

2014 Retiree Medical Premiums and Coverage Summary Pennsylvania

Aetna Health, Inc.

1-800-282-5366; www.aetnamedicare.com

2014 Monthly Premiums

This chart shows your monthly premium.

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	N/A	N/A	N/A	N/A
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	N/A	N/A	N/A
You and your SP of Record/ DP of Record both are Medicare Eligible	\$238.00	\$476.00	N/A	N/A

Please note: Pre-Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are neither age 65 or older, nor disabled as determined by Social Security. Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are age 65 or older and eligible for Medicare or who are eligible for Medicare due to disability prior to age 65.

The foregoing descriptions provide only general information about Dow's applicable compensation and benefits programs. You should refer to the plan document and summary plan description of the applicable plan for a more complete description of the plan's terms. If there is any conflict between the information provided above and the plan document or summary plan description for the applicable plan, the plan document or summary plan description will govern. This summary in no way alters any employee's status as an "at will" employee of Dow and does not create any third-party beneficiary rights, or any right to employment or continued employment with Dow or any of its affiliates. Dow reserves the right to amend or terminate the terms of the foregoing plans in accordance with their terms.

Enrollment in a Medicare HMO or disenrollment from a Medicare HMO is not effective without a valid enrollment / disenrollment from the Medicare HMO. Effective date of the enrollment is determined by the Medicare HMO. Contact Secova at 1-888-282-0424 to complete this process.

Pennsylvania Aetna Health, Inc.

1-800-282-5366; www.aetnamedicare.com

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual	Not Available if Pre-Medicare Eligible	None
Deductible: Family		None
Out-of-Pocket Max: Individual		\$6,700 (medical)
Out-of-Pocket Max: Family		None
Physician Visit		\$15 Copay (PCP); \$20 Copay (specialist)
Chiropractic Visit		\$15 Copay for manipulation of the spine to the extent covered by Medicare
Routine Physical Exam		Covered at 100%
Routine Gynecological Exam		Covered at 100%
Routine Mammography		Covered at 100%
Inpatient Hospital		\$50 Copay per day for days 1-5
Emergency Room		\$50 Copay (waived if admitted)
Outpatient Surgery: Hospital		\$50 Copay
Outpatient X-Ray		\$20 Copay
Outpatient Lab		\$20 Copay
Mental Health: Inpatient		\$50 Copay per day for days 1-5
Mental Health: Outpatient		\$20 Copay
Substance Abuse: Inpatient		\$50 Copay per day for days 1-5
Substance Abuse: Outpatient		\$20 Copay
Durable Medical Equip and Max		\$20 Copay
Pharmacy: Generic Drug		\$10 Copay, up to 31-day supply
Pharmacy: Brand Name	\$30 formulary, \$45 nonformulary Copay, up to 31-day supply (closed formulary)	
Pharmacy: Mail Order	\$20 Generic, \$60 preferred brand, \$90 nonpreferred brand Copay, 90-day supply	

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.

2014 Retiree Medical Premiums and Coverage Summary

Pennsylvania

Keystone Health Plan East

1-877-393-6729; www.ibxmedicare.com

2014 Monthly Premiums

This chart shows your monthly premium.

	Retiree Only	Retiree + SP of Record / DP of Record	Retiree + Child(ren)	Retiree + SP of Record / DP of Record + Child(ren)
You and your SP of Record/DP of Record both are Pre-Medicare Eligible	N/A	N/A	N/A	N/A
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	N/A	N/A	N/A
You and your SP of Record/ DP of Record both are Medicare Eligible	\$400.50	\$801.00	N/A	N/A

Please note: Pre-Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are neither age 65 or older, nor disabled as determined by Social Security. Medicare Eligible refers to Retirees and their Spouses of Record / Domestic Partners of Record who are age 65 or older and eligible for Medicare or who are eligible for Medicare due to disability prior to age 65.

The foregoing descriptions provide only general information about Dow's applicable compensation and benefits programs. You should refer to the plan document and summary plan description of the applicable plan for a more complete description of the plan's terms. If there is any conflict between the information provided above and the plan document or summary plan description for the applicable plan, the plan document or summary plan description will govern. This summary in no way alters any employee's status as an "at will" employee of Dow and does not create any third-party beneficiary rights, or any right to employment or continued employment with Dow or any of its affiliates. Dow reserves the right to amend or terminate the terms of the foregoing plans in accordance with their terms.

Enrollment in a Medicare HMO or disenrollment from a Medicare HMO is not effective without a valid enrollment / disenrollment from the Medicare HMO. Effective date of the enrollment is determined by the Medicare HMO. Contact Secova at 1-888-282-0424 to complete this process.

Pennsylvania Keystone Health Plan East

1-877-393-6729; www.ibxmedicare.com

If you are interested in this HMO, please call them directly to verify that it is available in the county in which you live.

HMO Coverages	Pre-Medicare Eligible	Medicare Eligible
Deductible: Individual		None
Deductible: Family		None
Out-of-Pocket Max: Individual		None
Out-of-Pocket Max: Family		None
Physician Visit		\$15 Copay (PCP), \$20 Copay (specialist)
Chiropractic Visit		\$20 Copay (manual manipulation of the spine to correct subluxation)
Routine Physical Exam		Covered at 100%
Routine Gynecological Exam		Covered at 100%
Routine Mammography		Covered at 100%
Inpatient Hospital		\$100 Copay per admission; unlimited days each benefit period
Emergency Room		\$40 Copay, waived if admitted
Outpatient Surgery: Hospital		\$100 Copay for each Medicare-covered visit to an ambulatory surgical center or an outpatient hospital facility; prior authorization required
Outpatient X-Ray		Covered at 100%
Outpatient Lab		Covered at 100%
Mental Health: Inpatient		\$100 per admission; 190-day lifetime benefit maximum in a Medicare-approved mental health facility; prior authorization required
Mental Health: Outpatient		Prior authorization is also required
Substance Abuse: Inpatient		\$100 per admission; prior authorization required (A 90-day lifetime maximum applies to inpatient substance abuse received in a substance abuse treatment facility.)
Substance Abuse: Outpatient		Prior authorization is also required
Durable Medical Equip and Max		Covered at 100%, prior authorization required
Pharmacy: Generic Drug		\$10 Copay, 30-day supply
Pharmacy: Brand Name		\$25 formulary, \$50 nonformulary Copay, 30-day supply (open formulary)
Pharmacy: Mail Order		One Copay for up to a 90-day supply

Not Available if Pre-Medicare Eligible

Note: Except in certain emergency situations, HMO members must receive care and treatment through participating Providers in order to qualify for HMO benefits. Please refer to specific HMO benefits booklets for further details.