



Blue Shield of California Endorsement to your IFP DHMO/DPPO Family Dental Plan

This Endorsement should be attached to, and is made part of, your **Agreement** issued by Blue Shield of California. Please retain it for your records.

Effective **January 1, 2024**, your **Agreement** is amended as described below. For ease of review, strikethroughs indicate deleted text and underlining indicates added text.

1. Under the Special Enrollment Period section the following language has been updated:
 3. Loss of Medi-Cal coverage for pregnancy-related services, ~~or~~ loss of access to CHIP unborn child coverage due to the birth of the child, or loss of CHIP coverage. The special enrollment period begins ~~Additional 60_-days_ period~~ before the Triggering Event and ends 90 days after the Triggering Event ~~applies~~.
 4. Loss of Medi-Cal ~~Medicaid~~ medically needy coverage (only once per calendar year). The special enrollment period begins ~~Additional 60_-days_ period~~ before the Triggering Event and ends 90 days after the Triggering Event ~~applies~~.

IN WITNESS WHEREOF, this Agreement is executed by Blue Shield of California through its duly authorized Officer, to take effect on the Subscriber's Effective Date.

Patrice Bergman
Vice President and General Manager
Individual and Family Plans
Blue Shield of California

Blue Shield of California is an independent member of the Blue Shield Association

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ENDORSEEOC IFP Family Dental Plan (January-2024)