

AN ACT concerning regulation.

**Be it enacted by the People of the State of Illinois,  
represented in the General Assembly:**

Section 5. The Illinois Insurance Code is amended by changing Section 355.5 as follows:

(215 ILCS 5/355.5)

Sec. 355.5. Dental coverage reimbursement; prohibitions.

(a) No insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any other company or its contracted vendor that amends, delivers, issues, or renews an individual or group policy of accident and health insurance on or after the effective date of this amendatory Act of the 104th General Assembly ~~the effective date of this amendatory Act of the 103rd General Assembly~~ shall require a dental care provider to only accept payment from a credit card or electronic funds transfer or to incur a fee to access and obtain payment or reimbursement for services provided.

(b) Any insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any other company or its contracted vendor that amends, delivers, issues, or renews an individual or group policy of accident and health insurance ~~A dental plan carrier~~

shall provide a dental care provider with 100% of the contracted amount of the payment or reimbursement.

(c) In this subsection, "express acceptance" means a clear and direct agreement to the terms of payment method, communicated explicitly by the dental plan to the dental care provider, in writing, signifying acceptance of the payment method without any ambiguity or implied actions. Any insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or any other company or its contracted vendor that amends, delivers, issues, or renews an individual or group policy of accident and health insurance may initiate or change payment methodology to a dental care provider using electronic funds transfer payments, including virtual credit card payments, if:

(1) the dental care provider is notified of any fees associated with a particular payment method;

(2) the insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or other company or its contracted vendor advises the dental care provider of the available methods of payment and provides clear instructions to the dentist as to how to select an alternative payment method that does not impose fees or similar charges on the provider;  
and

(3) the dental care provider or a designee of the provider elects, through express acceptance, to accept a

payment of the claim using the credit card or electronic funds transfer payment method. A dental care provider's express acceptance may be given by an electronic or digital signature if the form of the signature is recognized as a valid signature under applicable federal or State law, including, but not limited to, checking a box indicating affirmative consent. Violation of express acceptance nullifies an election on claim payment methodology until the express agreement is executed.

(d) A dental care provider's selected form of claim payment methodology remains effective until the dental care provider chooses an alternative method of payment or a new contract is executed.

(e) The insurer, dental service plan corporation, professional service corporation, insurance network leasing company, or other company or its contracted vendor shall comply with subsections (d) and (e) of Section 355.6.

(f) A dental benefit plan or its contracted vendor or health maintenance organization that initiates or changes payments to a dentist through the Automated Clearing House Network in accordance with 45 CFR 162.1601 and 45 CFR 162.1602 shall not charge a fee solely to transmit the payment to the dental care provider unless the dental care provider has consented to the fee. A dental care provider agent may charge reasonable fees when transmitting an Automated Clearing House Network payment related to transaction management, data

management, portal services, and other value-added services, in addition to bank transmittal.

(g) The requirements of this Section shall not be waived by contract, and any contractual clause in conflict with the requirements of this Section or that purports to waive any requirements of this Section is void. ~~Fees incurred directly by a dental care provider from third parties related to transmitting an automated clearing house network claim, transaction management, data management, or portal services and other fees charged by third parties that are not in the control of the dental plan carrier shall not be prohibited by this Section.~~

(Source: P.A. 103-24, eff. 1-1-24.)

Section 99. Effective date. This Act takes effect January 1, 2027.