



Sen. Pamela J. Althoff

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10000SB2851sam002

LRB100 17182 SMS 37186 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 subject to Illinois law.

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

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

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

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

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

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

19 (5) a cardholder ID number;

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

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

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

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

1 services plan administrator" means any person, partnership, or  
2 corporation, other than an insurer, health service  
3 corporation, limited health service organization holding a  
4 certificate of authority under the Limited Health Service  
5 Organization Act, or health maintenance organization holding a  
6 certificate of authority under the Health Maintenance  
7 Organization Act that arranges, contracts with, or administers  
8 contracts with a provider whereby insureds or beneficiaries are  
9 provided an incentive to use health care services provided by  
10 health care services providers under a discounted health care  
11 services plan in which there are no other incentives, such as  
12 copayment, coinsurance, or any other reimbursement  
13 differential, for beneficiaries to utilize the provider.

14 "Discounted health care services plan administrator" also  
15 includes any person, partnership, or corporation, other than an  
16 insurer, health service corporation, limited health service  
17 organization holding a certificate of authority under the  
18 Limited Health Service Organization Act, or health maintenance  
19 organization holding a certificate of authority under the  
20 Health Maintenance Organization Act that enters into a contract  
21 with another administrator to enroll beneficiaries or insureds  
22 in a preferred provider program marketed as an independently  
23 identifiable program based on marketing materials or member  
24 benefit identification cards.

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