

FDA Changes Law for Non-covered Services ... What's Next?

The Florida Dental Association (FDA) is here to help you navigate through the implementation of SB 86 on non-covered services. Please review the step-by-step chart to help you understand how this law will benefit your practice.

Step 1

Do you contract with an insurance plan(s)?

*New law applies to Preferred Provider Organizations (PPO), Health Maintenance Organizations (HMO) and Prepaid Limited Health Service Organizations (PLHSO).



Proceed to Step 2.



If you answered "NO," you can stop now.

Step 2

Based on the recent law FDA passed this session (SB 86), insurance companies are prohibited from dictating charges for services not covered by the plan. This law applies to insurance contracts entered into or renewed on or after July 1, 2014.

Please note: Insurance companies can amend your contract NOW to apply the recent change in law. Cigna recently sent out a notice to its network providers announcing their intent to comply with the new law.



Step 3

Just a reminder!

Florida law does not govern "self-funded" insured plans. These plans are regulated by federal government under the Employee Retirement Income Security Act (ERISA).

If you are having difficulty understanding the provisions of your contract with the insurance plan, please contact the FDA.

As a FREE member benefit, the ADA has a Contract Analysis Service Program that will review the terms of your contract and provide an analysis in plain language.

Please contact the FDA Governmental Affairs Office at 850.224.1089 or gao@floridadental.org.