An Act relating to insurance; specifying certain contract requirements for services rendered by a dentist; defining terms; providing for codification; and providing an effective date.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. NEW LAW  A new section of law to be codified in the Oklahoma Statutes as Section 7101 of Title 36, unless there is created a duplication in numbering, reads as follows:

A. No contract between a dental plan of a health benefit plan and a dentist for the provision of services to patients may require that a dentist provide services to its subscribers at a fee set by the health benefit plan unless the services are covered services under the applicable subscriber agreement.
B. As used in this section:

1. “Covered services” means services reimbursable under the applicable subscriber agreement, subject to the contractual limitations on subscriber benefits as may apply, including, for example, deductibles, waiting period or frequency limitations;

2. “Dental plan” means and shall include any policy of insurance which is issued by a health benefit plan which provides for coverage of dental services not in connection with a medical plan; and

3. “Health benefit plan” means any plan or arrangement as defined in subsection C of Section 6060.4 of Title 36 of the Oklahoma Statutes or any dental service corporation authorized pursuant to Section 2671 of Title 36 of the Oklahoma Statutes.

SECTION 2. This act shall become effective November 1, 2010.

Passed the Senate the 3rd day of March, 2010.

Passed the House of Representatives the 14th day of April, 2010.