



**PA 19-201**—sSB 838

*Insurance and Real Estate Committee  
Appropriations Committee*

## **AN ACT CONCERNING VISION PLANS, OPTOMETRISTS AND OPHTHALMOLOGISTS**

**SUMMARY:** This act prohibits provider contracts between a health carrier (e.g., insurer or HMO) and a licensed ophthalmologist entered into, renewed, or amended on or after January 1, 2020, from requiring the ophthalmologist to accept as payment an amount the carrier sets for services, procedures, or products that are not covered benefits under an insurance policy or benefit plan.

It prohibits an ophthalmologist from charging patients more than his or her usual and customary rate for services, procedures, or products not covered by an insurance policy or benefit plan. It (1) requires a carrier to include a statement regarding noncovered services, procedures, and products on each evidence of coverage document issued for individual or group vision plans and (2) specifies the language that must be included in the statement.

The act also requires ophthalmologists to post, in a conspicuous place, a notice stating that services, procedures, or products that are not covered benefits under an insurance policy or plan might not be offered at a discounted rate.

By law, similar provisions concerning noncovered services and procedures apply to provider contracts between a carrier and an optometrist or a dentist. For optometrists, the act extends the provisions to apply to noncovered products as well. It also provides specific exceptions from its provisions (see below).

Lastly, the act makes technical and conforming changes.

**EFFECTIVE DATE:** January 1, 2020

### **EXCEPTIONS**

Under prior law, the provisions regarding noncovered dental or optometric services and procedures did not apply to self-insured plans or contracts derived from collectively bargained agreements. The act instead specifies that the provisions regarding noncovered dental services and procedures and noncovered optometric or ophthalmologic services, procedures, and products do not apply to the following:

1. a self-insured plan;
2. a contract derived from a collectively bargained agreement;
3. a contract derived from a federally-defined multiemployer plan, which is a collectively bargained plan maintained by more than one employer (i.e., Taft-Hartley plans); or
4. a network of ophthalmologists, optometrists, or both, servicing such a plan or contract.