Making the right health care choices for yourself and your family is important. This includes selecting the plan that works best for you when you enroll. Remember to consider both your contributions (the amount you pay for coverage) and your out-of-pocket costs when you receive care.

When enrolling in coverage, start by reviewing the summary information below. Then use the online tools available through the **Dow U.S. Benefits Site** to compare options based on your personal situation.

**In-network medical benefits** | **Prescription drug coverage** | **Employee contributions**

# In-network medical benefits

The summary below covers in-network benefits, which are generally the most cost-effective way to receive care. Note that the Low and High Deductible Plans also provide benefits for out-of-network services, offering additional flexibility.

| Coverage option | High Deductible Medical Plan (Aetna) | Low Deductible Medical Plan (Aetna) | Blue Care Network of Michigan HMO | Cigna HMO National |
|---|---|---|---|---|
| **Availability** | Nationwide | Nationwide | Michigan | Illinois, Ohio, New Jersey, Texas |
| **Contribution amount** (see details) | $ | $$$ | $$ | $$$$ |
| **Health Savings Account (HSA) eligible** (save and pay for eligible expenses tax free — learn more) | Yes | No | No | No |
| **What you pay for care** | | | | |
| **Preventive care** | ◄ Covered 100% when you use in-network providers (no deductible) ► | | | |
| **Office visit copays** (no deductible) | Copays do not apply — you must first meet the deductible, then pay coinsurance | Primary care: $20<br>Specialist: $50<br>Dow Family Health Center: $10 | Primary care: $15<br>Specialist: $30<br>Dow Family Health Center: $10 | Primary care: $20<br>Specialist: $35<br>Dow Family Health Center: $10 |
| **Telemedicine** | $56 consult fee | $20 copay | Same as office visit copays | Same as office visit copays |
| **Deductible** | Individual: $2,000<br>Family: $4,000 (max of $3,400 for one person) | Individual: $125<br>Family (EE+1): $250<br>Family (EE+2 or more): $375 | None | Individual: $250<br>Family: $500 |
| **Coinsurance** (after deductible) | You pay 20% | You pay 15% | N/A | You pay 10% |
| **Out-of-pocket maximum** (includes deductible) | Individual: $4,000<br>Family: $8,000 | Individual: 4% of base salary up to max of $10,600<br>Family: 8% of base salary up to max of $21,200 | Individual: $6,450<br>Family: $12,900 | Individual: $3,000<br>Family: $6,000 |
| **Additional details** (including other benefits such as maternity, hospital, mental health and substance use, as well as out-of-network coverage, if applicable) | | | | |
| **Review detailed carrier summary** | **High Deductible Medical Plan** | **Low Deductible Medical Plan** | **Blue Care Network of Michigan HMO** | **Cigna HMO National** |
| **Contact information and apps** | **aetna.com**<br>(888) 488-4488<br>**Apple App Store**<br>**Google Play** | **aetna.com**<br>(888) 488-4488<br>**Apple App Store**<br>**Google Play** | **bcbsm.com**<br>(800) 662-6667<br>**Apple App Store**<br>**Google Play** | **cigna.com**<br>(800) 244-6224<br>**Apple App Store**<br>**Google Play** |

# Prescription drug coverage

All of the medical plans include coverage for prescription medications. To help you save money, remember that generic drugs typically cost significantly less than brand name medications while offering the same effectiveness. Additionally, using mail-order pharmacy services for maintenance medications can often lead to further savings and added convenience.

| Coverage option | High Deductible Medical Plan (Aetna) | Low Deductible Medical Plan (Aetna) | Blue Care Network of Michigan HMO | Cigna HMO National |
|---|---|---|---|---|
| **What you pay for prescriptions** | | | | |
| **Deductible** | Combined with medical deductible* | Individual: $100<br>Family (EE+1): $200<br>Family (EE+2 or more): $300 | None | None |
| **Retail (30-day supply)** | | | | |
| **Generic** | You pay 20% after deductible* | You pay 20% after deductible** | You pay $10 | You pay greater of $7 or 20% (up to $100 max) |
| **Preferred brand name on formulary** | You pay 20% after deductible* | You pay 20% after deductible** | You pay $20 | You pay greater of $30 or 30% (up to $100 max) |
| **Non-preferred brand name** | You pay 20% after deductible* | You pay $30% after deductible** | Not covered | You pay greater of $50 or 40% (up to $100 max) |
| **Dow Family Health Center** (certain available and covered prescriptions only) | You pay $2 after deductible* | You pay $2** | You pay $2 | You pay $2 |
| **Mail order (90-day supply)** | | | | |
| **Generic** | You pay 20% after deductible* | You pay 20% (no deductible)** | You pay $20 | You pay greater of $16 or 20% (up to $200 max) |
| **Preferred brand name on formulary** | You pay 20% after deductible* | You pay 20% (no deductible)** | You pay $40 | You pay greater of $85 or 30% (up to $200 max) |
| **Non-preferred brand name** | You pay 20% after deductible* | You pay 30% (no deductible)** | Not covered | You pay greater of $145 or 40% (up to $200 max) |

** You pay 20% with no deductible for certain preventive medications. If a generic drug is available, you are responsible for the generic coinsurance plus the difference in cost between the brand name and generic drug, plus any deductible. Certain drugs require pre-certification and/or step therapy.*

*** If a generic drug is available, you are responsible for the generic coinsurance plus the difference in cost between the brand name and generic drug, plus any deductible. After an initial retail prescription and two refills, coinsurance will go up to 50% unless you use mail order. This does not apply to your out-of-pocket maximum. Certain drugs require pre-certification and/or step therapy. Specialty drug cost sharing differs.*

# Employee contributions

## (per-pay-period amounts for 2026)

The amount you pay to have medical coverage depends on a number of factors, including the coverage tier you elect, your tobacco use and your employment status — full-time vs. less than full-time (LTFT). The table below shows bi-weekly contributions for the 26 pay periods in 2026.

| | High Deductible Medical Plan (Aetna) | Low Deductible Medical Plan (Aetna) | Blue Care Network of Michigan HMO | Cigna HMO National |
|---|---|---|---|---|
| **Employee Only**<br>• Full time<br>• LTFT: 30-39 hours<br>• LTFT: 20-29 hours | No tobacco / Tobacco<br>• $22.62 / $45.70<br>• $64.15 / $87.23<br>• $128.31 / $151.38 | No tobacco / Tobacco<br>• $86.77 / $109.85<br>• $114.46 / $137.54<br>• $228.92 / $252.00 | No tobacco / Tobacco<br>• $46.15 / $69.23<br>• $93.23 / $116.31<br>• $186.46 / $209.54 | No tobacco / Tobacco<br>• $151.38 / $174.46<br>• $166.15 / $189.23<br>• $261.23 / $284.31 |
| **Employee + Spouse/ Domestic Partner (DP)**<br>• Full time<br>• LTFT: 30 - 39 hours<br>• LTFT: 20 - 29 hours | No tobacco / Tobacco<br>• $53.08 / $76.16<br>• $128.31 / $151.39<br>• $256.62 / $279.70 | No tobacco / Tobacco<br>• $198.92 / $222.00<br>• $228.92 / $252.00<br>• $457.85 / $480.93 | No tobacco / Tobacco<br>• $106.15 / $129.23<br>• $186.46 / $209.54<br>• $372.92 / $396.00 | No tobacco / Tobacco<br>• $347.54 / $370.62<br>• $382.15 / $405.23<br>• $522.46 / $545.54 |
| **Employee + Child(ren)**<br>• Full time<br>• LTFT: 30 - 39 hours<br>• LTFT: 20 - 29 hours | No tobacco / Tobacco<br>• $45.23 / $68.31<br>• $110.31 / $133.39<br>• $220.62 / $243.70 | No tobacco / Tobacco<br>• $170.77 / $193.85<br>• $196.62 / $219.70<br>• $393.69 / $416.77 | No tobacco / Tobacco<br>• $90.92 / $114.00<br>• $160.15 / $183.23<br>• $320.77 / $343.85 | No tobacco / Tobacco<br>• $298.62 / $321.70<br>• $328.15 / $351.23<br>• $449.54 / $472.62 |
| **Employee + Spouse/ DP + Child(ren)**<br>• Full time<br>• LTFT: 30 - 39 hours<br>• LTFT: 20 - 29 hours | No tobacco / Tobacco<br>• $77.54 / $100.62<br>• $189.23 / $212.31<br>• $378.46 / $401.54 | No tobacco / Tobacco<br>• $292.62 / $315.70<br>• $337.38 / $360.46<br>• $675.23 / $698.31 | No tobacco / Tobacco<br>• $156.00 / $179.08<br>• $275.08 / $298.16<br>• $550.15 / $573.23 | No tobacco / Tobacco<br>• $511.85 / $534.93<br>• $562.62 / $585.70<br>• $771.23 / $794.31 |

*The brief summaries of benefits in this communication are not intended to be complete descriptions of each of the respective benefit plans. If there are discrepancies between (a) information in this communication and any oral or written representations made by anyone regarding a plan and (b) the Summary Plan Descriptions (SPD) and other legal documents of any of the plans, the SPD and other legal documents will govern. Dow reserves the right to amend, modify, and terminate the plans described in this communication at any time in its sole discretion.*