

STATE OF NEW YORK

5313--A

Cal. No. 425

2025-2026 Regular Sessions

IN SENATE

February 20, 2025

Introduced by Sens. BAILEY, GALLIVAN, GOUNARDES, HARCKHAM -- read twice and ordered printed, and when printed to be committed to the Committee on Insurance -- reported favorably from said committee, ordered to first and second report, ordered to a third reading, amended and ordered reprinted, retaining its place in the order of third reading

AN ACT to amend the insurance law, in relation to addressing non-covered dental services

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

1 Section 1. Subsection (c) of section 3216 of the insurance law is
2 amended by adding a new paragraph 16 to read as follows:

3 (16) (A) All policies providing coverage of dental services issued
4 pursuant to this section shall include the following disclosure: "IMPOR-
5 TANT: If you opt to receive services that are not covered services under
6 this plan, a participating provider may charge their normal fee for such
7 services. Prior to providing you with services that are not covered, a
8 provider will provide an estimated cost for each service."

9 (B) For purposes of this paragraph, "covered services" shall mean
10 dental services for which reimbursement is available under an insured's
11 dental plan or for which a reimbursement would be available but for the
12 application of contractual limitations such as deductibles, copayments,
13 coinsurance, waiting periods, annual or lifetime maximums, frequency
14 limitations, alternative benefit payments, or any other limitation.

15 § 2. Subsection (a) of section 3221 of the insurance law is amended by
16 adding a new paragraph 18 to read as follows:

17 (18) (A) All policies providing coverage of dental services issued
18 pursuant to this section shall include the following disclosure:
19 "IMPORTANT: If you opt to receive services that are not covered services
20 under this plan, a participating provider may charge their normal fee
21 for such services. Prior to providing you with services that are not
22 covered, a provider will provide an estimated cost for each service."

EXPLANATION--Matter in italics (underscored) is new; matter in brackets
[-] is old law to be omitted.

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1 (B) For the purposes of this paragraph, "covered services" shall mean
2 dental services for which reimbursement is available under an insured's
3 dental plan or for which a reimbursement would be available but for the
4 application of contractual limitations such as deductibles, copayments,
5 coinsurance, waiting periods, annual or lifetime maximums, frequency
6 limitations, alternative benefit payments, or any other limitation.

7 § 3. Subsection (s) of section 4303 of the insurance law, as added by
8 chapter 293 of the laws of 1992, is amended to read as follows:

9 [~~s~~](s-1)(1) Notwithstanding any provision of a contract issued by a
10 medical expense indemnity corporation, a dental expense indemnity corpo-
11 ration or health service corporation, every contract which provides
12 coverage for care provided through licensed health professionals who can
13 bill for services shall provide the same coverage and reimbursement for
14 such service provided pursuant to a clinical practice plan established
15 pursuant to subdivision fourteen of section two hundred six of the
16 public health law.

17 (2) All contracts for dental services issued pursuant to this section
18 shall include the following disclosure: "IMPORTANT: If you opt to
19 receive services that are not covered services under this plan, a
20 participating provider may charge their normal fee for such services.
21 Prior to providing you with services that are not covered, a provider
22 will provide an estimated cost for each service."

23 (3) For purposes of this subsection, "covered services" shall mean
24 dental services for which reimbursement is available under an insured's
25 dental plan or for which a reimbursement would be available but for the
26 application of contractual limitations such as deductibles, copayments,
27 coinsurance, waiting periods, annual or lifetime maximums, frequency
28 limitations, alternative benefit payments, or any other limitation.

29 § 4. This act shall take effect January 1, 2027 and shall apply to all
30 insurance contracts issued or entered into on or after such date.