



**Delta Dental PPO™ (Point-of-Service)
Summary of Dental Plan Benefits
For Group# 10161-2000, 2099, 2100, 2200, 2300, 2400, 2499, 2600, 2700
Purdue Faculty and Staff Option 2 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 -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays	Nonparticipating Dentist Plan Pays*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	0%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	0%
Brush Biopsy - to detect oral cancer	100%	100%	0%
Radiographs - X-rays	100%	100%	0%
Basic Services			
Sealants - to prevent decay of permanent teeth	50%	50%	0%
Minor Restorative Services - fillings and crown repair	50%	50%	0%
Oral Surgery Services - extractions and dental surgery	50%	50%	0%
Other Basic Services - misc. services	50%	50%	0%
Endodontic Services - root canals	25%	25%	25%
Periodontic Services - to treat gum disease	25%	25%	25%
Major Services			
Major Restorative Services - crowns	25%	25%	0%
Relines and Repairs - to prosthetic appliances	25%	25%	0%
Prosthodontic Services - bridges, implants, and dentures	25%	25%	0%

* 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.

Delta Dental Premier® Dentist and Delta Dental PPO™ Dentist

- 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.

Nonparticipating Dentist

- Patient screening is not a Covered Service.
- Prophylaxes (cleanings) are not Covered Services.
- Caries risk assessment is not a Covered Service.
- Sealants are not a Covered Service.
- Restorative services are not Covered Services.
- Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- Crowns over implants and their related services are not Covered Services.
- Occlusal guards are not 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 - \$1,000 per person total per Benefit Year on all services.

Deductible - Delta Dental PPO™ Dentist or Delta Dental Premier® Dentist - \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year. The deductible does not apply to oral exams, prophylaxes (cleanings), emergency palliative treatment, fluoride, and X-rays.

Nonparticipating Dentist - \$25 Deductible per person total per Benefit Year limited to a maximum Deductible of \$75 per family per Benefit Year on endodontics, and periodontics.

Waiting Period - Enrollees who are eligible for Benefits are covered date of hire or benefits eligibility.

Eligible People - All benefits-eligible employees as defined by Purdue University who choose the Option 2 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.