



Dow Chemical Canada ULC

& Subsidiaries or affiliates eligible to participate in the benefit programs

Flexible Benefits Plan



**Benefits Summary Guide for Retirees of Dow
Benefit Year 2026-2027**

More available formats of this document are available upon request

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Dow's Flexible Benefits Plan

BENEFITS are an important part of your retirement package at Dow. Whether you need medical treatments or dental services, Dow's Flexible Benefits Plan has options for you.

Consider any major costs that you may incur this year. If you have a family, assess the requirements each individual may have. There may be expenses that you can't anticipate ahead of time, but there are other, more routine procedures that you can consider in planning your benefits coverage.

Please review the material and keep this Benefit Guide as a handy reference.

Do you also have coverage under another plan?

You should take your spouse's benefit plan into account when you choose your benefit package, since you may be able to coordinate coverage between your plan and your spouse's plan. For details, see Coordinating Your Benefits later in this guide.

For additional information, please refer to the Benefit Booklets posted on the Sun Life Financial website (when available).

How to contact Sun Life Financial

Please contact your Sun Life Financial Benefits Administrator at **1-866-881-0583** with any questions.

Sign in to your account at **www.mySunLife.ca** to view your coverage.

Your group contract numbers

Please reference the following group contract numbers when you contact Sun Life Financial:

- Medical and Dental benefits **150028**
- Basic Life benefit **083140**
- Optional Life benefits **083141**

How the Dow Flexible Benefits Plan works

During each biannual re-enrolment, you are provided with an opportunity to reevaluate your choices based on your needs. Sun Life Financial with mail re-enrolment material to your home in late fall.

Other than the re-enrolment period, you cannot make changes to your benefits unless you have a qualifying Life Event. It is important to note that the premium cost of your Basic Employee Life coverage paid by Dow is taxable income defined by Canada Revenue Agency rules. Therefore, the cost of this coverage will be included as income on your annual tax slips.

Special note for Quebec residents

If you live in Quebec, you'll be required to pay provincial income tax on the benefits paid by Dow.

Eligibility

WHO IS ELIGIBLE FOR RETIREMENT BENEFITS?

Retired employees who are residents of Canada and who:

- Were hired prior to January 1, 2012;
- Were at least 50 years of age at date of retirement;
- Completed at least 10 years of active service;
- Were eligible for benefits on the last day of employment.

WHO QUALIFIES AS AN ELIGIBLE DEPENDENT?

An eligible dependent is your spouse or your child who are residents of Canada.

- Your spouse by marriage or under any other formal union recognized by law, or your partner of the opposite sex or of the same sex who has been publicly represented as your spouse for at least 12 consecutive months. You can only cover one spouse at a time.
- To be eligible for retiree coverage, your spouse and dependent children must be enrolled under your plan while you are an active employee. You will not be able to add dependents once you retire.

Special note for Quebec residents

For retired employees residing in Quebec, there is no minimum cohabitation period for common-law spouses if a child is born out of their relationship.

- Your dependent child and your spouse's children (other than foster children) are eligible dependents if they are not married or in any other formal union recognized by law and are under 21 years of age. A child who is a full-time student attending a recognized educational institution is also considered an eligible dependent until the age of 26 as long as the child is entirely dependent on you for financial support.

If a child becomes handicapped before the limiting age, we will continue coverage as long as:

- The child is incapable of financial self-support because of a physical or mental disability, and
- The child depends on you for financial support, and is not married nor in any other formal union recognized by law.

THE BENEFIT YEAR

- Your benefit year is from January 1st to December 31st.

WHEN DOES COVERAGE START?

Your coverage will begin on:

- The date you become eligible for coverage (i.e. your retirement).

WHEN DOES COVERAGE END?

Coverage ends for you and your eligible dependents on the earliest of the following dates:

- The end of the period for which premiums have been paid to Sun Life for your coverage;
- The date the group contract ends;
- The date of death of the retiree.

WHAT IS THE COST?

The company and you share the cost of your benefits.

- You will be sent a bill twice a year, in January and July, for the previous 6 months of benefits.
- Payment details will be included in the mailing.

WHAT HAPPENS TO YOUR COVERAGE?

If you die while covered under this plan

- Your surviving spouse will be offered the opportunity to enrol for Basic medical and dental coverage.

Reporting changes, including life event changes

LIFE EVENTS

A Life Event is a change in your personal situation that provides you with an opportunity to reconsider your medical benefit selections, to ensure the plan continues to meet your and your family's needs. Optional Life benefits for you, your spouse or child(ren) can be reduced or cancelled at any time.

If you have a qualifying Life Event during the year you will have 31 days from the date of the event to advise your Sun Life Group Benefits Administrator and make any changes.

In the event that Sun Life does not receive notice within 31 days, your next opportunity to make changes will be at reenrolment or your next life event, whichever happens first.

The following items qualify as Life Events:

- Divorce or legal separation;
- Your spouse's loss or gain of Medical and/or Dental benefit coverage; and
- Death of a covered family member.

OTHER CHANGES FOR SUN LIFE FINANCIAL

You should contact your Sun Life Group Benefits Administrator to:

- Change your beneficiary nomination(s) for your Life benefits;
- Change your name or that of one of your covered dependents;
- Change the student status of a dependent between the ages of 21 and 26; and
- Apply for handicap status for your dependent child.

CHANGES FOR DOW

- You must call the Dow HR Service Centre at 1-877-623-8079 to change your address.
- Dow will notify Sun Life of your change of address.

Medical benefits

To qualify for this coverage you must be covered for benefits under a provincial health care or federal government plan that provides similar benefits.

Your provincial health care plan provides basic medical benefits, such as hospital ward accommodation, fees for doctors and any drugs you may need during a hospital stay. Your Medical benefit is designed to cover your additional medical expenses over and above those covered by your provincial plan, provided they are medically necessary for the treatment of an illness.

Coverage Status

Status refers to the coverage level you select under the Medical benefit option. When choosing your Medical option, you must also decide whom you are going to cover:

- **Single** – you alone;
- **Single plus one** – you and one eligible dependent, either a spouse or child; or
- **Family** – you and two or more eligible dependents.

Note: You may select a different coverage status for your Medical and Dental options.

COVERAGE OPTIONS

Basic

- Covers 100% of semi-private or private room accommodation up to \$150/day;
- Covers 90% of your eligible basic medical costs of the first \$2,000 of paid expenses and 100% thereafter in each calendar year (excludes hospital stay and drugs for members in Quebec);
- Includes prescription drug expenses (excluding over the counter drugs) and paramedicals (physiotherapist, massage therapy, chiropractor etc.), subject to benefit maximums;
- Annual deductible of \$50 per person (does not apply to hospital stay);
- Annual maximum of of \$4,000 per year excluding hospital stay and Private duty nursing.

Optional

- Covers 100% of semi-private or private room accommodation up to \$200/day;
- Covers 100% of most of your eligible medical costs;
- Includes prescription drug expenses (excluding over the counter drugs) and paramedicals (physiotherapist, massage therapy, chiropractor etc.), subject to maximums;
- Includes 1 eye exam every 2 years;
- Annual deductible of \$25 per person (does not apply to hospital stay);
- Annual maximum of of \$5,000 per year excluding hospital stay, Private duty nursing, insulin and extremity pumps.

See your Benefits at a Glance for an outline of each of the options.

Additional Information

- You may choose from the two coverage options or you may opt out of Medical coverage altogether.
- If you opt out of medical coverage, you will be entitled to select coverage at your next re-enrolment.
- Coverage changes are not permitted throughout the year unless you have a qualifying Life Event.
- The cost is shared with Dow. Sun Life will mail an invoice twice a year; premiums are due upon receipt.

All coverage options include:

- A pay-direct drug card, which may be printed from the website www.mySunLife.ca
- Coverage for Orthotics and Orthopedic shoes
- Emergency out of province coverage
- Out of province referral
- All options include a Prior Authorization Program, where pre-approval is required before certain drugs are covered. In order to be pre-approved, your condition and treatment must meet medical criteria. If you're prescribed one of the drugs in the Prior Authorization program, you and your doctor need to complete a Prior Authorization form. Each drug category has its own form. You complete part of the form and your doctor fills in details about your medical condition. Once complete, fax or mail the form to Sun Life Financial (details are included in the form). All requests are processed within 2 business days once the completed form is received. Once a decision is made, Sun Life Financial will either contact you directly or through your pharmacist, concerning the approval or denial of your request. For a complete list of the drugs and the Prior Authorization form, simply visit the plan member website at www.mySunLife.ca, and select "Prior Authorization Drug List and Form" from the Group Benefits menu at the top of the page. Should you have any questions, please call the Group Benefits Total Administration team at 1-866-881-0583.

Special note for Quebec residents

If you live in Quebec, provincial law requires you have a minimum level of prescription drug coverage. This minimum also applies to your eligible dependents. You must choose a coverage status that covers your eligible dependents, unless they have coverage elsewhere that meets the minimum. You are responsible for ensuring that your medical coverage meets the minimum requirement for the Régie de l'assurance-maladie du Québec (RAMQ).

Note: If you are 65 years of age or over, you must decide whether you are opting in or out of the provincial coverage and advise the office of RAMQ accordingly. Please make sure you advise Sun Life of your decision as well by calling 1-866-881-0583.

If you refuse Medical:

You are required to provide your Sun Life Group Benefits Administrator with written proof that you have Medical coverage, including prescription drugs, within 31 days of your enrolment. If written proof is not received, you will be automatically enrolled for Basic Medical (Single).

Quebec drug insurance plan

Any conditions under this plan that do not meet the requirements under the Quebec drug insurance plan are automatically adjusted to meet those requirements.

Out-of-pocket maximum

Expenses incurred for drugs listed in the RAMQ drug formulary and not reimbursed under this plan as a result of the application of the deductible or the reimbursement level are limited in each calendar year to the yearly maximum contribution set by the RAMQ plan. There is an out-of-pocket maximum for you, and another one for your spouse. Any drug expenses incurred for your children are part of the out-of-pocket maximum of the retired employee.

Dental benefits

COVERAGE STATUS

Status refers to the coverage level you select under the Dental benefit option. When choosing Dental, you must decide whom you are going to cover:

- **Single** – you alone;
- **Single plus one** – you and one eligible dependent, either a spouse or child; or
- **Family** – you and two or more eligible dependents.

Note: You may select a different coverage status for your Medical and Dental benefits.

COVERAGE OPTIONS

Basic

- Pays 80% of the cost of preventive procedures, fillings and extractions;
- Pays 50% of major expenses;
- Pays 50 of periodontics and endodontics;
- The benefit year maximum is \$1,000 for all expenses;
- Pays using a 2-year lag in the Dental Association Fee Guide.

Additional Information

- You may choose Basic dental coverage or you may choose to opt out of dental coverage altogether.
- If you opt out of dental coverage, you will be entitled to select coverage at your next re-enrolment.
- Coverage changes are not permitted throughout the year unless you have a qualifying Life Event.
- The cost is shared with Dow. Sun Life will mail an invoice twice a year; premiums are due upon receipt.
- The plan covers expenses based on the amount listed in the Canadian Dental Association fee guide for general practitioners in the province where the expense is incurred; not on the amount you actually paid. The Provincial fee guide lists suggested fees for all dental procedures and is updated each year.
- The plan will not pay more than the reasonable cost of the least expensive dental alternate procedure. When deciding what will be reimbursed for a procedure, the claim will be assessed for alternate procedures. These alternate procedures must be part of the usual and accepted dental work and must produce as adequate a result as the procedure that the dentist performed;

Note: We suggest that you submit an estimate, before the dental work is done, for any item or procedure that will cost \$500 or more.

Basic Employee Life and Optional benefits

These benefits help provide financial security for your family if you die while covered. If you are under age 65 and you were enrolled for Optional life insurance for you, your spouse or you child(ren) prior to retirement, you may elect to continue this coverage. If you choose to reduce or cancel this coverage, you will not be permitted to increase it later on.

All Optional Accidental Death and Dismemberment benefits terminated on your date of retirement.

COVERAGE OPTIONS

Basic Employee Life

- One times your Base Annual Salary (rounded up to the nearest thousand) up to a benefit maximum of \$1,500,000 when combined with Employee Optional Life.
- The amount of your Basic coverage starts to reduce at age 66 and continues to reduce to a minimum of:
 - \$10,000 at age 70 if you retired on or after January 1, 2002;
 - \$5,000 at age 70 if you retired prior to January 1, 2002.

Optional Employee Life

Benefit was available in increments of your Base Annual Salary (from 1 to 5 times), up to a benefit maximum of \$1,500,000 when combined with Employee Basic Life.

Optional Spousal Life

Benefit was available in units of \$25,000, to a benefit maximum of 12 units, or \$300,000.

Optional Child Life

Benefit was available in units of \$5,000 to a benefit maximum of three units, or \$15,000.

Additional Information

- All remaining Optional life benefits end at age 65 (of the member).
- You are not eligible to add or increase your optional benefits at or any time following your retirement.
- You may decrease or cancel your Optional Life insurance at any time.
- Your life benefits, both Basic and Optional, will be paid as a lump-sum to your designated beneficiary or beneficiaries and are not subject to tax.
- The cost of Optional Employee or Spousal Life is based on your age or your spouse's age and smoking status and you pay the entire cost. Sun Life will mail an invoice twice a year; premiums are due upon receipt.
- If your Employee Life, Optional Employee Life or Optional Spousal Life coverage is reduced or cancelled other than solely at your request, you can convert the coverage you are losing to an individual life insurance policy within 31 days without providing proof of good health. There are a number of rules and conditions that apply including the maximum amount that can be converted. You must contact Sun Life Financial within 31 days of the termination date. Your application will be processed over the phone.

Submitting a claim

PAY-DIRECT DRUG CARD CLAIMS

Your pay-direct drug card allows you to be reimbursed for your prescriptions right at the pharmacy counter. Just present your drug card to the pharmacist when you fill your order, and you and your covered dependents' claim will be submitted electronically. The pharmacist will be able to advise you whether the drug is covered under your plan and any amount you have to pay out-of-pocket.

You may print your own drug cards from the website www.mySunLife.ca. The card is valid for both yourself and your covered dependents.

Under the Prior Authorization Program, you'll need pre-approval before certain drugs are covered. If you submit a claim without following the pre-approval process, it will be declined, and you'll be advised that Prior Authorization is required. You can choose to pay for the prescription yourself and then submit a completed Prior Authorization form for approval. If approved, you can then submit a paper claim for that prescription. Any future claims for the same drug will not need to be pre-approved.

Note: If you (or one of your dependents) fill a prescription at a non-participating pharmacy or outside Canada, or purchase a covered item not available through the drug card program, you cannot use your card. Instead, you will need to submit a Sun Life Financial claim form along with original receipts.

ONLINE CLAIMS

You will retain your online access to the Sun Life Financial website. You can submit your drug, vision, paramedical and dental claims online, through Sun Life Financial's password-protected website (www.mySunLife.ca). Your dentist can also submit your dental claims electronically on your behalf.

By submitting your claim forms electronically through the Sun Life site, your claim payment will be deposited into your bank account within 24 to 48 hours, and you will also be able to see a detailed explanation of your benefit payment.

To submit your Medical and Dental claims over the Internet, select **Submit a claim** under the **Take me to** section on the **Welcome page**. Easy-to-use screens will guide you through the steps. You will be prompted to provide or confirm your bank account details. The system processes your claim immediately and you will see an online notice confirming whether the expense is covered and, if so, the payment amount.

DOWNLOAD MY SUN LIFE MOBILE APP FOR IPHONE AND ANDROID DEVICES:



If you're a Sun Life group plan member or have personal health insurance coverage through us, you can check your coverage, submit benefit claims on the go and see the money in your account - usually within 48 hours! You can monitor your investments or discover new ways to save with our financial planning tools.

Depending on your plan, you can:

- Submit and track medical, dental and vision claims;
- View full coverage details for health, drug and vision care;
- View remaining balances for health spending and personal spending accounts;
- Use your smartphone as your drug and travel cards;
- Check your plan balances and contributions;
- Use interactive tools to see how saving even small amounts can make a big difference. These tools are available to everyone, regardless of whether you are a member of a Sun Life plan.

If you use an older Apple or Android device, or a device that uses a different operating system, you may be able to access our my Sun Life mobile web app at m.mySunLife.ca. Our mobile web app is designed with the same great features and streamlined functionality as the my Sun Life mobile native app! Simply type the URL in your phone's browser and you're on your way to fast and easy claims submission and much more!

1. To ensure the safety and protection of your personal information, the my Sun Life mobile App should only be downloaded through the App Store and Google Play - our only authorized providers. Other smartphone users should only access the my Sun Life mobile web app at m.mySunLife.ca.
2. Data charges may apply when using this app.
3. A few employers continue to review the app for their plans and have chosen not to make the app available to their employees at this time. If this is the case for your plan, you will not be able to access your information on the app. You can use the 'Help me save' financial planning tools to learn new ways to save today for a wealthier tomorrow. To view your account information, you can continue to log in to www.mySunLife.ca, or you can contact us at 1-866-896-6976 or at sunlife.ca/contact-us.

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RECEIPTS

You need to keep your receipts for 12 months, as Sun Life Financial checks to ensure claims are valid and accurate. If your claim is chosen for audit, we may review more than the last 12 months of claim submissions and you will need to send your original receipts to Sun Life Financial within a specified time.

Be sure to attach the original receipts or the claim statement you receive from another insurer if you have coordinated benefits with another plan (see Coordination of benefits).

PAPER CLAIMS

For claims other than those noted above or if you simply prefer to submit a paper claim form, you can print one from the website.

LIFE CLAIMS

In the event of a Life claim, please contact your Sun Life Group Benefits Administrator, toll-free, at 1 866-881-0583.

Time limits for submitting claims

There are time limits for making claims under your Flexible Benefits Plan. For example:

- Medical and Dental claims must be submitted within 2 years from the date of purchase or within 90 days of the end of your coverage, whichever is earlier.
- Life claims should be submitted as soon as reasonably possible.

Coordination of benefits

The insurance industry has set guidelines as to how you may coordinate your benefits with another insurance program such as your spouse's plan. Coordination of benefits allows you to submit a claim under both plans for up to a combined maximum of 100% of the covered expense.

Claims for you

- If the expense is for you, claim first under your own plan and then send along a copy of the claim statement you receive from Sun Life Financial to your spouse's insurance company.

Claims for your spouse

- If the expenses are for your spouse and your spouse is covered for those expenses under another plan, you must send the claim to that plan first.

Claims for your children

- Claims for children should first be submitted to the plan that covers the spouse whose birthday falls earlier in the calendar year (for example, if your birthday falls in January and your spouse's falls in May, submit your children's claims to your plan first).
- Any part of the claim not covered under the first plan can then be submitted to the other spouse's plan.

Note: If you are filing a claim for your spouse who is also covered with Sun Life Financial under a different contract number, you will need to complete the **Coordination of benefits** section of the Extended Health Care claim form, providing your spouse's contract and member ID numbers. Your spouse must sign this portion of the claim form.

Appeals Procedure

If you have questions about your plan coverage that have not been satisfactorily addressed by Sun Life please contact the Dow North America HR Service Centre at 1-877-623-8079.

If you believe that Sun Life has denied you coverage in error, you may appeal the decision.

Step 1 - With Sun Life

A) Call the Sun Life call centre at 1-866-881-0583 and ask for your claim to be re-assessed.

B) Call the Sun Life call centre and ask that your issue to be referred to the Group Benefits Consultant for Dow for resolution.

Step 2 - With Dow

Appeals of eligibility must be submitted to the Dow Plan Manager in writing and include the following information:

- Employee's name and Dow ID number
- Affected participant's name and relationship to the you, the employee
- Date(s) on which denial was made, and
- Reason why are appealing the initial determination
- Reason provided by Sun Life for the denial

Appeals can be sent via e-mail to HR@dow.com with 'Canadian Benefits Eligibility Appeal' in the subject line or by mail to the following address:

Canada Health and Insurance Plan Manager
Dow North America Benefits
The Dow Chemical Company
2040 Building
Midland, MI 48674

Sun Life Financial web services for plan members

The Sun Life Financial password-protected Plan Member Services website offers a number of helpful features and information that will make it easier for you to manage your benefits.

You will have access to a wide range of claims information and forms, and you will be able to:

- View your Dow Flexible Benefits Plan documents online;
- Use the Benefits Explorer feature to get detailed easy-to-read information about your Medical and Dental coverage;
- Submit certain types of claims via the Internet;
- Print Medical (Extended Health) and Dental claim forms with your personal information already filled in;
- Update your personal information, such as telephone number and your spouse's benefit information;
- Use the secure, password-protected message centre to send and receive e-mails instead of sending sensitive information by unsecured Internet e-mail; and
- Get a wide range of useful health-related information through the Sun Life Financial online Health and Work Resource Centre.

You may use your Access ID and password, which you used to enroll, to visit the website at www.mySunLife.ca to explore the Sun Life Financial Group Benefits and Group Retirement Services convenient services.

Life's brighter under the sun

Group Benefits are offered by Sun Life Assurance Company of Canada, a member of the Sun Life Financial group of companies. PDF-6196-E 09-25 nk -an

