

§ 58-50-292. Dental provider networks; confidential business information.

- (a) The following definitions apply in this section:
 - (1) Insurer. – As defined in G.S. 58-3-225(a).
 - (2) Provider network contract. – A contract between an insurer and a dental services provider specifying the rights and responsibilities of the insurer and the provider for the delivery of and payment for dental services.
 - (3) Third party. – A person or entity that enters into a contract with an insurer or with another entity to gain access to a dental provider network contract. Third party does not include an employer group or other group for which the insurer provides administrative services, including payment of claims.
- (b) An insurer may grant access to its provider network contract to a third party if:
 - (1) At the time the provider network contract is entered into and at the time the provider network contract is renewed, the insurer allows any provider who is part of the carrier's provider network to choose not to participate in third party access to the provider network contract. The third party access provision of any provider network contract shall be clearly identified in the provider network contract. An insurer shall not grant third party access to the provider network contract of any provider who does not participate in third party access.
 - (2) The insurer includes on its website a listing identifying all third parties who have been granted such access.
 - (3) The third party accessing the provider network contract agrees to comply with all of the provider network contract's terms.
- (c) This section shall not apply to the assignment of or access to a provider network contract to an entity operating under the same brand licensee program as the contracting entity or any affiliates of the contracting entity. (2019-26, s. 2; 2025-25, s. 29(5).)