

Dental Plans

2024 COBRA 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		
Monthly Premiums					
Employee Only		\$24.62			\$32.27
Employee + Spouse/DP		\$45.55			\$59.70
Employee + Child(ren)		\$54.17			\$71.00
Employee + Spouse/DP + Child(ren)		\$84.96			\$111.33
Coverage details					
	PPO Dentist or Premier Dentist	Nonparticipating Dentist²	PPO Dentist	Premier Dentist	Nonparticipating Dentist¹
Diagnostic and Preventive Services					
Periodic Oral Exams	100%	100% ¹	100%	100%	100% ¹
X-rays ²	100%	100% ¹	100%	100%	100% ¹
Routine Teeth Cleanings	100%	100% ¹	100%	100%	100% ¹
Brush Biopsy	100%	100% ¹	100%	100%	100% ¹
Basic Services – Class II (Annual Deductible for Class II and Class III Benefits = \$50 Individual/\$150 Family)					
Amalgam and Composite Fillings	50%	50% ¹	80%	50%	50% ¹
Posterior Composite Fillings	50%	50% ¹	80%	50%	50% ¹
Root Canals	50%	50% ¹	80%	50%	50% ¹
Extractions	50%	50% ¹	80%	50%	50% ¹
Major Services – Class III (Annual Deductible for Class II and Class III Benefits = \$50 Individual/\$150 Family)					
Bridges	50%	50% ¹	60%	50%	50% ¹
Dentures	50%	50% ¹	60%	50%	50% ¹
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

¹ 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.

² 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

2024 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.

	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
Monthly Premiums		
Employee Only	\$22.51	\$31.39
Employee + Spouse/DP	\$41.36	\$64.64
Employee + Child(ren)	\$62.66	\$70.32
Employee + Spouse/DP + Child(ren)	\$97.23	\$99.22
Coverage Details		
Diagnostic and Preventive Services		
Periodic Oral Exams	100%	100%
X-rays	100%	100%
Routine Teeth Cleanings	100%	100%
Basic Services¹		
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 Services¹		
Cast Restorations Crown	Full cast noble metal (prior authorization) \$185 copayment	High noble \$380 copayment; noble metal \$355 copayment; base metal \$335 copayment
Orthodontic Services		
Child	Comprehensive orthodontia treatment (not all-inclusive) ² 24-month course of active treatment \$1,000 copayment	\$1,584 (24-month treatment) ³
Adult	Comprehensive orthodontia treatment (not all-inclusive) ² 24-month course of active treatment \$1,000 copayment	\$2,328 (24-month treatment) ³
Annual Maximum Per Person (For All Services Except Orthodontic)		
	None	None

¹Copayments may vary depending on the tooth being serviced.

²Under 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.

³Additional fees may apply for banding and removal of bands.

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