



**Delta Dental PPO (Standard)
Summary of Dental Plan Benefits
For Group# 0009824-2001, 2002, 2003, 2004, 2005, 2009
Purdue University
OPTION TWO**

This Summary of Dental Plan Benefits should be read in conjunction with your Dental Care Certificate. Your Dental Care Certificate will provide you with additional information about your Delta Dental plan, including information about plan exclusions and limitations. In the event that you seek treatment from a dentist that does not participate in any of Delta Dental's programs, you may be responsible for more than the percentage indicated below.

Control Plan – Delta Dental Plan of Indiana

Benefit year – January 1 through December 31

Covered Services -

	PPO Dentist	Premier Dentist
	Plan Pays	Plan Pays
Class I Benefits		
Diagnostic and Preventive Services - includes exams, cleanings, fluoride, and space maintainers	100%	0%
Emergency Palliative Treatment - to temporarily relieve pain	100%	100%
Radiographs - bitewing and full mouth X-rays	100%	0%
All Other Radiographs - other X-rays	100%	100%
Class II Benefits		
Major Restorative Services - includes crowns	25%	0%
Minor Restorative Services - includes fillings	50%	0%
Surgical Periodontic Services - surgical services to treat gum disease	25%	25%
Non-Surgical Periodontic Services - non-surgical services to treat gum disease	25%	0%
Root Canals - to treat teeth with diseased or damaged nerves	25%	0%
Other Endodontic Services - treatment other than root canals	25%	25%
Oral Surgery Services - extractions and dental surgery	50%	0%
Relines and Repairs - to bridges and dentures	25%	0%
Other Basic Services - misc. services	25%	0%
Class III Benefits		
Prosthodontic Services - includes bridges and dentures	25%	0%
Implants - endosteal implants to replace missing teeth	25%	0%

- 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 up to age 14.
- Implants and implant related services are payable once per tooth in any seven-year period.
- Composite resin (white) restorations are Covered Services on posterior teeth.
- Bridges and substructures are payable once in any seven-year period.
- 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.
- Full and partial dentures are payable once in any seven-year period.
- Crowns, onlays, and substructures are payable once per tooth in any seven-year period.
- People with certain high-risk medical conditions may be eligible for additional prophylaxes (cleanings) or fluoride treatment. The patient should talk with his or her dentist about treatment.

Having Delta Dental coverage makes it easy for our enrollees 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 the International SOS Assistance (I-SOS) worldwide network of dentists and dental clinics. English-speaking I-SOS 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, and X-rays.

Waiting Period – Employees who are eligible for dental benefits are covered on the date of hire.

Eligible people – All benefits eligible employees and benefits eligible retirees of Purdue University who choose Option Two dental plan: Active (2001), Graduate Staff (2002), Inactive (Disabled) (2003), Retirees (2004), Associate Staff (2005) and COBRA (Consolidated Omnibus Budget Reconciliation Act of 1985) enrollees (2009).

Also eligible at your option are your legal spouse and your dependent children to the end of the month in which they turn 19, and your dependent unmarried children to the end of the month in which they turn 26 if a full-time student and eligible to be claimed by you as a dependent under the U.S. Internal Revenue code during the current calendar year. 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.

If you and your spouse are both eligible for coverage under this Policy, you may be enrolled together on one application card or separately on individual application cards, but not both. Your dependent children may only be enrolled on one application card. Delta Dental will not coordinate benefits if you and your spouse are both covered under this Policy. Unless this is a Section 125 plan, Subscribers and their dependents who enroll in the dental plan are required to remain enrolled for a minimum of 12 months. Any Subscriber or dependent who drops the dental plan may not re-enroll at a later date. If this is a Section 125 plan, an election may be revoked or changed at any time if the change is the result of a change in family status as defined under Internal Revenue Code Section 125. The Subscriber pays the full cost of this plan.

Benefits will cease on the last day of employment or through the date the last benefit contribution is collected.

Amending effective January 1, 2009 to change Covered Services.

The following procedure codes will be covered at the appropriate benefit level for DeltaPremier or Nonparticipating dentists up to the DPO fee schedule amount:

DIAGNOSTIC

0140 limited oral evaluation – problem focused

RADIOGRAPHS

0220 intraoral – periapical first film

0230 intraoral – periapical each additional film)

ENDODONTICS

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

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

4271 free soft tissue graft procedure (including donor site surgery)

ADJUNCTIVE GENERAL SERVICES

9110 palliative (emergency) treatment of dental pain