

SUMMARY OF MATERIAL MODIFICATION

Effective January 1, 2011, your Dental Expense Benefits Plan is amended to change the maximum age and eligibility guidelines for children to be eligible for coverage under the Plan. In consideration of this amendment, the **Eligibility and Enrollment** section of your Summary Plan Description is hereby amended, in part, at paragraphs two and three, which shall hereafter read as follows:

Unless noted otherwise in the “*Eligible Persons*” section of the “Summary of Dental Plan Benefits” included in this Summary Plan Description, you are eligible for dependent coverage on the later of the date you become eligible for coverage or the date you first acquire an eligible dependent. Eligible dependents include: (1) the spouse to whom the Subscriber is legally married; (2) biological children of the Subscriber; and (3) children of the subscriber by legal adoption or placement for adoption, guardianship, marriage (stepchildren), and foster care placement (foster child).

A dependent child, as defined above, is eligible for coverage until midnight of the last day of the month in which such dependent child attains the age of 26 (unless otherwise specified in the “Summary of Dental Plan Benefits” included in this Summary Plan Description). An unmarried dependent child who is incapable of self-support due to a physical or mental incapacity can continue to be covered under this plan as a dependent after reaching age 26, provided he or she is chiefly dependent on the Subscriber for support and a physician’s certificate is received by DDPOK within six (6) months of said incapacity, the effective date of the Plan Agreement, or the effective date of said dependent child’s coverage, whichever is later.

In further consideration of the January 1, 2011 amendment stated above, the last paragraph in the **Eligibility and Enrollment** section of your Summary Plan Description is hereby amended and shall hereafter read as follows:

A person cannot be enrolled in this plan as both a Subscriber and a dependent of another Subscriber.

In further consideration of the January 1, 2011, amendment stated above, the **GENERAL PROVISIONS** section of the “Summary of Dental Plan Benefits” included in your Summary Plan Description is hereby amended, in part, at “*Dependent Children*”, which shall hereafter read as follows:

Dependent Children

Covered until midnight of the last day of the month in which he or she attains age 26. *Note: Refer to the “About Your Program” section of the Summary Plan Description for information on extended coverage for handicapped children.*

In further consideration of the January 1, 2011, amendment stated above, the **DESCRIPTION OF COVERED SERVICES** section of the “Summary of Dental Plan Benefits” included in your Summary Plan Description is hereby amended, in part, at “*Class IV Services*”, which shall hereafter read as follows:

CLASS IV SERVICES: **50%**

(Available only to eligible Dependent Children under age 26)

Orthodontic Services: The necessary treatment and procedures required for the correction of malposed teeth.

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

PLEASE KEEP THIS NOTICE WITH YOUR SUMMARY PLAN DESCRIPTION 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) included in this Summary of Material Modification. 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.

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