**South Carolina General Assembly**

126th Session, 2025-2026

**S. 402**

**STATUS INFORMATION**

General Bill

Sponsors: Senators Adams and Kimbrell

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Introduced in the Senate on February 27, 2025

Currently residing in the Senate Committee on **Banking and Insurance**

Summary: Vision Care Plans

**HISTORY OF LEGISLATIVE ACTIONS**

 Date Body Action Description with journal page number

 2/27/2025 Senate Introduced and read first time (Senate Journal‑page 4)

 2/27/2025 Senate Referred to Committee on **Banking and Insurance** (Senate Journal‑page 4)

View the latest  [legislative information](https://www.scstatehouse.gov/billsearch.php?billnumbers=402&session=126&summary=B)  at the website

**VERSIONS OF THIS BILL**

[02/27/2025](https://www.scstatehouse.gov/sess126_2025-2026/prever/402_20250227.docx)

A bill

TO AMEND THE SOUTH CAROLINA CODE OF LAWS BY ADDING ARTICLE 24 TO CHAPTER 71, TITLE 38 ENTITLED “VISION CARE PLANS” SO AS TO DEFINE TERMS AND REGULATE VISION CARE PLANS.

Be it enacted by the General Assembly of the State of South Carolina:

SECTION 1. Chapter 71, Title 38 of the S.C. Code is amended by adding:

Article 24

Vision Care Plans

 Section 38‑71‑2500. For purposes of this article:

 (1) “Vision care provider” means ophthalmologists, optometrists, and opticians licensed in this State.

 (2) “Vision care insurance plan” means any public or private health plan implemented in this State that provides vision care benefits to covered persons including payments and reimbursements.

 (3) “Insured” means a covered person under any vision care insurance plan.

 Section 38‑71‑2510. (A) Vision care insurance plans must allow providers the option to opt out of exclusive supplier or product agreements without penalties.

 (B) If a required product is not available through a contracted supplier, the vision care insurance plan must allow the consumer to obtain the product from an out‑of‑network supplier at the same coverage level available to the in‑network provider.

 (C) A vision care insurance plan must provide, between the hours of 8:30 a.m. and 5:30 p.m., prevailing local time, a phone number through which a vision care provider can obtain answers within thirty minutes to questions regarding vision care insurance plan coverage, networks, patient benefits, appeals, and other contractual or service issues.

 Section 38‑71‑2520. A vision care insurance plan must:

 (1) disclose all coverage details, including limitations, exclusions, and consumer costs, in plain language before enrollment and upon request by the consumer or provider;

 (2) provide to consumers reasonable examples of actual costs in excess of available benefits;

 (3) provide real‑time information to both consumers and providers regarding coverage, benefits, copayments, deductibles, and remaining balances for all services and products;

 (4) make vision care insurance plan coverage available to all vision care providers without limitation or restriction; and

 (5) update online provider directories monthly to accurately reflect the current network of participating vision care providers, including opticians.

 Section 38‑71‑2530. A vision care insurance plan may not:

 (1) prohibit, restrict, or penalize in any way a provider from disclosing to any covered person any healthcare information that the provider deems appropriate within their scope of practice;

 (2) proscribe a vision care provider from discussing information regarding the total cost for vision care services or from selling a more affordable alternative to the insured if a more affordable alternative is available, but a vision care insurance plan may proscribe a vision care provider from sharing proprietary or confidential information; or

 (3) penalize or retaliate against a vision care provider for exercising rights provided pursuant to the provisions of this article.

 Section 38‑71‑2540. An insured is allowed to purchase lenses and frames separately without being required to bundle them under a single coverage limit.

SECTION 2. This act takes effect upon approval by the Governor.

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