

Below are some answers to patient questions about Kentucky's new Noncovered Services law.

**Q. What is the new law?**

A. The law says that if the insurance company isn't paying for a service, they don't get to dictate how you are charged or pay for it. The law has a few exceptions to this rule. For example, if you're still under your deductible or you see the dentist more often than your insurer allows, insurers can set the cost of care, even though they aren't paying for it.

**Q. Why was this law needed?**

A. For years, insurance companies have tried to mandate how dental offices charge for services the insurance companies weren't covering. This gets in the way of our office's relationship with you and diminishes consistency and predictability in how you are charged for dental care.

**Q. Why is my insurance company contacting me about this?**

A. Insurance companies often oppose regulations on the industry, and this bill is the latest example. We just want to be sure you are aware of the new law and be prepared for the unnecessary confusion insurers may be attempting to generate.

**Q. Is it true that dentists pushed for this new law?**

A. Yes. The Kentucky Dental Association represents organized dentistry. They advocated for this as part of ongoing efforts to make dental insurance work better for patients and dentists.

**Q. What should I do now?**

A. You don't need to do anything. The law does not change your coverage, and your doctor is still your dentist. If you have specific questions about your dental insurance plan, you can contact your insurance company.

**Q. Does this law mean that my insurance company can no longer protect me from higher costs or being over-charged?**

A. No, insurance companies still provide an in-network discount for covered services. This law simply clarifies that insurance companies — when they are *not* paying for specific care — don't get to dictate how much a patient is responsible for. Dentists and patients are free to work that out without interference.

**Q: What rate can a dentist charge me if the service isn't covered anymore?**

A: The dentist isn't able to charge any more than usual for patients who are out of network. This is called a "usual and customary fee." This protection is a part of the law itself: "A provider shall not charge more for services and materials that are noncovered services under a limited health service benefit plan than the provider's rate for the services and materials." Dentists and patients are free to work out between them how much the charge will be without the interference of the insurance company.