



**Delta Dental PPO™ (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 10161-1000, 1099, 1100, 1200, 1300, 1400, 1600, 1700  
Purdue Faculty and Staff Option 1 Dental Plan**

This Summary of Dental Plan Benefits should be read along with your Certificate. Your Certificate provides additional information about your Delta Dental plan, including information about plan exclusions and limitations. If a statement in this Summary conflicts with a statement in the Certificate, the statement in this Summary applies to you and you should ignore the conflicting statement in the Certificate. The percentages below are applied to Delta Dental's allowance for each service and it may vary due to the dentist's network participation.\*

**Control Plan** - Delta Dental of Indiana

**Benefit Year** - January 1 through December 31

**Covered Services** -

	<b>Delta Dental PPO™ Dentist Plan Pays</b>	<b>Delta Dental Premier® Dentist Plan Pays</b>	<b>Nonparticipating Dentist Plan Pays*</b>
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Sealants</b> - to prevent decay of permanent teeth	80%	80%	50%
<b>Minor Restorative Services</b> - fillings and crown repair	80%	80%	50%
<b>Simple Extractions</b> - non-surgical removal of teeth	80%	80%	50%
<b>Other Basic Services</b> - misc. services	80%	80%	50%
<b>Relines and Repairs</b> - to prosthetic appliances	80%	80%	50%
<b>Endodontic Services</b> - root canals	50%	50%	40%
<b>Periodontic Services</b> - to treat gum disease	50%	50%	40%
<b>Other Oral Surgery</b> - dental surgery	50%	50%	40%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	50%	50%	30%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	50%	30%
<b>Orthodontic Services</b>			
<b>Orthodontic Services</b> - braces	60%	60%	40%
<b>Orthodontic Age Limit</b> -	Banding must begin prior to age 19. Coverage will continue to the end of treatment or until the maximum has been reached	Banding must begin prior to age 19. Coverage will continue to the end of treatment or until the maximum has been reached	Banding must begin prior to age 19. Coverage will continue to the end of treatment or until the maximum has been reached

\* When you receive services from a Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental's Nonparticipating Dentist Fee that will be paid for those services. This amount may be less than what the Dentist charges or Delta Dental approves and you are responsible for that difference.

- Oral exams (including evaluations by a specialist) are payable twice per calendar year.
- Prophylaxes (cleanings) are payable twice per calendar year.
- People with specific at-risk health conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.
- Fluoride treatments are payable once per calendar year for people age 18 and under.

- 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.
- Sealants are payable once per tooth per two-year period for first and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.
- Crowns, onlays and substructures are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.
- Full and partial dentures are payable once in any seven-year period.
- Bridges are payable once in any seven-year period.
- Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.
- Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.

Having Delta Dental coverage makes it easy for you 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 a worldwide network of dentists and dental clinics. English-speaking 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 – Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - \$1,600 per person total per Benefit Year on all services except orthodontic services. \$1,600 per person total per lifetime on orthodontic services.

**Nonparticipating Dentist** - \$1,000 per person total per Benefit Year on all services except orthodontic services. \$500 per person total per lifetime on orthodontic services.

These are not separate maximums by type of dentist.

**Payment for Orthodontic Service** – When orthodontic treatment begins, your Dentist will submit a payment plan to Delta Dental based upon your projected course of treatment. In accordance with the agreed upon payment plan, Delta Dental will make an initial payment to you or your Participating Dentist equal to Delta Dental's stated Copayment on 30% of the Maximum Payment for Orthodontic Services as set forth in this Summary of Dental Plan Benefits. Delta Dental will make additional payments as follows: Delta Dental PPO™ Dentist - Delta Dental will pay 60% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental. Delta Dental Premier® Dentist - Delta Dental will pay 60% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental. Nonparticipating Dentist - Delta Dental will pay 40% of the per monthly fee charged by your Dentist based upon the agreed upon payment plan provided by your Dentist to Delta Dental.

**Deductible – Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist** - \$40 Deductible per person total per Benefit Year limited to a maximum Deductible of \$90 per family per Benefit Year. The deductible does not apply to oral exams, prophylaxes (cleanings), emergency palliative treatment, fluoride, X-rays, and orthodontic services.

**Nonparticipating Dentist** - \$75 Deductible per person total per Benefit Year. The deductible does not apply to oral exams, prophylaxes (cleanings), emergency palliative treatment, fluoride, X-rays, and orthodontic services.

**Waiting Period** – Enrollees who are eligible for Benefits are covered on the date of hire or benefits eligibility.

**Eligible People** – All benefits-eligible employees as defined by Purdue University who choose the Option 1 Dental Plan.

Also eligible are your Spouse and your Children to the end of the month in which they turn 26, including your Children who are married, who no longer live with you, who are not your Dependents for Federal income tax purposes, and/or who are not permanently disabled.

**Coordination of Benefits** – If you and your Spouse are both eligible to enroll in This Plan as Enrollees, you may be enrolled together on one application or separately on individual applications, but not both. Your Dependent Children may only be enrolled on one application. Delta Dental will not coordinate benefits between your coverage and your Spouse's coverage if you and your Spouse are both covered as Enrollees under This Plan.

Benefits will cease on the day of termination or loss of benefits eligibility.