AN ACT concerning regulation.

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

Section 5. The Uniform Health Care Service Benefits Information Card Act is amended by changing Sections 10 and 15 as follows:

(215 ILCS 139/10)

Sec. 10. Definitions. As used in this Act, the following terms have the meanings given in this Section.

"Dental plan" means an entity that provides coverage for dental care services, including an entity subject to the Dental Service Plan Act.

"Department" means the Department of Insurance.

"Director" means the Director of Insurance.

"Health benefit plan" means an accident and health insurance policy or certificate subject to the Illinois Insurance Code, a voluntary health services plan subject to the Voluntary Health Services Plans Act, a health maintenance organization subscriber contract subject to the Health Maintenance Organization Act, a plan provided by a multiple employer welfare arrangement, or a plan provided by another benefit arrangement. Without limitation, "health benefit plan" does not mean any of the following types of insurance:

(1) accident;

(2) credit;

(3) disability income;

(4) long-term or nursing home care;

(5) specified disease;

(6) dental or vision;

(7) coverage issued as a supplement to liability insurance;

(8) medical payments under automobile or homeowners;

(9) insurance under which benefits are payable with or without regard to fault as statutorily required to be contained in any liability policy or equivalent self-insurance;

(10) hospital income or indemnity; and

(11) self-insured health benefit plans under the federal Employee Retirement Income Security Act of 1974.

(Source: P.A. 92-106, eff. 1-1-02.)

(215 ILCS 139/15)

Sec. 15. Uniform health care benefit information cards required.

(a) A health benefit plan or a dental plan that issues a card or other technology and provides coverage for health care services including prescription drugs or devices also referred to as health care benefits and an administrator of such a plan including, but not limited to, third-party administrators for

self-insured plans and state-administered plans shall issue to its insureds a card or other technology containing uniform health care benefit information. The health care benefit information card or other technology shall specifically identify and display the following mandatory data elements on the card:

(1) processor control number, if required for claims adjudication;

(2) group number;

(3) card issuer identifier;

(4) cardholder ID number; and

(5) cardholder name.

(b) The uniform health care benefit information card or other technology shall specifically identify and display the following mandatory data elements on the back of the card:

(1) claims submission names and addresses; and

(2) help desk telephone numbers and names.

(b-5) A uniform health care benefit information card or other technology for a health benefit plan offering dental coverage or dental plan shall include a statement indicating whether the health benefit plan offering dental coverage or dental plan is subject to regulation by the Department of Insurance.

(c) A new uniform health care benefit information card or other technology shall be issued by a health benefit plan or dental plan upon enrollment and reissued upon any change in the

insured's coverage that affects mandatory data elements contained on the card.

(d) Notwithstanding subsections (a), (b), and (c) of this Section, a discounted health care services plan administrator shall issue to its beneficiaries a card containing the following mandatory data elements:

(1) an Internet website for beneficiaries to access up-to-date lists of preferred providers;

(2) a toll-free help desk number for beneficiaries and providers to access up-to-date lists of preferred providers and additional information about the discounted health care services plan;

(3) the name or logo of the provider network;

(4) a group number, if necessary for the processing of benefits;

(5) a cardholder ID number;

(6) the cardholder's name or a space to permit the cardholder to print his or her name, if the cardholder pays a periodic charge for use of the card;

(7) a processor control number, if required for claims adjudication; and

(8) a statement that the plan is not insurance.

(e) As used in this Section, "discounted health care services plan administrator" means any person, partnership, or corporation, other than an insurer, health service corporation, limited health service organization holding a

certificate of authority under the Limited Health Service Organization Act, or health maintenance organization holding a certificate of authority under the Health Maintenance Organization Act that arranges, contracts with, or administers contracts with a provider whereby insureds or beneficiaries are provided an incentive to use health care services provided by health care services providers under a discounted health care services plan in which there are no other incentives, such as copayment, coinsurance, or any other reimbursement differential, for beneficiaries to utilize the provider. "Discounted health care services plan administrator" also includes any person, partnership, or corporation, other than an insurer, health service corporation, limited health service organization holding a certificate of authority under the Limited Health Service Organization Act, or health maintenance organization holding a certificate of authority under the Health Maintenance Organization Act that enters into a contract with another administrator to enroll beneficiaries or insureds in a preferred provider program marketed as an independently identifiable program based on marketing materials or member benefit identification cards.

(Source: P.A. 96-1326, eff. 1-1-11.)