In-network medical benefits | Prescription drug coverage | 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 Specialist: $50 Dow Family Health Center: $10	Primary care: $15 Specialist: $30 Dow Family Health Center: $10	Primary care: $20 Specialist: $35 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 Family: $4,000 (max of $3,400 for one person)	Individual: $125 Family (EE+1): $250 Family (EE+2 or more): $375	None	Individual: $250 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 Family: $8,000	Individual: 4% of base salary up to max of $10,600 Family: 8% of base salary up to max of $21,200	Individual: $6,450 Family: $12,900	Individual: $3,000 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** (888) 488-4488 **Apple App Store Google Play**	**aetna.com** (888) 488-4488 **Apple App Store Google Play**	**bcbsm.com** (800) 662-6667 **Apple App Store Google Play**	**cigna.com** (800) 244-6224 **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	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 Family (EE+1): $200 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.*

COBRA contributions

(monthly amounts for 2026)

The amount you pay to have medical coverage depends on the plan and coverage tier.

	High Deductible Medical Plan (Aetna)	Low Deductible Medical Plan (Aetna)	Blue Care Network of Michigan HMO	Cigna HMO National
Participant Only • Subsidized rate • COBRA rate	 • $49.00 • $567.58	 • $188.00 • $1,012.08	 • $100.00 • $824.94	 • $328.00 • $1,155.56
Participant + Spouse/ Domestic Partner (DP) • Subsidized rate • COBRA rate	 • $115.00 • $1,135.16	 • $431.00 • $2,024.16	 • $230.00 • $1,649.88	 • $753.00 • $2,311.10
Participant + Child(ren) • Subsidized rate • COBRA rate	 • $98.00 • $976.22	 • $370.00 • $1,740.77	 • $197.00 • $1,418.89	 • $647.00 • $1,987.54
Participant + Spouse/ DP + Child(ren) • Subsidized rate • COBRA rate	 • 168.00 • $1,674.35	 • $634.00 • $2,985.62	 • $338.00 • $2,433.56	 • $1,109.00 • $3,408.87

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.