Medicare Advantage Old and New Plan coverage options

This information is for retirees currently enrolled in these plans, which are now closed to new participants.

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. Start by reviewing the Old and New Plan summary information below as well as the **Medicare PPO coverage options** and **Medicare HMO coverage options** (if available in your area). Then use the online tools available through the **Dow U.S. Benefits Site** to review contributions and compare options based on your personal situation.

In-network medical benefits ↓ | **Prescription drug coverage** ↓ | **Retiree contributions** ↓

If you are a Dow Corning retiree

Please contact Alight regarding Medicare coverage options and costs:

(888) 628-0082 | **retiree.alight.com/dowcorning**

*Note: Grandfathered Dow Corning retirees currently enrolled in Dow coverage can find plan details through the **Dow U.S. Benefits Site**.*

In-network medical benefits

The Old and New Plans are offered through Aetna. The summary below covers in-network benefits, which are generally the most cost-effective way to receive care. Note that these plans also provide benefits for out-of-network services, offering additional flexibility.

Coverage option	Medicare Advantage Old Plan	Medicare Advantage New Plan
Eligibility	Dow retirees currently enrolled	Dow retirees currently enrolled
Availability	Nationwide	Nationwide
Contribution amount (see details)	$$	$$
What you pay for care		
Preventive care	◄ Covered 100% when you use in-network providers (no deductible) ►	
Urgent and emergency care copays (no deductible)	Urgent care: $50 Emergency room: $90 (emergency services only)	Urgent care: $50 Emergency room: $90 (emergency services only)
Deductible (per member)	$250	$250
Coinsurance for office visits (after deductible)	You pay 20%	You pay 20%
Telemedicine	Amount you pay depends on service received	Amount you pay depends on service received
Coinsurance for other services (after deductible)	You pay 0% (covered in full) for: • Outpatient x-ray/lab • Outpatient surgery • Inpatient care (hospital, mental health, substance abuse) You pay 20% for: • Outpatient mental health and substance abuse	You pay 0% (covered in full) for: • Outpatient x-ray/lab • Outpatient surgery You pay 20% for: • Outpatient mental health and substance abuse • Inpatient care (hospital, mental health, substance abuse)
Out-of-pocket maximum (per member)	$3,400	$850
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	**Medicare Advantage Old Plan**	**Medicare Advantage New Plan**
Contact information and apps	**dow.aetnamedicare.com** (855) 344-2209 **Apple App Store** **Google Play**	**dow.aetnamedicare.com** (855) 344-2209 **Apple App Store** **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	Medicare Advantage Old Plan	Medicare Advantage New Plan
What you pay for prescriptions		
Deductible	None	None
Out-of-pocket maximums (per member)	◄ Standard Part D drugs: $2,100 | Non-standard Part D drugs: $3,100 ►	
Retail (30-day supply)		
Generic	You pay 10%	You pay 10%
Preferred brand name on formulary	You pay 20%	You pay 20%
Non-preferred brand name	You pay 35%	You pay 35%
Mail order (90-day supply)		
Generic	CVS/preferred pharmacy: You pay $5 Other pharmacy: You pay 10%	CVS/preferred pharmacy: You pay $5 Other pharmacy: You pay 10%
Preferred brand name on formulary	CVS/preferred pharmacy: You pay $80 Other pharmacy: You pay 20%	CVS/preferred pharmacy: You pay $80 Other pharmacy: You pay 20%
Non-preferred brand name	CVS/preferred pharmacy: You pay $150 Other pharmacy: You pay 35%	CVS/preferred pharmacy: You pay $150 Other pharmacy: You pay 35%

Retiree contributions for 2026

The amount you pay to have medical coverage depends on a number of factors, including heritage company you retired under, the coverage tier you elect and years of service. To see the specific contributions that apply to you:

- Enroll through the **Dow U.S. Benefits Site**.

OR

- Review your benefits enrollment statement (mailed to you prior to enrollment).

Retired from Dow or Union Carbide?

You can also use the online calculators to estimate your Medicare PPO and HMO contributions. Note: Contributions for the Old and New Plans are only available through the **Dow U.S. Benefits Site**.

Dow calculator | **Union Carbide calculator**

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Looking for previous summaries for 2025? Access them here.

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.