

Dental Costs and Coverages - 2012

For Plans Available to Midland Hourly Employees

| | Delta Dental PPO Low (Group 7128) | | | Delta Dental PPO High (Group 9014) | | |
|--|---|--|--|--|--|--|
| Employee Monthly Premiums | PPO Low 800-7DOWDOW (Option 5) www.deltadentalmi.com | | | PPO High 800-7DOWDOW (Option 5) www.deltadentalmi.com | | |
| | Non-tobacco user | Tobacco user | | Non-tobacco user | Tobacco user | |
| Employee Only | \$4.50 | \$9.50 | | \$9.00 | \$15.00 | |
| Employee + Spouse/DP | \$9.00 | \$14.00 | | \$18.00 | \$23.00 | |
| Employee + Child(ren) | \$10.00 | \$15.00 | | \$20.00 | \$25.00 | |
| Employee + Spouse/DP + Child(ren) | \$18.00 | \$23.00 | | \$36.00 | \$41.00 | |
| Coverage Details | | | | | | |
| | PPO Member Dentist ¹ | Delta Dental Premier Dentist ² | Nonparticipating Dentist ³ | PPO Member Dentist ¹ | Delta Dental Premier Dentist ² | Nonparticipating Dentist ³ |
| *Annual Deductible on Class II and Class III Benefits: \$50 Individual/\$150 Family | | | | | | |
| Diagnostic and Preventive Services | | | | | | |
| Periodic oral exams | 100% | 80% | 80% ³ | 100% | 100% | 100% ³ |
| X-Rays | 100% | 80% | 80% ³ | 100% | 100% | 100% ³ |
| Simple teeth cleanings | 100% | 80% | 80% ³ | 100% | 100% | 100% ³ |
| Basic Services (Class II)* | | | | | | |
| Fillings: | | | | | | |
| Amalgam (one surface) | 70% | 50% | 50% ³ | 80% | 50% | 50% ³ |
| Resin (one surface) | 70% | 50% | 50% ³ | 80% | 50% | 50% ³ |
| Root canals (molar) | 70% | 50% | 50% ³ | 80% | 50% | 50% ³ |
| Extractions | 70% | 50% | 50% ³ | 80% | 50% | 50% ³ |
| Major Services (Class III)* | | | | | | |
| Bridges | 70% | 50% | 50% ³ | 60% | 50% | 50% ³ |
| Dentures | 70% | 50% | 50% ³ | 60% | 50% | 50% ³ |
| Orthodontic Services | | | | | | |
| Child | 50% up to age 19; \$1,200 per person lifetime maximum | 50% up to age 19; \$1,200 per person lifetime maximum | 50% up to age 19; \$1,200 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 | 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 | \$1,200 | \$1,200 | \$1,200 | \$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).

Footnote

¹For services rendered by a Delta Dental PPO Dentist who is a PPO member.

²For services rendered by a Delta Dental PPO Dentist who is not a PPO member.

³If 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.