



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB2292

Introduced 1/10/2018, by Sen. Tim Bivins

SYNOPSIS AS INTRODUCED:

5 ILCS 375/9
5 ILCS 375/10

from Ch. 127, par. 529
from Ch. 127, par. 530

Amends the State Employees Group Insurance Act of 1971. Provides that any member of the General Assembly sworn into office on and after the second Wednesday in January of 2019, and who retires a participating member under the General Assembly Retirement System, shall be responsible for exactly 50% of the applicable premiums, charges, or other fees for the basic program of group health benefits. Provides that, subject to a reduction based upon Medicare coverage, the State's contribution towards the basic program of group health benefits for such General Assembly members shall be exactly 50% of the applicable premiums, charges, or other fees owed. Provides that the provisions requiring 50% contribution for retired General Assembly member health benefits do not apply to any person who previously served as a member of the General Assembly in either house prior to the second Wednesday of January of 2019. Makes conforming changes. Effective immediately.

LRB100 16179 RJF 31300 b

FISCAL NOTE ACT
MAY APPLY

A BILL FOR

1 AN ACT concerning government.

2 **Be it enacted by the People of the State of Illinois,**
3 **represented in the General Assembly:**

4 Section 5. The State Employees Group Insurance Act of 1971
5 is amended by changing Sections 9 and 10 as follows:

6 (5 ILCS 375/9) (from Ch. 127, par. 529)

7 Sec. 9. (a) The eligible member shall be responsible for
8 his or her portion of the premiums, charges or other fees for
9 all elected coverages or benefits, which shall be paid by means
10 of the acceptance of a reduction in earnings or the foregoing
11 of an increase in earnings by an employee; provided, however,
12 subject to rules and regulations promulgated by the Department,
13 the eligible member may make personal payment of the premium,
14 charge or fee for any wellness programs implemented under the
15 program of health benefits. All contributions and payments by
16 the eligible members and the State for all elected coverages
17 and benefits shall be deposited in the Health Insurance Reserve
18 Fund. Except as otherwise provided in subsection (a-5), the ~~The~~
19 Department may determine the aggregate level of contribution
20 required under this Section on the basis of actual cost of
21 services adjusted for age, sex or the geographical or other
22 demographic characteristics which affect costs of the benefit.

23 (a-5) Notwithstanding any provision of law to the contrary,

1 any member of the General Assembly sworn into office on and
2 after the second Wednesday in January of 2019, and who retires
3 a participating member under Article 2 of the Illinois Pension
4 Code, shall be responsible for exactly 50% of the applicable
5 premiums, charges, or other fees for the basic program of group
6 health benefits. The provisions of this subsection (a-5) do not
7 apply to any person who previously served as a member of the
8 General Assembly in either house prior to the second Wednesday
9 of January of 2019.

10 (b) If a member is not entitled to receive any salary,
11 wages or other compensation during a period in which premiums,
12 charges or other fees are due or does not receive compensation
13 sufficient to allow deduction of the required payment of the
14 premium, charge or other fee, such member may continue the
15 contributory benefit in effect by making personal payment of
16 the premium, charge or other fee for the period in such manner,
17 in such amount, and for such duration, as may be prescribed in
18 rules and regulations promulgated for the administration of
19 this Act.

20 (Source: P.A. 91-390, eff. 7-30-99.)

21 (5 ILCS 375/10) (from Ch. 127, par. 530)

22 Sec. 10. Contributions by the State and members.

23 (a) The State shall pay the cost of basic non-contributory
24 group life insurance and, subject to member paid contributions
25 set by the Department or required by this Section and except as

1 provided in this Section, the basic program of group health
2 benefits on each eligible member, except a member, not
3 otherwise covered by this Act, who has retired as a
4 participating member under Article 2 of the Illinois Pension
5 Code but is ineligible for the retirement annuity under Section
6 2-119 of the Illinois Pension Code, and part of each eligible
7 member's and retired member's premiums for health insurance
8 coverage for enrolled dependents as provided by Section 9. The
9 State shall pay the cost of the basic program of group health
10 benefits only after benefits are reduced by the amount of
11 benefits covered by Medicare for all members and dependents who
12 are eligible for benefits under Social Security or the Railroad
13 Retirement system or who had sufficient Medicare-covered
14 government employment, except that such reduction in benefits
15 shall apply only to those members and dependents who (1) first
16 become eligible for such Medicare coverage on or after July 1,
17 1992; or (2) are Medicare-eligible members or dependents of a
18 local government unit which began participation in the program
19 on or after July 1, 1992; or (3) remain eligible for, but no
20 longer receive Medicare coverage which they had been receiving
21 on or after July 1, 1992. The Department may determine the
22 aggregate level of the State's contribution on the basis of
23 actual cost of medical services adjusted for age, sex or
24 geographic or other demographic characteristics which affect
25 the costs of such programs, except that, subject to a reduction
26 based upon Medicare coverage, the State's contribution towards

1 the basic program of group health benefits provided to members
2 specified under subsection (a-5) of Section 9 shall be exactly
3 50% of the applicable premiums, charges, or other fees owed.

4 The cost of participation in the basic program of group
5 health benefits for the dependent or survivor of a living or
6 deceased retired employee who was formerly employed by the
7 University of Illinois in the Cooperative Extension Service and
8 would be an annuitant but for the fact that he or she was made
9 ineligible to participate in the State Universities Retirement
10 System by clause (4) of subsection (a) of Section 15-107 of the
11 Illinois Pension Code shall not be greater than the cost of
12 participation that would otherwise apply to that dependent or
13 survivor if he or she were the dependent or survivor of an
14 annuitant under the State Universities Retirement System.

15 (a-1) (Blank).

16 (a-2) (Blank).

17 (a-3) (Blank).

18 (a-4) (Blank).

19 (a-5) (Blank).

20 (a-6) (Blank).

21 (a-7) (Blank).

22 (a-8) Any annuitant, survivor, or retired employee may
23 waive or terminate coverage in the program of group health
24 benefits. Any such annuitant, survivor, or retired employee who
25 has waived or terminated coverage may enroll or re-enroll in
26 the program of group health benefits only during the annual

1 benefit choice period, as determined by the Director; except
2 that in the event of termination of coverage due to nonpayment
3 of premiums, the annuitant, survivor, or retired employee may
4 not re-enroll in the program.

5 (a-8.5) Beginning on the effective date of this amendatory
6 Act of the 97th General Assembly, and except as otherwise
7 provided under subsection (a) of this Section and subsection
8 (a-5) of Section 9, the Director of Central Management Services
9 shall, on an annual basis, determine the amount that the State
10 shall contribute toward the basic program of group health
11 benefits on behalf of annuitants (including individuals who (i)
12 participated in the General Assembly Retirement System, the
13 State Employees' Retirement System of Illinois, the State
14 Universities Retirement System, the Teachers' Retirement
15 System of the State of Illinois, or the Judges Retirement
16 System of Illinois and (ii) qualify as annuitants under
17 subsection (b) of Section 3 of this Act), survivors (including
18 individuals who (i) receive an annuity as a survivor of an
19 individual who participated in the General Assembly Retirement
20 System, the State Employees' Retirement System of Illinois, the
21 State Universities Retirement System, the Teachers' Retirement
22 System of the State of Illinois, or the Judges Retirement
23 System of Illinois and (ii) qualify as survivors under
24 subsection (q) of Section 3 of this Act), and retired employees
25 (as defined in subsection (p) of Section 3 of this Act). The
26 remainder of the cost of coverage for each annuitant, survivor,

1 or retired employee, as determined by the Director of Central
2 Management Services, shall be the responsibility of that
3 annuitant, survivor, or retired employee.

4 Contributions required of annuitants, survivors, and
5 retired employees shall be the same for all retirement systems
6 and shall also be based on whether an individual has made an
7 election under Section 15-135.1 of the Illinois Pension Code.
8 Contributions may be based on annuitants', survivors', or
9 retired employees' Medicare eligibility, but may not be based
10 on Social Security eligibility.

11 (a-9) No later than May 1 of each calendar year, the
12 Director of Central Management Services shall certify in
13 writing to the Executive Secretary of the State Employees'
14 Retirement System of Illinois the amounts of the Medicare
15 supplement health care premiums and the amounts of the health
16 care premiums for all other retirees who are not Medicare
17 eligible.

18 A separate calculation of the premiums based upon the
19 actual cost of each health care plan shall be so certified.

20 The Director of Central Management Services shall provide
21 to the Executive Secretary of the State Employees' Retirement
22 System of Illinois such information, statistics, and other data
23 as he or she may require to review the premium amounts
24 certified by the Director of Central Management Services.

25 The Department of Central Management Services, or any
26 successor agency designated to procure healthcare contracts

1 pursuant to this Act, is authorized to establish funds,
2 separate accounts provided by any bank or banks as defined by
3 the Illinois Banking Act, or separate accounts provided by any
4 savings and loan association or associations as defined by the
5 Illinois Savings and Loan Act of 1985 to be held by the
6 Director, outside the State treasury, for the purpose of
7 receiving the transfer of moneys from the Local Government
8 Health Insurance Reserve Fund. The Department may promulgate
9 rules further defining the methodology for the transfers. Any
10 interest earned by moneys in the funds or accounts shall inure
11 to the Local Government Health Insurance Reserve Fund. The
12 transferred moneys, and interest accrued thereon, shall be used
13 exclusively for transfers to administrative service
14 organizations or their financial institutions for payments of
15 claims to claimants and providers under the self-insurance
16 health plan. The transferred moneys, and interest accrued
17 thereon, shall not be used for any other purpose including, but
18 not limited to, reimbursement of administration fees due the
19 administrative service organization pursuant to its contract
20 or contracts with the Department.

21 (b) State employees who become eligible for this program on
22 or after January 1, 1980 in positions normally requiring actual
23 performance of duty not less than 1/2 of a normal work period
24 but not equal to that of a normal work period, shall be given
25 the option of participating in the available program. If the
26 employee elects coverage, the State shall contribute on behalf

1 of such employee to the cost of the employee's benefit and any
2 applicable dependent supplement, that sum which bears the same
3 percentage as that percentage of time the employee regularly
4 works when compared to normal work period.

5 (c) The basic non-contributory coverage from the basic
6 program of group health benefits shall be continued for each
7 employee not in pay status or on active service by reason of
8 (1) leave of absence due to illness or injury, (2) authorized
9 educational leave of absence or sabbatical leave, or (3)
10 military leave. This coverage shall continue until expiration
11 of authorized leave and return to active service, but not to
12 exceed 24 months for leaves under item (1) or (2). This
13 24-month limitation and the requirement of returning to active
14 service shall not apply to persons receiving ordinary or
15 accidental disability benefits or retirement benefits through
16 the appropriate State retirement system or benefits under the
17 Workers' Compensation or Occupational Disease Act.

18 (d) The basic group life insurance coverage shall continue,
19 with full State contribution, where such person is (1) absent
20 from active service by reason of disability arising from any
21 cause other than self-inflicted, (2) on authorized educational
22 leave of absence or sabbatical leave, or (3) on military leave.

23 (e) Where the person is in non-pay status for a period in
24 excess of 30 days or on leave of absence, other than by reason
25 of disability, educational or sabbatical leave, or military
26 leave, such person may continue coverage only by making

1 personal payment equal to the amount normally contributed by
2 the State on such person's behalf. Such payments and coverage
3 may be continued: (1) until such time as the person returns to
4 a status eligible for coverage at State expense, but not to
5 exceed 24 months or (2) until such person's employment or
6 annuitant status with the State is terminated (exclusive of any
7 additional service imposed pursuant to law).

8 (f) The Department shall establish by rule the extent to
9 which other employee benefits will continue for persons in
10 non-pay status or who are not in active service.

11 (g) The State shall not pay the cost of the basic
12 non-contributory group life insurance, program of health
13 benefits and other employee benefits for members who are
14 survivors as defined by paragraphs (1) and (2) of subsection
15 (q) of Section 3 of this Act. The costs of benefits for these
16 survivors shall be paid by the survivors or by the University
17 of Illinois Cooperative Extension Service, or any combination
18 thereof. However, the State shall pay the amount of the
19 reduction in the cost of participation, if any, resulting from
20 the amendment to subsection (a) made by this amendatory Act of
21 the 91st General Assembly.

22 (h) Those persons occupying positions with any department
23 as a result of emergency appointments pursuant to Section 8b.8
24 of the Personnel Code who are not considered employees under
25 this Act shall be given the option of participating in the
26 programs of group life insurance, health benefits and other

1 employee benefits. Such persons electing coverage may
2 participate only by making payment equal to the amount normally
3 contributed by the State for similarly situated employees. Such
4 amounts shall be determined by the Director. Such payments and
5 coverage may be continued until such time as the person becomes
6 an employee pursuant to this Act or such person's appointment
7 is terminated.

8 (i) Any unit of local government within the State of
9 Illinois may apply to the Director to have its employees,
10 annuitants, and their dependents provided group health
11 coverage under this Act on a non-insured basis. To participate,
12 a unit of local government must agree to enroll all of its
13 employees, who may select coverage under either the State group
14 health benefits plan or a health maintenance organization that
15 has contracted with the State to be available as a health care
16 provider for employees as defined in this Act. A unit of local
17 government must remit the entire cost of providing coverage
18 under the State group health benefits plan or, for coverage
19 under a health maintenance organization, an amount determined
20 by the Director based on an analysis of the sex, age,
21 geographic location, or other relevant demographic variables
22 for its employees, except that the unit of local government
23 shall not be required to enroll those of its employees who are
24 covered spouses or dependents under this plan or another group
25 policy or plan providing health benefits as long as (1) an
26 appropriate official from the unit of local government attests

1 that each employee not enrolled is a covered spouse or
2 dependent under this plan or another group policy or plan, and
3 (2) at least 50% of the employees are enrolled and the unit of
4 local government remits the entire cost of providing coverage
5 to those employees, except that a participating school district
6 must have enrolled at least 50% of its full-time employees who
7 have not waived coverage under the district's group health plan
8 by participating in a component of the district's cafeteria
9 plan. A participating school district is not required to enroll
10 a full-time employee who has waived coverage under the
11 district's health plan, provided that an appropriate official
12 from the participating school district attests that the
13 full-time employee has waived coverage by participating in a
14 component of the district's cafeteria plan. For the purposes of
15 this subsection, "participating school district" includes a
16 unit of local government whose primary purpose is education as
17 defined by the Department's rules.

18 Employees of a participating unit of local government who
19 are not enrolled due to coverage under another group health
20 policy or plan may enroll in the event of a qualifying change
21 in status, special enrollment, special circumstance as defined
22 by the Director, or during the annual Benefit Choice Period. A
23 participating unit of local government may also elect to cover
24 its annuitants. Dependent coverage shall be offered on an
25 optional basis, with the costs paid by the unit of local
26 government, its employees, or some combination of the two as

1 determined by the unit of local government. The unit of local
2 government shall be responsible for timely collection and
3 transmission of dependent premiums.

4 The Director shall annually determine monthly rates of
5 payment, subject to the following constraints:

6 (1) In the first year of coverage, the rates shall be
7 equal to the amount normally charged to State employees for
8 elected optional coverages or for enrolled dependents
9 coverages or other contributory coverages, or contributed
10 by the State for basic insurance coverages on behalf of its
11 employees, adjusted for differences between State
12 employees and employees of the local government in age,
13 sex, geographic location or other relevant demographic
14 variables, plus an amount sufficient to pay for the
15 additional administrative costs of providing coverage to
16 employees of the unit of local government and their
17 dependents.

18 (2) In subsequent years, a further adjustment shall be
19 made to reflect the actual prior years' claims experience
20 of the employees of the unit of local government.

21 In the case of coverage of local government employees under
22 a health maintenance organization, the Director shall annually
23 determine for each participating unit of local government the
24 maximum monthly amount the unit may contribute toward that
25 coverage, based on an analysis of (i) the age, sex, geographic
26 location, and other relevant demographic variables of the

1 unit's employees and (ii) the cost to cover those employees
2 under the State group health benefits plan. The Director may
3 similarly determine the maximum monthly amount each unit of
4 local government may contribute toward coverage of its
5 employees' dependents under a health maintenance organization.

6 Monthly payments by the unit of local government or its
7 employees for group health benefits plan or health maintenance
8 organization coverage shall be deposited in the Local
9 Government Health Insurance Reserve Fund.

10 The Local Government Health Insurance Reserve Fund is
11 hereby created as a nonappropriated trust fund to be held
12 outside the State Treasury, with the State Treasurer as
13 custodian. The Local Government Health Insurance Reserve Fund
14 shall be a continuing fund not subject to fiscal year
15 limitations. The Local Government Health Insurance Reserve
16 Fund is not subject to administrative charges or charge-backs,
17 including but not limited to those authorized under Section 8h
18 of the State Finance Act. All revenues arising from the
19 administration of the health benefits program established
20 under this Section shall be deposited into the Local Government
21 Health Insurance Reserve Fund. Any interest earned on moneys in
22 the Local Government Health Insurance Reserve Fund shall be
23 deposited into the Fund. All expenditures from this Fund shall
24 be used for payments for health care benefits for local
25 government and rehabilitation facility employees, annuitants,
26 and dependents, and to reimburse the Department or its

1 administrative service organization for all expenses incurred
2 in the administration of benefits. No other State funds may be
3 used for these purposes.

4 A local government employer's participation or desire to
5 participate in a program created under this subsection shall
6 not limit that employer's duty to bargain with the
7 representative of any collective bargaining unit of its
8 employees.

9 (j) Any rehabilitation facility within the State of
10 Illinois may apply to the Director to have its employees,
11 annuitants, and their eligible dependents provided group
12 health coverage under this Act on a non-insured basis. To
13 participate, a rehabilitation facility must agree to enroll all
14 of its employees and remit the entire cost of providing such
15 coverage for its employees, except that the rehabilitation
16 facility shall not be required to enroll those of its employees
17 who are covered spouses or dependents under this plan or
18 another group policy or plan providing health benefits as long
19 as (1) an appropriate official from the rehabilitation facility
20 attests that each employee not enrolled is a covered spouse or
21 dependent under this plan or another group policy or plan, and
22 (2) at least 50% of the employees are enrolled and the
23 rehabilitation facility remits the entire cost of providing
24 coverage to those employees. Employees of a participating
25 rehabilitation facility who are not enrolled due to coverage
26 under another group health policy or plan may enroll in the

1 event of a qualifying change in status, special enrollment,
2 special circumstance as defined by the Director, or during the
3 annual Benefit Choice Period. A participating rehabilitation
4 facility may also elect to cover its annuitants. Dependent
5 coverage shall be offered on an optional basis, with the costs
6 paid by the rehabilitation facility, its employees, or some
7 combination of the 2 as determined by the rehabilitation
8 facility. The rehabilitation facility shall be responsible for
9 timely collection and transmission of dependent premiums.

10 The Director shall annually determine quarterly rates of
11 payment, subject to the following constraints:

12 (1) In the first year of coverage, the rates shall be
13 equal to the amount normally charged to State employees for
14 elected optional coverages or for enrolled dependents
15 coverages or other contributory coverages on behalf of its
16 employees, adjusted for differences between State
17 employees and employees of the rehabilitation facility in
18 age, sex, geographic location or other relevant
19 demographic variables, plus an amount sufficient to pay for
20 the additional administrative costs of providing coverage
21 to employees of the rehabilitation facility and their
22 dependents.

23 (2) In subsequent years, a further adjustment shall be
24 made to reflect the actual prior years' claims experience
25 of the employees of the rehabilitation facility.

26 Monthly payments by the rehabilitation facility or its

1 employees for group health benefits shall be deposited in the
2 Local Government Health Insurance Reserve Fund.

3 (k) Any domestic violence shelter or service within the
4 State of Illinois may apply to the Director to have its
5 employees, annuitants, and their dependents provided group
6 health coverage under this Act on a non-insured basis. To
7 participate, a domestic violence shelter or service must agree
8 to enroll all of its employees and pay the entire cost of
9 providing such coverage for its employees. The domestic
10 violence shelter shall not be required to enroll those of its
11 employees who are covered spouses or dependents under this plan
12 or another group policy or plan providing health benefits as
13 long as (1) an appropriate official from the domestic violence
14 shelter attests that each employee not enrolled is a covered
15 spouse or dependent under this plan or another group policy or
16 plan and (2) at least 50% of the employees are enrolled and the
17 domestic violence shelter remits the entire cost of providing
18 coverage to those employees. Employees of a participating
19 domestic violence shelter who are not enrolled due to coverage
20 under another group health policy or plan may enroll in the
21 event of a qualifying change in status, special enrollment, or
22 special circumstance as defined by the Director or during the
23 annual Benefit Choice Period. A participating domestic
24 violence shelter may also elect to cover its annuitants.
25 Dependent coverage shall be offered on an optional basis, with
26 employees, or some combination of the 2 as determined by the

1 domestic violence shelter or service. The domestic violence
2 shelter or service shall be responsible for timely collection
3 and transmission of dependent premiums.

4 The Director shall annually determine rates of payment,
5 subject to the following constraints:

6 (1) In the first year of coverage, the rates shall be
7 equal to the amount normally charged to State employees for
8 elected optional coverages or for enrolled dependents
9 coverages or other contributory coverages on behalf of its
10 employees, adjusted for differences between State
11 employees and employees of the domestic violence shelter or
12 service in age, sex, geographic location or other relevant
13 demographic variables, plus an amount sufficient to pay for
14 the additional administrative costs of providing coverage
15 to employees of the domestic violence shelter or service
16 and their dependents.

17 (2) In subsequent years, a further adjustment shall be
18 made to reflect the actual prior years' claims experience
19 of the employees of the domestic violence shelter or
20 service.

21 Monthly payments by the domestic violence shelter or
22 service or its employees for group health insurance shall be
23 deposited in the Local Government Health Insurance Reserve
24 Fund.

25 (1) A public community college or entity organized pursuant
26 to the Public Community College Act may apply to the Director

1 initially to have only annuitants not covered prior to July 1,
2 1992 by the district's health plan provided health coverage
3 under this Act on a non-insured basis. The community college
4 must execute a 2-year contract to participate in the Local
5 Government Health Plan. Any annuitant may enroll in the event
6 of a qualifying change in status, special enrollment, special
7 circumstance as defined by the Director, or during the annual
8 Benefit Choice Period.

9 The Director shall annually determine monthly rates of
10 payment subject to the following constraints: for those
11 community colleges with annuitants only enrolled, first year
12 rates shall be equal to the average cost to cover claims for a
13 State member adjusted for demographics, Medicare
14 participation, and other factors; and in the second year, a
15 further adjustment of rates shall be made to reflect the actual
16 first year's claims experience of the covered annuitants.

17 (l-5) The provisions of subsection (l) become inoperative
18 on July 1, 1999.

19 (m) The Director shall adopt any rules deemed necessary for
20 implementation of this amendatory Act of 1989 (Public Act
21 86-978).

22 (n) Any child advocacy center within the State of Illinois
23 may apply to the Director to have its employees, annuitants,
24 and their dependents provided group health coverage under this
25 Act on a non-insured basis. To participate, a child advocacy
26 center must agree to enroll all of its employees and pay the

1 entire cost of providing coverage for its employees. The child
2 advocacy center shall not be required to enroll those of its
3 employees who are covered spouses or dependents under this plan
4 or another group policy or plan providing health benefits as
5 long as (1) an appropriate official from the child advocacy
6 center attests that each employee not enrolled is a covered
7 spouse or dependent under this plan or another group policy or
8 plan and (2) at least 50% of the employees are enrolled and the
9 child advocacy center remits the entire cost of providing
10 coverage to those employees. Employees of a participating child
11 advocacy center who are not enrolled due to coverage under
12 another group health policy or plan may enroll in the event of
13 a qualifying change in status, special enrollment, or special
14 circumstance as defined by the Director or during the annual
15 Benefit Choice Period. A participating child advocacy center
16 may also elect to cover its annuitants. Dependent coverage
17 shall be offered on an optional basis, with the costs paid by
18 the child advocacy center, its employees, or some combination
19 of the 2 as determined by the child advocacy center. The child
20 advocacy center shall be responsible for timely collection and
21 transmission of dependent premiums.

22 The Director shall annually determine rates of payment,
23 subject to the following constraints:

- 24 (1) In the first year of coverage, the rates shall be
25 equal to the amount normally charged to State employees for
26 elected optional coverages or for enrolled dependents

1 coverages or other contributory coverages on behalf of its
2 employees, adjusted for differences between State
3 employees and employees of the child advocacy center in
4 age, sex, geographic location, or other relevant
5 demographic variables, plus an amount sufficient to pay for
6 the additional administrative costs of providing coverage
7 to employees of the child advocacy center and their
8 dependents.

9 (2) In subsequent years, a further adjustment shall be
10 made to reflect the actual prior years' claims experience
11 of the employees of the child advocacy center.

12 Monthly payments by the child advocacy center or its
13 employees for group health insurance shall be deposited into
14 the Local Government Health Insurance Reserve Fund.

15 (Source: P.A. 97-695, eff. 7-1-12; 98-488, eff. 8-16-13.)

16 Section 99. Effective date. This Act takes effect upon
17 becoming law.