

1 S.19

2 Introduced by Senators Cummings and Doyle

3 Referred to Committee on

4 Date:

5 Subject: Health; dental insurance; fees

6 Statement of purpose of bill as introduced: This bill proposes to prohibit
7 dental insurance plans from imposing fee schedules for dental services that are
8 not otherwise covered under the plan.

9 An act relating to fee schedules for dental services not covered under an
10 insurance plan

11 It is hereby enacted by the General Assembly of the State of Vermont:

12 Sec. 1. REDESIGNATION

13 (a) 8 V.S.A. chapter 107, subchapter 13 (tobacco cessation) is redesignated
14 as 8 V.S.A. chapter 107, subchapter 15.

15 (b) 8 V.S.A. § 4100j (coverage for tobacco cessation programs) is
16 redesignated as 8 V.S.A. § 4100l.

17 Sec. 2. 8 V.S.A. § 4100j is added in chapter 107, subchapter 12 to read:

18 § 4100j. FEES SCHEDULES FOR DENTAL SERVICES NOT COVERED

19 UNDER AN INSURANCE PLAN

20 (a) As used in this section:

1 (1) “Covered services” means dental services for which reimbursement
2 is available under a subscriber’s dental plan, or for which reimbursement
3 would be available if not for the application of any contractual limitations,
4 including deductibles, co-payments, coinsurance, waiting periods, annual or
5 lifetime maximums, frequency limitations, or alternative benefit payments.

6 (2) “Dental plan” means any insurance policy that is issued by a health
7 care service contractor, health maintenance organization, health insurer, dental
8 insurer, or any similar entity subject to regulation by the Department of
9 Financial Regulation, which provides coverage for dental services as a
10 stand-alone dental plan or in connection with a health insurance plan as
11 defined in 4088h of this title.

12 (b) A dental plan, contract, or participating provider agreement with a
13 dentist shall not directly or indirectly require a dentist to deliver dental services
14 to a subscriber at a fee set by or subject to the approval of the dental plan,
15 unless the dental services at issue are covered services.

16 (c) Except with regard to covered services, a health care service contractor,
17 health maintenance organization, health insurer, dental insurer, or any other
18 person providing third party administrative services shall not offer a plan that
19 sets fees for dental services delivered by providers in its provider network.

20 (d) A violation of this section shall be penalized in accordance with section
21 4087 of this title.

1 Sec. 3. EFFECTIVE DATE

2 This act shall take effect on July 1, 2015.