88R2521 CJD-F

By:  Buckley H.B. No. 1322

A BILL TO BE ENTITLED

AN ACT

relating to coordination of vision and eye care benefits under certain insurance policies and vision plans.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1.  Chapter 1203, Insurance Code, is amended by adding Subchapter C to read as follows:

SUBCHAPTER C. VISION AND EYE CARE BENEFITS

Sec. 1203.101.  DEFINITIONS. In this subchapter:

(1)  "Benefit plan" means an insurance policy, vision benefit plan, or vision discount plan described by Section 1203.102.

(2)  "Benefit plan provider" means an insurer or other person or entity described by Section 1203.102 that issues or provides a benefit plan.

(3)  "Eye care expenses" means expenses related to vision or medical eye care services, procedures, or products.

Sec. 1203.102.  APPLICABILITY OF SUBCHAPTER. This subchapter applies only to an insurance policy, vision benefit plan, or vision discount plan that provides or arranges for benefits for vision or medical eye care services, procedures, or products, including an individual, group, blanket, or franchise insurance policy or insurance agreement, a group hospital service contract, a vision benefit plan, or a vision discount plan offered by:

(1)  an insurance company;

(2)  a group hospital service corporation operating under Chapter 842;

(3)  a stipulated premium company operating under Chapter 884;

(4)  a fraternal benefit society operating under Chapter 885;

(5)  a Lloyd's plan operating under Chapter 941;

(6)  an exchange operating under Chapter 942; or

(7)  a person or entity that provides a vision benefit or vision discount plan.

Sec. 1203.103.  COORDINATION OF BENEFITS BETWEEN MULTIPLE PLANS. (a) This section applies if a benefit plan enrollee is covered by at least two different benefit plans that provide benefits for eye care expenses.

(b)  The benefit plan provider to whom a claim for reimbursement for eye care expenses is initially submitted shall reimburse for all eye care expenses covered under the plan up to the full amount of any coverage limit applicable to the covered eye care expenses.

(c)  A benefit plan provider to whom a claim for reimbursement for eye care expenses is subsequently submitted shall reimburse for all eye care expenses covered under the plan that are not reimbursed by a benefit plan provider to whom a claim for reimbursement was previously submitted.

(d)  Each benefit plan provider shall provide a summary of eye care expenses accepted and denied under the plan to the enrollee and the practitioner who provided the eye care services. The summary must be accessible online to the enrollee and the practitioner.

Sec. 1203.104.  CERTAIN COORDINATION OF BENEFITS PROVISIONS PROHIBITED. A benefit plan may not be delivered, issued for delivery, or renewed in this state if:

(1)  a provision of the plan excludes or reduces the payment of benefits for eye care expenses to or on behalf of an enrollee;

(2)  the reason for the exclusion or reduction is that eye care benefits are payable or have been paid to or on behalf of the enrollee under another benefit plan; and

(3)  the exclusion or reduction would apply before the full amount of the eye care expenses incurred by the enrollee and covered by both plans have been paid or reimbursed or the full amount of the applicable coverage limit of the plan containing the exclusion or reduction is reached.

Sec. 1203.105.  CERTAIN COORDINATION OF BENEFITS PROVISIONS VOID. A provision of a benefit plan that violates this subchapter is void.

SECTION 2.  The change in law made by this Act applies only to an insurance policy, vision benefit plan, or vision discount plan that is delivered, issued for delivery, or renewed on or after January 1, 2024. A policy or plan delivered, issued for delivery, or renewed before January 1, 2024, is governed by the law as it existed immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 3.  This Act takes effect September 1, 2023.