



Sen. Pamela J. Althoff

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10000SB2851sam001

LRB100 17182 SMS 36795 a

1 AMENDMENT TO SENATE BILL 2851

2 AMENDMENT NO. _____. Amend Senate Bill 2851 by replacing
3 everything after the enacting clause with the following:

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

1 Maintenance Organization Act, a plan provided by a multiple
2 employer welfare arrangement, a dental service plan subject to
3 the Dental Service Plan Act, or a plan provided by another
4 benefit arrangement. Without limitation, "health benefit plan"
5 does not mean any of the following types of insurance:

6 (1) accident;

7 (2) credit;

8 (3) disability income;

9 (4) long-term or nursing home care;

10 (5) specified disease;

11 (6) ~~dental or~~ vision;

12 (7) coverage issued as a supplement to liability
13 insurance;

14 (8) medical payments under automobile or homeowners;

15 (9) insurance under which benefits are payable with or
16 without regard to fault as statutorily required to be
17 contained in any liability policy or equivalent
18 self-insurance;

19 (10) hospital income or indemnity; and

20 (11) self-insured health benefit plans under the
21 federal Employee Retirement Income Security Act of 1974.

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

23 (215 ILCS 139/15)

24 Sec. 15. Uniform health care benefit information cards
25 required.

1 (a) A health benefit plan that issues a card or other
2 technology and provides coverage for health care services
3 including prescription drugs or devices also referred to as
4 health care benefits and an administrator of such a plan
5 including, but not limited to, third-party administrators for
6 self-insured plans and state-administered plans shall issue to
7 its insureds a card or other technology containing uniform
8 health care benefit information. The health care benefit
9 information card or other technology shall specifically
10 identify and display the following mandatory data elements on
11 the card:

12 (1) processor control number, if required for claims
13 adjudication;

14 (2) group number;

15 (3) card issuer identifier;

16 (4) cardholder ID number; and

17 (5) cardholder name.

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

21 (1) claims submission names and addresses; and

22 (2) help desk telephone numbers and names.

23 (b-5) A uniform health care benefit information card or
24 other technology for a health benefit plan offering dental
25 coverage shall include a statement that the health benefit plan
26 offering dental coverage is not subject to the federal Employee

1 Retirement Income Security Act of 1974.

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

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

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

13 (2) a toll-free help desk number for beneficiaries and
14 providers to access up-to-date lists of preferred
15 providers and additional information about the discounted
16 health care services plan;

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

18 (4) a group number, if necessary for the processing of
19 benefits;

20 (5) a cardholder ID number;

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

24 (7) a processor control number, if required for claims
25 adjudication; and

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

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

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