Welcome to Dow!
U.S. Benefits for 2013
SECTION TOPICS

1. Introduction / General Benefits, How to Enroll, Eligibility
2. Medical Plans
3. Dental Plans
4. Other Benefit Plans
5. Life / Accident / Other Insurances
6. Retirement Programs – Savings Plan & Pension Plans
7. Employee Stock Purchase Plan
8. Resources
• We offer our employees a compensation and benefits package, which is considered top tier in our industry, with competitive salaries and comprehensive benefits.

• Dow’s benefit programs are an integral part of your Total Compensation.

• Benefit plans are designed to:
  – Be competitive with both employers in our industry and those with whom we compete for talent.
IMPORTANT NOTE

• The brief benefit summaries in this presentation are not intended to be complete descriptions of each of the respective benefit plans.
• Consult the Summary Plan Description (SPD) or Plan Document for complete details and definitions of terms.
• If there are discrepancies between the information in this presentation and the legal documents of any of the plans, the legal documents will govern.
• Dow reserves the right to amend, modify and terminate any of the plans described in this presentation at any time at its sole discretion.
## BENEFIT PROGRAMS

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BEFORE OR AFTER TAX

• Some benefit premiums/contributions are deducted from your income before taxes, making your taxable income lower and allowing you to pay less in taxes

• Others are deducted from your after-tax income

**Before-Tax**
- Medical
- Dental
- Long-Term Disability
- Reimbursement Accounts
- Voluntary Group Accident (for Employee or Spouse)
- Commuter Benefits
- Employees’ Savings Plan
- Health Savings Account

**After-Tax**
- Life Insurance
- Dependent Life Insurance
- Domestic Partner coverage for Voluntary Group Accident Insurance
- Employees’ Savings Plan
- Employees’ Stock Purchase Plan
WHEN AND HOW TO ENROLL

• During your on-boarding session, you will receive a Personal Information Change (PIC) form to complete and return to Human Resources
  – This form must be completed and include your Social Security Number and Date of Birth
• When the PIC form is received and processed your information will sent via interface to all of Dow systems.
• Once all your information has been entered, you will then receive an email to your new Dow email.
• This email will contain instructions on how to enroll for benefits, including a link to the Dow Benefits website.
• BUT…….
• In order for you to receive your benefits enrollment email, you must first send an e-mail from your Dow work station to an external address (i.e. home email) to ‘break the firewall’.

• If you follow the above procedure, but haven’t received your enrollment email by the end of your second week of employment, contact the HR Service Center (877) 623-8079 to let us know.

• Through this process, it could mean that there may be a “gap” in coverage
  − Your coverage will be retroactive to your hire date (as long as your elections are made within 30 days of you receiving your enrollment email).
  − You should ALWAYS seek needed medical attention and obtain prescription drugs – you can always submit your claims at a later date.
The Dow Benefits Website offers:

- Your link to enroll in benefits as a new hire
- Your future personal benefit information that is easy to find
- Tools that make it easy to:
  - Compare benefit options, coverage and costs
  - Estimate Reimbursement/FSA contributions and tax savings
  - Estimate Life Insurance needs
  - Estimate your pension
- A place that makes it easy to add or remove dependents and enroll during Annual Enrollment
- A place that is easy to modify benefits if you have a qualifying life event during the year
How to log on to the Dow Benefits Website

Employees can access the site two ways:

• From Work
  – Single Sign On - No password needed!
  – My HR Connection > Manage My Data > View My Benefits –or-
  – My HR Connection > Benefits
    • Health & Insurance > Dow Benefits website, or
    • Pension & Savings > Dow Benefits website

• From Home
  – [https://dowbenefits.ehr.com](https://dowbenefits.ehr.com)
    • Option for employees with limited access to or no Dow workstation
    • Enter your Dow ID (without the U) and password you chose for this site to login
      – Follow instructions on the login page
The Dow Benefits Website
Access the Enrollment Link
Reviewing Benefit Elections and Coverage

Review benefit elections and covered dependents in the Benefits Summary.
Updating Benefits for Life Status Changes

To update benefits for life status changes go to Alerts and Quick Links.
Changing Benefits for Life Status Changes

• Go to the Dow Benefits website to update benefits for:
  – Marriage
  – Spouse/Domestic Partner uptains or changes employment
  – Birth or Adoption of Child
  – Domestic Partnership begins or ends
  – Dependent Child gains or loses eligibility
  – Change in Dependent care cost
OPPORTUNITIES TO CHANGE YOUR BENEFIT ELECTIONS

- You are encouraged to make status changes within 30 days – but not later than 90 days – from the date of your life event
  - If made within 30 days of the event, change takes effect as of the Life Event date.
  - If made within 31-90 days of the event, change takes effect on the date Dow Benefits Service Center receives the appropriate documentation.

- If you do not make a status change within 90 days from the date of your life event, you must wait until the next annual enrollment to make any benefit changes.

- Annual Enrollment – Fall, typically late October or early November

- Copies of Legal documents are required - birth certificates, marriage license, divorce decree, etc.
Dual Career Couples

- If you and your Spouse/Domestic Partner both work for Dow and/or a Dow entity (UCC, Business Services LLC, etc.):
  - You can each enroll for benefits separately or one can cover the other
- Exceptions
  - Children can only be covered by one employee
  - Can only enroll self for VGA coverage—dual career couples must Waive Spouse/Domestic Partner VGA

If you have questions please contact the HR Service Center at:
(877) 623-8079 or (989) 638-8757, E-mail: hr@dow.com
THE WORKING / RETIRED SPOUSE / DOMESTIC PARTNER RULE

• If your non-Dow Spouse/Domestic Partner is employed full-time or retired and offered an employer-subsidized group medical and/or dental program,
  – AND

• If you wish to cover your non-Dow Spouse/Domestic Partner as a Dependent under the Dow medical and/or dental plans,
  – THEN

• He/she must enroll in his/her employer’s plan, and Dow coverage will be secondary to his/her employer’s primary coverage

• NOTE: If your Spouse/Domestic Partner is unable to enroll in his/her plan at this time, they can receive primary coverage under Dow’s plan until the earliest date they can enroll in their own plan

If your Spouse/Domestic Partner does not enroll in his/her employer’s plan, you will not be able to enroll him/her under your Dow medical or dental plans
DEPENDENT CHILD ELIGIBILITY

• Your birth, step-child or legally adopted child, can be covered until their 26th birthday even if they are:
  – Offered coverage from their current employer
  – Married
  – Currently employed full-time/part-time
  – Full-time or less than full-time student status

• Dependent Child Exclusions
  – Covered under the same plan as a dependent of another Dow Employee or Retiree or of a Dow legal entity
IMPORTANT DEFINITIONS

• **Tobacco User** is a person who uses tobacco products.
  - To be considered a non-tobacco user, you and/or your Spouse/Domestic Partner must not have used any tobacco products for the last 12 months
  - Medical, dental, and life insurance premiums are higher for tobacco users.

• When you enroll on the Dow Benefits website, you must indicate whether you and your Spouse/Domestic Partner:
  - Use tobacco products
  - Do not use tobacco products, or
  - Will commit to complete a tobacco cessation program within the next year

• If you elect to commit to completing a tobacco cessation program within the next year, the tobacco surcharge for medical and dental insurance will be waived
IMPORTANT DEFINITIONS (continued)

• **Beneficiary** is an individual or trust you select to receive your benefits in the event of your death.
  − Primary beneficiary: will receive benefit in the event of your death
  − Contingent beneficiary: will receive your benefit in the event both you and your primary beneficiary die

• Beneficiaries selected for the Company-Paid Life Insurance plan will be used for all insurances unless you designate a different beneficiary

• If you do not designate a Company-Paid Life Insurance beneficiary, MetLife may determine the beneficiary to be one or more of the following who survive you:
  − Your Spouse or Domestic Partner; or
  − Your children; or
  − Your parent(s); or
  − Your sibling(s);
  − Or, MetLife may pay your estate.
BENEFICIARY DESIGNATION

- **Company-Paid and Employee-Paid Life Insurance**
  - Once you have your Employee ID Number, log onto MetLife’s website to register your beneficiary information: [https://mybenefits.metlife.com/MyBenefits](https://mybenefits.metlife.com/MyBenefits)

- **Accident Insurances**
  - Default beneficiary: same as Company-Paid Life Insurance

- **Employees’ Savings Plan**
  - Register beneficiary information on Fidelity’s web site at [www.netbenefits.com/dow](http://www.netbenefits.com/dow) or rely on defaults defined in Summary Plan Description (SPD)

- **Pension Plan**
  - Register beneficiary information on the My HR Connection web site at [http://myhr.intranet.dow.com](http://myhr.intranet.dow.com) or rely on defaults defined in SPD

(Note: You can also find all these links on the Dow Benefits website)
BENEFITS INFORMATION RESOURCES

• HR Service Center
  − (877) 623-8079 or (989) 638-8757
  − E-mail: hr@dow.com
  − 8:00 a.m.- 6:00 p.m. EST (Monday-Thursday)
  − 8:00 a.m.- 5:00 p.m. EST (Friday)

• SPDs and applicable forms:
  − My HRConnection>Benefits>Communications>Summary Plan Descriptions (SPD) – on the Dow Intranet
  − The Internet at www.dowfamilyhealth.com
MEDICAL INSURANCE
3 MEDICAL PLAN OPTIONS

1. MAP Plus Option 1 Low Deductible Plan
   - POS (Point of Service) Open Access Plan, with no Primary Care Physician (PCP) needed
   - Administered by Aetna
   - Self-insured by Dow

2. MAP Plus Option 2 High Deductible Plan
   - High Deductible Health Care Plan, with no Primary Care Physician (PCP) needed
   - Administered by Aetna
   - Self-insured by Dow

3. Health Maintenance Organization (HMO) and other plans
   - In-network coverage only, generally requires Primary Care Physician (PCP) designation
   - Based on your home address zip code
MAP PLUS – BOTH OPTIONS 1 & 2

Common Terms:

• **In-Network / Out-of-Network provider**
  - You can choose any medical provider, but will receive greater coverage with In-Network providers

• **In-Area / Out-of-Area participant**
  - Separate plan design that applies to you based on your home zip code, if you do not have reasonable access to an in-network provider

• **Plan Allowable Amount**
  - Maximum the plan will pay for a particular service
  - Applies for Out-of-Network providers and Out-of-Area participants
MORE COMMON TERMS

• **Deductible** –
  – this is the annual amount you are responsible to pay before you are eligible to receive benefits under the plan

• **Copayment** –
  – pre-determined amount of money you are responsible to pay for a particular service (e.g., $20 co-payment for PCP office visit). (aka: Copay)

• **Co-Insurance** –
  – percentage of Provider’s bills you will be responsible to pay, after you have met your annual deductible

• **Out-of-Pocket Maximum** –
  – This is the maximum amount you will pay out-of-pocket in a Plan year for *eligible* services, services are covered at 100% by the plan after you meet your out-of-pocket maximum
COMMON MEDICAL PLAN QUESTIONS

• How much will my premium cost each month?
  – Monthly premiums depend on Medical Plan and Coverage Level elected (Employee, Employee + Spouse/Domestic Partner, Employee & Child(ren) or Family)
  – Additional premium surcharge for Tobacco Users
  – Refer to the Benefits Decision Guide for additional information

• How can I find an In-Network medical provider?
  – Aetna Navigator: log onto www.aetna.com and look for ”Aetna Open Access Plans”. Then select “Aetna Choice POS II (Open Access)”
  – HMOs and Other Plans websites: Refer to the enrollment guide for each plan’s website
  – Ask your doctor if they participate in the plan you elected
MAP PLUS OPTION 1 LOW DEDUCTIBLE PLAN

OVERVIEW

• POS (Point of Service) plan administered by Aetna
  − No Primary Care Physician (PCP) required

• Pre-certification (Aetna approval needed before medical procedure)
  − In-Network
    • In-Network providers will handle all pre-certification
  − Out-of-Network or Out-of-Area
    − Patient has responsibility for all pre-certification
      • Any in-patient hospital confinement
      • Out-patient surgery
      • High cost diagnostic procedures (MRI and CT scan)
      • Managed behavioral health care services
MAP PLUS OPTION 1 LOW DEDUCTIBLE PLAN
DEDUCTIBLES

• In-Network coverage:
  – $125 - Individual
  – $250 - Employee + 1 Dependent
  – $375 - Employee + 2 or more Dependents

• Out-of-Network coverage:
  – $500 - Individual
  – $1,000 - Employee + 1 Dependent
  – $1,500 - Employee + 2 or more Dependents

• Out-of-Area:
  – $250 - Individual
  – $500 - Employee + 1 Dependent
  – $750 - Employee + 2 or more Dependents
MAP PLUS OPTION 1 LOW DEDUCTIBLE PLAN OUT-OF-POCKET MAXIMUMS

- Annual Out-of-Pocket Maximums
  - In-Network:
    - 3% base annual salary - individual
    - 6% base annual salary - family
  - Out-of-Network:
    - 6% base annual salary - individual
    - 9% base annual salary - family
  - Out-of-Area:
    - 3% base annual salary - individual
    - 6% base annual salary - family
- Copays and deductibles do not apply to your Out-of-Pocket Maximum
MAP PLUS OPTION 1 LOW DEDUCTIBLE PLAN
PREVENTIVE CARE

• Preventive covered at 100%
  • Routine physical exam (starting at age 3)
  • Routine Gynecological exam
  • Vision screening
  • Mammography
  • PAP
  • PSA
  • Immunizations
  • Well baby care
  • And more….

• Annual allowance of $500 per covered person
  • Lactation consultation
  • Diabetic education
MAP PLUS OPTION 1 LOW DEDUCTIBLE PLAN
PRESCRIPTION DRUGS

• Administered by Aetna’s in conjunction with CVS/Caremark & part of MAP Plus Option 1

• In-Network and Out-of-Network Pharmacy deductibles:
  − $100-individual
  − $200-Employee + 1 Dependent
  − $300-Employee + 2 or more Dependents

• Annual Out-of-pocket maximums:
  − $1,000-individual
  − $2,000-Employee + 1 Dependent
  − $3,000-Employee + 2 or more Dependents

• In-Network Pharmacy coverage levels:
  − 80% for generic and preferred brand-name
  − 70% for non-preferred brand-name

• Out-of-Network Pharmacy coverage levels:
  − 80% of Plan Allowable Amount for generic and preferred brand-name
  − 70% of Plan Allowable Amount for non-preferred brand-name

You will also need to pay the difference between generic and brand-name if the generic is available
MAP PLUS OPTION 1 LOW DEDUCTIBLE PLAN MAIL SERVICE PHARMACY

• Administered by Aetna through contract with CVS Caremark
• No annual deductible
• 80% coverage for generic and preferred brand-name
• 70% for non-preferred brand-name
• You pay difference between generic and brand-name
• You should use the CVS Caremark Mail Order Pharmacy option after the initial prescription and two refills or you will incur a 50% coinsurance
• 90-day supply (30-day supply limit at retail)
MAP PLUS OPTION 2 HIGH DEDUCTIBLE PLAN

OVERVIEW

• Lower monthly premium (e.g., pay less upfront in premiums deducted from each paycheck)
• High deductible plan design
• A Point of Service (POS) plan
• Administered by Aetna
• Access to a Health Savings Account (HSA) administered by Fidelity
MAP PLUS OPTION 2 HIGH DEDUCTIBLE PLAN

OVERVIEW

• In-Network
  − Annual Deductible: $2,000 individual / $4,000 family
  − Annual Out-of-Pocket Maximum: $4,000 individual/$8,000 family, deductible is included
  − 80% coverage for most services

• Out-of-Network
  − Annual Deductible: $4,000 individual/$8,000 family
  − Annual Out-of-Pocket Maximum: $8,000 individual/$16,000 family, deductible is included
  − 60% coverage for most services after deductible

• Out-of-Area
  − Annual Deductible: $2,000 individual/$4,000 family
  − Annual Out-of-Pocket Maximum: $8,000 individual/$16,000 family, deductible is included
  − 80% coverage for billed charges or Plan Allowable Amount
MAP PLUS OPTION 2 HIGH DEDUCTIBLE PLAN
OVERVIEW

• Preventive Services:
  – Most preventive services are covered at 100% without a deductible
• Prescription Drugs
  – Annual deductible combined with medical
  – Preventive Medicines covered at 80% before deductible
    • List of Preventive Medicines may be found at:
      www.dowfamilyhealth.com/benefits/Employee Benefits - Information
  – In-Network Pharmacy
    • 80% after deductible (except for preventive medicines covered prior to deductible)
    • Show medical insurance card to have purchases recorded
• Out-of-Network Pharmacy
  – 50% after deductible
  – Submit Medical claim form to record all purchases
  – Mail order is optional
HEALTH MAINTENANCE ORGANIZATIONS (HMOs) AND OTHER PLANS

• You also may be able to choose an HMO for your medical and prescription Drug coverage
• Availability based on specific geographic location
  − Area defined by residential zip codes
• Independent medical plan operated by an HMO entity separate from Dow except for:
  − Eligibility rules
  − Payment of premiums
• Additional plans operate like HMOs but are self-insured:
  − CIGNA Self-insured plan in multiple (but specific) states
  − HealthPartners Minnesota plan
  − Blue Care Network in Michigan
  − Blue Cross/Blue Shield of Michigan - Illinois
  − Humana in Louisiana
MORE ABOUT HMOs AND OTHER PLANS

• HMOs provide services through independent medical offices or HMO-owned facilities

• You select a Primary Care Physician (PCP) from the HMO Staff, if required
  – Responsible for managing health care for you and your family
  – In-Network provider can refer you to a non-affiliated provider

• You must use the HMO providers and facilities in order to have coverage
  – Unless authorized by an HMO physician, or
  – Provided under emergency conditions

• Refer to the Benefits Decision Guide for additional information
USING YOUR MEDICAL PLAN

• Medical ID card(s) should arrive within 3 weeks of your enrollment
  • If cards not received, contact the HR Service Center

• In need of medical services before receiving your card?
  • Contact the HR Service Center to request an emergency notification to your health care vendor.
  • If not an emergency see a health care provider – Employee number and Medical Plan carrier name are needed
  • May need to pay up front for services rendered and submit claim later for reimbursement

• Need a prescription filled before receiving your card(s)?
  • Contact Medical Plan carrier before seeing a pharmacist
we strive. we lead. we thrive. we solve.
DENTAL PLAN OPTIONS

• PPO Basic Plan
  – Dow self-insured plan administered by Delta Dental

• PPO High Plan (PPO High)
  – Dow self-insured plan administered by Delta Dental

• Dental Maintenance Organizations (DMOs)*
  – Aetna Dental DMO
  – CIGNA Dental Health

*where available
DELTA DENTAL PLAN DEFINITIONS

• **Participating Dentists** — there are two types; both have agreed to charge no more than Delta Dental’s approved amount
  - Delta Dental Premier
  - Delta Dental PPO Dentist

• **Non-participating Dentists** - have not contracted with Delta
  - You will still have coverage
  - You will pay any amount above what Delta has defined as Plan Allowable Amount

• **Plan Allowable Amount**
  - Maximum the plan will pay for a particular service
COMMON QUESTIONS

• How much will my premium cost each month?
  – Monthly premiums depend on Dental Plan and Coverage Level (Employee, Employee + Spouse/Domestic Partner, etc.) elected
  – Additional premium surcharge for Tobacco Users
  – Refer to the Benefits Decision Guide for additional information

• How can I find a Dentist?
  – Delta Dental website: www.deltadentalmi.com
  – Ask your dentist if they participate in the plan you elected
DELTA DENTAL - PPO BASIC PLAN HIGHLIGHTS

- 100% coverage for diagnostic and preventive services before deductible (exams, x-rays, simple teeth cleanings)
- 50% coverage for:
  - basic services (fillings, amalgam or resin, root canals, extractions)
  - major services (cast restorations, crowns)
- $750 per person annual maximum for all services, preventive care does not apply to deductible
DELTA DENTAL – PPO HIGH PLAN HIGHLIGHTS (IF PPO MEMBER DENTIST)

• 100% coverage before deductible for diagnostic and preventive services (exams, x-rays, simple teeth cleanings)

• 80% coverage for:
  - basic services (fillings, amalgam or resin, root canals, extractions)
  - major services (cast restorations, crown)
  - (Note: Lower coverage for Delta Premier or Non-participating dentists)

• 50% orthodontic for PPO member or Delta Dental Premier participating dentist
  - Coverage for dependent children up to age 26
  - Coverage for adults - no age limit
  - $1,500 per person lifetime maximum for orthodontic

• $1,500 per person annual maximum for all services except orthodontic and preventive care
DENTAL MAINTENANCE ORGANIZATIONS (DMOs)

• You also may be able to choose a DMO for your dental coverage
  – Aetna Dental DMO
  – CIGNA Dental Health

• Availability based on specific geographic location
  – Area defined by home zip codes

• Independent dental plan operated by a DMO entity separate from Dow except for:
  – Eligibility rules
  – Payment of premiums
MORE ABOUT DMOs

• DMOs provide services through independent dental offices or DMO-owned facilities

• You select a Primary Care Dentist (PCD) from the DMO Staff
  – Responsible for managing dental care for you and your family
  – Can refer you to a non-affiliated provider

• You must use the DMO providers and facilities in order to have coverage
  – Unless authorized by an DMO dentist, or
  – Provided under emergency conditions

• Refer to the Benefits Decision Guide for additional information

*Research your provider network before selecting a DMO*
USING YOUR DENTAL PLAN

• DMO Plan participants will receive ID card(s) within 3 weeks of enrollment
  − Contact DMO or HR Service Center for missing dental cards

• For Delta Dental plans, no ID card is automatically provided
  − Dow’s group number is needed to see a participating dentist:
    • Basic Plus – 5432
    • PPO High – 9014
  − If desired, an ID card can be printed from the Delta Dental Consumer Toolkit at www.deltadentalmi.com
OTHER BENEFIT PLANS
HEALTH SAVINGS ACCOUNT (HSA)

• A special savings account to help pay for qualified current and future medical expenses

• Important eligibility rules apply:
  − Must elect MAP Plus Option 2 High Deductible Health Plan
  − You cannot be enrolled in any other coverage (including spouse’s) except for another high-deductible plan
  − You cannot be claimed as a dependent on someone else’s tax return
  − You must not be enrolled in Medicare

• Balances roll over from year to year, no “use it or lose it” requirement
HEALTH SAVINGS ACCOUNT (HSA) cont’d

• Contributions are made on a pre-tax basis
  − You may make changes to contributions amounts at any time, up to annual limits, no qualifying life event needed to make changes
  − 2013 Maximum annual contribution for Employee Only: $3,250; Employee plus any other dependent: $6,450

• Investment earnings and interest are tax-free when funds used for eligible expenses

• Plan administered by Fidelity Investments

• One-time rollover from an IRA allowed

• “Catch-up” contribution of up to an additional $1,000 allowed if age 55 or older and not enrolled in Medicare
REIMBURSEMENT ACCOUNTS

Save tax dollars by setting aside part of your pay before taxes are deducted, to be drawn on later for qualifying expenses

• Two types of Reimbursement Accounts, both administered by Aetna
  − Health Care: Health care expenses for you and your eligible dependents
    − Includes Limited-use FSA for Option 2 participants
  − Dependent Day Care: Day care expenses for eligible dependents

• Contribute pre-tax dollars to your account during calendar year, and use for expenses incurred during the Plan Year & January 1-March 15 of next calendar year

• Use funds in account to reimburse yourself for IRS qualifying expenses – see SPD for details

Use it or Lose it: Claims for reimbursement for qualified expenses incurred through March 15 of the following plan year must be received by April 30. Any unclaimed contribution will be forfeited.
HEALTH CARE REIMBURSEMENT ACCOUNT (HCRA)

- You may not be enrolled in the MAP Plus Option 2 High Deductible Plan (Limited-use FSA is available for Option 2 participants)
- Contribute between $100 up to a maximum of $2,500 annually
- If your Spouse is also eligible for a health care reimbursement account, he/she can contribute up to the maximum allowed under his/her plan.
- Health care expenses for a Domestic Partner are not eligible for reimbursement
- Common uses for account funds:
  - Medical—Optical, Deductibles, Co-Payments, Coinsurance
  - Prescriptions—Deductibles, Co-Payments, Coinsurance
  - Some Over-the-Counter medications with a doctor prescription
  - Dental—Co-Payments
HCRA AUTOMATIC ROLLOVER OPTIONS

• Allows Aetna to roll over un-reimbursed expenses from your medical and/or dental plan to be reimbursed directly from your HCRA
  – Example: At a doctor’s office, you will pay your regular co-pay. Aetna will send you a check for your out-of-pocket expenses once they exceed $50.

• Auto Debit Feature: If you have a prescription filled at a network pharmacy and have sufficient funds in your HCRA account, your prescription cost will automatically be taken from your HCRA. You will not pay at time of purchase.

• Available if enrolled in MAP Plus Option 1 High Deductible Plan, Aetna DMO and/or Delta Dental; not available to participants enrolled in the Limited-use FSA

• You should not elect this option if you:
  – Coordinate benefits with another medical plan, or
  – Would rather submit manual claim forms
LIMITED-USE FLEXIBLE SPENDING ACCOUNT (Limited-Use FSA)

• Works like the Health Care Reimbursement Account, with some differences
• Annual pre-tax contribution limit is $2,500
• Reimburse yourself for eligible health care expenses
• “Limited” aspect of this FSA refers to what eligible claims you can submit before and after you’ve met the Option 2 High Deductible

Use it or Lose it: Claims for reimbursement for qualified expenses incurred through March 15 of the following plan year must be received by April 30. Any unclaimed contribution will be forfeited.
<table>
<thead>
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<th>Before Option 2 Deductible is Met</th>
<th>After Option 2 Deductible is Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental cleanings, fillings, crowns, orthodontics</td>
<td>Eligible for reimbursement under Limited-use FSA or HSA</td>
<td>Eligible for reimbursement under Limited-use FSA or HSA</td>
</tr>
<tr>
<td>Contact lenses, eyeglasses, vision correction procedures (such as LASIK)</td>
<td>Eligible for reimbursement under Limited-use FSA or HSA</td>
<td>Eligible for reimbursement under Limited-use FSA or HSA</td>
</tr>
<tr>
<td>Medical &amp; Pharmacy annual deductible expenses</td>
<td>Eligible for reimbursement under HSA</td>
<td>N/A</td>
</tr>
<tr>
<td>Medical &amp; Pharmacy coinsurance (office visits, in-patient hospital stay, surgery)</td>
<td>Eligible for reimbursement under HSA</td>
<td>Eligible for reimbursement under Limited-use FSA or HSA</td>
</tr>
<tr>
<td>Over-the-counter drugs with a prescription</td>
<td>Eligible for reimbursement under Limited-use FSA or HSA</td>
<td>Eligible for reimbursement under Limited-use FSA or HSA</td>
</tr>
</tbody>
</table>
## COMPARING THE HSA, HCRA, and LIMITED-USE FSA

<table>
<thead>
<tr>
<th>Feature/Provision</th>
<th>HSA</th>
<th>HCRA</th>
<th>Limited-Use FSA</th>
</tr>
</thead>
<tbody>
<tr>
<td>High Deductible health plan</td>
<td>You must enroll in MAP Plus Option 2 High Deductible</td>
<td>You may not be enrolled in HCRA if you are enrolled in the MAP Plus Option 2 High Deductible</td>
<td>You may have a Limited-use FSA if you are enrolled in the MAP Plus Option 2 High Deductible</td>
</tr>
<tr>
<td>requirement</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Funding</td>
<td>Payroll-deducted pretax contributions to an HSA with Fidelity</td>
<td>Payroll-deducted pre-tax contributions</td>
<td>Payroll-deducted pre-tax contributions</td>
</tr>
<tr>
<td>2013 contribution limits</td>
<td>Single: $3,250 Family: $6,450</td>
<td>$2,500</td>
<td>$2,500</td>
</tr>
<tr>
<td>Eligible expenses</td>
<td>IRS-approved qualified expenses*</td>
<td>IRS-approved qualified expenses*</td>
<td>Dental and vision expenses (only) before deductible, qualified expenses* after deductible.</td>
</tr>
<tr>
<td>Rollover of unused balances</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Portability</td>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Use of funds</td>
<td>You may use up to the amount of funds currently in account.</td>
<td>You may use funds up to the full contribution amount you set for the year.</td>
<td>You may use funds up to the full contribution amount you set for the year.</td>
</tr>
</tbody>
</table>

*Expenses must be qualified medical, vision, pharmacy or dental expenses, as defined in Section 213(d) of the Internal Revenue Service Code.*
## Comparing the HSA, HCRA, and Limited-Use FSA

<table>
<thead>
<tr>
<th></th>
<th>HSA</th>
<th>Limited-use FSA</th>
<th>HCRA</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tax-free contributions</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Tax-free when used to pay for qualified expenses</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Account rolls over year to year</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Account grows with tax-free interest and investment returns</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Portable account (i.e. yours to keep if you leave Dow or retire)</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Start, stop or change contributions at any time</td>
<td>✓</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Full contribution amount elected during enrollment made available to use</td>
<td></td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Only available if enrolled in MAP Plus Option 2 High Deductible</td>
<td>✓</td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
DEPENDENT DAYCARE REIMBURSEMENT ACCOUNT (DCRA)

- May contribute $100-$5,000 per family annually
  - Total contribution cannot exceed $5,000 even if you and your Spouse both have access to an account
- Covers annual expenses for:
  - Child care for Dependent children under age 13 if you and your Spouse work or attend school full-time
  - Care for other Dependents who reside in your home and are physically or mentally incapable of self-care
HOW TO RECEIVE REIMBURSEMENT

• For HSA – HSA debit card (no claim forms to complete, but keep all receipts for tax records)
• For Limited-Use FSA
  – Complete and submit claim form with supporting documents,
  – Must have at least $50 of expenses to receive reimbursement
• For HCRA:
  – Complete and submit claim form with supporting documents, or
  – Receive automatic reimbursement if Automatic Rollover elected
  – Must have at least $50 of expenses to receive reimbursement
• For DCRA:
  – Complete and submit claim form with supporting documents
  – Sufficient funds must be in your account before you can receive reimbursement
• Claim forms can be found on My HR / Forms or www.dowfamilyhealth.com
• Direct deposit is available
EMPLOYEE ASSISTANCE PROGRAMS (EAP)

*Individualized assistance to help balance demands of home and work*

- Administered by Aetna
- Professional, confidential counseling for employees and eligible dependents, at no cost to you within plan guidelines.
- Counselors are available 24 hours a day, 7 days a week to help with a variety of problems:
  - Stress, Substance Abuse, Depression, Domestic Violence, Divorce, Parenting, Grief and Loss, Financial, Workplace Issues, etc.
- Call (800) 7DOWDOW (736-9369) and select option #3 from menu
LifeCare – LIFE EVENT MANAGEMENT SERVICES

• LifeCare provides referral services and work/life information to employees and immediate family members in such topics as:
  − Child Care & Parenting – child care centers, prenatal care
  − Education – colleges/ universities; college financing, tutoring; special education
  − Legal/Financial - legal consultation; personal finance; credit and debt counseling
  − Health & Wellness - diet & nutrition; fitness/exercise; general health
  − Adult Care & Healthy Aging – caregiver issues; in-home services; hospice
  − Daily Life - discount programs, wedding planning, plumbers, automotive services

• 24-Hour internet and telephone access
  − www.lifecare.com
  − Call (800)7DOWDOW (736-9369) and select option #4 from menu
we strive. we lead. we thrive. we solve.
LIFE INSURANCE – GENERAL INFORMATION

• Administered by MetLife
• Group Term Life Policy
• Employee, Spouse/Domestic Partner, Child coverage
• Dow Dual Career couple* – only one can cover the Child(ren)
• Life Insurance Beneficiary Designation
  − You are the beneficiary for Dependent Life Insurance Plans for your Spouse/Domestic Partner and Child(ren)
  − Designate your beneficiary(ies) on the MetLife website*
    • https://mybenefits.metlife.com/MyBenefits/ssi/commonAccess.do

* Refer to Introduction/General Benefits Information section for details
EMPLOYEE LIFE INSURANCE

Pays a benefit to your beneficiary(ies) upon your death

• Company-Paid Life Insurance coverage is automatic
  – 1X (one times) your base annual salary, up to $1.5 million
  – You are automatically enrolled in this company-paid benefit

• May elect Employee-Paid Life coverage for yourself
  – ½x to 8x your base annual salary, up to $1.5 million
  – Can increase coverage by ½X each year during annual enrollment without statement of health
  – Premiums based on your salary, age and use of tobacco products
WILL PREPARATION & ESTATE RESOLUTION SERVICES

If you are enrolled for Employee-Paid Life Insurance, MetLife’s Will Preparation Service is available to you, and Estate Resolution Service can assist your survivors

Will Preparation Service:

• Prepare or update a standard will at no cost, using one of Hyatt Legal Plans’ more than 10,000 network attorneys
• Using a non-network attorney, receive partial reimbursement for will preparation – current reimbursement limits are $150 for employee will, and $175 for employee & spouse will
• Call Hyatt Legal Plans at 1-800-821-6400 -- State you are a Dow Employee, Group Number 11700, and are calling about Will Preparation Service

Estate Resolution Service:

• Provides a Hyatt network attorney (or partial reimbursement for a non-network attorney) to probate your estate
DEPENDANT LIFE INSURANCE SPOUSE/DOMESTIC PARTNER

*Assists you financially upon the death of your Spouse/Domestic Partner*

- Coverage options: $10,000 to $250,000 in increments of $10,000
  - Can increase coverage by one $10,000 increment during open enrollment without statement of health

- Premiums based on:
  - Coverage level
  - Spouse/ Domestic Partner’s age
  - Use of tobacco products
DEPENDANT LIFE INSURANCE - CHILD

Assists you financially upon the death of your eligible Dependent Child(ren)

• **Coverage options:** $2,000, $5,000 or $10,000 for each Child
  - Same monthly premium applies, regardless of number of children covered

• **No limits on increasing coverage**

• **Reminder:** For Dual Career couples, only one employee can cover the children
BUSINESS TRAVEL ACCIDENT INSURANCE & OCCUPATIONAL ACCIDENT INSURANCE

Assists you or your surviving beneficiaries financially if you are injured or die on the job as a result of a qualified accident

- Administered by National Union Fire Insurance Company of Pittsburgh PA (NUFIC), a Chartis company
- You are covered automatically
- Company pays 100% of the premiums
- Benefits payable are a percentage of the Principal Sum, and differ based on the type of accidental injury
BUSINESS TRAVEL ACCIDENT INSURANCE & OCCUPATIONAL ACCIDENT INSURANCE

Business Travel Accident Insurance (BTA)

• Covers accidental death and specified injury that occurs while traveling on authorized Company business
• Spouse/Domestic Partner and Dependent children are eligible for coverage
• Principal Sum is 5X base annual salary to $2 million maximum

Occupational Accident Insurance (OAI)

• Covers on-the-job accidental death and specified serious injury
• No Dependent coverage
• Principal Sum is 4X base annual salary to $1 million, subject to $100 million aggregate limit
VOLUNTARY GROUP ACCIDENT INSURANCE (VGA)

- Administered by National Union Fire Insurance Company of Pittsburgh PA (NUFIC), a Chartis company
- Accidental Death and Dismemberment Plan (AD&D)
- Covers accidental death and specified serious injury
- Coverage available for you, your Spouse/Domestic Partner and children
- Must enroll for Employee coverage if you want to enroll your Spouse/Domestic Partner
- Dual Career—cannot cover each other, must elect No Coverage for Spouse/Domestic Partner VGA coverage
VOLUNTARY GROUP ACCIDENT INSURANCE (VGA) - EMPLOYEE

Benefits payable are a percentage of the Principal Sum, and differ based on the type of accidental injury

- Employee coverage (Principal Sum) options: $10,000 - $500,000 in increments of $10,000
- Benefits payable are a percentage of the Principal Sum, and differ based on the type of accidental injury
  - Loss of Life: 100%
  - Loss of Sight in One Eye: 50%
  - Permanent and Total Disability: 100%
  - See SPD for further examples
BUSINESS TRAVEL ACCIDENT INSURANCE & OCCUPATIONAL ACCIDENT INSURANCE

Assists you financially in the event of the death or qualified injury due to an accident of your Spouse / Domestic Partner

• Spouse/Domestic Partner coverage (Principal Sum) options of $10,000 - $250,000 in increments of $10,000

• Benefits payable are a percentage of the Principal Sum, and differ based on the type of accidental injury

• Dependent Children are automatically covered at no additional cost, if you and your Spouse/Domestic Partner are both enrolled in the Plan
  - Single parent – Dependent Children are automatically covered
LONG-TERM DISABILITY (LTD) INCOME PROTECTION PLAN

*Provides income in the event that an illness/injury prevents an Employee from working for more than six months due to total/continuous disability*

- Administered by Liberty Life Assurance Company of Boston (Liberty)
- Company-Paid 50% Income Protection
  - You are enrolled automatically
  - Covers 50% of your base monthly salary
- Optional 16.7% Income Protection – Full-time Employees only
  - You pay the additional premium
  - Adds 16.7% onto Company-paid 50% coverage
- If you have less than 1 year of continuous service and file a claim that is approved for benefit payments, you will receive disability benefits for only 12 months.
RETIREMENT PROGRAMS:

EMPLOYEES’ SAVINGS PLAN
PENSION PLAN

we strive. we lead. we thrive. we solve.
EMPLOYEES’ SAVINGS PLAN

*Dow’s 401(k) plan allows you to save a percentage of your pay and receive Company matching funds*

- Full-time or less-than-full-time employees are eligible to begin contributing upon hire
- The plan provides:
  - 30+ investment (fund) options
  - Flexibility in changing investment choices
  - An opportunity to roll over prior 401(k) plans to the Dow account
  - 24-hour access to personal account information via the internet and phone
  - Loan feature (Maximum of 3 loans)
- Fidelity Investments is the Plan’s Trustee and Record Keeper
EMPLOYEES’ SAVINGS PLAN

• Dow matching contributions*
  • No waiting period for Company match
  • Company match is 4% of base pay when you contribute 6% or more
    — 100% on the first 2%
    — 50% on the next 4%

• Automatic enrollment/Automatic increase features
  • If you do not enroll within 60 days of your hire date, you will be automatically enrolled at 3% of base pay
  • Annual 1% increase until you reach 6% (each April 1)
  • Must take action if you wish to opt out or change contribution amount by calling Fidelity or going to www.netbenefits.com/dow.
**EMPLOYEES’ SAVINGS PLAN**

- Employees can contribute from 1% to 40% pre and/or post tax base pay
  - Pre-tax contributions are subject to IRS limits

- Employees 50 or older can contribute an additional $5,500 annually – requires separate enrollment
  - Referred to as ‘catch-up’

- Base pay is employees monthly rate of pay excluding special compensation (e.g. bonuses, overtime pay, relocation expenses)
EMPLOYEES’ SAVINGS PLAN - RESOURCES

• You should receive an enrollment email from Fidelity within 3 weeks of your hire date
• When you receive the email your Fidelity account has been activated
• If you have questions, contact Fidelity:
  – Phone (877) 440-4015
  – Website: www.netbenefits.com/dow
    o Accessible from the Internet or Dow Intranet
    o NetBenefits Online Planning Center contains:
      – Information about the Plan and your investment options
      – Access to a library of information on general investment topics
      – Tools and worksheets to help plan for financial goals, including Retirement
    o Register beneficiaries
Personal Pension Account (PPA)*

• PPA is a qualified defined benefit pension plan

• Dow/UCC pay 100% of the cost
  – No employee contributions are required

• Employees become vested after 3 years of service
  – Must work at least 1,000 hours in each of the 3 years

• 5% of qualifying compensation is credited to your PPA annually (December 31 of each year)

• Qualifying compensation: Base Pay, actual Performance Award, overtime at straight time rate

*Dow Employees’ Pension Plan (DEPP) – Personal Pension Account (PPA) Component for Dow and ROH Employees
*Union Carbide Employees’ Pension Plan (UCEPP) – Personal Pension Account (PPA) Component for UCC Employees
Personal Pension Account (PPA)*

• Your PPA balance grows with interest throughout your career
  – Interest credited to account on 12/31 of each year
  – Crediting rate determined each September, based on 6-month Treasury bill rate plus 1.5%

• Upon leaving the Company, vested participants can
  – Receive PPA benefit as a Lump Sum
  – Receive PPA benefit as a monthly Annuity
  – Defer receiving your pension benefit – PPA balance will grow based on the crediting rate for each year

Use the appropriate DEPP or UCEPP SPD for Plan Details

*Dow Employees’ Pension Plan (DEPP) – Personal Pension Account (PPA) Component for Dow and ROH Employees
*Union Carbide Employees’ Pension Plan (UCEPP) – Personal Pension Account (PPA) Component for UCC Employees
Model Your Pension Benefit

Would you like to know what your current pension benefit looks like today or at some future date? Dow provides employees with a pension modeler to help you plan for retirement. You will be able to access the pension modeler from the Dow Benefits Website.
EMPLOYEES’ STOCK PURCHASE PLAN

- Enrollment occurs annually - typically in January
- Eligibility – must be an active employee by date specified in Prospectus and remain employed through end of the subscription period
- Opportunity to purchase Dow stock at a discounted price
  - May purchase up to a percentage of your annual base pay (generally 10%)
  - Minimum purchase of 5 shares
  - Two payment methods: Payroll deduction or Lump Sum payment
- Price is determined based on a discount from market price during a consecutive trading period
- For more information please refer to the Prospectus found on My HR Connection website – (Dow keyword – ESPP)
BENEFITS INFORMATION RESOURCES

• HR Service Center
  —(877) 623-8079 or (989) 638-8757
  —E-mail: hr@dow.com
  —8:00 a.m.- 6:00 p.m. EST (Monday-Thursday)
  —8:00 a.m.- 5:00 p.m. EST (Friday)

• SPDs and applicable forms:
  —My HR Connection – on the Dow Intranet
  —The Internet at www.dowfamilyhealth.com