

2025 Dental Plan Coverage

GPC offers dental coverage, through **Delta Dental**, that provides preventive and routine care, restorative care and orthodontia benefits.

GPC Dental Plan	
	WHAT THE DENTAL PLAN PAYS*
Annual deductible	
• Employee-Only	\$35
• Family	\$105
Preventive and routine care	Covered at 100%; deductible waived
Minor restorative care	80% after deductible
Major restorative care	50% after deductible
Orthodontia	50% after deductible
Annual benefit maximum**	\$1,500 per person (excludes orthodontia)
Lifetime orthodontia benefit maximum	\$1,500 per person

* Based on Reasonable and Customary (R&C) charges.

** Does not include orthodontia lifetime maximum.

WHAT'S COVERED

The 2025 GPC Dental Plan will cover the following dental procedures, if they are considered appropriate dental care for the condition being treated and are performed according to accepted dental standards.

Preventive and Routine Care	Minor Restorative Care	Major Restorative Care, Including Orthodontia
<p>Covered expenses include:</p> <ul style="list-style-type: none"> • routine oral examinations, cleaning and scaling of teeth, up to two times each calendar year • topical application of fluoride, up to once each year • sealants once every two years • space maintainers • routine bite-wing X-rays, up to twice each year to age 19 and once per year for adults, unless additional X-rays are required in connection with a dental condition • routine full-mouth service X-rays, up to once every five years 	<p>Covered expenses include:</p> <ul style="list-style-type: none"> • surgical removal of impacted teeth • dental root resection • alveoplasty, in an area occupied by six or more teeth • excision of radicular or dentigerous dental cyst • general anesthesia, when medically necessary for covered oral surgery • extractions • oral surgery, unless covered by any medical plan • antibiotic injections • amalgam, silicate, acrylic, synthetic porcelain and composite fillings • treatment of periodontal and other diseases of the gums and mouth tissues • endodontic treatment, including root-canal therapy • emergency palliative treatment temporomandibular joint (TMJ) therapy 	<p>Covered expenses include:</p> <ul style="list-style-type: none"> • initial installation or repair of crowns, implants, inlays, onlays, bridgework or dentures, when medically necessary for repair or replacement of one or more teeth (the extent of repairs is limited to once every 84 months, and gold fillings are covered only if less expensive repairs are impractical) • orthodontic procedures (up to a maximum lifetime benefit of \$1,500) appliances for treatment of temporomandibular joint (TMJ) disorders (which are covered at 50% of Reasonable and Customary charges)

The benefits described are available to GPC employees and their eligible dependents who meet the eligibility requirements of the corresponding benefit plans. Receipt of this information does not guarantee eligibility or benefit coverage. The Plan documents provide a full description of the benefits offered and will always govern if there is a discrepancy between this information and any of the Plan documents. To obtain a copy of the Summary Plan Description (SPD) for each Plan, contact your Human Resources Department or go to the **GPC Benefit Plan Services website at gpcbenefitsconnect.ehr.com**. Genuine Parts Company, October 2024.

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