

## **§ 1374.194. Dental waiting period**

(a) The following definitions shall apply for purposes of this section:

(1) “Dental waiting period provision” means a plan contract provision that limits coverage for a specified period of time following an enrollee’s effective date of coverage.

(2) “Plan” means a health care service plan that issues, sells, renews, or offers a plan contract covering dental services, including a specialized health care service plan covering dental services.

(3) “Preexisting condition provision” means a contract provision that excludes or limits coverage for services, charges, or expenses incurred following an enrollee’s effective date of coverage for a condition for which dental services, diagnosis, care, or treatment was recommended or received preceding the effective date of coverage.

(b) On and after January 1, 2025, a plan shall not issue, amend, renew, or offer a plan contract that imposes a dental waiting period provision in a large group plan or preexisting condition provision for any plan.

(c) This section does not apply to Medi-Cal dental managed care contracts authorized under Chapter 7 (commencing with Section 14000) and Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code.

### **HISTORY:**

Added Stats 2023 ch 557 § 1 (AB 1048),  
effective January 1, 2024.