

Dental Plans

2020 Costs and Coverages – Delta Dental Options

	Delta Dental Premier Basic Plus (Group 5432) 800-524-0149; www.deltadentalmi.com						Delta Dental PPO High (Group 9014) 800-524-0149; www.deltadentalmi.com					
Employee Monthly Premiums (LTFT30 = Less Than Full Time 30-39 Hours/Week; LTFT20 = Less Than Full Time 20-29 Hours/Week)												
	Full Time		LTFT30 ¹		LTFT20 ¹		Full Time		LTFT30 ¹		LTFT20 ¹	
	No tobacco	Tobacco user	No tobacco	Tobacco user	No tobacco	Tobacco user	No tobacco	Tobacco User	No tobacco	Tobacco user	No tobacco	Tobacco user
Employee Only	\$5.50	\$10.50	\$6.20	\$11.20	\$12.50	\$17.50	\$10.00	\$15.00	\$11.00	\$16.00	\$16.50	\$21.50
Employee + Spouse/DP	\$11.00	\$16.00	\$12.10	\$17.10	\$23.20	\$28.20	\$20.50	\$25.50	\$22.50	\$27.50	\$30.50	\$35.50
Employee + Child(ren)	\$12.00	\$17.00	\$13.80	\$18.80	\$27.60	\$32.60	\$22.50	\$27.50	\$24.70	\$29.70	\$36.30	\$41.30
Employee + Spouse/DP + Child(ren)	\$22.00	\$27.00	\$24.20	\$29.20	\$43.40	\$48.40	\$40.50	\$45.50	\$44.50	\$49.50	\$56.90	\$61.90
Coverage details												
	PPO Dentist or Premier Dentist		Nonparticipating Dentist ²		PPO Dentist		Premier Dentist		Nonparticipating Dentist ²			
Diagnostic and Preventive Services												
Periodic Oral Exams	100%		100% ²		100%		100%		100%		100% ²	
X-rays ³	100%		100% ²		100%		100%		100%		100% ²	
Routine Teeth Cleanings	100%		100% ²		100%		100%		100%		100% ²	
Brush Biopsy	100%		100% ²		100%		100%		100%		100% ²	
Basic Services – Class II (Annual Deductible for Class II and Class III Benefits = \$50 Individual/\$150 Family)												
Amalgam and Composite Fillings	50%		50% ²		80%		50%		50%		50% ²	
Posterior Composite Fillings	50%		50% ²		80%		50%		50%		50% ²	
Root Canals	50%		50% ²		80%		50%		50%		50% ²	
Extractions	50%		50% ²		80%		50%		50%		50% ²	
Major Services – Class III (Annual Deductible for Class II and Class III Benefits = \$50 Individual/\$150 Family)												
Bridges	50%		50% ²		60%		50%		50%		50% ²	
Dentures	50%		50% ²		60%		50%		50%		50% ²	
Orthodontic Services												
Child	Not available		Not available		50%; \$1,500 per person lifetime maximum		50%; \$1,500 per person lifetime maximum		50%; \$1,500 per person lifetime maximum		50%; \$1,500 per person lifetime maximum	
Adult	Not available		Not available		50%; \$1,500 per person lifetime maximum		50%; \$1,500 per person lifetime maximum		50%; \$1,500 per person lifetime maximum		50%; \$1,500 per person lifetime maximum	
Annual Maximum Per Person (Applies to Class II and Class III Benefits Only)												
	\$750		\$750		\$1,500		\$1,500		\$1,500		\$1,500	

If you are paid bi-weekly and would like to calculate your per-pay premium, multiply the monthly premium amount by 12 and divide by 26 (the number of pay periods for 2020).

¹ LTFT (Less Than Full Time) rates do not apply to Midland hourly employees.

² If you go to a nonparticipating dentist, your actual payment may be higher because you will be subject to balance billing if your dentist charges more than Delta's allowable amount. See the Dental Assistance Plan SPD at www.dowbenefits.com for an example.

³ Bitewing x-rays are payable once per calendar year for members under age 15 and once in any two calendar years for people age 15 and older. Full mouth x-rays are payable once in any five-year period.

The brief summaries of benefits in this communication are not intended to be complete descriptions of each of the respective benefit plans. If there are discrepancies between (a) information in this communication and any oral or written representations made by anyone regarding a plan and (b) the Summary Plan Descriptions (SPD) and other legal documents of any of the plans, the SPD and other legal documents will govern. Dow reserves the right to amend, modify, and terminate the plans described in this communication at any time in its sole discretion.

Dental Plans

2020 Costs and Coverages — DMOs

Members must receive care and treatment through participating providers in order to qualify for DMO benefits. Contact the DMOs directly for more details about the plans and to find providers.

	Aetna Dental (DMO) 877-238-6200; www.aetna.com						CIGNA Dental Health (DMO) 800-244-6224; www.cigna.com					
	Available to employees in any U.S. location where the Aetna Dental DMO is available						Available to employees in any U.S. location where the CIGNA Dental DMO is available					
Employee Monthly Premiums (LTFT30 = Less Than Full Time 30-39 Hours/Week; LTFT20 = Less Than Full Time 20-29 Hours/Week)												
	Full Time		LTFT30 ¹		LTFT20 ¹		Full Time		LTFT30 ¹		LTFT20 ¹	
	No tobacco	Tobacco user	No tobacco	Tobacco user	No tobacco	Tobacco user	No tobacco	Tobacco user	No tobacco	Tobacco user	No tobacco	Tobacco user
Employee Only	\$7.00	\$12.00	\$7.70	\$12.70	\$10.60	\$15.60	\$11.00	\$16.00	\$12.10	\$17.10	\$15.90	\$20.90
Employee + Spouse/DP	\$14.00	\$19.00	\$15.40	\$20.40	\$19.50	\$24.50	\$22.00	\$27.00	\$24.20	\$29.20	\$32.70	\$37.70
Employee + Child(ren)	\$18.00	\$23.00	\$19.80	\$24.80	\$29.60	\$34.60	\$23.00	\$28.00	\$25.30	\$30.30	\$35.60	\$40.60
Employee + Spouse/DP + Child(ren)	\$29.00	\$34.00	\$31.90	\$36.90	\$46.00	\$51.00	\$31.00	\$36.00	\$34.10	\$39.10	\$50.30	\$55.30
Coverage Details												
Diagnostic and Preventive Services												
Periodic Oral Exams	100% (limited to 4 per year)						100%					
X-rays	100% (single film periapical x-ray)						100%					
Routine Teeth Cleanings	100% (prophylactic treatment limited to 2 per year)						100% (2 per calendar year) \$45 (adult) or \$30 (child) copayment applies for up to 2 additional cleanings per year when necessary					
Basic Services ²												
Amalgam Fillings	100%						100%					
Resin Fillings	Composite restoration 100% (alternate benefit may apply)						100% (anterior) \$47 copayment (posterior)					
Root Canals	\$50 to \$150 copayment, depending on tooth						\$12 copayment (anterior), \$31 copayment (bicuspid), \$280 copayment (molar)					
Extractions	Uncomplicated 100%						\$12 copayment					
Major Services ²												
Cast Restorations Crown	Full cast noble metal (prior authorization) \$185 copayment; 5-year replacement clause						High noble \$380 copayment; noble metal \$355 copayment; base metal \$335 copayment					
Orthodontic Services												
Child	Comprehensive orthodontia treatment (not all-inclusive) ³ 24-month course of active treatment \$1,000 copayment						\$1,584 (24-month treatment) ⁴					
Adult	Comprehensive orthodontia treatment (not all-inclusive) ³ 24-month course of active treatment \$1,000 copayment						\$2,328 (24-month treatment) ⁴					
Annual Maximum Per Person (For All Services Except Orthodontic)												
	None						None					

If you are paid bi-weekly and would like to calculate your per-pay premium, multiply the monthly premium amount by 12 and divide by 26 (the number of pay periods for 2020).

¹ LTFT (Less Than Full Time) rates do not apply to Midland hourly employees.

² Copayments may vary depending on the tooth being serviced.

³ Under the Aetna DMO fixed copayment plan, interceptive orthodontia (phase I) is not a covered procedure. Usually, this service is performed first to see if the problem can be corrected. If the problem is corrected, then comprehensive orthodontia (phase II) may not be needed. Comprehensive orthodontia is covered as listed above.

⁴ Additional fees may apply for banding and removal of bands.

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