**Section 2015.20 Applicability and Scope**

a) This Part shall apply to all group accident and health insurance policies and health maintenance organization group contracts that are issued, amended, delivered or renewed in this State which provide pregnancy-related benefits for employees of an employer that has more than 25 full-time employees at the time of issue or renewal thereof. This Part does not apply to any coverage or policy that provides an excepted benefit, as that term is defined in Section 2791(c) of the federal Public Health Service Act (42 U.S.C. 300gg-91), to the extent provided in Section 352b of the Code.

b) If a group policy is subject to both 42 U.S.C. 300gg-6(a), as implemented by the Illinois Essential Health Benefits (EHB) Benchmark Plan identified at 50 Ill. Adm. Code 2001.11(c)(2), and Section 356m of the Code, the policy shall provide infertility benefits that comply with both provisions, as well as any provision of this Part implementing an applicable statutory requirement for infertility benefits that is not superseded by current State or federal law. For that policy, whenever Section 356m of the Code and the applicable Illinois EHB Benchmark Plan provide different minimum benefit standards such that one source requires coverage under an infertility benefit in a given situation and the other source does not or imposes a less stringent standard, whichever of the sources requires the most coverage will determine the minimum benefit standard for that situation under the policy. Nothing in this subsection shall be construed to enlarge the scope of policies that are subject to 42 U.S.C. 300gg-6(a) or Section 356m of the Code.

(Source: Amended at 47 Ill. Reg. 143, effective December 20, 2022)