

§2847-X. Fees for covered dental services

1. Definitions. As used in this section, unless the context otherwise indicates, the following terms have the following meanings.

A. "Covered dental service" means a dental service for which reimbursement is available under an insurance policy or contract or for which reimbursement would be available but for the application of contractual limitations such as a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment or any other similar limitation. [PL 2025, c. 298, §3 (NEW).]

B. "Dental provider" means a person licensed under Title 32, chapter 143, subchapter 3. [PL 2025, c. 298, §3 (NEW).]
[PL 2025, c. 298, §3 (NEW).]

2. Prohibition of required fees for dental services not covered. An insurer that issues group dental insurance or that issues group health insurance that covers dental services may not require, directly or indirectly, that a participating dental provider provide dental services at a fee set by, or subject to the approval of, the insurer for a service that is not a covered dental service.
[PL 2025, c. 298, §3 (NEW).]

3. Fees for covered dental services. A fee for a covered dental service must be set by the insurer in good faith and may not be nominal.
[PL 2025, c. 298, §3 (NEW).]

SECTION HISTORY

PL 2025, c. 298, §3 (NEW).

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