

SB2851



100TH GENERAL ASSEMBLY

State of Illinois

2017 and 2018

SB2851

Introduced 2/13/2018, by Sen. Pamela J. Althoff

SYNOPSIS AS INTRODUCED:

215 ILCS 139/10
215 ILCS 139/15

Amends the Uniform Health Care Services Benefits Information Card Act. Includes dental service plans under the definition of "health benefit plan". Requires a uniform health care benefit information card or other technology for a dental service plan to include a statement that the dental service plan is fully insured. Effective immediately.

LRB100 17182 SMS 32337 b

A BILL FOR

1 AN ACT concerning regulation.

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

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

7 (215 ILCS 139/10)

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

10 "Department" means the Department of Insurance.

11 "Director" means the Director of Insurance.

12 "Health benefit plan" means an accident and health
13 insurance policy or certificate subject to the Illinois
14 Insurance Code, a voluntary health services plan subject to the
15 Voluntary Health Services Plans Act, a health maintenance
16 organization subscriber contract subject to the Health
17 Maintenance Organization Act, a plan provided by a multiple
18 employer welfare arrangement, a dental service plan subject to
19 the Dental Service Plan Act, or a plan provided by another
20 benefit arrangement. Without limitation, "health benefit plan"
21 does not mean any of the following types of insurance:

22 (1) accident;

23 (2) credit;

- 1 (3) disability income;
- 2 (4) long-term or nursing home care;
- 3 (5) specified disease;
- 4 (6) ~~dental or~~ vision;
- 5 (7) coverage issued as a supplement to liability
6 insurance;
- 7 (8) medical payments under automobile or homeowners;
- 8 (9) insurance under which benefits are payable with or
9 without regard to fault as statutorily required to be
10 contained in any liability policy or equivalent
11 self-insurance;
- 12 (10) hospital income or indemnity; and
- 13 (11) self-insured health benefit plans under the
14 federal Employee Retirement Income Security Act of 1974.

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

16 (215 ILCS 139/15)

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

19 (a) A health benefit plan that issues a card or other
20 technology and provides coverage for health care services
21 including prescription drugs or devices also referred to as
22 health care benefits and an administrator of such a plan
23 including, but not limited to, third-party administrators for
24 self-insured plans and state-administered plans shall issue to
25 its insureds a card or other technology containing uniform

1 health care benefit information. The health care benefit
2 information card or other technology shall specifically
3 identify and display the following mandatory data elements on
4 the card:

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

7 (2) group number;

8 (3) card issuer identifier;

9 (4) cardholder ID number; and

10 (5) cardholder name.

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

14 (1) claims submission names and addresses; and

15 (2) help desk telephone numbers and names.

16 (b-5) A uniform health care benefit information card or
17 other technology for a dental service plan shall include a
18 statement that the dental service plan is fully insured.

19 (c) A new uniform health care benefit information card or
20 other technology shall be issued by a health benefit plan upon
21 enrollment and reissued upon any change in the insured's
22 coverage that affects mandatory data elements contained on the
23 card.

24 (d) Notwithstanding subsections (a), (b), and (c) of this
25 Section, a discounted health care services plan administrator
26 shall issue to its beneficiaries a card containing the

1 following mandatory data elements:

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

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

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

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

11 (5) a cardholder ID number;

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

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

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

18 (e) As used in this Section, "discounted health care
19 services plan administrator" means any person, partnership, or
20 corporation, other than an insurer, health service
21 corporation, limited health service organization holding a
22 certificate of authority under the Limited Health Service
23 Organization Act, or health maintenance organization holding a
24 certificate of authority under the Health Maintenance
25 Organization Act that arranges, contracts with, or administers
26 contracts with a provider whereby insureds or beneficiaries are

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

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

18 Section 99. Effective date. This Act takes effect upon
19 becoming law.