Delta Dental PPO (Point-of-Service)  
Summary of Dental Plan Benefits  
For Group# 5186-2992  
Purdue University  
Option One

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 – August 1 through July 31

Covered Services –

<table>
<thead>
<tr>
<th>Service</th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, and fluoride</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Brush Biopsy – to detect oral cancer</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Bitewing Radiographs – bitewing X-rays</td>
<td>100%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Space Maintainers – appliances to prevent tooth movement</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Sealants – to prevent decay of permanent teeth</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>All Other Radiographs – other X-rays</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Minor Restorative Services – fillings and crown repair</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Simple Extractions – non-surgical removal of teeth</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, implants, and dentures</td>
<td>60%</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>Endodontic Services – root canals</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Periodontic Services – to treat gum disease</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Other Oral Surgery – dental surgery</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>40%</td>
<td>30%</td>
<td>30%</td>
</tr>
<tr>
<td>Orthodontic Services – braces</td>
<td>50%</td>
<td>40%</td>
<td>40%</td>
</tr>
<tr>
<td>Orthodontic Age Limit –</td>
<td>up to age 19</td>
<td>up to age 19</td>
<td>up to age 19</td>
</tr>
</tbody>
</table>

* 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. The Nonparticipating Dentist Fee may be less than what the dentist charges 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 up to age 14.
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 lifetime for first permanent molars up to age nine and second permanent molars up to age 14. 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 Covered Services 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.

Crowns, onlays and substructures are payable once per tooth in any seven-year period.

Implants and implant related services are payable once per tooth in any seven-year period.

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 except orthodontic services.   $500 per person total per lifetime on orthodontic services.

**Deductible** – Delta Dental PPO Dentist - $50 Deductible per person total per Benefit Year.  The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, bitewing X-rays, minor restorative, and orthodontic services.

**Delta Dental Premier Dentist or Nonparticipating Dentist** - $75 Deductible per person total per Benefit Year.  The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, bitewing X-rays, minor restorative, and orthodontic services.

**Waiting Period** – Employees who are eligible for dental benefits are covered on the date of hire.

**Eligible People** – All graduate staff employees of Purdue University who choose Option One dental plan and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable. The Subscriber pays the full cost of this plan. Also eligible are your legal 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. Benefits are available for your same sex domestic partner and the legal child(ren) of the partner as outlined in the Purdue University Same Sex Domestic Partner Benefits Policy.  Your Children who have reached the Dependent age limit stated herein but who were at that time (and continue to be): (a) incapable of self-sustaining employment because of a mental, intellectual, or physical disability; and (b) chiefly dependent upon you for support and maintenance.  Delta Dental may require proof of the Child’s incapacity and dependency by you within one hundred twenty (120) days of the Child’s attainment of the limiting age and, subsequently, at reasonable intervals during the two (2) years following the Child’s attainment of the limiting age.  Delta Dental may not require proof more than once per year in the time more than two (2) years after the Child’s attainment of the limiting age.

You and your eligible dependents must enroll for a minimum of 12 months.  If coverage is terminated after 12 months, you may not re-enroll prior to the open enrollment that occurs at least 12 months from the date of termination.  Your dependents may only enroll if you are enrolled (except under COBRA) and must be enrolled in the same plan as you.  Plan changes are only allowed during open enrollment periods, except that an election may be revoked or changed at any time if the change is the result of a qualifying event as defined under Internal Revenue Code Section 125.

If you and your Spouse are both eligible to enroll in This Plan as Subscribers, 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 Subscribers under This Plan.

Benefits will cease on the last day of employment or through the date the last benefit contribution is collected.

Customer Service Toll-Free Number: 800-524-0149 (TTY users call 711)
www.DeltaDentalIN.com
June 15, 2018
This plan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

This plan provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats)

This plan provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages
- Telephone interpreter service at 1-800-524-0149 (TTY users call 711).

If you need these services, call 1-800-524-0149 (TTY users call 711).

If you believe that this plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with-the civil rights coordinator at PO Box 9089, Farmington Hills, MI 48333-9089; by phone at 1-800-524-0149 (TTY users call 711) or fax to 517-706-3513. You can file a grievance by mail, fax or phone. If you need help filing a grievance, the civil rights coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201; 1-800-368-1019, 1-800-537-7697 (TDD). Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

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注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-524-0149 (TTY : 711)。

주의: 한국어로 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-524-0149 (TTY : 711) 번으로 전화해 주십시오.

OBSJEKT: Dacá vorbiši limba románă, vâ stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-524-0149 (TTY : 711).


ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-524-0149 (TTY : 711).

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