

**Kentucky Department of Insurance
Financial Impact Statement
HM Statement BR 820/HB 154**

- I. Mandating health insurance coverage of BR 820/HB 154, is not expected to materially increase premiums, based upon our analysis of the proposed mandate and our experience with similar health insurance benefits. The proposed mandate requires a dental benefit plan to honor an assignment, made in writing by a covered person, of payment due under the plan to a provider for dental services provided to the covered person. Under a valid assignment a provider may bill the insurer and notify the insurer of the assignment, and the insurer shall make payment directly to the provider. Additionally, the proposed mandate specifies that it should not be construed to limit the scope of the insurer's benefits, services, or any other terms of the insurer's plan. Our analysis includes health benefit plans, for all fully insured policies in Kentucky, excluding Medicaid and state employees.

The proposed BR 820/HB 154, as described above, is not expected to materially increase the total cost of health care in the Commonwealth, based upon our analysis of the proposed mandate and our experience with similar health insurance benefits. Our analysis includes health benefit plans, for all fully insured policies in Kentucky, excluding Medicaid and state employees.

The proposed BR 820/HB 154, as described above, is not expected to materially increase administrative expenses of insurers, based upon our analysis of the proposed mandate and our experience with similar health insurance benefits. Our analysis includes health benefit plans, for all fully insured policies in Kentucky, excluding Medicaid and state employees.

Our analysis included the use of actuarial judgement and a 2021 Annual Data Report provided by DOI.

Disclosure: Due to the material disclosure requirements required therein, we must acknowledge that the content of this report may not comply with Actuarial Standard of Practice No. 41 Actuarial Communications.

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2/16/23

(Signature of Commissioner/Date)

FIS Actuarial Form 6-03