Summary of Benefits

Group Dental PPO — Delta Dental PPO Network | Effective: 01/01/2027 | Group #: 0012345 (Sample Company, Inc.)

Deductibles and Maximums

Provision	In-Network	Out-of-Network
Calendar-Year Deductible (per person / family)	$50 / $150	$50 / $150
Deductible Waived for Preventive Services	Yes	Yes
Calendar-Year Maximum (per person)	$2,000	$2,000

Covered Services

Service Category	In-Network Plan Pays	Out-of-Network Plan Pays
Class I — Preventive (exams, cleanings, x-rays)	100%	80%
Class II — Basic (fillings, simple extractions)	80%	60%
Class III — Major (crowns, bridges, dentures)	50%	40%
Class IV — Orthodontia (dependent children)	50% to $1,500 lifetime max	40% to $1,500 lifetime max

Plan Provisions

Provision	Detail
Waiting Periods	None for preventive, basic, and major services; 12 months for orthodontia
Premium Contributions	Employer pays 50% of the employee-only premium
Dependent Age Limit	To age 26

Limitations and Exclusions

This summary highlights selected plan features. Cosmetic services, services started before the coverage effective date, and charges above the allowed amount are generally excluded. Frequency limits apply to cleanings and x-rays. Refer to the certificate of coverage for the complete list of covered services, limitations, and exclusions.