

Stricken language would be deleted from and underlined language would be added to the law as it existed prior to this session of the General Assembly.

1 State of Arkansas
2 83rd General Assembly
3 Regular Session, 2001

A Bill

SENATE BILL 468

4
5 By: Senator P. Malone
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For An Act To Be Entitled

8
9 AN ACT TO AMEND ARKANSAS CODE 23-99-604 PERTAINING TO
10 COVERAGE FOR OUT-OF-NETWORK DENTISTS; AND FOR OTHER
11 PURPOSES.
12

Subtitle

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14 AN ACT TO AMEND ARKANSAS CODE 23-99-604
15 PERTAINING TO COVERAGE FOR OUT-OF-
16 NETWORK DENTISTS.
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19 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF ARKANSAS:
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21 SECTION 1. Arkansas Code 23-99-604 is amended to read as follows:
22 23-99-604. Coverage for out-of-network dentists.

23 (a) Every health plan which provides dental benefits issued, renewed,
24 extended, or modified by a health carrier shall also include a point-of-
25 service option which provides benefits to covered persons through dentists who
26 are not members of the carrier's provider network.

27 (b)(1) The ~~benefits~~ health care services offered under this option
28 shall be the same as those offered through the network.

29 (2) The ~~rate of reimbursement~~ benefit levels for out-of-network
30 dentists may differ from the ~~rate of reimbursement~~ benefit levels for
31 noncapitated dentists in the network, but by no more than ten percent (10%).

32 (3) The copayment, coinsurance, and other cost-sharing features
33 may differ between the use of in-network and out-of-network dentists, but by
34 no more than twenty-five percent (25%).

35 (c) The out-of-network dentist may bill the patient for the balance of
36 any charges which are not otherwise reimbursed by the health carrier. If,

1 however, after a request by the covered person in advance of treatment, the
2 provider fails to disclose a reasonable range of the total of charges for
3 nonemergency services to be provided, the covered person shall not be liable
4 for such additional charges.

5 (d) The health plan must provide that the covered person may assign the
6 right to benefits to the out-of-network dentist, in which case the carrier
7 shall pay the benefits directly to the dentist designated.

8 ~~(d)~~(e) The health carrier shall fully disclose to the covered person,
9 in clear, understandable language, the terms and conditions of this option.
10 This requirement may be satisfied by the health carrier's providing to the
11 employer or other purchaser of the plan presentation materials for
12 dissemination to covered persons.

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14 SECTION 2. [THE ARKANSAS CODE REVISION COMMISSION IS NOT REQUIRED TO
15 CODIFY THIS SECTION.] This act applies to all health plans issued, renewed,
16 extended or modified by a health carrier on or after the effective date of
17 this act. "Renewed, extended or modified" shall include a change in premium
18 or other financial terms.

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