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(f) (1) Every health care service plan contract, ***except a specialized health care service plan contract***, that that is issued, amended, renewed, or delivered in this state on or after January 1, 2009, shall cover orthodontic services deemed necessary for medical reasons by a cleft palate or craniofacial team that is identified by the Cleft Palate Foundation for cleft palate procedures.

(2)The prior authorization and utilization review processes prescribed in (e) shall apply to the services provided pursuant to this subsection.

~~(2)~~ (3) This subdivision shall not apply to contracts entered into pursuant to Chapter 7 (commencing with Section 14000) or Chapter 8 (commencing with Section 14200) of Part 3 of Division 9 of the Welfare and Institutions Code, between the State Department of Health Care Services and a health care service plan for enrolled Medi-Cal beneficiaries.

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(f)(1) Every policy of health insurance covering hospital, medical, or surgical expenses that is issued, amended, renewed, or delivered in this state on or after January 1, 2009, shall cover orthodontic services deemed necessary for medical reasons by a cleft palate or craniofacial team that is identified by the Cleft Palate Foundation for cleft palate procedures.

(2)The prior authorization and utilization review processes prescribed in (e) shall apply to the services provided pursuant to this subsection.

(3) This subsection shall not apply to Medicare supplement, short-term limited duration health insurance, vision-only, dental-only, or CHAMPUS supplement insurance, or to hospital indemnity, hospital-only, accident-only, or specified disease insurance that does not pay benefits on a fixed benefit, cash payment only basis.