

Dental Plans

2021 Costs and Coverages – Delta Dental Options

| | Delta Dental Premier BasicPlus (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 | \$6.30 | \$11.30 | \$12.70 | \$17.70 | \$10.00 | \$15.00 | \$11.00 | \$16.00 | \$16.60 | \$21.60 |
| Employee + Spouse/DP | \$11.00 | \$16.00 | \$12.10 | \$17.10 | \$23.50 | \$28.50 | \$20.50 | \$25.50 | \$22.50 | \$27.50 | \$30.80 | \$35.80 |
| Employee + Child(ren) | \$12.00 | \$17.00 | \$13.90 | \$18.90 | \$27.90 | \$32.90 | \$22.50 | \$27.50 | \$24.70 | \$29.70 | \$36.60 | \$41.60 |
| Employee + Spouse/DP + Child(ren) | \$22.00 | \$27.00 | \$24.20 | \$29.20 | \$43.80 | \$48.80 | \$40.50 | \$45.50 | \$44.50 | \$49.50 | \$57.40 | \$62.40 |
| 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% ² | | | |
| X-rays ³ | 100% | | 100% ² | | 100% | | 100% | | 100% ² | | | |
| Routine Teeth Cleanings | 100% | | 100% ² | | 100% | | 100% | | 100% ² | | | |
| Brush Biopsy | 100% | | 100% ² | | 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% ² | | | |
| Posterior Composite Fillings | 50% | | 50% ² | | 80% | | 50% | | 50% ² | | | |
| Root Canals | 50% | | 50% ² | | 80% | | 50% | | 50% ² | | | |
| Extractions | 50% | | 50% ² | | 80% | | 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% ² | | | |
| Dentures | 50% | | 50% ² | | 60% | | 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 | | | |
| 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 | | | |
| Annual Maximum Per Person (Applies to Class II and Class III Benefits Only) | | | | | | | | | | | | |
| | \$750 | | \$750 | | \$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 2021).

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

2021 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% |
| X-rays | | 100% |
| Routine Teeth Cleanings | | 100% |
| Basic Services ² | | |
| Amalgam Fillings | | 100% |
| Resin Fillings | | Composite restoration 100% (alternate benefit may apply) |
| 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 2021).

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.

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.