§ 1374.17. Prohibition against denial of coverage for organ or tissue transplantation services based on HIV status

(a) A health care service plan shall not deny coverage that is otherwise available under the plan contract for the costs of solid organ or other tissue transplantation services based upon the enrollee or subscriber being infected with the human immunodeficiency virus.

(b) Notwithstanding any other provision of law, in the provision of benefits required by this section, a health care service plan may utilize case management, network providers, utilization review techniques, prior authorization, copayments, or other cost sharing, subject to the terms and conditions of the plan contract and consistent with sound clinical processes and guidelines.

HISTORY:
Added Stats 2005 ch 419 § 1 (AB 228), effective January 1, 2006.

§ 1374.18. "State Regulated" dental coverage

(a) To assist a provider in determining if an enrollee's health care service plan coverage is regulated by the State of California, the health care service plan shall disclose whether the enrollee's dental coverage is "State Regulated" through a provider portal, if available, or otherwise upon request, on or after January 1, 2025.

(b) A health care service plan shall include the statement "State Regulated" if the enrollee's dental coverage is subject to regulation by the department on an electronic or physical identification card, or both if available, for contracts covering dental services issued on or after January 1, 2025.

(c) For purposes of this section, "health care service plan" means a health care service plan that issues, sells, renews, or offers a contract covering dental services, including a specialized health care service plan covering dental services.

HISTORY:
Added Stats 2023 ch 125 § 1 (AB 952), effective January 1, 2024.

§ 1374.19. Service plan or contract covering dental services; Coordi- nation of benefits required

(a) This section shall only apply to a health care service plan covering dental services or a specialized health care service plan contract covering dental service pursuant to this chapter.

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

(1) "Coordination of benefits" means the method by which a health care service plan covering dental services or a specialized health care service plan contract, covering dental services, and one or more other health care service plans, specialized health care service plans, or disability insurers, covering dental services, pay their respective reimbursements for dental benefits when an enrollee is covered by multiple health care service plans or specialized health care services plan contracts, or a combination thereof, or a combination of health care service plans or specialized health care service plan contracts and disability insurers.

(2) "Primary dental benefit plan" means a health care service plan or specialized health care service plan contract regulated pursuant to this chapter or a dental insurance policy issued by a disability insurer regulated pursuant to Part 2 (commencing with Section 10110) of Division 2 of the Insurance Code that provides an enrollee or insured with primary dental coverage.

(3) "Secondary dental benefit plan" means a health care service plan or specialized health care service plan contract regulated pursuant to this chapter or a dental insurance policy issued by a disability insurer regulated pursuant to Part 2 (commencing with Section 10110) of Division 2 of the Insurance Code that provides an enrollee or insured with secondary dental coverage.

(c) A health care service plan covering dental services or a specialized health care service plan issuing a specialized health care service plan contract covering dental services shall declare its coordination of benefits policy prominently in its evidence of coverage or contract with both enrollee and subscriber.

(d) When a primary dental benefit plan is coordinating its benefits with one or more secondary dental benefits plans, it shall pay the maximum amount required by its contract with the enrollee or subscriber.

(e) A health care service plan covering dental services or a specialized health care service plan contract covering dental services, when acting as a secondary dental benefit plan, shall pay the lesser of either the amount that it would have paid in the absence of any other dental benefit coverage, or the enrollee's total out-of-pocket cost payable under the primary dental benefit plan for benefits covered under the secondary plan.

(f) Nothing in this section is intended to conflict with or modify the way in which a health care service plan covering dental services or a specialized health care service plan covering dental services determines which dental benefit plan is primary and which is secondary in coordinating benefits with another plan or insurer pursuant to existing state law or regulation.

HISTORY:

Added Stats 2007 ch 164 § 2 (AB 895), effective January 1, 2008.