

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**. These plan options are available to Pre 65 Non-Medicare retirees and their Pre-65 Non-Medicare eligible dependents. For 2025, the Aetna and Delta Dental plan designs and retiree contributions remain the same as in 2024.

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.

Aetna DPO Group #175064	www.aetna.com Aetna Dental PPO/PDN + 1-877-238-6200
Delta Dental Group # 02467	www.deltadental.com + 1-800-932-0783

Dental Plan Comparison

The 2025 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
Annual Deductible				
• Individual	\$50	\$50		\$75
• You + 1 Dependent	\$100	\$100	None	\$150
• You + Family	\$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% up to U&R	Plan pays 100%	Plan pays 100% up to U&R after deductible
Basic Services	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
Major Services	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
Orthodontic Services	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 2025 Monthly Rates

The 2025 monthly rates are noted below and remain the same as 2024.

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

Retiree Vision



Evonik Corporation Post-retirement Vision Plan provides comprehensive vision coverage for eligible ***Oil Additives retirees who were hired prior to January 1, 2017***. The Vision Plan is offered to Pre 65 Non-Medicare retirees and their Pre-65 Non Medicare 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 2025, the VSP plan design and retiree contributions remain the same as in 2024.

To check on a Vision provider, you may contact VSP direct at 1-800-877-7195 or at 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"> • Single • Bifocal • Trifocal • Standard Progressive 	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"> • Elective • Medically Necessary 	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

2025 Pre 65 Non-Medicare Vision Plan Monthly Rates

The below retiree monthly vision contributions are the same as in 2024.

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