

VISION SERVICES AMENDMENTS

2018 GENERAL SESSION

STATE OF UTAH

Chief Sponsor: Allen M. Christensen

House Sponsor: _____

LONG TITLE

General Description:

This bill regulates certain insurance contract provisions for vision services.

Highlighted Provisions:

This bill:

- ▶ defines terms; and
- ▶ for a vision plan that a person enters into or renews on or after January 1, 2019, prohibits the vision plan provider from setting a fee for a vision service that is not covered under the vision plan.

Money Appropriated in this Bill:

None

Other Special Clauses:

None

Utah Code Sections Affected:

ENACTS:

31A-22-647, Utah Code Annotated 1953

Be it enacted by the Legislature of the state of Utah:

Section 1. Section **31A-22-647** is enacted to read:

31A-22-647. Vision insurance -- Contract provision for a service that is not a covered service.



28 (1) As used in this section:

29 (a) "Covered individual" means an individual who has insurance coverage under a
30 vision plan.

31 (b) "Covered service" means a vision service that:

32 (i) is reimbursable under or would be reimbursable under an enrollee's vision plan, but
33 for the application of at least one of the following contractual provisions:

34 (A) a deductible;

35 (B) a copayment;

36 (C) coinsurance;

37 (D) a waiting period;

38 (E) an annual or lifetime maximum;

39 (F) a frequency limitation; or

40 (G) an alternative benefit payment; and

41 (ii) is not merely nominal, for the purpose of avoiding the requirements of this section.

42 (c) "Optometrist" means an individual licensed under Title 58, Chapter 16a, Utah
43 Optometry Practice Act.

44 (d) "Vision plan" means:

45 (i) a health benefit plan that includes coverage for vision services; or

46 (ii) a policy or certificate that provides coverage solely for vision services.

47 (e) "Vision service provider" means:

48 (i) an optometrist; or

49 (ii) an individual who:

50 (A) is licensed under Title 58, Chapter 67, Utah Medical Practice Act; and

51 (B) provides a service covered by a vision plan.

52 (2) (a) This section applies to:

53 (i) a vision plan that a person enters into or renews on or after January 1, 2019; and

54 (ii) an administrator providing third-party administration services or a provider
55 network for a vision plan.

56 (b) This section does not apply to a self-insured vision plan that is regulated by federal
57 law.

58 (3) A contract between a vision plan and a vision service provider to provide a covered

59 service may not:
60 (a) require, directly or indirectly, that a vision service provider provide a vision service
61 to a covered individual at a fee set by, or a fee subject to the approval of, the vision plan unless:
62 (i) the vision service is a covered service; or
63 (ii) (A) the vision service is not a covered service;
64 (B) the vision service is discounted for an individual who is part of a discount vision
65 rate plan; and
66 (C) the vision provider who provides the service has elected to participate in the
67 discount vision rate plan; or
68 (b) prohibit a vision service provider from offering or providing a vision service that is
69 not a covered service to a covered individual at a fee determined by:
70 (i) the vision service provider; or
71 (ii) the vision service provider and the covered individual.

Legislative Review Note
Office of Legislative Research and General Counsel