Delta Dental PPO (Standard)
Summary of Dental Plan Benefits
For Group# 9824-2992
Purdue University
Option Two

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></th>
<th>Delta Dental PPO Dentist</th>
<th>Delta Dental Premier Dentist</th>
<th>Nonparticipating Dentist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Plan Pays</td>
<td>Plan Pays*</td>
<td>Plan Pays*</td>
</tr>
<tr>
<td>Diagnostic &amp; Preventive</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Palliative Treatment – to temporarily relieve pain</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>All Other Radiographs – other X-rays</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Diagnostic and Preventive Services – exams, cleanings, fluoride, and space maintainers</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Radiographs – bitewing and full mouth X-rays</td>
<td>100%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Basic Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minor Restorative Services – fillings and crown repair</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Oral Surgery Services – extractions and dental surgery</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other Endodontic Services – treatment other than root canals</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Surgical Periodontic Services – surgical services to treat gum disease</td>
<td>25%</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>Major Services</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Root Canals – to treat teeth with diseased or damaged nerves</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Non-Surgical Periodontic Services – non-surgical services to treat gum disease</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Major Restorative Services – crowns</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Other Basic Services – misc. services</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Relines and Repairs – to bridges, implants, and dentures</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Prosthodontic Services – bridges, implants, and dentures</td>
<td>25%</td>
<td>0%</td>
<td>0%</td>
</tr>
</tbody>
</table>

* When you receive services from a Delta Dental Premier or Nonparticipating Dentist, the percentages in this column indicate the portion of Delta Dental’s PPO Dentist Schedule 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 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.
- 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.
- Bridges are payable once in any seven-year period.
- Implants and implant related services are payable once per tooth in any seven-year period.

*The following procedure codes will be covered at the appropriate benefit level for Premier Dentists and Nonparticipating Dentists up to the PPO Dentist fee schedule amount:

100% of the PPO Dentist fee schedule amount will be paid for:

- **Diagnostic**
  - 0140 limited oral evaluation - problem focused

- **Radiographs**
  - 0220 intraoral - periapical first film
  - 0230 intraoral - periapical each additional film

- **Adjunctive general services**
  - 9110 palliative (emergency) treatment of dental pain

25% of the PPO Dentist fee schedule amount will be paid for:

- **Endodontics**
  - 3330 root canal therapy – molar tooth (excluding final restoration)
  - 3346 retreatment of previous root canal therapy – anterior
  - 3347 retreatment of previous root canal therapy – premolar
  - 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 – premolar (first root)
  - 3425 apicoectomy/periradicular surgery – molar (first root)
  - 3426 apicoectomy/periradicular surgery (each additional root)
  - 3427 periradicular surgery without apicoectomy
  - 3430 retrograde filling – per root
  - 3450 root amputation – per root

- **Periodontics**
  - 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
  - 4277 free tissue graft procedure (including recipient and donor site surgery) first tooth, implant, or edentulous tooth position in graft
  - 4278 free tissue graft procedure (including recipient and donor site surgery) each additional contiguous tooth, implant, or edentulous tooth position in same graft site

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 – $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 diagnostic and preventive services, emergency palliative treatment, X-rays, and minor restorative.

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 Two 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.
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 based on 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

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 filling 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.

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

KUDUS: Нөзө фитни шошоп, пэр жу кө нөд позицион сөрбиме тө асистенцөсү гэшээрө, па пагасэж. Телелефононө өө 1-800-524-0149 (TTY: 711).

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-524-0149 (TTY: 711).

ATENÇÃO: Daçac vorbiti limba română, vă stau la dispoziție servicii de asistență lingvistică, gratuit. Sunați la 1-800-524-0149 (TTY: 711).


ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-524-0149 (TTY: 711).

CHÚ YÊ: Nêu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-524-0149 (TTY: 711).