



**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*
Diagnostic & Preventive			
Diagnostic and Preventive Services - exams, cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%	100%
Sealants - to prevent decay of permanent teeth	100%	100%	100%
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%
Basic Services			
Minor Restorative Services - fillings and crown repair	80%	60%	60%
Endodontic Services - root canals	80%	60%	60%
Periodontic Services - to treat gum disease	80%	60%	60%
Oral Surgery Services - extractions and dental surgery	80%	60%	60%
Other Basic Services - misc. services	80%	60%	60%
Major Services			
Major Restorative Services - crowns	50%	40%	40%
Relines and Repairs - to prosthetic appliances	50%	40%	40%
Prosthodontic Services - 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 (including evaluations by a specialist) are payable twice per calendar year.
- Two prophylaxes (cleanings) are payable per calendar year. Full mouth debridement is payable once per lifetime. Four periodontal maintenance procedures are payable per calendar year. A maximum of four of any of these procedures is payable in a 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 age 17 and under.
- Space maintainers are payable once per area per lifetime for people age 17 and under.
- Bitewing X-rays are payable twice per calendar year for people age 15 and under and once per calendar year for people age 16 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 for people age 17 and under. 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.

- Oroantral fistula closure, incisional biopsy of soft oral tissue, vestibuloplasty, excision of intra-osseous lesions, 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.
- Crowns over implants and their related services are payable once in any seven-year period.
- Occlusal guards are payable once in any two-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 - \$750 per person total per Benefit Year on all services.

Deductible - \$50 Deductible per person 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 and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees, if applicable.

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. 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.

The medical and Delta Dental plans are offered as a package. Employees enrolled in either plan are automatically enrolled in both plans with the same type of coverage. For example, employees enrolled with single coverage under the medical plan must also be enrolled with single coverage under the Delta Dental plan.

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 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 Enrollees under This Plan.

Benefits will cease through the date the last benefit contribution is collected.