

SENATE SUBSTITUTE  
FOR  
SENATE BILL NO. 692

AN ACT

To amend chapter 376, RSMo, by adding thereto one new section relating to insurance coverage for optometric and ophthalmic services and materials.

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BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF MISSOURI,  
AS FOLLOWS:

1           Section A. Chapter 376, RSMo, is amended by adding thereto  
2 one new section, to be known as section 376.1228, to read as  
3 follows:

4           376.1228. 1. No agreement between an insurer, entity that  
5 writes vision insurance, health carrier, or health benefit plan  
6 and an optometrist for the provision of vision services on a  
7 preferred or in-network basis to plan members or insurance  
8 subscribers in connection with coverage under a stand-alone  
9 vision plan, medical plan, or health insurance policy shall  
10 require that the optometrist provide optometric services,  
11 ophthalmic services, or materials to plan members or insurance  
12 subscribers at a fee limited or established by the health  
13 carrier, insurer, or health benefit plan unless the services or  
14 materials are reimbursed as covered services under the contract.

15           2. A provider shall not charge more for services and  
16 materials that are noncovered services under a vision plan that  
17 his or her usual and customary rate for those services and  
18 materials.

1           3. The amount of a contractual discount shall not result in  
2 a fee less than the health or vision plan would pay for covered  
3 services and materials but for the application of an enrollee's  
4 contractual limitations of deductibles, co-payments, or  
5 coinsurance.

6           4. Reimbursement paid by the health benefit plan or vision  
7 plan for covered services and materials shall be reasonable and  
8 an insurer shall not provide merely de minimis reimbursement or  
9 coverage in an effort to avoid the requirements of this section.

10          5. The provisions of this section shall not apply to a plan  
11 or any provider contract for optometric services or ophthalmic  
12 services underwritten by a health benefit plan or health carrier  
13 subject to chapter 354 or chapter 376 as of January 1, 2014.

14          6. For purposes of this section, the following terms shall  
15 mean:

16          (1) "Covered services", optometric services, ophthalmic  
17 services, or materials reimbursable by a health carrier or health  
18 benefit plan or vision plan under an applicable plan, subject to  
19 such contractual limitations on benefits as may apply, including  
20 but not limited to deductibles, co-payments, coinsurance, waiting  
21 periods, annual or lifetime maximums, alternative benefit  
22 payments, or frequency limitations;

23          (2) "De minimis", nominal payment that is insignificant in  
24 comparison to the value of the service or material for which it  
25 is intended;

26          (3) "Health benefit plan", the same meaning as such term is  
27 defined in section 376.1350;

28          (4) "Health carrier", the same meaning as such term is

1 defined in section 376.1350;

2 (5) "Materials", includes but is not limited to lenses,  
3 frames, devices containing lenses, prisms, lens treatments and  
4 coatings, contact lenses, orthoptics, vision training devices,  
5 and prosthetic devices to correct, relieve, or treat defects or  
6 abnormal conditions of the human eye or its adnexa;

7 (6) "Optometric services", any service within the scope of  
8 practice under chapter 336;

9 (7) "Provider", an optometrist or facility that provides  
10 optometric services or ophthalmic services;

11 (8) "Vision plan", any policy or contract of insurance or  
12 contract discount plan which provides coverage for optometric  
13 services, ophthalmic services, and materials.