

PROTECT PATIENTS & SMALL BUSINESSES. VOTE YES ON HB 3383.

Balance the scales, protect Oklahomans.

HB 3383

If passed, House Bill 3383 will prohibit dental plans from setting the fees network doctors may charge for services not covered by the insurers. **This ODA led legislation aims to prohibit dental plans from setting the fees network doctors may charge for services not covered by the insurers**, by changing the definition of non-covered services. Non-covered services provisions in dental plans disadvantage enrollees, doctors and the public at large because they interfere with the patient-doctor relationship, skew the pricing charged to non-subscribers, and encourage the consolidation of the dental insurance industry, resulting in higher premiums overall.

THE CURRENT LANDSCAPE

- Current dental insurance is unjust for providers and patients, with non-covered services affecting competition.
- Imposing discounts on non-covered services is a marketing tactic to gain an advantage over smaller carriers.
- Larger plans use market power to dictate pricing on services without financial responsibility.
- Our goal is to bring balance to contract negotiations between small business owner providers and large dental insurance companies.



Examples of Non-Covered Services

- only 2 cleanings per year
- core build up
- crowns for severely worn teeth
- adult fluoride treatments
- missing tooth replacements
- only 2 emergency exams per year
- implant surgical guides
- bone grafting for implant preparation
- no coverage for nitrous oxide
- adult orthodontic treatment
- TMJ disorder treatment
- inconsistent implant coverage