

# Purdue University Preventive and Buy-Up Plans



	Delta Dental PPO (Standard) Plan Preventative		Delta Dental PPO (Point-of-Service) Plan Option One		Delta Dental PPO (Standard) Plan Option Two	
	Group # 9824		Group # 5186		Group # 9824	
<b>EMPLOYEE ANNUAL CONTRIBUTION RATES</b> for employees taking the medical and vision plans. For January 1, 2016 — December 31, 2016 (rounded up to nearest dollar) Note: EE refers to Purdue employee	EE only EE and spouse EE and child(ren) EE, spouse & child(ren)	Purdue University pays 100% of the cost of the Preventative Plan for those taking the medical and vision plans	EE only EE and spouse EE and child(ren) EE, spouse & child(ren)	\$246 \$501 \$608 \$927	EE only EE and spouse EE and child(ren) EE, spouse & child(ren)	\$102 \$208 \$237 \$372
<b>What's covered?</b>  Note: PPO = Delta Dental PPO	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 network, the plan will pay the listed percentage of the dentist's submitted fee or the PPO fee schedule, whichever is less.		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.		The plan will pay the listed percentage of the PPO fee schedule amount for covered services <b><u>only when you go to a Delta Dental PPO dentist.</u></b>	
	<b>Delta Dental PPO Dentist</b>	<b>Non-PPO Dentist</b>	<b>Delta Dental PPO Dentist</b>	<b>Non-PPO Dentist</b>	<b>Delta Dental PPO Dentist</b>	<b>Non-PPO Dentist</b>
What is the benefit year maximum? (January 1 – December 31) per person	\$500		\$1,000		\$1,000	
What is the lifetime maximum for orthodontic coverage per person?	Not covered		\$500		Not covered	
Is there a deductible?	No Deductible		\$50 per person total per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative, bitewing X-rays, minor restorative, or orthodontics.	\$75 per person total per benefit year.	\$25 per person total per benefit year limited to a maximum deductible of \$75 per family per benefit year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, radiographs, minor restorative.	
Diagnostic and preventive services – Used to diagnose and/or prevent dental abnormalities or disease (includes fluoride treatments to age 19, exams, cleanings and space maintainers).	100%	100%	100%	100%	100%	0%*
Bitewing Radiographs – Bitewing X-rays.	100%	100%	100%	100%	100%	0%

	Delta Dental PPO (Standard) Plan Preventative		Delta Dental PPO (Point-of-Service) Plan Option One		Delta Dental PPO (Standard) Plan Option Two	
	Group # 9824		Group # 5186		Group # 9824	
	Delta Dental PPO Dentist	Non-PPO Dentist	Delta Dental PPO Dentist	Non-PPO Dentist	Delta Dental PPO Dentist	Non-PPO Dentist
<b>Emergency Palliative Treatment</b> – Used to temporarily relieve pain.	100%	100%	100%	100%	100%	100%
<b>All Other Radiographs</b> – All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.	0%	0%	60%	50%	100%	0%*
<b>Sealants</b> – Dental sealants to prevent decay of permanent molars (to age nine on first molars; to age 14 on second molars).	0%	0%	60%	50%	0%	0%
<b>Simple Extractions</b> – Non-surgical extraction of one or more teeth.	0%	0%	60%	50%	50%	0%
<b>Oral Surgery</b> – Extractions and dental surgery, including preoperative and postoperative care.	0%	0%	50%	40%	50%	0%
<b>Minor Restorative Services</b> – Used to repair teeth damaged by disease or injury (for example fillings).	0%	0%	60%	50%	50%	0%
<b>Periodontics</b> – Used to treat diseases of the gums and supporting structures of the teeth.	0%	0%	50%	40%	25%	0%*
<b>Endodontics</b> – Used to treat teeth with diseased or damaged nerves (for example, root canals).	0%	0%	50%	40%	25%	0%*
<b>Prosthodontics</b> – Used to replace missing natural teeth (for example, implants, bridges and dentures).	0%	0%	40%	30%	25%	0%
<b>Major Restorative Services</b> – Used when teeth can't be restored with another filling material (for example, crowns).	0%	0%	40%	30%	25%	0%
<b>Orthodontics (to age 19)</b> – Used to correct malposed teeth and/or facial bones (for example, braces).	Not covered		50%	40%	Not covered	
<b>Can I go to any dentist?</b>	Yes		Yes		<b>No.</b> You can go to any Delta Dental PPO dentist nationwide. You are covered for a <b>limited</b> number of services when you go to non-PPO dentists.	
<b>Can I change dentists whenever I want to?</b>	Yes					
<b>Can each member of my family see a different dentist?</b>	Yes					
<b>How do I find a Delta Dental PPO dentist?</b>	Ask your dentist – he or she may participate in Delta Dental PPO. You can also check our Web site at <a href="http://www.deltadental.com">www.deltadental.com</a> or call our Customer Service department or our automated DASI system at (800) 524-0149 to find a PPO dentist near you.					

	Delta Dental PPO (Standard) Plan Preventative	Delta Dental PPO (Point-of-Service) Plan Option One	Delta Dental PPO (Standard) Plan Option Two
	Group # 9824	Group # 5186	Group # 9824
What if I go to a Non-PPO dentist?	<p>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 network, the plan will pay the listed percentage of the dentist's submitted fee or the PPO Fee Schedule, whichever is less.</p>	<p>If you do not go to a Delta Dental PPO dentist, you will have back-up coverage through Delta Dental Premier. Although you will receive a lower level of coverage for most services, Delta Dental Premier 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.</p> <p>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.</p>	<p>*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.</p> <p><b>Diagnostic:</b> 0140 limited oral evaluation – problem focused</p> <p><b>Radiographs:</b> 0220 intraoral – periapical first film 0230 intraoral – periapical each additional film)</p> <p><b>Endodontics:</b> 3330 root canal therapy – molar (excluding final restoration) 3346 retreatment of previous root canal therapy – anterior 3347 retreatment of previous root canal therapy – bicuspid 3348 retreatment of previous root canal therapy – molar 3351 apexification/ recalcification – initial visit, 3352 apexification/ recalcification – interim medication replacement 3353 apexification/recalcification – final visit 3410 apicoectomy/periradicular surgery – anterior 3421 apicoectomy/periradicular surgery – bicuspid (first root) 3425 apicoectomy/periradicular surgery – molar (first root)</p>

	Delta Dental PPO (Standard) Plan Preventative	Delta Dental PPO (Point-of-Service) Plan Option One	Delta Dental PPO (Standard) Plan Option Two
	Group # 9824	Group # 5186	Group # 9824
What if I go to a Non-PPO dentist? (cont.)			<p><b>Endodontics, cont.:</b>  3426 apicoectomy/periradicular surgery (each additional root)  3430 retrograde filling – per root  3450 root amputation – per root</p> <p><b>Periodontics:</b>  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  4271 free soft tissue graft procedure (including donor site surgery)</p> <p><b>Adjunctive general services:</b>  9110 palliative (emergency) treatment of dental pain</p>

This is a limited summary of the dental plans. Please refer to your summary and certificate for plan details, limitations and exclusions.