



**Delta Dental PPO (Point-of-Service)**  
**Summary of Dental Plan Benefits**  
**For Group# 0005186-0001, 0002, 0003, 0004, 0005, 0099**  
**Purdue University**  
**OPTION ONE**

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

**Control Plan** – Delta Dental Plan of Indiana

**Benefit year** – January 1 through December 31

**Covered Services -**

	<b>PPO Dentist</b>	<b>Premier Dentist</b>	<b>Nonparticipating Dentist</b>
	<b>Plan Pays</b>	<b>Plan Pays</b>	<b>Plan Pays</b>
<b>Class I Benefits</b>			
<b>Diagnostic and Preventive Services</b> - includes exams, cleanings, and fluoride	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	50%	50%
<b>Space Maintainers</b> - appliances to prevent tooth movement	60%	50%	50%
<b>Sealants</b> - to prevent decay of permanent teeth	60%	50%	50%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Bitewing Radiographs</b> - bitewing X-rays	100%	50%	50%
<b>All Other Radiographs</b> - other X-rays	60%	50%	50%
<b>Class II Benefits</b>			
<b>Minor Restorative Services</b> - includes fillings	60%	50%	50%
<b>Periodontic Services</b> - to treat gum disease	50%	40%	40%
<b>Endodontic Services</b> - includes root canals	50%	40%	40%
<b>Simple Extractions</b> - non-surgical removal of teeth	60%	50%	50%
<b>Other Oral Surgery</b> - dental surgery	50%	40%	40%
<b>Relines and Repairs</b> - to bridges and dentures	60%	50%	50%
<b>Other Basic Services</b> - misc. services	60%	50%	50%
<b>Class III Benefits</b>			
<b>Major Restorative Services</b> - includes crowns	40%	30%	30%
<b>Prosthetic Services</b> - includes bridges and dentures	40%	30%	30%
<b>Implants</b> - endosteal implants to replace missing teeth	40%	30%	30%
<b>Class IV Benefits</b>			
<b>Orthodontic Services</b> - includes braces	50%	40%	40%
<b>Orthodontic Age Limit</b> -	to age 19	to age 19	to age 19

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- Fluoride treatments are payable once per calendar year for people up to age 14.
- Sealants are only payable once per tooth per lifetime for the occlusal surface of first permanent molars up to age nine and second permanent molars up to age 14. The surface must be free from decay and restorations.
- Bitewing X-rays are payable once per calendar year and full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Full and partial dentures are payable once in any seven-year period.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- Implants and implant related services are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Bridges and substructures are payable once in any seven-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees to get dental care almost everywhere in the world! You can now receive expert dental care when you are outside of the United States through our Passport Dental program. This program gives you access to the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS operators are available around the clock to answer questions and help you schedule care. For more information, check our Web site or contact your benefits representative to get a copy of our Passport Dental information sheet.

**Maximum Payment** – \$1,000 per person total per benefit year on all services except Orthodontics. \$500 per person total per lifetime on Orthodontic Services.

**Deductible –**

**PPO Dentist** - \$50 deductible per person total per benefit year. The deductible does not apply to Diagnostic and Preventive services, Emergency Palliative Treatment, Brush Biopsy, Bitewing X-rays, and Orthodontic Services.

**Premier Dentist or Nonparticipating Dentist** - \$75 deductible per person total per benefit year. The deductible does not apply to Diagnostic and Preventive services, Emergency Palliative Treatment, Brush Biopsy, Bitewing X-rays, and Orthodontic Services.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the date of hire.

**Eligible people** – All benefits eligible employees and benefits eligible retirees of Purdue University who choose the new PPO point-of-service Option One dental plan: Active (0001), Graduate Staff (0002), Inactive (Disabled) (0003), Retirees (0004), Associate Staff (0005) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (0099).

Also eligible at your option are your legal spouse and your dependent children to the end of the month in which they turn 19, and your dependent unmarried children to the end of the month in which they turn 26 if a full-time student and eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year. Benefits are available for your same sex domestic partner and the legal child(ren) of the partner as outlined in the Purdue University Same Sex Domestic Partner Benefits Policy.

If you and your spouse are both eligible for coverage under this Policy, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Policy. Unless this is a Section 125 plan, Subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any Subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125. The Subscriber pays the full cost of this plan.

Benefits will cease on the last day of employment or through the date the last benefit contribution is collected.

Amending effective January 1, 2009 to change Covered Services.