



General Assembly

January Session, 2015

***Raised Bill No. 6736***

LCO No. 3305



Referred to Committee on INSURANCE AND REAL ESTATE

Introduced by:  
(INS)

***AN ACT PROHIBITING THE SETTING OF PAYMENTS BY HEALTH INSURERS AND OTHER ENTITIES FOR NONCOVERED BENEFITS.***

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. Section 38a-472h of the general statutes is repealed and  
2 the following is substituted in lieu thereof (*Effective January 1, 2016*):

3 (a) No insurer, health care center, fraternal benefit society, hospital  
4 service corporation, medical service corporation or other entity  
5 delivering, issuing for delivery, renewing, amending or continuing an  
6 individual or group [dentist] health insurance or health benefits plan in  
7 this state shall include in any contract with a [dentist licensed pursuant  
8 to chapter 379] health care provider that is entered into, renewed or  
9 amended on or after January 1, [2012] 2016, any provision that requires  
10 such [dentist] health care provider to accept as payment an amount set  
11 by such insurer, center, society, corporation or entity for services or  
12 procedures provided to an insured or enrollee that are not covered  
13 benefits under such insured's or enrollee's plan.

14 (b) A [dentist] health care provider shall not charge more for

15 services or procedures that are not covered benefits than such  
16 [dentist's] health care provider's usual and customary rate for such  
17 services or procedures.

18 (c) Each evidence of coverage for an individual or group [dental]  
19 health insurance or health benefits plan shall include the following  
20 statement:

21 "IMPORTANT: If you opt to receive [dental] services or procedures  
22 that are not covered benefits under this plan, a participating [dental]  
23 health care provider may charge you his or her usual and customary  
24 rate for such services or procedures. Prior to providing you with  
25 [dental] services or procedures that are not covered benefits, the  
26 [dental] health care provider should provide you with a treatment plan  
27 that includes each anticipated service or procedure to be provided and  
28 the estimated cost of each such service or procedure. To fully  
29 understand your coverage, you may wish to review your evidence of  
30 coverage document."

31 (d) Each [dentist] health care provider shall post, in a conspicuous  
32 place, a notice stating that services or procedures that are not covered  
33 benefits under [an] a health insurance policy or health benefits plan  
34 might not be offered at a discounted rate.

35 (e) The provisions of this section shall not apply to (1) a self-insured  
36 plan, [that covers dental services,] or (2) a contract that is incorporated  
37 in or derived from a collective bargaining agreement or in which some  
38 or all of the material terms are subject to a collective bargaining  
39 process.

This act shall take effect as follows and shall amend the following sections:		
Section 1	January 1, 2016	38a-472h

***Statement of Purpose:***

To extend to other health care providers besides dentists the prohibition on insurers and other entities setting payment for services or procedures that are not covered benefits under a health insurance or health benefits plan.

*[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]*