

2025 Retiree Medical Premiums and Coverage Summary Medicare Advantage Old and New Plan

855-344-2209; dow.aetnamedicare.com

There is no open enrollment for the Medicare Advantage Old and New Plans. These rates are for informational purposes only for those Retirees enrolled in these plans.

| Medicare Advantage Old Plan | 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 your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa | N/A | \$1,372.81 | N/A | \$1,862.81 |
| You and your SP of Record/ DP of Record both are Medicare Eligible | \$133.81 | \$267.62 | \$307.76 | \$441.57 |

Go to the Dow Retiree Medical Premium Calculator, which can be found at www.dowbenefits.com.

| Medicare Advantage New Plan | 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 your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa | N/A | \$1,215.81 | N/A | \$1,642.81 |
| You and your SP of Record/ DP of Record both are Medicare Eligible | \$133.81 | \$267.62 | \$307.76 | \$441.57 |

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.

Medicare Advantage Old and New Plan

Medical Coverage

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| Coverages | Medicare Advantage Old Plan | Medicare Advantage New Plan |
|-------------------------------|---|---|
| Deductible: Individual | \$250 per member | \$250 per member |
| Deductible: Family | N/A | N/A |
| Out-of-Pocket Max: Individual | Medical: \$3,400 per member Rx: \$2,000 per member for standard Part D drugs, \$3,100 per member for non-standard Part D drugs | Medical: \$850 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 | N/A |
| Physician Visit | Covered at 80% after deductible | Covered at 80% after deductible |
| Chiropractic Visit | Covered at 80%, no maximum, limited to Medicare Covered Chiropractor | Covered at 80%, no maximum, limited to Medicare Covered Chiropractor |
| 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% |
| Inpatient Hospital | 100% after deductible | Covered at 80% after deductible |
| Emergency Room | \$90, emergency services only | \$90, emergency services only |
| Urgent Care | \$50 copay | \$50 copay |
| Outpatient Surgery: Hospital | 100% after deductible | 100% after deductible |
| Outpatient X-Ray | 100% after deductible | 100% after deductible |
| Outpatient Lab | 100% after deductible | 100% after deductible |
| Mental Health: Inpatient | 100% after deductible; no benefit maximum | Covered at 80% after deductible |
| Mental Health: Outpatient | Covered at 80% after deductible | Covered at 80% after deductible |
| Substance Abuse: Inpatient | 100% after deductible; no benefit maximum | Covered at 80% after deductible |
| Substance Abuse: Outpatient | Covered at 80% after deductible | Covered at 80% after deductible |
| Durable Medical Equip and Max | Covered at 80% after deductible | Covered at 80% after deductible |
| Pharmacy: Generic Drug | Covered at 90% | Covered at 90% |
| Pharmacy: Brand Name | Covered at 80% preferred, 65% non-preferred | 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 | \$5 / \$80 / \$150 for mail order facility or 90-day supply at CVS Caremark retail pharmacy; other pharmacies: see retail benefit |