



☞ AmWINS Group Benefits
50 Whitecap Drive
North Kingstown, RI 02852



Voluntary Preventive Retiree Dental Plan for Retirees Over Age 65: 2019

**Sponsored by Purdue University
and the Purdue University Retirees
Association (PURA)**

Anthem Voluntary Preventive Retiree Dental Plan: 2019

On behalf of Purdue University and the Purdue University Retirees Association (PURA), we are pleased to offer a Voluntary Preventive Retiree Dental Plan, available to you as a Purdue retiree over the age of 65 and your eligible dependent(s).

This Voluntary Preventive Retiree Dental Plan is underwritten by Anthem BlueCross and Blue Shield and serviced by AmWINS Group Benefits, Inc., a division of AmWINS Group, Inc. AmWINS is known for its high customer service standards and will be managing your enrollment as well as handling monthly premium processing.

How to Enroll

- Review the information in this booklet
- Determine your monthly rates on the “Monthly Rates” chart
- Complete and sign the enclosed enrollment form
- Include a check made payable to **AmWINS Group Benefits, Inc. / Purdue University** for the first month’s payment.
- If you would like your monthly payment automatically deducted from your checking or savings account, please fill out the enclosed “Direct Payment Authorization Form”. **Please note** that you should include a payment by check for the first month in order to process your application and set up the automatic withdrawal.
- Return the above items in the postage-paid return envelope.

For questions on your enrollment call AmWINS toll-free at 1-800-242-1991 Monday through Friday, 8 a.m. to 8 p.m. EST

Anthem Voluntary Preventive Retiree Dental Plan: 2019

Sponsored by Purdue University



Your Dental Plan at a Glance	In-Network	Out-of-Network	
Annual Benefit Maximum (calendar year) <ul style="list-style-type: none">Per insured person	\$500	\$500	
Diagnostic/Preventative applies to Annual Maximum	Yes	Yes	
Annual Maximum Carryover	No	No	
Orthodontic Lifetime Benefit Maximum <ul style="list-style-type: none">Per eligible insured person	N/A	N/A	
Annual Deductible <ul style="list-style-type: none">Per insured person (calendar year)Family maximum	\$0 No Limit	\$0 No Limit	
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes	
Out-of-Network Reimbursement	80 th percentile	80 th percentile	
Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventative Services <ul style="list-style-type: none">Periodic oral examTeeth cleaning (prophylaxis)Bitewing X-rays (1x per 12 months)Intraoral X-rays	90% coinsurance	90% coinsurance	No waiting period
Basic Services: <ul style="list-style-type: none">Amalgam (silver-colored) fillingFront composite (tooth-colored) fillingBack composite filling, covered as compositesSimple extractions	Not Covered	Not Covered	N/A
Endodontics <ul style="list-style-type: none">Root canal	Not Covered	Not Covered	N/A
Periodontics <ul style="list-style-type: none">Scaling and root planing	Not Covered	Not Covered	N/A
Oral surgery <ul style="list-style-type: none">Surgical extractions	Not Covered	Not Covered	N/A
Major Services <ul style="list-style-type: none">Crowns	Not Covered	Not Covered	N/A
Prosthodontics <ul style="list-style-type: none">DenturesBridgesDental implants	Not Covered	Not Covered	N/A
Prosthetic Repairs/Adjustments	Not Covered	Not Covered	N/A
Orthodontic Services	Not Covered	Not Covered	N/A

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
- **Complete series x-rays** (panoramic or full-mouth) coverage every 5 years

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.

Anthem Dental

Anthem dental plans let you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose on 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.

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 dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to anthem.com/mydentalvision or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Monthly Rates:

Tier	Premium	Administration Fee	Total Monthly Fee:
Retiree	\$16.96	* Additional \$2.25 admin fee per application for ACH Billing	\$19.21
		* Additional \$2.75 admin fee per application for Paper Check	\$19.71
Retiree + 1	\$33.92	* Additional \$2.25 admin fee per application for ACH Billing	\$36.17
		* Additional \$2.75 admin fee per application for Paper Check	\$36.67
Retiree + 2	\$50.89	* Additional \$2.25 admin fee per application for ACH Billing	\$53.14
		* Additional \$2.75 admin fee per application for Paper Check	\$53.64
* Please note when utilizing ACH billing you can receive a discounted admin fee. * Any additional dependents will be \$16.96 per dependent.			



2019 Voluntary Preventive Dental Retiree Enrollment Form

SECTION I - RETIREE INFORMATION

Name/Address: 	Date of Birth	SSN	Gender
	Retirement Date		Effective Date
	Group Number 758238		Phone Number

SECTION II - BENEFIT SELECTION

Check the boxes that apply for all products:

Voluntary Dental

Accept

	Tier	Premium	Administration Fee	Total Monthly Fee:
<input type="checkbox"/>	Retiree	\$16.96	*Additional \$2.25 admin fee per application with ACH Billing	\$19.21
			*Additional \$2.75 admin fee per application for Paper Check	\$19.71
<input type="checkbox"/>	Retiree +1	\$33.92	*Additional \$2.25 admin fee per application with ACH Billing	\$36.17
			*Additional \$2.75 admin fee per application for Paper Check	\$36.67
<input type="checkbox"/>	Retiree +2	\$50.89	*Additional \$2.25 admin fee per application with ACH Billing	\$53.14
			*Additional \$2.75 admin fee per application for Paper Check	\$53.64

*Please note when utilizing ACH billing you can receive a discounted admin fee

*Any additional dependents will be \$16.96 per dependent

SECTION III - DEPENDENT DESIGNATION

Complete all details for dependents applying for coverage: list names for all dependents. Please attach extra sheet if needed.

Last Name, First Name, M.I.	SSN (xxx-xx-xxxx)	Sex	Date of Birth	Age	Relationship

SECTION IV - AUTHORIZATION

Retiree Signature

Date

Please make check payable to AmWINS Group Benefits, Inc./Purdue University

Return Form and Check to:

**AmWINS Group Benefits, Inc.
ATTN: Policy Administration
50 Whitecap Drive
North Kingstown, RI 02852**

DIRECT PAYMENT AUTHORIZATION FORM

Please read, sign and return in the postage paid envelope provided.

Name (Last, First, Middle Initial):		
Street Address:		
City:	State:	Zip:
Type of Account: <input type="checkbox"/> Savings <input type="checkbox"/> Checking		Select Monthly Withdrawal Date: <input type="checkbox"/> 1st <input type="checkbox"/> 8th <input type="checkbox"/> 15th
<p><u>Please ensure the following:</u></p> <p>To deduct from your checking account;</p> <p style="padding-left: 40px;"><input type="checkbox"/> A VOIDED check must accompany this signed authorization. (Starter checks not accepted)</p> <p>To deduct from your savings account;</p> <p style="padding-left: 40px;"><input type="checkbox"/> A Signed letter from your banking institution must accompany this signed authorization.</p>		
<div style="border: 1px solid black; padding: 10px; margin: 0 auto; width: 80%;"><div style="display: flex; justify-content: space-between;"><div>John & Sheila Customer 9876 Applevue Lane Everytown, US 98765-4321</div><div style="text-align: right;">1234 15-0000000000000000</div></div><div style="margin-top: 10px;"><div style="display: flex; justify-content: space-between;"><div>PAY TO THE ORDER OF _____</div><div>DATE _____</div></div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>_____ \$ _____</div><div>DOLLARS</div></div><div style="margin-top: 10px;">HOMETOWN BANK Downtown, US 98765-4321</div><div style="margin-top: 10px;">For _____</div><div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>I:250240025 I: _____</div><div>1 234 5678</div><div>1234</div></div></div></div>		
<p><i>Please note: You should include payment by check for the first month in order to process your application and set up the automatic withdrawal.</i></p> <p>Monthly payments are withdrawn on the 1st business day on or after the date you selected above. You will receive a confirmation from AmWINS Group Benefits that we have set up your account information to withdraw from your designated bank account. Note: Your monthly deduction will show as AmWINS on your bank statement.</p>		
<p>I authorize AmWINS to withdraw my payment from my checking or savings account according to my agreed payment schedule. This authorization is to remain in force until AmWINS has received written notification from me of its termination in such time and manner as to afford AmWINS a reasonable opportunity to act on the request. If my account is erroneously charged, my financial institution will immediately credit the same amount to the account up to 15 days following issuance of the statement or 45 days after posting, whichever occurs first.</p>		
Signature:		Date:



Disclaimer: The benefit information contained in this brochure is subject to change at any time, and the University reserves the unlimited right to make benefit plan changes at any time. Any changes to the benefit plans implemented by the University will be considered effective, regardless of whether notice has been given, on the date set by the University. If you are ever in doubt about your retiree dental benefits, please contact AmWINS Group Benefits at 1-800-242-1991