

Changes to your dental plan

Effective January 1, 2026, there will be some changes to your plan's costs and benefits. We are notifying you in advance so you can make informed decisions about your health coverage. Please visit blueshieldca.com/policies for updated terms and conditions of coverage.

Dental and vision administrative/language clarifications

These are revisions made to your *Evidence of Coverage* (EOC) or *Summary of Benefits* (SOB) to help make your coverage easier to understand, but do not impact your coverage or how your benefits/services work.

Section name	Description of the change(s)
In-area benefits (Those received within the service area)	This section of the EOC was revised to clarify for emergency services from a non-participating provider dentist claim, the dental plan administrator will notify the member of its determination within 30 calendar days from receipt of the claim.
Emergency claims	This section of the EOC was revised to clarify the number of days for claim processing reimbursement. The below language was added: A dental plan administrator will process your claim within 30 calendar days of receipt if it is not missing any required information. If your claim is missing any required information, you or your provider will be notified and asked to submit the missing information. The dental plan administrator cannot process your claim until we receive the missing information. Once the missing information is received, The dental plan administrator will have 30 calendar days to process your claim.

Please note: This document is not a contract. For complete benefit descriptions, terms and conditions, exclusions, and limitations of the health plan, please read your EOC.