent Care Services** | 90% | 90% after deductible | 60% after deductible |
| **Ambulance** | 90% | 100% after deductible | 100% after deductible |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

| Global Medical Plan | International (Outside of the U.S.) | U.S. In-Network | U.S. Out-of-Network |
|---|---|---|---|
| **Laboratory Services** | | | |
| · Physician Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Outpatient Facility | 90% | 90% after deductible | 70% after deductible |
| · Laboratory Services at an Independent Lab facility | 90% | 90% after deductible | 70% after deductible |
| **Radiology Services** | | | |
| · Physician Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Outpatient Facility | 90% | 90% after deductible | 70% after deductible |
| **Advanced Radiology** (i.e., MRIs, MRAs, CAT Scans, PET Scans) | | | |
| · Physician Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Inpatient Facility | 90% | 90% after deductible | 70% after deductible |
| · Outpatient Facility | 90% | 90% after deductible | 70% after deductible |
| **Outpatient Therapy Services** | | | |
| · Physician Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Outpatient Hospital Facility | 90% | 90% after deductible | 70% after deductible |
| Calendar Year Maximum: | Unlimited for all Therapies Combined | | |
| The limit is not applicable to Mental Health and Substance Use Disorder conditions.<br>**Note:** The Outpatient Therapy Services maximum does not apply to the treatment of Autism<br>*Includes:* Cardiac and Pulmonary Rehab, Speech, Occupational and Cognitive Therapy | | | |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

| Global Medical Plan | | | |
|---|---|---|---|
| | International (Outside of the U.S.) | U.S. In-Network | U.S. Out-of-Network |
| **Outpatient Therapy Services - Physical Therapy / Physiotherapy** | | | |
| · Physician Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Outpatient Hospital Facility | 90% | 90% after deductible | 70% after deductible |
| Calendar Year Maximum: Unlimited for all Therapies Combined | | | |
| **Chiropractic Care**<br>Calendar Year Maximum: Unlimited | 90% | 90% after deductible | 70% after deductible |
| **Maternity Care Services** | | | |
| · Initial Visit to Confirm Pregnancy | 90% | 90% after deductible | 70% after deductible |
| · All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee) | 90% | 90% after deductible | 70% after deductible |
| · Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist | 90% | 90% after deductible | 70% after deductible |
| · Delivery – Facility | | | |
| · Inpatient Hospital | 90% | 90% after deductible | 70% after deductible |
| · Birthing Center | 90% | 90% after deductible | 70% after deductible |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

| Global Medical Plan | | | |
|---|---|---|---|
| | International (Outside of the U.S.) | U.S. In-Network | U.S. Out-of-Network |
| **Infertility, Fertility and Conception Services** | Coverage will be provided for the following services:<br>· GIFT, ZIFT, etc.<br>· In-vitro<br>· Artificial Insemination | | |
| · Physician Office Visit and Counseling | 90% | 90% after deductible | 70% after deductible |
| · Lab and Radiology Tests | 90% | 90% after deductible | 70% after deductible |
| · Inpatient Facility | 90% | 90% after deductible | 70% after deductible |
| · Outpatient Facility | 90% | 90% after deductible | 70% after deductible |
| **Hearing Exam** | Not Covered | Not Covered | Not Covered |
| **Hearing Device / Aids**<br>· Limited to Dependent Children Under 24 Years<br>· 1 Per Ear Every 36 Months up to $1,000 | 90% | 90% after deductible | 70% after deductible |
| **Mental Health**<br>· Physician Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Inpatient Facility | 90% | 90% after deductible | 70% after deductible |
| Maximum: (combined with Substance Use Disorder) | Unlimited | | |
| · Outpatient Facility | 90% | 90% after deductible | 70% after deductible |
| Maximum: (combined with Substance Use Disorder) | Unlimited | | |
| **Substance Use Disorder**<br>· Physician Office Visit | 90% | 90% after deductible | 70% after deductible |
| · Inpatient Facility | 90% | 90% after deductible | 70% after deductible |
| Maximum: (combined with Mental Health) | Unlimited | | |
| · Outpatient Facility | 90% | 90% after deductible | 70% after deductible |
| Maximum: (combined with Mental Health) | Unlimited | | |
| Important Note on Mental Health & Substance Use Disorder Coverage: Covered medical services listed above, which are received to diagnose or treat a Mental Health or Substance Use Disorder condition will be payable according to the sections titled "Mental Health" and "Substance Use Disorder". | | | |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

| Prescription Drug Benefits | | |
|---|---|---|
| International (Outside of the U.S.) | | |
| **Purchased outside the United States** | You pay 10% not subject to plan deductible | |
| Certain preventive care medications covered under this plan and required as part of preventive care services (detailed information is available at www.healthcare.gov) are payable at 100% with no copayment or deductible, when purchased from a Network Pharmacy. A written prescription is required. | | |
| **Purchased Inside the United States Only** | | |
| **Benefit Highlights** | **Network Pharmacy (U.S. In-Network)** | **Non-Network Pharmacy (U.S. Out-of-Network)** |
| **Prescription Drug Products at Retail Pharmacies** | **The amount you pay for up to a consecutive 30-day supply** | |
| **Tier 1 - Generic Drugs on the Prescription Drug List** | You pay 10% not subject to plan deductible | You pay 40% after plan deductible |
| **Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List** | You pay 10% not subject to plan deductible | You pay 40% after plan deductible |
| **Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List** | You pay 10% not subject to plan deductible | You pay 40% after plan deductible |
| **Prescription Drug Products at Home Delivery Pharmacies** | **The amount you pay for up to a consecutive 90-day supply** | |
| **Tier 1 - Generic Drugs on the Prescription Drug List** | You pay 10% not subject to plan deductible | In-Network coverage only |
| **Tier 2 – Brand Drugs designated as preferred on the Prescription Drug List** | You pay 10% not subject to plan deductible | In-Network coverage only |
| **Tier 3 – Brand Drugs designated as non-preferred on the Prescription Drug List** | You pay 10% not subject to plan deductible | In-Network coverage only |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024

| Pharmacy Plan Features for Prescriptions Drugs Purchased Inside the United States Only | |
|---|---|
| **Prescription Drug List** | Performance 3-Tier |
| **Dispense As Written** | If you request to fill a brand name drug that has a generic equivalent available, you will be financially responsible for the difference in cost between the brand name and the generic drug, plus any required brand name drug copayment and/or coinsurance, if applicable. However, if your doctor has determined a generic drug is not an acceptable alternative for you, you will only be responsible for payment of the appropriate brand name drug copayment and/or coinsurance, if applicable |
| **Utilization Management** | Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for your medical condition |
| **Step Therapy** | Certain drugs are subject to step therapy requirements. To identify whether a particular drug is subject to step therapy, please refer to your prescription drug list. |
| **Prior Authorization** | Coverage for certain drugs require your Physician to obtain prior authorization from Cigna. To identify whether a particular drug requires prior authorization, please refer to your prescription drug list. |
| **Quantity Limits** | Includes maximum daily dose edits, quantity over time edits, duration of therapy edits, and dose optimization edits |
| **Patient Assurance Program** | Your plan includes the Patient Assurance Program, which waives the deductible, if applicable, and reduces the amount you owe for certain medications used to treat chronic conditions included in the program. Additionally:<br>•Any amount you pay for these medications only count toward meeting your out-of-pocket maximum, if applicable.<br>•Any discount provided by a pharmaceutical manufacturer for these medications only count toward meeting your out-of-pocket maximum, if applicable. |
| To see if your medication is covered, you can view Cigna's Prescription Drug List by going to www.Cigna.com/druglist and select "Performance 3-Tier" | |

| Global Telehealth | |
|---|---|
| **Teladoc Health International** | Available 24/7 via the Cigna Wellbeing App and Envoy Home Page (cignaenvoy.com),Global Telehealth gives you access to licensed doctors around the world.<br>• Video or phone consultations with licensed doctors when medically necessary<br>• Prescriptions for common health concerns when medically necessary and permitted<br>• Treating medical conditions like fever, rash, pain and more<br>• Assistance with preparations for an upcoming consultation<br>• Discussing medication plan and potential side effects<br>• Diagnosing non-emergency health issues ranging from acute conditions to complex chronic conditions |

The information herein is believed accurate as of the date of publication and is subject to change. This material is intended for informational purposes only and contains only a partial and general description of benefits. All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc. Please consult your policy/customer certificate for a complete description of coverage and exclusions. In the event of a conflict or discrepancy, the terms of the formal plan documents control. Please contact your Plan Administrator for a copy of the plan documents. Coverage and benefits are contingent upon the applicable policy terms and are available except where prohibited by applicable law. © Copyright 2024