1	AN ACT relating to dental benefit plans.
2	Be it enacted by the General Assembly of the Commonwealth of Kentucky:
3	→SECTION 1. A NEW SECTION OF KRS 304.17C-130 TO 304.17C-138 IS
4	CREATED TO READ AS FOLLOWS:
5	(1) (a) An insurer providing coverage under a dental benefit plan shall honor a
6	written assignment of benefits due under the plan that is made:
7	1. By a covered person to a provider for dental services provided to the
8	covered person; and
9	2. On a form established by the commissioner in an administrative
10	regulation promulgated in accordance with KRS Chapter 13A and
11	subsection (2) of this section.
12	(b) A provider with a valid assignment under paragraph (a) of this subsection
13	shall provide the following to the insurer when submitting a request for
14	payment pursuant to the assignment:
15	1. A copy of the signed assignment; and
16	2. Any information or documentation necessary for verifying coverage
17	under the dental benefit plan.
18	(c) 1. Upon a provider's compliance with paragraph (b) of this subsection,
19	the insurer shall make payments directly to the provider.
20	2. Payments made to a provider under subparagraph 1. of this paragraph
21	shall be at the same rate as payments made to in-network providers.
22	(2) The form established by the commissioner under subsection (1)(a)2. of this
23	section shall, at a minimum, include a notice informing the covered person that:
24	(a) The provider, as applicable:
25	1. Is an out-of-network provider;
26	2. May charge the covered person for services not covered under the
27	dental benefit plan; and

1	3. May charge the covered person the balance of any bill for services that
2	are covered under the dental benefit plan;
3	(b) Any assignment of benefits is optional; and
4	(c) If the covered person has accrued a credit balance on his or her account,
5	the provider will:
6	1. Notify the covered person of the credit balance with the provider; and
7	2. a. Except as provided in subdivision b. of this subparagraph,
8	refund any credit balance that has accrued on the covered
9	person's account with the provider within thirty (30) days of
10	receiving a request for refund from the covered person; and
11	b. If, under the assignment, the provider collects payment from the
12	covered person and subsequently receives payment from the
13	insurer, refund the covered person within thirty (30) days of
14	receiving the payment from the insurer unless the provider and
15	covered person agree otherwise in writing.
16	(3) (a) An assignment may be revoked by the covered person, with or without the
17	consent of the provider, by submitting the revocation, in writing, to the
18	insurer.
19	(b) An insurer that receives a revocation referenced in paragraph (a) of this
20	subsection shall promptly send a dated and time-stamped copy of the
21	revocation to the provider.
22	(c) A revocation made in accordance with this subsection shall:
23	1. Become effective when the insurer receives a copy of the revocation;
24	<u>and</u>
25	2. Only be effective for any charges incurred on or after the effective
26	date established under subparagraph 1. of this paragraph.
27	(4) Nothing in this section shall be construed to limit an insurer's ability to:

1		<u>(a)</u>	Determine	the so	cope of a c	dental	bene	efit plan	's bene	fits, servic	es, or other
2			terms that d	are no	t in conflic	t with t	this s	section;	<u>or</u>		
3		<u>(b)</u>	Negotiate	any	contract	with	a	health	care	provider	regarding
4			<u>reimbursen</u>	nent r	ates or any	y other	law	ful provi	sions t	hat are no	t in conflict
5			with section	<u>n.</u>							
6		→ S	Section 2. KI	RS 304	4.14-250 is	amend	ed to	o read as	follow	s:	
7	Exce	ept as	provided in 2	Section	n 1 of this	Act and	<u>i</u> Kr	RS 304.1	7A-265	and 304.20	0-105:
8	(1)	A po	olicy may be	assign	able or not	assign	able	, as provi	ided by	its terms;	
9	(2)	Sub	ject to its te	erms r	elating to	assigna	abili	ty, a life	e or he	ealth insura	ance policy,
10		rega	ardless of who	en it v	vas issued,	under	the t	erms of	which	the benefic	iary may be
11		char	nged upon th	e sole	request of	the ins	urec	d or own	er, may	y be assign	ed either by
12		pled	lge or transfe	r of tit	le, by an a	ssignm	ent e	executed	by the	insured or	owner alone
13		and	delivered to	the ins	urer, wheth	ner or n	ot th	e pledge	e or ass	signee is the	e insurer;
14	(3)	Any	assignment	of a po	olicy which	h is oth	erwi	se lawfu	l and o	f which the	insurer has
15		rece	eived notice s	shall e	ntitle the i	nsurer	to d	eal with	the ass	signee as tl	ne owner or
16		pled	lgee of the p	oolicy	in accorda	ince wi	th t	he terms	of the	e assignme	nt, until the
17		insu	rer has recei	ved at	its princip	oal offic	ce w	ritten no	tice of	the termin	ation of the
18		assi	gnment or ple	edge o	r written no	otice by	or o	on behalf	of son	ne interest i	n the policy
19		in co	onflict with th	he assi	gnment; ar	nd					
20	(4)	(a)	Any indivi	idual i	insured un	der a	grou	p insura	nce po	olicy or gro	oup annuity
21			contract sh	all hav	ve the righ	t, unles	ss ex	pressly	prohibi	ted under t	he terms of
22			the policy	or coi	ntract, to a	assign t	o ar	ny other	person	his or her	r rights and
23			benefits un	der the	e policy or	contra	ct, ir	ncluding	but no	t limited to	the right to
24			designate t	the be	neficiary o	or bene	ficia	ries and	the ri	ights as to	conversion
25			provided fo	or in K	RS 304.16	-180 to	304	.16-200,	inclusi	ve.	
26		(b)	While the	assign	ment is in	effect,	and	regardle	ess of v	when it wa	s made, the
27			insurer sha	ll be e	entitled to	deal wi	th th	ne assign	iee as t	he owner o	of the rights

1		and benefits in accordance with the terms of the assignment and without
2		prejudice to the insurer on account of any lawful action taken or payment
3		made by the insurer prior to receipt by the insurer at its principal office of
4		written notice of the assignment or of the termination thereof.
5	(c)	This subsection acknowledges, confirms, and codifies the existing right of

- (c) This subsection acknowledges, confirms, and codifies the existing right of assignment of interests under group life insurance policies.
- → Section 3. KRS 304.17-130 is amended to read as follows:
- (1) There shall be a provision as follows:

- "Payment of Claims: Indemnity for loss of life will be payable in accordance with the beneficiary designation and the provisions respecting payment which may be prescribed herein and effective at the time of payment. If no designation or provision is then effective, any indemnity shall be payable to the estate of the insured. Any other accrued indemnities unpaid at the insured's death may, at the option of the insurer, be paid either to a beneficiary or to the estate. All other indemnities will be payable to the insured."
- (2) Except as provided in <u>Section 1 of this Act and</u> KRS 304.17A-265, the following provisions, or either of them, may be included with the provision required under subsection (1) of this section at the option of the insurer:
 - (a) "If any indemnity of this policy shall be payable to the estate of the insured, or to an insured or beneficiary who is a minor or otherwise not competent to give a valid release, the insurer may pay such indemnity, up to an amount not exceeding \$.... (insert an amount which shall not exceed \$5,000), to any relative by blood or connection by marriage of the insured or beneficiary who is deemed by the insurer to be equitably entitled thereto. Any payment made by the insurer in good faith pursuant to this provision shall fully discharge the insurer to the extent of the payment."; and
 - (b) "Subject to any written direction of the insured in the application or otherwise,

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all or a portion of any indemnities provided by this policy on account of hospital, nursing, medical, or surgical services may, at the insurer's option and unless the insured requests otherwise in writing not later than the time of filing proofs of the loss, be paid directly to the hospital or person rendering services, but it is not required that the service be rendered by a particular hospital or person."

→ Section 4. KRS 304.18-090 is amended to read as follows:

Except as provided in *Section 1 of this Act and KRS* 304.17A-265:

- (1) Subject to subsection (2) of this section, all benefits under any blanket health insurance policy or contract shall be payable to the person insured, or to the person's designated beneficiary or beneficiaries, or to the person's estate, except that if the person insured is a minor or otherwise not competent to give a valid release, the benefits may be made payable to the person's parent, guardian, conservator, or other person actually supporting the minor or person not competent to give a valid release; and
- (2) (a) A blanket health insurance policy or contract may provide that all or a portion of any indemnities provided by the policy or contract on account of hospital, nursing, medical, or surgical services may, at the option of the insurer and unless the insured requests otherwise in writing not later than the time of filing proofs of such loss, be paid directly to the hospital or person rendering such services, but the policy or contract may not require that the service be rendered by a particular hospital or person.
 - (b) Payment made directly to a hospital or other person for all or a portion of any indemnities provided by a blanket health insurance policy or contract shall discharge the obligation of the insurer with respect to the amount of insurance so paid.
- → Section 5. This Act shall apply to policies, plans, and contracts issued or

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1 renewed on or after the effective date of this Act.