

2018 Retiree Medical Premiums and Coverage Summary

Illinois

Blue Cross Blue Shield Michigan

1-800-752-1455; 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	\$1,023.00	\$2,271.00	\$1,410.00	\$2,658.00
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	N/A	N/A	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 the Dow Retiree Service Center at 800-344-0661 to complete this process.

Illinois

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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	
Deductible: Family	None	
Out-of-Pocket Max: Individual	\$2,500	
Out-of-Pocket Max: Family	\$5,000	
Physician Visit	\$15 copay (PCP), \$30 copay (specialist)	
Chiropractic Visit	\$30 copay	
Routine Physical Exam	Covered at 100%	
Routine Gynecological Exam	Covered at 100%	
Routine Mammography	Covered at 100%	
Inpatient Hospital	\$250 copay	
Emergency Room	\$100 copay, waived if admitted, however, inpatient copay will apply	
Urgent Care	\$30 copay	
Outpatient Surgery: Hospital	\$100 copay	
Outpatient X-Ray	Covered at 100%	
Outpatient Lab	Covered at 100%	
Mental Health: Inpatient	\$250 copay per admission*	
Mental Health: Outpatient	\$15 copay per visit*	
Substance Abuse: Inpatient	\$250 copay per admission*	
Substance Abuse: Outpatient	\$15 Copay per visit *Mental Health Parity legislation eliminates day and visit limits for Mental Health and Substance Abuse.	
Durable Medical Equip and Max	Covered at 100%, no maximum	
Pharmacy: Generic Drug	\$10 copay, 30-day supply; OON benefit: 75% of approved amt, less member copay	
Pharmacy: Brand Name	\$25 formulary, \$50 nonformulary copay, 30-day supply (open formulary); OON benefit: 75% of approved amt, less member copay	
Pharmacy: Mail Order	\$20 generic, \$50 formulary, \$100 nonformulary copay, 90-day supply	

Not Available if 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.

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CIGNA HMO National

1-800-CIGNA 24; www.cigna.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	\$878.00	\$1,981.00	\$1,220.00	\$2,322.00
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	N/A	N/A	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.

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CIGNA HMO National

1-800-CIGNA 24; www.cigna.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	\$250	
Deductible: Family	\$500	
Out-of-Pocket Max: Individual	\$3,000	
Out-of-Pocket Max: Family	\$6,000	
Physician Visit	\$20 copay (PCP); \$35 copay (specialist)	
Chiropractic Visit	\$35 copay; 60 days combined	
Routine Physical Exam	Covered at 100%	
Routine Gynecological Exam	Covered at 100%	
Routine Mammography	Covered at 100%	
Telemedicine	\$20 copay	
Inpatient Hospital	Covered at 90% after deductible	
Emergency Room	\$100 copay, waived if admitted	
Urgent Care	\$50 copay	
Outpatient Surgery: Hospital	Covered at 90% after deductible	
Outpatient X-Ray	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Outpatient Lab	Covered at 100% in doctor's office or independent lab; covered at 90% after deductible at outpatient facility	
Mental Health: Inpatient	Covered at 90% after deductible	
Mental Health: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Substance Abuse: Inpatient	Covered at 90% after deductible	
Substance Abuse: Outpatient	\$20 copay for office visit, 10% coinsurance for other services	
Durable Medical Equip and Max	Covered at 100%	
Pharmacy: Generic Drug	Greater of 20% or \$7; \$100 copay maximum per script; 30-day supply	
Pharmacy: Brand Name	Greater of 30% or \$30 formulary, greater of 40% or \$50 nonformulary; \$100 copay maximum per script; 30-day supply (open formulary)	
Pharmacy: Mail Order	Greater of 20% or \$16 generic, greater of 30% or \$85 formulary brand, greater of 40% or \$145 nonformulary brand; \$200 copay maximum per script	

Not Available if Medicare Eligible

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