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State Laws – Prevent Capping of Non-Covered Services

Click on bill number to see enacted version &"status" to see information on committees and votes.

33 State Laws	Definition of Covered Service	Restricting Clause	Vote Counts
AK S258 Status 2010	…a health care service for which a health care insurer pays a benefit for all or part of the service, including a benefit that is available but limited by deductible, coinsurance, or frequency terms under the contract between the insurer and the insured.	Contract may not limit a fee set by a dentist for a service unless the service is covered under the insurer's plan or contract; and (the contract may) offer a dentist the option of entering into a preferred provider contract with the insurer that provides a fee schedule for covered services only or a fee schedule for both covered and uncovered services; under this paragraph, …the health care insurer may not: (i) take an action against the dentist based on the dentist's refusal to enter into a contract with an insurer; (ii) fail to list a dentist who does not enter into a contract with an insurer in the insurer's marketing materials; or (iii) take action against the dentist during the management or administration of a contract based on the dentist's choice of contract; The terms or provisions of the contract may authorize the insurer to provide information to the insured describing the dentist's choice of contract and fee schedules…	SB 258 Passed Senate 20-0 Passed House 36-0 SIGNED BY GOVERNOR 7/9/10
AZ S1419 Status 2010	… a service for which any reimbursement is available under a subscription contract without regard to contractual limitations by a deductible, Copayment, Coinsurance, Waiting Period, Annual or Lifetime Maximum, Frequency Limitations, Alternative Benefits Payment, Exclusion or other limitation.	Contact entered into or renewed as of 1/1/11 between a dental service corporation, health care services org, disability insurer, group disability insurer, blanket disability insurer and a dentist…shall not require the dentist to provide services to an individual covered…based on a fee set by the dental service corporation unless the fee…is a covered service under the individual's subscription contract. Does not restrict the ability of the dental service corp to establish fees for services offered by plans that are administered but not insured by the dental service corp.	SB 1419 Passed House 36-20. Passed Senate approves amendments 27-1 SIGNED BY GOVERNOR 4/26/10
AR HB 1425 Status 2011	"Noncovered services" means a service that is not reimbursable under a dental plan. (B) "Noncovered services" does not include a service that is reimbursable subject to a deductible, waiting period,	An agreement between an insurer and a dentist establishing the fee a dentist may charge for a noncovered service is unenforceable. EMERGENCY CLAUSE. It is found and determined by the General Assembly of the State of Arkansas that insurers are placing	Passed Committee with unanimously -- no debate Passed House 87-0 (3/3)

	frequency limitation, annual or lifetime maximum, or other contractual limitation.	limitations on fees for noncovered services when patients have dental coverage; that by removing limitations on the fees charged for noncovered services, dentists will have additional treatment options for patients; and that this act is immediately necessary because it expands treatment options for patients who need immediate dental services. Therefore, an emergency is declared to exist and this act being immediately necessary for the preservation of the public peace, health, and safety shall become effective on: (1) The date of its approval by the Governor	Passed Senate To Governor Signed by Governor--Act 566 3/22/11
CA AB 2275 Status 2010	…dental care services for which the plan is obligated to pay, or for which the plan would be obligated to pay pursuant to an enrollee's plan contract but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, or alternative benefit payments.	The contract between a dentist and a health care service plan, specialized health care service plan, or insurer covering dental services shall not require a dentist to accept an amount set by the plan as payment for dental care services provided to an enrollee that are not covered services under the enrollee's plan contract. This subdivision shall only apply to provider contracts issued, amended, or renewed on or after January 1, 2011. Law prohibits a provider from charging more than his or her usual and customary rate on non-covered services. Law requires statement on evidence of coverage and/or disclosure form that non-covered services charges are usual and customary and dentist should provide cost estimate.	Unanimous - Passed Assembly 71-0 Passed Senate 33-0 Assembly Concurrence 76-0 SIGNED BY GOVERNOR 9/30/10
CT HB 6308 Status (Section 19) 2011	N/A	No insurer, health care center, fraternal benefit society, hospital service corporation, medical service corporation or other entity delivering, issuing for delivery, renewing, amending or continuing an individual or group dental plan in this state shall include in any contract with a dentist that is entered into, renewed or amended on or after January 1, 2012, shall contain any provision that requires such dentist to accept as payment an amount set by such insurer, center, society, corporation or entity for services or procedures provided to an insured or enrollee that are not covered benefits under such insured's or enrollee's plan. (b) A dentist shall not charge more for services or procedures that are not covered benefits than such dentist's usual and customary rate for such	Passed Committee 11-9 (3/15) HB 6308 Passed Senate 22-14 Sent to Governor Became law without signature 7/1/11

		services or procedures. (c) Each evidence of coverage for an individual or group dental plan shall include the following statement: "IMPORTANT: If you opt to receive dental services or procedures that are not covered benefits under this plan, a participating dental provider may charge you his or her usual and customary rate for such services or procedures. Prior to providing you with dental services or procedures that are not covered benefits, the dental provider should provide you with a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each such service or procedure. To fully understand your coverage, you may wish to review your evidence of coverage document." (d) Each dentist shall post, in a conspicuous place, a notice stating that services or procedures that are not covered benefits under an insurance policy or plan might not be offered at a discounted rate. (e) The provisions of this section shall not apply to (1) a self-insured plan that covers dental services, or (2) a contract that is incorporated in or derived from a collective bargaining agreement or in which some or all of the material terms are subject to a collective bargaining process.	
GA HB 189 Status 2011	…dental care services for which a reimbursement is available under a covered person's dental benefit plan, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.	No contract between a dental insurer and a dentist shall require a dentist to accept an amount set by the dental insurer as payment for dental care services that are not covered dental services under the covered person's dental benefit plan. (c) A dental insurer or other person or entity providing third-party administrator services shall not make available any providers in its dentist network to a plan that sets dental fees for any services except covered services. (d) A dental insurer shall not make, publish, disseminate, or circulate any document, communication, or statement, written or oral, which may be viewed by the public, including but not limited to explanation of benefit forms, that includes language which directly or	Passed Committee unanimously. Passed House 165-1 (3/3) Passed Senate Ins Committee Unanimously Passed Senate 48-0 (3/30) Signed by Governor 5/12/11

		indirectly implies that a dentist may or should extend discounts to patients for noncovered dental services. Statements by a dental insurer which are prohibited by this Code section include but are not limited to, "Our members value the services you provide and we encourage you to continue extending the discount on noncovered services."	
ID H529 Status 2010	…services under the applicable dental plan, dental plan contract or plan benefits subject to such contractual limitations on benefits of the dental plan, dental plan contracts or plan benefits as may apply.	No person contracting with dentists to provide coverage or reimbursement for dental services may require, as an element of any dental care provider participation contract, that any provider agree to adopt fees set by the person for services that are not covered services under the contract.	Passed House 66-0 Passed Senate 34-0 SIGNED BY GOVERNOR 3/26/10
IL SB 3242 Status 2012	dental care services for which a reimbursement is available under an enrollee's plan contract, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.	No company that issues, delivers, amends, or renews an individual or group policy of accident and health insurance on or after the effective date of this amendatory Act of the 97th General Assembly that provides dental insurance shall issue a service provider contract that requires a dentist to provide services to the insurer's policyholders at a fee set by the insurer unless the services are covered under the applicable policyholder agreement.	Passed Senate 53-0 (3/22) In Committee in House (3/23) Passed House 111-0 Governor Signed 7/13
IA H2229 Status 2010	…services reimbursed under the plan.	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. 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: Balance billing, Waiting periods, Frequency limitations, Deductibles, Maximum annual benefits.	Passed House 93-1 Passed Senate 40-0 SIGNED BY GOVERNOR 4/29/10
KS S389 Status 2010	… a service which is reimbursable under the health benefit plan subject to any deductible, waiting period, frequency limitation or other	No contract between a health insurer and a dentist who is a participating provider with respect to such health insurer's health benefit plan shall contain any provision which requires the dentist who provides any service to an	Passed Senate 40-0. Passed House 114-5

	contractual limitation contained in the health benefit plan.	insured under such health benefit plan at a fee set or prescribed by the health insurer unless such service is a covered service. ***Amended***—*definition of health benefit plan was limited only to non-profit dental benefit corporation; expanded to include plan health, SCHIP plans and Medicaid plans.*	Senate Concurs 40-0 SIGNED BY GOVERNOR
KY HB 497 Status 2012		A participating provider agreement shall not require a participating provider to provide services to an enrolled participant at a fee set by or subject to the approval of the limited health service benefit plan unless the services are covered services under the provider agreement.	Passed Senate 33-3 Passed House 75-16 SIGNED BY GOVERNOR 4/11/2012
LA H1246 Status 2010	…any dental service rendered or authorized by a licensed dentist on a covered person for which a dental service contractor or insurer is required to pay benefits to the dentist under a contractual agreement with such dentist. Such a service includes any service on which reimbursement is limited by a deductible, copayment, coinsurance, waiting period, annual maximum, or frequency limitation.	No dental plan that is delivered, renewed, issued for delivery, or otherwise contracted for in this state may require that a dentist provide dental health care services to a covered person at a particular fee unless such services are covered services for which benefits are paid under a contract with such dentist. Nothing in this Section shall prohibit a dental service contractor or insurer from offering a dentist optional agreements for participation in a dental plan in which a dentist may choose to participate either with or without a provision to provide discounts to covered persons for non-covered services provided that all of the following apply: (1) No dental service contractor or insurer may restrict in any manner the choice of any dentist to participate in the plan with or without an optional agreement providing for discounts on non-covered services except that the option for any dentist choosing to participate in the plan under such an optional agreement to cease providing such discounts under said optional agreement but still continue participating in the plan may be limited to each time said optional agreement is up for renewal. (2) The provision for discounts on non-covered services shall be the only material difference between agreements entered into with a dentist who accepts such an optional agreement and those with a dentist who accepts a contract without said optional agreement.	Out of Ins Committee (7-0) Passed House 87-0 Passed Senate 34-1 SIGNED BY GOVERNOR 7/2/10
MD	…health care services that are	A carrier may not include in a dental provider	Passed Senate

SB 705 Status 2011	reimbursable under a policy or contract for dental services between an enrollee and a carrier, subject to any contractual limitations on benefits including deductibles, copayments, or frequency limitations.	contract a provision that requires a dental provider to provide health care services that are not covered services at a fee set by the carrier.	47-0 Passed House 137-0 SB 705 Signed by Governor 4/12/11
MN SB 302 Status 2011	… dental care services for which a reimbursement is available under an enrollee's plan contract, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, co-payments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation.	… No contract of any dental plan or dental organization that covers any dental services or dental provider agreement with a dentist may require, directly or indirectly, that a dentist provide services to an enrolled participant at a fee set by, or at a fee subject to the approval of, the dental plan or dental organization unless the dental services are covered services. A dental plan or dental organization or other person providing third-party administrator services shall not make available any providers in its dentist network to a plan that sets dental fees for any services except covered services. …effective August 1, 2011, and apply to dental plans and provider agreements entered into or renewed on or after that date.	Passed Senate Committee Passed Senate 53-0 Passed House 133-0 Signed by Governor 5/24/11
MS H1167 Status 2010	…services that are reimbursable under the agreement, notwithstanding any deductibles, waiting periods & frequency limitations that may apply. For the purposes of this section, "dental plan" means any policy of insurance that issued by a health care entity providing coverage of dental services not in connection with a medical plan.	No contract between a health care entity that offers a dental plan or plans and a dentist for the provision of services to subscribers may require that a dentist provide services to his subscribers at a fee set by the health care entity unless the services are covered services under the applicable subscriber agreement.	Passed House 105-12. Passed Senate 50-0 House Adopts CCR 118-0 Senate Adopts CCR 50-2 SIGNED BY THE GOVERNOR 4/7/10
MO HB 315 Status 2013	…services reimbursable by a health carrier or health benefit plan under an applicable dental plan, subject to such contractual limitations on benefits as may apply, including but not limited to deductibles, waiting periods, or frequency limitations.	No contract between a health carrier or health benefit plan and a dentist for the provision of dental services under a dental plan shall require that the dentist provide dental services to insureds in the dental plan at a fee established by the health carrier or health benefit plan if such dental services are not covered services under the dental plan.	Passed out of Cmte (10-0) 32-? (4/23) 152-4 House Concurs (4/30) 143-4 Truly Agreed & Finally Passed (4/30) Subst

			GOVERNOR SIGNED 6/14/2013
MT SB 172 Status 2013	…dental care services provided under a plan for limited-scope dental benefits or a health benefit plan for which a payment is available subject to the application of contractual terms, including but not limited to annual or lifetime maximums, deductibles, copayments, coinsurance, waiting periods, frequency limitations, or alternative benefit reimbursement.	A provider agreement entered into or renewed on or after July 1, 2013, between dentists and an issuer that offers an excepted benefits plan for limited-scope dental benefits or a health benefit plan that includes covered services may not: (a) require the dentist to provide dental services to an individual covered under the plans at a fee set by or subject to the approval of the issuer unless the dental services are covered services; or (b) prohibit the dentist from offering or providing to an individual covered under the plans any dental services that are not covered services. The fee for the noncovered services may be determined only under terms or conditions set by the dentist or negotiated by the dentist with the individual covered under the plans. (c) provide minimal coverage for covered services under the provider agreement for the sole purpose of avoiding the requirements of this section. "Issuer" includes an insurer, a health service corporation, or a third-party administrator that offers or administers an excepted benefits plan for limited-scope dental benefits or a health benefit plan that includes covered services.	Passed Cmte 9-1 (1/30/13) Passed 2nd Reading 50-0 (2/1/13) Passed 3rd Reading 46-0 (2/2/13) Passed House Cmte 16-0 (3/15) Passed 2nd Reading 100-0 (3/20) Passed 3rd Reading 96-0 (3/21) GOVERNOR SIGNED 4/5/2013
NE L813 Status 2010	N/A	No prepaid dental service plan offered in this state shall limit any fees charged for services that are not covered by the plan.	Passed Senate 47-0 SIGNED BY THE GOVERNOR 4/13/10
NV SB 497 Status	Dental care for which reimbursement is available under a member's policy, or for which reimbursement would be available but for the application of a contractual limitation, including, without limitation, any deductible, copayment, coinsurance, waiting period, annual or lifetime maximum,	No plan for dental care and no contract between an organization for dental care and a dentist may require, directly or indirectly, that the dentist provide dental care to a member at a fee set by or subject to the approval of the organization for dental care unless the dental care is a covered service. An organization for dental care or any other person providing services as a third-party	In S Cmte Passed Senate 21-0 (4/16) In H Cmte Pass Cmte (5/16)

	frequency limitation, alternative benefit payment or any other limitation.	administrator shall not make available any dentists in its network of dentists to a plan for dental care that sets fees for any dental care except covered services.	Passed House 40-1 (5/24) Governor Signed 5/29/2013
NM SB 260 Status 2011	… dental care services for which a reimbursement is available under an enrollee's plan contract or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments or any other limitation	No contract of any health care service contractor that covers any dental services and no contract or participating provider agreement with a dentist shall require, directly or indirectly, that a dentist who is a participating provider provide services to an enrolled participant at a fee set by, or at a fee subject to the approval of, the health care service contractor unless the dental services are covered services. A health care service contractor or other person providing third party administrator services shall not make available any providers in its dentist network to a plan that sets dental fees for any services except covered services. …act takes effect immediately.	Passed (8-0 in Public Affairs Cmte & 9-0 in Corporations and Trans. Cmte) Passed Senate 36-0 (2/25) Passed House Committee 4-0 Passed House 64-0 SIGNED BY GOVERNOR 4/7/2011
NC H144 Status 2010	service for which reimbursement is available under an insurer's policy, without regard to contractual limitations by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation, alternative benefit payment, or other limitation.	No agreement between an insurer or an entity that writes stand-alone dental insurance and a dentist for the provision of dental services on a preferred or in-network basis to plan members or insurance subscribers in connection with coverage under a stand-alone dental plan, but not in connection with or incidental to coverage under a medical plan or health insurance policy, may require that a dentist provide services at a fee limited or set by the plan or insurer, unless the services are reimbursed as covered services under the contract.	Passed 3rd reading unanimously House Concurs SIGNED BY GOVERNOR 7/21/10
ND HB 1183 Status 2011	…dental care services for which a reimbursement is available under an enrollee's plan or for which a reimbursement would be available but for the application of a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, or frequency limitation.	Except for fees for covered services, a preferred provider arrangement for a dental plan may not directly or indirectly set or otherwise regulate the fees charged by the preferred provider for dental care services. …applies to all preferred provider arrangements issued on or after the effective date of this Act.	Human Services Committee recommends Do Not Pass (DNP) by a vote of 7-6. House rejects DNP recommend-

			dation 55-37 Passed Sen Cmte 5-0 Passed Senate 44-0 Signed By Governor 3/28/11
OK S2051 Status 2010	… 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;	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.	Passed Senate 41-0 Passed House 91-1 SIGNED BY GOVERNOR
OR H3665 Status 2010	N/A	A dental services contract may not restrict the price that a provider may charge for services provided to an enrollee unless the services are covered by the insurer. ✓ *Senate amended in a 2015 sunset on this law.*	Passed House 58-0 Passed Senate 28-0 SIGNED BY GOVERNOR 3/18/10
PA SB 1144 Status 2012	Services for which reimbursement is available under an insured's policy, regardless of whether the reimbursement is contractually limited by a deductible, copayment, coinsurance, waiting period, annual or lifetime maximum, frequency limitation or alternative benefit payment.	An insurer's contract with a dentist may not require that the dentist provide services to the insurer's subscribers at a fee set by the insurer unless the insurer compensates the dentist for covered dentist services.	Passed Committee 14-0 (4/2) Passed Senate 46-0 (5/2) Passed House Committee 21-0 (6/12) Passed House 197-0 (10/16) SIGNED BY GOVERNOR 10/24/2012

State Laws – Prevent Capping of Non-Covered Services

DSGA
07/10/2013

RI H5454 S390 2009	… services reimbursable under the applicable subscriber agreement, subject to such contractual limitations on subscriber benefits as may apply, including, for example, deductibles, waiting period or frequency limitations.	No contract between a dental plan of a health care entity 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 care entity unless said services are covered services under the applicable subscriber agreement.	Enacted 6/18/09
SD S108 Status 2010	…services reimbursable under the plan…, subject to such contractual limitations on benefits as may apply, including deductibles, waiting periods, frequency limitations, or charges over the benefit maximum.	No contract between an insurer and a dentist may require a dentist to provide services for an insured at a fee set by the contract unless the services are covered services under the terms of the insured's plan or policy. *(Technical amendments)*	Passed Senate 34-0 Passed House 68-0 SIGNED BY GOVERNOR 3/29/10
TN SB 1464 Status 2011	dental care for which a reimbursement is available under the enrollee's plan contract, or for which a reimbursement would be available but for the application of contractual limitations such as deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefits payments, or any other limitation.	No contract offered by any insurer, dental service plan, third party administrator or other party that covers any dental services, and no contract or participating provider agreement with a dentist may require, directly or indirectly, that a dentist who is a participating provider, provide services to an enrollee at a fee set by, or at a fee subject to the approval of the dental service plan, insurer, third party administrator or other party that covers any dental plan services unless the dental services are covered services. No contract offered by any insurer, dental service plan, third party administrator or other party with a participating provider that covers any covered services may provide nominal or de minimis coverage for covered services under the contract for the sole purpose of avoiding the requirements of this section.	Passed Committee 7-0 Passed Senate 31-0 Passed House 98-0 Signed By Governor 5/23/11
TX SB 554 Status 2011	a dental care service for which reimbursement is available under an enrollee's health care plan contract, or for which reimbursement is available subject to a contractual limitation, including: (1) a deductible; (2) a copayment; (3) coinsurance; (4) a waiting period; (5) an annual or lifetime maximum limit; (6) a frequency limitation; or	A contract between an insurer (or a health maintenance organization) and a dentist may not limit the fee the dentist may charge for a service that is not a covered service.	Passed Senate State Affairs Committee 9-0 Passed Senate 31-0 Passed House Ins Committee 7-0 Passed House 142-0

	(7) an alternative benefit payment.		Signed By Governor 6/17/11
VA H1263 Status S622 Status 2010	… health care services for which benefits under a policy, contract, or evidence of coverage are payable by a dental plan, including services paid by the insured's, subscribers, or enrollees because the annual or periodic payment maximum established by the dental plan has been met.	No contract between a dental plan and a dentist or oral surgeon may establish the fee or rate that the dentist or oral surgeon is required to accept for the provision of health care services, or require that a dentist or oral surgeon accept the reimbursement paid as payment in full, unless the services are covered services under the applicable dental plan. C. This section shall apply with respect to any contract between a dental plan and a dentist or oral surgeon for the provision of health care to patients that is entered into, amended, extended, or renewed on or after July 1, 2010.	HB 1263 passed House 93-5. SB 622 passed Senate 39-1 1263 passed Senate 40-1 SB 622 passed House 92-4 SIGNED BY GOVERNOR 4/11/10 & 4/13/10
WA H2686 Status 2010	… dental services that are reimbursable under the applicable insurance policy or subscriber agreement or would be reimbursable but for the application of contractual limitations such as benefit maximums, deductibles, coinsurance, waiting periods or frequency limitations.	…no []contract may: (a)Require, that a participating dentist provide services to a subscriber at a fee set by, or at a fee subject to the approval of, the disability insurer unless the dental services are covered services including services that would be reimbursable but for the application of contractual limitations such as benefit maximums, deductibles, coinsurance, waiting periods, or frequency limitations, under the applicable disability insurance policy; nor (b) Prohibit a dentist who is a participating provider from offering or providing to a subscriber dental services that are not covered services on any terms or conditions acceptable to the dentist and the subscriber.	Passed House 97-0 Passed Senate 45-1 SIGNED BY GOVERNOR 3/26/10
WI AB 109 Status 2013	"Covered service" means, with respect to dental or related services specified in a policy or plan that provides coverage for those services, a service provided by a dentist or at the direction of a dentist to an insured under the policy or an enrollee of the plan for which the policy or plan makes payment, administered consistently with policies traditionally governing covered services, or for which the policy or plan would make	A contract between an insurer offering a policy that provides coverage for dental and related services and a dentist for the provision of dental and related services to an insured under the policy may not require the dentist to provide a service to an insured under the policy at a fee set by the insurer unless the service is a covered service under the policy. 2. A policy that provides coverage for dental and related services may not provide nominal or de minimis coverage for a dental or related service for the sole purpose of avoiding the requirements under subd. 1.	Passed Ins Cmte 12-2 (4/11) Passed Assembly 89-8 (4/24) Passed H Cmte 5-0 (5/1) Passed Senate

	payment but for the application of contractual limitations of deductibles, copayments, coinsurance, waiting periods, annual maximums, lifetime maximums applicable to the same course of treatment, frequency limitations, or alternative benefit payments. (b) "Policy" means a policy, certificate, or contract of insurance that provides only limited−scope dental benefits. (c) "Related service" means a service that is commonly provided, by a dentist or at the direction of a dentist, in conjunction with a dental service.	(b) An administrator providing 3rd−party administration services or a provider network for a plan that provides coverage for dental and related services may not require any dentist in the administrator's provider network that is eligible to provide services under the plan to charge set fees for dental or related services provided to enrollees of the plan that are not covered services under the plan. (3) PROHIBITION ON CHARGES. A dentist who, under a contract with an insurer offering a policy that provides coverage for dental and related services, provides dental or related services to an insured under the policy may not charge the insured more than the dentist's usual nondiscounted fee for a dental or related service that is not a covered service under the policy.	30-3 (5/7) Gov has 6 days to act after being presented. SIGNED BY GOVERNOR 7/08/13
WY HB 73 Status 2011	…services reimbursable under the contract, policy or certificate, subject to customary contractual limitations on benefits including such items as deductibles, waiting periods, frequency limitations or charges over the benefit maximum.	No person or entity contracting with dentists to provide coverage or reimbursement for dental services shall require a dentist to provide services at a fee set by the contract, a policy or a certificate unless the services are covered services by the terms of the contract, policy or certificate. Applies to contracts, policies or certificates issued, renewed, delivered or issued for delivery in this state on or after 7/1/2011.	Passed House Committee 8-0 Passed House 58-0 Passed Senate Committee 4-1 Passed Senate 28-2 SIGNED BY GOVERNOR 3/2/11