

Changes to your dental and vision 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)
Choice of dentist	This section of the EOC revised the language to clarify 30 days are calendar days, when claims are submitted to the dental plan administrator non-participating providers for claims reimbursement. A dental plan administrator will notify you of its determination within 30 calendar days after receipt of the claim.
Non-participating dentists	This section of the EOC was revised to clarify the number of days for claim's 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.
General exclusions: Benefit coverage	This section in the EOC has a revision to general exclusion 33 to clarify when a service, procedure, or supply that occurs prior to the effective date of coverage will not be a covered benefit. Language added to clarify the date on which a procedure shall be considered to have had expenses incurred is defined. Please review your dental EOC for the full benefit description.
General limitations: Orthodontia benefit	This section in the EOC has added general limitation 6 to clarify the orthodontia benefit utilization management guideline of one course of treatment per lifetime. Please review your dental EOC for the full benefit description.
General limitations: Sedation	This section in the EOC has a revision to general limitation 13 to clarify the correct benefit for anesthesia coverage (sedation) for a dental procedure. Please review your dental EOC for the full benefit description.

Section name	Description of the change(s)
Definition: Dependent	This section in the EOC has a revision under dependent definition to clarify the child dependent age. Please review your dental EOC for the full benefit description.
Vision coverage: Payment of benefits	This section of the EOC was revised to clarify the time and payment of claims. The below language was added: The contracted VPA 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 contracted VPA cannot process your claim until we receive the missing information. Once the missing information is received, the contracted VPA will have 30 calendar days to process your claim.
Vision coverage: Definitions	This section in the EOC has a revision under dependent definition to clarify the child dependent age. Please review your vision EOC for the full benefit description.

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.