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| 26 | Be it enacted by the Legislature of the state of Utah: |
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| 27 | Section 1. Section 31A-22-647 is enacted to read: |
| 28 | 31A-22-647. Vision insurance Contract provisions. |
| 29 | (1) As used in this section: |
| 30 | (a) "Covered individual" means an individual who has insurance coverage under a |
| 31 | vision plan. |
| 32 | (b) "Covered service" means a vision service that: |
| 33 | (i) is reimbursable under or would be reimbursable under an enrollee's vision plan, but |
| 34 | for the application of at least one of the following contractual provisions: |
| 35 | (A) a deductible; |
| 36 | (B) a copayment; |
| 37 | (C) coinsurance; |
| 38 | (D) a waiting period; |
| 39 | (E) an annual or lifetime maximum; |
| 40 | (F) a frequency limitation; or |
| 41 | (G) an alternative benefit payment; and |
| 42 | (ii) is not merely nominal, for the purpose of avoiding the requirements of this section. |
| 43 | (c) "Optometrist" means an individual licensed under Title 58, Chapter 16a, Utah |
| 44 | Optometry Practice Act. |
| 45 | (d) "Vision plan" means a health insurance policy or contract that provides vision |
| 46 | coverage. |
| 47 | (e) "Vision service" means: |
| 48 | (i) professional work performed by a vision service provider; or |
| 49 | (ii) an opthalmic medical device, such as lenses, opthalmic frames, contact lenses, or a |
| 50 | prosthetic device that treats a condition of the human eye or the areas surrounding the human |
| 51 | <u>eye.</u> |
| 52 | (f) "Vision service provider" means: |
| 53 | (i) an optometrist; or |
| 54 | (ii) an individual who: |
| 55 | (A) is licensed under Title 58, Chapter 67, Utah Medical Practice Act; and |
| 56 | (B) provides a vision service. |

| 57 | (2) (a) This section applies to: |
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| 58 | (i) a vision plan that a person enters into or renews on or after January 1, 2019; and |
| 59 | (ii) an administrator providing third-party administration services or a provider |
| 60 | network for a vision plan. |
| 61 | (b) This section does not apply to a self-insured vision plan that is regulated by federal |
| 62 | <u>law.</u> |
| 63 | (3) A contract between a vision plan and a vision service provider to provide a covered |
| 64 | service may not: |
| 65 | (a) require, directly or indirectly, that a vision service provider provide a vision service |
| 66 | to a covered individual at a fee set by, or a fee subject to the approval of, the vision plan unless |
| 67 | the vision service is a covered service; |
| 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; |
| 72 | (c) restrict or limit the vision service provider's ability to select among: |
| 73 | (i) suppliers of services used in providing vision services for a covered individual; or |
| 74 | (ii) optical laboratories used in providing vision services for a covered individual; or |
| 75 | (d) require a vision service provider to participate in another vision benefit plan or |
| 76 | vision discount plan offered by the insurer that provides the vision plan. |