

**CS FOR SENATE BILL NO. 404 (L&C)**  
**IN THE LEGISLATURE OF THE STATE OF ALASKA**  
**SEVENTEENTH LEGISLATURE - SECOND SESSION**

**BY THE SENATE LABOR AND COMMERCE COMMITTEE**

**Offered: 5/5/92**  
**Referred: Rules**

**Sponsor(s): SENATOR KERTTULA**

**A BILL**

**FOR AN ACT ENTITLED**

1 **"An Act requiring an offer of certain dental, vision, and hearing insurance coverage; and**  
2 **providing for an effective date."**

3 **BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:**

4 **\* Section 1. AS 21.42 is amended by adding a new section to read:**

5           **Sec. 21.42.385. DENTAL, VISION, AND HEARING COVERAGE. (a) An insurer**  
6 **authorized under AS 21.09 to offer, issue for delivery, deliver, or renew an individual or group**  
7 **disability insurance policy for medical coverage on an expense incurred basis in the state or a**  
8 **hospital or medical service corporation authorized under AS 21.87 to offer or renew a**  
9 **subscriber's contract, shall offer to each policyholder or subscriber for acceptance or rejection**  
10 **minimum dental, vision, and hearing coverage described in (b) of this section. Coverage required**  
11 **under this subsection may be offered as a rider or in the form of a limited benefit policy.**

12           **(b) The minimum coverage required under (a) of this section may**

13                   **(1) be provided under contract with another insurer or another hospital or medical**  
14 **service corporation; and**

1 (2) not be less than the dental, vision, and hearing coverage provided on  
2 January 1, 1992, to a person entitled to medical benefits under AS 39.35.535 (public employees'  
3 retirement system of Alaska).

4 (c) This section does not apply to an insurer or a hospital or medical service corporation  
5 that has written less than \$300,000 in premiums in the previous calendar year. An insurer or a  
6 hospital or medical service corporation exempt under this subsection shall disclose the exemption  
7 when issuing or renewing a disability insurance policy or subscriber's contract, and shall advise  
8 the policyholder or subscriber that insurers that have written more than \$300,000 in premiums  
9 in the previous calendar year are required to offer coverage under (a) and (b) of this section.

10 (d) This section applies to an insurer or a hospital or medical service corporation writing  
11 a Medicare supplement policy to the extent not prohibited under 42 U.S.C. 1395.

12 (e) This section does not require an insurer who offers only group coverage to offer  
13 dental, vision, and hearing coverage to an individual.

14 \* Sec. 2. AS 21.87.340 is amended to read:

15 Sec. 21.87.340. OTHER PROVISIONS APPLICABLE. In addition to the provisions  
16 contained or referred to previously in this chapter, the following chapters and provisions of this  
17 title also apply with respect to service corporations to the extent applicable and not in conflict  
18 with the express provisions of this chapter and the reasonable implications of the express  
19 provisions, and for the purposes of the application the corporations shall be considered to be  
20 mutual "insurers":

21 (1) AS 21.03

22 (2) AS 21.06

23 (3) AS 21.09, except AS 21.09.090

24 (4) AS 21.18.010

25 (5) AS 21.18.030

26 (6) AS 21.18.040

27 (7) AS 21.18.120

28 (8) AS 21.21.321

29 (9) AS 21.36

30 (10) AS 21.42.345 - 21.42.365. [AND] 21.42.375, and 21.42.385

31 (11) AS 21.51.120

- 1 (12) AS 21.53
- 2 (13) AS 21.54.020
- 3 (14) AS 21.69.400
- 4 (15) AS 21.69.520
- 5 (16) AS 21.69.600, 21.69.620, and 21.69.630
- 6 (17) AS 21.78
- 7 (18) AS 21.89.040
- 8 (19) AS 21.89.060
- 9 (20) AS 21.90.
- 10 \* Sec. 3. This Act takes effect July 1, 1993.