Benefits Summary - Midland Union

Holidays
There are seven paid holidays per year:

Vacation
Regular vacation is based on how many days worked. Refer to the following schedule for the days in which you have worked to determine your regular vacation hours for your first (partial) calendar year of employment:

<table>
<thead>
<tr>
<th>Days Worked</th>
<th>Days of Vacation</th>
</tr>
</thead>
<tbody>
<tr>
<td>60 Days</td>
<td>1 Day (8 Hours)</td>
</tr>
<tr>
<td>90 Days</td>
<td>8 hours Emergency Leave</td>
</tr>
<tr>
<td>120 Days</td>
<td>1 Day (8 Hours)</td>
</tr>
<tr>
<td>180 Days</td>
<td>4 Days (32 Hours)</td>
</tr>
<tr>
<td>270 Days</td>
<td>4 Days (32 Hours)</td>
</tr>
<tr>
<td>365 Days</td>
<td>4 Days (32 Hours)</td>
</tr>
</tbody>
</table>

For additional years of employment thereafter, the employee who is working is entitled to total standard vacation in accordance with the following schedules:

<table>
<thead>
<tr>
<th>Years</th>
<th>Total Days (Hours)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>16 Days (128 Hours)</td>
</tr>
<tr>
<td>3</td>
<td>17 Days (136 Hours)</td>
</tr>
<tr>
<td>4</td>
<td>18 Days (144 Hours)</td>
</tr>
<tr>
<td>5</td>
<td>18 Days (144 Hours)</td>
</tr>
<tr>
<td>6</td>
<td>19 Days (152 Hours)</td>
</tr>
<tr>
<td>7</td>
<td>20 Days (160 Hours)</td>
</tr>
<tr>
<td>8 through 15</td>
<td>21 Days (168 Hours)</td>
</tr>
<tr>
<td>16 through 19</td>
<td>22 Days (176 Hours)</td>
</tr>
<tr>
<td>20 years or more</td>
<td>25 Days (200 Hours)</td>
</tr>
</tbody>
</table>

Merit Vacation
An employee who has become eligible for standard vacation will earn additional vacation as follows: After five years of continuous employment they shall be entitled to five additional days (40 hours) of vacation during the ensuing five-year period. After ten years of continuous employment employees shall be entitled to ten additional days (80 hours) of vacation during the ensuing five-year period. After fifteen years of continuous employment they shall be entitled to 15 additional days of vacation (120 hours) during the ensuing five year-period. After twenty-five years of continuous employment they shall be entitled to 25 additional days of vacation (200 hours) during the ensuing five-year period. After thirty years of continuous employment, they shall be entitled to 30 additional days of vacation (240 hours) during each five-year period thereafter.

Short-Term Disability
Short-Term Disability is offered for injuries, illness or chronic medical conditions. The length of your paid sick leave is based upon medical necessity and follows a schedule determined by your service time.

Long-Term Disability
The Long-Term Disability (LTD) Income Protection Plan may provide income for you in the event an illness or injury prevents you from working six months or more.
**Parental / Adoption Leave**

Dow Corning’s Parental Leave allows a male employee to take up to 80 hours (2 weeks) of paid time off. This benefit is intended to provide time to bond with a birth child or adoptive child. See Adoption Assistance Program for paid leave benefits related to an adoptive child.

**Flexible Benefits Program**

Upon date of hire you are eligible to select from a number of benefit programs. Employees choose benefits specifically tailored to fit their personal and family needs including domestic partners. Benefits menu includes traditional medical plans plus HMO options in locations where available, Health Savings Account, dental plans, a vision plan, a legal plan, plus a variety of life insurance, long term disability, and accident insurance options. Employees are given an opportunity to change benefits options each year during an annual open enrollment period, or if the employee has a qualifying life event.

**Health Savings Account**

Employees if enrolled in the CDHP medical plan will automatically be enrolled in a Health Savings Account. Pre-tax contributions can be used toward qualified medical expenses.

**Flexible Spending Accounts**

Employees can create a Dependent Day Care flexible spending account of up to $5,000 from pre-tax earnings or a Health Care flexible spending account of up to $3,500 from pre-tax earnings.

**Annual Variable Incentive Plan**

Annual Variable Incentive Plan (AVIP) is a short-term incentive compensation plan. The purpose of the Plan is to provide P&M employees with a competitive short-term compensation up to 12% of gross annual wages that creates a sense of company ownership. The plan is designed to align with, and support Dow Corning’s growth strategy by rewarding efforts that directly impact the company’s financial goals.

**401k Investment Program**

Employees are eligible to invest up to 75 percent of base salary in either an after-tax savings plan, a pre-tax deferred 401(k) savings plan, or a combination of both immediately upon hire. Employee-directed investments can be in either a fixed income fund or various funds. If employee participates, the corporation will match 100% of the first three percent you contribute and 50% of the next four percent you contribute, for a total company match of 5 percent.

**Pension Plan**

Competitive pension plan based on length of service and compensation, fully funded by the corporation. You are fully vested in this plan after 5 years of employment.

**Employee Assistance Program**

Confidential employee and family counseling for life problems – personal issues, legal resources and information, referrals and resources for work-life needs, resources and tools for financial needs. Visit [www.achievesolutions.net](http://www.achievesolutions.net) for additional information.

**Employee Education Program**

Dow Corning values and supports education both at work and outside the work environment. Eligible employees must successfully complete course work that will enhance job performance, maximize career potential and bring value to Dow Corning. Eligibility is based on the employee’s documented developmental needs.

**Sick Dependent Care**

When either your dependent or their normal care provider becomes ill, Dow Corning will subsidize the cost of a temporary care provider to come to your home, up to a maximum of 80 hours per year.

**Adoption Assistance Program**

This program is designed to provide reimbursement for a portion of the expense associated with the adoption process. The Adoption Assistance Program reimburses employees up to $5,000 per child (up to $6,000 for a child with special needs) with a $12,000 lifetime maximum. Dow Corning’s Adoption Assistance Program also allows the primary caregiver to take up to 240 hours (6 weeks) of paid time off. This benefit is intended to provide time to bond with an adoptive child.
Fitness Facility
Dow Corning encourages employees to take responsibility to actively manage their health. On-site fitness centers are available at most US locations.

Talent Matters Employee Referral Program
Employees can earn a bonus by referring candidates as defined by the program guidelines. All Employees are eligible (and encouraged!) to participate.

*It is Dow Corning’s intention that these plans shall be permanent. However, Dow Corning reserves the right to terminate or amend any of these plans, in any respect, at any time. For further information, please contact our Human Resource Service Center 989-496-4772 or 800-440-0772.*
Dow Corning Corporation

New Employee Benefits Enrollment

2012

Health matters  Wealth matters  Life matters
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New Employees of Dow Corning Corporation

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</tr>
<tr>
<td>Appendix</td>
<td>39</td>
</tr>
</tbody>
</table>

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**Questions about your benefits enrollment?**

Contact the Americas Human Resource (HR) Service Center:

- **Outlook:** G1HRSC
- **E-mail:** HRSC@DOWCORNING.COM
- **Phone:**
  - (989) 496-4772
  - (800) 440-0772 outside the Midland exchange
- **Office hours:** Monday - Friday 8:00 a.m. - 5:00 p.m. EST
INTRODUCTION

Dear Fellow Employee:

As an employee at Dow Corning, enjoying your work and making valuable contributions to our company are equally vital. The health, satisfaction and security of you and your family are important to your well being and, ultimately, to the success of Dow Corning.

Throughout the years, Dow Corning has worked hard to maintain a competitive compensation package in order to attract and retain high quality employees. In today’s economic market, with the uncertainty of future mandates of National Health Care Reform, and with medical inflation generally continuing to increase faster than consumer prices each year, this is not an easy task.

Dow Corning is working to position itself well to respond to the economic challenges and mandates of Health Care Reform. In addition, the Company and its employees have worked together to restrain annual increases in the cost of coverage by aggressively embracing health care consumerism and wellness. The evidence of this is seen in:

- High enrollment in our Consumer Driven High Deductible Plan (CDHP) and its “companion” Health Savings Account (HSA)
- Significant participation in Company sponsored Wellness programs
- Substantial levels of involvement in Lifestyle Health Coaching programs

We have partnered with a number of national network providers to offer you an impressive array of benefit plan choices. These include options for Dental, Medical, and Vision coverage. In addition, Optional Life, Dependent Life, Accidental Death and Dismemberment and Long Term Disability Insurance programs offer varying coverage levels for employees and their covered dependents.* Beyond life and health coverage, there are still more choices – Flexible Spending Accounts, savings plans, the Legal Plan, and a host of educational and family-oriented programs. As each employee’s situation can be different, Dow Corning’s intent is to offer a flexible benefits package – one that can be configured by you to best fit your needs.

We encourage you to review the detail in this booklet and select the benefit plan(s) that are best for you and your family. Should you have questions about our plans, you can call the Human Resource Service Center (HRSC) toll-free number (800 440 0772) to obtain additional information or to obtain assistance in enrolling in a plan.

Please note: This enrollment booklet is a summary description of your Dow Corning benefit plans. If there is a discrepancy between these summaries and the Summary Plan Documents (SPDs), the SPDs shall prevail. This booklet and plan summaries do not constitute a contract of employment.

Sincerely,

Paul Schulte
Americas Benefits Manager

*See eligibility page for details
FLEX BENEFIT PLANS

Each of the following plans has a price tag (in dollars) assigned for purchase through the FLEX Plan benefits program:

- Medical
- Dental
- Vision
- Optional Life Insurance
- Dependent Life Insurance
- Accidental Death and Dismemberment Insurance
- Long-term Disability
- Legal

The provisions of these plans are outlined in detail in this booklet, but first, you need an explanation about how FLEX benefits work. It's really quite simple.

Each of the plan options has a price tag. The price tag differs depending on the number of dependents you choose to enroll. The three coverage levels are “employee only”, “employee +1”, or “employee +2 or more”.

Dow Corning provides you with benefit credits (in dollars) to spend on your medical, dental and long-term disability benefit plans. These credits are based on the number of dependents you choose to enroll.

If you have coverage elsewhere and do not need Dow Corning plan coverage, some of the plans have a waiver option, allowing you to waive enrollment and receive money in lieu of coverage. If you waive medical, you will receive $500 for that benefit year. If you waive dental, you will receive $150 for that benefit year. If you choose to waive enrollment, the money is prorated and distributed evenly in your paychecks throughout the year.

You should know…

- The following benefit plan deductions are taken from your paycheck on a pre-tax basis:
  - Medical
  - Dental
  - Vision
  - AD&D Life Insurance
  - Health Savings Account contributions
  - Flexible Spending Account contributions
- Per IRS regulations, Dow Corning cannot withhold benefit premiums for a domestic partner on a pre-tax basis.
- If you are the spouse of a Dow Corning employee and enrolled in your spouse’s medical or dental plan, you are not eligible for “waiver” benefit credits and will need to select the “waiver without credits” option.
- Part-time employees do not receive FLEX credits for dental coverage and are responsible for the full cost of coverage.
BENEFITS ENROLLMENT

Dow Corning offers a benefits package that is flexible: one that can be customized by you to fit your needs. When enrolling in a benefit plan, you are making a commitment for that calendar year. Enrollment must be made or changes are allowed to your benefit plans only as defined below:

- **New Hire:**
  - You have 60 days from date of hire to make your benefit elections
  - Newly eligible employees process their own benefit enrollments electronically via Employee Self Service (ESS). You are allowed access to ESS once your employee number and USERID have been established. For newly eligible employees, typically, this is on your second day of hire. Once enrolled, annual premiums are pro-rated and deducted from your paycheck each payroll period.
  - If you do not enroll at time of hire, you will automatically be enrolled in the following default plans:
    - Medical – CDHP (employee only)
    - Dental (employee only)
    - LTD (50%)

- **Life Event (i.e. birth, marriage, divorce):**
  - You have 60 days from the qualifying event date to make your benefit elections. Changes are effective on the date of the qualifying event (even if retroactive).
  - For more information on the type of eligible Life Events, follow this link on the Intranet: [http://intranet/benefits/Life%20Events/Life_Event_Index.htm](http://intranet/benefits/Life%20Events/Life_Event_Index.htm)

- **Open Enrollment** (allows you to change benefit plan elections for the following calendar year)
  - Typically every year November 1-15

To help you make your benefit choices, the following Internet websites allow you to review healthcare plan provider directories and information.

- BCBS: [http://www.bcbsm.com](http://www.bcbsm.com)
- Horizons Portal: [https://horizons.dowcorning.com](https://horizons.dowcorning.com)
- UHC Vision: [http://www.myuhcvision.com](http://www.myuhcvision.com)
- ValueOptions: [http://www.achievesolutions.net/dowcorning](http://www.achievesolutions.net/dowcorning)

The day after you complete your benefit enrollments through ESS, you will be able to view your benefit elections in Authoria. For additional information on your benefits, eligibility, and coordination of benefits, visit *Ask HR - Authoria*. See the appendix of this booklet for instructions.

The Dow Corning Horizons portal is where you can find links to other helpful information (once logged on to the portal go to Dow Corning and Me => Manage My Compensation and Benefits):

- Ask HR – Authoria
- Benefit Plan Descriptions
- Access Benefit Forms
- Access Benefit Participating Providers
- View My Paystub
- Manage HSA Contributions
- Update Tobacco Status
- View CAP Account
BENEFIT ELIGIBILITY

In order to enroll dependents for benefits, they must meet the eligibility criteria as outlined below.

DEPENDENT CHILD

You can enroll the following if they are under the age of 26:
- Your natural, legally adopted or step child
- A child for whom a court has issued a Qualified Medical Child Support Order (QMCSO)
- A child for whom you, your spouse or eligible domestic partner is the legal guardian (before enrollment, you must submit a copy of the appropriate court order document to the HR Service Center for approval)
- A child who is working and NOT eligible for their employer’s group health care plan
- Your grandchild, if the parent of the grandchild is also your eligible dependent

SPOUSE/DOMESTIC PARTNER

You can enroll:
- Your legal spouse
- Your eligible domestic partner of same or opposite sex. Specific eligibility criteria must be met and a notarized affidavit is required prior to enrollment. For more information about domestic partner eligibility criteria and forms, visit the following link on the Dow Corning Intranet: http://intranet/benefits/medical/Domestic%20Partner%20Overview.htm.
- You cannot enroll a domestic partner until your affidavit and supporting documentation has been submitted to the HR Service Center for approval.

If your spouse or domestic partner has access to an employer-subsidized plan and works greater than 17.5 hours per week, he or she must enroll for primary coverage under that plan and may be enrolled only for secondary coverage under your Dow Corning Plan.
COORDINATION OF BENEFITS

Working Spouse/Domestic Partner Employer Plan

If your spouse/domestic partner is an employee of another company and is eligible for an employer-subsidized plan, he or she must enroll for primary coverage through that company’s benefit plan. He or she will be eligible for primary medical and/or dental coverage through your Dow Corning Plan if:

- He or she works less than 17.5 hours per week, regardless of whether your spouse/domestic partner’s employer subsidizes medical or dental coverage.
- He or she works 17.5 or more hours weekly, but is not currently eligible for an employer-subsidized plan.

If your spouse/domestic partner's employer offers a financial incentive to employees who do not elect coverage through that company's benefit plan, this is benefit subsidy. Your spouse/domestic partner must enroll for primary coverage under that plan. He or she may, however, be enrolled for secondary coverage under your Dow Corning Plan.

Auto Insurance Primary Policy

Under Michigan law (as well as in other “no-fault” states), auto owners are required to carry a certain level of personal injury liability coverage to pay for medical expenses related to injuries resulting from auto accidents. This coverage is unlimited, which means that for as long as medically necessary, the auto insurance company is required to provide coverage for an auto-related injury.

For people covered under group health insurance, the state will permit the auto insurer to offer a “coordinated” policy at a lower premium. When such a policy is in effect, the group health plan pays the majority of the expenses and the auto carrier covers what the group health plan does not.

Many self-funded, employer-provided group health plans do not “coordinate” with auto insurance. However, in order to maintain sustainable and competitive health care plans, Dow Corning requires that your auto insurer cover the medical expenses first, and the company provides secondary coverage. Our health care plans are designed this way for several reasons:

- Auto insurance policies are designed to reimburse for this type of potentially catastrophic loss.
- Auto carriers participate in catastrophic loss pools. The risk from these types of major claims can be spread over many insurance companies, not just one employer health plan.
- Dow Corning’s group health plan will be protected from potential catastrophic claims. Providing coverage for these types of claims could potentially increase employee premiums.

So if you live in Michigan or any other no-fault state, your auto insurer may ask if you have a group health plan which covers auto injury claims as primary. Your answer to such a question should be “no.” Your insurer will then design your policy so that your auto insurance is the primary payer if you incur medical expenses related to an auto accident in the future. As a result of this change in auto coverage, your insurer will generally charge a slightly higher premium.
DENTAL

Once enrolled, coverage is effective on your first day of work.

If you fail to enroll in a dental plan within two months from your start date, you will automatically be enrolled in the Delta Dental Plan for Employee Only.

Plan Highlights

Dow Corning offers dental coverage through Delta Dental of Michigan, the nation’s largest dental benefits system.

The Delta Dental plan provides three levels of coverage, according to the dentist you select and the coverage level in which your dentist participates. The three levels of coverage are:

- **Delta Dental PPO:** This provides the highest level of coverage. Delta Dental will pay the dentist directly (there are no claim forms to submit), based on the dentist’s submitted fee or the PPO fee schedule, whichever is less. If the PPO fee schedule is lower than the submitted fee, the dentist cannot charge you for the difference. You are only responsible for your co-insurance.

- **Delta Dental Premier:** Compared to the Delta Dental PPO, your coverage levels will be lower for some services, which means that your co-insurance will be higher. Delta Dental pays your participating dentist directly (there are no claim forms to submit), based on the dentist’s submitted fee or the Delta Dental Premier fee schedule, whichever is less. If the Delta Dental Premier fee schedule is lower than the submitted fee, the dentist cannot charge you for the difference. You are only responsible for your co-insurance.

- **Non-participating:** You will be responsible for paying the dentist whatever he or she charges at the time of your appointment. Your dentist may file the claim form for you. Delta Dental will send the plan-allowed reimbursement to you, based on the fee schedule for non-participating dentists. A non-participating dentist can bill you for the difference between the Delta Dental fee schedule and the dentist’s fee.

You should know...

- You can visit [www.deltadentalmi.com](http://www.deltadentalmi.com) to locate participating dentists in your local area. This website can be used regardless of your state of residence.
DENTAL

<table>
<thead>
<tr>
<th>Plan Features</th>
<th>Delta Dental PPO</th>
<th>Delta Dental Premier</th>
<th>Non-Participating**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual maximum benefit/person</td>
<td>$1,500</td>
<td>$1,500</td>
<td>$1,500</td>
</tr>
<tr>
<td>Diagnostic &amp; preventive services, and radiographs</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Sealants, oral surgery, minor restorative services, periodontics and endodontics</td>
<td>90%</td>
<td>75%</td>
<td>75%</td>
</tr>
<tr>
<td>Major restorative services and prosthodontics</td>
<td>70%</td>
<td>60%</td>
<td>60%</td>
</tr>
<tr>
<td>Dental Implants</td>
<td>50%, up to a $500 benefit per implant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Orthodontics - $1,500 lifetime maximum applies</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
</tbody>
</table>

*The level of coverage applicable to you and your family will be determined by the dentist you select and the level of coverage in which your dentist participates.

**A non-participating dentist can bill you for the difference between Delta Dental’s fee reimbursement schedule and the actual fee submitted by your dentist to Delta Dental.

Annual Premium Costs for 2012*

<table>
<thead>
<tr>
<th>Plan Price tag</th>
<th></th>
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<tr>
<td>- EE Only</td>
<td>$ 487</td>
</tr>
<tr>
<td>- EE + 1 / DP + 1</td>
<td>$ 975</td>
</tr>
<tr>
<td>- EE + 2 / DP + 2</td>
<td>$1,462</td>
</tr>
<tr>
<td>Dow Corning Credits</td>
<td></td>
</tr>
<tr>
<td>- EE Only</td>
<td>$ 379</td>
</tr>
<tr>
<td>- EE + 1 / DP + 1</td>
<td>$ 771</td>
</tr>
<tr>
<td>- EE + 2 / DP + 2</td>
<td>$1,162</td>
</tr>
<tr>
<td>Your Premium (prorated &amp; deducted by your payroll frequency)</td>
<td></td>
</tr>
<tr>
<td>- EE Only</td>
<td>$ 108</td>
</tr>
<tr>
<td>- EE + 1 / DP + 1</td>
<td>$ 204</td>
</tr>
<tr>
<td>- EE + 2 / DP + 2</td>
<td>$ 300</td>
</tr>
</tbody>
</table>

*Price tag minus Dow Corning credits equals your premium for the year
Once enrolled, coverage is effective on your first day of work.

If you fail to enroll in a medical plan within two months from your start date, you will automatically be enrolled in the default plan of CDHP for Employee Only.

**Plan Design Highlights**

**PPO**
Under a Preferred Provider Organization (PPO) plan, a network of doctors is available for your use. If you use a doctor in the network, the doctor accepts a discounted fee reimbursement from the carrier (the “in-network rate”) and cannot bill you for any difference between the carrier’s reimbursement and the doctor’s actual fee. If you go out-of-network, the charges are paid at an out-of-network rate and you can be billed the difference between the doctor’s charge and the plan’s allowed amount.

Dow Corning offers two PPO medical plan designs, administered by Blue Cross Blue Shield (BCBS) of Michigan. Although the company contracts with BCBS of Michigan, your coverage is world-wide.

- **PPO:** After an annual deductible, this plan generally provides 90 percent coverage when services are received in-network and 70 percent coverage when services are received out-of-network. Certain services require a copay each time the service is incurred (i.e. office visits, prescriptions, etc.).

- **Consumer Driven Health Plan (CDHP):** This option is also a PPO and in general, works like a “traditional” PPO plan after a higher deductible has been met. After an annual deductible, the plan generally provides 90 percent coverage when services are received in-network and 70 percent coverage when services are received out-of-network. This high deductible plan design also includes a Health Savings Account (HSA) which allows you the opportunity to save for health care expenses on a pre-tax basis.

**HMO**
Under a Health Maintenance Organization (HMO), you select a primary care physician (PCP) who will manage your care and, if needed, refer you to a specialist in the network. Except in an emergency or unless directly referred by the PCP, you will be responsible for 100% of the cost if you receive care outside of the network.

Dow Corning offers one HMO plan design, administered by HealthPlus of Michigan. This plan is limited to a coverage area of mid-Michigan including Bay City, Flint, Midland, and Saginaw.

Refer to pages 12 and 13 of this booklet for side-by-side comparisons of the medical plan designs.
## MEDICAL

### Annual Premium Costs for 2012

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<th>Plan Price tags</th>
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<th>PPO</th>
<th>HealthPlus</th>
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<td>- EE + 1 / DP + 1</td>
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<td>- EE + 2 / DP + 2</td>
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<table>
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<th>HealthPlus</th>
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<th>Your Premium</th>
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<th>HealthPlus</th>
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</tr>
<tr>
<td>- EE + 2 / DP + 2</td>
<td>$ 756</td>
<td>$ 4,668</td>
<td>$ 3,408</td>
</tr>
<tr>
<td>- Waiver with Credits</td>
<td>$ 500</td>
<td>$ 500</td>
<td>$ 500</td>
</tr>
<tr>
<td>- Waiver without Credits*</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>

* If you are the spouse of a Dow Corning employee and enrolled in your spouse’s medical plan coverage, you are not eligible for waiver benefit credits and will need to select the “waiver without credits” option.
**MEDICAL**

*You should know.....*

- **BCBS** – visit [www.bcbsm.com](http://www.bcbsm.com) to view the participating providers directory
- **HealthPlus** – visit [www.healthplus.com](http://www.healthplus.com) for participating providers directory.
- Refer to the Cost and Coverage Comparison Chart for details.
- All medical plan options cover preventive services at 100%, with no deductible or coinsurance. (routine physicals, well child check-ups, immunizations, mammogram, GYN exam, cancer screenings, etc).
- The CDHP option provides 100% coverage for certain prescriptions including blood pressure and cholesterol lowering medications.
- The CDHP option includes a Health Savings Account (HSA) – see page 28 of this booklet.
- An HSA is a tax-advantaged account to help you save for future medical costs.
- Dow Corning will contribute to your HSA in 2012 and you can elect to contribute pre-tax dollars. See page 28 of this booklet for additional HSA details.
Cost and Coverage Comparison Chart

This chart compares the most frequently utilized services, and their associated cost and coverage under each of the medical plans.

<table>
<thead>
<tr>
<th>Geographic Eligibility</th>
<th>All Locations</th>
<th></th>
<th>Mid-Michigan</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>BCBS PPO</strong></td>
<td><strong>CDHP Option</strong></td>
<td><strong>HealthPlus</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In Network</td>
<td>Out of Network</td>
<td>In-Network</td>
<td>Out-of-Network</td>
</tr>
<tr>
<td>Annual Deductible</td>
<td>$ 250 EE only</td>
<td>$ 500 EE only</td>
<td>$1,200 Single</td>
<td>$0</td>
</tr>
<tr>
<td></td>
<td>$ 500 EE + 1</td>
<td>$ 1,000 EE + 1</td>
<td>$2,400 Family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 750 EE + 2/more</td>
<td>$ 1,500 EE + 2/more</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dow Corning HSA</td>
<td></td>
<td></td>
<td>$300 Single</td>
<td>$0</td>
</tr>
<tr>
<td>Contribution</td>
<td></td>
<td></td>
<td>$900 Family</td>
<td></td>
</tr>
<tr>
<td>Employee HSA</td>
<td></td>
<td></td>
<td>$0 - $2,750 Single</td>
<td>$0 - $5,250 Family</td>
</tr>
<tr>
<td>Contribution</td>
<td></td>
<td></td>
<td>$1,000 - age 55 catch up</td>
<td></td>
</tr>
<tr>
<td>Out-of-Pocket Limit</td>
<td>$ 1,250 EE only</td>
<td>$ 2,500 EE only</td>
<td>$1,200 Single</td>
<td>Not Applicable</td>
</tr>
<tr>
<td></td>
<td>$ 2,500 EE + 1</td>
<td>$ 5,000 EE + 1</td>
<td>$2,400 Family</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$ 3,750 EE + 2/more</td>
<td>$ 7,500 EE + 2/more</td>
<td>(see note below)</td>
<td></td>
</tr>
<tr>
<td>Lifetime Maximum</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
<td>Unlimited</td>
</tr>
<tr>
<td>Office Visits (Primary/Specialist)</td>
<td>$ 15/ $ 30 co-pay*</td>
<td>70%</td>
<td>90%</td>
<td>70% $ 15 / $ 30 co-pay*</td>
</tr>
<tr>
<td>Urgent Care Facility</td>
<td>$ 50 co-pay</td>
<td>$ 50 co-pay</td>
<td>90%</td>
<td>70% $ 50 co-pay</td>
</tr>
<tr>
<td>X-Ray &amp; Lab</td>
<td>90%</td>
<td>70%</td>
<td>90%</td>
<td>70% 100%</td>
</tr>
<tr>
<td>Outpatient Surgery</td>
<td>90%</td>
<td>70%</td>
<td>90%</td>
<td>70% $ 100 co-pay</td>
</tr>
<tr>
<td>Inpatient Hospital</td>
<td>90%</td>
<td>70%</td>
<td>90%</td>
<td>70% $ 250 co-pay/</td>
</tr>
<tr>
<td>Services (including</td>
<td></td>
<td></td>
<td></td>
<td>admission</td>
</tr>
<tr>
<td>surgery)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: CDHP out-of-pocket limit includes all co-pays and co-insurances – including prescription drug co-pays. Once the CDHP deductible plus the CDHP out-of-pocket limit is met, all expenses are covered at 100% including prescription drugs.

* Not applicable for preventive care office visits
## MEDICAL

**Cost and Coverage Comparison Chart (continued)**

<table>
<thead>
<tr>
<th>Geographic Eligibility</th>
<th>All Locations</th>
<th>Mid-Michigan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>BCBS PPO</strong></td>
<td></td>
</tr>
<tr>
<td></td>
<td>In Network</td>
<td>Out of Network</td>
</tr>
<tr>
<td>Emergency Room</td>
<td>$ 100 co-pay</td>
<td>$ 100 co-pay</td>
</tr>
<tr>
<td>Non-Emergency use of ER</td>
<td>70%</td>
<td>70%</td>
</tr>
<tr>
<td>Outpatient Therapy (physical, speech,</td>
<td>$ 15 co-pay</td>
<td>70%</td>
</tr>
<tr>
<td>cardiac &amp; occupational)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chiropractic Services ($1,000 annual max.)</td>
<td>$ 15 co-pay</td>
<td>70%</td>
</tr>
</tbody>
</table>

**Prescription Drug**

- **In-network Retail Pharmacy (30-day supply)**
  - $10 co-pay generic
  - $20 co-pay preferred brand
  - $35 co-pay non-preferred brand

- **Mail Order (90-day supply)**
  - $20 co-pay generic
  - $40 co-pay preferred brand
  - $70 co-pay non-preferred brand

You pay 100% until the annual deductible is met. Then the following co-pays apply until you reach the out-of-pocket maximum:

- **In-network Retail Pharmacy (30-day supply)**
  - $10 co-pay generic
  - $20 co-pay preferred brand
  - $35 co-pay non-preferred brand

- **Mail Order (90-day supply)**
  - $20 co-pay generic
  - $40 co-pay preferred brand
  - $70 co-pay non-preferred brand

- **In-network Retail Pharmacy (30-day supply)**
  - $10 co-pay generic
  - $20 co-pay preferred brand
  - $35 co-pay non-preferred brand

- **Retail / Mail Order (90-day supply)**
  - $20 co-pay generic
  - $40 co-pay preferred brand
  - $70 co-pay non-preferred brand
MEDICAL

Which plan is right for me?

When making your medical benefit election, there are some things you may want to consider regarding differences in deductibles, out-of-pocket expenses and premiums associated with each plan.

To help you better understand the true costs of these plans, we created three characters and their life circumstances to demonstrate how each of the plans work when you use them. Included with the following scenarios are cost comparison charts showing how each character incurred medical expenses, and how benefits and out-of-pocket expenses would be applied to each of the plans offered.

“Single Sarah”

Sarah is in her twenties. She is single and generally in good health. A past smoker for six years, she decided to quit. During her annual physical, she discussed this with her physician. After looking at her options, the physician gave her a prescription for Chantix® (non-preferred brand name medication).

Later in the year, Sarah became ill and visited an Urgent Care facility. She was prescribed a generic antibiotic. She also had a follow-up appointment with her primary care physician.

“Healthy Harry”

Harry and his spouse are in excellent health and stay active. They have routine physicals each year. During a biometric screening, Harry learned that he had high cholesterol. As a result, his physician monitors it regularly with periodic blood work. With exercise and medication, Harry has been able to keep his cholesterol within normal ranges. Except for this cholesterol treatment, Harry and his spouse have low health care usage.

“Alotta Claims Lottie”

Lottie and her family (spouse and two children) are usually in good health. This was not a typical year for them. The family had a series of unforeseen injuries and illnesses resulting in high medical costs. After a routine physical and mammogram, Lottie learned that she had breast cancer, resulting in a surgery and a series of chemotherapy treatments. Lottie’s husband had been dealing with some back pain and was scheduled for surgery to repair a herniated disc. In addition, one of the children has asthma, and the other recently had a small accident on the playground, breaking his arm.
### “Single Sarah”

<table>
<thead>
<tr>
<th>Item</th>
<th>CDHP (all U.S.)</th>
<th>PPO (all U.S.)</th>
<th>HealthPlus HMO (Michigan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sarah’s Annual Physical</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Sarah’s Mammogram</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Urgent Care fee</td>
<td>$85</td>
<td>$50</td>
<td>$50</td>
</tr>
<tr>
<td>Sarah’s Medications (Chantix mail-order and generic antibiotic)</td>
<td>$20 ($10 antibiotic x 2 and $0 for Chantix)</td>
<td>$90 ($10 generic co-pay x 2 and $70 non-preferred copay for Chantix)</td>
<td>$90 ($10 generic co-pay x 2 and $70 non-preferred copay for Chantix)</td>
</tr>
<tr>
<td>Follow up appointment</td>
<td>$65</td>
<td>$15</td>
<td>$15</td>
</tr>
</tbody>
</table>

| Sub-Total: Claims                        | $170            | $155          | $155                      |
| Annual Premium                           | $252            | $1,848        | $1,428                    |
| **Total Cost**                           | **$422**        | **$2,003**    | **$1,583**                |
| HSA Dollars                              | $300            | $0            | $0                        |
| **Total Cost if HSA dollars used for claims** | **$252**        | $0            | $0                        |
| Remaining HSA balance                    | $130            | $0            | $0                        |
## “Healthy Harry”

<table>
<thead>
<tr>
<th>Item</th>
<th>CDHP (all U.S.)</th>
<th>PPO (all U.S.)</th>
<th>HealthPlus HMO (Michigan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harry’s Annual Physical</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Blood work (not preventive)</td>
<td>$250 (deductible)</td>
<td>$250 (deductible)</td>
<td>$0</td>
</tr>
<tr>
<td>Cholesterol Medications</td>
<td>$0</td>
<td>$280 ($70 co-pay x 4)</td>
<td>$280 ($70 co-pay x 4)</td>
</tr>
<tr>
<td>(mail order)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wife’s Annual Physical</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Mammogram</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Sub-Total: Claims</td>
<td>$250</td>
<td>$530</td>
<td>$280</td>
</tr>
<tr>
<td>Annual Premium</td>
<td>$504</td>
<td>$3,408</td>
<td>$2,568</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td><strong>$754</strong></td>
<td><strong>$3,938</strong></td>
<td><strong>$2,848</strong></td>
</tr>
<tr>
<td>HSA Dollars</td>
<td>$900</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>**Total Cost if HSA dollars</td>
<td><strong>$504</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>used for claims</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remaining HSA balance</td>
<td>$650</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
## “Alotta Claims Lottie”

<table>
<thead>
<tr>
<th></th>
<th>CDHP (all U.S.)</th>
<th>PPO (all U.S.)</th>
<th>HealthPlus HMO (Michigan)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lottie’s Annual Physical</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Lottie’s Mammogram</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Lottie’s Surgery ($50,000)</td>
<td>$4,800 (deductible/OOP)</td>
<td>$250+$1,500 (deductible/OOP)</td>
<td>$250 (co-pay)</td>
</tr>
<tr>
<td>Lottie’s Chemo ($20,000)</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Lottie’s 6 Office Visits</td>
<td>$0</td>
<td>$180 ($30 co-pay x 6)</td>
<td>$180 ($30 co-pay x 6)</td>
</tr>
<tr>
<td>Lottie’s 2 Medications (mail-order)</td>
<td>$0</td>
<td>$560 ($70 co-pay x 2 x 4)</td>
<td>$560 ($70 co-pay x 2 x 4)</td>
</tr>
<tr>
<td>Husband’s Surgery ($20,000)</td>
<td>$0</td>
<td>$250+$1,500 (deductible/OOP)</td>
<td>$250 (co-pay)</td>
</tr>
<tr>
<td>Husband’s 2 Medications (mail-order)</td>
<td>$0</td>
<td>$560 ($70 co-pay x 2 x 4)</td>
<td>$560 ($70 co-pay x 2 x 4)</td>
</tr>
<tr>
<td>Child’s Broken Arm</td>
<td>$0</td>
<td>$100 (co-pay)</td>
<td>$100 (co-pay)</td>
</tr>
<tr>
<td>Child’s 2 Asthma Medications (mail order)</td>
<td>$0</td>
<td>$560 ($70 co-pay x 2 x 4)</td>
<td>$560 ($70 co-pay x 2 x 4)</td>
</tr>
<tr>
<td><strong>Sub-Total: Claims</strong></td>
<td><strong>$4,800</strong></td>
<td><strong>$5,460</strong></td>
<td><strong>$2,460</strong></td>
</tr>
<tr>
<td><strong>Annual Premium</strong></td>
<td>$756</td>
<td>$4,968</td>
<td>$3,708</td>
</tr>
<tr>
<td><strong>Total Cost</strong></td>
<td><strong>$5,556</strong></td>
<td><strong>$10,428</strong></td>
<td><strong>$6,168</strong></td>
</tr>
<tr>
<td><strong>HSA Dollars</strong></td>
<td>$900</td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td><strong>Total Cost if HSA dollars used for claims</strong></td>
<td><strong>$4,656</strong></td>
<td>$0</td>
<td>$0</td>
</tr>
<tr>
<td>Remaining HSA balance</td>
<td>$0</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>
Once enrolled, coverage is effective on your first day of work.

If you waive coverage or fail to enroll within two months from your start date, you will receive no coverage for the current calendar year. You must wait until the next annual enrollment period to enroll for coverage.

**Plan Design Highlights**
The Dow Corning Vision Plan, administered by UnitedHealthcare (UHC) Vision (also known as Spectera), offers coverage for lenses, frames and contact lenses to both full-time and part-time employees. Everyone enrolled in a medical plan is automatically enrolled in UHC Vision eye exam coverage at no premium cost and is considered a UHC Vision member. You only need to enroll for the Vision Plan if you wish to have benefit coverage for materials (glasses or contact lenses).

UHC Vision (also known as Spectera) offers two levels of benefits, in-network and out-of-network, dependent upon the provider you select.

**In-Network Benefits**
UHC Vision administers the following coverage when services are received from a network provider:

- **Exam:** You do not need to be enrolled in the Vision Plan to receive this coverage. Everyone enrolled in a medical plan is automatically enrolled in UHC Vision eye exam coverage. A comprehensive vision exam from a network optometrist or ophthalmologist is covered in full, once every calendar year, after the exam co-pay of $15.

If you desire coverage for the below defined materials, you must enroll in the Vision Plan (enrollment in the Vision Plan does not include eye exam coverage if you waived medical plan coverage).

- **Lenses:** Plan lenses are covered once every calendar year, with no co-pay.
- **Frames:** One set of Plan frames is covered once every calendar year, with no co-pay. If you choose a frame outside of UHC Vision’s selection, you will receive a $50 wholesale frame allowance at a private practice provider, or a $130 retail frame allowance at a retail chain provider.
- **Contact Lenses:** You may select contact lenses in lieu of lenses and frames. If you use disposable contact lenses, up to six boxes of plan approved lenses will be covered once every calendar year. If you choose non-plan approved lenses, a $150 allowance will be applied every calendar year. The $150 allowance covers the fitting/evaluation fees, contact lenses and up to two follow-up visits.

To find a network provider, visit the UHC Vision website at [www.myuhcvision.com](http://www.myuhcvision.com). Click on Provider Locator, select Current or Future Member tab, then enter city and state or zip code, click on submit. The UHC Vision website will indicate the provider’s level of participation as shown below:

<table>
<thead>
<tr>
<th>Key to Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>![exam only]</td>
<td>Exam Only</td>
</tr>
<tr>
<td>![dispense only]</td>
<td>Dispense Only</td>
</tr>
<tr>
<td>![exam and dispense]</td>
<td>Exam and Dispense</td>
</tr>
</tbody>
</table>

18
VISION

Out-of-Network Benefits
If you choose to receive services from a provider who is not in the network, you will need to pay upfront and then be reimbursed up to the amounts listed below. You will also need to send your itemized receipts, with the primary-insured’s unique identification number and the patient’s name and date of birth, to: UHC Vision Claims Department
P.O. Box 30978
Salt Lake City, UT  84130
Fax number: (248) 733-6060

Out-of-Network Coverage

<table>
<thead>
<tr>
<th>Exam</th>
<th>Lenses</th>
<th>Frames</th>
<th>Contact Lenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optometrist, $40</td>
<td>Single vision, $40</td>
<td>$45</td>
<td>Elective, $150</td>
</tr>
<tr>
<td>Ophthalmologist, $40</td>
<td>Bifocal, $60</td>
<td></td>
<td>Necessary, $210</td>
</tr>
<tr>
<td></td>
<td>Trifocal, $80</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Lenticular, $125</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

You should know…

- Some of the UHC Vision network providers offer only eye exams at the network level, and do not offer materials at the program rate. In this case, your eye exam would be covered in full (after your $15 co-pay), and frames, lenses or contacts would be covered as an out-of-network benefit. The Future Member feature on the UHC Vision web site will indicate the provider’s level of participation (exam only, or exam plus materials). See Key to Services on previous page.

- Some retail providers, such as Wal-Mart and Lens Crafters, are included in the UHC Vision network. For a listing of providers, visit the UHC Vision website at www.myuhcvision.com. Click on Provider Locator, select Current or Future Member tab, then enter city and state or zip code, click on submit.

- Refractive laser eye surgery – As a UHC Vision member, you can receive 5% - 15% off refractive eye surgery with contracted providers throughout the United States. For details and a list of providers, visit www.myuhcvision.com.

Annual Premium Costs for 2012

<table>
<thead>
<tr>
<th></th>
<th>Employee Only</th>
<th>Employee + One</th>
<th>Employee + Two or More</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vision Plan</td>
<td>$ 108</td>
<td>$ 216</td>
<td>$ 324</td>
</tr>
<tr>
<td>Waiver</td>
<td>$ 0</td>
<td>$ 0</td>
<td>$ 0</td>
</tr>
</tbody>
</table>
DEPENDENT LIFE

Once enrolled, coverage is effective on your first day of work.

Plan Design Highlights
The Dependent Life Insurance plan, administered by Minnesota Life Insurance Company, provides term life coverage in the event of the death of your spouse/domestic partner or dependent child.

Dependent Life Insurance for Spouse or Domestic Partner
You can purchase life insurance coverage for your spouse or domestic partner in increments of $10,000 up to a maximum of $250,000.

To enroll your spouse or domestic partner for Dependent Life Insurance, the following requirements apply:
- The employee **MUST** be enrolled for Optional Life Insurance.
- The spouse’s or domestic partner’s Dependent Life coverage amount **CANNOT** exceed the employee’s Optional Life coverage amount.
- Evidence of Insurability (EOI) is not required for amounts less than $40,000. However, EOI is required for enrolled coverage amounts more than $40,000.
- If you waive coverage or fail to enroll within two months from your start date, you will receive no coverage for the current calendar year, and you must wait until the next annual enrollment period to enroll for coverage. Evidence of Insurability will be required for any enrolled amount.

Enrollment Tip…
- If you do not see the option in ESS to enroll for Dependent Life-Spouse, verify that your spouse information is entered into the Family Related screen correctly. Refer to the step-by-step enrollment instructions in the appendix of this booklet. If it is entered correctly, send an email via Outlook at G1HRSC to have your marital status updated.
- In ESS, select and enroll for the desired coverage amount.
- Dependent Life Insurance for spouse coverage requires Evidence of Insurability (EOI) for certain amounts of coverage (see above). The system will indicate EOI is required for any amount of coverage and lock your record. **The HR Service Center will unlock any records that do not require EOI.** If the record is locked because the level of coverage does require EOI, the HR Service Center will e-mail the EOI form to your internal e-mail address.
- The EOI application form can also be found on the Horizon’s portal under Manage My Compensation & Benefits/Access Benefit Forms.
- Complete the form and send or fax directly to Minnesota Life Insurance Company at the address indicated on the form.
- If your EOI application is approved by Minnesota Life, you and Dow Corning will be notified in writing. At that time, the HR Service Center will update your enrollment.
## DEPENDENT LIFE

### Annual Premium Costs for 2012 for Spouse or Domestic Partner

<table>
<thead>
<tr>
<th>Age of Spouse or Domestic Partner</th>
<th>Tobacco-Free Rates*</th>
<th>Tobacco-User Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost per $10,000 of Coverage</td>
<td>Cost per $10,000 of Coverage</td>
</tr>
<tr>
<td>00-24</td>
<td>$6.96</td>
<td>$9.60</td>
</tr>
<tr>
<td>25-29</td>
<td>$7.92</td>
<td>$10.68</td>
</tr>
<tr>
<td>30-34</td>
<td>$10.92</td>
<td>$14.64</td>
</tr>
<tr>
<td>35-39</td>
<td>$11.88</td>
<td>$15.96</td>
</tr>
<tr>
<td>40-44</td>
<td>$12.84</td>
<td>$17.28</td>
</tr>
<tr>
<td>45-49</td>
<td>$19.80</td>
<td>$27.84</td>
</tr>
<tr>
<td>50-54</td>
<td>$30.72</td>
<td>$43.08</td>
</tr>
<tr>
<td>55-59</td>
<td>$57.36</td>
<td>$83.88</td>
</tr>
<tr>
<td>60-64</td>
<td>$87.00</td>
<td>$132.24</td>
</tr>
<tr>
<td>65-69</td>
<td>$168.00</td>
<td>$265.32</td>
</tr>
<tr>
<td>70 and above</td>
<td>$272.76</td>
<td>$430.80</td>
</tr>
<tr>
<td>Waiver</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

All employees and spouses are defaulted to “Tobacco-User” status when first entered into the system. If you or your spouse is tobacco-free (as defined below) and eligible for the lower premium, you must “declare” yourself or spouse as tobacco-free. Check your tobacco status to ensure it is set correctly for your situation.

* A tobacco-free person is defined as someone who is tobacco-free (including smokeless tobacco) for 12 months or more. To update the tobacco status of your spouse/domestic partner, in the Horizon’s portal click Manage My Compensation & Benefits → Update Tobacco User Status.

Note: If your spouse or domestic partner’s birthday in 2012 will put him/her into a new age grouping, the premiums will automatically increase on his/her birthday.
Dependent Life Insurance for Children
You can purchase life insurance coverage for your eligible child(ren) under the age of 26 in increments of $5,000 up to a maximum of $20,000.

- You pay one premium no matter how many children you have.
- Evidence of Insurability is not required to enroll for any level of Child Dependent Life Insurance.

### Annual Premium Costs for 2012 for Child

<table>
<thead>
<tr>
<th>Child</th>
<th>Cost per $5,000 of Coverage</th>
<th>$ 8.10</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waiver</td>
<td></td>
<td>$ 0</td>
</tr>
</tbody>
</table>
BASIC & OPTIONAL LIFE

Basic Life

Dow Corning provides Basic Life Insurance (term life insurance equal to one times your base salary, rounded up to the next thousand) at no cost to you. Once enrolled, coverage is effective on your first day of work.

Optional Life

In addition to Basic Life, additional coverage may be purchased. The cost of Optional Life is listed on the following page.

You may purchase Optional Life Insurance in increments of one times your annual base salary, up to a maximum of eight times your annual base salary. Evidence of Insurability is not required for 1x to 5x coverage levels, however, EOI is required if enrolling for 6x to 8x base annual salary.

If you waive Optional Life coverage or fail to enroll within two months from your start date, you will receive no additional coverage for the current calendar year. You must wait until the next annual enrollment period to enroll for coverage. At that time, Evidence of Insurability (EOI) would be required for any enrolled amount.

Basic Life and Optional Life insurance is administered by Minnesota Life Insurance Company.

You should know...

- Rates are reduced for tobacco-free employees.
- You will receive a welcome kit with log in information approximately 2-3 weeks after your date of hire. If you do not name a beneficiary, the default designation is your spouse, if living; otherwise your natural and legally adopted children, if living; otherwise your parents, if living; otherwise your siblings, if living; otherwise your estate.
- Optional Life Insurance coverage requires Evidence of Insurability (EOI) for enrolled amounts of six to eight times your base salary. The system will indicate EOI is required for any amount of coverage and lock your record. The HR Service Center will unlock any records that do not require EOI. If the record is locked because the level of coverage does require EOI, the HR Service Center will e-mail the EOI form to your internal e-mail address.
- The EOI application form can also be found on the Horizon’s portal under Manage My Compensation & Benefits/Access Benefit Forms.
- Complete the form and send or fax directly to Minnesota Life Insurance Company at the address indicated on the form.
- If your EOI application is approved by Minnesota Life, you and Dow Corning will be notified in writing. At that time, the HR Service Center will update your enrollment.
## Annual Premium Costs for 2012

<table>
<thead>
<tr>
<th>Age of Employee</th>
<th>Tobacco-Free Rates</th>
<th>Tobacco User Rates</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Cost per $1,000 of Coverage</td>
<td>Cost per $1,000 of Coverage</td>
</tr>
<tr>
<td>Less than 25</td>
<td>$.44</td>
<td>$.70</td>
</tr>
<tr>
<td>25-29</td>
<td>$.54</td>
<td>$.80</td>
</tr>
<tr>
<td>30-34</td>
<td>$.71</td>
<td>$1.07</td>
</tr>
<tr>
<td>35-39</td>
<td>$.82</td>
<td>$1.20</td>
</tr>
<tr>
<td>40-44</td>
<td>$.89</td>
<td>$1.32</td>
</tr>
<tr>
<td>45-49</td>
<td>$1.42</td>
<td>$2.22</td>
</tr>
<tr>
<td>50-54</td>
<td>$2.12</td>
<td>$3.32</td>
</tr>
<tr>
<td>55-59</td>
<td>$3.92</td>
<td>$6.36</td>
</tr>
<tr>
<td>60-64</td>
<td>$6.05</td>
<td>$10.22</td>
</tr>
<tr>
<td>65-69</td>
<td>$11.65</td>
<td>$20.45</td>
</tr>
<tr>
<td>70 and above</td>
<td>$18.85</td>
<td>$33.08</td>
</tr>
<tr>
<td>Waiver</td>
<td>$0</td>
<td>$0</td>
</tr>
</tbody>
</table>

All employees and spouses are defaulted to “Tobacco-User” status when first entered into the system. If you or your spouse is tobacco-free (as defined below) and eligible for the lower premium, you must “declare” yourself or spouse as tobacco-free. Check your tobacco status to ensure it is set correctly for your situation.

* A tobacco-free person is defined as someone who is tobacco-free (including smokeless tobacco) for 12 months or more. To update the tobacco status of your spouse/domestic partner, in the Horizon’s portal click Manage My Compensation & Benefits → Update Tobacco User Status.

Note: If your birthday in 2012 will put you into a new age grouping, your premiums will automatically increase on your birthday.
**ACCIDENTAL DEATH & DISMEMBERMENT (AD&D)**

**Basic AD&D**
Dow Corning provides Basic AD&D (term life insurance equal to one times your base salary, rounded up to the next thousand) at no cost to you. Once enrolled, coverage is effective on your first day of work, and additional coverage may be purchased.

**Optional AD&D**
In addition to Basic AD&D, additional coverage may be purchased. The cost of Optional AD&D is listed on page 27.

If you waive coverage or fail to enroll within two months from your start date, you will receive no coverage for the current calendar year, and you must wait until the next annual enrollment period to enroll for coverage.

**Plan Design Highlights**
Accidental Death and Dismemberment (AD&D), administered by Minnesota Life Insurance Company, provides benefits for certain injuries or death resulting from a covered accident. The following additional coverage is available to you and your spouse or domestic partner:

- AD&D coverage for yourself, in increments of $10,000 – up to a maximum of $500,000 (not to exceed 10 times your base salary).
- AD&D coverage for your spouse or domestic partner, in increments of $10,000 – up to a maximum of $300,000 (employee must be enrolled for optional AD&D and spouse or domestic partner’s coverage amount cannot exceed the employee coverage amount).
- AD&D Employee coverage includes automatic coverage for your dependent children equal to 10 percent of the employee coverage level (for each dependent child).
Plan Benefits
In the event of a covered accident resulting in a loss, the benefit will be paid based on the greatest loss suffered in the accident, according to the chart below:

<table>
<thead>
<tr>
<th>Loss</th>
<th>Percent of principal amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life</td>
<td>100 percent</td>
</tr>
<tr>
<td>Permanent and total disability</td>
<td>100 percent (less any other benefit paid out as a result of the same accident), after a one-year waiting period</td>
</tr>
<tr>
<td>Two or more of the following: hand, foot, sight of an eye</td>
<td>100 percent</td>
</tr>
<tr>
<td>Speech and hearing (both ears)</td>
<td>100 percent</td>
</tr>
<tr>
<td>Total paralysis of both upper and lower limbs</td>
<td>100 percent</td>
</tr>
<tr>
<td>Total paralysis of both lower limbs</td>
<td>75 percent</td>
</tr>
<tr>
<td>One of the following: hand, foot, sight of an eye, speech, hearing (both ears)</td>
<td>50 percent</td>
</tr>
<tr>
<td>Hearing of one ear, or thumb and index finger of the same hand</td>
<td>25 percent</td>
</tr>
</tbody>
</table>

In the case of a death, a number of additional benefits are also provided through the plan. Some examples are:

- **Survivor benefit** – in addition to any other benefits payable, provided the employee has a surviving spouse, domestic partner and/or surviving dependent children. The benefit will be one percent of the principal amount, per month for six months.
- **Child care benefit** – to assist with the costs related to a surviving child’s enrollment in a qualified child care center. The benefit will be five percent of the principal amount (up to $5,000 per year) for up to four years for each dependent child enrolled in a qualified child care center.
- **Education benefit** – to assist with costs related to a surviving child’s enrollment in a qualified higher education program. The benefit will be five percent of the principal amount (up to $5,000 per year) for up to four years for each surviving child enrolled in a qualifying higher education program.
- **Seat belt and air bag benefits** – if the insured person dies in an automobile accident in which a seat belt was in proper use and the automobile was equipped with an airbag for that location in the car. The benefit will be 20 percent of the principal amount, up to $50,000.

You should know...

- If your spouse or domestic partner is an Employee or Retiree of Dow Corning, your spouse or domestic partner may enroll for coverage under your plan, you may enroll for coverage under your spouse’s or domestic partner’s plan or you may both enroll individually for the maximum amount of coverage. However, you may not enroll for coverage under both plans to receive double coverage. If you both enroll individually, children are covered under the parent with the highest level of coverage.
- You can assign beneficiary designations on-line via the Minnesota Life website [www.lifebenefits.com](http://www.lifebenefits.com).
- You will receive a welcome kit with log in information approximately 2-3 weeks after your date of hire. If you do not name a beneficiary, the default designation is your spouse, if living; otherwise your natural and legally adopted children, if living; otherwise your parents, if living; otherwise your siblings, if living; otherwise your estate.

### Annual Premium Costs for 2012

<table>
<thead>
<tr>
<th>Optional AD&amp;D Employee</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 2.16 per $10,000 of coverage</td>
<td></td>
</tr>
<tr>
<td>Waiver - $ 0</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Optional AD&amp;D Spouse or Domestic Partner*</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>$ 2.16 per $10,000 of coverage</td>
<td></td>
</tr>
<tr>
<td>Waiver - $ 0</td>
<td></td>
</tr>
</tbody>
</table>

*Per IRS regulations, Dow Corning cannot withhold benefit premiums for a domestic partner on a pre-tax basis.*
HEALTH SAVINGS ACCOUNT (HSA)

The feature that sets the CDHP option apart from our other medical plan options is the Health Savings Account (HSA). An HSA is a tax-advantaged account that allows individuals and families, covered under a high-deductible health plan, to deposit pre-tax funds into an account to save and pay for IRS-allowable qualified health care expenses (medical, prescription drug, dental and vision).

Attributes of an HSA

- You must be enrolled in the CDHP option to be eligible to contribute to the HSA.
- Per IRS guidelines, you are eligible to contribute and use HSA funds as of the first of the month following your hire date.
- If you enroll in the CDHP option, Dow Corning will automatically open your HSA account with the first full payroll after the first of the month you are hired.
- Dow Corning will contribute $300 single/$900 family into your HSA.
- In addition to Dow Corning’s contribution, you can contribute up to $2,800/single or $5,350/family and if age 55, an additional $1,000 annually on a pre-tax basis.
- You can change your contribution amount at any time throughout the year in ESS. **You enter the amount on a per pay period basis.**
- Your contributions will be deposited into your HSA each pay period.
- HealthEquity is the HSA administrator. HealthEquity will send you a debit card for you to use as a payment method if using HSA funds.
- You control your HSA funds and how to spend those dollars.
- You can use your HSA funds to pay for any qualified health care expenses. As long as you use the money on IRS qualified health care expenses, the money is always tax-free.
  - You are responsible for keeping a record and substantiating your account disbursements. The IRS may request documentation to substantiate tax-free distributions.
- If you use your funds to pay for non-qualified expenses:
  - before age 65, you pay all applicable taxes and a 20% penalty.
  - after age 65, you pay all applicable taxes only (no penalty).
- To use the funds for payment from your HSA, you can:
  - Use your HealthEquity debit card to pay your provider (doctor, hospital, pharmacy, dental, or vision).
  - Go to the HealthEquity member website and make an on-line payment directly to your provider.
  - Pay the bill out of your own pocket then submit a claim to HealthEquity to reimburse yourself.
HEALTH SAVINGS ACCOUNT (HSA)

- After the first $2,000 in the HSA interest bearing savings account (dollars available to debit card), you can elect to move additional dollars to investment options. HealthEquity investment options are via Charles Schwab.
- HealthEquity will not automatically sell investments when the HSA interest bearing savings account is depleted. The employee must take action to move invested dollars back to the savings account.
- At the end of each year, any remaining dollars in your HSA rolls over to the next year. An HSA is similar to a 401k in that it is intended for long-term savings for future healthcare needs. The funds are never lost or forfeited.
- The money in your account remains yours when you retire or leave the company. In the case of your death, the funds would be designated to your beneficiary.
- If you have questions or need additional information about HSA, feel free to contact HealthEquity at 877-255-8294.

HSA Contributions at Dow Corning

<table>
<thead>
<tr>
<th></th>
<th>Single</th>
<th>Family</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dow Corning’s Contribution</td>
<td>$300</td>
<td>$900</td>
</tr>
<tr>
<td>Pre-Tax Maximum Employee Contribution</td>
<td>$2,800</td>
<td>$5,350</td>
</tr>
<tr>
<td>Total IRS Pre-Tax Eligible Contribution</td>
<td>$3,100</td>
<td>$6,250</td>
</tr>
<tr>
<td>Age 55 Catch up</td>
<td></td>
<td>$1,000</td>
</tr>
</tbody>
</table>

You should know…

- If you or your spouse enrolls in an HSA, you can only enroll for the Limited Health Care FSA.
- If you are enrolled in the CDHP/HSA, your spouse can not have a full health care FSA plan. Your spouse is only allowed to enroll in a Limited FSA (dental and vision only) plan.
- Although the Patient Protection and Affordable Care Act allows for health care plan eligibility of a dependent child up to age 26, the IRS does not allow the use of HSA dollars for anyone who is not considered your IRS dependent.
Dow Corning offers Flexible Spending Accounts (FSAs) that allow you to pay for IRS-allowable expenses with pre-tax earnings. Expenses must be incurred during the 2012 calendar year. Dow Corning offers Dependent Care, Health Care, and Limited Health Care FSAs.

The following guidelines apply for expenses that are reimbursable through your FSAs. For more information about reimbursable expenses, visit the IRS website at [http://www.irs.gov/publications/p502/index.html](http://www.irs.gov/publications/p502/index.html)

- **Dependent Care FSA**
  This account may be used only for expenses incurred as a result of your and your spouse’s or domestic partner’s employment. It may be used to pay for childcare providers, day care facilities and certain education expenses related to the care of your dependent children under age 13 while you are at work. It may also be used to pay for care provided to an individual with a physical or mental handicapping condition who is your dependent, regardless of age. The annual contribution maximum is $5,000.

- **Health Care FSA**
  This account may be used to pay for medical, prescription drug, dental and vision expenses that are not reimbursable by a health insurance plan. You simply use your debit card at the time expenses are incurred or submit your FSA claims for reimbursement to HealthEquity. This plan is **not** available if you are enrolled in the CDHP option. The annual contribution maximum is $3,500.

- **Limited Health Care FSA (dental and vision only)**
  This plan is available only if you are enrolled in the CDHP option. This FSA is limited to dental and vision expenses only. You simply use your debit card at the time expenses are incurred or submit your FSA claims for reimbursement to HealthEquity. The annual contribution maximum is $3,500.

**Contribution Guidelines:**

- If both you and your spouse have access to a Dependent Care FSA, the total amount contributed by both of you cannot exceed $5,000 (with a $2,500 maximum for employees who are married but filing separately for income tax purposes).

- If you and your spouse/domestic partner are both employed by Dow Corning, you may each contribute up to $3,500 per year into your Health Care FSA or Limited Health Care FSA.

- You choose the **ANNUAL** amount of money that you wish to contribute to the account. The money is deducted from your paycheck on a pre-tax basis, in equal amounts throughout the year, saving you tax dollars.

- Your paycheck withholding will be calculated in whole dollar amounts, based on the annual contribution you specify. Some rounding may occur.

- Consider the amount of your contribution carefully. Expenses must be incurred in 2012. What you do not use, is forfeited. You have until May 31, 2013 to file claims for expenses incurred in 2012.
FLEXIBLE SPENDING ACCOUNTS (FSA)

Eligibility to Contribute…

<table>
<thead>
<tr>
<th>If Medical Plan Enrollment:</th>
<th>Then FSA Eligibility:</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDHP Option</td>
<td>Select Limited Health Care FSA (dental and vision only). Enter the <strong>annual</strong> amount to contribute to this account.</td>
</tr>
<tr>
<td>BCBS PPO HealthPlus HMO</td>
<td>Select Health Care FSA. Enter the <strong>annual</strong> amount to contribute to this account.</td>
</tr>
</tbody>
</table>

You should know…

- HealthEquity is the FSA administrator. HealthEquity will send you a debit card for you to use as a payment method if using healthcare FSA funds.
- The IRS requires substantiation of all FSA reimbursed dollars. HealthEquity may request receipts for substantiation to prove that your purchase is an eligible expense. If you do not provide substantiation by the end of that benefit year, you will receive a 1099 for reporting taxable income for the unsubstantiated amount.
- 2012 reimbursable expenses must be received by HealthEquity no later than May 31, 2013.
- FSAs are an “at-risk” plan. Monies do not rollover year-to-year.
- Participation in any flexible spending account requires annual re-enrollment.
- Although the Patient Protection and Affordable Care Act allows for health care plan eligibility of a dependent child up to age 26, the IRS does not allow the use of Healthcare FSA dollars for anyone who is not considered your IRS dependent. Day care expenses for children of domestic partners can be reimbursed from Dependent Care FSAs if the child meets the definition of an eligible dependent.
- If you have questions or need more information on FSA, feel free to contact HealthEquity at 877-255-8294.

Enrollment Tip…

- When enrolling for an FSA, you will be prompted to enter your **ANNUAL** contribution amount. Do not use a dollar sign or any commas when making your entry. If you do, the system will reject your entry.
LONG TERM DISABILITY (LTD)

Once enrolled, coverage is effective on your first day of work.

If you fail to enroll within two months from your start date, you will be automatically enrolled in the default plan, which is the 50% LTD plan.

Plan Highlights
Dow Corning’s Long Term Disability (LTD) Income Protection Plan, administered by Aetna Life Insurance Company, may provide income for you in the event of an illness or injury that prevents you from working for more than six months. Two coverage options are available under the Plan; 50 or 60 percent replacement of your base annual salary.

You should know…

- Benefits received through the Long Term Disability plan are non-taxable. This 60% protection example shows the impact on disposable income:
  - Monthly income (based on annual income of $50,000) ........................................ $4,167
  - Disposable monthly income (assuming 29% in federal, state, and FICA taxes) ....... $2,959
  - 60% tax-free monthly LTD benefit ................................................................. $2,500

  In this example, the 60 percent LTD benefit provides an 84 percent disposable income replacement ($2,500 benefit compared to $2,959 disposable income).

- An additional 20% benefit is available if you meet the definition of catastrophic disability (refer to **Author**ia for detailed definition).

Annual Premium Costs for 2012

<table>
<thead>
<tr>
<th>Coverage Level</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 Percent</td>
<td>No Cost – Dow Corning credits fully cover price tag</td>
</tr>
<tr>
<td>60 Percent</td>
<td>.0007 x your base annual salary</td>
</tr>
</tbody>
</table>
LEGAL PLAN

Coverage is effective on your first day of work.

If you waive coverage or fail to enroll within two months from your start date, you will receive no coverage for the current calendar year, and you must wait until the next annual enrollment period to enroll for coverage.

Plan Highlights
The Dow Corning Legal Plan, administered by Hyatt Legal Plans, Inc., provides confidential legal services from local attorneys to eligible employees, their spouses or domestic partners, and dependent children. The plan provides coverage for comprehensive legal services including:

- Office and/or telephone consultation
- Consumer protection matters
- Debt matters
- Defense of civil lawsuits
- Document preparation
- Family law
- Insurance matters/claims
- Personal injury claims
- Real estate matters
- Traffic and criminal matters
- Wills and estate planning
- Identity theft

Covered services may be provided by either plan or non-plan attorneys:

- **When plan attorneys are used**, the Legal Plan pays 100 percent of direct legal fees. Any third-party costs – such as title searches, surveys, transcripts, or recording fees – are your financial responsibility.

- **When a non-plan attorney is used**, the Legal Plan provides coverage for a predetermined dollar amount. Hyatt will provide a packet of information with a schedule listing the maximum amount that will be reimbursed for each covered service.

You should know…

- If you and your spouse/domestic partner are both Dow Corning employees, only one of you needs to enroll. Both of you are covered when either one of you enrolls in the plan.

Annual Premium Costs for 2012

<table>
<thead>
<tr>
<th>Plan</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Plan</td>
<td>$159</td>
</tr>
<tr>
<td>Waiver</td>
<td>$0</td>
</tr>
</tbody>
</table>
BUSINESS TRAVEL ACCIDENT LIFE

Business Travel Accident Life Insurance, administered by ACE American Insurance Company, provides coverage when you are traveling on company business. Coverage is also extended to family members who must accompany you on business travel.

Plan Design Highlights

You are eligible for coverage when you are traveling on company business, away from your normal work location. Travel to and from your normal work location is not covered.

You are automatically insured, at no cost to you, in the event of an accident that results in death or permanent total disability. This coverage applies whether or not the accident is directly related to your travel; as long as it occurs during the time you are away on company business.

Coverage Amounts

- 3X your annual base salary amount up to a maximum of $1 million for active full-time and part-time employees of Dow Corning traveling on company business.

Covered Travel

- Your travel insurance become effective when you leave your home, office, or work location, whichever is last, to begin your business trip. Coverage is in effect 24-hours-a-day during your trip until you return to your home, office, or work location, whichever is first. Accidental death due to terrorism or war is covered.

Eligible Dependent Coverage

If your spouse and/or eligible dependents must accompany you (relocation, for example), they are covered as follows:

- Spouse: 50% of your principal amount up to a maximum of $100,000.
- Dependent: 25% of your principal amount up to a maximum of $50,000.

Note: Spouse and dependent coverage under this policy is limited to losses sustained or incurred while accompanying you on a business-related trip.

You should know…

- You will receive a welcome kit with log in information approximately 2-3 weeks after your date of hire. If you do not name a beneficiary, the default designation is your spouse, if living; otherwise your natural and legally adopted children, if living; otherwise your parents, if living; otherwise your siblings, if living; otherwise your estate.
EMPLOYEES’ RETIREMENT PLAN

Dow Corning’s Employees’ Retirement Plan (ERP) is a pension plan designed to assist with your financial needs during your retirement years. This program is funded by the company and provided at no cost to you.

Plan Design Highlights

You are eligible for, and will automatically be enrolled in, ERP on the first day you are actively at work, are localized within the U.S., are on the U.S. payroll as a full-time employee or a part-time employee and are not covered by another pension plan offered by Dow Corning or one of its subsidiaries.

Retirement Age

You are eligible to retire with a reduced pension benefit as early as age 55, if you have completed at least 10 years of credited service. In order to receive an unreduced pension benefit, you must be age 65.

Vesting

You are 100 percent vested in ERP after completing five years of credited service with Dow Corning*. If you have a break-in-service (such as a leave-of-absence) and later return to work, your credited service and vesting rights will be affected according to the following guidelines:

- **Active Duty with Military Service:** If you return to work within 90 days of active duty, your time away will not be considered a break-in-service. However, only one period of voluntary active duty will be allowed under these terms.
- **Leave-of-Absence or Layoff:** When you return to work following a leave-of-absence or layoff, you will receive full credit for your previously earned credited service. The time that you were on leave (except Family/Medical Leave) or layoff is not considered when calculating credited service.

With any break-in-service, you will not receive credit for prior service if you selected a cash payment option from ERP when you terminated employment unless you elect to repay those funds, with interest, within five years of your return to work. In which case, your credited service can be restored.

* Or after five consecutive years of service with at least 1,000 hours or more worked in each year.
Dow Corning offers the Capital Accumulation Plan (CAP), a 401(k) savings and investment Plan that accrues your contributions, company matching contributions, and investment earnings over time. Dow Corning’s Capital Accumulation Plan, combined with the Employees’ Retirement Plan (ERP) and Social Security will help ensure your future financial security.

You are eligible to participate in the CAP on the first day that you are actively at work, are localized within the U.S., are on the U.S. payroll as a full-time or a part-time employee and are not covered by another Savings plan offered by Dow Corning or one of its subsidiaries.

Access to CAP
You can access your account:
- By phone at (800) 922-9945; T. Rowe Price Representatives are available 7 a.m. to 10 p.m. EST on normal business days.
- Via the Intranet while you are at work. Go to Dow Corning Homepage → Dow Corning & Me → Manage My Compensation & Benefits → Access My CAP Account.
- Via the internet from home at website: www.rps.troweprice.com

Automatic Enrollment in CAP
To ensure that you are able to begin contributions immediately, you will be automatically enrolled for CAP at a 6% pre-tax (D-CAP) contribution rate. If you wish to contribute more than 6% (keep in mind that you must contribute at least 7% to receive the maximum company match of 5%), or if you would like to decrease or waive your contribution, please contact a T. Rowe Price representative at (800) 922-9945.

Your contributions will be invested in a Target Retirement Date Fund, which will be based upon the fund closest to the year in which you will turn age 65. You can make investment changes to your account at any time, by using the website, the automated phone system or by speaking with a T. Rowe Price representative.

Once your eligibility information is updated with T. Rowe Price, you will receive a Personal Identification Number (PIN) at your home address. You will need this PIN when using the automated phone system after hours. You will also be able to access the website, answer specific questions and establish a password. You will use your password when accessing your account information via the website.

D-CAP/V-CAP/Roth 401k
You can make contributions to CAP in one percent increments. You may elect to contribute to your pre-tax D-CAP, post-tax V-CAP, and/or Roth 401k accounts, in whole percentages, up to a total of 75% of your eligible earnings (including base pay, straight-time portion of overtime for non-exempt employees, merit awards, and the actual variable compensation portion of your pay). This amount cannot exceed the maximum dollar amount as indexed by the IRS. If you contribute to D-CAP, V-CAP, and Roth 401k or any combination thereof, your combined contributions cannot exceed 75% of your earnings. You also elect which funds you would like your contributions invested in.
CAPITAL ACCUMULATION PLAN (CAP)

The following guidelines apply:

- When you withdraw funds from your account, no taxes will be owed on the V-CAP contributions you made. Withdrawals of V-CAP contributions made after 01/01/87 will, according to the law, consist of a blend of your V-CAP contributions, earnings and company match on your contributions. The earnings and company match will be subject to applicable taxes. In addition, a 10% excise tax penalty may apply to the earnings and company match, depending on your age at retirement.
- You cannot withdraw funds that have been in your V-CAP less than 24 months.
- Roth 401k contributions are withheld from your paycheck on a post-tax basis (similar to D-CAP), however, Roth 401k earnings accrue tax-free.
- You cannot withdraw funds that have been in your Roth 401k less than 5 years.

**Contribution Limits**
You may contribute up to 75% of your income to your CAP account each year. The annual D-CAP and Roth 401k maximum contribution for 2012 is $17,000; $22,500 if you will be age 50 or older in 2012. The total 2012 CAP limits, including D-CAP, V-CAP, Roth 401k and company contributions is $50,000 ($55,500 if you are age 50 or older in 2012).

**Dow Corning’s Contribution Amounts**
Dow Corning will match 100% of the first three percent you contribute to CAP. The company will match an additional 50% of the next four percent that you contribute. The Dow Corning match is credited to your account on your pay date.

**Rollover from Previous Employer**
If you were previously employed and your former employer’s plan was qualified, you may be able to roll your 401(k) funds into the Dow Corning CAP. After you create your password, access the CAP website or call the CAP phone line at (800) 922-9945 to request a rollover contribution form.

**In The Event Of Your Death**
Your spouse is automatically the beneficiary of your CAP account in the event of your death. If you are unmarried (or if you’re married and want to specify someone other than your spouse as the beneficiary), access the CAP website to designate beneficiaries on-line or call a T. Rowe Price Representative at (800) 922-9945. If you are married and wish to name someone other than your spouse as your primary beneficiary, your spouse will need to sign a waiver form that must be notarized.

If you have any questions about the Capital Accumulation Plan, access the CAP website or call (800) 922-9945. T. Rowe Price Representatives are available business days from 7 a.m. – 10 p.m. EST.
BENEFIT ENROLLMENT WORKSHEET

After reviewing all the benefit selections use this worksheet to record your FLEX benefit selections to reference while enrolling via ESS.

<table>
<thead>
<tr>
<th>BENEFIT PLAN</th>
<th>OPTION</th>
<th>COVERAGE LEVEL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dental</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vision</td>
<td></td>
<td></td>
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<tr>
<td>Dep Life - child</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Dep Life - SP/DP</td>
<td></td>
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<tr>
<td>Legal</td>
<td></td>
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<tr>
<td>Long Term Disability</td>
<td></td>
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<tr>
<td>Optional Life</td>
<td></td>
<td></td>
</tr>
<tr>
<td>AD&amp;D - employee</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>AD&amp;D - Spouse/DP</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>HSA</td>
<td></td>
<td>$</td>
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<tr>
<td>Dep Daycare FSA</td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Healthcare FSA</td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>
APPENDIX

The following section contains useful on-line enrollment instructions and required regulatory compliance documents.

Step-by-step instructions to enroll .......................................................................................................40
Authoria Information ...........................................................................................................................47
Participating providers listing ..............................................................................................................48
Regulatory compliance documents ......................................................................................................49
  Notice of grandfathered status .................................................................................................50
  Notice of creditable coverage ..................................................................................................51
  Notice of privacy practices ......................................................................................................54
STEP-BY-STEP INSTRUCTIONS TO ENROLL

Step 1 – Update Family Members

If you are not adding a spouse or dependents, skip to Step 2.

If you want to add a domestic partner or children of a domestic partner, you must get prior approval. See the Benefit Eligibility section of this booklet for instructions.

When you are ready to update your family members, go to the Horizon’s Portal home page. From there, select Dow Corning & Me -> Manage My Personal Information -> Update my Family Members/Dependents.

Click on the button that matches the type of dependent you wish to enter. See the Benefit Eligibility section of the ‘New Employee Benefits Enrollment Book’ for information on eligible dependents.

All entries should be in all “CAPITAL LETTERS”:

1. First Name
2. Last Name is defaulted to your last name (update if necessary).
3. Date of Birth (you must enter in this format- month/day/year or you can click on the icon and a calendar will appear for you to choose the date you need).
4. Name at birth is not required. Skip this field.
5. Enter gender by selecting the appropriate radio button.
6. Enter the Social Security number for your dependent (hyphens are not required). If you do not have the SSN at this time, you can update in ESS at a later date. It is important to update the SSN as soon as possible as it could delay your dependent’s enrollment in the healthcare plans.
7. Address – Not required unless your dependent lives at a different address than you.

Enter Address ONLY if dependent lives at a different address than you:

1. Enter the house number and street.
2. Address Line 2 is used only if you have an apartment number or a lot number. If you do not have an additional identifying number, leave blank.
3. Enter City.
4. This step is important. Move down to “country”. Use the drop down menu to choose the country you live in.
5. Then, move back up and select your state.
6. Enter your zip code.
7. Telephone number is not required unless your dependent has a different telephone number.
Important – *When adding family members/dependents, select the radio button labeled “Valid from” and select your date of hire.*

This is a critical step to ensure your spouse/dependent(s) are covered as of your date of hire. If you do not accurately update this field to your date of hire, your spouse/dependent(s) will not appear in the next steps for updating your benefit enrollments.

![Radio button selection](image)

Click Review.

Click Save.

Repeat this step for each dependent until all dependents are entered.

### Step 2 – Update Tobacco User Status

Optional Life Insurance and Dependent Spouse Life Insurance premiums are based on age and tobacco user status. See ‘New Employee Benefits Enrollment Book’ for detailed information.

All life insurance enrollments are defaulted to tobacco user. If you (or your spouse) are a tobacco user, no update is needed. Skip to Step 3.

If you (or your spouse) are tobacco free, you need to update your tobacco status. To declare tobacco free status, you must be free from use of tobacco products for 12 consecutive months.

To update your or your spouse’s tobacco status, from the Horizon’s Portal home page, click on Dow Corning & Me => Manage My Compensation & Benefits => Update Tobacco User Status (a link located below Health & Welfare Benefit Enrollment section). See image to the right.

If you (or your spouse) are tobacco free, click Next.

Remove the check by clicking in the box(s).

Click Review.

Click Save.
Step 3 – Enroll in Benefit Plans

From the Horizon’s Portal home page, select Dow Corning & Me –> Manage My Compensation & Benefits -> New Hire Enrollment.

Important - You must begin and complete your enrollment process all on the same day. Once started, the enrollment link will become disabled at the end of that calendar day.

It is recommended that you allow yourself at least 30 minutes of uninterrupted time to complete your benefit enrollments. If changes or updates are needed after that day, contact the HR Service Center for assistance.

Once you click on “New Hire Enrollment”, a menu of all offered benefit plans will be displayed.

Important - You MUST make an election (enroll or waive) for each of the benefit plan offerings. Enrollment is completed one plan at a time.

3.1 Health Plans – Dental, Medical & Vision

To begin, click on the first radio button (Dental). Then, scroll to the bottom of the page and select “Add Plan”. Even if you do not wish to have dental coverage, you must still select “Add Plan” and click on the option to waive coverage.

If you wish to enroll,

- Click on the box next to the plan name.
- Next, click on the Choose Plan Option (Employee only, Employee +1 or Employee +2 or more).

The amount listed under Employee Pre-Tax is the total cost of the plan for your pay period (bi-weekly or monthly). The amount listed under Employer Costs is the amount Dow Corning pays toward the total cost of the plan. The difference between the two is the net amount deducted from your paycheck.
Next, click on the Select Dependents button. If coverage is employee only, this button will not appear. If you are enrolling for Employee +1 or Employee +2 or more, click on the box next to the name of the dependent(s) you wish to enroll in the plan.

If a dependent is not displayed as expected, go back to Step 1 and Update Family Members with a “valid from” date equal to your hire date.

Click “Add Plan to Selection”.

Repeat these steps for “Medical” and “Vision” plans.

### 3.2 Life Insurance Plans – Dependent Child, & Dependent Spouse

Click on the radio button (Dependent Child). Then, scroll to the bottom of the page and select ‘Add Plan’. Even if you do not wish to enroll for Dependent Child or Dependent Spouse coverage, you must still select “Add Plan” and click on the option to waive coverage.

If you wish to enroll, click on the box next to the plan name and then, enter the number of increments of coverage in the Additional Units box.

Example: Can enroll 1 to 4 increments (increments = $5,000 coverage). Next, click on “Add Plan to Selection” button.

Repeat for Dependent Life Spouse/DP (increments = $10,000 coverage).

Dependent Spouse life insurance requires Evidence of Insurability (EOI) for certain amounts of coverage. See the Dependent Life section of the “New Employee Benefits Enrollment Book” for information on EOI requirements. With a first time enrollment, the system will indicate EOI is required for any amount of coverage and lock your record. The HR Service Center will unlock any records that do not require EOI. If the record is locked because the level of coverage requires EOI, the HR Service Center will e-mail the EOI form to your internal e-mail address.

### 3.3 Legal

Click on the radio button next to Legal. Then, scroll to bottom of page and click “Add Plan”. Even if you do not wish to have Legal coverage, you must still select “Add Plan” and click on the option to waive coverage.

If you wish to enroll, click in the box next to Legal Plan. You will see your employee premium under Employee Post-Tax.

Click on “Add Plan to Selection”.
3.4 Long Term Disability

Click on the radio button next to Long Term Disability. Then, scroll to bottom of page and click “Add Plan”.

From the section, Offer for Long Term Disability, click the plan you wish to enroll. You will see the total cost of the plan under Employee Post-Tax. The amount Dow Corning pays toward the total cost is under Employer Costs. The difference between the two is the net amount deducted from your paycheck.

Click on “Add Plan to Selection”.

3.5 Optional Life Insurance

Even if you do not wish to enroll for coverage, you must make an election for Optional Life Insurance. Click on the radio button next to Optional Life. Then, scroll to bottom of page and click “Add Plan”.

From the section, Offer for Optional Life, click the plan you wish to enroll. If you want Optional Life coverage, click in the box next to DCC-Optional Life. If you do not want Optional Life coverage, click in the box next to Waiver - OPTL.

If you wish to enroll for coverage, click in the box next to the level of coverage you wish to enroll. For example, three times base salary.

You will see your employee premium under Employee Post-Tax.

Click “Add Plan to Selection”.

Optional Life Insurance coverage requires Evidence of Insurability (EOI) for certain amounts of coverage. See the Basic & Optional Life section of the “New Employee Benefits Enrollment Book” for information on EOI requirements. With a first-time enrollment, the system will indicate EOI is required for any amount of coverage and lock your record. The HR Service Center will unlock any records that do not require EOI. If the record is locked because the level of coverage requires EOI, the HR Service Center will e-mail the EOI form to your internal e-mail address.
3.6 Accidental Death & Dismemberment (AD&D) Employee and Spouse/DP

Even if you do not wish to enroll for coverage, you must make an election for AD&D Employee and AD&D Spouse.

Click on the radio button next to AD&D Employee. Then, scroll to bottom of page click “Add Plan”.

From the section, Offer for AD&D, click the plan you wish to enroll. If you want AD&D coverage, click in the box next to AD&D. If you do not want AD&D coverage, click in the box next to Waiver-AD&D.

If you wish to enroll for coverage, enter the number of increments in the Additional Units box (increments = $10,000 coverage).

For example, if you want $10,000 coverage, enter 1. If you want $20,000 coverage, enter 2 and so on…

Click “Add Plan to Selection”.

Repeat for AD&D Spouse.

3.7 Health Savings Account (HSA) and Flexible Spending Accounts (FSA)

Enrollment in a Health Savings Account is only required if you elected the Consumer Driven Health Plan (CDHP). If you did not enroll for CDHP, skip this radio button and move to the next radio button, FSA.

If you did enroll for CDHP, click on the HSA radio button. The name of the plan is already selected and highlighted in yellow. Move down and enter the pre-tax amount you would like to contribute to your HSA each pay period.

Next, click on “Add Plan to Selection” button.

Even if you do not wish to enroll for FSA coverage, you must make an election for Dependent Care FSA and Health FSA. If you do not wish to have FSA, you must still select “Add Plan” and click on the option to waive coverage.

Click on the radio button next to Dependent Care FSA. Then, scroll to bottom of page. Click “Add Plan”.

If you wish to enroll, click in the box next to Dependent Care FSA. Move down and enter the pre-tax amount you would like to contribute to your FSA as an annual amount.

Click “Add Plan to Selection button”.

Repeat for Health FSA.
Review and Save Enrollments

When all plan changes have been made, click “Review Enrollment”. A summary of enrollment plans will be listed.

If all enrollments are correct, click on “Save” to complete the enrollment process.

You will see your plan selections have been saved.

It is highly recommended that you print off a confirmation of your newly elected benefit enrollments. Select “Print New Plan Selections”.

Important: Once enrollments have been made, changes to the selections will only be allowed on that same calendar in ESS. If changes are needed after that day, please contact the HR Service Center at 496-4772 or 1-800-440-0772.

Congratulations!

You have completed your New Hire Enrollments
**AUTHORIA INFORMATION**

*Ask HR – powered by Authoria*

Once you become an active employee and are enrolled in your benefit plans, *Ask HR – powered by Authoria HR* is a web-based tool that provides personalized answers to HR questions, including questions about your benefit enrollments and eligibility. The system offers easy-to-understand explanations about benefit plans, plus links to related topics of importance.

To access *Ask HR – powered by Authoria HR*, go to:

- If you currently receive *Horizons*, the Dow Corning Portal, when you log onto your computer or open Internet Explorer, simply click the **Dow Corning & Me** tab at the top.
- If you are not currently on *Horizons*, you will need to type the word *Horizons* in the address bar of Internet Explorer, and then click on the **Dow Corning & Me** tab at the top.

Once You Are There:

- Click on the **Manage My Compensation & Benefits** tab at the top.
- Then, click on the **Ask HR – Authoria** link.

Once you have opened Authoria, you can view information about your enrolled benefit plans:

- If you would like additional assistance, click on the ‘How do I get started’ link.
- To begin browsing your benefits immediately, select a benefit plan from the drop down lists on the left of the screen.
# Participating Providers Listing

<table>
<thead>
<tr>
<th>Provider</th>
<th>Website</th>
<th>Member Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross Blue Shield</td>
<td><a href="http://www.bcbsm.com">http://www.bcbsm.com</a></td>
<td>866-491-3083</td>
</tr>
<tr>
<td>Delta Dental</td>
<td><a href="http://www.deltadentalmi.com">http://www.deltadentalmi.com</a></td>
<td>800-524-0149</td>
</tr>
<tr>
<td>HealthEquity</td>
<td><a href="http://www.myhealthequity.com">http://www.myhealthequity.com</a></td>
<td>877-255-8294</td>
</tr>
<tr>
<td>HealthFitness</td>
<td><a href="http://www.liveforlife.net/hfit/dowcorning">http://www.liveforlife.net/hfit/dowcorning</a></td>
<td>877-818-4636</td>
</tr>
<tr>
<td>HealthPlus</td>
<td><a href="http://www.healthplus.com">http://www.healthplus.com</a></td>
<td>800-332-9161</td>
</tr>
<tr>
<td>Hyatt Legal</td>
<td><a href="http://www.legalplans.com">http://www.legalplans.com</a></td>
<td>800-821-6400</td>
</tr>
<tr>
<td>(Dow Corning password 690010)</td>
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<tr>
<td>Medco</td>
<td><a href="http://www.medco.com">http://www.medco.com</a></td>
<td>866-491-3083</td>
</tr>
<tr>
<td>Minnesota Life</td>
<td><a href="https://web1.lifebenefits.com/lb/home.htm">https://web1.lifebenefits.com/lb/home.htm</a></td>
<td>866-293-6047</td>
</tr>
<tr>
<td>T. Rowe Price</td>
<td><a href="http://rps.troweprice.com">http://rps.troweprice.com</a></td>
<td>800-922-9945</td>
</tr>
<tr>
<td>UnitedHealthcare Vision (Spectera)</td>
<td><a href="http://www.myuhcvision.com">http://www.myuhcvision.com</a></td>
<td>800-638-3120</td>
</tr>
<tr>
<td>ValueOptions - Achieve Solutions® (Employee Assistance Program)</td>
<td><a href="http://www.achievesolutions.net/dowcorning">http://www.achievesolutions.net/dowcorning</a></td>
<td>855-832-3237</td>
</tr>
</tbody>
</table>
NOTICE OF GRANDFATHERED STATUS

IMPORTANT NOTICE REGARDING PATIENT PROTECTION AND AFFORDABLE CARE ACT (PPACA)

Dow Corning Corporation believes the Flexible Benefit Health plan meets the definition of a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your Dow Corning healthcare plans may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

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 Corning HR Service Center at 800-440-0772. You may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. This website has a table summarizing which protections do and do not apply to grandfathered health plans.

December 7, 2010
NOTICE OF CREDITABLE COVERAGE

Important Notice from Dow Corning Corporation About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with and about your options under Medicare’s prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current 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 coverage and Medicare’s prescription drug coverage:

1. Dow Corning has determined that the prescription drug coverage offered by the Dow Corning medical plan is, on average for all plan participants, expected to out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your 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.

2. 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. 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.

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 to 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 Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current Dow Corning coverage will be affected. If you drop your coverage with Dow Corning and enroll in a Medicare prescription drug plan, you may not be able to get this coverage back later. You should compare your current coverage, including which drugs are covered, with the coverage and cost of the plans offering Medicare prescription drug coverage in your area.

Your current Dow Corning medical coverage pays for other health expenses in addition to prescription drugs. If you choose to enroll in a Medicare prescription drug plan, you will not be eligible for benefit coverage under a Dow Corning medical plan.

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 coverage with Dow Corning 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 HR Service Center for further information. 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 coverage through Dow Corning 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 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

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 on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

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: October 1, 2011
Name of Entity/Sender: Dow Corning Corporation
Contact: HR Service Center
Address: P.O. Box 994
Midland, MI 48686-0994
Phone Number: (989) 496-4772 or (800) 440-0772
E-mail: HRSC@dowcorning.com
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

Effective Date of Notice: October 1, 2011

The Dow Corning Corporation Health Care Plans, which are each hereinafter referred to as the “Plan”, are required by law to take reasonable steps to ensure the privacy of your personally identifiable health information and to inform you about:

- the Plan's uses and disclosures of Protected Health Information (“PHI”);
- your privacy rights with respect to your PHI;
- the Plan's duties with respect to your PHI;
- your right to file a complaint with the Plan and with the Secretary of the U.S. Department of Health and Human Services; and
- the person or office to contact for further information about the Plan's privacy practices.

The term "Protected Health Information" includes all individually identifiable health information transmitted or maintained by the Plan, regardless of form (oral, written, electronic).

Section 1. Notice of PHI Uses and Disclosures

Standard PHI Uses and Disclosures for which authorization or opportunity to object is not required are as follows:

Use and disclosure of your PHI is allowed without your consent, authorization or request under the following circumstances:

1. Use and disclosure of your PHI may be required by the Secretary of the Department of Health and Human Services to investigate or determine the Plan's compliance with the privacy regulations.

2. The Plan and its business associates will use your PHI without your consent, authorization or opportunity to agree or object to carry out treatment, payment and health care operations. The Plan also will disclose your PHI to Dow Corning Corporation (the “Plan Sponsor”) for purposes related to treatment, payment and health care operations. The Plan Sponsor has amended its plan documents to protect your PHI as required by federal law.

   Treatment is the provision, coordination or management of health care and related services such as mail order pharmacy services. It also includes but is not limited to consultations and referrals between one or more of your doctors, dentists, hospitals and other health care providers.

   For example, the Plan may disclose to a treating orthodontist the name of your treating dentist so that the orthodontist may ask for your dental X-rays from the treating dentist.

   Payment includes but is not limited to actions to coordinate care, make coverage determinations and payments (including billing, claims management, subrogation, plan reimbursement, reviews for medical necessity and appropriateness of care and preauthorization and utilization reviews).

   For example, the Plan may tell a doctor whether you are eligible for coverage or what percentage of the bill will be paid by the Plan.
Health Care Operations include but are not limited to quality assessment and improvement, reviewing competence or qualifications of health care professionals, underwriting, premium rating and other insurance activities relating to creating or renewing insurance contracts. It also includes disease management, case management, conducting or arranging for medical review, legal services and auditing functions including fraud and abuse compliance programs, business planning and development, business management and general administrative activities. The Plan, however, will not use or disclose your genetic information for any underwriting purposes.

For example, the Plan may use your PHI to refer you to a disease management program, project future benefit costs or audit the accuracy of its claims processing functions.

(3) When required or permitted by law in civil, administrative or criminal investigations or to address matters of public interest such as threats to public safety or national security, licensure or disciplinary actions concerning providers, investigation of Medicare or Medicaid fraud, product recalls and post-marketing surveillance.

(4) When authorized by law to report information about abuse, neglect or domestic violence if there exists a reasonable belief that you may be a victim of abuse, neglect or domestic violence. In such case, the Plan will promptly inform you that such a disclosure has been or will be made unless that notice would cause a risk of serious harm. Note, the Plan is not required to inform a minor victim of child abuse or neglect that such a disclosure has been or will be made. Disclosure may be made to the minor's parents or other representatives depending on the circumstances and as required or permitted under federal or state law.

(5) The Plan may disclose your PHI when required for judicial or administrative proceedings. For example, your PHI may be disclosed in response to a subpoena or discovery request provided certain conditions are met. One of those conditions is that satisfactory assurances must be given to the Plan that the requesting party has made a good faith attempt to provide written notice to you, and the notice provided sufficient information about the proceeding to permit you to raise an objection and no objections were raised or were resolved in favor of disclosure by the court or tribunal.

(6) When required for law enforcement purposes. For example, to report certain types of wounds or when disclosing information about an individual who is or is suspected to be a victim of a crime and disclosure is in the best interest of the individual as determined by the exercise of the Plan's best judgment.

(7) When required to be given to a coroner or medical examiner for the purpose of identifying a deceased person, determining a cause of death or other duties as authorized by law. Also, disclosure is permitted to funeral directors, consistent with applicable law, as necessary to carry out their duties with respect to the decedent.

(8) The Plan may use or disclose PHI for research, provided measures are taken to protect your privacy.

(9) When authorized by and to the extent necessary to comply with workers' compensation, long term disability, family and medical leave, sick leave, fitness for duty or other similar programs established by law.

Uses and disclosures that require your written authorization
Your written authorization will be obtained before the Plan will use or disclose psychotherapy notes about you from your psychotherapist. The Plan may use and disclose such notes when needed by the Plan to defend against litigation filed by you.
Except as otherwise indicated in this notice, uses and disclosures will be made only with your written authorization subject to your right to revoke such authorization.

Section 2. Rights of Individuals

Right to Authorize Use and Disclosure of PHI
You may authorize use and disclosure of your PHI to anyone you choose including your spouse, other family members, friends, providers, and those having involvement with your care or payment for that care. You or your personal representative will be required to complete an Authorization For Release of Health Information form.

Right to Request Restrictions on PHI Uses and Disclosures
You may request the Plan to restrict uses and disclosures of your PHI to carry out treatment, payment or health care operations, or to restrict uses and disclosures to family members, relatives, friends or other persons identified by you who are involved in your care or payment for your care. However, the Plan is not required to agree to your request.

You or your personal representative will be required to complete a form to request restrictions on uses and disclosures of your PHI.

Right to Inspect and Copy PHI
You have a right to inspect and obtain a copy of your PHI contained in a "Designated Record Set," for as long as the Plan maintains the PHI.

"Designated Record Set" includes the medical records and billing records about individuals maintained by or for a covered health care provider; enrollment, payment, billing, claims adjudication and case or medical management record systems maintained by or for a health plan; or other information used in whole or in part by or for the covered entity to make decisions about individuals. Information used for quality control or peer review analyses and not used to make decisions about individuals is not in the designated record set.

Note: The Human Resource Services Center (the “HRSC”) will maintain all authorizations, restrictions, a log of disclosures, an enrollment and eligibility file, an appeal and issue resolution file, and life event notices in the Designated Record Set. Except as required for an appeal or issue resolution the HRSC will not maintain medical or billing records in the Designated Record Set. Such records may be obtained from the provider.

You or your personal representative will be required to complete a form to request access to the PHI in your designated record set. The requested information will be provided within 30 days if the information is maintained on site or within 60 days if the information is maintained offsite. A single 30-day extension is allowed if the Plan is unable to comply with the deadline.

If access is denied, you or your personal representative will be provided with a written denial setting forth the basis for the denial, a description of how you may exercise those review rights and a description of how you may file a complaint with the Plan or with the Secretary of the U.S. Department of Health and Human Services.
Right to Amend PHI
You have the right to request the Plan to amend your PHI or a record about you in a designated record set for as long as the PHI is maintained in the designated record set. You or your personal representative will be required to complete a form to request amendment of the PHI in your designated record set. The Plan has 60 days after the request is made to act on the request. A single 30-day extension is allowed if the Plan is unable to comply with the deadline. If the request is denied in whole or part, the Plan must provide you with a written denial that explains the basis for the denial. You or your personal representative may then submit a written statement disagreeing with the denial and have that statement included with any future disclosures of your PHI.

The Right to Receive a Log of PHI Disclosures
At your request, the Plan will also provide you with a log of disclosures by the Plan of your PHI during the six years prior to the date of your request. However, such a log need not include PHI disclosures made: (1) to carry out treatment, payment or health care operations; (2) to individuals about their own PHI; or (3) prior to the compliance date.

If the log cannot be provided within 60 days, an additional 30 days is allowed if the individual is given a written statement of the reasons for the delay and the date by which the log will be provided.

A Note About Personal Representatives
You may exercise your rights through a personal representative. Your personal representative will be required to produce evidence of his/her authority to act on your behalf before that person will be given access to your PHI or allowed to take any action for you. Proof of such authority may take one of the following forms:
- a power of attorney for health care purposes, notarized by a notary public;
- a court order of appointment of the person as the conservator or guardian of the individual; or
- an individual who is the parent of a minor child. The Plan retains discretion to deny access to your PHI to a personal representative to provide protection to those vulnerable people who depend on others to exercise their rights under these rules and who may be subject to abuse or neglect. This also applies to personal representatives of minors.

Requests and Forms
All requests to provide authorization to use or disclose PHI, restrict use and disclosure of PHI, inspect and copy PHI, amend PHI, or obtain a copy of the Log of Disclosures for PHI should be made to the Dow Corning Corporation Health Care Plan in writing and mailed to the Dow Corning HR Service Center, Mail #HRSC, Midland, MI. 48686-0994.

Section 3. The Plan's Duties
The Plan is required by law to maintain the privacy of PHI and to provide participants with notice of its legal duties and privacy practices.

This notice is effective beginning April 14, 2003 and the Plan is required to comply with the terms of this notice. However, the Plan reserves the right to change its privacy practices and to apply the changes to any PHI received or maintained by the Plan prior to that date. If there is any material change to the uses or disclosures, the individual's rights, the duties of the Plan or other privacy practices stated
in this notice, a revised version of this notice will be provided within 60 days of the effective date of such change by mail to inactive participants and on the Intranet to active participants.

**Minimum Necessary Standard**

When using or disclosing PHI or when requesting PHI from another covered entity, the Plan will make reasonable efforts not to use, disclose or request more than the minimum amount of PHI necessary to accomplish the intended purpose of the use, disclosure or request, taking into consideration practical and technological limitations.

However, the minimum necessary standard will not apply in the following situations:

- disclosures to or requests by a health care provider for treatment;
- uses or disclosures made to the individual;
- disclosures made to the Secretary of the U.S. Department of Health and Human Services;
- uses or disclosures that are required by law; and
- uses or disclosures that are required for the Plan's compliance with legal regulations.

This notice does not apply to information that has been de-identified. De-identified information is information that does not identify an individual and with respect to which there is no reasonable basis to believe that the information can be used to identify an individual is not individually identifiable health information.

In addition, the Plan may use or disclose "summary health information" to the plan sponsor for obtaining premium bids or modifying, amending or terminating the group health plan, which summarizes the claims history, claims expenses or type of claims experienced by individuals for whom a plan sponsor has provided health benefits under a group health plan; and from which identifying information has been deleted in accordance with HIPAA.

**Section 4. Your Right to File a Complaint With the Plan or the HHS Secretary**

If you believe that your privacy rights have been violated, you may complain to the Plan in care of the following officer: Privacy Officer, Dow Corning Corporation, Midland, MI 48686-0994. You may file a complaint with the Secretary of the U.S. Department of Health and Human Services, at: Office for Civil Rights, U.S. Department of Health and Human services, 233 N. Michigan Ave., Suite 240, Chicago, ILL. 60601 (Fax: (312) 886-1807, TDD (312) 353-5693).

The Plan will not retaliate against you for filing a complaint.

**Section 5. Whom to Contact at the Plan for More Information**

If you have any questions regarding this notice or the subjects addressed in it, you may contact your HR Benefits Specialist at Dow Corning HR Service Center, Mail #HRSC, Midland, MI. 48686-0994
Conclusion

PHI use and disclosure by the Plan is regulated by a federal law known as HIPAA (the Health Insurance Portability and Accountability Act). You may find these rules at 45 Code of Federal Regulations Parts 160 and 164. This notice attempts to summarize the regulations. The regulations will supersede any discrepancy between the information in this notice and the regulations.