

Retiree Dental Options



Evonik Corporation Post-retirement Dental Plan provides comprehensive dental care coverage for eligible **Stockhausen Louisiana retirees who were hired prior to April 26, 2006** and their eligible dependents. These plan options are available to Medicare and Non-Medicare retirees. For 2024, the Aetna and BCBS dental plan designs and retiree contributions remain the same as in 2023.

The following Dental Plan options are available to retirees:

AETNA DPO

BLUE CROSS BLUE SHIELD OF ALABAMA PPO

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. The covered services are the same regardless of whether you use an in-network or out-of-network dentist. However, 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 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.

Aetna DPO Group # 175064	www.aetna.com Aetna Dental PPO/PDN
BCBS of AL <ul style="list-style-type: none">Alabama OnlyOutside of Alabama Group # 00064	www.bcbsal.org <ul style="list-style-type: none">Network: Alabama Preferred DentistNetwork: National Dental (DenteMax)

Dental Plan Comparison

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

	AETNA DPO		BCBSAL PPO	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible				
• Individual	\$50	\$50	\$50	\$50
• You + 1 Dependent	\$100	\$100	\$100	\$100
• You + Family	\$150	\$150	\$150	\$150
Annual Per Participant Maximum	\$1,500 per person	\$1,500 per person	\$1,500 per person	\$1,500 per person
Preventive Services	Plan pays 100%	Plan pays 100% of U&R	Plan pays 100%	Plan pays 100% up to U&R
Basic Services	Plan pays 80%, after deductible	Plan pays 80%, up to U&R after deductible	Plan pays 80%, after deductible	Plan pays 80% up to U&R, after deductible
Major Services	Plan pays 50%, after deductible	Plan pays 50%, up to U&R after deductible	Plan pays 80% after deductible (periodontal and prosthetics covered at 50% after deductible)	Plan pays 80% up to U&R after deductible (periodontal and prosthetics covered at 50% up to U&R after deductible)
Orthodontic Services	50% up to \$1,500 per person lifetime max.	50% up to U&R \$1,500 per person lifetime max.	Plan pays 50% after \$50 per person lifetime deductible up to \$1,500 per person lifetime max.	Plan pays 50% up to U&R after \$50 per person lifetime deductible up to \$1,500 per person lifetime max.

Dental Plan 2024 Monthly Rates

Plan Option	Single	2 Person	Family
Aetna DPO	\$19.09	\$38.90	\$57.19
BCBS of AL	\$12.34	\$25.38	\$36.93