



Benefits for Advance Auto Parts – Basic Plan
 Account Number: 6159 Effective Date: January 1, 2022

Annual Deductible (<i>Applies to basic and major services</i>)	\$50 per person; \$150 per family, per calendar year
Annual Maximum	\$750 per enrollee, per calendar year

Covered Benefits					
Delta Dental will pay the stated percentage of the plan allowance based on the dentist's participation with Delta Dental.					
Coverage	Coinsurances			Benefit Limitations	Benefit Waiting Period
	In-Network		Out-of-Network		
	PPO	Premier			
Diagnostic and Preventive Services	90%	90%	90%		None
<ul style="list-style-type: none"> • Oral exams and cleanings • Fluoride applications • Bitewing X-rays • Sealants • Space maintainers 				<p>Twice in a calendar year. Periodontal cleaning is considered a regular cleaning and is subject to the benefit limits for regular cleanings.</p> <p>Once in a calendar year for enrollees under the age of 19. Two sets in a calendar year.</p> <p>One application per tooth for enrollees under the age of 16 on non-carious, non-restored first and second permanent molars in a 60-month period.</p> <p>Once per quadrant per arch for enrollees under the age of 14.</p>	
Basic Services	70%	70%	70%		None
<ul style="list-style-type: none"> • Full mouth/panelpipse X-rays • Amalgam (silver) and composite (white) fillings • Stainless steel crowns • Simple extractions • Endodontic services/root canal therapy • Periodontic services • Complex oral surgery • Denture repair and recementation of crowns, bridges and dentures 				<p>Once in a five-year period.</p> <p>Once per surface in a 24-month period.</p> <p>Primary (baby) teeth for enrollees under the age of 14.</p> <p>Retreatment only after 24 months from initial root canal therapy treatment.</p> <p>Once per quadrant in a 24-36-month period based on services rendered.</p> <p>Surgical extractions and other surgical procedures.</p> <p>Once in a 12-month period after six months from initial placement.</p>	

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Coverage is available for:

- Enrollee and spouse.
- Dependent children, only to the end of the month they reach age 26 (the "limiting age").
- Domestic partner/adult dependent.

Choosing a Dentist

To ensure services are covered and that you receive the greatest value for your dental benefits, it is important that your dentist participates in the network listed at the top of your Delta Dental ID card. With Delta Dental PPO Plus Premier™, you have the option of visiting any dentist. However, your out-of-pocket costs may be lowest if you see a Delta Dental PPO™ network dentist and highest if you choose an out-of-network dentist. Delta Dental network dentists agree to discount their fees, submit claims on your behalf and not bill you for the difference. Visit DeltaDentalVA.com to find a participating dentist in your area. Out-of-network dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise. Out-of-network dentists have not agreed to accept Delta Dental's plan allowance as full payment. After Delta Dental pays its portion of the bill, you are responsible for any required coinsurance and deductible (if applicable), as well as the difference between the non-participating dentist's charge and Delta Dental's payment. Payment will be made to you, unless state law requires otherwise. The chart below illustrates how choosing an in-network dentist may help you save on out-of-pocket costs.

	Delta Dental PPO™	Delta Dental Premier®	Out-of-Network
Dentist's charge for covered procedure	\$215.00	\$215.00	\$215.00
Delta Dental's plan allowance	\$126.00	\$169.00	\$113.00
Coinsurance percentage	80%	80%	80%
Delta Dental's payment	\$100.80	\$135.20	\$90.40
Patient payment	\$25.20	\$33.80	\$124.60

The example shown is for illustrative purposes only. Payment structures may vary between plans.

The preceding information is a brief description of the services covered under your plan. It is not intended for use as a summary plan description nor is it designed to serve as an Evidence of Coverage. If you have specific questions regarding benefit structure, limitations or exclusions, consult the plan document or call Delta Dental's Benefit Services Department at 800.237.6060.