

MEDICARE RETIREE BENEFITS: 2022 ANNUAL ENROLLMENT

Let's talk benefits.

Your Dow benefits are centered around you,
helping you live a healthy and vibrant life.

The Dow logo, consisting of the word "DOW" in white, bold, sans-serif capital letters, is centered within a red diamond shape. A registered trademark symbol (®) is located to the right of the diamond.

DOW®



Enroll November 1 – 16, 2021.

You have flexible **Dow benefits...** make the most of them.

Start by being in the know, choosing what's best for you and using your benefits wisely throughout the year.

Be in the know. *page 3*

Learn about your options and what's new this year.

Choose what's best for you. *pages 4 – 6*

Make your choices November 1 – 16, 2021, on the Dow U.S. Benefits Site at <https://dowbenefits.ehr.com>.

Use your benefits wisely. *pages 7 – 8*

Make the most of your benefits throughout the year by considering quality, convenience and ways for you to save money.

Helpful resources you can use.

Benefits enrollment statement: Shows your contribution amounts and automatic coverage for 2022 if you don't enroll. It will be sent via mail before enrollment.

Dow U.S. Benefits Site: Re-designed with you in mind, providing information and an easy step-by-step process to help you choose your benefits. Go to <https://dowbenefits.ehr.com>.

Online information: Access general information about retiree benefits, programs and resources at www.dowbenefits.com.



Be in the know.



Review your retiree coverage and what's new for 2022.

No rate increases for most Dow plans. Rates for most Medicare health plans offered through Dow remain the same.

Note: There is a significant reduction in Aetna Medicare Advantage PPO premiums for 2022. If you are not currently enrolled in this option it may be worth another look.

As a reminder, overall costs previously reached caps, limiting the amount Dow pays toward retiree coverage. Meaning, your monthly contributions go up when there is any increase to plan costs. You can view the 2022 rates on the Dow U.S. Benefits Site or on your benefits enrollment statement (mailed to you prior to annual enrollment).

What you do matters. The actions you take can make a real difference in keeping health care costs in check. Read more on page 8.

New medical plan name, same great coverage. We've simplified the name of our core plan available through Aetna. MAP Plus Option 1 is now Low Deductible Medical Plan. While the name may have changed, what's covered remains the same.

In the Low Deductible Medical Plan? There are adjustments to out-of-pocket maximums for 2022. The updates align with the Affordable Care Act (ACA) regulations. If your out-of-pocket medical costs reach the maximum amounts below, you won't have to pay out-of-pocket costs for eligible in-network services for the rest of the year.

- **Individual (medical):**
4% of last active base salary up to \$5,600
- **Family (medical):**
8% of last active base salary up to \$11,150

Note: Separate prescription drug out-of-pocket maximums apply.

New non-participating provider claims deadline begins January 1, 2022. The deadline for filing non-participating provider claims will be 12 months from the date the service is rendered. Failure to file a claim within the deadline will result in a denial of the claim.

If you're enrolled in the Aetna Medicare Advantage PPO, there will be an upgrade to the system used to administer your health plan. Some basic information, including your member ID number, will change and you will receive a new ID card in December from Aetna.

Prescription drug coverage under the Low Deductible Medical Plan will transition to CVS for 2022. While coverage remains the same, CVS will take on the administration starting January 1, 2022. If you enroll for 2022, you will receive a new ID card from Aetna that includes the CVS prescription coverage information (including plan number to use when receiving your prescriptions). If you are currently in the Low Deductible Medical Plan, you should discard your prior ID card once you receive the replacement.

Choose what's best for you.



Enrollment is your chance to elect coverage that works for you. Take the time to make thoughtful decisions.

Checklist for enrollment

- ☒ **Consider your situation.** Look at your options, factor in your health status and needs, and think about your preferences.
- ☒ **Access enrollment.** Go to the Dow U.S. Benefits Site at <https://dowbenefits.ehr.com> during enrollment (November 1 – 16). Establish a new account if you haven't visited lately. Otherwise, take these steps:
 - ☒ Sign in with your username (which is the email you provided when registering) and password;
 - ☒ Complete the enhanced security by entering a verification code (follow the on-screen instructions). This helps to ensure your account and data stay secure.
- ☒ **Make your choices.** On the Dow U.S. Benefits Site homepage, select the option to enroll from the top notification bar and follow the step-by-step process.

Once you make your choices, you will see an enrollment confirmation screen. This is your verification that your elections were saved and applied. You can print it for your records.

Re-designed with you in mind.

The Dow U.S. Benefits Site (previously referred to as the Dow Benefits Enrollment website) has new features to help you choose the right options for your personal situation and get the most out of your Dow plans and programs throughout the year.

Ready to make your choices? The simple selection process will walk you through all the steps you need to take. Plus, you have quick and easy access to your pension account information (if applicable) and other resources.

Have a question about your benefits? Simply search key words or use the “Chat” button to get help from the interactive Virtual Guide.

Need personal assistance? The site makes it quick and easy to send a secure email message for help — or if you need more immediate assistance, you can connect with a service representative via phone.



- ☒ **Review dependents and beneficiaries.** Remember to review and update your dependents (who have coverage under the plan) and beneficiaries (who receive a benefit if you die) as needed. You will need to provide proof of eligibility for any new dependents you add during annual enrollment.
- ☐ Verify your dependents are still eligible for coverage under Dow plans. Reminder: when your dependents turn age 26, they are no longer eligible for health care unless incapable of self-sustaining employment because of a physical or mental disability. They are also no longer eligible for life insurance unless physically or mentally incapable of self-support.
- ☒ If you previously selected child dependent life insurance but no longer have any children under age 26, be sure to update your election to “No Coverage” when you enroll through the Dow U.S. Benefits Site.
- ☒ **Complete the spouse/domestic partner verification.** If you cover a spouse/domestic partner who is not yet eligible for Medicare, you must complete the spouse/domestic partner insurance verification process every year (even if you don’t actively enroll or change coverage) through the Dow U.S. Benefits Site. If you do not complete this process, your spouse/domestic partner will be removed from coverage. The system will walk you through the verification when you make your elections.

You must complete the verification even if you do not actively enroll or change coverage. In this case, you will be prompted to complete the verification.

We’re here if you have questions.

Get in touch with the Dow Retiree Service Center who can help explain your options and assist with your enrollment. Call **(800) 344-0661**. (Select 2 for health insurance, life insurance and the Dow U.S. Benefits Site.)

When to call the service center: You have a question about benefit eligibility or coverage, need to verify/update information (retiree only), or are having trouble with Dow U.S. Benefits Site registration or access.

If enrolling online, there is no need to call the service center to verify your elections. Once you make your benefit choices, you will see an enrollment confirmation screen that verifies your elections were saved in the system.

Other things to know.

If your spouse/domestic partner is also a Dow retiree (or employee), don't enroll for coverage twice. You may enroll separately or one of you can carry the other as a dependent. If you enroll separately, your deductibles and out-of-pocket amounts will be calculated individually. In addition, only one of you can carry dependent children. This is also true if your spouse/domestic partner is a current Dow employee.

Want to give others access to help you with your benefits? To allow another person to access information about your plan/benefits, you must have an approved authorization on file. This approval allows the other person to receive information and speak to the Retiree Service Center; it does not grant them permission to actually make changes for you. A copy of the authorization form can be found at www.dowbenefits.com. You will need to submit the signed (and notarized) form to the following address:

Dow North America Benefits
PO Box 2169
Midland, MI 48641-9984

To permit another person to make decisions for you without the need for your approval, you need to submit a Power of Attorney (POA) to Dow that describes the powers you wish to give. Reviewing and processing a POA requires a minimum of ten business days. If you need a POA in place for this year's annual enrollment, submit the POA for review as soon as reasonably possible to this address:

Core Legal Practices
Global Dow Center
2211 H.H. Dow Way
Midland, MI 48674
(email: fcorelp@dow.com | fax: (484) 638-6670)

If you waive coverage as a retiree after reaching age 65, you will not have an option to re-enroll. You will only have the option to re-enroll in a Dow medical plan in the future if you continue working past age 65 and can provide proof that you lost active coverage through another employer. In this case, you must re-enroll in Dow coverage within 90 days after your loss of other coverage.



Use your benefits wisely.



Take advantage of the available resources now and throughout the year.

Healthy living resources

We believe in helping our retirees achieve and maintain optimal health. You are invited to participate in Dow's global health promotion activities and programs. This includes helpful tools, resources and programs that demonstrate Dow's commitment to the health and wellbeing of our entire Dow family.

Retiree discounts

Dow is a major supplier to many companies who have extended their discounts on their products to Dow retirees. Check out the great deals on electronics, cars and more!

Volunteer opportunities

We encourage all Dow retirees to become involved in their communities by lending their time, talent and expertise through volunteer efforts. Dow supports volunteer organizations such as: Big Brothers Big Sisters, Habitat for Humanity, United Way and more.

Retirement Health Care Assistance Plan (RHCAP)

If you participated in the RHCAP while working at Dow, you can use it to help cover eligible Dow or non-Dow medical premiums (including premiums for stand-alone Medicare Part D plans) and Dow will match your funds dollar for dollar.

For additional information, go to www.dowbenefits.com or contact WageWorks Customer Service at (877) 924-3967.

Consider life insurance extras.

Funeral planning and discounts (available through company-paid life insurance) – Access to counselors and discounts on funeral services through Dignity Memorial. Visit finalwishesplanning.com or call (866) 853-0954.

Grief counseling (available through company-paid life insurance) – receive help dealing with any type of loss (up to five counseling sessions per event at no cost to you). Call (888) 319-7819 or visit metlifegc.lifeworks.com (username: metlifeassist | password: support).

As a reminder, dependent and/or company-paid life insurance can be waived at any time. This is an irrevocable decision. The amount that Dow pays over \$50,000 of life insurance value is reported as taxable income to you. Also, Dow offers Dependent Life Insurance so that you are able to access coverage at below-market rates. If you have Spouse Dependent Life coverage, the difference between the fair-market value and the amount you pay is reported as taxable income to you.

Contact the Dow Retiree Service Center or refer to the Summary Plan Descriptions (SPDs) available on the Dow U.S. Benefits Site and at www.dowbenefits.com for more details about your life insurance coverage.

Want to know more?

Visit www.dowbenefits.com.



How can you help keep health care costs in check? By making good choices.

This includes good choices for your health. Good choices when using your benefits. Good choices to manage your health risks.

What you do makes a real difference. Consider this:

- **Be a savvy shopper.** Find the best care options at the best price using tools available through your health plan.
- **Get virtual care anytime, anywhere.** Use telemedicine (if available through your health plan) such as Aetna's Teladoc. It's a lot like seeing a doctor except without the travel or wait time. Plus, it is typically at a lower cost.
- **Receive the right care at the right place.** If you are experiencing a true emergency, don't hesitate. Go to the ER. But if it's not a true emergency, consider receiving care through less expensive options, such as urgent care or your primary care doctor. And remember to use in-network doctors and facilities – it will save you money.
- **Ask about generics.** They're often just as effective, but much less expensive than the brand-name counterparts.
- **Be a champion of your health.** Staying on top of your health can help you avoid illness and injury. And a healthy lifestyle can help put you at your best.

These are some ideas to get you started – think about all you can do to make a difference for your overall wellbeing.

Legal notices

Your participation in Dow* medical coverage is subject to a number of legal requirements – on the part of both you and Dow. Some of these obligations are explained in further detail in this section. In particular, you are obligated to provide accurate and up-to-date information to Dow (see “Fraud against the plan.”) and you must comply with the applicable plan’s rules, including with regard to enrolling in coverage (see “Special mid-year enrollment provisions.” and “If you waive coverage as a retiree after reaching age 65.”). In addition, Dow’s medical coverage must comply with various laws and provide you with various required notices. This section provides you with information about these legal obligations and requirements. Other legally-required documents and notices can be found on www.dowbenefits.com and in the Summary Plan Descriptions for the company’s health and welfare plans.

Fraud against the plan: You are responsible for the accuracy of the information you provide to Dow. You should check to make sure you are in compliance with the spouse/ domestic partner of record and dependent eligibility rules of the applicable Summary Plan Description. Insurance fraud increases the cost of medical, dental, life and other benefits. If you file a statement or claim containing any false, intentionally incomplete or misleading information, or if you allow such a claim to be submitted on behalf of you or one of your dependents, or if you knowingly withhold relevant information from Dow, you will be responsible for the consequences. These consequences include, but are not limited to, (1) termination of coverage (either retroactively or prospectively), (2) reimbursement to the plan for payments made from the plan and all costs of collection such as attorneys’ fees, and/or (3) prohibiting you from enrolling in Dow benefits. The plan also may choose to pursue civil and/ or criminal action, and Dow may terminate your employment.

* Dow refers to the company and its subsidiaries that are authorized to participate in the benefit plans described in this guide.

Special mid-year enrollment provisions: If you decline to enroll in medical coverage for yourself or your dependents (including your spouse/domestic partner of record) because you have other health insurance coverage, you may in the future enroll yourself or your eligible dependents outside of the usual annual enrollment period if you or your dependent loses eligibility for the other coverage or the other employer ceases to make employer contributions for the other coverage. In order to have coverage, you or your eligible dependent must enroll within 90 days after the other coverage ends. However, if you or your dependent declined coverage because of other coverage provided through COBRA, you or your dependent must wait until the annual enrollment period or until the entire period of coverage available under the COBRA coverage has been exhausted. A failure to pay COBRA premiums is not a loss of such coverage. An individual need not elect COBRA coverage under another health plan in order to use these special enrollment provisions. Proof of eligibility is required within the 90-day period.

If you have a new dependent as a result of birth, adoption or placement for adoption, you may receive coverage for yourself and your new dependent if you enroll in coverage within 90 days after the birth, adoption or placement for adoption. Proof of eligibility is required within the 90-day period. The date of adoption or date of placement for adoption, whichever is earlier, will be the effective date of coverage.

To request special enrollment or obtain more information, contact the Plan Administrator at the address provided in the Summary Plan Description.

If you waive coverage as a retiree after reaching age 65: You will not have the option to re-enroll in a Dow medical plan in the future unless you continue working past age 65 and can provide proof that you lost active coverage through another employer. In this case, you must re-enroll in Dow coverage within 90 days after your loss of other coverage.

Grandfathered health plan: Dow believes that certain HMOs offered under company medical plans are “grandfathered health plans” under the Patient Protection and Affordable Care Act (PPACA), commonly referred to as federal health care reform. Contact the HMO directly or refer to the materials provided by your HMO if you want to know whether the HMO plan is grandfathered. Being a grandfathered health plan means that the plan may not include certain consumer protections of PPACA. Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the Dow Retiree Service Center. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at (866) 444-3272 or www.dol.gov/ebsa.

Women’s Health and Cancer Rights Act: The Women’s Health and Cancer Rights Act (WHCRA) of 1998 requires notice that certain reconstructive surgery after a mastectomy is covered to the extent required by law. While each Dow medical plan provided coverage for such surgery prior to the enactment of this law and may continue to provide this coverage despite being a retiree-only plan, this paragraph provides notice of rights under the law. If a participant receives benefits covered under the plan in connection with a mastectomy and elects breast reconstruction, the plan will provide coverage for:

- All stages of reconstruction of the breast on which the mastectomy has been performed,
- Surgery and reconstruction of the other breast to produce a symmetrical appearance,
- Prostheses, and
- Treatment of physical complications of all stages of mastectomy, including lymphedemas.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under the plan. If you would like more information on WHCRA benefits, you may contact the Plan Administrator at the address or telephone number listed in the Summary Plan Description.

HIPAA Privacy Notice: You were previously provided with a copy of the Health Insurance Portability and Accountability Act (HIPAA) Privacy Notice. You may request a copy of this notice at any time by calling the Dow Retiree Service Center, or you can download a copy at www.dowbenefits.com.

Children’s Health Insurance Program Reauthorization Act of 2009: The Children’s Health Insurance Program Reauthorization Act – referred to as CHIP – was enacted on February 4, 2009. The purpose of CHIP is to provide funding for Children’s Health Insurance under Medicaid and State Children’s Health Programs. The Act provides special enrollment rights under HIPAA. You will be entitled to enter the company’s medical plans and/or disenroll from the company’s medical plans if you or a dependent are covered under Medicaid or a CHIP plan, and coverage is terminated as a result of the loss or gain of eligibility for Medicaid or CHIP coverage. You must request coverage no later than 60 days after the date eligibility is lost, or the date you or a dependent are determined to be eligible for Medicaid or a CHIP Plan.

Full CHIP details are available in the notice at:
<https://www.dol.gov/sites/dolgov/files/EBSA/laws-and-regulations/laws/chipra/model-notice.doc>

Medicare Part D: Medicare-eligible retirees have the choice to enroll in a company-sponsored retiree medical plan (some of which are Medicare Part D plans) or a Medicare prescription drug (Part D) plan that is not sponsored by the company. When you become Medicare-eligible, if you enroll in Medicare Part D that is not sponsored by the company, you are not eligible to enroll in any retiree medical plan offered by the company. Company-approved Medicare Advantage HMOs, PPOs and the CVS SilverScript plan provide Medicare Part D prescription drug coverage that is as good as, or better than, the standard Medicare Part D coverage. See the Important Notice of Creditable Coverage, available on the next page or on www.dowbenefits.com. Enrolling in a private Medicare Part D plan may be a good choice if you:

- Are below 150 percent of the poverty level or if you are eligible for the Medicare low income subsidy (LIS),
- Don't have access to an employer-sponsored retiree medical plan (certain retirees are not eligible for company-sponsored coverage after they become eligible for Medicare), or
- Are covered as a dependent under your non-Dow spouse's medical plan.

Your rights and protections against surprise medical bills:

When you get emergency care or get treated by an out-of-network provider at an in-network hospital or ambulatory surgical center, you are protected from surprise billing or balance billing. Additional details are at www.dowbenefits.com.



Easy, online access to Dow retiree benefit details.

You can instantly access information in three simple steps:



1. Go to **www.dowbenefits.com**.



2. Click **“Retiree & Alumni.”**



3. Select **“Learn More”** under Dow Benefits, Dow Corning Benefits, Rohm & Haas Benefits or Union Carbide Benefits.

Important notice of Creditable Coverage (applicable to plan year 2022)

Dow and Union Carbide Corporation sponsor the following plans that provide Medicare prescription drug coverage: Retiree Low Deductible Medical Plan,* Medicare Supplement Plan (“MSP”),* Basic/Supplemental Plan (“Old Plan”),* Comprehensive Plan (“New Plan”),* Morton MMP,* Medicare Advantage PPO Plan, Morton PPO Plan,* and Medicare Advantage Health Maintenance Organizations (HMOs) participating in the Dow Insured Health Program, Union Carbide Corporation Insured Health Program or Rohm and Haas Insured Health Program.

The following plans sponsored by either Dow (including, but not limited to the plans offered under the Rohm and Haas Company Health & Welfare Plan) or Union Carbide Corporation provide Creditable Coverage for prescription drugs: Active Low Deductible Medical Plan, Active & Retiree High Deductible Medical Plan, Basic/Supplemental Plan (“Old Plan”), Comprehensive Plan (“New Plan”), Blue Care Network (self-funded HMO), Blue Cross/Blue Shield of Michigan (Illinois – self-funded HMO), CIGNA (self-funded HMO), HealthPartners Minnesota (self-funded HMO), Humana (self-funded HMO), HMSA, Triple S, and all HMOs participating in the Dow Insured Health Program, Union Carbide Corporation Insured Health Program or Rohm and Haas Insured Health Program.

Please read this notice carefully and keep it where you can find it. This notice has information about prescription drug coverage offered under the medical plans listed above (generally referred to in this document as “Dow or UCC coverage”) and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a (non-Dow-sponsored) Medicare drug plan. If you are considering joining, you should compare your current Dow or UCC

coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current Dow or UCC coverage and Medicare’s prescription drug coverage:

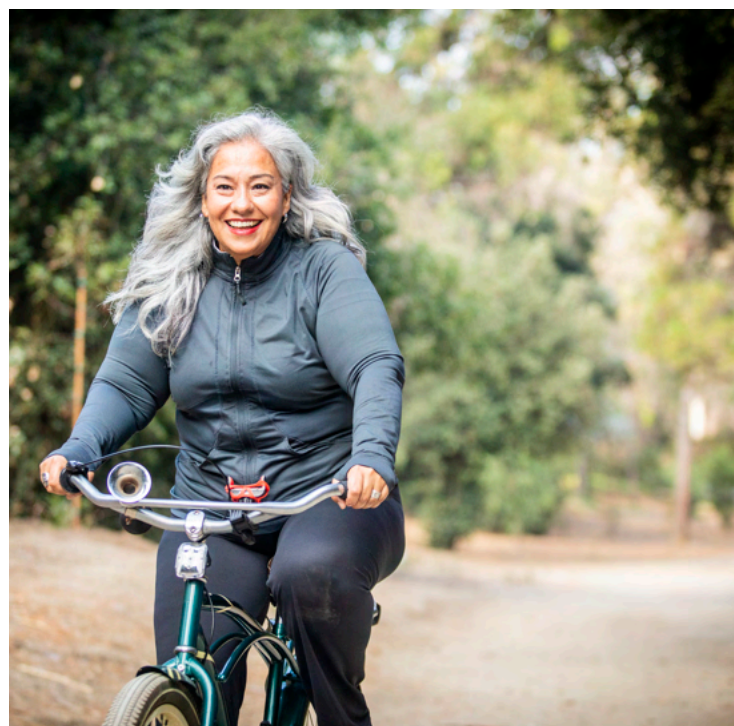
1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage, such as the Dow-sponsored CVS SilverScript (each plan identified with an asterisk), as well as the Dow-sponsored Medicare Advantage HMOs and Medicare Advantage PPO Plan. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Dow or Union Carbide Corporation, as applicable, has determined that the prescription drug coverage offered by the non-Medicare plans listed is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because this existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

** Prescription drug coverage provided through a Dow-sponsored Medicare Part D Plan (“CVS SilverScript”).*

When can you join a Medicare drug plan? You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th through December 7th. However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What happens to your current Dow coverage if you decide to join a Medicare drug plan? If you decide to join a Medicare drug plan, your current Dow or UCC coverage will be affected. If you enroll in Medicare prescription drug coverage (other than the Dow-sponsored plans listed above that provide Medicare prescription drug coverage), you will be disqualified from participation in any retiree medical and prescription coverage sponsored by Dow (including, but not limited to the Rohm and Haas Company Health Welfare Plan) or Union Carbide Corporation while you are enrolled in the Medicare prescription drug coverage. If you do decide to join a Medicare drug plan and drop your current Dow or UCC coverage, you and your dependents will not be able to get this coverage back, unless you continue to work and can show proof of coverage through another employer immediately prior to enrolling in a Dow retiree plan. If you were enrolled in the Old Plan or New Plan, you may not re-enroll in either the Old Plan or the New Plan unless you were enrolled in a Dow-sponsored Medicare Advantage HMO or PPO that provides prescription drug coverage. Check the applicable Summary Plan Description for details.

When will you pay a higher premium (penalty) to join a Medicare drug plan? You should also know that if you drop or lose your current Dow or UCC coverage and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later. If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without Creditable Coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.



For more information about this notice or your current prescription drug coverage:

Contact the Retiree Service Center at **(800) 344-0661**. Note: You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan and if this Dow or UCC coverage changes. You also may request a copy of this notice at any time.

For more information about your options under Medicare prescription drug coverage:

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call **800-MEDICARE (800) 633-4227**. TTY users should call **(877) 486-2048**.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security online at www.socialsecurity.gov, or call them at **(800) 772-1213** (TTY **(800) 325-0778**).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained Creditable Coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: Fall 2021

Name of Entity/Sender:

Dow
Ben Branch Center
2511 East Patrick Road
Midland, MI 48674
Phone: **(800) 344-0661**

The brief summaries of benefits in this guide provide only general information. You should refer to the plan document and Summary Plan Description of the applicable plan(s) for a more complete description of a plan's terms. If there is any conflict between (a) the information provided in this document and any oral or written representations made by anyone regarding a plan, and (b) the legal documents of a plan, including the plan document or Summary Plan Description for the applicable plan, the plan legal documents will govern. Dow reserves the right to amend, modify, and terminate the plan(s) described at any time in its sole discretion. The descriptions in this document are subject to change based on the terms of the plan(s) and applicable law.

Notes

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Dow North America Benefits
Ben Branch Center
2511 East Patrick Road
Midland, MI 48674

PRESORTED
FIRST CLASS MAIL
US POSTAGE PAID
MIDLAND MI
PERMIT NO. 16

Medicare Retiree

Annual enrollment: Choose your benefits November 1 - 16, 2021.