

## State of Minnesota - Summary of Material Modifications

### State Dental Plan – Delta Dental - Summary of Benefits

The purpose of this Summary of Material Modifications is to inform you of a change that has been made to the State of Minnesota's State Dental Plan – Delta Dental. The changes below affect the information previously provided to you in the Plan's Summary Plan Description. The Summary Plan Description is modified effective July 1, 2025, as described below:

The following change effective July 1, 2025, under "Section 5. Termination of Coverage", the subsection is revised as follows:

- j) An employee or dependent found to be ineligible will be dropped from coverage as of the date of ineligibility or, if the date of ineligibility has passed, then on the first day of the month following the date in which the employee or dependent was found to be ineligible. ~~30 days from the first of the next full month.~~ If the employee or dependent was found eligible based on fraud or an intentional misrepresentation of a material fact, then the loss of coverage will be retroactive to the first day of ineligibility. Inadvertent or negligent failures to update or correct information related to eligibility of an employee's listed dependent may subject the employee and/or dependent to pay for the cost of coverage, which may be the COBRA continuation rate and/or any claims paid by the plan. If the Plan Sponsor erroneously enrolled an employee or a dependent, coverage may be terminated retroactively to the first day of ineligibility if the Plan Sponsor obtains the written consent from the employee or dependent authorizing the retroactive termination of coverage.

END OF SUMMARY OF MATERIAL MODIFICATIONS