

Article - Insurance

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§14–410.

(a) Each enrollee shall receive evidence of coverage that indicates specifically the nature and extent of coverage and the total amount or percentage of payment, if any, that the enrollee must pay for dental services.

(b) (1) Except as provided under paragraph (2) of this subsection, a dental plan organization shall issue evidence of coverage to each enrollee of the dental plan organization.

(2) If an individual enrollee obtains coverage through a policy or through a contract issued by a medical or dental service corporation, the insurer that issued the policy or the medical or dental service corporation shall issue evidence of coverage.

(c) The dental plan organization, insurer, or medical or dental service corporation may not issue or deliver evidence of coverage or an amendment to evidence of coverage until a copy of the form of evidence of coverage or amendment is filed with and approved by the Commissioner.

(d) The evidence of coverage shall contain:

(1) a clear and complete statement if a contract, or a reasonably complete summary if a certificate, of:

(i) the dental services and the insurance or other benefits, if any, to which enrollees are entitled;

(ii) any limitations on the services or kind of benefits to be provided, including any charge, deductible, or copayment feature; and

(iii) where and in what manner information is available about how services may be obtained; and

(2) a clear and understandable description of the dental plan organization's method for resolving enrollee complaints.

(e) A dental plan organization, insurer, or medical or dental service corporation that makes a change in evidence of coverage or the amount or percentage of payment that the enrollee must pay, shall issue to the enrollee evidence of the change in a separate document.

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