

# Retiree Dental Options



Evonik Corporation Post-retirement Dental Plan provides comprehensive dental care coverage for eligible ***Oil Additives retirees who were hired prior to January 1, 2017*** and their eligible dependents. These plan options are available to Pre 65 Non-Medicare retirees only. For 2024, the Aetna and Delta Dental plan designs and retiree contributions remain the same as in 2023.

**The following Dental Plan options are available to retirees:**

**AETNA DPO**

**DELTA DENTAL**

These options give you the flexibility to choose an in-network or out-of-network dentist each time you need dental services. In-network dentists agree to provide services to Dental Plan participants at a reduced fee (negotiated charge).

In-network benefits are paid based on the negotiated charge with the carrier. Out-of-network benefits are paid based on the “usual and reasonable” amount, as determined by the carrier. You are responsible for any costs over the usual and reasonable amount. When you obtain care from an in-network dentist, your out-of-pocket expenses will be lower than when you use an out-of-network dentist. Check each carrier’s network to determine whether your preferred dentist is in-network.

## Finding Applicable Network of Providers and Facilities

In some cases, the dental vendors’ network names differ from Evonik’s dental plan names. This table will assist you in finding in-network providers and facilities for the dental plans that you will enroll in.

<b>Aetna DPO</b> Group #175064	<b>www.aetna.com</b> Aetna Dental PPO/PDN
<b>Delta Dental</b> Group # 02467	<b>www.deltadental.com</b>

## Dental Plan Comparison

The 2024 Dental Comparison Summary chart shows general coverage information for the dental options.

	AETNA DPO		DELTA DENTAL	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Annual Deductible</b>				
• Individual	\$50	\$50		\$75
• You + 1 Dependent	\$100	\$100	None	\$150
• You + Family	\$150	\$150		\$150
<b>Annual Per Participant</b>	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person
<b>Preventive Services</b>	Plan pays 100%	Plan pays 100% up to U&R	Plan pays 100%	Plan pays 100% up to U&R after deductible
<b>Basic Services</b>	Plan pays 80%, after deductible	Plan pays 80% up to U&R after deductible	Plan pays 100% after deductible	Plan pays 80%, up to U&R after deductible
<b>Major Services</b>	Plan pays 50%, after deductible	Plan pays 50% up to U&R, after deductible	Plan pays 80%, after deductible	Plan pays 60% after deductible up to U&R
<b>Orthodontic Services</b>	50% up to \$1,500 per person lifetime max.	Plan pays 50% up to U&R \$1,500 per person lifetime max.	Plan pays 50% up to \$1,500 per person lifetime max.	Plan pays 50% up to U&R \$1,500 per person lifetime max.

## Pre 65 Non-Medicare Dental Plan 2024 Monthly Rates

The 2024 monthly rates are noted below and remain the same as 2023.

Plan	Single	2 Person	Family
Aetna DPO	\$19.09	\$38.90	\$57.19
Delta Dental	\$28.34	\$44.99	\$68.23

# Retiree Vision



The Vision Plan is offered to Pre 65 Non-Medicare **Oil Additives retirees who were hired prior to January 1, 2017** and their eligible dependents.

The Evonik Post-retirement Welfare retiree Vision Plan provides coverage for eye examinations, eyeglasses, and contact lenses for you and your eligible dependents. Vision Plan benefits are administered by Vision Service Plan (VSP). To enroll in the Vision plan, please select the appropriate coverage level on the enclosed enrollment form.

For 2024, the VSP plan design and retiree contributions remain the same as in 2023.

To check on a Vision provider, you may contact VSP direct at 1-800-877-7195 or at [www.vsp.com](http://www.vsp.com) (Evonik Group #12325105)

## Vision Plan Benefits

	IF YOU USE A VSP NETWORK PROVIDER	IF YOU USE A NON-NETWORK PROVIDER
Exams — Once in a consecutive 12-month period	Plan pays 100%	Plan pays up to \$50
Lenses — Once in a consecutive 12-month period	Plan pays 100% after \$10 copay	Plan pays up to \$50 copay
<ul style="list-style-type: none"> <li>• Single</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Standard Progressive</li> </ul>	Plan pays 100% after \$10 copay Plan pays 100% after \$10 copay Plan pays 100% after \$10 copay	Plan pays up to \$75 copay Plan pays up to \$100 copay Plan pays up to \$75 copay
Contacts — Once in a consecutive 12-month period: (in lieu of Frames & Lenses)	Plan pays up to \$150	Plan pays up to \$105
<ul style="list-style-type: none"> <li>• Elective</li> <li>• Medically Necessary</li> </ul>	Plan pays 100% after \$10 copay	Plan pays up to \$210
Frames — Once in a consecutive 12-month period	Plan pays up to \$150 (\$10 copayment also applies if purchase frames only)	Plan pays up to \$70

## 2024 Pre 65 Non-Medicare Vision Plan Monthly Rates

The below retiree monthly vision contributions are the same as in 2023.

Plan	Single	2 Person	Family
Vision Services Plan (VSP)	\$3.03	\$6.17	\$11.40