

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 Prescription Drug Information Card
5 Act is amended by changing Section 15 as follows:

6 (215 ILCS 138/15)

7 Sec. 15. Uniform prescription drug information cards
8 required.

9 (a) A health benefit plan that issues a physical or
10 electronic card or other technology and provides coverage for
11 prescription drugs or devices and an administrator of such a
12 plan including, but not limited to, third-party administrators
13 for self-insured plans and state-administered plans shall
14 issue to its insureds a card or other technology containing
15 uniform prescription drug information. The uniform
16 prescription drug information card or other technology shall
17 specifically identify and display the following mandatory data
18 elements on the front of the card:

19 (1) BIN number;

20 (2) Processor control number if required for claims
21 adjudication;

22 (3) Group number;

23 (4) Card issuer identifier;

1 (5) Cardholder ID number; ~~and~~

2 (6) The regulatory entity that holds authority over
3 the plan; for the purpose of this requirement, the
4 Department of Healthcare and Family Services is the
5 regulatory entity that holds authority over plans that the
6 Department of Healthcare and Family Services has
7 contracted with to provide services under the medical
8 assistance program;

9 (7) Any deductible applicable to the plan; if there is
10 a deductible specific to prescription drugs, that shall be
11 the applicable deductible for this card;

12 (8) Any out-of-pocket maximum limitation applicable to
13 the plan; if there is an out-of-pocket maximum limitation
14 specific to prescription drugs, that shall be the
15 applicable limitation for this card;

16 (9) A toll-free telephone number and Internet website
17 address through which the cardholder may seek consumer
18 assistance information, such as up-to-date lists of
19 preferred pharmacist and pharmacy providers and additional
20 information about the plan's prescription drug benefits;
21 and

22 (10) ~~(6)~~ Cardholder name.

23 The uniform prescription drug information card or other
24 technology shall specifically identify and display the
25 following mandatory data elements on the back of the card:

26 (1) Claims submission names and addresses; and

1 (2) Help desk telephone numbers and names.

2 (b) A new uniform prescription drug 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 (c) Notwithstanding subsections (a) and (b) of this
8 Section, a discounted health care services plan administrator
9 providing discounts on prescription drugs or devices shall
10 issue to its beneficiaries a card containing the following
11 mandatory data elements:

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

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

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

19 (4) a group number;

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
23 pays 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 (d) 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
10 are provided an incentive to use health care services provided
11 by health care services providers under a discounted health
12 care services plan in which there are no other incentives,
13 such as 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
17 an 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
22 contract with another administrator to enroll beneficiaries or
23 insureds in a preferred provider program marketed as an
24 independently identifiable program based on marketing
25 materials or member benefit identification cards.

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

1 Section 10. The Uniform Health Care Service Benefits
2 Information Card Act is amended by changing Section 15 as
3 follows:

4 (215 ILCS 139/15)

5 Sec. 15. Uniform health care benefit information cards
6 required.

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

18 (1) processor control number, if required for claims
19 adjudication;

20 (2) group number;

21 (3) card issuer identifier;

22 (4) cardholder ID number; ~~and~~

23 (5) except for dental plans, the regulatory entity
24 that holds authority over the plan; for the purpose of

1 this requirement, the Department of Healthcare and Family
2 Services is the regulatory entity that holds authority
3 over plans that the Department of Healthcare and Family
4 Services has contracted with to provide services under the
5 medical assistance program;

6 (6) except for dental plans, any deductible applicable
7 to the plan;

8 (7) except for dental plans, any out-of-pocket maximum
9 limitation applicable to the plan;

10 (8) a toll-free telephone number and Internet website
11 address through which the cardholder may seek consumer
12 assistance information, such as up-to-date lists of
13 preferred providers, including health care professionals,
14 hospitals, and other facilities, offices, or sites that
15 are contracted to furnish items or services under the
16 plan, and additional information about the plan; and

17 (9) ~~(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 or dental plan shall include a statement indicating
26 whether the health benefit plan offering dental coverage or

1 dental plan is subject to regulation by the Department of
2 Insurance.

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

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

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

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

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

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

21 (5) a cardholder ID number;

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

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

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

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

1 (Source: P.A. 100-1013, eff. 1-1-19.)

2 Section 99. Effective date. This Act takes effect January
3 1, 2024.