

Your Summary of Benefits
Purdue University – Option 1
Anthem Dental Complete

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one 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.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
Annual Benefit Maximum – (Calendar Year) • Per insured person	\$1,600	\$1,000
Orthodontic Lifetime Benefit Maximum • Per eligible insured child	\$1,600	\$500
Annual Deductible – (Calendar Year) • Per insured person • Family maximum	\$40 single; \$90 family limit	\$75 No limit
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	80th percentile	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays (once in calendar year for all ages) • Intraoral X-rays	100% coinsurance	100% coinsurance*	No waiting period
Basic Services • Amalgam (silver-colored) Filling • Front composite (tooth-colored) Filling • Back Composite Filling, covered as composite • Simple Extractions	80% coinsurance	50% coinsurance	No waiting period
Endodontics • Root canal	50% coinsurance	40% coinsurance	No waiting period
Periodontics • Scaling and root planing	50% coinsurance	40% coinsurance	No waiting period
Oral Surgery • Surgical Extractions	50% coinsurance	40% coinsurance	No waiting period
Major Services • Crowns	50% coinsurance	30% coinsurance	No waiting period
Prosthodontics • Dentures • Bridges • Dental Implants	50% coinsurance	30% coinsurance	No waiting period
Prosthetic Repairs/Adjustments	50% coinsurance	50% coinsurance	No waiting period
Orthodontic Services • Dependent children only*	60% coinsurance	40% coinsurance	No waiting period

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.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

*Services provided by out-of-network dentists are covered at a reduced level and may be subject to balance billing

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem. To learn more about the program, please visit the International Emergency Dental Web site at www.decaredental.com/internationalDentalProgram.do.

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, do one of the following:

- Go to anthem.com/mydentalvision
- Call Anthem dental customer service toll-free number at 1- 877-604-2142

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions	
<p>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.</p> <p><u>Diagnostic and Preventive Services</u></p> <p>Oral evaluations (exam) Limited to two per Calendar Year</p> <p>Teeth cleaning (prophylaxis) Limited to two per Calendar Year</p> <p>Intraoral X-rays, single film Limited to four films per 12-month period</p> <p>Complete series X-rays (panoramic or full-mouth) Limited to once every five years</p> <p>Topical fluoride application Limited to once every 12 months for members to age 19</p> <p>Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members to age 14</p> <p><u>Basic and/or Major Services***</u></p> <p>Sealants Limited to first and second molars once every 24 months per tooth for members to age 14</p> <p>Fillings Limited to once per surface per tooth in any 24 months</p> <p>Crowns Limited to once per tooth in a seven-yearperiod</p> <p>Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants Covered once in any seven-yearperiod; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.</p> <p>Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p>Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p>Periodontal scaling and root planing Limited to once per quadrant in 36 months, when the tooth pocket has a depth of four millimeters or greater</p> <p>Brush biopsy (Covered)</p>	<p>***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There may be a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p> <p><u>Orthodontic Payments:</u> Because orthodontic treatment normally occurs over a long period of time, benefit payments are made over the course of treatment. The Member must have continuous eligibility under the plan in order to receive ongoing orthodontic benefit payments.</p> <p>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</p> <p>Services provided before or after the term of this coverage Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</p> <p>Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p>Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p>

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.