

- SUBJECT:** Coordination of primary and secondary dental insurance benefits
- COMMITTEE:** Insurance — committee substitute recommended
- VOTE:** 9 ayes — Frullo, Muñoz, G. Bonnen, Guerra, Meyer, Paul, Sheets, Vo, Workman
0 nays
- WITNESSES:** For — Jose Cazares, Texas Dental Association, Texas Academy of General Dentistry; (*Registered, but did not testify:* Tyler Rudd, Texas Academy of Pediatric Dentistry; Jim Rudd, Texas Society of Oral and Maxillofacial Surgeons)
Against — None
On — Doug Danzeiser, Texas Department of Insurance
- BACKGROUND:** Dental patients sometimes hold more than one insurance policy that provides dental benefits. State statute currently does not specify how the two policies should coordinate to pay for coverage of dental expenses.
- DIGEST:** CSHB 3024 would specify that, for a person covered by two different insurance policies that provided dental benefits, the person’s primary insurance would be required to cover all dental expenses up to its policy limit before the secondary insurance would begin covering services. The secondary insurance policy would be responsible only for dental expenses covered under the secondary policy that were not covered under the primary insurance policy. After the primary insurance’s policy limit was reached, the person’s secondary insurance policy would be responsible for any dental expenses covered by both policies that exceeded the primary insurance’s coverage limit.

The bill would apply to certain insurance policies with dental benefits as specified in the bill. The bill would not apply to a separate dental policy that exclusively provided a non-coordinated, fixed indemnity benefit,

regardless of expenses incurred that would be paid directly to the policyholder or to the provider under an assignment of benefits provision.

An insurance policy affected by the bill could not be delivered, issued for delivery, or renewed in the state if:

- a provision of the policy excluded or reduced the payment of benefits for dental expenses to or on behalf of a person insured under the policy;
- the reason for the exclusion or the reduction was that dental benefits were payable or had been paid to or on behalf of the insured person under another insurance policy; and
- the exclusion or reduction would apply before the full amount of the dental expenses incurred by the insured person and covered by both policies had been paid or reimbursed or the full amount of the applicable policy limit of the policy containing the exclusion or reduction was reached.

A provision of an insurance policy that violated the above prohibitions would be void.

The bill's provisions would apply only to an insurance policy that was delivered, issued for delivery, or renewed before January 1, 2016. The bill would take effect September 1, 2015.