	DENTAL INSURANCE AMENDMENTS
	2017 GENERAL SESSION
	STATE OF UTAH
	Chief Sponsor: Allen M. Christensen
	House Sponsor:
LONG	TITLE
Gener	al Description:
	This bill regulates certain contract provisions for dental services.
Highli	ghted Provisions:
	This bill:
	► defines terms;
	▶ prohibits a dental insurer from setting fees for dental services that are not covered
service	es under the dental insurance; and
	► applies to dental plans entered into or renewed on or after January 1, 2018.
Money	Appropriated in this Bill:
	None
Other	Special Clauses:
	None
<b>Utah Code Sections Affected:</b>	
ENAC	TS:
	<b>31A-22-645</b> , Utah Code Annotated 1953
Be it ei	nacted by the Legislature of the state of Utah:
	Section 1. Section 31A-22-645 is enacted to read:
	31A-22-645. Dental insurance Contract provision for noncovered services.
	(1) For purposes of this section:



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	<u>law.</u>
42	(3) A contract between a dental plan and a dentist to provide contracted services may
43	<u>not:</u>
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 $\hat{S} \rightarrow \underline{:}$
45a	$\underline{(i)} \leftarrow \hat{S} \underline{\text{the dental}}$
46	services are covered services under the dental plan; $\hat{S} \rightarrow \underline{or}$
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; $\leftarrow \hat{S}$ 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.

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