

# Changes to your dental plan

Effective January 1, 2025, there will be some language changes to your plan's benefits as you will see in this quick reference guide. We are notifying you in advance so you can make informed decisions about your dental coverage.

Please visit [blueshieldca.com/policies](https://blueshieldca.com/policies) for updated terms and conditions of coverage.

## Benefit language clarifications

These are changes made to your *Evidence of Coverage* (EOC) 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)
<b>Waiting period</b>	The Waiting Period section in the EOC has been updated to clarify that prior comprehensive coverage needed for the waiting period waiver must be within sixty (60) days of enrollment in the plan.
<b>General exclusions: Benefit coverage</b>	The General Exclusions and Limitations section in the EOC has a revision to general exclusion (number 33) to clarify when a service, procedure, or supply that occurs prior to the effective date of coverage will not be a covered benefit. Please review your dental EOC for the full benefit description.
<b>General limitations: Sedation</b>	The General Limitations section in the EOC has a revision to general limitations (number 12) to clarify the delivery time allowed for anesthesia coverage (sedation) for a dental procedure. Please review your dental EOC for the full benefit description.
<b>Address change: Dues/premium (monthly payment)</b>	The address for mailing your dues/premium (monthly payment) has been updated. Payment by mail should be sent to: Blue Shield of California P. O. Box 4700 Whittier, CA, 90607
<b>Orthodontia treatment coverage period</b>	The Notes section at the end of the Summary of Benefits has been revised to clarify the orthodontia benefit for all plans. Changes are highlighted in bold: The copayment or coinsurance for orthodontic Covered Services applies to one course of treatment <b>per lifetime. The course of treatment must be received in a 24 consecutive month period. This applies as long as the Member remains enrolled in the Plan.</b>

**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 *Evidence of Coverage* (EOC).