

## Purdue University Voluntary Dental Plan for Graduate Staff

	Delta Dental PPO Point of Service Plan Option 1		Delta Dental PPO Standard Plan Option 2	
	Group # 5186		Group #9824	
<b>EMPLOYEE CONTRIBUTION RATES For August 1, 2023— July 31, 2024 Note: EE refers to Purdue employee</b>	EE only	\$260.04	EE only	\$159.48
	EE and spouse	\$514.32	EE and spouse	\$310.44
	EE and child(ren)	\$608.04	EE and child(ren)	\$400.80
	EE, spouse & child(ren)	\$930.12	EE, spouse & child (ren)	\$599.28
<b>What's covered?</b>  <b>Note:</b> PPO = Delta Dental PPO	The plan will pay the listed percentage of the PPO fee schedule amount for covered services when you go to a PPO dentist. If the dentist does not participate in the PPO, the plan will pay the percentages listed under non-PPO Dentist. You are responsible for any difference between this fee and the dentist's submitted fee.		The plan will pay the listed percentage of the PPO fee schedule amount for covered services <b>only when you go to a Delta Dental PPO dentist.</b>	
	Delta Dental PPO Dentist	Non-PPO Dentist	Delta Dental PPO Dentist	Non-PPO Dentist
<b>Diagnostic and preventive services</b> – Used to diagnose and/or prevent dental abnormalities or disease (includes fluoride treatments to age 14, exams, and cleanings).	100%	100%	100%	0%*
<b>Bitewing Radiographs</b> – Bitewing X-rays.	100%	50%	100%	0%
<b>Emergency Palliative Treatment</b> – Used to temporarily relieve pain.	100%	50%	100%	100%
<b>All Other Radiographs</b> – All other X-rays, as required and in conjunction with the diagnosis of a specific condition requiring treatment.	60%	50%	100%	0%*
<b>Sealants</b> – Dental sealants to prevent decay of permanent molars (to age nine on first molars; to age 14 on second molars).	60%	50%	0%	0%
<b>Simple Extractions</b> – Non-surgical extraction of one or more teeth.	60%	50%	50%	0%
<b>Oral Surgery</b> – Extractions and dental surgery, including preoperative and postoperative care.	50%	40%	50%	0%

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	Delta Dental PPO Dentist	Non-PPO Dentist	Delta Dental PPO Dentist	Non-PPO Dentist
<b>Minor Restorative Services</b> – Used to repair teeth damaged by disease or injury (for example fillings).	60%	50%	50%	0%
<b>Periodontics</b> – Used to treat diseases of the gums and supporting structures of the teeth.	50%	40%	25%	0%*
<b>Endodontics</b> – Used to treat teeth with diseased or damaged nerves (for example, root canals).	50%	40%	25%	0%*
<b>Prosthodontics</b> – Used to replace missing natural teeth (for example, implants, bridges and dentures).	40%	30%	25%	0%
<b>Major Restorative Services</b> – Used when teeth can't be restored with another filling material (for example, crowns).	40%	30%	25%	0%
<b>Orthodontics</b> – Used to correct malposed teeth and/or facial bones (for example, braces).	Not covered		Not covered	
<b>Plan Limitations</b>	<ul style="list-style-type: none"> <li>▪ Oral exams (including evaluations by a specialist) are payable twice per benefit year.</li> <li>▪ Prophylaxes (cleanings) are payable twice per benefit year.</li> <li>▪ 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.</li> <li>▪ Fluoride treatments are payable once per benefit year for people age 13 and under.</li> <li>▪ Bitewing X-rays are payable once per Benefit Year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.</li> <li>▪ Sealants are payable once per tooth per lifetime for first permanent molars for people age eight and under and second permanent molars for people age 13 and under. The surface must be free from decay and restorations.</li> <li>▪ Crowns, onlays and substructures are payable once per tooth in any seven-year period.</li> <li>▪ Composite resin (white) restorations are payable on posterior teeth.</li> </ul>		<ul style="list-style-type: none"> <li>▪ Oral exams (including evaluations by a specialist) are payable twice per benefit year.</li> <li>▪ Prophylaxes (cleanings) are payable twice per benefit year.</li> <li>▪ 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.</li> <li>▪ Fluoride treatments are payable once per benefit year for people age 13 and under.</li> <li>▪ Bitewing X-rays are payable once per Benefit Year and full mouth X-rays (which include bitewing X-rays) or a panorex are payable once in any five-year period.</li> <li>▪ Sealants are not a Covered Service.</li> <li>▪ Crowns, onlays and substructures are payable once per tooth in any seven-year period.</li> <li>▪ Composite resin (white) restorations are payable on posterior teeth.</li> <li>▪ Porcelain and resin facings on crowns are optional treatment on posterior teeth.</li> <li>▪ Full and partial dentures are payable once in any seven-year period.</li> <li>▪ Bridges are payable once in any seven-year period.</li> <li>▪ Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.</li> <li>▪ Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.</li> </ul>	

<b>Plan Limitations (continued)</b>	<ul style="list-style-type: none"> <li>▪ Porcelain and resin facings on crowns are optional treatment on posterior teeth.</li> <li>▪ Full and partial dentures are payable once in any seven-year period.</li> <li>▪ Bridges are payable once in any seven-year period.</li> <li>▪ Implants are payable once per tooth in any seven-year period. Implant related services are Covered Services.</li> <li>▪ Crowns over implants are payable once per tooth in any seven-year period. Services related to crowns over implants are Covered Services.</li> </ul>					
<b>What is the benefit year maximum (August 1 – July 31) per person?</b>	\$1,000	\$1,000				
<b>Is there a deductible?</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>\$50</b> per person total per <b>benefit</b> year.</td> <td style="text-align: center;"><b>\$75</b> per person total per <b>benefit</b> year.</td> </tr> <tr> <td colspan="2">The deductible does not apply to diagnostic and preventive services, emergency palliative, bitewing X-rays, or minor restorative.</td> </tr> </table>	<b>\$50</b> per person total per <b>benefit</b> year.	<b>\$75</b> per person total per <b>benefit</b> year.	The deductible does not apply to diagnostic and preventive services, emergency palliative, bitewing X-rays, or minor restorative.		<b>\$25</b> per person total per <b>benefit</b> year limited to a maximum deductible of <b>\$75</b> per family per <b>benefit</b> year. The deductible does not apply to diagnostic and preventive services, emergency palliative treatment, radiographs, minor restorative.
<b>\$50</b> per person total per <b>benefit</b> year.	<b>\$75</b> per person total per <b>benefit</b> year.					
The deductible does not apply to diagnostic and preventive services, emergency palliative, bitewing X-rays, or minor restorative.						
<b>Can I go to any dentist?</b>	Yes	<b>No.</b> You can go to any Delta Dental PPO dentist nationwide. You are covered for a <b>limited</b> number of services when you go to non-PPO dentists.				
<b>Can I change dentists whenever I want to?</b>		Yes				
<b>Can each member of my family see a different dentist?</b>		Yes				
<b>How do I find a Delta Dental PPO dentist?</b>	Ask your dentist – he or she may participate in Delta Dental PPO. You can also check our website at <a href="http://www.deltadentalin.com">www.deltadentalin.com</a> or call our Customer Service department or our automated DASI system at (800) 524-0149 to find a PPO dentist near you.					

<p><b>What if I go to a Non-PPO dentist?</b></p>	<p>If you do not go to a Delta Dental PPO dentist, you will have back-up coverage through Delta Dental Premier. Although you will receive a lower level of coverage for most services, Delta Dental Premier dentists agree to accept Delta Dental's fee determination as full payment for covered services, you will pay only your copayment and deductible, if any, for covered services.</p>	<p>*You are covered for a limited number of specific services when you go to a non-PPO dentist (see next page). Most of these services will be rendered by specialists and will be payable up to the PPO fee schedule amount. You will be responsible for any difference between the fee charged by the non-PPO dentist and the PPO fee schedule amount, along with the applicable deductible and copayment, if any.</p>
<p><b>What if I go to a Non-PPO dentist? (continued)</b></p>	<p>If you go to a dentist who does not participate in Delta Dental PPO or Delta Dental Premier, you may have to pay more because you will not be protected from "balance billing." In other words, you will be responsible for any difference between Delta Dental's payment and the dentist's fee. You may have to fill out and file your own claim forms as well.</p>	<ul style="list-style-type: none"> <li>▪ <b>Diagnostic</b> – 0140 limited oral evaluation – problem focused</li> <li>▪ <b>Radiographs</b> – 0220 intraoral – periapical first film, 0230 intraoral – periapical each additional film)</li> <li>▪ <b>Endodontics</b> – 3330 root canal therapy – molar (excluding final restoration), 3346 retreatment of previous root canal therapy – anterior, 3347 retreatment of previous root canal therapy – bicuspid, 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 – bicuspid (first root), 3425 apicoectomy/periradicular surgery – molar (first root), 3426 apicoectomy/periradicular surgery (each additional root), 3430 retrograde filling – per root, 3450 root amputation – per root</li> <li>▪ <b>Periodontics</b> – 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</li> </ul>

**What if I go to a Non-PPO dentist? (continued)**

- **Periodontics (continued)** – 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 soft tissue graft procedure (including recipient and donor site surgery) first tooth, implant or edentulous tooth position in graft, and 4278 free tissue graft procedure (including recipient and donor site surgery) each additional contiguous tooth, implant, or edentulous tooth position in same graft site.
- **Adjunctive general services** – 9110 palliative (emergency) treatment of dental pain.