DELTA DENTAL®

Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group #9014-0002, 0186
The Dow Chemical Company
High Plan

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the Dentist's network participation.*

Control Plan – Delta Dental of Michigan

Benefit Year – January 1 through December 31

Covered Services –

	Delta Dental PPO™ Dentist	Delta Dental Premier® Dentist	Nonparticipating Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Palliative Treatment – to temporarily relieve pain	100%	100%	100%
Sealants – to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy – to detect oral cancer	100%	100%	100%
Radiographs – X-rays	100%	100%	100%
Periodontal Maintenance – cleanings following periodontal therapy	100%	100%	100%
Basic Services			
Minor Restorative Services – fillings and crown repair	80%	50%	50%
Endodontic Services – root canals	80%	50%	50%
Periodontic Services – to treat gum disease	80%	50%	50%
Oral Surgery Services – extractions and dental surgery	80%	50%	50%
Major Restorative Services – crowns	80%	50%	50%
Other Basic Services – misc. services	80%	50%	50%
Relines and Repairs – to prosthetic appliances	80%	50%	50%
Major Services			
Prosthodontic Services – bridges, implants, dentures, and crowns over implants	60%	50%	50%
Orthodontic Services			
Orthodontic Services – braces	50%	50%	50%
Orthodontic Age Limit –	No Age Limit	No Age Limit	No Age Limit

* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year. One additional prophylaxis is payable in the same calendar year for individuals with a documented history of periodontal disease.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her Dentist about treatment.

- Fluoride treatments are payable twice per calendar year for people age 18 and under.
- Bitewing X-rays are payable once per calendar year for people age 14 and under and once any two calendar years for people age 15 and older. Full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.
- Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 14 and under. The surface must be free from decay and restorations.
- Recementation of an inlay or onlay is not a Covered Service.
- Composite resin (white) restorations are payable on all teeth, including posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to a worldwide network of Dentists and dental clinics. English-speaking operators are available around the clock to answer questions and help you schedule care. For more information, check our website or contact your benefits representative to get a copy of our Passport Dental information sheet.

Maximum Payment – $1,500 per Member total per Benefit Year on all services, except diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance, and orthodontic services. $1,500 per Member total per lifetime on orthodontic services.

Payment for Orthodontic Service – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental will pay 50% of the per month fee charged by your Dentist based upon the agreed upon payment plan provided by Delta Dental to your Dentist. The number of orthodontic payments will be based on the type of treatment plan submitted by your Dentist (18 months for comprehensive, 10 months for interceptive and 8 months for limited) and will be calculated from the date treatment begins. If treatment begins during any applicable waiting period, Delta Dental will only be obligated to make payments for the remaining months in the approved treatment plan, and shall not be obligated to pay for any treatment months that occurred during the waiting period or that extend beyond the initial-calculated treatment plan even if all orthodontic Benefits have not been exhausted.

Deductible – $50 Deductible per Member total per Benefit Year limited to a maximum Deductible of $150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, X-rays, sealants, brush biopsy, periodontal maintenance and orthodontic services.

Waiting Period – Enrollees who are eligible for Benefits are covered on the date of hire.

Eligible People – All benefits-eligible (as defined in the Summary Plan Description) Dow employees (0002) and Diamond Infrastructure employees (0186) who enroll in the High Plan.

Your legal spouse or Domestic Partner (as defined in the Summary Plan Description) and your Dependent children are also eligible. A Dependent child is defined in the Summary Plan Description.

You and your eligible dependents may enroll only during an open enrollment period or when the enrollment is the result of a special enrollment event. Your eligible dependents may enroll only if you are enrolled (except under COBRA) and must be enrolled in the same plan as you. Plan changes are allowed only during open enrollment periods or following a permissible "change in status" event. For more information regarding eligibility and when you can make election changes, see the Summary Plan Description.

Coordination of Benefits – If you and your spouse/Domestic Partner are separately eligible for coverage under this Contract, you may be enrolled together (one of you carrying the other as a dependent) or separately, but not both; if you enroll separately, only one of you may enroll your eligible dependents. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Contract.

Benefits will cease on the last day of the month in which your employment is terminated.