



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*) and Delta Dental Plan of Oklahoma (DDOK) processing policy changes. 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 specific dental procedures excluded from benefits, included at the end of the **"Exclusions"** subsection of the "Summary of Dental Plan Benefits" included in your Dental Care Certificate, is amended, in part, as follows:
 - a. The following new American Dental Association (ADA) dental procedure codes have been added to the list of excluded services, as these procedures are not covered services under your plan.

| The following procedure codes are not billable to the patient . If the fee for a procedure or service is not billable to the patient, it is not benefited by Delta Dental nor collectable from the patient by a Delta Dental participating dentist . | |
|--|---|
| Procedure Code | Description of Excluded Service |
| **D0461 | Testing for cracked tooth |
| **D6196 | Removal of an indirect restoration on an implant retained abutment |
| The following procedure codes are denied . If the fee for a procedure or service is denied and chargeable to the patient, the procedure or service is not a benefit of the patient's plan. The submitted amount is not payable by Delta Dental, but is collectable from the patient. | |
| Procedure Code | Description of Excluded Service |
| D0426 | Collection, preparation, and analysis of a saliva sample – point-of-care |
| D1720 | Influenza vaccine administration |
| D5877 | Duplication of complete denture – maxillary |
| D5878 | Duplication of complete denture - mandibular |
| D6049 | Scaling and debridement of a single implant in the presence of peri-implantitis inflammation, bleeding upon probing and increased pocket depths, including cleaning of the implant surfaces, without flap entry and closure |
| D6280 | Implant maintenance procedures when a full arch removable implant/abutment supported denture is removed and reinserted, including cleansing of prosthesis and abutments - per arch |
| D9128 | Photobiomodulation therapy – first 15 minute increment, or any portion thereof |
| D9129 | Photobiomodulation therapy – each subsequent 15 minute increment, or any portion thereof |
| D9244 | In-office administration of minimal sedation – single drug – enteral |
| D9245 | Administration of moderate sedation – enteral |
| D9246 | Administration of moderate sedation – non-intravenous parenteral – first 15 minute increment, or any portion thereof |
| D9247 | Administration of moderate sedation – non-intravenous parenteral – each subsequent 15 minute increment, or any portion thereof |
| D9936 | Cleaning and inspection of occlusal guard – per appliance |

- b. The descriptions of the ADA procedure codes listed below have been revised, in part, by the American Dental Association effective January 1, 2026. The procedure descriptions will hereafter read as follows:

| Procedure Code | Description of Excluded Service |
|----------------|--|
| D0417 | Collection and preparation of saliva sample for laboratory analysis |
| D0418 | Analysis of saliva sample – laboratory |
| D5867 | Replacement of replaceable part of semi- precision or precision attachment of natural tooth borne prosthesis, per attachment |
| D5876 | Add metal substructure to acrylic complete denture – per arch |
| D9230 | Administration of nitrous oxide |

- c. The current excluded ADA procedure code range D5911-D5999 has been revised, in part, to include new excluded ADA procedure code D5909 effective January 1, 2026. The procedure code range and description will hereafter read as follows:

| Procedure Code | Description of Excluded Service |
|----------------|---------------------------------|
| D5909-D5999 | Maxillofacial prosthetics |

- d. The following ADA procedure code has been deleted from the table of excluded services, as this code is no longer a valid ADA procedure code:

| | Description of Excluded Service |
|-------|---|
| D9248 | Non-intravenous moderate (conscious) sedation |

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 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)