**South Carolina General Assembly**

119th Session, 2011-2012

**S. 673**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Cleary, Campbell, O'Dell, Cromer, Knotts, Grooms and Rose

Document Path: l:\council\bills\agm\18295ab11.docx

Companion/Similar bill(s): 4910

Introduced in the Senate on March 9, 2011

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Dental insurance plans

**HISTORY OF LEGISLATIVE ACTIONS**

Date Body Action Description with journal page number

3/9/2011 Senate Introduced and read first time ([Senate Journal‑page 5](file:///h:\sj%20archive\2011\03-09-11.docx))

3/9/2011 Senate Referred to Committee on **Banking and Insurance** ([Senate Journal‑page 5](file:///h:\sj%20archive\2011\03-09-11.docx))

**VERSIONS OF THIS BILL**

[3/9/2011](file:///p:\pprever\2011-12\673_20110309.docx)

**A** **BILL**

TO AMEND THE CODE OF LAWS OF SOUTH CAROLINA, 1976, BY ADDING SECTION 38‑71‑244 SO AS TO PROVIDE A DENTAL INSURANCE PLAN MAY NOT REQUIRE A DENTIST WHO IS A PARTICIPATING PROVIDER OF THE PLAN TO PROVIDE A SERVICE TO AN INSURED OF THE PLAN AT A FEE SET BY OR SUBJECT TO THE APPROVAL OF THE INSURER UNLESS THE SERVICE IS COVERED BY THE DENTAL INSURANCE PLAN, TO PROVIDE A HEALTH CARE SERVICE CONTRACTOR OR THIRD PARTY ADMINISTRATOR MAY NOT MAKE A MEMBER OF ITS DENTAL CARE PROVIDERS NETWORK AVAILABLE TO A DENTAL PLAN THAT SETS DENTAL FEES FOR A SERVICE THAT IS NOT A COVERED SERVICE, AND TO DEFINE CERTAIN TERMS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Article 1, Chapter 71, Title 38 of the 1976 Code is amended by adding:

“Section 38‑71‑244. (A)(1) A dental plan may not require a dentist who provides dental services to the subscribers of the plan to accept a fee set by the plan for a service that is not a covered service.

(2) A health care service contractor or third party administrator may not make a member of its network of dental care providers available to a dental plan that sets dental fees for a service that is not a covered service by the plan.

(B) For the purposes of this section:

(1) ‘Covered service’ means a dental care service for which reimbursement is available from the dental plan of an enrollee, or for which a reimbursement would otherwise be available if not for applicable coinsurance or an applicable deductible, copayment, waiting period, annual maximum, lifetime maximum, frequency limitation, alternative benefit payment, or other contractual limitation. In order to be considered a covered service, a service must be covered at a minimum of fifty percent of the cost of the service.

(2) ‘Dental plan’ means a policy of insurance that provides coverage for dental services to the insured.”

SECTION 2. This act takes effect upon approval by the Governor.

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