

Article - Insurance

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§15–114.

(a) (1) In this section the following words have the meanings indicated.

(2) “Carrier” means:

(i) an insurer;

(ii) a nonprofit health service plan;

(iii) a health maintenance organization;

(iv) a dental plan organization; or

(v) any other person that provides dental benefit plans subject to regulation by the State.

(3) “Dental point-of-service option” means a delivery system that allows an insured, enrollee, or other covered person under a dental benefit plan to receive dental services outside a provider panel.

(4) “Provider panel” means the providers that contract with a carrier to provide dental services to the carrier’s insureds, enrollees, or other covered persons under the carrier’s dental benefit plan.

(b) (1) If an employer, association, or other private group arrangement offers dental benefit plan coverage to employees or other individuals only through a carrier’s provider panel, the carrier of the employer, association, or other private group arrangement shall offer, or contract with another carrier to offer, a dental point-of-service option to the employer, association, or other private group arrangement as an additional benefit for an employee or other individual, to accept or reject at the employee’s or other individual’s option.

(2) If a carrier’s dental provider panel is the sole delivery system offered to employees by an employer, the carrier:

(i) shall offer the employer a dental point-of-service option for the individual employee to accept or reject;

(ii) may not impose a minimum participation level on the dental point-of-service option; and

(iii) as part of the group enrollment application, shall provide to each employer a disclosure statement for each dental point-of-service option offered that conforms to regulations, for the point-of-service option required under § 19–710.2 of

the Health – General Article, adopted by:

1. the Maryland Health Care Commission for the small group market; and
2. the Administration for the non–small group market.

(c) (1) An employer, association, or other private group arrangement may require an employee or other individual who accepts the additional coverage under a dental point–of–service option under subsection (b) of this section to pay a premium over the amount of the premium for the dental benefit coverage offered by the carrier only through its provider panel.

(2) A carrier may impose different cost–sharing provisions for the dental point–of–service option based on whether the dental service is provided through the carrier’s provider panel or outside the carrier’s provider panel.

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