Your Summary of Benefits

Purdue University – Preventive Only Plan
Anthem Dental Complete

WELCOME TO YOUR DENTAL PLAN!
This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on
Your Anthem dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits – you get more for your money.
You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

Finding a dentist is easy.
To select a dentist by name or location, do one of the following:
• Go to anthem.com/mydentalvision
• Call Anthem dental customer service toll-free number at 1-877-604-2142

<table>
<thead>
<tr>
<th>YOUR DENTAL PLAN AT A GLANCE</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Benefit Maximum – (Calendar Year)</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>• Per insured person</td>
<td></td>
<td></td>
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<tr>
<td>Annual Deductible</td>
<td>No deductible</td>
<td>No deductible</td>
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<tr>
<td>Deductible Waived for Diagnostic/Preventive Services</td>
<td>N/A</td>
<td>N/A</td>
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<tr>
<td>Out-of-Network Reimbursement</td>
<td></td>
<td>80th percentile</td>
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Dental Services

Dental Services

Diagnostic and Preventive Services
• Periodic oral exam
• Teeth cleaning (prophylaxis)
• Bitewing X-rays (once in calendar year for all ages)
• Intraoral X-rays

In-Network
Anthem Pays:
100% coinsurance

Out-of-Network
Anthem Pays:
100% coinsurance

Waiting Period:
No waiting period

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.
Emergency dental treatment for the international traveler
As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem. To learn more about the program, please visit the International Emergency Dental Web site at www.decaredental.com/internationalDentalProgram.do.

Promoting healthy mouths for members who are pregnant or living with diabetes
If you are pregnant or living with diabetes, you can sign up to receive one additional cleaning per year.

TO CONTACT US:

<table>
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<tr>
<th>Call</th>
<th>Write</th>
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<tr>
<td>Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.</td>
<td>Refer to the back of your plan ID card for the address.</td>
</tr>
</tbody>
</table>

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services
- Oral evaluations (exam) Limited to two per Calendar Year
- Teeth cleaning (prophylaxis) Limited to two per Calendar Year
- Intraoral X-rays, single film Limited to four films per 12-month period
- Topical fluoride application Limited to once every 12 months for members to age 19
- Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members to age 14
- Complete series X-rays (panoramic or full-mouth) limited to once per 5 years

Basic and/or Major Services*** No coverage
- Sealants
- Fillings
- Crowns
- Fixed or removable prosthodontics
- Root canal therapy
- Periodontal surgery
- Periodontal scaling and root planing
- Brush biopsy

*** Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES – if Orthodontia is included as a benefit of your dental plan
Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

- Services provided before or after the term of this coverage Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate
- Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services
- Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist
- Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), and Healthy Alliance® Life Insurance Company (HALIC). RIT and certain affiliates administer non-HMO benefits underwritten by HALIC. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; Compcare Health Services Insurance Corporation (Compcare), which underwrites or administers the HMO policies; and Compcare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.