

304.17C-130 Definitions for KRS 304.17C-130 to 304.17C-138.

As used in KRS 304.17C-130 to 304.17C-138:

- (1) "Covered person" means an individual who is covered by a dental benefit plan;
- (2) "Dental benefit plan" means a limited health service benefit plan that provides coverage for dental services;
- (3) "Dental carrier" means a health insurer that provides coverage for dental services;
- (4) "Dental services":
 - (a) Means services for the diagnosis, prevention, treatment, or cure of a dental condition, illness, injury, or disease; and
 - (b) Does not include services delivered by a provider that are billed as medical expenses under a health insurance plan;
- (5) "Dentist" means any dentist licensed or otherwise authorized in this state to furnish dental services;
- (6) "Health insurer" means any insurance company, health maintenance organization, self-insurer or multiple employer welfare arrangement not exempt from state regulation by ERISA, provider-sponsored integrated health delivery network, self-insured employer-organized association, nonprofit hospital, medical-surgical, dental, and health service corporation, or limited health service organization authorized to transact health insurance business in Kentucky; and
- (7) "Provider":
 - (a) Means an individual or entity, acting within the scope of the individual or entity's licensure or certification, that provides dental services or supplies defined by the dental benefit plan; and
 - (b) Does not include a physician organization or physician hospital organization that leases or rents its network to a third party.

Effective: July 14, 2022

History: Created 2022 Ky. Acts ch. 48, sec. 1, effective July 14, 2022.

Legislative Research Commission Note (7/14/2022). 2022 Ky. Acts ch. 48, sec. 8, provides that this statute, which was created by the Act, shall apply to contracts issued, delivered, entered, extended, or renewed on or after July 14, 2022.