## **2025 Retiree Medical Premiums and Coverage Summary Medicare Advantage UCC MSP**

855-344-2209; dow.aetnamedicare.com

## If You Retired With Full Service: 2025 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 <a href="https://www.dowbenefits.com">www.dowbenefits.com</a>.)

|  | Retiree Only | Retiree + SP of Record / DP of Record | Retiree + Child(ren) | Retiree + SP of Record / DP of Record + Child(ren) |
|--|--------------|---------------------------------------|----------------------|--|
| High Deductible Medical Plan/Medicare<br>Advantage UCC MSP: You are Medicare<br>eligible and your SP of Record/DP of Record<br>both is Pre-Medicare Eligible or vice versa<br>and the Pre-Medicare Eligible one is enrolled<br>in High Deductible Medical Plan | N/A          | \$575.02                              | N/A                  | \$765.02   |
| Medicare Advantage UCC MSP only: You and your SP of Record/ DP of Record both are Medicare Eligible  | \$122.02     | \$244.04                              | \$280.65             | \$402.67   |

## If You Do Not Have Full Service

Go to the UCC Retiree Medical Premium Calculator, which can be found at <a href="www.dowbenefits.com">www.dowbenefits.com</a>.

**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, the 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 for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan for a more plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan document or summary plan description for the applicable plan, the plan for a more plan for a more plan description for the applicable plan for a more plan for a more

## Medicare Advantage UCC MSP

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| Coverages                        | Medicare Advantage UCC MSP  |  |  |
|----------------------------------|---|--|--|
| Deductible: Individual           | \$150 per member  |  |  |
| Deductible: Family               | N/A   |  |  |
| Out-of-Pocket Max:<br>Individual | Medical: \$3,400 per member Rx: \$2,000 per member for standard Part D drugs, \$3,100 per member for non-standard Part drugs      |  |  |
| Out-of-Pocket Max:<br>Family     | N/A, amounts tracked on per member basis  |  |  |
| Physician Visit                  | Covered at 96% after deductible   |  |  |
| Chiropractic Visit               | Covered at 96% after deductible   |  |  |
| Routine Physical Exam            | Covered at 100%   |  |  |
| Routine Gynecological<br>Exam    | Covered at 100%   |  |  |
| Routine Mammography              | Covered at 100%   |  |  |
| Inpatient Hospital               | Covered at 96% after deductible   |  |  |
| Emergency Room                   | \$50 copay  |  |  |
| Urgent Care                      | \$25 copay  |  |  |
| Outpatient Surgery:<br>Hospital  | Covered at 96% after deductible   |  |  |
| Outpatient X-Ray                 | Covered at 96% after deductible   |  |  |
| Outpatient Lab                   | Covered at 100%   |  |  |
| Mental Health: Inpatient         | Covered at 96% after deductible   |  |  |
| Mental Health: Outpatient        | Covered at 96% after deductible   |  |  |
| Substance Abuse:<br>Inpatient    | Covered at 96% after deductible   |  |  |
| Substance Abuse:<br>Outpatient   | Covered at 96% after deductible   |  |  |
| Durable Medical Equip<br>and Max | Covered at 96% 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 |  |  |