



September 30, 2025

Dear Valued Subscriber:

You are receiving this letter and the enclosed *Summary of Material Modification* (SMM) because you are currently enrolled in a dental benefits plan with Delta Dental of Oklahoma through your employer.

Recently, the American Dental Association released its new *Current Dental Terminology* (CDT 2026), effective January 1, 2026. The section(s) specifically referenced in the SMM will modify your current Dental Care Certificate, effective January 1, 2026. There is no loss of current benefits to your dental plan as a result of converting to CDT 2026.

Additionally, a new section titled 'NONDISCRIMINATION NOTICE' has been added to your current Dental Care Certificate to accommodate Section 1557 from the U.S. Department of Health and Human Services.

We encourage you to review the enclosed SMM and familiarize yourself with changes to your plan. Please file this SMM with your current Dental Care Certificate for future reference.

Thank you for partnering with Delta Dental of Oklahoma in your commitment to greater oral health. If you have any questions about your dental plan benefits, please feel free to contact our Customer Service department at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

Sincerely,

Delta Dental of Oklahoma

Delta Dental of Oklahoma

16 N.W. 63rd Street • Oklahoma City, OK • 73116 ■ P.O. Box 54709 • Oklahoma City, OK • 73154 ■ DeltaDentalOK.org
Telephone: 405-607-2100 ■ Toll Free: 800-522-0188 ■ Fax: 405-607-2190



SUMMARY OF MATERIAL MODIFICATION

Effective January 1, 2026, your Dental Expense Benefits Plan is amended to reflect changes necessary due to the mandatory conversion to the new American Dental Association's *Codes and Dental Terminology (CDT 2026)*. In consideration of such changes, your Summary of Dental Plan Benefits, which forms a part of your Dental Care Certificate, is hereby modified as set forth below:

1. The list of covered services and enrollee co-payments in the **Description of Covered Services and Enrollee Co-payments** table in the "Summary of Dental Plan Benefits" included with your Dental Care Certificate is amended in part as follows:
 - a. The procedure descriptions of the following Level 3 covered dental services have been revised, in part, by the American Dental Association effective January 1, 2026, and will hereafter read as follows:

Procedure Code	Description	Enrollee Co-payment
D9222	Administration of deep sedation/general anesthesia – first 15 minute increment, or any portion thereof	\$29.00
D9223	Administration of deep sedation/general anesthesia – each subsequent 15 minute increment, or any portion thereof	\$29.00
D9239	Administration of moderate sedation – intravenous – first 15 minute increment, or any portion thereof	\$29.00
D9243	Administration of moderate sedation – intravenous – each subsequent 15 minute increment, or any portion thereof	\$29.00

- b. The following new ADA procedure codes are covered Level 3 dental services effective January 1, 2026:

Procedure Code	Description	Enrollee Co-payment
D9224	Administration of general anesthesia with advanced airway – first 15 minute increment, or any portion thereof	\$29.00
D9225	Administration of general anesthesia with advanced airway – each subsequent 15 minute increment, or any portion thereof	\$29.00

2. An additional section titled "**NONDISCRIMINATION NOTICE**" is included in your Dental Care Certificate following the section titled "**GENERAL INFORMATION**", and shall hereafter read as follows:

NONDISCRIMINATION NOTICE

Delta Dental of Oklahoma provides free communication aids and services for anyone with a disability or needing language assistance. We do not discriminate on the basis of race, color, national origin, sex, gender identity, age, sexual orientation, health status and/or disability.

To receive language or communication assistance free of charge, please call us at 405-607-2100 (OKC Metro) or 800-522-0188 (Toll Free).

If you believe we have not provided a service, or think we have discriminated in another way, contact us to file a grievance:

Delta Dental of Oklahoma
Office for Civil Rights Coordinator
P.O. Box 54709
Oklahoma City, OK 73154

Phone: 405-607-2100 (OKC Metro)
800-522-0188 (Toll Free)
*TTY/TDD: Call 711
Website: DeltaDentalOK.org

You may file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR) at:

U.S. Dept. of Health & Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

Phone: 800-368-1019
*TTY/TDD: 800-537-7697
Website: hhs.gov/ocr

*Teletypewriter/Telecommunications Device for the hearing impaired

Except as amended herein, your Dental Expense Benefits Plan remains unchanged.

PLEASE KEEP THIS NOTICE WITH YOUR DENTAL CARE CERTIFICATE FOR FUTURE REFERENCE.

If you have questions about this Summary of Material Modification, or about your Dental Expense Benefits Plan, please check with your employer's benefits office or contact Delta Dental Plan of Oklahoma at the address or telephone number(s) listed below. All correspondence with Delta Dental Plan of Oklahoma should include the group name and group number, and the Subscriber's social security number, telephone number, and address.

DELTA DENTAL PLAN OF OKLAHOMA, INC.

16 Northwest 63rd Street | Oklahoma City, Oklahoma 73116-9115
P.O. Box 54709 | Oklahoma City, Oklahoma 73154-1709
405-607-2100 (Oklahoma City, OK metropolitan area)
800-522-0188 (Toll Free)