

Delta Dental Costs and Coverages - 2012

For Plans Available to All Employees Other than Midland Hourly Employees

Employee Monthly Premiums ¹	Delta Dental Premier Basic Plus (Group 5432)						Delta Dental PPO High (Group 9014)					
	Basic Plus 800-7DOWDOW (Option 5) www.deltadentalmi.com						PPO High 800-7DOWDOW (Option 5) www.deltadentalmi.com					
	FT		LTFT30		LTFT20		FT		LTFT30		LTFT20	
	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user
Employee Only	\$5.00	\$10.00	\$5.50	\$10.50	\$9.30	\$14.30	\$9.00	\$14.00	\$9.90	\$14.90	\$15.30	\$20.30
Employee + Spouse/DP	\$10.00	\$15.00	\$11.00	\$16.00	\$17.20	\$22.20	\$18.00	\$23.00	\$19.80	\$24.80	\$28.40	\$33.40
Employee + Child(ren)	\$11.00	\$16.00	\$12.10	\$17.10	\$22.50	\$27.50	\$20.00	\$25.00	\$22.00	\$27.00	\$33.60	\$38.60
Employee + Spouse/DP + Child(ren)	\$18.00	\$23.00	\$19.80	\$24.80	\$34.50	\$39.50	\$36.00	\$41.00	\$39.60	\$44.60	\$52.60	\$57.60
Coverage Details												
	PPO or Delta Dental Premier Dentist ²			Nonparticipating Dentist ⁵			PPO Dentist ³		Delta Dental Premier Dentist ⁴		Nonparticipating Dentist ⁵	
*Annual Deductible on Class II and Class III Benefits: \$50 Individual/\$150 Family												
Diagnostic and Preventive Services												
Periodic oral exams	100%			100% ⁵			100%		100%		100% ⁵	
X-Rays	100%			100% ⁵			100%		100%		100% ⁵	
Simple teeth cleanings	100%			100% ⁵			100%		100%		100% ⁵	
Basic Services (Class II)*												
Fillings:												
Amalgam (one surface)	35%			35% ⁵			80%		50%		50% ⁵	
Resin (one Surface)	35%			35% ⁵			80%		50%		50% ⁵	
Root canals (molar)	35%			35% ⁵			80%		50%		50% ⁵	
Extractions	35%			35% ⁵			80%		50%		50% ⁵	
Major Services (Class III)*												
Bridges	35%			35% ⁵			60%		50%		50% ⁵	
Dentures	35%			35% ⁵			60%		50%		50% ⁵	
Orthodontic Services												
Child	35% up to age 19; \$750 per person lifetime maximum			35% up to age 19; \$750 per person lifetime maximum			50% up to age 26; \$1,500 per person lifetime maximum		50% up to age 26; \$1,500 per person lifetime maximum		50% up to age 26; \$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 for all services except Orthodontic	\$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 2012).

Footnotes

¹FT = Full Time; LTFT30 = Less Than Full Time (30-39 hours/week); LTFT20 = Less Than Full Time (20-29 hours/week)

²For services rendered by a Delta Dental PPO Dentist.

³For services rendered by a Delta Dental PPO Dentist who is a PPO member.

⁴For services rendered by a Delta Dental Premier Dentist who is not a PPO member.

⁵If 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 on the Dow Intranet at My HR Connection or the Internet at www.dowfamilyhealth.com for an example.

DMO Costs and Coverages

Available to All Employees Other than Midland Hourly Employees

Members must receive care and treatment through Participating Providers in order to qualify for DMO benefits.

Contact the DMOs for more details about the plans.

	Available to Employees in: • Any U.S. location where the Aetna Dental DMO is available (Call Aetna to find a Provider.)						Available to Employees in: • Any U.S. location where the CIGNA Dental DMO is available (Call CIGNA to find a Provider.)					
	Aetna Dental						CIGNA Dental Health					
Employee Monthly Premiums ¹	Aetna Dental (DMO) 877-238-6200 www.aetna.com						CIGNA Dental (DMO) 800-244-6224 www.cigna.com					
	FT		LTFT30		LTFT20		FT		LTFT30		LTFT20	
	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user	Non-tobacco user	Tobacco user
Employee Only	\$7.00	\$12.00	\$7.70	\$12.70	\$11.70	\$16.70	\$9.00	\$14.00	\$9.90	\$14.90	\$14.60	\$19.60
Employee + Spouse/DP	\$14.00	\$19.00	\$15.40	\$20.40	\$20.60	\$25.60	\$18.00	\$23.00	\$19.80	\$24.80	\$29.00	\$34.00
Employee + Child(ren)	\$18.00	\$23.00	\$19.80	\$24.80	\$30.70	\$35.70	\$19.00	\$24.00	\$20.90	\$25.90	\$31.40	\$36.40
Employee + Spouse/DP + Child(ren)	\$29.00	\$34.00	\$31.90	\$36.90	\$47.10	\$52.10	\$25.00	\$30.00	\$27.50	\$32.50	\$44.00	\$49.00
Diagnostic and Preventive Services												
Periodic oral exams	100%						100%					
X-Rays	100%, single film Periapical X-ray						100%					
Simple teeth cleanings	100%, 2 per year						100%					
Basic Services												
Fillings:												
Amalgam (one surface)	100%						100%					
Resin (one Surface)	Composite restoration 100%, alternate benefit may apply						100%					
Root canals (molar)	\$150 Copay						\$260 Copay					
Extractions	Uncomplicated 100%						\$11 Copay					
Major Services												
Cast restorations crown	Full cast Noble metal (prior authorization) \$185 Copay, 5-year replacement clause						Copay, \$370 High Noble, \$345 Noble Metal, \$325 Base Metal					
Orthodontic Services												
Child	Comprehensive Orthodontia Treatment (not all-inclusive) ² 24-month course of active treatment \$1,000 Copay						\$2,292 Copay ³					
Adult	Comprehensive Orthodontia Treatment (not all-inclusive) ² 24-month course of active treatment \$1,000 Copay						\$2,964 Copay ³					
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 2012).

Footnotes

¹FT = Full Time; LTFT30 = Less Than Full Time (30-39 hours/week); LTFT20 = Less Than Full Time (20-29 hours/week)

²Under the Aetna DMO fixed Copay 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.

³Comprehensive Orthodontia Treatment is to include initial visit, banding fee, periodic orthodontic visits, removal of bands and retainer.