



AutoNation Benefits
You Can Elect



DENTAL OPTIONS

	DELTA DENTAL PLUS ¹	DELTA DENTAL PREMIUM ¹	DELTA DENTAL HMO ²
Annual Deductible	\$0 individual/\$0 family	\$100 individual/\$300 family; Waived for Preventive and Diagnostic Services	\$0 individual/\$0 family
Preventive/ Diagnostic	100% Covered	100% Covered	100% Covered
Fillings	80% Covered	80% Covered	100% Covered
Basic Restorative	60% Covered	75% After Deductible	Charges vary. Refer to the Patient charge schedule on KnowYourBenefits.org.
Major Restorative	50% Covered	60% After Deductible	Charges vary. Refer to the Patient charge schedule on KnowYourBenefits.org.
Orthodontia	Child and Adult 40% covered	Child and Adult 50% covered	Child and adult copays apply. Check with Delta Dental for details.
Orthodontia Lifetime Maximum	\$1,500; combined with out-of-network	\$2,000; combined with out-of-network	Eligible once per lifetime
Annual Maximum Benefit	\$1,500; combined with out-of-network	\$2,000; combined with out-of-network	Maximum does not apply

¹ The Plus and Premium plans have out-of-network coverage at the same level as in-network. Members are responsible for the difference between billed charges and the plan reimbursement for out-of-network services.

² The HMO plan does not have out-of-network coverage. The HMO plan requires you to select a primary dentist.