

§4261. 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 individual or group 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, §4 (NEW).]

B. "Dental provider" means a person licensed under Title 32, chapter 143, subchapter 3. [PL 2025, c. 298, §4 (NEW).]
[PL 2025, c. 298, §4 (NEW).]

2. Prohibition of required fees for dental services not covered. A health maintenance organization that issues individual or group dental insurance or individual or group contracts that include coverage for 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 health maintenance organization for a service that is not a covered dental service.
[PL 2025, c. 298, §4 (NEW).]

3. Fees for covered dental services. A fee for a covered dental service must be set by the health maintenance organization in good faith and may not be nominal.
[PL 2025, c. 298, §4 (NEW).]

SECTION HISTORY

PL 2025, c. 298, §4 (NEW).

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