



Retiree Dental Options

Evonik provides comprehensive dental care coverage for eligible ***Oil Additives retirees who were hired prior to January 1, 2017, and who retire after meeting age and service requirements.*** These retiree dental benefits are available to Pre-65 Non-Medicare retirees and their Pre-65 Non-Medicare eligible dependents. For 2026, your retiree dental benefits, design, and contributions remain the same as in 2025.

The following retiree dental options are available to eligible Oil Additives retirees and dependents:

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 dental services to 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 (U&R) 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 2026 Dental Comparison Summary chart shows general coverage information for your retiree 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	Plan pays 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.

2026 Pre-65 Non-Medicare Dental Monthly Rates

The 2026 monthly dental contribution rates are below, and remain the same as in 2025.

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

Retiree Vision



Evonik provides comprehensive vision coverage for eligible ***Oil Additives retirees who were hired prior to January 1, 2017, and who retire after meeting age and service requirements.*** These retiree vision benefits are offered to Pre-65 Non-Medicare retirees and their Pre-65 Non-Medicare eligible dependents. For 2026, your retiree vision benefits, design and contributions remain the same as in 2025.

Retiree vision benefits cover eye examinations, eyeglasses, and contact lenses for you and your eligible dependents. Retiree vision benefits are administered by Vision Service Plan (VSP). To enroll in the VSP plan, please select the appropriate coverage level on the enclosed enrollment form.

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 with VSP

	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 • 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 100% after \$10 copay	Plan pays up to \$50 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) • Elective • Medically Necessary	Plan pays up to \$150 Plan pays 100% after \$10 copay	Plan pays up to \$105 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

2026 Pre-65 Non-Medicare Vision Monthly Rates

The 2026 monthly vision contribution rates are below, and remain the same as in 2025.

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