Ready to choose your benefits?

We can point you in the right direction.

Purdue University
Effective January 1, 2017
You're ready to enroll. Let's take a look at your options.

In this guide, you'll find:
- Specialty offerings
- Plan details
Dental

Dental benefits not only protect your teeth, but can support overall health, too. Some conditions like heart disease, for example, have warning signs in the mouth and gums. That's why a quality dental plan is an important part of your benefits package.

You've got access

Your Anthem ID card gives you access to quality care from quality doctors.
Your plan details

In this next section, you’ll find more information about your plan.
WELCOME TO YOUR DENTAL PLAN!
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<tr>
<th>YOUR DENTAL PLAN AT A GLANCE</th>
<th>In-Network</th>
<th>Out-of-Network</th>
</tr>
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<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>
</tr>
<tr>
<td>Annual Deductible</td>
<td>No deductible</td>
<td>No deductible</td>
</tr>
<tr>
<td>Deductible Waived for Diagnostic/Preventive Services</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Out-of-Network Reimbursement</td>
<td></td>
<td>80th percentile</td>
</tr>
</tbody>
</table>

Dental Services

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<thead>
<tr>
<th>Diagnostic and Preventive Services</th>
<th>In-Network Anthem Pays:</th>
<th>Out-of-Network Anthem Pays:</th>
<th>Waiting Period</th>
</tr>
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<tbody>
<tr>
<td>• Periodic oral exam</td>
<td>100% coinsurance</td>
<td>100% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Teeth cleaning (prophylaxis)</td>
<td></td>
<td></td>
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</tr>
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<td>• Bitewing X-rays (once in calendar year for all ages)</td>
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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.

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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.

Dental 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 one 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)
- Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when both 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, anesthetic 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.

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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 Corporation (Compcare), 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.
Your Summary of Benefits
Purdue University – Option 1
Anthem Dental Complete

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<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td>Orthodontic Lifetime Benefit Maximum</td>
<td>$500</td>
<td>$500</td>
</tr>
<tr>
<td>Annual Deductible – (Calendar Year)</td>
<td>$50</td>
<td>$75</td>
</tr>
<tr>
<td>Deductible Waived for Diagnostic/Preventive Services</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Out-of-Network Reimbursement</td>
<td>80th percentile</td>
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<tr>
<td>Diagnostic and Preventive Services</td>
<td>100% coinsurance</td>
<td>100% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Basic Services</td>
<td>60% coinsurance</td>
<td>50% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Endodontics</td>
<td>50% coinsurance</td>
<td>40% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Periodontics</td>
<td>50% coinsurance</td>
<td>40% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Oral Surgery</td>
<td>50% coinsurance</td>
<td>40% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Major Services</td>
<td>40% coinsurance</td>
<td>30% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Prosthodontics</td>
<td>40% coinsurance</td>
<td>30% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Prosthetic Repairs/Adjustments</td>
<td>60% coinsurance</td>
<td>50% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>Orthodontic Services</td>
<td>50% coinsurance</td>
<td>40% coinsurance</td>
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*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been bonded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been bonded before age 19.
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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
- Complete series X-rays (panoramic or full-mouth) Limited to once every five years
- 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

Basic and/or Major Services***

- Sealants Limited to first and second molars once every 24 months per tooth for members to age 14
- Fillings Limited to once per surface per tooth in any 24 months
- Crowns Limited to once per tooth in both a seven-year-period
- Fixed or removable prostodontics – dentures, partials, bridges, tooth implants Covered once in any seven-year-period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.
- Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.
- Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater
- Periodontal scaling and root planing Limited to once per quadrant in 36 months, when the tooth pocket has a depth of four millimeters or greater
- Brush biopsy (Covered)

**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.

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Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when both 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

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<td><strong>Annual Benefit Maximum</strong></td>
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<td></td>
</tr>
<tr>
<td>• Per insured person</td>
<td>$1,000</td>
<td>$1,000</td>
</tr>
<tr>
<td><strong>Orthodontic Lifetime Benefit Maximum</strong></td>
<td>Not covered</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>Annual Deductible</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Per insured person</td>
<td>$25</td>
<td>$25</td>
</tr>
<tr>
<td>• Family maximum</td>
<td>$75</td>
<td>$75</td>
</tr>
<tr>
<td><strong>Deductible Waived for Diagnostic/Preventive Services</strong></td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td><strong>Out-of-Network Reimbursement</strong></td>
<td>80th percentile</td>
<td></td>
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### Dental Services

<table>
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<tr>
<th>Service</th>
<th>In-Network Anthem Pays:</th>
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<th>Waiting Period</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diagnostic and Preventive Services</strong></td>
<td>100% coinsurance</td>
<td>N/A</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Periodic oral exam</td>
<td></td>
<td></td>
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</tr>
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<td>• Teeth cleaning (prophylaxis)</td>
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<tr>
<td>• Bitewing X-rays (once in calendar year for all ages)</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>• Intraoral X-rays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Basic Services</strong></td>
<td>50% coinsurance</td>
<td>N/A</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Amalgam (silver-colored) Filling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Front composite (both-colored) Filling</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Back Composite Filling, covered as composite</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Simple Extractions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Endodontics</strong></td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Root canal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Periodontics</strong></td>
<td>25% coinsurance</td>
<td>25% coinsurance</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Scaling and root planing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Oral Surgery</strong></td>
<td>50% coinsurance</td>
<td>N/A</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Surgical Extractions</td>
<td></td>
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<td><strong>Major Services</strong></td>
<td>25% coinsurance</td>
<td>N/A</td>
<td>No waiting period</td>
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<td></td>
<td></td>
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<td>25% coinsurance</td>
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</tr>
<tr>
<td>• Dentures</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>• Bridges</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Dental Implants (covered)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Prosthetic Repairs/Adjustments</strong></td>
<td>25% coinsurance</td>
<td>N/A</td>
<td>No waiting period</td>
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<td>25% coinsurance</td>
<td>N/A</td>
<td>No waiting period</td>
</tr>
<tr>
<td>• Not covered</td>
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Anthem Dental Complete
How to Find a Dentist Online

STEP 1
Visit anthem.com and click on Menu

STEP 2
Click on Find a Doctor

STEP 3
- Search as a Member: log in or use the identification number on your member ID card to find a doctor in your plan’s network.
  OR
- Search as a Guest by clicking Continue
Anthem Dental Complete

How to Find a Dentist Online

STEP 4
- What state do you want to search in?
  Select a state
- What type of care are you searching for?
  Select Dental
- Select a plan/network. Select Dental Complete

STEP 5
Select your search criteria.

STEP 6
View your search results.
Did you or your company recently switch to Anthem Blue Cross and Blue Shield (Anthem) Dental Prime and Dental Complete for dental coverage? If so, you may have some questions about how Anthem will take care of dental work you already started under your former carrier. Here are some examples to help explain the process:

**Example 1 — Standard dental services (includes root canals, bridges, dentures and crowns)**

Let’s say your dentist gave you a cost estimate for a crown. At the time, you were insured by your former carrier. In a few weeks, you have an appointment to have the crown completed, but now, you’re with Anthem.

In this case, Anthem will honor your former carrier’s pre-estimate for the service, but only to decide coverage. The claim will be paid based on whether your provider is in or out of the network under your Dental Prime and Dental Complete plan. For all non-orthodontic services that started before the effective date of your dental plan, payment of a claim will be based on when the service was finished.

Pricing and network status are not guaranteed. They’re based on the provider’s network status with Dental Prime and Dental Complete.

When you submit your claim to Anthem for a Dental Prime or Dental Complete plan, make sure to include your former plan’s pre-estimate. We’ll use that to decide coverage.

**Example 2 — Non-DHMO* orthodontic services (includes braces: standard and Invisalign®)**

If you or your child are in the middle of an active orthodontic treatment, like having bands placed, the provider needs to give us a copy of the original claim. It should include the:

- Treatment type (procedure number).
- Total fee for treatment.
- Number of months treatment will take place.
- Provider’s signature.

The payment amount is based on the number of months of active treatment that are left. Any amount your former carrier paid will only be deducted if that is put into the system by the time you change to your new plan.

*For members who used to be covered under a DHMO ortho plan, we recommend that the orthodontic provider contact us. DHMO plans have unique payment methods that need to be reviewed.
### Example of orthodontic service costs

<table>
<thead>
<tr>
<th>Description</th>
<th>Cost/Calculation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment plan length and cost</td>
<td>24 months for $5,200</td>
</tr>
<tr>
<td>Remaining months of treatment</td>
<td>10 months</td>
</tr>
<tr>
<td>Monthly treatment costs</td>
<td>$5,200/24 months = $216.66 monthly</td>
</tr>
<tr>
<td>Ineligible monthly cost</td>
<td>14 months x $216.66 = $3,033.24</td>
</tr>
<tr>
<td>Eligible treatment cost</td>
<td>$5,200 - $3,033.24 = $2,166.76</td>
</tr>
<tr>
<td>Amount Anthem pays</td>
<td>$2,166.76 x 50% = $1,083.38</td>
</tr>
</tbody>
</table>

Note: The total amount Anthem pays will be limited to the total Lifetime Orthodontic Maximum, minus any prior carrier history, if put into the system.

### Standard ortho payment schedule:
- **$500 to $1,500 lifetime orthodontic maximum = two equal payments (banding and six months after banding)**
- **$1,500 + lifetime orthodontic maximum = three equal payments (banding, six months after banding and 12 months after banding)**

### Mailing address:

Anthem Dental Claims  
P.O. Box 1115  
Minneapolis, MN 55440-1115

### Questions

If you need more information, visit anthem.com.

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* Dental health maintenance organization.
An employer may elect to insure or self-fund its group health plan. For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. In Ohio, if your employer selects Blue Preferred Primary and elects to insure its group health plan, Blue Preferred Primary is a health insuring corporation product (“HIC”); if your employer selects Blue Preferred Primary and elects to self-fund its group health plan, Anthem provides access to the Blue Preferred Primary network, provides administrative claims payment services only and assumes no financial risk for claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer’s plan funding arrangement. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

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