

# Dental Plans

## 2020 COBRA Costs and Coverages – Delta Dental Options

	Delta Dental Premier Basic Plus (Group 5432) 800-524-0149; <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>		Delta Dental PPO High (Group 9014) 800-524-0149; <a href="http://www.deltadentalmi.com">www.deltadentalmi.com</a>		
<b>Monthly Premiums</b>					
Employee Only		\$25.66			\$33.69
Employee + Spouse/DP		\$47.48			\$62.33
Employee + Child(ren)		\$56.47			\$74.12
Employee + Spouse/DP + Child(ren)		\$88.55			\$116.24
<b>Coverage details</b>					
	<b>PPO Dentist or Premier Dentist</b>	<b>Nonparticipating Dentist<sup>2</sup></b>	<b>PPO Dentist</b>	<b>Premier Dentist</b>	<b>Nonparticipating Dentist<sup>1</sup></b>
<b>Diagnostic and Preventive Services</b>					
Periodic Oral Exams	100%	100% <sup>1</sup>	100%	100%	100% <sup>1</sup>
X-rays <sup>2</sup>	100%	100% <sup>1</sup>	100%	100%	100% <sup>1</sup>
Routine Teeth Cleanings	100%	100% <sup>1</sup>	100%	100%	100% <sup>1</sup>
Brush Biopsy	100%	100% <sup>1</sup>	100%	100%	100% <sup>1</sup>
<b>Basic Services – Class II</b> (Annual Deductible for Class II and Class III Benefits = \$50 Individual/\$150 Family)					
Amalgam and Composite Fillings	50%	50% <sup>1</sup>	80%	50%	50% <sup>1</sup>
Posterior Composite Fillings	50%	50% <sup>1</sup>	80%	50%	50% <sup>1</sup>
Root Canals	50%	50% <sup>1</sup>	80%	50%	50% <sup>1</sup>
Extractions	50%	50% <sup>1</sup>	80%	50%	50% <sup>1</sup>
<b>Major Services – Class III</b> (Annual Deductible for Class II and Class III Benefits = \$50 Individual/\$150 Family)					
Bridges	50%	50% <sup>1</sup>	60%	50%	50% <sup>1</sup>
Dentures	50%	50% <sup>1</sup>	60%	50%	50% <sup>1</sup>
<b>Orthodontic Services</b>					
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
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
<b>Annual Maximum Per Person</b> (Applies to Class II and Class III Benefits Only)					
	\$750	\$750	\$1,500	\$1,500	\$1,500

<sup>1</sup> 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](http://www.dowbenefits.com) for an example.

<sup>2</sup> 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 COBRA 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.

	<b>Aetna Dental (DMO)</b> 877-238-6200; <a href="http://www.aetna.com">www.aetna.com</a>	<b>CIGNA Dental Health (DMO)</b> 800-244-6224; <a href="http://www.cigna.com">www.cigna.com</a>
	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
<b>Monthly Premiums</b>		
Employee Only	\$21.75	\$32.47
Employee + Spouse/DP	\$39.96	\$66.87
Employee + Child(ren)	\$60.54	\$72.77
Employee + Spouse/DP + Child(ren)	\$93.94	\$102.65
<b>Coverage Details</b>		
<b>Diagnostic and Preventive Services</b>		
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
<b>Basic Services<sup>1</sup></b>		
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
<b>Major Services<sup>1</sup></b>		
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
<b>Orthodontic Services</b>		
Child	Comprehensive orthodontia treatment (not all-inclusive) <sup>2</sup> 24-month course of active treatment \$1,000 copayment	\$1,584 (24-month treatment) <sup>3</sup>
Adult	Comprehensive orthodontia treatment (not all-inclusive) <sup>2</sup> 24-month course of active treatment \$1,000 copayment	\$2,328 (24-month treatment) <sup>3</sup>
<b>Annual Maximum Per Person (For All Services Except Orthodontic)</b>		
	None	None

<sup>1</sup>Copayments may vary depending on the tooth being serviced.

<sup>2</sup>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.

<sup>3</sup>Additional fees may apply for banding and removal of bands.

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