

28 (a) "Covered services" means dental services for which reimbursement is:
 29 (i) available under an enrollee's dental plan; and
 30 (ii) not merely nominal, for the purpose of avoiding the requirements of this section.

31 (b) "Dental plan" means:
 32 (i) a health benefit plan that includes coverage for dental services; and
 33 (ii) a policy or certificate that provides coverage solely for dental services.

34 (c) "Dentist" means an individual licensed under Tile 58, Chapter 69, Dentist and
 35 Dental Hygienist Practice Act.

36 (2) (a) This section applies to:
 37 (i) a dental plan that is entered into or renewed on or after January 1, 2018; and
 38 (ii) an administrator providing third-party administration services or a provider
 39 network for a dental plan.

40 (b) This section does not apply to a self-insured dental plan that is regulated by federal
 41 law.

42 (3) A contract between a dental plan and a dentist to provide contracted services may
 43 not:

44 (a) require, directly or indirectly, that a dentist provide dental services to a covered
 45 individual at a fee set by, or a fee subject to the approval of, the dental plan unless ~~§~~ :

45a (i) ~~§~~ the dental
 46 services are covered services under the dental plan; ~~§~~ or

46a (ii)(A) the dental services are not reimbursed by the dental plan;

46b (B) the dental services are discounted for individuals who are part of a discount dental
 46c rates plan; and

46d (C) the dentist who provided the dental services has elected to participate in the
 46e discount dental rates plan; ~~§~~ and

47 (b) prohibit a dentist from offering or providing noncovered dental services to a
 48 covered individual at a fee determined by the dentist and the individual who will receive the
 49 noncovered services.