

2018 Retiree Medical Premiums and Coverage Summary

Michigan

Blue Care Network of Michigan

1-800-450-3680; www.bcbsm.com

2018 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	\$327.00	\$653.00	\$653.00	\$980.00
You are Medicare Eligible and your SP of Record/ DP of Record is Pre-Medicare Eligible or vice versa	N/A	\$589.50	N/A	\$916.50*
You and your SP of Record/ DP of Record both are Medicare Eligible	\$263.50	\$527.00	\$589.50*	\$854.00*

* For assistance in enrolling in this coverage level, please contact the Retiree Service Center at 1-800-344-0661.

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 the Dow Retiree Service Center at 800-344-0661 to complete this process.

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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	None
Deductible: Family	None	None
Out-of-Pocket Max: Individual	\$6,450	\$6,700
Out-of-Pocket Max: Family	\$12,900	\$6,700 per member
Physician Visit	\$15 copay (PCP); \$30 copay (specialist)	\$20 copay
Chiropractic Visit	\$30 copay	\$20 copay when referred
Routine Physical Exam	Covered at 100%	Covered at 100%
Routine Gynecological Exam	Covered at 100%	Covered at 100%
Routine Mammography	Covered at 100%	Covered at 100%
Inpatient Hospital	\$250 copay	Covered at 100%
Emergency Room	\$100 copay, waived if admitted, however inpatient copay will apply	\$50 copay waived if admitted; \$100 OON copay
Urgent Care	\$15 copay	\$20 copay
Outpatient Surgery: Hospital	\$100 copay	Covered at 100%
Outpatient X-Ray	Covered at 100%	Covered at 100%, office visit copay may apply
Outpatient Lab	Covered at 100%	Covered at 100%, office visit copay may apply
Mental Health: Inpatient	Covered at 100% when authorized; unlimited days	Covered at 100% when authorized, unlimited days
Mental Health: Outpatient	\$15 copay when authorized; unlimited visits	Covered at 100%, unlimited visits
Substance Abuse: Inpatient	Covered at 100% when authorized; unlimited days	Covered at 100% when authorized, unlimited days
Substance Abuse: Outpatient	\$15 copay when authorized; unlimited visits	Covered at 100%, unlimited visits
Durable Medical Equip and Max	Covered at 80%	Covered at 100%
Pharmacy: Generic Drug	\$10 copay, 30-day supply	50% coinsurance with a max of \$10
Pharmacy: Brand Name	\$20 formulary copay, 30-day supply (closed formulary), nonformulary not covered	50% coinsurance with a max of \$20 for preferred brand and \$40 for non-preferred brand and specialty
Pharmacy: Mail Order	\$20 generic, \$40 formulary, nonformulary not covered, 90 day supply	50% coinsurance with a max of: \$20 generic; \$40 preferred brand; \$80 for non-preferred brand and specialty

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.