



Ohio Revised Code

Section 1751.85 Information for vision care services or materials.

Effective: October 24, 2024

Legislation: Senate Bill 40

(A) As used in this section, "covered dental services," "covered vision services," "dental care provider," "vision care materials," and "vision care provider" have the same meanings as in section 3963.01 of the Revised Code.

(B) A health insuring corporation shall provide the information required in this division to all enrollees receiving coverage under an individual or group health insuring corporation policy, contract, or agreement for vision care services, vision care materials, or dental care services. The information shall be in a conspicuous format, shall be easily accessible to enrollees, and shall do all of the following:

(1) For vision care coverage, include the following statement:

"IMPORTANT: If you opt to receive vision care services or vision care materials that are not covered benefits under this plan, a participating vision care provider may charge you his or her normal fee for such services or materials. Prior to providing you with vision care services or vision care materials that are not covered benefits, the vision care provider will provide you with an estimated cost for each service or material upon your request."

(2) For dental care coverage, include the following statement:

"IMPORTANT: If you opt to receive dental care services that are not covered benefits under this plan, a participating dental care provider may charge you his or her normal fee for such services. Prior to providing you with dental care services that are not covered benefits, the dental care provider will provide you with an estimated cost for each service."

(3) Disclose any business interest the health insuring corporation has in a source or supplier of vision care materials;



(4) Include an explanation that the enrollee may incur out-of-pocket expenses as a result of the purchase of vision care services, vision care materials, or dental care services that are not covered. The explanation shall be communicated in a manner and format similar to how the health insuring corporation provides an enrollee with information on coverage levels and out-of-pocket expenses that may be incurred by the enrollee under the policy, contract, or agreement when purchasing out-of-network vision care services, vision care materials, or dental care services.

(C) A pattern of continuous or repeated violations of this section is an unfair and deceptive act or practice in the business of insurance under sections 3901.19 to 3901.26 of the Revised Code.