

2019 Retiree Medical Premiums and Coverage Summary

Puerto Rico

TRIPLE-S, Inc

1-787-774-6060; www.ssspr.com

If You Retired With Full Service: 2019 Monthly Premiums

This chart shows your monthly premium. (*Full service means you retired after reaching 85 points or 30 years of service or over age 60 with 10 years of service).

	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	\$152.00	\$304.00	\$304.00	\$456.00
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

If You Do Not Have Full Service

Go to the Dow Corning Retiree Medical Premium Calculator, which can be found on the www.dowfriends.com website.

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	
Deductible: Family	None	
Out-of-Pocket Max: Individual	\$2,000 for major medical; \$6,350 total	
Out-of-Pocket Max: Family	\$6,000 for major medical; \$12,700 total	
Physician Visit	\$10 PCP, \$15 specialist	
Chiropractic Visit	\$15 copay through Triple-S Natural Program	
Routine Physical Exam	Covered at 100%	
Routine Gynecological Exam	Covered at 100%	
Routine Mammography	25% coinsurance; or covered at 100% if preventive	
Inpatient Hospital	\$200 copay per admission	
Emergency Room	\$50/illness; \$25/accident (waived if admitted); \$25 if recommended by Teleconsulta	
Urgent Care	N/A	
Outpatient Surgery: Hospital	Covered at 100%	
Outpatient X-Ray	25% coinsurance	
Outpatient Lab	25% coinsurance	
Mental Health: Inpatient	\$200 copay per admission, \$50 copay per partial admission	
Mental Health: Outpatient	\$5 group, \$15 individual	
Substance Abuse: Inpatient	\$200 copay per admission, \$50 copay per partial admission	
Substance Abuse: Outpatient	\$5 group, \$15 individual	
Durable Medical Equip and Max	25% coinsurance	
Pharmacy: Generic Drug	\$5 copay: Level 1 Preferred Generics & Level 2 Non-Preferred Generics; 30 day supply	
Pharmacy: Brand Name	\$10 copay: Level 3 Preferred Brand \$15 copay: Level 4 Non-Preferred Brand 20% coinsurance, \$15 min copay: Level 5 Preferred Specialty & Level 6 Non-Preferred Specialty; 30 day supply	
Pharmacy: Mail Order	\$10 copay: Level 1 Preferred Generic & Level 2 Non-Preferred Generic \$20 copay: Level 3 Preferred Brand \$45 copay: Level 4 Non-Preferred Brand; 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.