

SUMMARY OF MATERIALS MODIFICATION (SMM)  
TO THE  
SYRACUSE CITY SCHOOL DISTRICT DENTAL GROUP BENEFIT PLAN

The Syracuse City School District (the “Employer”) maintains the Syracuse City School District Dental Group Benefit Plan (the “Plan”) for the benefit of its eligible employees and expressly reserves the right to amend the Plan at any time. As such, the Employer desires to amend the Plan to change the Dependent eligibility requirement for coverage from end of the month the Child reaches age 19 or age 25 if enrolled as a full-time student at an accredited institution (as defined) to the end of the month the Child reaches age 26; regardless of student status. Effective July 1, 2023, the Plan is amended in the following respects:

1. The “***Dependent Eligibility***” subsection in the “***Eligibility***” section of the Plan is deleted in its entirety and replaced with the following:

**ELIGIBILITY**

**Dependent Eligibility**

Your Dependents are eligible for coverage under the Plan, provided he/she is:

- (1) Your Spouse.
- (2) Your Child until the end of the month of the Child’s 26<sup>th</sup> birthday.
- (3) Your unmarried Child age 26 or older, who is incapable of self-sustaining employment by reason of mental illness, developmental disability, mental retardation or physical handicap and who became so incapable prior to the end of the month in which the Child attained age 26. Your Child must have been Covered under the Plan prior to the end of the month in which the Child attains age 26, be chiefly dependent upon you for support and maintenance and must reside with you for more than one-half of the Calendar Year.

You have 30 days from the end of the month in which your Child attains age 26 to provide proof of the Child’s incapacity and to request continued coverage for such Child under this Plan. The Plan Sponsor may request subsequent proof of your Child’s incapacity and eligibility for coverage under the Plan pursuant to this provision.

2. The “***Dependent Coverage Ends***” subsection in the “***When Coverage Ends***” section of the Plan is deleted in its entirety and replaced with the following:

**WHEN COVERAGE ENDS**

**Dependent Coverage Ends:** Dependent coverage will end on the earliest of the following dates:

- (1) The date the Plan terminates, in whole or in part;
- (2) The date the Employee's eligibility or coverage under the Plan terminates;

- (3) The end of the month the Dependent Child, or for all other Dependents the date the Dependent, no longer qualifies as a Dependent under the Plan;
- (4) The last day of the period for which the required contribution has been paid;
- (5) The date Dependent coverage under the Plan is terminated;
- (6) The date the Dependent (or any person seeking coverage on behalf of the Dependent) performs an act, practice or omission that constitutes fraud; or
- (7) The date the Dependent (or any person seeking coverage on behalf of the Dependent) makes an intentional misrepresentation of material fact.

This SMM supplements the July 1, 2019 Syracuse City School District Dental Group Benefits Plan booklet ("Booklet"). If you have questions about these Plan changes, this SMM, or your Booklet, please contact the Plan Administrator.