2025 Retiree Medical Premiums and Coverage Summary Aetna Medicare Advantage PPO

855-344-2209; dow.aetnamedicare.com

2025 Monthly Premiums

This chart shows your monthly premium.

	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

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.

2025 Retiree Medical Premiums and Coverage Summary Split Coverage

Aetna Medicare Advantage PPO / High Deductible Medical Plan

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

2025 Monthly Premiums

This chart shows your monthly premium.

	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	\$320.08	N/A	N/A

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		Medical: \$2,500 per member Rx: \$2,000 per member for standard Part D drugs, \$3,100 per member for non-standard Part D drugs	
Out-of-Pocket Max: Family		N/A, amounts tracked on per member basis	
Physician Visit		\$15 PCP, \$25 specialist	
Chiropractic Visit	٥	Covered at 100% after \$20 copay	
Routine Physical Exam	ibl	Covered at 100%	
Routine Gynecological Exam	<u> </u>	Covered at 100%	
Routine Mammography	O O	Covered at 100%	
Inpatient Hospital	Ca	\$200 copay per day for days 1-7; covered at 100% for days 8+	
Emergency Room	i pe	Covered at 100% after \$65 copay; waived if admitted	
Urgent Care	Σ	\$50 copay	
Outpatient Surgery: Hospital	-e-	\$200 copay	
Outpatient X-Ray	F P	\$25 copay	
Outpatient Lab	<u>o</u>	\$25 copay	
Mental Health: Inpatient	0	\$200 copay per day for days 1-7; covered at 100% for days 8+	
Mental Health: Outpatient	عنا	Covered at 100% after \$25 copay per visit	
Substance Abuse: Inpatient	A	\$200 copay per day for days 1-7; covered at 100% for days 8+	
Substance Abuse: Outpatient	lot	Covered at 100% after \$25 copay per visit	
Durable Medical Equip and Max		Covered at 80% for each Medicare-approved item	
Pharmacy: Generic Drug		\$5 copay	
Pharmacy: Brand Name		\$30 Preferred, \$50 Non-Preferred copay	
Pharmacy: Mail Order		\$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.	