



**Delta Dental PPO™ (Standard)  
Summary of Dental Plan Benefits  
For Group# 10156-0001, 0002, 0003, 0004, 0005, 0006, 0007, 0008  
Purdue University International and Domestic Student 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** - August 1 through July 31

**Covered Services** -

	Delta Dental PPO™ Dentist Plan Pays	Delta Dental Premier® Dentist Plan Pays*	Nonparticipating Dentist Plan Pays*
<b>Diagnostic &amp; Preventive</b>			
<b>Diagnostic and Preventive Services</b> - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
<b>Emergency Palliative Treatment</b> - to temporarily relieve pain	100%	100%	100%
<b>Sealants</b> - to prevent decay of permanent teeth	100%	100%	100%
<b>Brush Biopsy</b> - to detect oral cancer	100%	100%	100%
<b>Radiographs</b> - X-rays	100%	100%	100%
<b>Basic Services</b>			
<b>Minor Restorative Services</b> - fillings and crown repair	80%	60%	60%
<b>Endodontic Services</b> - root canals	80%	60%	60%
<b>Periodontic Services</b> - to treat gum disease	80%	60%	60%
<b>Oral Surgery Services</b> - extractions and dental surgery	80%	60%	60%
<b>Other Basic Services</b> - misc. services	80%	60%	60%
<b>Major Services</b>			
<b>Major Restorative Services</b> - crowns	50%	40%	40%
<b>Relines and Repairs</b> - to prosthetic appliances	50%	40%	40%
<b>Prosthodontic Services</b> - bridges, implants, dentures, and crowns over implants	50%	40%	40%

\* 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 are payable twice per benefit year. Additional oral exams by a specialist are also payable twice per benefit year.
- Two prophylaxes (cleanings) are payable per benefit year. Two additional periodontal maintenance procedures are payable per benefit year for individuals with a documented history of periodontal disease. Full mouth debridement is payable once per life time.
- 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 benefit year for people up to age 18.
- Space maintainers are payable once per area per lifetime up to age 18.
- Bitewing X-rays are payable once per benefit year to age 18 and once in any two benefit years for people age 18 and older. Full mouth X-rays (which include bitewing X-rays) are payable once in any five-year period.
- Sealants are payable once per tooth per five-year period for first and second permanent molars to age 18. The surface must be free from decay and restorations.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period. Veneers are payable on incisors, cuspids, and bicuspid once per tooth in any seven-year period when necessary due to fracture or decay.
- Composite resin (white) restorations are payable on posterior teeth.
- Porcelain and resin facings on crowns are optional treatment on posterior teeth.

- Localized delivery of chemotherapeutic agents is payable once per tooth in any twelve-month period.
- Oroantral fistula closure, incisional biopsy of soft oral tissue, vestibuloplasty, excision of soft tissue and intra-osseous lesions, removal of lateral exostosis, reduction of osseous tuberosity, partial ostectomy/sequestrectomy for removal of non-vital bone, frenectomy/frenulectomy, frenuloplasty, excision of hyperplastic tissue (per arch) and of pericoronal gingiva, and surgical reduction of fibrous tuberosity are covered without limitations.
- Full and partial dentures are payable once in any seven-year period. Reline and rebase of dentures are payable once in any two-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.
- Occlusal guards are payable once in any two-year period.
- People with special health care needs may be eligible for additional services including exams, hygiene visits, dental case management, and silver diamine fluoride treatment. Special health care needs include any physical, developmental, mental, sensory, behavioral, cognitive, or emotional impairment or limiting condition that requires medical management, healthcare intervention, and/or use of specialized services or programs. The condition may be congenital, developmental, or acquired through disease, trauma, or environmental cause and may impose limitations in performing daily self-maintenance activities or substantial limitations in major life activity.

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** - \$750 per Member total per Benefit Year on all services.

**Deductible** - \$50 Deductible per Member total per Benefit Year limited to a maximum Deductible of \$150 per family per Benefit Year. The Deductible does not apply to diagnostic and preventive services, emergency palliative treatment, brush biopsy, X-rays, and sealants.

**Waiting Period** - Enrollees who are eligible for Benefits are covered on the date enrolled.

**Eligible People** - All eligible Students of Purdue University who choose the 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 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 last day of the month in which your employment is terminated.