Retiree Dental Options

Evonik provides comprehensive retiree dental coverage for eligible ***Stockhausen Louisiana retirees who were hired prior to April 26, 2006, and who meet age and service requirements at retirement***. These plan options are available to Medicare and Non-Medicare retirees and their Medicare and Non-Medicare eligible dependents. For 2026, your retiree dental benefits, designs and contributions remain the same as in 2025.

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

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 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. 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 +1-877-238-6200|
BCBS of AL • Alabama Only • Outside of Alabama Group # 00064	**www.bcbsal.org** • Network: Alabama Preferred Dentist • Network: National Dental (DenteMax) +1-833-994-0014

October 2025

Dental Plan Comparison

The 2026 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 2026 Monthly Rates

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

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