

## Delta Dental PPO™ (Point-of-Service) Summary of Dental Plan Benefits For Group# 10161-3000, 3099, 3100, 3200, 3300, 3400, 3600, 3700 Purdue Faculty and Staff Preventive 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 - January 1 through December 31

Covered Services -

Covered Services			
	Delta Dental	Delta Dental	Nonparticipating
	PPO™ Dentist	Premier® Dentist	Dentist
	Plan Pays	Plan Pays	Plan Pays*
Diagnos	stic & Preventive		
Diagnostic and Preventive Services - exams,	100%	1000/	1000/
cleanings, fluoride, and space maintainers	100%	100%	100%
Emergency Palliative Treatment - to temporarily	100%	100%	100%
relieve pain			
Brush Biopsy - to detect oral cancer	100%	100%	100%
Radiographs - X-rays	100%	100%	100%

<sup>\*</sup> 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. 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.
- Fluoride treatments are payable once per calendar year for people age 18 and under.
- ➤ 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 not a Covered Service.
- > Restorative services are not Covered Services.
- > Full mouth debridement is a Covered Service. Biologic materials to aid in tissue regeneration are not Covered Services.
- > Full and complete dentures, and services related to dentures are not Covered Services.
- Implants and implant related services are not Covered Services.
- > Crowns over implants and their related services are not Covered Services.
- > Occlusal guards are not Covered Services.

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** - \$500 per person total per Benefit Year on all services.

Deductible - None.

Waiting Period - Enrollees who are eligible for Benefits are covered date of hire or benefits eligibility.

Eligible People - All benefit-eligible employees as defined by Purdue University who choose the Preventive 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 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 on the on the day of termination or loss of benefits eligibility.