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 health benefit plan offering dental

18   coverage shall include a statement indicating whether the

19   health benefit plan offering dental coverage is subject to

20   regulation by the Department of Insurance.

21   (c) A new uniform health care benefit information card or

22   other technology shall be issued by a health benefit plan upon

23   enrollment and reissued upon any change in the insured's

24   coverage that affects mandatory data elements contained on the

25   card.

26   (d) Notwithstanding subsections (a), (b), and (c) of this

1   Section, a discounted health care services plan administrator

2   shall issue to its beneficiaries a card containing the

3   following mandatory data elements:

4   (1) an Internet website for beneficiaries to access

5   up-to-date lists of preferred providers;

6   (2) a toll-free help desk number for beneficiaries and

7   providers to access up-to-date lists of preferred

8   providers and additional information about the discounted

9   health care services plan;

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

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

12   benefits;

13   (5) a cardholder ID number;

14   (6) the cardholder's name or a space to permit the

15   cardholder to print his or her name, if the cardholder pays

16   a periodic charge for use of the card;

17   (7) a processor control number, if required for claims

18   adjudication; and

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

20 (e) As used in this Section, "discounted health care

21 services plan administrator" means any person, partnership, or

22 corporation, other than an insurer, health service

23 corporation, limited health service organization holding a

24 certificate of authority under the Limited Health Service

25 Organization Act, or health maintenance organization holding a

26 certificate of authority under the Health Maintenance

1   Organization Act that arranges, contracts with, or administers
2   contracts with a provider whereby insureds or beneficiaries are
3   provided an incentive to use health care services provided by
4   health care services providers under a discounted health care
5   services plan in which there are no other incentives, such as
6   copayment,   coinsurance,   or   any   other   reimbursement
7   differential, for beneficiaries to utilize the provider.
8   "Discounted health care services plan administrator" also
9   includes any person, partnership, or corporation, other than an
10   insurer, health service corporation, limited health service
11   organization holding a certificate of authority under the
12   Limited Health Service Organization Act, or health maintenance
13   organization holding a certificate of authority under the
14   Health Maintenance Organization Act that enters into a contract
15   with another administrator to enroll beneficiaries or insureds
16   in a preferred provider program marketed as an independently
17   identifiable program based on marketing materials or member
18   benefit identification cards.
19   (Source: P.A. 96-1326, eff. 1-1-11.)