**Section 4515.20 Definitions**

"Certification" means the issuance by the Director of a license or authorization pursuant to this Part.

"Certified Application Counselor" means any employee or volunteer of a Certified Application Counselor Organization that enters into an agreement with the Marketplace to have its employees or volunteers provide information to individuals and employees about insurance affordability programs and qualified health plan coverage options; assist individuals and employees to apply for coverage in a qualified health plan through the Marketplace and for insurance affordability programs; and help to facilitate enrollment of eligible individuals in qualified health plans and insurance affordability programs.

"Certified Application Counselor Organization" means any organization designated by the Marketplace to certify its staff members or volunteers to act as certified application counselors and includes those organizations described in 45 CFR 155.225.

"Code" means the Illinois Insurance Code [215 ILCS 5].

"Course" means any course of study certified to the Director that meets the requirements of this Part, including but not limited to seminar, classroom, and self-study formats.

"Department" means the Illinois Department of Insurance.

"Director" means the Director of the Illinois Department of Insurance or anyone to whom the Director's responsibilities and authority are lawfully delegated.

"In-Person Counselor" means any individual or entity who receives grant funds from the State of Illinois to perform the activities and duties identified in 45 CFR 155.205 or is described or designated by a Marketplace, the State, or the United States Department of Health and Human Services, or could reasonably be described or designated as "non-Navigator assistance personnel" as described in 45 CFR 155.215. An In-Person Counselor would engage in the activities and meet the standards described in 45 CFR 155.215, including, but not limited to:

conduct public education activities to raise awareness of the availability of qualified health plans;

distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits under 26 USC 36B and cost-sharing reductions under 42 USC 18071;

facilitate enrollment in qualified health plans;

provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Services Act (42 USC 300gg-93), or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding his or her health plan, coverage, or a determination under a plan or coverage; and

provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace.

"Marketplace" means any health benefit exchange authorized under the federal Patient Protection and Affordable Care Act and established or operating in this State, including any exchange established or operated by the United States Department of Health and Human Services.

"Navigator" means any individual or entity who is certified as a "Navigator" under the federal Patient Protection and Affordable Care Act, and means any individual or entity, other than an insurance producer licensed by the Department, who receives grant funds from the United States Department of Health and Human Services to perform any of the activities and duties identified in 42 USC 18031(i)(3) or is described or designated by a Marketplace, the State, or the United States Department of Health and Human Services, or could reasonably be described or designated, as Navigators, as described in 45 CFR 155.210. A Navigator would engage in the activities and meet the standards described in 45 CFR 155.210 and 45 CFR 155.215, including, but not limited to:

conduct public education activities to raise awareness of the availability of qualified health plans;

distribute fair and impartial information concerning enrollment in qualified health plans, and the availability of premium tax credits under 26 USC 36B and cost-sharing reductions under 42 USC 18071;

facilitate enrollment in qualified health plans;

provide referrals to any applicable office of health insurance consumer assistance or health insurance ombudsman established under section 2793 of the Public Health Services Act (42 USC 300gg-93), or any other appropriate State agency or agencies, for any enrollee with a grievance, complaint, or question regarding his or her health plan, coverage, or a determination under a plan or coverage; and

provide information in a manner that is culturally and linguistically appropriate to the needs of the population being served by the Marketplace.

"Qualified health plan" has the meaning given that term in 42 USC 18021(a).

(Source: Amended at 43 Ill. Reg. 422, effective December 21, 2018)