## Purdue University Voluntary Dental Plan

### 2013 ANNUAL EMPLOYEE CONTRIBUTION RATES
(rounded up to nearest dollar)

<table>
<thead>
<tr>
<th></th>
<th>Delta Dental PPO Point of Service Plan</th>
<th>Delta Dental PPO Standard Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Group # 5186</td>
<td>Group #9824</td>
</tr>
<tr>
<td><strong>EE only</strong></td>
<td>$348</td>
<td>EE only</td>
</tr>
<tr>
<td><strong>EE and spouse</strong></td>
<td>$652</td>
<td>EE and spouse</td>
</tr>
<tr>
<td><strong>EE and child(ren)</strong></td>
<td>$798</td>
<td>EE and child(ren)</td>
</tr>
<tr>
<td><strong>EE, spouse &amp; child (ren)</strong></td>
<td>$1,261</td>
<td>EE, spouse &amp; child (ren)</td>
</tr>
</tbody>
</table>

Note: EE refers to Purdue employee

### What's covered?

The plan will pay the listed percentage of the PPO fee schedule amount for covered services when you go to a PPO dentist. If the dentist does not participate in the PPO, the plan will pay the percentages listed under non-PPO Dentist. You are responsible for any difference between this fee and the dentist’s submitted fee.

### Diagnostic and preventive services
- Used to diagnose and/or prevent dental abnormalities or disease (includes fluoride treatments to age 14, exams, and cleanings).
  - Delta Dental PPO Dentist: 100%
  - Non-PPO Dentist: 100%
  - Delta Dental PPO Dentist: 100%
  - Non-PPO Dentist: 0%

### Bitewing Radiographs
- Bitewing X-rays.
  - Delta Dental PPO Dentist: 100%
  - Non-PPO Dentist: 50%
  - Delta Dental PPO Dentist: 100%
  - Non-PPO Dentist: 0%

### Emergency Palliative Treatment
- Used to temporarily relieve pain.
  - Delta Dental PPO Dentist: 100%
  - Non-PPO Dentist: 50%
  - Delta Dental PPO Dentist: 100%
  - Non-PPO Dentist: 100%

### All Other Radiographs
- All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.
  - Delta Dental PPO Dentist: 60%
  - Non-PPO Dentist: 50%
  - Delta Dental PPO Dentist: 100%
  - Non-PPO Dentist: 0%

### Sealants
- Dental sealants to prevent decay of permanent molars (to age nine on first molars; to age 14 on second molars).
  - Delta Dental PPO Dentist: 60%
  - Non-PPO Dentist: 50%
  - Delta Dental PPO Dentist: 0%
  - Non-PPO Dentist: 0%

### Simple Extractions
- Non-surgical extraction of one or more teeth.
  - Delta Dental PPO Dentist: 60%
  - Non-PPO Dentist: 50%
  - Delta Dental PPO Dentist: 50%
  - Non-PPO Dentist: 0%

### Oral Surgery
- Extractions and dental surgery, including preoperative and postoperative care.
  - Delta Dental PPO Dentist: 50%
  - Non-PPO Dentist: 40%
  - Delta Dental PPO Dentist: 50%
  - Non-PPO Dentist: 0%

### Minor Restorative Services
- Used to repair teeth damaged by disease or injury (for example fillings).
  - Delta Dental PPO Dentist: 60%
  - Non-PPO Dentist: 50%
  - Delta Dental PPO Dentist: 50%
  - Non-PPO Dentist: 0%

### Periodontics
- Used to treat diseases of the gums and supporting structures of the teeth.
  - Delta Dental PPO Dentist: 50%
  - Non-PPO Dentist: 40%
  - Delta Dental PPO Dentist: 25%
  - Non-PPO Dentist: 0%
<table>
<thead>
<tr>
<th>Service Description</th>
<th>Delta Dental PPO Point of Service Plan Group #5186</th>
<th>Delta Dental PPO Standard Plan Group #9824</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Endodontics</strong> – Used to treat teeth with diseased or damaged nerves (for example, root canals).</td>
<td>50%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Prosthodontics</strong> – Used to replace missing natural teeth (for example, implants, bridges and dentures).</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Major Restorative Services</strong> – Used when teeth can't be restored with another filling material (for example, crowns).</td>
<td>40%</td>
<td>25%</td>
</tr>
<tr>
<td><strong>Orthodontics (to age 19)</strong> – Used to correct malposed teeth and/or facial bones (for example, braces).</td>
<td>50%</td>
<td>Not covered</td>
</tr>
</tbody>
</table>

**What is the annual maximum per person?**

- Delta Dental PPO Point of Service Plan Group #5186: $1,000
- Delta Dental PPO Standard Plan Group #9824: $1,000

**What is the lifetime maximum for orthodontic coverage per person?**

- Delta Dental PPO Point of Service Plan Group #5186: $500
- Delta Dental PPO Standard Plan Group #9824: Not covered

**Is there a deductible?**

- Delta Dental PPO Point of Service Plan Group #5186: $50 per person total per calendar year.
- Delta Dental PPO Standard Plan Group #9824: $25 per person total per calendar year limited to a maximum deductible of $75 per family per calendar year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, and radiographs.

**Can I go to any dentist?**

- Delta Dental PPO Point of Service Plan Group #5186: Yes
- Delta Dental PPO Standard Plan Group #9824: No. You can go to any Delta Dental PPO dentist nationwide. You are covered for a limited number of services when you go to non-PPO dentists.

**Can I change dentists whenever I want to?**

- Delta Dental PPO Point of Service Plan Group #5186: Yes
- Delta Dental PPO Standard Plan Group #9824: Yes

**Can each member of my family see a different dentist?**

- Delta Dental PPO Point of Service Plan Group #5186: Yes
- Delta Dental PPO Standard Plan Group #9824: Yes

**How do I find a Delta Dental PPO dentist?**

- Delta Dental PPO Point of Service Plan Group #5186: Ask your dentist – he or she may participate in Delta Dental PPO. You can also check our Web site at www.deltadentalin.com or call our Customer Service department or our automated DASI system at (800) 524-0149 to find a PPO dentist near you.

**What if I go to a Non-PPO dentist?**

- Delta Dental PPO Point of Service Plan Group #5186: If you do not go to a Delta Dental PPO dentist, you will have back-up coverage through another Delta Dental program called Delta Dental Premier. Although you will receive a lower level of coverage for most services, Delta Dental Premier participating dentists agree to accept Delta Dental’s fee determination as full payment for covered services, you will pay only your copayment and deductible, if any, for covered services.
- Delta Dental PPO Standard Plan Group #9824: *You are covered for a limited number of specific services when you go to a non-PPO dentist (see next page). Most of these services will be rendered by specialists and will be payable up to the PPO fee schedule amount. You will be responsible for any difference between the fee charged by the non-PPO dentist and the PPO fee schedule amount along with the applicable deductible and copayment, if any.*
What if I go to a Non-PPO dentist? (continued)

If you go to a dentist who does not participate in Delta Dental PPO or Delta Dental Premier, you may have to pay more because you will not be protected from “balance billing.” In other words, you will be responsible for any difference between Delta Dental’s payment and the dentist’s fee. You may have to fill out and file your own claim forms as well.

<table>
<thead>
<tr>
<th>Delta Dental PPO Point of Service Plan</th>
<th>Delta Dental PPO Standard Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Group #5186</strong></td>
<td><strong>Group #9824</strong></td>
</tr>
<tr>
<td></td>
<td>▪ <strong>Diagnostic</strong> – 0140 limited oral evaluation – problem focused</td>
</tr>
<tr>
<td></td>
<td>▪ <strong>Radiographs</strong> – 0220 intraoral – periapical first film, 0230 intraoral – periapical each additional film)</td>
</tr>
<tr>
<td></td>
<td>▪ <strong>Periodontics</strong> – 4210 gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces per quadrant, 4211 gingivectomy or gingivoplasty – one to three teeth, per quadrant, 4240 gingival flap procedure, including root planning – four or more contiguous teeth or bounded teeth spaces per quadrant, 4241 gingival flap procedure, including root planning – one to three teeth, per quadrant, 4260 osseous surgery (including flap entry and closure) – four or more contiguous teeth or bounded teeth spaces per quadrant, 4261 osseous surgery (including flap entry and closure) – one to three teeth, per quadrant, 4263 bone replacement graft – first site in quadrant, 4264 bone replacement graft – each additional site in quadrant, 4270 pedicle soft tissue graft procedure, and 4271 free soft tissue graft procedure (including donor site surgery)</td>
</tr>
<tr>
<td></td>
<td>▪ <strong>Adjunctive general services</strong> – 9110 palliative (emergency) treatment of dental pain.</td>
</tr>
</tbody>
</table>