Taking care of your dental health is an important part of your overall wellbeing. That's why it's essential to choose the dental plan that best fits your needs — and those of your family — when you enroll. Be sure to consider both your contributions (the amount you pay for coverage) and your out-of-pocket costs when you receive dental care, such as cleanings, fillings or orthodontics.

When enrolling in coverage, start by reviewing the summary information below. Then, use the tools available on the **Dow U.S. Benefits Site** to compare your options and make an informed decision.

Dental benefits ↓ **Employee contributions** ↓

Dental benefits

Below is a summary of typical dental plan benefits. With the Delta Dental options, you can generally receive the most cost-effective care by using network providers, but you have the flexibility to choose non-participating dentists.* However, for the DMO plans (where available), benefits are only available when you receive care from participating providers. If you're eligible for the DMO based on your ZIP code, you'll see it as an available option on the **Dow U.S. Benefits Site**. Please contact the DMOs directly for detailed plan information and to locate providers.

Coverage option	Delta Dental Premier Basic Plus*	Delta Dental PPO High*	Aetna Dental (DMO)	Cigna Dental Health (DMO)
Availability	Nationwide	Nationwide	Offered in certain geographies only	Offered in certain geographies only
Diagnostic and preventive services				
Periodic oral exams, routine teeth cleanings and x-rays**	◄ Covered 100% ►			
Basic services				
Deductible (combined with major services)	Individual: $50 Family: $150	Individual: $50 Family: $150	None	None
Fillings	You pay 50%	You pay: • 20% PPO dentist • 50% other dentists	Covered 100% (alternative resin benefit may apply)	Covered 100% ($47 copay applies for posterior resin)
Root canals	You pay 50%	You pay: • 20% PPO dentist • 50% other dentists	You pay $50 to $150 depending on tooth	You pay: • $12 anterior • $31 bicuspid • $280 molar
Extractions	You pay 50%	You pay: • 20% PPO dentist • 50% other dentists	Covered 100% (if uncomplicated)	You pay $12
Major services***				
Deductible (combined with basic services)	Individual: $50 Family: $150	Individual: $50 Family: $150	None	None
Crowns	You pay 50%	You pay: • 20% PPO dentist • 50% other dentists	You pay $185 (full cast noble metal with prior authorization)	You pay: • $335 base metal • $380 high noble • $355 noble metal
Bridges	You pay 50%	You pay: • 40% PPO dentist • 50% other dentists	Costs vary (see **carrier summary** or contact Aetna)	Costs vary (see **carrier summary** or contact Cigna)
Dentures	You pay 50%	You pay: • 40% PPO dentist • 50% other dentists	Costs vary (see **carrier summary** or contact Aetna)	Costs vary (see **carrier summary** or contact Cigna)
Orthodontic services				
Child	Not covered	You pay 50% (lifetime maximum benefit of $1,500 per person)	You pay $1,000 (24-month treatment; not all-inclusive)****	You pay $1,584 (24-month treatment; added fees may apply for banding and removal)
Adult	Not covered	You pay 50% (lifetime maximum benefit of $1,500 per person)	You pay $1,000 (24-month treatment; not all-inclusive)****	You pay $2,328 (24-month treatment; added fees may apply for banding and removal)
Annual maximum benefit				
Amount for each covered individual	$750	$1,500	None	None
Additional details				
Review the detailed carrier summary	**Delta Dental Premier Basic Plus Benefit Summary**	**Delta Dental PPO High Benefit Summary**	**Aetna Dental (DMO) Benefit Summary**	**Cigna Dental Health (DMO) Benefit Summary**
Contact information and apps	**deltadentalmi.com** (800) 524-0149 **Apple App Store** **Google Play**	**deltadentalmi.com** (800) 524-0149 **Apple App Store** **Google Play**	**aetna.com** (877) 238-6200 **Apple App Store** **Google Play**	**cigna.com** (800) 244-6224 **Apple App Store** **Google Play**

** Under the Delta Dental options, 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 **dowbenefits.com** for an example.*

*** Under the Delta Dental options, 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.*

**** Under the DMOs, copayments may vary depending on the tooth being serviced.*

***** 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.*

Employee contributions

(per-pay-period amounts for 2026)

The amount you pay to have dental coverage depends on a number of factors, including the coverage tier you elect, your tobacco use and your employment status — full-time vs. less than full-time (LTFT). The table below shows bi-weekly contributions for the 26 pay periods in 2026.

	Delta Dental Premier Basic Plus	Delta Dental PPO High	Aetna Dental (DMO)	Cigna Dental Health (DMO)
Employee Only • Full time • LTFT: 30-39 hours • LTFT: 20-29 hours	No tobacco / Tobacco • $2.54 / $4.85 • $2.91 / $5.22 • $5.82 / $8.13	No tobacco / Tobacco • $4.85 / $7.16 • $5.31 / $7.62 • $7.66 / $9.97	No tobacco / Tobacco • $3.23 / $5.54 • $3.55 / $5.86 • $5.26 / $7.57	No tobacco / Tobacco • $5.31 / $7.62 • $5.82 / $8.13 • $7.06 / $9.37
Employee + Spouse/ Domestic Partner (DP) • Full time • LTFT: 30 - 39 hours • LTFT: 20 - 29 hours	No tobacco / Tobacco • $5.31 / $7.62 • $5.82 / $8.13 • $10.80 / $13.11	No tobacco / Tobacco • $9.92 / $12.23 • $10.89 / $13.20 • $14.17 / $16.48	No tobacco / Tobacco • $6.92 / $9.23 • $7.62 / $9.93 • $9.65 / $11.96	No tobacco / Tobacco • $10.38 / $12.69 • $11.40 / $13.71 • $14.58 / $16.89
Employee + Child(ren) • Full time • LTFT: 30 - 39 hours • LTFT: 20 - 29 hours	No tobacco / Tobacco • $5.77 / $8.08 • $6.42 / $8.73 • $12.83 / $15.14	No tobacco / Tobacco • $11.08 / $13.39 • $12.18 / $14.49 • $16.85 / $19.16	No tobacco / Tobacco • $8.77 / $11.08 • $9.65 / $11.96 • $14.63 / $16.94	No tobacco / Tobacco • $10.85 / $13.16 • $11.91 / $14.22 • $15.88 / $18.19
Employee + Spouse/ DP + Child(ren) • Full time • LTFT: 30 - 39 hours • LTFT: 20 - 29 hours	No tobacco / Tobacco • $10.85 / $13.16 • $11.91 / $14.22 • $20.17 / $22.48	No tobacco / Tobacco • $19.85 / $22.16 • $21.83 / $24.14 • $26.45 / $28.76	No tobacco / Tobacco • $14.31 / $16.62 • $15.74 / $18.05 • $22.75 / $25.06	No tobacco / Tobacco • $14.77 / $17.08 • $16.25 / $18.56 • $22.43 / $24.74

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.