

514C.3B Dental coverage — fee schedules.

1. A contract between a dental plan and a dentist for the provision of services to covered individuals under the plan shall not require that a dentist provide services to those covered individuals at a fee set by the dental plan unless such services are covered services under the dental plan.

2. A person or entity providing third-party administrator services shall not make available any dentists in its dentist network to a dental plan that sets fees for dental services that are not covered services.

3. For the purposes of this section:

a. “Covered services” means services reimbursed under the dental plan.

b. “Dental plan” means any policy or contract of insurance which provides for coverage of dental services not in connection with a medical plan that provides for the coverage of medical services.

4. Nothing in this section shall be construed as limiting the ability of an insurer or a third-party administrator to restrict any of the following as they relate to covered services:

- a. Balance billing.
- b. Waiting periods.
- c. Frequency limitations.
- d. Deductibles.
- e. Maximum annual benefits.

2010 Acts, ch 1179, §1

NEW section