

§§1-3 -  
C.26:2S-26 to  
26:2S-28  
§4 - Note

P.L.2014, CHAPTER 70, *approved November 28, 2014*  
Senate, No. 2164 (*First Reprint*)

**AN ACT** concerning certain dental benefit plans and supplementing P.L.1997, c.192 (C:26:2S-1 et seq.).

**BE IT ENACTED** *by the Senate and General Assembly of the State of New Jersey:*

1. As used in this act:

"Carrier" means an insurance company, health service corporation, hospital service corporation, medical service corporation, dental service corporation, dental plan organization, or health maintenance organization, authorized to issue dental plans in this State.

"Covered person" means a person on whose behalf a carrier offering a dental plan is obligated to pay benefits <sup>1</sup>for<sup>1</sup> or provide <sup>1</sup>dental<sup>1</sup> services pursuant to the plan.

"Covered service" means a dental care service <sup>1</sup>[provided to a covered person under a dental plan for which the carrier is obligated to pay benefits or provide services] for which a reimbursement is available under a covered person's dental plan, or for which a reimbursement would be available but for the application of contractual limitations including, but not limited to, deductibles, copayments, coinsurance, waiting periods, annual or lifetime maximums, frequency limitations, alternative benefit payments, or any other limitation, or services not reimbursable due to the dentist's failure to comply with a provision of the dentist's participating provider agreement or the dental plan<sup>1</sup>.

"Dental plan" means a benefits plan which pays or provides dental expense benefits for covered services and is delivered or issued for delivery in this State by or through a <sup>1</sup>[dental]<sup>1</sup> carrier <sup>1</sup>either on a stand-alone basis or as part of other coverage including, but not limited to, health benefits coverage<sup>1</sup>.

2. Notwithstanding section 22 of P.L.1993, c.162 (C.17B:27A-54) or any other law or regulation to the contrary, a contract between a carrier and a dentist to provide covered services shall not require, directly or indirectly, that a dentist provide services to a covered person at a fee set by, or at a fee subject to the approval of, the carrier unless the dental services are a covered service under the person's dental plan.

3. The Commissioner of Banking and Insurance shall promulgate rules and regulations pursuant to the "Administrative Procedure Act," P.L.1968, c.410 (C.52:14B-1 et seq.) necessary to effectuate the purposes of this act.

4. This act shall take effect immediately and shall apply to contracts entered into or renewed on or after the effective date of this act.

---

Prohibits insurers from setting prices for non-covered dental services.