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26	<u>31A-22-645.</u> Dental insurance Contract provision for noncovered services.
27	(1) For purposes of this section:
28	(a) "Covered services" means dental services for which reimbursement:
29	(i) $\hat{H} \rightarrow [(A) \text{ is available}]$ is available or would be reimburseable $\leftarrow \hat{H}$ under an enrollee's
29a	<u>dental plan</u> Ĥ→ [; or
30	(B) would be available $\neq \hat{H}$ but for the application of $\hat{H} \rightarrow one \text{ or more of the}$
30a	<u>following</u> ←Ĥ <u>contractual</u> Ĥ→ [limitations such as] provisions:
31	$(\underline{A}) \leftarrow \widehat{H} \underline{deductibles} \widehat{H} \rightarrow [\underline{;}] \underline{;}$
31a	(B) ←Ĥ copayments $\hat{H} \rightarrow [;]$;
31b	$(\underline{\mathbf{C}}) \leftarrow \widehat{\mathbf{H}} \underline{\text{coinsurance}} \widehat{\mathbf{H}} \rightarrow [\overline{\mathbf{J}}] \underline{\mathbf{J}}$
31c	(D) $\leftarrow \hat{H}$ waiting periods $\hat{H} \rightarrow [\overline{J}]$;
31d	(E) $\leftarrow \hat{H}$ annual or lifetime maximums $\hat{H} \rightarrow [\overline{J}]$
32	(F) $\leftarrow \hat{H}$ frequency limitations $\hat{H} \rightarrow [;]$; or
32a	(G) $\leftarrow \hat{H}$ alternative benefit payments $\hat{H} \rightarrow [, or any other limitation] \leftarrow \hat{H} ; and$
33	(ii) is not merely nominal, for the purpose of avoiding the requirements of this section.
34	(b) "Dental plan"means:
35	(i) a health benefit plan that includes coverage for dental services; and
36	(ii) a policy or certificate that provides coverage solely for dental services.
37	(c) "Dentist" means an individual licensed under Tile 58, Chapter 69, Dentist and
38	Dental Hygienist Practice Act.
39	(2) (a) This section applies to:
40	(i) a dental plan that is entered into or renewed on or after January 1, 2018; and
41	(ii) an administrator providing third-party administration services or a provider
42	network for a dental plan.
43	(b) This section does not apply to a self-insured dental plan that is regulated by federal
44	<u>law.</u>
45	(3) A contract between a dental plan and a dentist to provide $\hat{H} \rightarrow [contracted]$ covered $\leftarrow \hat{H}$
45a	services may
46	not:
47	(a) require, directly or indirectly, that a dentist provide dental services to a covered
48	individual at a fee set by, or a fee subject to the approval of, the dental plan unless:
49	(i) the dental services are covered services under the dental plan; or
50	(ii) (A) the dental services are not reimbursed by the dental plan;
51	(B) the dental services are discounted for individuals who are part of a discount dental
52	rates plan; and
53	(C) the dentist who provided the dental services has elected to participate in the
54	discount dental rates plan; and
55	(b) prohibit a dentist from offering or providing noncovered dental services to a
56	covered individual at a fee determined by the dentist and the individual who will receive the