

JAN 23 2009

A BILL FOR AN ACT

RELATING TO DENTAL CARE.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. Chapter 431, article 10A, Hawaii Revised
2 Statutes, is amended by adding a new section to part II to be
3 appropriately designated and to read as follows:

4 "§431:10A- Coordination of dental benefits. (a) This
5 section shall apply to a group or blanket disability insurance
6 policy covering dental services and issued under this article.

7 (b) For purposes of this section, the following terms have
8 the following meanings:

9 (1) "Coordination of dental benefits" means the method by
10 which a policy or contract under title 24 covering
11 dental services and one or more other policies or
12 contracts under title 24 covering dental services pay
13 their respective reimbursements for dental benefits
14 when an insured, beneficiary, subscriber, member, or
15 enrollee is covered by multiple policies or contracts
16 under title 24 covering dental services;



1 (2) "Primary dental benefits plan" means a policy or
2 contract under title 24 that provides an insured,
3 beneficiary, subscriber, member, or enrollee with
4 primary dental coverage; and

5 (3) "Secondary dental benefits plan" means a policy or
6 contract under title 24 that provides an insured,
7 beneficiary, subscriber, member, or enrollee with
8 secondary dental coverage.

9 (c) A group or blanket disability insurance policy
10 covering dental services shall declare its coordination of
11 dental benefits policy prominently in its evidence of coverage
12 or contract with the insured.

13 (d) A group or blanket disability insurance policy
14 covering dental services, when acting as a primary dental
15 benefits plan, shall pay the maximum amount required by its
16 contract with the insured.

17 (e) A group or blanket disability insurance policy
18 covering dental services, when acting as a secondary dental
19 benefits plan, shall pay the lesser of either the amount that it
20 would have paid in the absence of any other dental benefits
21 coverage, or the insured or beneficiary's total out-of-pocket

1 cost payable under the primary dental benefits plan for benefits
2 covered under the secondary plan.

3 (f) Nothing in this section is intended to conflict with
4 or modify the way in which a group or blanket disability
5 insurance policy covering dental services determines which
6 dental benefits plan is primary and which is secondary in
7 coordinating benefits with another plan or insurer pursuant to
8 existing state law or regulation."

9 SECTION 2. Chapter 432, article 1, Hawaii Revised
10 Statutes, is amended by adding a new section to part VI to be
11 appropriately designated and to read as follows:

12 "§432:1- Coordination of dental benefits. (a) This
13 section shall apply to any individual or group hospital or
14 medical service plan contract covering dental services and
15 issued under this article.

16 (b) For purposes of this section, the following terms have
17 the following meanings:

18 (1) "Coordination of benefits" means the method by which a
19 policy or contract under title 24 covering dental
20 services and one or more other policies or contracts
21 under title 24 covering dental services pay their
22 respective reimbursements for dental benefits when an



1 insured, beneficiary, subscriber, member, or enrollee
2 is covered by multiple policies or contracts under
3 title 24 covering dental services;

4 (2) "Primary dental benefits plan" means a policy or
5 contract under title 24 that provides an insured,
6 beneficiary, subscriber, member, or enrollee with
7 primary dental coverage; and

8 (3) "Secondary dental benefits plan" means a policy or
9 contract under title 24 that provides an insured,
10 beneficiary, subscriber, member, or enrollee with
11 secondary dental coverage.

12 (c) An individual or group hospital or medical service
13 plan contract covering dental services shall declare its
14 coordination of benefits policy prominently in its evidence of
15 coverage or contract with the subscriber.

16 (d) An individual or group hospital or medical service
17 plan contract covering dental services, when acting as a primary
18 dental benefits plan, shall pay the maximum amount required by
19 its contract with the subscriber.

20 (e) An individual or group hospital or medical service
21 plan contract covering dental services, when acting as a
22 secondary dental benefits plan, shall pay the lesser of either



1 the amount that it would have paid in the absence of any other
2 dental benefit coverage, or the subscriber or member's total
3 out-of-pocket cost payable under the primary dental benefits
4 plan for benefits covered under the secondary plan.

5 (f) Nothing in this section is intended to conflict with
6 or modify the way in which an individual or group hospital or
7 medical service plan contract covering dental services
8 determines which dental benefits plan is primary and which is
9 secondary in coordinating benefits with another plan or insurer
10 pursuant to existing state law or regulation."

11 SECTION 3. Chapter 432D, Hawaii Revised Statutes, is
12 amended by adding a new section to be appropriately designated
13 and to read as follows:

14 "§432D- Coordination of dental benefits. (a) This
15 section shall apply to any policy, contract, plan, or agreement
16 covering dental services and issued under this chapter.

17 (b) For purposes of this section, the following terms have
18 the following meanings:

19 (1) "Coordination of benefits" means the method by which a
20 policy or contract under title 24 covering dental
21 services and one or more other policies or contracts
22 under title 24 covering dental services pay their



1 respective reimbursements for dental benefits when an
2 insured, beneficiary, subscriber, member, or enrollee
3 is covered by multiple policies or contracts under
4 title 24 covering dental services;

5 (2) "Primary dental benefits plan" means a policy or
6 contract under title 24 that provides an insured,
7 beneficiary, subscriber, member, or enrollee with
8 primary dental coverage; and

9 (3) "Secondary dental benefits plan" means a policy or
10 contract under title 24 that provides an insured,
11 beneficiary, subscriber, member, or enrollee with
12 secondary dental coverage.

13 (c) Any policy, contract, plan, or agreement covering
14 dental services and issued under this chapter shall declare its
15 coordination of benefits policy prominently in its evidence of
16 coverage or contract with the contract holder.

17 (d) Any policy, contract, plan, or agreement covering
18 dental services and issued under this chapter, when acting as a
19 primary dental benefits plan, shall pay the maximum amount
20 required by its contract with the contract holder.

21 (e) Any policy, contract, plan, or agreement covering
22 dental services and issued under this chapter, when acting as a

1 secondary dental benefits plan, shall pay the lesser of either
 2 the amount that it would have paid in the absence of any other
 3 dental benefit coverage, or the enrollee's total out-of-pocket
 4 cost payable under the primary dental benefits plan for benefits
 5 covered under the secondary plan.

6 (f) Nothing in this section is intended to conflict with
 7 or modify the way in which any policy, contract, plan, or
 8 agreement covering dental services and issued under this chapter
 9 determines which dental benefits plan is primary and which is
 10 secondary in coordinating benefits with another plan or insurer
 11 pursuant to existing state law or regulation."

12 SECTION 4. This Act does not affect rights and duties that
 13 matured, penalties that were incurred, and proceedings that were
 14 begun, before its effective date.

15 SECTION 5. New statutory material is underscored.

16 SECTION 6. This Act shall take effect upon its approval.

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INTRODUCED BY:

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Report Title:

Dental Plans; Dual Coverage

Description:

Requires health insurers and like entities who offer dental coverage to declare and execute their coordination of dental benefits policy to insureds and their counterparts.

