

**Proposed Substitute
Bill No. 6736**

LCO No. 5591

**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 Section 38a-472h of the general statutes is repealed and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;
6 [an]

7 (1) An individual or a group dental plan in this state shall include in
8 any contract with a dentist licensed pursuant to chapter 379 that is
9 entered into, renewed or amended on or after January 1, 2012, any
10 provision that requires such dentist to accept as payment an amount
11 set 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; or

14 (2) An individual or a group vision plan in this state shall include in
15 any contract with an optometrist licensed pursuant to chapter 380 that
16 is entered into, renewed or amended on or after January 1, 2016, any
17 provision that requires such optometrist to accept as payment an

18 amount set by such insurer, center, society, corporation or entity for
19 services or procedures provided to an insured or enrollee that are not
20 covered benefits under such insured's or enrollee's plan.

21 (b) [A dentist shall not] No dentist or optometrist shall charge more
22 for services or procedures that are not covered benefits than such
23 dentist's or optometrist's usual and customary rate for such services or
24 procedures.

25 (c) (1) Each evidence of coverage for an individual or a group dental
26 plan shall include the following statement:

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

36 (2) Each evidence of coverage for an individual or a group vision
37 plan shall include the following statement:

38 "IMPORTANT: If you opt to receive optometric services or
39 procedures that are not covered benefits under this plan, a
40 participating optometrist may charge you his or her usual and
41 customary rate for such services or procedures. Prior to providing you
42 with optometric services or procedures that are not covered benefits,
43 the optometrist should provide you with a treatment plan that
44 includes each anticipated service or procedure to be provided and the
45 estimated cost of each such service or procedure. To fully understand
46 your coverage, you may wish to review your evidence of coverage
47 document."

48 (d) Each dentist and optometrist shall post, in a conspicuous place, a

49 notice stating that services or procedures that are not covered benefits
50 under an insurance policy or plan might not be offered at a discounted
51 rate.

52 (e) The provisions of this section shall not apply to (1) a self-insured
53 plan that covers dental services or optometric services, or (2) a contract
54 that is incorporated in or derived from a collective bargaining
55 agreement or in which some or all of the material terms are subject to a
56 collective bargaining process.

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