

1 AN ACT concerning regulation.

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

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

6 (215 ILCS 5/355.5)

7 Sec. 355.5. Dental coverage reimbursement; prohibitions.

8 (a) No insurer, dental service plan corporation,
9 professional service corporation, insurance network leasing
10 company, or any other company or its contracted vendor that
11 amends, delivers, issues, or renews an individual or group
12 policy of accident and health insurance on or after the
13 effective date of this amendatory Act of the 104th General
14 Assembly ~~the effective date of this amendatory Act of the~~
15 ~~103rd General Assembly~~ shall require a dental care provider to
16 only accept payment from a credit card or electronic funds
17 transfer or to incur a fee to access and obtain payment or
18 reimbursement for services provided.

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

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

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

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

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

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

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

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

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

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

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

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

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

14 Section 99. Effective date. This Act takes effect January
15 1, 2027.