RULE AND REGULATION 72

DENTAL POINT OF SERVICE OPTION

Sections

Section 1. Purpose

The purpose of this rule is to require health carriers to provide full, written disclosure to Covered persons of the availability of a dental point of service option in their health plans, where such health plans provide for dental benefits.

Section 2. Authority

This rule is issued pursuant to the authority vested in the Commissioner by Ark. Code Ann. §§ 23-61-108(1987) and Ark. Code Ann. §23-99-605(1999).

Section 3. Applicability and scope

This rule applies to all health plans which provide dental benefits issued, renewed, extended or modified by a health carrier.

Section 4. Definitions

(a) "Health carrier" means that company or organization defined in Ark. Code Ann. §23-99-603(5);

(b) "Health plan" means any contract, policy or agreement defined in Ark. Code Ann. §23-99-603(6);

(c) "Covered person" means a person defined in Ark. Code Ann. §23-99-603(2)

Section 5. Effective date

The effective date of this Rule and Regulation is June 26, 2001.

Section 6. Required Notice

A. Upon the issuance, extension, modification, or renewal of every health plan which provides dental benefits, the health carrier shall provide written notification to either the Covered person, or employer, or other purchaser of the health plan, of the following notice:

(1) Under Arkansas law, you may purchase a dental point-of-service option as an additional benefit. A dental point-of-service option allows you to obtain dental care services from dentists and other providers outside the dental provider network or panel of your health plan. Arkansas law requires that the dental benefits offered under this option shall be the same as those offered through the network. Please be advised that although the out of network dental benefits offered are required to be equal to those provided through your in network health plan, the co-payment, co-insurance, and other cost sharing features may be higher should you use an out-of-network dentist, on a non-emergency basis. No co-payment or co-insurance, however, may exceed 25% of the co-payment required to be paid to in network dentists. The out-of-network dentist may also bill you for the balance of any charges which are not otherwise reimbursed by the health carrier.

(2) Every explanation of benefits, following a Covered person's use of out-of-network dental benfits under this option, shall contain an explanation of coverage for out-of-network dental benefits that allows each enrollee or Covered person to determine his or her obligations with respect to such services.

(3) The health plan must provide an explanation of this point-of-service product in marketing materials, evidences of coverage, enrollee handbooks, and other materials, which may be provided to either the Covered person, or employer, or purchaser of the health plan.

Section 7. Severability

Any section or provision of this rule held by a court to be invalid or unconstitutional will not affect the validity of any other section or provision of this rule.

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MIKE PICKENS
INSURANCE COMMISSIONER
(signature on approval)

____June 26, 2001_____
DATE