

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

13 "Department" means the Department of Insurance.

14 "Director" means the Director of Insurance.

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

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

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

18 (215 ILCS 139/15)

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

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

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

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

9 (2) group number;

10 (3) card issuer identifier;

11 (4) cardholder ID number; and

12 (5) cardholder name.

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

16 (1) claims submission names and addresses; and

17 (2) help desk telephone numbers and names.

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

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

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

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

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

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

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

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

16 (5) a cardholder ID number;

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

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

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

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

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

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